

Public Charitable Funds Committee

Thu 19 January 2023, 14:00 - 16:35

Via Microsoft Teams

Agenda

14:00 - 14:10 **0.0.1 FUNDRAISING CASE STUDY - SKILLS CHALLENGES IN SCHOOLS**
10 min

Led by Alaric Churchill, Interim Charity Director (Introduction) Joined by Lloyd Rowe, Charity Ambassador

14:10 - 14:20 **1.0.0 STANDARD BUSINESS**
10 min

Led by Professor Donna Mead, OBE, Chair

1.1.0 Apologies

Led by Professor Donna Mead, OBE, Chair

1.2.0 In Attendance


Led by Professor Donna Mead, OBE, Chair

1.3.0 Declarations of Interest

Led by Professor Donna Mead, OBE, Chair

1.4.0 Action Points

Led by Matthew Bunce, Executive Director of Finance

 1.4.0 Public Charitable Funds Committee Action log_Updated 13.12.2023.pdf (3 pages)

14:20 - 14:30 **2.0.0 CONSENT AGENDA**
10 min

Led by Professor Donna Mead, OBE, Chair

2.1.0 FOR APPROVAL

Led by Professor Donna Mead, OBE, Chair




2.1.1 Draft Minutes from the meeting held on the 20 September 2022

Led by Professor Donna Mead, OBE, Chair

 2.1.1 MB Review Draft Charitable Funds Committee Public Part A Minutes _20 09 2022._ES (002).pdf (12 pages)

2.1.2 Advancing Radiotherapy Fund Board Terms of Reference

Led by Matthew Bunce, Executive Director of Finance

-  2.1.2a Amendment to ARF Terms of Reference Cover Paper.pdf (3 pages)
-  2.1.2b Advancing Radiotherapy Fund Appendix 1 - without changes -.pdf (6 pages)
-  2.1.2c Advancing Radiotherapy Fund Appendix 2 - with changes.pdf (6 pages)

2.2.0 FOR NOTING

2.2.1 Charitable Funds Committee Investment Performance Review Sub Committee Highlight Report

Led by Martin Veale, Independent Member

- 2.2.1a Charitable Funds Investment Performance Review Sub-Committee Highlight Report 01 December 2022_d2.0 2022 (003).pdf (3 pages)
- 2.2.1b Appendix 1_CFC04 - Charitable Funds Investment Policy_v5_ Dec 22.pdf (11 pages)

14:30 - 15:00
30 min

3.0.0 VELINDRE UNIVERSITY NHS TRUST CHARITABLE FUNDS TRUSTEE ANNUAL REPORT 2021/2022

Led by Alaric Churchill, Interim Charity Director

- 3.0.0a Charitable Funds (Trustee) Annual Report 2021-2022 Cover Paper.pdf (3 pages)
- 3.0.0b Velindre_Report_2022_V27 Updated Post Audit.pdf (28 pages)

3.0.1 ANNUAL FINANCIAL ACCOUNTS AUDIT – ISA 260 REPORT

Led by Steve Coliandris, Head of Financial Planning and Reporting Manager and Steve Wyndham and David Burridge, Audit Wales

- 3.0.1a ISA 260 Cover Paper.pdf (3 pages)
- 3.0.1b_Audit_of_Accounts_Report_Velindre_charitable_funds_21-22_draft.pdf (16 pages)

15:00 - 15:10
10 min

4.0.0 UPDATE FROM INTERIM CHARITY DIRECTOR

Led by Alaric Churchill, Interim Charity Director

- 4.0.0a EVENT EVALUATION - 3 Canyons Overseas Bike Ride 2022(v2).pdf (20 pages)
- 4.1.0b Castle 2 Castle Event Overview Document FINAL (1).pdf (14 pages)

15:10 - 15:25
15 min

5.0.0 FINANCE

Led by Steve Coliandris, Head of Financial Planning and Reporting Manager

5.1.0 FINANCIAL UPDATE PAPER

Led by Steve Coliandris, Head of Financial Planning and Reporting Manager

- 5.1.0a CFC Finance Report Cover Paper Oct 22 - CFC Dec 22.pdf (3 pages)
- 5.1.0b CFC Finance Report Oct 22 - CFC Dec 22.pdf (13 pages)
- 5.1.0c Summary of Commitments Oct 22v1 - CFC Jan 22.pdf (6 pages)
- 5.1.0d Cashflow Forecast as at 31 October 2022 - CFC Dec 22.pdf (1 pages)

15:25 - 15:35
10 min

6.0.0 BREAK

15:35 - 16:35
60 min

7.0.0 BUSINESS CASE AND EXPENDITURE PROPOSALS

7.1.0 PART FUNDING OF WIG VOUCHERS

Led by Michele Pengelly, Supportive Care Lead Nurse

- 7.1.0 2023-08 - Charitable Funds BC Wigs 2022.pdf (11 pages)


7.2.0 SPIRITUAL AND PASTORAL CARE SERVICES

Led by Michele Pengelly, Supportive Care Lead Nurse

 7.2.0 2023-09 - Charitable Funds Business Case Spiritual and pastoral care 2022.pdf (12 pages)

7.3.0 PATIENT INFORMATION AND SUPPORT SERVICES MANAGER

Led by Michele Pengelly, Supportive Care Lead Nurse

 7.3.0 2023-10 Patient Information and support service manager 2022.pdf (15 pages)


7.4.0 WELFARE BENEFITS ADVICE SERVICE (LEAD WELFARE RIGHTS ADVISOR AND ASSISTANT)

Led by Caroline Coffey, Consultant Clinical Psychologist

 7.4.0 2023-11 - Welfare Rights Advisor Charitable Funds BC 2022.pdf (14 pages)


7.5.0 CLINICAL PSYCHOLOGY & COUNSELLING SERVICE AND THE COMPLEMENTARY THERAPIES TEAM BUSINESS CASE

Led by Caroline Coffey, Consultant Clinical Psychologist

 7.5.0 2023-05 Charitable Funds Business Case - Psychology & Complementary Therapiesv1.pdf (15 pages)

7.6.0 CLINICAL NURSE SPECIALIST (CNS) TEAM BUSINESS CASE

Led by Rachel Hennessy, Interim Director of Velindre Cancer Centre

 7.6.0 2023-12 Charitable Funds Business Case CNS Service.pdf (13 pages)

7.7.0 SCALP COOLING SYSTEM BUSINESS CASE

Led by Rachel Hennessy, Interim Director of Velindre Cancer Centre

 7.7.0 Scalp Cooling System Charitable Funds Business Case revised 16122022 (002).pdf (22 pages)

7.8.0 CARDIFF CANCER RESEARCH HUB: COMMISSIONING AN INVESTMENT STRATEGY

Led by Matthew Bunce, Executive Director of Finance, Chris Moreton Deputy Director of Finance and Jacinta Abraham, Executive Medical Director

 7.8.0 CFC (Jan 2023) CCRH Investment Strategy - 19.01.2023 v1.pdf (13 pages)

16:35 - 16:35 8.0.0 ANY OTHER BUSINESS

0 min

Prior Agreement by the Chair Required

16:35 - 16:35 9.0.0 HIGHLIGHT REPORT

0 min

Members to identify items to include in the Highlight Report to the Trust Board:

- For Escalation
- For Assurance
- For Advising
- For Information

16:35 - 16:35 10.0.0 DATE AND TIME OF NEXT MEETING

0 min

Tuesday 21 March 2023, 10:00-12:30

16:35 - 16:35
0 min

11.0.0 CLOSE

The Committee is asked to adopt the following resolution:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
Actions agreed at the 14 th September 2021 Committee					
1.4.0	<p>NEW ACTION ARISING FROM PREVIOUS ACTION 6.4.0 RESEARCH INFRASTRUCTURE Plan to be established for submission of a bid for research infrastructure support, to ensure ongoing support from Cancer Research Wales from 2022 onwards.</p> <p>Action Updated 04 November 2021:</p> <ul style="list-style-type: none"> Meeting to be held between the Chair, Dr Jacinta Abraham and the Chief Executive of Cancer Research Wales, to discuss how Cancer Research Wales distribute funds so that a plan can be established for submission of a bid for research infrastructure support to ensure ongoing support from 2022 onwards. 	<p>Jacinta Abraham / Sarah Townsend</p> <p>Donna Mead/ Jacinta Abraham</p>	<p>Update 19/01/2023: Unfortunately the meeting scheduled on the 18th October 2022 was cancelled by Cancer Research Wales as currently there is no CEO in position. Jacinta Abraham will meet with Chris Gaffney, Chair of the Scientific Committee to discuss opportunities in early February 2023.</p> <p>Update 09/09/2022: Due to availability a meeting is to be scheduled for September/early October 2022 and a further update will be provided following this to the Committee.</p> <p>Update 06/05/2022: Jacinta Abraham has made contact to enquire about arranging a discussion with the Cancer Research Wales Executive/Medical Lead and a meeting will be arranged involving the Cancer Research Wales Executive/Medical Lead, Donna Mead and Jacinta Abraham in due course.</p> <p>Cancer Research Wales have advised that the timing of open grant call expected to be made during quarters 3 and 4 of financial year 2021/22 working towards call launch in April/May 2022 with awards made around Oct/Nov 2022. R&D office corresponding with Cancer Research Wales Head of Research to ensure timely application, prepared by the RD&I Senior Leadership team and reviewed by the RD&I OMG.</p>	31/10/2022	OPEN
Actions agreed at the 17 th May 2022 Committee					
2.4.0	<p>ACTION POINTS Steve Coliandris and Matthew Bunce will review how to engage better with the service to support the business cases.</p> <p>Matthew Bunce to talk with Michael Stone, Costing Accountant and Jonathan Patmore in terms of the approach taken in RD&I to ensure covering off costs and to highlight the impact.</p> <p>Steve Coliandris to review how to improve the financial performance and how embed with fundraising and looking at the Finance Manager supporting and being closer to the Business Case.</p>	Steve Coliandris / Matthew Bunce	<p>Update 12/01/2023: A meeting took place in December 2022 to review and develop standards as well as develop the template for charity overheads. The Team are starting with a phased approach, starting with 'Other Direct' costs, and then if this isn't sufficient a follow-on stage could look at apportioning indirect/overhead costs.</p> <p>Update 20/09/2022: Matthew Bunce confirmed he has had conversations with Michael Stone about a standard costing schedule and that they are looking at how to do this in terms of incorporating it into the Business Case Pro-forma or using as an aid memoir. Matt explained standing costs are included but it is about describing a mechanism, with a list for various cases and what it means for various departments. This will be shared with the Committee once finalised and is anticipated to be completed by December 2022.</p>	June 2023	OPEN

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
3.2.0	CHARITABLE FUNDS INTERNAL AUDIT REPORT APRIL 2022 Alaric Churchill to arrange a meeting with the Chair to discuss acknowledgements of donations.	Alaric Churchill / Donna Mead	Update 12/01/2023: Alaric Churchill will provide an update in the January 2023 meeting when The Chair has reviewed and agreed the Acknowledgement and Donations new process.	19 January 2023	OPEN
Actions agreed at the 20 th September 2022 Committee					
0.0.1	FUNDRAISING CASE STUDY–YOUNG AMBASSADOR EVENT Alaric Churchill to invite Young Ambassadors from a number of schools to attend the December CFC to share their experience following the recent highly successful event	Alaric Churchill	Update 12/01/2023: The Young Ambassadors will attend a future Charitable Funds Committee post April 2023 when Committee meetings revert back to face to face instead of via Teams.	April 2023	OPEN
0.0.1	FUNDRAISING CASE STUDY–YOUNG AMBASSADOR EVENT The Chair raised the fact that there had not been a Staff Awards Ceremony this past year due to the impact of COVID and would like to see this reinstated in the new Year, to help showcase the many great achievements and extend our gratitude. The Chair to discuss with Sarah Morley and Steve Ham the possibility of holding a Staff Awards Ceremony sometime in the New Year.	Donna Mead	Update 13/01/2023: The WOD Team are developing a proposal for a staff awards ceremony. This will be considered by Executive Management Board at its March 2023 meeting.	March 2023	OPEN
2.2.1	POLICIES FOR COMMITTEE APPROVAL Alaric Churchill to work with Steve Coliandris to update the Credit Card Policy to clarify use of the credit card for purchase of alcohol for events, aligned with the relevant management procedure, which outlines the requirement for a pre-approved two-tier authorisation process.	Alaric Churchill	Update 08/12/2022: The Credit card Policy has been updated and refers to the relevant management procedure accordingly.		COMPLETE
2.2.1	POLICIES FOR COMMITTEE APPROVAL Steve Coliandris to complete the Equality Impact Assessment for the Travel and Expenses Reimbursement Policy.	Steve Coliandris	Update 15/11/2022: Steve Coliandris has completed the Equality Impact Assessment for the Travel and Expenses Reimbursement Policy.		COMPLETE
3.0.0	UPDATE FROM THE INTERIM CHARITY DIRECTOR Alaric Churchill to circulate outside of the meeting a comprehensive list of all events held over the last 3-4 months, including those not run by the Fundraising team.	Alaric Churchill	Update 12/01/2023: Alaric Churchill will provide an update in the January 2023 meeting.	19 January 2023	OPEN
3.1.0	EVENT PROPOSAL Alaric Churchill to provide a set of Principles on what aids decision making in the Fundraising events process.	Alaric Churchill	Update 12/01/2023: Alaric Churchill will provide an update in the January 2023 meeting.	19 January 2023	OPEN

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
6.1.0	BUSINESS CASE FOR PATIENT ENGAGEMENT HUB The Chair highlighted Section 8: GDPR Equality and Diversity Data Protection Legislation will be carried out to the Trust Standards , and that it is important to identify what those issues might be. For example, active measures for individuals with protected characteristics needs to be included. Matthew Bunce to request Ian Bevan, Head of Information Governance to review Section 6 and 8 of Patient Hub Business Case to assess UK GDPR requirements and ensure that these are fully addressed / plans in place by the Velindre Cancer Service.	Matthew Bunce	Update 18/11/2022: Head of IG (HoIG) has reviewed Section 8 of the Business Case and made the following comments: “There is already a DPIA in place for the Civica system as a whole, this DPIA though is more bespoke as it looks at what is being processed for this pilot project, the lawful basis of processing and types and categories of data to be processed”. HoIG updated the Business Case document with IG considerations included. The update included a reference to FOI (as may get requests around the performance of the system and there may also be a personal data element to this) and also made comments in relation to where it is assessed that IG may need to be considered throughout. The updated Business case was then forwarded to Rachel Hennessy, Interim Director of Velindre Cancer Centre and Cath O’Brien, Chief Operating Officer.		COMPLETE
6.1.0	BUSINESS CASE FOR PATIENT ENGAGEMENT HUB Rachel Hennessy to update the business case for a Patient Engagement Hub with amendments requested and circulate to the Charitable Funds Committee via email.	Rachel Hennessy	Update 12/12/2022: Has been built into IMTP 2023/24 as a pilot with expectation there is an evaluation process. This will determine need for business case for funding.		OPEN

MINUTES OF THE PUBLIC CHARITABLE FUNDS COMMITTEE (CFC)

VELINDRE UNIVERSITY NHS TRUST HQ / TEAMS

TUESDAY 20 SEPTEMBER 2022 AT 10:00AM

PRESENT:	
Professor Donna Mead OBE	Chair
Martin Veale	Independent Member
Hilary Jones	Independent Member
Matthew Bunce	Executive Director of Finance
ATTENDEES:	
Alaric Churchill	Interim Charity Director
Emma Stephens	Head of Corporate Governance
Steve Coliandris	Financial Planning and Reporting Manager
Jonathan Patmore	Finance Manager
Rachel Hennessy	Interim Director Velindre Cancer Service
David Cogan	Patient Liaison Representative
Wayne Griffiths	Charity Ambassador
Alison Hedges	Business Support Officer / Secretariat

0.0.1	FUNDRAISING CASE STUDY–YOUNG AMBASSADOR EVENT <i>Led by Alaric Churchill, Interim Charity Director</i>	
	<p>The Chair welcomed everyone to the meeting and advised that the Committee was to receive a short presentation of a Fundraising Case Study from Alaric Churchill, following the recent Young Ambassador Event. The Committee had received in advance of the meeting a link to the Case Study which provided an overview of the event including photographs, videos, and ITV Wales News coverage of the Velindre Cancer Charity Planting Project.</p> <p>Alaric provided a brief overview and highlighted the event had been a great success involving the Young Ambassadors and the opportunity to meet likeminded people.</p> <p>The event involved several businesses including B&Q and a number of garden centres.</p> <p>Alaric highlighted that Rhod Gilbert had attended and noted how the event served to demonstrate the difference the Charity makes to people's lives.</p> <p>The Chair proposed for the next Charitable Funds Committee it would be a good idea to invite some of the Young Ambassadors to attend and present, which would then provide evidence for their portfolios and Welsh Baccalaureate.</p>	

	<p>**Action: Alaric Churchill to invite Young Ambassadors from a number of schools to attend the December CFC to share their experience following the recent highly successful event.</p> <p>The Committee noted the hard work undertaken in supporting the event by the Fundraising, Communications and Sustainability Teams and expressed thanks to the VCC, Corporate and Finance Teams for their attendance.</p> <p>Wayne Griffiths commented that it was a privilege to be at the event, patients and staff were full of praise, and how positive the initiative is, which is unique to Velindre and how it ties in so well to the Welsh Baccalaureate. Wayne also highlighted the welcome presence of the Ray of Light Cancer Charity and their support in the wellness aspect.</p> <p>The work of the Catering Team was also commended for their support involvement in providing refreshment for the event.</p> <p>The Chair raised the fact that there had not been a Staff Awards Ceremony this past year due to the impact of COVID and would like to see this reinstated in the new Year, to help showcase the many great achievements involving our staff and to have the opportunity to extend our gratitude.</p> <p>**Action: The Chair to discuss with Sarah Morley and Steve Ham the possibility of holding a Staff Awards Ceremony sometime in the New Year.</p>	<p>Alaric Churchill</p> <p>Donna Mead</p>
1.0.0	<p>STANDARD BUSINESS <i>Led by Professor Donna Mead OBE, Chair</i></p>	
1.1.0	<p>Apologies <i>Led by Professor Donna Mead OBE, Chair</i></p> <p>Apologies were noted from:</p> <ul style="list-style-type: none"> • Steve Ham (Chief Executive) • Jacinta Abraham (Executive Medical Director) • Nicola Williams (Director of Nursing, AHP's & Medical Scientists) • Cath O'Brien (Chief Operating Officer) 	
1.2.0	<p>In Attendance <i>Led by Professor Donna Mead OBE, Chair</i></p> <p>The Chair welcomed our regular attendees: -</p> <ul style="list-style-type: none"> • David Cogan (Patient Liaison Representative) • Wayne Griffiths (Charity Ambassador) <p>The Chair welcomed Rebecca Holliday (Finance Team) who was also in attendance to observe the meeting.</p>	
1.3.0	<p>Declarations of Interest <i>Led by Professor Donna Mead OBE, Chair</i></p>	

	Hilary Jones raised a Declaration of Interest in relation to Agenda Item 6.1.0 Business Case for Patient Engagement Hub , due to the fact she Chaired the Working Group that developed the Strategy for Patient Engagement Experience.	
1.4.0	<p>Action Points <i>Led by Matthew Bunce, Executive Director of Finance</i></p> <p>Committee members confirmed there was sufficient information contained in the log to provide assurance that all actions identified as completed could be closed. The remaining open actions were reviewed and following points noted:</p> <p><u>Actions from Committee Meeting held on 3rd February 2022</u></p> <p>2.4.0 Action Points Matthew Bunce confirmed he has had conversations with Michael Stone the Trust costing accountant and Jonathan Patmore the Trust RD&I Finance Manger about a standard costing schedule and that they are looking at how to do this in terms of incorporating it into the Business Case Pro-forma or using as an aid memoir. He explained some standard costs are already included in the Business Cases, but we need to develop a framework mechanism which identifies the standard cost for each support department and how those costs should be applied. This will be shared with the Committee once finalised.</p> <p>In terms of the Business Finance Support role, Steve Coliandris confirmed this has now been through job matching and will hopefully go out to advert within the next 2 weeks.</p>	
2.0.0	<p>CONSENT ITEMS <i>Led by Professor Donna Mead OBE, Chair</i></p>	
2.1.0	<p>FOR APPROVAL <i>Led by Professor Donna Mead OBE, Chair</i></p>	
2.1.1	<p>Draft Minutes from the meeting of the Public Charitable Funds Committee held on the 17 May 2022 <i>Led by Professor Donna Mead OBE, Chair</i></p> <p>The Committee NOTED the minutes were not included with the agenda bundle however, these have been reviewed and no amendments requested by the Chair. It was AGREED the minutes be circulated to the Committee following the meeting for completeness.</p>	Alison Hedges
2.1.2	<p>POLICIES FOR APPROVAL <i>Led by Steve Coliandris, Financial Planning and Reporting Manager</i></p> <p>The Chair raised a query in relation to the Velindre University NHS Trust Charitable Funds Travel and Expenses Reimbursement Policy (2.1.2b), i.e. an Equality Impact Assessment (EQIA) would need to be completed before it can be fully approved.</p>	

	<p>Steve Coliandris confirmed that due to timescales he was keen to bring to the September 2022 meeting following its review, as the policy was past its review date due to the impact of work priorities being focussed on the Covid response. Steve assured the Committee there had been a lot of feedback and engagement with service leads before bringing it for consideration by the Committee. In order to ensure the feedback was fully addressed there was not sufficient time between its final review by the Velindre Charity Senior Leadership Group and the Charitable Funds Committee to complete the EQIA.</p> <p>Steve added the policies have been live for many years and we have completed the assessment previously, and was seeking approval subject to the EQIA, which he assured would be completed in the next week or so.</p> <p>Martin Veale highlighted that both policies have a section about purchasing alcohol and queried whether this was a significant change in terms of the update of the policies.</p> <p>Steve confirmed the policies had not changed significantly and clarified that they were both a Procedure and Policy previously. The Procedure aspects have been incorporated into a separate standalone document which has been approved by the Velindre Charity Senior Leadership Group and will be live on the Intranet. Steve Coliandris further clarified that there is an option for alcohol to be purchased at certain Fundraising activities currently.</p> <p>Alaric Churchill informed the Committee that he is in the process of writing a procedure signposted in the policy, which outlines the requirement for the pre-agreed purchase of alcohol for events not individuals. This will include a 2 tier sign off process via the Charity Director and Chief Executive/ Executive Director of Finance.</p> <p>The Chair stated that she would like the Velindre University NHS Trust Charitable Funds Credit Card Policy (2.1.2b), to include clarity around the use of the Credit Card to purchase alcohol at fundraising events, and requested the language be tightened up to say exactly what this means in terms of purchasing for delegates at events according to a pre-approved agreement.</p> <p>Alaric Churchill confirmed this would be part of the management procedure and noted the further comments that guidance in the policies need to align with the procedures.</p> <p>**Action: Alaric Churchill to work with Steve Coliandris to update the Credit Card Policy to clarify use of the credit card for purchase of alcohol for events, aligned with the relevant management procedure, which outlines the requirement for a pre-approved two-tier authorisation process.</p> <p>**Action: Steve Coliandris to complete the Equality Impact Assessment for the Travel and Expenses Reimbursement Policy.</p>	<p>Alaric Churchill</p> <p>Steve Coliandris</p>
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	<p>The Committee APPROVED:</p> <ul style="list-style-type: none"> • The Travel and Expenses Reimbursement Policy subject to the completion of the Equality Impact Assessment. • The Credit Card Policy subject to the noted action. 	
2.2.0	<p>FOR NOTING</p> <p><i>Led by Professor Donna Mead OBE, Chair</i></p>	
2.2.1	<p>CHARITY REGULATION & LEGISLATION UPDATE REPORT</p> <p><i>Led by Emma Stephens, Head of Corporate Governance</i></p> <p>The Committee noted the report and that further updates would be provided in due course for assurance outlining compliance with the Charities Act 2022. Management against the requirements would be overseen by the Velindre Charity Senior Leadership Group.</p> <p>The Chair recommended that people attend some of the upcoming Public meetings outlined in the report as they provide useful information/ learning experiences.</p>	
3.0.0	<p>UPDATE FROM THE INTERIM CHARITY DIRECTOR</p> <p><i>Led by Alaric Churchill, Interim Charity Director</i></p>	
	<p>The Committee noted the successful period over the Summer and that the Charity was on track with the financial position.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The Castle-to-Castle event was postponed due to the National period of mourning and is now planned to be rescheduled for November 2022, subject to agreement from Cardiff Council. • Participants are returning from Nevada following the successful bike ride campaign. Social media has been limited due to the period of mourning. Bike riders wore black arm bands due to the sudden loss of Eddy Butler, a small media communication was issued. A full evaluation report will be completed. • Swim to the Edge campaign was a great success and included 9 people that had never swum before, undertaking open water swimming in the Irish Sea, Cardigan Bay. Everyone successfully completed. Next Year's campaign currently has 35 volunteers confirmed including: lifeguards, open water swimmers, triathletes and boat owners who wish to support the event. <p>The Chair expressed disappointment that the Fundraisers Showcase was further postponed and would like this to be held by year end. Alaric stated that he envisaged this will happen in January 2023.</p> <p>The Chair queried where high impact events that are not supported by the Fundraising Team get reported, and stated it would be good to know more about these and receive an update. Alaric confirmed there is a comprehensive list of what has happened over the last</p>	

	<p>3-4 months and offered to circulate outside of the meeting.</p> <p>The Committee noted it's not all about physical activity events and there are events that could raise money and awareness that are less physically challenging. Alaric confirmed next year's planning will include such events and agreed to report on the breadth of fundraising events to each Committee.</p> <p>Alaric also highlighted the Fundraising team is working on the Welsh Comedy Community events.</p> <p>**Action: Alaric Churchill to circulate outside of the meeting a comprehensive list of all events held over the last 3-4 months, including those not run by the Fundraising team.</p> <p>The Committee NOTED the contents of the report.</p>	Alaric Churchill
3.1.0	<p>EVENT PROPOSAL <i>Led by Alaric Churchill, Interim Charity Director</i></p> <p>Alaric Churchill took the Committee through the Events Proposal:</p> <ul style="list-style-type: none"> Intending to run a Morocco Trek comprising of 40 Trekkers in October 2023, to raise £104,000, currently at £43,620. World Cup Bike Ride, previously agreed by the Committee, there has been a significant reduction in cost, due to the event initially expected to have 100 participants, now reduced to 50 due to logistical issues. Cardiff Bay 10k Event. Raised £40,000 first year, £90,000 the second year. £15,000 to run next year. <p>Martin Veale queried if there is a benchmark we should be aiming for with regards to the overall percentage on return from events that is received by the Charity.</p> <p>Alaric advised that there are 'gateway events' which don't see a huge return on investment. For instance, the Cardiff Bay 10k event, had a forecast return of £23,000 for the first year and received nearly £40,000. Participants that ran that event are still running events and raising money so this is classed as a 'gateway event', obtaining lifetime value.</p> <p>Marin Veale commented that an understanding of that and to see some benchmarking would be helpful.</p> <p>The Chair expressed she would like Alaric to provide some principles on what aids the decision making. Costly events in terms of staff time and costly in terms of other consumables.</p> <p>The Committee requested some principles be developed to include:</p> <ul style="list-style-type: none"> Objective and subjective measures e.g. the ratio of each pound raised and how much of that goes to the charity (ROI) and net gain etc. A different set of principles from a patient perspective that strikes the balance between the different events and the 	

	<p>added value of patient engagement and people being associated with Velindre.</p> <ul style="list-style-type: none"> • Balance between large and smaller events. Participation events as opposed to financial gain. • Establish overall annual target for all events from a cost perspective as opposed to individual targets for each event. This would be reflected in the Charity's Annual Delivery Plan aligned to the overarching strategy. <p>Alaric confirmed next year's events list would include a balanced portfolio of the whole programme which will be presented to the Committee in December 2022.</p> <p>**Action: Alaric Churchill to provide a set of Principles on what aids decision making in the Fundraising events process.</p> <p>The Committee APPROVED the events list and noted the actions AGREED.</p>	Alaric Churchill
4.0.0	<p>FINANCE</p> <p><i>Led by Steve Coliandris, Financial Planning and Reporting Manager</i></p>	
4.1.0	<p>FINANCIAL UPDATE PAPER</p> <p><i>Led by Steve Coliandris, Financial Planning and Reporting Manager</i></p> <p>The Committee noted the report has been through the September 2022 Velindre Charity Senior Leadership Group and was endorsed for submission to the Charitable Funds Committee.</p> <p>Steve Coliandris highlighted the following key aspects of the Financial Position Report 01 April 2022 to 31 July 2022:</p> <ul style="list-style-type: none"> • Income Performance <ul style="list-style-type: none"> ○ Broadly in line with expectations with a great start to the year for the Fundraising Team. ○ Planned to achieve £991,000, falling just short at £956,000. ○ Key target was against the unrestricted funds which is broadly in line at £920,000 with planned income of £933,000. ○ Of the £956,000, £753,000 has been raised from fundraising and donations and just over £200,000 from legacies. ○ As of August 2022, raised £280,000 against a straight-line target of £230,000. ○ Received £114,000 legacy and still have further legacies of hopefully circa £200,000. • Expenditure <ul style="list-style-type: none"> ○ Target at the beginning of the year for commitments was £3.6m, due to vacancies, slippage against projects etc. currently under target by £130,000. 	

	<ul style="list-style-type: none"> • Unrestricted funds <ul style="list-style-type: none"> ○ Unrestricted funds £2.7m. ○ £2.8m forecast income which is still on target. ○ Expenditure coming in lower than previously expected, forecast balance as at the 31 March 2023 is expected to be over £6m and just short of £3m on unrestricted funds. ○ Currently funds are in a healthy position. ○ Public Health are still holding a balance of about £50,000, engagement undertaken about how they intend to utilise those funds over time. CFC previously approved to continue to manage PHW funds on their behalf. • Balance Sheet <ul style="list-style-type: none"> ○ Balance over £7m considering actual investments. ○ Investment performance April to July 2022 saw a decrease in valuation of 4% which quantifies at £250,000. ○ Since the war in Ukraine, seen a 7.8% reduction in investments which quantifies just short of £500,000. Investment Committee have agreed to retain existing long-term strategy and hold funds position. ○ Charity holding quite large cash balances, following engagement with the investment advisors we will not be seeking to transfer money at this stage. ○ Reviewing what other banks can offer us to optimise funds. <p>Martin Veale noted on page 4 of the Finance Paper the cost of Fundraising Staff will be funded from investment growth during the year.</p> <p>Steve Coliandris confirmed that page 10 focusses on investment growth, which is the dividends of the income we gain and any growth over the past couple of years. The Committee previously agreed we would try and fund the overheads and the Fundraising Team from this if there was capacity to do so. Steve Coliandris assured the Committee that the last 2 years have had significant growth against investments. At the start of the year, we had a balance of £654,000 which has reduced to £400,000, and this is still in a place and it is forecast that we can fund the Fundraising Team from that this year and possibly a proportion of overheads. The finance team will continue to review on a monthly basis what is affordable going forward.</p> <ul style="list-style-type: none"> • Reserve Policy <ul style="list-style-type: none"> ○ Holding high balances. ○ Hold a balance for a period of 4 months so if something happened would be able to meet our commitments for this timeframe. ○ Currently massively overachieving due to the high level of balances. ○ In a healthy position. • Commitments <ul style="list-style-type: none"> ○ Focus on unrestricted funds. Set a target £2.8m which is being achieved to date and will be achieved by year end. 	
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	<ul style="list-style-type: none"> ○ Forecast commitments updated to reflect the latest forecast. ○ Closing balance as of 31 March 2023 expected to be just short of £3m. ○ Included within this is the Patient Engagement Hub Business Case to be considered by the Committee. £37,000 is committed this year, £113,000 the following year and £76,000 year 3, this would still allow significant balances. Funds are available for the Committee to endorse. ○ Long standing project expenditure is factored in for Clinical Nurse Specialists, therapies, chaplaincy etc. <p>The Committee NOTED:</p> <ul style="list-style-type: none"> • The financial performance of the Charity for the period ending 31st July 2022. • The current position and performance of the Charity's investment portfolio as at 31st July 2022. 	
5.0.0	<i>The Committee took a 10 minute break at 11:30am.</i>	
6.0.0	BUSINESS CASE AND EXPENDITURE PROPOSALS	
6.1.0	<p>Business Case for Patient Engagement Hub <i>Led by Rachel Hennessy, Interim Director of Velindre Cancer Service</i></p> <p>Rachel Hennessy highlighted the key aspects relating to the Business Case:</p> <ul style="list-style-type: none"> • £225,321 total funding requirement. • Pilot to be phased over 2 years. • Expectation to use this opportunity to establish the Hub with digital and resource support to take forward. If it proves beneficial, would look to bring into a business-as-usual model and look at funding from internal resources. • To align closely to further piece of work around a Quality Hub. • Support wider service development and the establishment of a patient panel and will build on Civica Data System. • Resource to support appointment of Patient Engagement Manager to lead delivery of Strategy and primary contact, with Support into that role. <p>The Chair noted this is an important initiative for the Trust, however the funding sought is significant at £250,000.</p> <p>Matthew highlighted the need to ensure costs are included in the IMTP 3-year financial plan, as will impact core revenue if it is to continue, so it needs to be sighted.</p> <p>Matthew queried if the Civica Database is a continuation of the licencing already in place or extra licencing. Rachel clarified that it's around an additional module that is currently not in the existing contract and noted it would be helpful to have information on what that means.</p>	

	<p>Martin Veale raised a question on section 15, the list of options, <i>‘Do nothing, core funding or charitable funding’</i> and highlighted there is no assessment as to why Charitable Funds is the preferred option.</p> <p>Matthew raised the need when going to Commissioners for additional funding for an evidence base. This is about a pilot to get sufficient evidence and will need flagging as a potential ask for the future.</p> <p>Rachel confirmed this will form part of the next iteration of their 3-year IMTP and will be built into it.</p> <p>Steve Coliandris confirmed to the Committee following queries that the 2% pay awarded stated on page 13 is incorporated into the cost.</p> <p>The Chair raised concerns around item 6 on the Business Case and queried if there are any legal and ethical implications that need to be considered, if so they will need to be managed and is not stated. Ethical issues need to be identified, including if a patient is invited to be involved, they should feel able to decline or remove themselves after time and be assured it won't affect in any way their care, treatment, and management. This needs to be addressed in the business case.</p> <p>The Chair highlighted Section 8: GDPR Equality and Diversity Data Protection Legislation will be carried out to the Trust Standards, and that it is important to identify what those issues might be. For example, active measures for individuals with protected characteristics needs to be included.</p> <p>**Action: Matthew Bunce to request Ian Bevan, Head of Information Governance to review Section 6 and 8 of Patient Hub Business Case to assess UK GDPR requirements and ensure that these are fully addressed / plans in place by the Velindre Cancer Service.</p> <p>Rachel assured the Committee this will be considered and could be linked to the individuals in post i.e. how they take forward and establish the work plan for the pilot etc.</p> <p>Alaric Churchill highlighted that in relation to extra resource this should be outsourced to help identify what good outcomes look like to measure performance, and that the Market Research Society could help with this. A way of building cohorts through these agencies for profit and non-profit agencies.</p> <p>The Chair highlighted Jayne Hopkinson, Cardiff University Professor of Nursing and Clinical Sciences Research would be a good point of contact.</p> <p>The Committee AGREED to APPROVE the Business Case on the following basis:</p>	<p>Matthew Bunce</p>
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	<ul style="list-style-type: none"> Funding is for 2 years, there will be a robust evaluation process and it will be included in the IMTP. More detail required to assess any ethical issues and how diversity and inclusion will be addressed. Confirmation of GDPR compliance with the additional module that needs to be purchased. The Business Case will be re-circulated to assure that the additional information has been added satisfactorily. <p>**Action: Rachel Hennessy to update the business case for a Patient Engagement Hub with amendments requested and circulate to the Charitable Funds Committee via email.</p> <p>The Committee NOTED that the Financial Update Report received under item 4.0 confirmed the ability to commit the funds requested.</p>	Rachel Hennessy
7.0.0	ANY OTHER BUSINESS <i>Prior Agreement by the Chair Required</i>	
	The Chair and Committee NOTED there were no other items of business.	
8.0.0	HIGHLIGHT REPORT	
	<p>It was agreed by the Committee that a Highlight Report to the Trust Board would be prepared in readiness for its meeting 24 November 2022.</p> <p>The Chair confirmed the Highlight Report is to include the Young Ambassador Event and provide the link to the video.</p> <p>Advise</p> <ul style="list-style-type: none"> Business Case approved for 2 years funding for the Patient Engagement Hub. A full and detailed evaluation of the Pilot is required and its inclusion in this year's IMTP planning process to support an exit strategy subject to the outcomes of the pilot. Healthy financial position of the Charity despite the difficulties in the investment market. Policies approved by the Committee. <p>Alert</p> <ul style="list-style-type: none"> The Board to the timing of this year's audit by Audit Wales and potential impact on timescales for submission to the January Commission by January 2023. <p>**Action Alaric Churchill to provide a draft Highlight Report for approval by the Committee Chair.</p>	Alaric Churchill
9.0.0	DATE AND TIME OF NEXT MEETING	
	Thursday 15 December 2022, 2:00PM 4:30PM	
10.0.0	CLOSE	
	The Committee was asked to adopt the following resolution: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity	

	on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).	
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DRAFT

Charitable Funds Committee

AMENDMENT TO ADVANCING RADIOTHERAPY FUND (ARF) PROGRAMME BOARD TERMS OF REFERENCE & OPERATING ARRANGEMENTS

DATE OF MEETING	19 th January 2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	N/A
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PREPARED BY	Hannah Fox, ARF Project Administrator Emma Stephens, Head of Corporate Governance
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PRESENTED BY	Matthew Bunce Executive Director of Finance
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EXECUTIVE SPONSOR APPROVED	Matthew Bunce Executive Director of Finance
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REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Advancing Radiotherapy Fund (ARF) Programme Board	26/10/2022	ENDORSED for APPROVAL

ACRONYMS	
ARF	Advancing Radiotherapy Fund
ToR	Terms of Reference

1. SITUATION

The purpose of this report is to outline the required changes to the ARF Programme Board, Terms of Reference & Operating Arrangements, following their Annual Review, (ref. **Appendix 1 [no track changes]** & **Appendix 2 [with track changes]**, and is seeking formal **APPROVAL** by the Charitable Funds Committee.

2. BACKGROUND

The amendments detailed in this report have been agreed via collaborative engagement and have been formally **ENDORSED** by the ARF Programme Board at its October 2022 meeting.

3. ASSESSMENT /SUMMARY OF MATTERS FOR CONSIDERATION

3.1 Summary of Amendments

The revised Terms of Reference and Operating Arrangements for the ARF Programme Board are set out in **Appendix 1 & 2**, with the latter inclusive of track changes for ease of reference and transparency. The proposed amendments include the following key changes summarised below:

Section 4: Membership

- Addition of Independent Member / Charity Trustee (Estates and Planning)
- Addition of Radiation Services Clinical Lead and Consultant Oncologist

Section 5: Quorum

- Revision of Quoracy requirements in accordance with Trust wide governance arrangements to ensure the achievement of the standards of good practice set for NHS in Wales.

4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Evidence suggests there is a correlation between governance behaviours in an organisation and the level of performance achieved at the same organisation. Therefore, ensuring good governance within the Trust can support quality care.



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RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

5. RECOMMENDATION

The Charitable Funds Committee is asked to **APPROVE** the amendments to the Trust ARF Programme Board, Terms of Reference & Operating Arrangements, as outlined in section 3 of this report, and included in **Appendix 1 & 2**.



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Advancing Radiotherapy Fund Programme Board

Terms of Reference and Operating Arrangements

Reviewed:	October 2022
Next review:	October 2023

1. INTRODUCTION

- 1.1 In August 2015, Velindre UNHS Trust Charitable Funds Committee (CFC) approved a £1.5m award to match fund a £1.5m grant received by the Moondance Foundation.
- These funds will allow Velindre Cancer Centre (VCC) to develop a programme of activity which will enable the development of stereotactic and other radiotherapy technology for the benefit of patients across Wales.
- 1.2 In order to govern and manage the Moondance fund appropriately the CFC supported the establishment of a 'Moondance Programme Board'.
- 1.3 In November 2017, CFC delegated a legacy donation of £825K entitled the Lucas Fund, under the authority of the Moondance Programme pending a name change. In line with the wishes of the benefactor's family, the funds are aligned with Programme aims, supporting development of an infrastructure to deliver radiotherapy research and developments.
- 1.4 In March 2018, CFC approved the same governance arrangement for a subsequent donation of £1m under the authority of the Moondance Programme, entitled the Probert Fund. These funds are to be used specifically for head and neck cancer research and developments, radiotherapy and any other areas if there are benefits for head and neck cancer patients.
- 1.5 In light of the two further donations, the programme has been renamed the Advancing Radiotherapy Fund (ARF).
- 1.5 The detailed terms of reference and operating arrangements are set out below.

2. PURPOSE

- 2.1 The ARF Programme Board will develop the Strategy for the ARF.
- 2.2 The ARF Programme Board will assure, advise and scrutinise all aspects of programme activity and expenditure on behalf of the CFC.
- 2.3 The Programme Board will provide assurance to the CFC that the allocation of funds have been dealt with in a robust and transparent way and in accordance with the objectives set out in the business case approved by the CFC in August 2015.
- 2.4 The ARF Programme Board will also ensure it delivers its objectives, identifies benefits, manages risk and operates in a manner which promotes good governance practices as set out in the Trust Standing Orders.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The ARF Programme Board will deliver against the objectives for the Moondance, Lucas and Probert funds.

The ARF Programme Board will;

- Provide assurance and direction, ensuring that clear alignment to the agreed objectives of the programme.
- Keep priorities under review, ensuring that Programme outputs and outcomes accord with the overarching objectives.
- Ensure any issues or concerns which could present a risk or impact upon the remit and scope of the activity and the business case that was agreed is escalated immediately to the Executive Director of Finance and reported to the next meeting of the CFC.
- Consider and scrutinise expenditure plans and actions.
- Approve and allocate funds in accordance with the objectives.
- Provide governance and guidance in order to ensure that the Programme remains within scope in terms of time, quality and cost and to manage all Programme level risks and issues.
- Ensure risks are monitored and effectively managed, being escalated to the CFC as appropriate.
- Report to the CFC providing quarterly highlight reports of key activities and expenditure within the Programme.

- 3.2 The following matters are reserved for decision by the CFC and have not been delegated to the Programme Board:

- Any deviation from the original objectives approved by the Charitable Funds Committee in August 2015.
- Any expenditure likely to lead to exceeding the funds allocated.

Sub-Committees

- 3.3 The ARF Programme Board will be supported by the **Advancing Radiotherapy Fund Advisory Group**, whose main purpose will be to quality assure and scrutinise any bids proposed for submission to the ARF Board, ensuring they have been developed through the appropriate routes and due process has been followed e.g. review by the Research, Development and Innovation Committee where appropriate.

4. MEMBERSHIP

Members

- 4.1 The membership shall comprise:

<u>Chair</u>	Independent Member / Charity Trustee
<u>Deputy Chair</u>	Executive Director of Finance / Charity Trustee
<u>Members</u>	ARF Clinical Lead and Consultant Oncologist ARF RD&I Clinical Lead and Consultant Oncologist Director of Cancer Services (Interim Director of Cancer Services at present) Clinical Director and Consultant Oncologist Independent Member / Charity Trustee (University) Independent Member / Charity Trustee (Estates and Planning) Radiotherapy Clinical Lead and Consultant Oncologist Head of Radiation Services Radiation Services Clinical Lead and Consultant Oncologist Head and Neck Consultant Oncologist Charity Director (Interim Charity Director at present)

4.2 In attendance, there shall be:

- ARF Project Manager
- ARF Programme Administrator

4.3 The Programme Board Chair may invite:

- any other Trust Officers; 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.

Secretariat

4.4 Secretariat support is provided by the ARF Programme Administrator.

5. PROGRAMME MANAGEMENT COMMITTEE MEETINGS

Quorum

5.1 At least two members must be present to ensure the quorum of the Committee. Of the two, one must be an Independent Member and one must be the Executive Director of Finance or Nominated Representative.

Frequency of Meetings

5.2 Meetings shall be held quarterly or as otherwise as the Chair of the ARF Programme Board deems necessary.

Withdrawal of Individuals in Attendance

5.3 The ARF Programme Board may ask any or all of those who normally attend but who

are not members to withdraw in order to facilitate open and frank discussion of particular matters to include the management of any conflicts of interest.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE TRUST BOARD AND ITS COMMITTEES / GROUPS

- 6.1 The ARF Programme Board is directly accountable to the CFC for its performance in exercising the functions set out in these terms of reference.
- 6.2 The ARF Programme Board through its Chair and members, will provide advice and assurance to the CFC through the:
- coordination of Programme Board activity / business; and
 - Sharing of information
- 6.3 In doing so, contributing to the integration of good governance across the organisation.
- 6.4 The ARF Programme Board shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The ARF Programme Board will:
- Provide a Highlight Report to every meeting of the CFC and Research Development & Innovation Committee (RD&I) on the activity of the programme.
 - Submit to the CFC attention any significant matters under consideration by the Programme Board; and
 - Ensure appropriate escalation arrangements are in place to alert the Trust Chair or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of the Trust and / or the Trust Charity.
- 7.2 In accordance with the Trust Standing Orders and the Trust Standards of Behaviour Framework Policy, members of the Programme Board will be asked to formally declare any declarations/conflicts of interest at the start of each meeting.

8. APPLICABILITY OF STANDING ORDERS TO PROGRAMME MANAGEMENT COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the ARF Programme Board, except in the following areas:

- Quorum – as per paragraph 5.1 above.

9. REVIEW

- 9.1 These terms of reference and operating arrangements shall be reviewed no less than annually by the ARF Programme Board.
- 9.2 Approval of the terms of reference will be through the ARF Programme and CFC.

10. CHAIR'S ACTION ON URGENT MATTERS

- 10.1 There may occasionally be circumstances where decisions normally made by the ARF Programme Board, need to be taken between scheduled meetings. In these circumstances out of committee / Board setting communication is acceptable, with evidence of email conversation recorded for Governance and audit purposes. The Chair may also deal with the matter on behalf of the ARF Programme Board, after first consulting with the two other Trustee Members. The ARF Programme Board must ensure that any such action is formally recorded and reported at its next meeting for acknowledgement.
- 10.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



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Advancing Radiotherapy Fund Programme Board

Terms of Reference and Operating Arrangements

Reviewed:	October 2022
Next review:	October 2023

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- 1.2 In order to govern and manage the Moondance fund appropriately the CFC supported the establishment of a 'Moondance Programme Board'.
- 1.3 In November 2017, CFC delegated a legacy donation of £825K entitled the Lucas Fund, under the authority of the Moondance Programme pending a name change. In line with the wishes of the benefactor's family, the funds are aligned with Programme aims, supporting development of an infrastructure to deliver radiotherapy research and developments.
- 1.4 In March 2018, CFC approved the same governance arrangement for a subsequent donation of £1m under the authority of the Moondance Programme, entitled the Probert Fund. These funds are to be used specifically for head and neck cancer research and developments, radiotherapy and any other areas if there are benefits for head and neck cancer patients.
- 1.5 In light of the two further donations, the programme has been renamed the Advancing Radiotherapy Fund (ARF).
- 1.5 The detailed terms of reference and operating arrangements are set out below.

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- 2.1 The ARF Programme Board will develop the Strategy for the ARF.
- 2.2 The ARF Programme Board will assure, advise and scrutinise all aspects of programme activity and expenditure on behalf of the CFC.
- 2.3 The Programme Board will provide assurance to the CFC that the allocation of funds have been dealt with in a robust and transparent way and in accordance with the objectives set out in the business case approved by the CFC in August 2015.
- 2.4 The ARF Programme Board will also ensure it delivers its objectives, identifies benefits, manages risk and operates in a manner which promotes good governance practices as set out in the Trust Standing Orders.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The ARF Programme Board will deliver against the objectives for the Moondance, Lucas and Probert funds.

The ARF Programme Board will;

- Provide assurance and direction, ensuring that clear alignment to the agreed objectives of the programme.
- Keep priorities under review, ensuring that Programme outputs and outcomes accord with the overarching objectives.
- Ensure any issues or concerns which could present a risk or impact upon the remit and scope of the activity and the business case that was agreed is escalated immediately to the Executive Director of Finance and reported to the next meeting of the CFC.
- Consider and scrutinise expenditure plans and actions.
- Approve and allocate funds in accordance with the objectives.
- Provide governance and guidance in order to ensure that the Programme remains within scope in terms of time, quality and cost and to manage all Programme level risks and issues.
- Ensure risks are monitored and effectively managed, being escalated to the CFC as appropriate.
- Report to the CFC providing quarterly highlight reports of key activities and expenditure within the Programme.

- 3.2 The following matters are reserved for decision by the CFC and have not been delegated to the Programme Board:

- Any deviation from the original objectives approved by the Charitable Funds Committee in August 2015.
- Any expenditure likely to lead to exceeding the funds allocated.

Sub-Committees

- 3.3 The ARF Programme Board will be supported by the **Advancing Radiotherapy Fund Advisory Group**, whose main purpose will be to quality assure and scrutinise any bids proposed for submission to the ARF Board, ensuring they have been developed through the appropriate routes and due process has been followed e.g. review by the Research, Development and Innovation Committee where appropriate.

4. MEMBERSHIP

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- 4.1 The membership shall comprise:

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<u>Deputy Chair</u>	Executive Director of Finance / Charity Trustee
<u>Members</u>	<p>ARF Clinical Lead and Consultant Oncologist</p> <p>ARF RD&I Clinical Lead and Consultant Oncologist</p> <p>Director of Cancer Services (Interim Director of Cancer Services at present)</p> <p>Clinical Director and Consultant Oncologist</p> <p>Independent Member / Charity Trustee (University)</p> <p>Independent Member / Charity Trustee (Estates and Planning)</p> <p>Radiotherapy Clinical Lead and Consultant Oncologist</p> <p>Head of Radiation Services</p> <p>Radiation Services Clinical Lead and Consultant Oncologist</p> <p>Head and Neck Consultant Oncologist</p> <p>Charity Director (Interim Charity Director at present)</p>

4.2 In attendance, there shall be:

- ARF Project Manager
- ARF Programme Administrator

4.3 The Programme Board Chair may invite:

- any other Trust Officers; 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.

Secretariat

4.4 Secretariat support is provided by the ARF Programme Administrator.

5. PROGRAMME MANAGEMENT COMMITTEE MEETINGS

Quorum

5.1 ~~As a minimum it will require two Trustees to be present to ensure the quorum of the ARF Programme Board and agree action to allocate funding. If one Trustee member is unable to make the meeting, a Nominated Representative Trustee should be invited to attend in their absence.~~ At least two members must be present to ensure the quorum of the Committee. Of the two, one must be an Independent Member and one must be the Executive Director of Finance or Nominated Representative.

Frequency of Meetings

5.2 Meetings shall be held quarterly or as otherwise as the Chair of the ARF Programme Board deems necessary.

Withdrawal of Individuals in Attendance

- 5.3 The ARF Programme Board may ask any or all of those who normally attend but who are not members to withdraw in order to facilitate open and frank discussion of particular matters to include the management of any conflicts of interest.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE TRUST BOARD AND ITS COMMITTEES / GROUPS

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- coordination of Programme Board activity / business; and
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- 6.3 In doing so, contributing to the integration of good governance across the organisation.
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- 7.1 The ARF Programme Board will:
- Provide a Highlight Report to every meeting of the CFC and Research Development & Innovation Committee (RD&I) on the activity of the programme.
 - Submit to the CFC attention any significant matters under consideration by the Programme Board; and
 - Ensure appropriate escalation arrangements are in place to alert the Trust Chair or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of the Trust and / or the Trust Charity.
- 7.2 In accordance with the Trust Standing Orders and the Trust Standards of Behaviour Framework Policy, members of the Programme Board will be asked to formally declare any declarations/conflicts of interest at the start of each meeting.

8. APPLICABILITY OF STANDING ORDERS TO PROGRAMME MANAGEMENT COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the Trust's Standing

Orders are equally applicable to the operation of the ARF Programme Board, except in the following areas:

- Quorum – as per paragraph 5.1 above.

9. REVIEW

- 9.1 These terms of reference and operating arrangements shall be reviewed no less than annually by the ARF Programme Board.
- 9.2 Approval of the terms of reference will be through the ARF Programme and CFC.

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- 10.1 There may occasionally be circumstances where decisions normally made by the ARF Programme Board, need to be taken between scheduled meetings. In these circumstances out of committee / Board setting communication is acceptable, with evidence of email conversation recorded for Governance and audit purposes. The Chair may also deal with the matter on behalf of the ARF Programme Board, after first consulting with the two other Trustee Members. The ARF Programme Board must ensure that any such action is formally recorded and reported at its next meeting for acknowledgement.
- 10.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



CHARITABLE FUNDS COMMITTEE

CHARITABLE FUNDS INVESTMENT PERFORMANCE REVIEW SUB-COMMITTEE HIGHLIGHT REPORT

DATE OF MEETING	19/01/2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Alison Hedges, Business Support Officer
PRESENTED BY	Martin Veale, Chair of the Charitable Funds Investment Performance Review Sub-Committee
EXECUTIVE SPONSOR APPROVED	Matthew Bunce, Executive Director of Finance
REPORT PURPOSE	FOR NOTING
ACRONYMS	
~	~

1. PURPOSE

This paper has been prepared to provide the Charitable Funds Committee with details of the key issues and items considered by the Charitable Funds Investment Performance Review Sub-Committee at its meeting held on 01 December 2022.

Key highlights are reported in **Section 2**.

The Charitable Funds Committee is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

The following areas were highlighted for reporting to the Committee:

ALERT / ESCALATE	There are no items to alert or escalate to the Charitable Funds Committee.
ADVISE	<p>LIQUIDITY MANAGEMENT REVIEW REPORT - (INCLUDING CASH FLOW FORECAST)</p> <p>The Charitable Funds Investment Performance Review Sub-Committee NOTED the cash position of the Charity as of the 31 October 2022 and highlighted the following:</p> <ul style="list-style-type: none"> • Actual cash position largely unchanged from previous 6 months, overall, slightly improved. • Future cash flow forecast saw a significant spike due to a substantial one-off legacy donation of £1.6 million received during November. • Outturn cash flow forecast currently circa £4.5million against an initial target of £3million at beginning of the year. • Cash held circa £1.5 million as at end October 2022, at year end considering all current commitments, this could increase to £2.2 million. • Advice from investment managers continues to be that now is not the time to add more funds to the investment portfolio due to uncertainty in the market. • A review of current bank interest rates available in the market was undertaken, and after considering both interest rates and associated fee the advice was that the Charity's current bank account remains the best option for now. Cash management options will continue to be explored. <p>CHARITABLE FUNDS INVESTMENT POLICY</p> <p>The Charitable Funds Investment Performance Review Sub-Committee were content to APPROVE the updated Charitable Funds Investment Policy (ref. Appendix 1) subject to the inclusion of a small number of final amendments.</p>
ASSURE	There are no items required for assurance to the Charitable Funds Committee.
INFORM	<p>Performance Update from Charity Investment Advisors - BREWIN DOLPHIN</p> <p>The Charitable Funds Investment Performance Review Sub-Committee NOTED the update from Brewin Dolphin and highlighted the following aspects for reporting to the Charitable Funds Committee:</p> <ul style="list-style-type: none"> • Priority is to maintain the Trust value of the capital after the effects of inflation. • Financial services are closely regulated in the compensation scheme. • Portfolio is managed as low risk tolerance, 5-7 years investment term. • Continue to invest in the main asset classes.



	<ul style="list-style-type: none"> • Some funds are held available for instant access, which is roughly 10% of total portfolio. • Included ESG information, i.e., gambling tobacco, alcohol, Russian /Belarussian companies. • Removed positions that had exposure to Russia, so there was no underlying exposure to Russia or Belarussian within the portfolio and reinvested those into suitable alternatives. • Split into 2 portfolios low risk and slightly higher low risk portfolio • Due to recent increases in interest rates the focus has been on absolute return and cash areas for the last 3-6 months. More bonds have been added to the portfolio in response to the mini budget, with the ability to get better returns from fixed interest investments. <p>Equities can be a good hedge against inflation as operating businesses can increase their prices to mitigate negative effects of high inflation.</p> <p>Bonds are impacted by inflation as it affects the return on when they are going to get repaid.</p> <p>Commodities react positively to inflation but if no growth there's no demand for them. Only picked up bonds in Government space as still believe there is a risk that interest rates will stay higher for longer than people were expecting</p> <ul style="list-style-type: none"> • The income stream (dividends) that is generated by the portfolio and reinvested is expected to be circa £120k. At some point decide to instruct Brewin Dolphin to pay this out as an additional income stream but given what has been highlighted in terms of the charity's cash position there's not necessarily a current need to do that. <p>Portfolio Performance</p> <p>As at the 30th November, the combined value of the portfolio moves from being £5.6million in October to £5.75million.</p>
APPENDICES	Appendix 1 - Charitable Funds Investment Policy

3. RECOMMENDATION

The Trust Board is asked to **NOTE** the contents of this report.

Ref: CFC 004

Charitable Funds Investment Policy

Date to be reviewed:	December 2025	No of pages:	11
Author job title(s):	Deputy Director of Finance		
Responsible dept /director:	Executive Director of Finance		
Approved by:	Charitable Funds Committee		
Date approved:	1 December 2022		
Effective Date (live):	1 December 2022		
Version:	5		

Date EQIA completed	7 August 2021
Documents to be read alongside this policy:	<p>This policy should be read in conjunction with the following information:</p> <ul style="list-style-type: none"> • Terms of Reference of the Investment Performance Review Sub-Committee • The Trustees Act 2000 • CC14 Charities and Investment Matters: A Guide for Trustees
<p>Current review changes Reviewed in accordance with the agreed policy review period. Item 4.1 – Wording updated Item 6.1 – Recommended cash balances have been removed Items 8.2 and 8.3 – Wording amended/updates Items 8.7 – Access to funds updated to reflect agreement with new investment.</p> <p>Version 4 changes: General review and update to reflect change in Trust status to ‘University NHS Trust’ Item 10 Restraints on Types of Investments: 10.1 c) Companies that derive a significant proportion of their income from Fossil Fuels added to the exclusion criteria 10.1 d) investment in companies that are deemed to have an approach to risk mitigation around the issues of ethical employment considered ‘Weak’ by VE and paragraph to describe the organisation VE and their assessment approach</p>	

Ref: CFC 004 Version: 5 Title: Charitable Funds Investment Policy
Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure the version to hand is the most recent.

Executive Summary: The purpose of this policy is to formalise the responsibilities of Velindre University NHS (UNHS) Trust Charitable Funds Trustees in respect of the management of charitable fund assets held by the Trust.				
First operational:	Date: July 2012			
Previously reviewed	June 2018			
Changes made: Yes	November	June 2021	November 2022	

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Charitable Funds Investment Policy

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Charitable Funds Investment Policy

1. Policy Statement

This policy has been prepared following the request by Velindre UNHS Trust Charitable Funds Committee to ensure that our organisation is managing appropriately and transparently the charitable funds assets and complying with all the legal regulations, guidance and best practices established by governmental and regulatory bodies.

- This policy takes into consideration
 - Maintenance of liquidity levels.
 - Investments of charitable assets.
 - Minimum level of return required.
 - Surplus funds.
 - Restraints on types of investments.
 - Pooling of investments.
 - Fund management by Investment advisors and Investment subcommittee.

2. Purpose

The purpose of this Policy is to formalise the responsibilities of the Trustees in respect of the management of the Charitable Fund's assets held by the Trust and to translate these responsibilities into an investment strategy which complies with the Trustees Act 2000 and incorporates best established practice by:

- Ensuring that when investing Charitable Funds, Trustees achieve an appropriate balance for the charity between the two objectives of:
 - Providing an income to help the charity carry out its purposes effectively in the short term; and
 - Maintaining and, if possible, enhancing the value of the invested funds, so as to enable the charity effectively to carry out its purposes in the longer term.
- Ensuring that the following standards as defined in **the Trustee Act are followed**, whether they are using the investment powers in that Act or not:
 - That the Charity is discharging its general duty of care (as described in section 1 of the Trustee Act), which is the duty to exercise such care and skill as is reasonable in the circumstances. This applies both to the use of any power of investment and

to the discharge of the specific duties which the Act attaches to the use of investment powers. A higher level of care and skill is expected of a Trustee who is or claims to be knowledgeable about or experienced in investments, or who is paid.

- Secondly, that the Charity is complying with the following **specific duties**:
 - Trustees must consider the **suitability** for their charity of any investment. This duty exists at two levels. The Trustees must be satisfied that the type of any proposed investment (e.g. a common investment fund or a deposit account) is right for their charity (including whether it is consistent with an ethical investment policy if the charity has one). They also have a duty to consider whether a particular investment of that type is a suitable one for the charity to make. Trustees should, at both levels, try to consider the whole range of investment options which are open to them; how far they should go here will, of course, depend on the amount of funds available for investment.
 - Trustees must consider the need for diversification, i.e. having different types of investment, and different investments within each type. This will reduce the risk of losses resulting from concentrating on a particular investment or type of investment. Again, how far the Trustees can go here will depend on the amount of funds available for investment.
 - Trustees must periodically review the investments of the charity. The nature and frequency of these reviews is up to the Trustees to decide, but the reviews should be proportionate to the nature and size of the charity's investment portfolio. To review too infrequently may result in losses or missed opportunities; chopping and changing investments too frequently may incur unnecessarily high levels of transaction charges. It is recommended that a review of the investments should be carried out at least once a year.
 - Before exercising any power of investment, and when reviewing the charity's investments, Trustees must obtain and consider proper advice from a suitably qualified adviser (who may be one of the Trustees), unless the size of the funds available for investment is so small that seeking investment advice would not be cost effective.
- Ensuring that the Investments Clauses defined in the Governing Document from January 1995 (Section D Trustees Powers) are followed.

3. Scope

- 3.1 This policy applies to all Velindre UNHS Trust Employees and Independent Members, particularly to Charitable Funds Committee Members, Investment Subcommittee Members and Investment advisors.
- 3.2 The term "Employees" includes all those who have a contract of employment or

Ref: CFC 004 Version: 5 Title: Charitable Funds Investment Policy
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honorary contract with the Velindre UNHS Trust.

4. Aims and Objectives

4.1 Trustee's objective(s) in investing its funds:

The Trustees have agreed that the Charity Committee Funds' investment objective is to as a minimum **MAINTAIN CAPITAL** over the medium term, and to **PRESERVE CAPITAL** where an income from the Trust Investment is required; however, the priority is to maintain the value of the Trust Capital after the effect of inflation.

5. Roles and Responsibilities

5.1 The Trust Board as the Corporate Trustee Recognises its overall responsibilities for investment decisions and the need to demonstrate that they have retained overall control of decision making and have complied with their duties regarding investing Velindre UNHS Trust Charitable Funds, therefore the Trustees have agreed:

- That the Trustees and the Investment Manager are the only authorised parties able to take any decisions regarding Velindre UNHS Trust Charitable Funds Investments. These decisions have to be agreed between both parties before any action is taken.
- The Charitable Fund Committee and the Investment Performance Review Sub Committee advise the Board on the more detailed aspects of its investment policy and performance. The Terms of Reference of the Investment Performance Review Sub Committee are attached to this policy.
- The Trustees have agreed that details of their investment approach and key decision are recorded in writing in order to demonstrate that they have considered the relevant issues, taken advice appropriately and reached a reasonable decision.
- The Trustees have a formal written contract with the Investment Manager. In this agreement the Investment manager is required to follow Velindre UNHS Trust Charitable Funds Investment Policy. In this agreement the Trustees have specifically requested that The Investment Manager must not:
 - Appoint a substitute or select their own successor.
 - Reduce the normal duty of care, or places a cap on his liability for breach of contract.
 - Act in situations that might give rise to a conflict of interest unless it is reasonably necessary for them to do so.

5.2 This policy also precludes Trustees from profiting from their office.

6. Maintenance of Liquidity Levels

6.1 The Trustees shall require that a proportion of Trust Fund assets be held in immediate and short term liquid forms. These shall be:

a) Current Bank Account

The level of funds held in this account shall be as minimal as possible which is consistent with the requirement to fund all normal transactions.

Ref: CFC 004 Version: 5 Title: Charitable Funds Investment Policy
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b) Locally Controlled Deposit Account

The level of funds held in this account should be sufficient to provide an adequate buffer between the daily needs of the funds as financed by the current account, and the main portfolio consisting of medium and long term investments. This should obviate the necessity to prematurely liquidate assets to the potential detriment of the portfolio. The actual level will be monitored and delegated to the discretion of the Charitable Funds Investment Performance sub Committee.

c) Deposit Account Held by Investment Managers

The level of funds held in this account should be sufficient to provide a buffer between the locally held cash resources and the main portfolio. The establishment of a balance level will be delegated to the discretion of the Charitable Funds Investment Subcommittee and the Investment advisor / fund manager in managing the portfolio in total.

6.2 The Trust's officers shall be required to monitor locally held balances and commitments and inform the Investment subcommittee members and the investment manager at the earliest opportunity should it appear likely that a cash call may be required.

6.3 Investment Sub-Committee Members and Trust Officers shall be required to monitor a least every six months that the returns on Cash and cash-like investments are in line with or exceed benchmarks.

7. Investment of Charitable Assets

7.1 The Trustees must attempt to maximise the investment return on the charitable funds whilst minimising the risk to the funds themselves. Furthermore, the Trustees have a legal duty to avoid speculative forms of investment.

7.2 The Trustees Act 2000 gives to the Trustees "The General Power of Investment" where a Trustee may make any kind of investment that they could make if they were absolutely entitled to the assets of the trust. Under this Act the Trustees have to observe the following Clauses:

7.3 The general power of investment does not permit a Trustee to make investments in land other than in loans secured on land.

7.4 A person invests in a loan secured on land if he has rights under any contract under which —

- (a) One person provides another with credit, and
- (b) The obligation of the borrower to repay is secured on land.

7.5 In exercising any power of investment, whether arising under this Part or otherwise a Trustee must have regard to the standard investment criteria set out below:-

7.6 The Trustees must from time to time review the investments of the trust and consider

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whether, having regard to the standard investment criteria, they should be varied.

- 7.7 Before exercising any power of investment, whether arising under this Part or otherwise, a Trustee must (unless the exception below applies) obtain and consider proper advice about the way in which, having regard to the standard investment criteria, the power should be exercised.
- 7.8 When reviewing the investments of the trust, a Trustee must (unless the exception applies) obtain and consider proper advice about whether, having regard to the standard investment criteria, the investments should be varied.
- 7.9 The exception is that a Trustee need not obtain such advice if he reasonably concludes that in all the circumstances it is unnecessary or inappropriate to do so.
- 7.10 Proper advice is the advice of a person who is reasonably believed by the Trustee to be qualified to give it by his ability in and practical experience of financial and other matters relating to the proposed investment.

8. Investment Risks and Profile

- 8.1 The Trustees recognise that all investments involve an element of risk. The level of risk that is appropriate for the Trust will be influenced by various factors, including the Trustees' attitude to risk, the Trust's capacity to afford potential investment losses and its investment objectives.
- 8.2 The Trustees in Order to mitigate the Capital Risk have agreed to request the investment advisor / manager to maintain a diversified portfolio of assets in order to protect the charity's investments from sudden variations in the market.
- 8.3 The Trustees in order to attempt minimising the risk to Velindre UNHS Trust Charitable Funds, have agreed to operate within a lower risk investment strategy, which means that investments will be skewed significantly to less volatile asset classes such as high quality investment grade corporate and sovereign bonds. Riskier assets such as equities, alternative investments and commodities may be selected but they are likely to play a less significant role.
- 8.4 The Trustees have determined that the purpose of the Velindre UNHS Trust Charitable Funds investment has been categorised as **GENERAL** with no specific investment purpose. The time horizon for the Trust general investment account is between 5 to 7 years.
- 8.5 The Trustees have requested that the Assets allocation should be distributed following the best advice from the Investment Manager and its direct effect in having a lower risk Investment strategy.
- 8.6 The Asset Classes allocation considered by the Trustees should include the following:

- Cash
- Sovereign Fixed Income
- Corporate Fixed Income
- Developed Market Equity
- Emerging Market Equity
- Private Equity
- Commodities
- Absolute Return

8.7 In agreement with the investment managers funds are realisable within 2 weeks.

9. Surplus Funds

9.1 Where the level of capital and income growth achieved is greater than the annual rise in the cost of living the Trustees may, at their discretion, determine to expend surpluses arising in subsequent periods or to re-invest for further income growth.

10. Restraints on Types of Investments

10.1 This policy sets out four investment constraints namely:

- Capital held in perpetuity shall be separately identified. This capital may not be expended until notified by the Trustees. Furthermore, the Trustees shall be bound by any constraints established in the trust document or bequest.
- Investments shall comply with the rules and regulations of the Trustees Act 2000.
- At the discretion of the Trustees investment in companies whose trade is inconsistent with the aims of the Velindre UNHS Trust may be expressly precluded. The Trustees may not, however, preclude investments in companies for any other reason e.g. political. **HOWEVER, SUCH EXCLUSIONS AS EXPRESSLY IDENTIFIED BY THE TRUSTEES ARE COMPANIES WHO DERIVE A SIGNIFICANT PROPORTION OF THEIR INCOME FROM FOSIL FUELS, GAMBLING, TOBACCO, ALCOHOL AND ARMOURMENT ACTIVITIES.**
- At the discretion of the Trustees investment in companies that are deemed to have an approach to risk mitigation around the issues of ethical employment considered 'Weak' by VE. VE are an organisation that provides a risk rating in relation to the Environmental, Social & Governance (ESG) factors of a company that can be brought into the financial decision making of investors.

VE assess four areas of ethical employment (fundamental labour rights; non-discrimination; child and forced labour; social standards in the supply chain), three criteria are examined (frequency of allegation; severity of allegation; responsiveness to the issue raised). The ratings for each of the three criteria

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are then aggregated to give an overall rating for the company's perceived risk mitigation (advanced, robust, limited, weak).

- e) There are further restrictions on investment in Russian/Belarusian companies.

11. Selection of Investment Managers

- 11.1 The Charitable Funds Committee's recommendations to the board of Trustees regarding the selection of investment manager(s) must be based on prudent due diligence procedures. A qualifying investment manager must be a registered investment advisor under the Investment Advisor Act of 1961, or a bank or insurance company which is authorised and regulated by the Financial Services Authority.
- 11.2 Investment Managers are to be reviewed at a minimum of five years.
- 11.3 A Trustee of the Velindre UNHS Trust Funds is specifically excluded from providing investment advice, even though they may be so authorised.

12. Fund Management – Delegation of Investment Advisors

- 12.1 This Investment Policy has been established to act as a basis for financial advice received from the appointed financial advisor / investment manager.
- 12.2 The Financial advice received from Financial Advisors / Investment Manager must take into consideration the management of the main risks associated with investments such as Capital Risks, Liquidity Risks, Market Risks, Valuation Risks, Tax Risks, and Environmental, Social and Governance Risks.
- 12.3 The delegation of advice is subject to the conditions below:
 - a) Advice is compliant with the investment policy adopted by the Trustees.
 - b) The delegated powers may be withdrawn at any time.
 - c) The delegation will be reviewed at least every three years.
 - d) The Trustees are liable for acts or defaults of the investment advisors, since responsibility may not be delegated under the Trustees Investment Act 1961.
 - e) Investment managers shall be reviewed regularly regarding performance, personnel, strategy, research capabilities, organization and business matters, and other qualitative factors that may impact their ability to achieve the desired investment results.

13. Fund Management – Delegation Review

- 13.1 A report will be expected from the Investment Advisors demonstrating how the Trust's portfolio performance compares with movements in various published indices and other appropriate investment performance "benchmarks" on a six months basis. These investment performance indicators will be agreed between the Trustees and the Investment Advisors and should provide an assessment of both capital growth as well as income performance.
- 13.2 The Investment Fund Manager is also required to:
- a) Provide subsidiary tax certificates for all interest and dividend payments and contract notes in respect of investment sales and purchases as soon as possible.
 - b) Provide a monthly statement of dividends received.
 - c) Provide a monthly statement of investment purchases and sales.
 - d) Provide a fund portfolio on a quarterly basis.
 - e) Hold the charity's share certificates in a wholly owned nominee company.
 - f) Attend the Charitable Funds Committee as and when required.
- 13.3 These investment reports shall be reported to the Charitable Funds Committee every six months.

14. Review

The Deputy Director of Finance will review the operation of the policy as necessary and at least every 3 years.

15. Legislation

- o The Trustees Act 2000
- o CC14 Charities and Investment Matters: A Guide for Trustees.
- o Velindre UNHS Trust Charitable Funds Governing Document from January 1995.

16. Further Information

Further information and support is available from the Deputy Director of Finance on Tel: 02920 316240
Mobile: 07971284383
Matthew.bunce2@wales.nhs.uk

CHARITABLE FUNDS COMMITTEE

CHARITABLE FUNDS (TRUSTEE) ANNUAL REPORT 2021-22

DATE OF MEETING	19/01/2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Alaric Churchill, Interim Charity Director Steven Coliandris, Head of Financial Planning & Reporting Emma Stephens, Head of Corporate Governance
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PRESENTED BY	Alaric Churchill, Interim Charity Director
--------------	--

EXECUTIVE SPONSOR APPROVED	Matthew Bunce, Executive Director of Finance
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REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Velindre Charity Senior Leadership Group received	02/12/2022	Draft Report NOTED
Velindre Charity Corporate Trustees (via email communication)	22/12/2022	Draft Report Circulated for COMMENT

ACRONYMS

CFC	Charitable Funds Committee
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1. SITUATION/BACKGROUND

- 1.1 The Charitable Funds (Trustee) Annual Report and its Financial Statements are prepared in accordance with the Statement of Recommended Practice on Accounting and Reporting for Charities (SORP 2005), the Charity Commission's general guidance and with the applicable United Kingdom accounting standards.
- 1.2 As with previous years, the aim of the Annual Report is to demonstrate how the money raised through Charitable Funds allows the Charity to make a difference and enhance the services provided.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Following the holistic review previously undertaken to assess the look and feel of the Annual Report, this year's report aims to continue to develop a more interactive report and a more engaging tone of voice.
- 2.2 Consultation and engagement with the Velindre Charity Senior Leadership Group and Charity Trustees has taken place and any comments and amendments have been incorporated as appropriate.
- 2.3 The Final report will be made available in Welsh and will be published on the Trust Intranet and Internet sites.
- 2.4 The Annual Report is attached at **Appendix 1**.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ending good governance within the Trust can support quality care.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required

LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

- 4.1 The Charitable Funds Committee is asked to **APPROVE** the Charitable Funds Annual Report 2021-2022 for submission to the Charity Commission by the 31 January 2023.



Charitable Funds Trustee **Annual Report** **2021-22**

Contents

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10	————	Aims & Objectives
12	————	Part 1 How the generous donations of our supporters enable us to enhance the services we provide
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25	————	Financial Performance
26	————	Meet the Trustees

Glossary of Abbreviations

AHPs Allied Health Professionals	R&D Research & Development
AHSC Academic Health Science Centre	RD&I Research Development & Innovation
BAME Black, Asian and Minority Ethnic	ROM Range of Motion
CFC Charitable Funds Committee	RT Radiotherapy
CNS Clinical Nurse Specialist	SABT Stereotactic Ablative Body Radiotherapy
COVID 19 Coronavirus 2019	SACT Systemic Anti-Cancer Therapy
CTU Clinical Trial Unit	SC Supportive Care
ESOL English for Speakers of Other Languages	SOFA Statement of Financial Activities
FR Fundraising Regulator	SORP Statement of Recommended Practice
FRS Financial Reporting Standard	UGI CNS Upper Gastrointestinal Clinical Nurse Specialist
ISAs International Standards on Auditing	UK United Kingdom
NPHS National Public Health Service	VAT Value Added Tax
PARS Physical Activity Rehabilitation Programme	VCC Velindre Cancer Centre
PCH Prince Charles Hospital	WBS Welsh Blood Service
PLG Patient Liaison Group	
POC Point of Care	

What this Annual Report will tell you

Velindre University NHS Trust Charitable Funds Annual Report tells the story of how the money raised through Charitable Funds in 2021-22 has enabled us to make a difference and enhance the services provided by the Trust.

It provides information about how the Charity has performed this year, key activities and developments and our plans for 2022-23 and beyond.

Our priorities are shaped by our Charity Vision, Mission, Objectives and Aims, which are set out on page 10.

In accordance with our commitment to the Well-being of Future Generation (Wales) Act 2015, hard copies will be available on request, over and above the digital copy of our Annual report available on our Trust website. As such, if you would like copies of our Annual report in print form and/or alternative formats or languages, please contact us using the details below:

Velindre University NHS Trust,
Corporate Headquarters,
Unit 2, Charnwood Court, Parc Nantgarw,
Cardiff. CF15 7QZ

Tel: 029 2019 6161

Email:
Corporate.Services2@wales.nhs.uk

Website:
www.velindre-tr.wales.nhs.uk



On behalf of the Corporate Trustees of Velindre University NHS Trust Charity, we present the Charitable Funds (Trustee) Annual Report together with the Audited Financial Statements for the year ended 31 March 2022.

Welcome

On behalf of the Corporate Trustees of Velindre University NHS Trust Charity, we present the Charitable Funds (Trustee) Annual Report together with the Audited Financial Statements for the year ended 31 March 2022.

Velindre University NHS Trust, which incorporates the Velindre Cancer Service and the Welsh Blood Service, is dedicated to providing quality, care and excellence in its treatment and engagement with patients, donors, their families and other people we come in contact with.

We are proud of our staff dedication in providing the very best possible services and the way, in turn, we are valued by our patients and donors. We believe we have a story to tell and, while we are required by the Charity Commission to produce an Annual Report detailing our accounts and activities over the past year, we are delighted that it also gives us a great opportunity to tell you more about the Charity and the services we have helped to enhance.

Presenting this report also provides an opportune time, for the Trustees to extend an important thank you to all our fundraisers supporters and Partners, the level of support the Charity receives is exceptional and for this we are extremely grateful.

In an extraordinary year against the continuing backdrop of COVID, 2021–22 was another successful period. *£3.188m was raised.* On behalf of the Corporate Trustees we extend a huge vote of thanks for the continued generosity to all our Patrons, Ambassadors, fundraisers and supporters. We thank them also for their commitment and time in raising these funds to help support the Velindre University NHS Trust Charity.

To all our supporters, fundraisers, staff and volunteers with your help we continue to grow and support our Charity mission. Warmest thanks are also due to our Fundraising Team and Charity support staff, for your continued dedication in progressing the actions and activities that drive our Charity forward.

The Trustees would also like to thank the Patient Liaison Group (PLG) representatives who attend the Charitable Funds Committee as they provide a valuable patient voice throughout discussions on new projects, activities and initiatives. The PLG commitment and support is extremely helpful and we look forward to continuing to work with PLG members during 2022-23 and beyond.

Chair of Velindre University NHS Trust Charity

Velindre University NHS Trust Charity had a very successful year in 2021-22, despite the continuing impacts of the Covid-19 pandemic on our ability to host face-to-face events and facilitate fundraising. Many supporters who struggled to attend in-person events, have welcomed the advent of our online activities which have enabled their participation which otherwise would not be possible.

As we re-introduce face-to-face events, we will ensure that we continue to provide them online. In this respect the pandemic has helped us understand better the ways we can improve the accessibility of our activities.

In the face of the financial pressures facing so many people we are truly grateful for the support from our Fundraisers, Ambassadors and Patrons.

I am constantly amazed and humbled by the skills, professionalism and dedication shown by all those involved in making Velindre University NHS Trust the special organisation that it is. The children, patients and their families constantly and consistently praise the support they receive from the care teams. But we should not forget the whole host of staff and volunteers who also dedicate their time to contributing to what makes Velindre special. Much of the money raised by the Charity goes to support the overall experience whether it is Research, Service Development patient support or colleague wellbeing. Every donation builds to make a huge impact.

Research into new treatments for our patients continues at pace; there has never been so many research projects and trials conducted. We are encouraged that the Charity can support this vital part of the Trusts unique structure in Wales. **Velindre's UK's** reputation and influence in the field of cancer research is extending through our increasing participation in groundbreaking

projects. We intend to expand this funding opportunity over the next 3-year planning cycle.

By focusing on keeping our services open, whilst we were dealing with the ongoing impact of the pandemic, the Velindre Fundraising team received £3.074m from fundraising events, donations and legacies.

The ability to manage our activities digitally together with the participation of our Trustees and operational colleagues also allowed us to distribute £2.166m to Research, Staff and Patient Welfare/Support.

The Board is delighted that in developing the services we offer we will be able to meet the evolving needs of those we support so that we can continue to make a huge difference for our patients, families, supporters and colleagues. We have been through a momentous year, and we **couldn't have** achieved so much without the enormous effort and dedication of the fundraising team and our supporters.

The Board is delighted that in developing the services we offer we will be able to meet the evolving needs of those we support so that we can continue to make a huge difference for our patients, families, supporters and colleagues. We have been through another challenging year, and we understand that the next few years will be the most financially challenging experienced for 40 years. The Trustees would like to thank everyone **involved we couldn't have achieved so much** without the enormous effort and dedication of the fundraising team and our supporters.

Thank you,

Professor Donna Mead OBE, Chair



Prof. Donna Mead OBE
Chair



Steve Ham
CEO

Chief Executive's Report

In a year that was once again dominated by **COVID-19 restrictions and lockdowns**, we're immensely proud of everything our colleagues here in the Velindre University NHS Trust Charity and Fundraisers across Wales have achieved for our patients and their families. The challenge is growing.

Last year, our teams continued to adapt to the impact of the pandemic, harnessing their collective expertise and experience to provide support to our amazing communities of fundraisers both virtually and physically. Some of the achievements are set out in this report, hard work and resilience from both our teams and our fundraising community focused on how to make sure the monies raised reached the areas that could maximise our support for patients, families, and colleagues.

Looking forwards we are amazed by the resilience of the children and families we are here to serve. But the triple threat of COVID-19, the energy cost challenge and the cost-of-living crisis continues to make their lives increasingly hard. The Charity recognises how important our community focused fundraisers are, we would like to thank each and every-one.

The Charity has a 5-year strategy to further develop the amount of support it can give across Research, Service development and Patient support. Developing new opportunities across digital and donation systems our team are implementing should ensure that we continue and grow the levels of funding accessible to deliver sustainable programmes.

Charity Purpose

Vision

Invest in promoting quality, care and excellence in services provided by Velindre University NHS Trust.

Mission

To support the Trust’s provision of *world class, research-led treatment*, care and support for patients and families affected by cancer, as well as other patients supported by the Trust and those who are involved in the donation of blood or stem cells.

Aims

The Charity will prioritise its work for the next five years to support Velindre Cancer Centre, focusing on providing a robust funding model for research development and innovation to benefit its patients, staff and families. Fundraising for the Welsh Blood Service will be linked to specific identified appeals and projects needed in this period.

Objectives

General

For charitable purposes relating to the general or specific use of Velindre University NHS Trust. Or to purposes relating to the health service and for any other health services for which specific monies have been donated for use within the UK or overseas.

Patients

For the relief of illness of patients suffering from cancer or its effects as well as other patients who are or have been treated by Velindre University NHS Trust.

Donors

For the promotion of blood and stem cell donation to grow the donor pool and to improve donor care and experience.

Staff

For the relief of sickness, improving or supporting welfare and promoting the efficient and effective performance of duties of Trust staff.

Research

For any charitable purpose or purposes principally (but not exclusively) at or in connection with Velindre University NHS Trust which will further our research goals overleaf.

Research Goals

1. The investigation of the causes of cancer and the prevention, cure, treatment and defeat of cancer in all its forms.
2. The advancement of scientific and medical education and research in topics related to cancer.
3. The furtherance of any other charitable purpose for the relief of persons diagnosed with cancer.
4. To support research and development in to new and novel uses of blood, blood components and cellular technology for the benefits of patients.
5. Improve donor care through the development of research activity.
6. Improve quality and safety of blood components and products; and support research to approve outcomes in transplantation.



Research Goals

Part One: Making a Difference

How the generous donations of our supporters enable us to enhance the service we provide



Income

Donations £1.333m

The total raised from general donations and grants was £1.333m during 2021-2022. As always this reflects the enormous generosity, hard work and dedication of our loyal supporters. Each year the level of donations we receive far exceeds expectations, we now have a 5 year strategy that will support growth. Without the support of our dedicated fundraisers none of this is possible. For this we continue to be extremely grateful.

Events/Fundraising Income £0.427m

Last year we directly managed over 30 events and supported closely over 50 more in order to raise the funds needed to support the continued growth of both the charity and its supporters. This year the success of these events continued with our loyal supporters joining us on a number of fundraising activities raising a total of £0.427m.

Legacies £1.314m

Legacies received during 2021-2022 totaled £1.314m. We continue to receive a number of legacies, which is a vital source of the charity's income, and we are extremely thankful to those that have the foresight, and generosity to remember Velindre by leaving a gift in their will.

Investments £0.114m

The charity has a portfolio of investments managed by external investment advisors according to guidelines and responsible policies agreed with the Trustees of the charity. During the year the portfolio paid for the overhead costs of the charity team and provided a dividend of £0.114m

Total income:
£3.188m

How much money the charity received.

Expenditure

The general interpretation is that charitable funds can be used to enhance the level of care provided by Government funding, but not replace it or otherwise be used as a substitute for statutory funding.

The examples overleaf demonstrate how Charitable Funds have been used to enhance the services provided by the Trust. Good governance arrangements are in place to ensure clear separation of decision- making. The PLG representatives who attend the Charitable Funds Committee provide a valuable patient voice throughout discussions of new projects, ongoing activities and initiatives. During 2021-22 we spent **£2.664m** across the following main areas of the charity as identified to the right.

Total expenditure:
£2.664m

How much money the charity spent

Research £1.378m

Each year the money raised by the charity continues to fund ground breaking research and clinical trials that can help the development of cutting edge treatments to support patient and donor care and improve the quality and safety of blood components and products.

Patients and Staff Welfare and Amenities £0.788m

Money raised has helped fund support services, therapies, equipment and so much more which have a significant impact on patients and staff welfare.

Fundraising £0.317m

Fundraising is a key element of our charity, not only is it a vital source of income, which far exceeds the costs, it is crucial to raising the profile and gaining continued support from members of the public. The cost of raising funds are in line with the other Charities of similar size and nature.

Support Costs £0.155m

Support costs and fees are kept to a minimum, however, to ensure that the charity can be run effectively it is essential that a clear management and governance structure is in place. Support costs are in line with other Charities of similar size and nature.

Investment Fees £0.026m

Investment fees to the Charity's Investment Management Advisors account for a very small proportion of expenditure. This expert advice ensures that the Charity's Investment Portfolio is managed effectively in line with agreed guidelines and policies.

Examples of activity that the monies raised supported during 2021 - 2022

Activity	Description
Velindre Futures Research and Development (R&D) Ambitions: Driving the Implementation of Related R&D Programmes of Work	In order to realise the ambitions set out in the new Cancer Research Strategy, approved by the Trust Board in March 2021, the Charity invested in key roles to help kick start and drive forward the delivery of our Cancer Research Ambitions for the benefit of patients, donors, staff and other stakeholders.
Cancer Nurse Specialists	The Charity provided support for the provision of Cancer Nurse Specialists. Working in a complex and specialist cancer setting, there are inherent demands and emotional implications in support of our patients. This service provides invaluable support to our patients
Complimentary Therapies	The Charity provided support to support the provision of complimentary therapies to our patients. It will complement our existing Therapy, Nursing, Consultants and specialty Doctors here at Velindre. This will provide an excellent opportunity to balance the wellbeing of our patients with the medical and clinical teams that deliver the high quality provision of patient care.
Clinical Psychologist for Staff and Teams	The Charity provided support for a Clinical Psychologist for Staff and Teams. Working in a complex and specialist cancer setting, there are inherent demands and emotional implications of the work. Embedding a clinical psychologist for staff in the organisation normalises the requirement of psychological input for staff and teams regarding their professional development and supports the ongoing consideration of staff wellbeing. This post will also allow for the opportunity of evidence based practice and psychological perspectives to be integral to organisational health and wellbeing plans, development and design.
Early Phase Trials: Medical Sessions for the Future	<p>To support the provision of world class research-led treatment, care and support for our patients and families affected by cancer, the Charity supported investment in early phase trials which will further the following aims:</p> <ul style="list-style-type: none">• The investigation of the cause of cancer and the prevention, cure, treatment and defeat of cancer in all its forms;• The advancement of scientific and medical education and research in topics related to cancer.
100% Children's resources	100% of the children's resources at Velindre Cancer Centre are funded by the charity. Resources including memory boxes, lion toys, worry monsters and our educational books help support a child when experiencing a diagnosis or loss in the family.

Further information

The activities described above provide only an example of the activity that Velindre University NHS Trust Charity has agreed to support during the year. Further information and detail can be sought from the Charitable Funds Committee meeting papers, which are published on the Velindre University NHS Trust website: www.velindre-tr.wales.nhs.uk/charitable-funds-committee-cfc-

Fundraising Highlights

The Big Swim @ Swim to the Edge Solva
Pembrokeshire



**Part Two: Charity Governance,
Audit and Finance**



Structure, Governance & Management of Charitable Funds

The Velindre University NHS Trust Board as a Corporate Trustee is ultimately accountable for charitable funds donated to Velindre University NHS Trust, you can meet our Trustees on page (52) of this Annual Report.

The Chair and Independent Members of the Trust Board are appointed by the Welsh Government while the Chief Executive and Executive Directors are appointed by the Trust Board. Trustees of Velindre University NHS Trust Charity are responsible for controlling the management and administration of the Charity and have collective responsibility for the Charity.

The duties of a Trustee are to:

- Ensure the Charity is carrying out its purposes for the public benefit.
- **Comply with the Charity’s Governing Document** and the law.
- **Act in the Charity’s best** interests.
- **Manage the Charity’s resources responsibly.**
- Act with reasonable care and skill.
- Ensure the Charity is accountable.

The Charity Commission has written guidance which sets out what is required of a Charity Trustee, including their responsibilities to the Charity. This guidance is available via the following link.

In order to facilitate the administration and management of the charitable funds the Trust Board has established a Charitable Funds Committee to provide advice and recommendations to the Board. The Charitable Funds Committee manages, on behalf of the Trust Board, all aspects of control, investment and expenditure **of the Trust’s** charitable funds. The Trustees have been appointed under s11 of the NHS and Community Care Act 1990.

The Charitable Funds Committee may delegate authority to commit expenditure but cannot delegate accountability.

The Executive Director of Finance is responsible for the day to day management and control of the administration of the charitable funds and reports to the Charitable Funds Committee.

The Executive Director of Finance has particular responsibility to ensure that the spending is in accordance with the objectives and priorities agreed by the Charitable Funds Committee and the Board; that the criteria for spending charitable monies are fully met; that full accounting records are maintained and that devolved decision making or delegated arrangements are in accordance within the policies and procedures set out by the Board as the Corporate Trustees. The Charitable Funds Committee is supported by a Sub-Committee, the Investment Performance Review Sub-Committee which has particular responsibility for managing the Charity Investment Portfolio together with the **Charity’s** Investment Management Organisation (Brewin Dolphin).

The main objectives of the Investment Performance Review Sub-Committee are to:

- Ensure that when investing charitable funds Trustees achieve an appropriate balance for the Charity between the two objectives of:
 - Providing an income to help the Charity carry out its purposes effectively in the short term; and
 - Maintaining and, if possible, enhancing the value of the invested funds, to enable the Charity to carry out its purpose in the longer term.
- Ensure that the standards as defined in the Trustee Act are followed, whether they are using the investment powers in that Act or not.

The Charitable Funds Committee is also supported by the **Charity’s Senior Leadership Group**.

Within the charity there are a number of designated funds relating to particular areas. The charity manages spending through the

Individual Fund Holders who are allocated part of the total budget to spend in accordance with agreed authorisation limits.

Fund Holders for each of the designated funds manage these funds on a day-to-day basis within the **Trust’s** Standing Orders and Standing Financial Instructions and powers of delegated authority set by the Corporate Trustee (The Velindre University NHS Trust Board).

The Trustee oversees the work of the Fund Holders and has the power to revoke a Fund Holders remit or, subject to any specific donor restriction, direct the use to which funds are put.

Trustee induction and training

As part of their induction programme new Executive Directors and Independent Members of Velindre University NHS Trust are made aware of their responsibilities as Board Members of Velindre University NHS Trust and as Corporate Trustees of Velindre University NHS Trust Charity.

Charity related policies

The Charitable Funds Policies and Procedures are managed in accordance with the Velindre University NHS Trust Policy for the Management of Policies, Procedures and Written Control Documents; this provides the Trust Board with robust assurance that the charitable funds are handled with efficiency and effectiveness.

The Charitable Funds policies are available via the following link.



Management of concerns

Concerns received in relation to the Charity are managed in accordance with the Velindre University NHS Trust Handling Concerns Policy. Any concerns received against the Charity would be captured and reported as required to the Charitable Funds Committee meeting. In response to findings identified from any concerns raised against the Charity the Charitable Funds Committee would consider any lessons learned and identify areas where improvements could be made.

There were no concerns received against the Charity in 2021-22.

The Trust Board as Corporate Trustee is responsible for the **Charity’s risk management and the effectiveness of internal control systems**. The Trust Board and Charitable Fund Committee reviews major risks and the Audit Committee works to ensure that reasonable measures are taken to manage these risks.

The impact of the continuing economic uncertainty remains a major risk to the Charity. Therefore, plans, reserves and investment policies are frequently reviewed. The Trustees have considered the risks that the Charity faces and confirm that systems, procedures, and policies are in place to ensure that any risks are minimised.

The risk register is updated by the Charity’s Senior Leadership Group as required and is subsequently reported to the Charitable Funds Committee via any escalated risks as required in line with the **Trust’s** overarching Risk Management and Assurance Framework, to ensure actions are taken in the areas that have been identified as appropriate. This approach will continue to strengthen the position of the Charity and ensure the Trustees are indemnified in accordance with the Welsh Risk Pool (NHS Insurers) expectations.

These processes provide the Trust Board with the assurance that internal controls and risks are monitored and managed effectively. The Charitable Funds Committee continues to improve reporting procedures to ensure that it can foresee and react to changes in the economic environment.

The Charity’s investment policy focuses on minimising the Charity’s exposure to losses and this is explained in the Investment policy.

As the present economic situation continues the Charity needs to ensure that it is able to meet its liabilities as and when they fall due. The Charity has procedures in place to control its cash flow and commitment forecasts additionally, its reserves policy is continuously reviewed.

Relationships with related parties/external bodies

During the year, none of the Trustees or members of the key management staff or parties related to them have undertaken any material transactions with the Velindre University NHS Trust Charitable Funds. Board Members (and other senior staff) take decisions both on Charity matters and endeavor to keep the interests of each discrete and do not seek to benefit personally from such decisions.

Most grants made are to Velindre University NHS Trust Charity to support the activities relating to the objectives of the charity. For example, The Charitable Funds do not directly employ the staff, working on different activities, grants are made to Velindre University NHS Trust to employ those staff.

Audit requirements

The Velindre University NHS Trust Audit Committee reviews any Internal Audit and External Audit reports from audits undertaken across key operations of the Charity and its risks.

The Audit Committee meets with the external auditor on a regular basis to discuss findings and risks that the Charity could face.

Financial risk management

The **Charity’s** activities expose the Charity to credit risk, market risk and liquidity risk. The **Charity’s financial activities are governed by** policies approved by the Charitable Funds Committee and the Trust Board, and these activities are directly supported by the **Charity’s** Senior Leadership Group, Executive Director of Finance and the Senior Finance and Procurement team.

The principal financial assets are bank balances, investments, and receivables. Credit risk is mainly attributable to bank balances, and these are well controlled. A number of the **Charity’s** investments are subject to market activities and have recorded some limited realised and unrealised gains in the year.

Future Plans – Governance Activity

The following priorities in respect of the Trust Charitable Funds governance activity were identified for 2022-23 and beyond:

- Develop and deliver a Charity Strategy. The main focus for the Charity Director is the development of a Strategy for 2022-2027. The strategy will capture the Charitable Spend, Income Target, and Financial Planning and how the Charity intends to maintain its growth and continue to develop and be successful.
- Further strengthen the Business Case Expenditure Proposal and Evaluation Process to improve access and completion of the documentation for the authors and also ensure the outcome based indicators of any activity funded by the Charity are captured through a more robust and effective evaluation process.
- Continually review the Charitable Funds Committee effectiveness and monitor its ongoing supporting arrangements.



Social Investment Activity

The Charities (Protection and Social Investment) Act 2016 (**‘the 2016 Act’**) provides a statutory power for charities to make social investments. This came into force on 31 July 2016.

The Charity commission guidance states the following:

In the legislation, a ‘social investment’ means a ‘relevant act’ of a charity which is carried out ‘with a view to both directly furthering the charity’s purposes and achieving a financial return for the charity’. In this interim guidance, the term **‘social investment’** has the same meaning as it has in the 2016 Act.

A **‘relevant act’** means one of two things:

- an application or use of funds or other property by the charity; or
- taking on a commitment in relation to a liability of another person which puts the **charity’s** funds or other property at risk of being applied or used, such as a guarantee

In this context, an application or use of funds **or other property achieves a ‘financial return’** if its outcome is better for the charity in financial terms than expending the whole of the funds or other property in question and this interim guidance generally uses the term in this way.

It is important to remember that whether a social investment is being made is determined by the motivation of the charity – if the reasons for applying funds in a particular way include both directly furthering the **charity’s** purposes and making a financial return then the proposed action will be a social investment.

In view of this, the Charity will continue to actively consider which (if any) activities of the charity fall within the definition of **‘social investment’**. This is because Trustees have specific legal duties which apply when making social investment decisions and they should be able to show that they have made these decisions in good faith.

During 2021-22, the Investment Performance Review Sub Committee reviewed the Charitable Funds Investment Policy. This included the **Sub Committee’s plan to assess the possibility of increasing investment into companies that can demonstrate sound ethical and social commitments, debate the ethical & social issues around the Trusts current investment portfolio and review the existing exclusions expressly identified by the Trustees, which include certain types of investment in companies whose trade is inconsistent with the aims of the Velindre University NHS Trust Charity.**

The managers & advisors will also be asked to identify a number of social and ethical Investment opportunities aligned with the Wellbeing of Future Generations (Wales) Act 2015 and identify their relative risk to be shared with the Investment sub-committee to review and consider whether it recommends switching funds into these investments.

Financial Performance

Financial Summary for the Year ended 31st March 2022

Thanks to the donations and legacies received we have achieved a total income of £3,188,000 (2021: £2,816,000). Expenditure from charitable activities for the year was £2,301,000 (2021: £2,520,000) which we used for patient and staff welfare, improvement of facilities and research.

Investment Policy and Performance

At the 31 March 2022, the market value of the investment portfolio is £6.2m (2021: £6m). The portfolio is managed by the **Charity’s** investment brokers Brewin Dolphin. They work within the limits of the investment policy to achieve the charities financial objectives: generating growth, maximising returns, supporting the reserves policy and ensuring risks and liquidity are managed. The investment policy is to invest in **low risk ‘Wealth Builder Funds’ and also funds** must not be invested in tobacco, alcohol, gambling and armament related entities.

The accounts show a growth in Investment performance of 3.3% (2021: 16.2%). The value of the investments increased by £196,000 over the financial year. The Charity has a long-term time horizon for its investments and is able to weather short-term volatility in order to meet its long-term objectives. The Trustees, with the aim of minimising the risk to Velindre NHS Charitable Funds, have agreed to operate within a lower risk investment strategy. The level of investment risk taken is reviewed regularly and has been appropriately mitigated by apportioning the funds into two well- diversified lower risk portfolios.

Investment decisions are supported by the advice of the investment advisors.

The performance of Brewin Dolphin in their role as investment managers and advisors is monitored and regularly reviewed by the Trustees.

Unrestricted Funds Reserves Policy

Reserves are part of the **charity’s** unrestricted funds that are available to spend on any of **the charity’s purposes. Reserves are** maintained at a level, which enables the charity to ensure financial commitments are met, as they fall due and to manage any short-term volatility. This assessment of the required level of reserves excludes those funds that are designated or restricted as they are only available for a specified purpose.

The Trustees consider that reserves should be set at a level, which is equivalent to estimated planned commitments for the following four months at any given point. At this level, in the event of a significant reduction in charitable funding, it is anticipated that the Charity would be able to continue with the current programme of activity for such time as is necessary to allow for a properly planned and managed change in the activity programme and/or the generation of additional income streams.

In accordance with the above, the unrestricted reserve target for the general-purpose fund was set at £816,040 as at 31st March 2022 (2021: £908,565). The balance £2,616,612 (2021: £1,802,725) exceeds the target by £1,800,572 (2021: £894,159) and excludes an apportionment of dividends, management fees, realised and unrealised losses and transfers to/from unrestricted/designated Funds. Trustees will **continue to monitor the Charity’s future** funding strategies and detailed budget plans to ensure these are of the highest standard and the unrestricted funds reserve policy is met.

Grant Making Policy

Grants are awarded for funding requests which meet the objectives of the charity in support of its mission to support the Trust’s provision of world class research-led treatment, care and support for patients and families affected by cancer and those who are involved in the donation of blood products and stem cells. Grants are predominantly awarded to Velindre University NHS Trust; however, grants are also awarded to other institutions to support the overall objectives of the charity. A rigorous process of review and evaluation is carried out on all funding requests to ensure they are of the highest standard.

Funds held as Custodian Trustee on behalf of others

On 1st October 2009, Public Health Wales NHS Trust was established which incorporated the former Screening and National Public Health Service (NPHS) divisions of Velindre University NHS Trust. The Charitable Funds relating to the Screening and NPHS divisions have remained in Velindre University NHS Trust Charitable Funds. The total amount of these funds held is £65,000 (2021: £31,000).

Statement of Responsibilities of the Trustees

The Trustees are responsible for preparing the Trustees Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

The law applicable to Charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- To establish and monitor a system of internal control;
- Observe the methods and principles of the Charities SORP FRS 102;
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any departures disclosed and explained in the financial statements.

The Trustees are responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity which enables them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

Donna Mead OBE
Trust Chair

Matthew Bunce
Executive Director
of Finance

Approved by the Board Trustees and authorised for issue on: 19 January 2023



The independent auditor’s report of the Auditor General for Wales to the Trustees of Velindre NHS University NHS Trust Charitable Funds

Opinion on financial statements

I have audited the financial statements of Velindre University NHS Trust Charitable Funds for the year ended 31 March 2022 under the Charities Act 2011. These comprise the Statement of Financial Activities, the Balance Sheet, the 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 of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice **Note 10 ‘Audit of Financial Statements of Public Sector Entities in the United Kingdom’**. 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

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the **body’s ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue**.

My responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

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 trustees are responsible for the other information contained within the annual report. 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. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

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, or returns adequate for my audit have not been received from branches not visited by my team;
- 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 trustees for the financial statements

As explained more fully in the statement of trustees responsibilities, the trustees are 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 trustees determine 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 trustees are 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Obtaining and reviewing supporting documentation relating to Velindre University NHS Trust Charitable Funds policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations;
 - detecting and responding to the risks of fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud; and
- Obtaining an understanding of Velindre University NHS Trust Charitable Funds framework of authority as well as other legal and regulatory frameworks that the charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Velindre University NHS Trust Charitable Funds.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Velindre University NHS Trust Charitable Funds controls, and the nature, timing and extent of the audit procedures performed.

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

25 January 2023

24 Cathedral Road,
Cardiff,
CF11 9LJ

Financial Statements

Statement of Financial Activities for the year ended 31 March 2022

	Note	Unrestricted Funds	Restricted Funds	Total Funds 2021-2022	Total Funds 2020-2021
		£'000	£'000	£'000	£'000
Donation and Legacies	3	2,647	0	2,647	2,090
Charitable Activities		0	0	0	0
Other Trading Income	3	427	0	427	593
Investments	5	114	0	114	133
Other		0	0	0	0
Total incoming resources		3,188	0	3,188	2,816
Expenditure on					
Raising Funds	6	363	0	363	250
Charitable Activities	7	2,301	0	2,301	2,520
Other		0	0	0	0
Total Expenditure		2,664	0	2,664	2,770
Net gains / (losses) on investments	12	108	0	108	727
Net income/ (expenditure)		632	0	632	773
Transfer between Funds	17	0	0	0	0
Net Movement In Funds		632	0	632	773
Reconciliation of Funds					
Fund balance brought forward	18	6,543	220	6,763	5,990
Fund Balance Carried Forward	18	7,175	220	7,395	6,763

Financial Statements

Balance sheet as at 31 March 2022

	Note	Unrestricted Funds	Restricted Funds	Total 31st March 2022	Total 31st March 2021
		£'000	£'000	£'000	£'000
Fixed assets					
Investments	12	6,036	150	6,186	5,990
Total fixed assets		6,036	150	6,186	5,990
Current assets					
Debtors	13	24	0	24	29
Cash at bank and in hand	14	2,282	70	2,352	1,159
Total current assets		2,306	70	2,376	1,188
Liabilities					
Creditors: amounts falling due within one year	15	(1,167)	(0)	(1,167)	(415)
Net Current assets/ (liabilities)		1,139	70	1,209	773
Total assets less current liabilities		7,715	220	7,395	6,763
Creditors amounts falling after more than 1 year	15	0	0	0	0
Total Net assets/ (liabilities)		7,175	220	7,395	6,763
The Funds of the Charity					
Restricted funds	18	0	220	220	220
Unrestricted funds	18	7,175	0	7,175	6,543
Total funds		7,175	220	7,395	6,763

Approved by the Board of Trustees and authorised for issue on 19th January 2023

Donna Mead OBE
Trust Chair

Matthew Bunce
Executive Director
of Finance

Financial Statements

Statement of Cash Flows For the year ended 31 March 2022

	Note	Total Funds 2021-2022	Total Funds 2020-2021
		£'000	£'000
Cash Flows from operating activities: Net Cash provided by (used in) operating activities	16	1,167	211
Cash Flow from Investing Activities			
Dividend, interest and rents from Investments	5	114	133
Proceeds from the sale of investments	12	1,900	1,607
Purchase of investments	12	(2,005)	(1,887)
(Increase)/ Decrease in Cash held in Investments	12	17	171
Net Cash provided by (used in) investing activities		26	24
Change in Cash and cash equivalents in the reporting period		1,193	235
Cash and Cash equivalents at the beginning of the reporting period	14	1,159	924
Cash and Cash equivalents at the end of the reporting period	14	2,352	1,159

Notes 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 fair 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) 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 is effective and applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) 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 either as:

- A restricted fund or
- An endowment fund.

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

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

The charity does not currently hold any endowment funds.

Those funds which are neither endowment nor 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 18.

(c) Incoming resources

Income consists of donations, legacies, 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, whichever falls sooner.

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) Investment Income

Income from investments is allocated to the general unrestricted fund and used to fund the fundraising costs.

(g) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant

- There is an established pattern of practice which indicates to the recipient that we will honor our commitment.

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

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

(h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs 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 9.

(i) 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** objectives. The costs of generating funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for fundraising activities and a fee paid to the related party for salaries and overhead costs of the NHS Trusts fundraising office.

(j) Charitable activities

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

(k) Debtors

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

(l) Cash and cash equivalents

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

(m) Creditors

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

Amounts which are owed in more than a year are shown as long term creditors.

(n) Investment Fixed Assets

Listed Investments are stated at market value. The SOFA includes realised gains and losses on investments sold in the year, and unrealised gains and losses on the revaluation of investments.

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).

Investments are subject to review of impairment when there is an indication of a reduction in their carrying value. Any impairment is recognised in the year in which it occurs.

2. Related Party Transactions

During the year none of the trustees or members of the key management staff or parties related to them have undertaken any material transactions

with Velindre University NHS Trust Charitable Trust. Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavor to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

None of the members of the Board received any expenses or remuneration during the year for their duties to the charitable trust.

Velindre University NHS Trust, the corporate trustee of the Charitable Trust, has received reimbursement from the Charitable Trust of

£2,157,000 (2021: £2,501,000). Cardiff University has received reimbursement from the Charitable Trust of £199,000 (2021: £44,000). As at the 31st March 2022 £1,087,000 (2021: £352,000) was outstanding in respect to these transactions to Velindre University NHS Trust and £62,000 (2021: £23,000) to Cardiff University.

3. Income from donations, legacies & trading activities

	Unrestricted Funds	Restricted Funds	Total Funds 2021-2022	Total Funds 2020-2021
	£'000	£'000	£'000	£'000
Donation	1,333	-	1,333	1,565
Legacies	1,314	-	1,314	525
Other Trading Activities:				
Trading	-	-	-	-
Fundraising Events	427	-	427	593
Total	3,074	-	3,074	2,683

4. Role of volunteers

Like all charities, Velindre University NHS Trust Charitable funds is reliant on a team of volunteers for our smooth running. Our volunteers perform 2 roles:

Fund advisors

There are about 37 Velindre staff who manage how the charity’s designated funds should be spent. These funds are designated (or earmarked) by the trustees to be spent for a particular purpose or in a particular ward or department. Each fund advisor has delegated powers to spend the designated funds that they manage in accordance with the trustees wishes. Fund advisors who spend more than £5,000 are required to report to trustees setting out what they intend spending the money on, and the difference it will make to the patients / staff or research led by Velindre.

Fundraisers

There are hundreds of local volunteers who actively fundraise for Velindre University NHS Trust Charitable Funds by running a huge variety of events such as coffee mornings, open gardens, sports tournaments, sponsored walks, balls and dinners. Fundraisers also carry out a number of collections at supermarkets and events.

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.

5. Gross Investment Income

	Unrestricted Funds	Restricted Funds	Total Funds 2021-2022	Total Funds 2020-2021
	£'000	£'000	£'000	£'000
Income from investments	114	-	114	133
	114	-	114	133

6. Analysis of expenditure on raising funds

	Unrestricted Funds	Restricted Funds	Total Funds 2021-2022	Total Funds 2020-2021
	£'000	£'000	£'000	£'000
Fundraising Office	205	-	205	170
Fundraising Costs, Donation Charges & Events	112	-	112	49
Investment Management	26	-	26	24
Support Costs	20	-	20	7
	363	-	363	250

7. Analysis of Charitable Activity

	Grant Funded Activity	Support Costs	Total Funds 2021-2022	Total Funds 2020-2021
	£'000	£'000	£'000	£'000
Patient Welfare and Amenities	788	98	886	886
Staff Welfare and Amenities	-	-	-	48
Research	1,378	37	1,415	1,586
	2,166	135	2,301	2,520

8. Analysis of Grants

The charity does not make grants to individuals. The majority of grants are made to Velindre University NHS Trust to provide for the care of NHS patients in furtherance of our charitable aims. The charity also awards grants to Cardiff University to undertake research in partnership with Velindre University NHS Trust. 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 7.

The trustees operate a scheme of delegation for the majority of the charitable funds, under which fund advisors manage the day to day disbursements on their projects in accordance with the directions set out by the trustees in charity standing orders and financial instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards

The significant grants made to institutions are:

	Total Funds 2021-2022	Total Funds 2020-2021
	£'000	£'000
Velindre University NHS Trust	1,797	2,252
Other NHS Bodies	57	98
Cardiff University	199	44
Other	113	126
	2,166	2,520

9. Allocation 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	Charitable Activities	Total 2021-2022	Total 2020-2021
	£'000	£'000	£'000	£'000
Governance				
External Audit	3	18	21	12
Finance and Administration Other Professional Fees	7	45	52	24
Investment Management	-	-	-	-
Total Governance	10	63	73	36
Finance and Administration	10	72	82	42
Other Professional fees	-	-	-	-
Other Costs	-	-	-	-
	20	135	155	78

	Raising Funds	Charitable Activities	Total 2021-2022	Total 2020-2021
	£'000	£'000	£'000	£'000
Raising Funds	20	-	20	7
Charitable Activities	135	-	135	71
	155	-	155	78

Support costs are allocated based on actual expenditure incurred across the various activities of the charity

10. Staff Costs, 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.

The charity has no employees. Staff services are provided to the charity from Velindre University NHS Trust, the corporate Trustee of the charitable trust.

11. Auditors remuneration

The auditors remuneration of £15,000 (2021: £18,000 Restated) related solely to the audit of the statutory annual report and accounts.

12.Fixed asset investments

Movement in fixed assets investments

	Total 2021-22	Total 2020-21
	£'000	£'000
Market value brought forward	5,990	5,154
Add: additions to investments at cost	2,005	1,887
Less disposals at carrying value	(1,900)	(1,607)
Change in cash held within investment portfolio	(17)	(171)
Add net gain/(loss) on revaluation	108	727
Market Value as at 31st March	6,186	5,990

At Market Value

	Total 2021-22	Total 2020-21
	£'000	£'000
Cash	360	377
Sovereign & Fixed Income	2,093	2,045
Developed Market Equity	1,978	1,886
Emerging Market Equity	-	61
Real Estate & Infrastructure	399	328
Absolute Return	818	809
Global Investments	-	-
Commodities	245	205
Other	293	279
Total Investments	6,186	5,990

All investments are carried at their fair value.

The valuations are provided by the investment managers Brewin Dolphin.

Risk

The Trustees recognise that all investments involve an element of risk. The level of risk that is appropriate for the Trust will be influenced by various factors, including the Trustees’ attitude to risk, the Trust’s capacity to afford potential investment losses and its investment objectives. The Trustees in Order to mitigate the Capital Risk have agreed to request the investment advisor/ manager to maintain a diversified portfolio of assets in order to protect the charity’s investments from sudden variations in the market. Additionally, the Trustees have considered investing only, or substantially in markets where financial services are closely regulated and compensation scheme are in place.

The Trustees in order to attempt minimizing the risk to Velindre University NHS Charitable Funds, is only prepared to accept limited losses over any period of time. Therefore, it has been agreed to set the Investments Risk Tolerance Category as LOW, which means that investments will be skewed significantly to less volatile asset classes such as high quality investment grade

corporate and sovereign bonds. Riskier assets such as equities, alternative investments and commodities may be selected but they are likely to play a less significant role.

The Trustees have determined that the purpose of the Velindre University NHS Trust Charitable Funds investment has been categorised as GENERAL with no specific investment purpose. The time horizon for the trust general investment account is between 5 to 7 years.

The Trustees have requested that the Assets allocation should be distributed following the best advice from the Investment Manager and its direct effect in having an Investment Risk Tolerance Category in Low.

The Asset Classes allocation considered by the Trustees should include the following:

- Cash
- Sovereign Fixed Income
- Corporate Fixed Income
- Developed Market Equity
- Emerging Market Equity
- Real Estate & Infrastructure
- Commodities
- Absolute Return

13. Analysis of Current Debtors under 1 year

	Total 31 March 2022	Total 31 March 2021
	£'000	£'000
Amount due from subsidiary*	12	12
Accrued Income	-	-
Other debtors	12	17
	24	29

*Velindre University NHS Trust

14. Analysis of Cash and Cash Equivalents

	Total 31 March 2022	Total 31 March 2021
	£'000	£'000
Cash and Bank Balances	2,352	1,159
	2,352	1,159

The cash balances are held on interest bearing deposit within NatWest bank account and represent restricted appeals to fund specific equipment or funds held to facilitate cash flow and the fulfilment of obligations to make grant payments. The funds are held on a 90 day notice account and are therefore classified as cash and cash equivalents.

No cash or cash equivalents or current asset investments were 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.

15. Analysis of Liabilities

	Total 31 March 2022	Total 31 March 2021
	£'000	£'000
Creditors under 1 year		
Trade Creditors	80	63
Amount due to fellow subsidiary*	1,087	352
Deferred Income	-	-
	1,167	415
Creditors over 1 year		
Trade Creditors	-	-
Other Creditors	-	-
Accruals	-	-
	-	-
	1,167	415

*Velindre University NHS Trust

16. Reconciliation of net income/expenditure to net cash flow from Operating activities

	Total 2021-22	Total 2020-21
	£'000	£'000
Net income/(expenditure) (per statement of financial activities) Adjustment For:	632	773
Depreciation Charges	-	-
(Gains)/Losses on investments	(108)	(727)
Dividends, interest and rents from investments	(114)	(133)
Loss/(profit) on the sale of fixed assets	-	-
(Increase)/decrease in stocks	-	-
(Increase)/decrease in debtors	5	540
Increase/(decrease) in creditors	752	(242)
Net cash provided by (used in) operating activities	1,167	211

17. Transfer between funds

During the year there were no transfers between restricted funds and unrestricted funds (2021: £0). Following approval of funding requests by the trustees £296,000 was transferred from unrestricted funds to unrestricted designated funds (2021: £14,000).

18. Analysis of Funds

a) analysis of restricted fund movements

	Balance 1 April 2021	Income	Expenditure	Transfers	Gains & losses	Balance 31 March 2022
	£'000	£'000	£'000	£'000	£'000	£'000
Patient Welfare & Amenities	13	-	-	-	-	13
Staff Welfare & Amenities	63	-	-	-	-	63
Research	144	-	-	-	-	144
Total	220	-	-	-	-	220

b) Analysis of unrestricted and material designated fund movements

	Balance 1 April 2021	Income	Expenditure	Transfers	Gains & losses	Balance 31 March 2022
	£'000	£'000	£'000	£'000	£'000	£'000
Unrestricted Funds						
General 'umbrella' Fund	2,287	2,860	(2,039)	(296)	108	2,920
Designated Funds						
Patient Welfare & Amenities	723	2	(5)	-	-	720
Staff Welfare & Amenities	51	1	-	-	-	52
Research	3,482	325	(620)	296	-	3,483
	6,543	3,188	(2,664)	-	108	7,175
Total	6,763	3,188	(2,664)	-	108	7,395

During 2015-16 the unrestricted designated research balance was in receipt of a one off donation totaling £1,500k from the Moondance foundation which has gone towards funding stereotactic radiotherapy at Velindre Cancer Centre. The donation is aimed at establishing a multi-disciplinary team who can drive forward a cutting edge radiotherapy programme, providing staffing, equipment and infrastructure to enable patients to receive Stereotactic Ablative Body Radiotherapy routinely, and to participate in clinical trials involving SABT before it may otherwise be possible. The charitable trust approved to match fund this donation over a period of five years.

During 2017-18 the charity received a significant legacy totaling £825k which has been donated into the Lucas Fund to be used for Radiotherapy. Furthermore, in the same year the charity received a considerable charitable donation to the sum of £1,304k, which is to be used for Head & Neck cancer research, development and radiotherapy. A governance structure has been set up to ensure that the funds are spent both appropriately and in a timely manner to conform with the donors wishes.

The unrestricted general fund, research funds, and the charity as a whole has a number of commitments which are outlined in note 20.

19. Post Balance Sheet Events

There were no post balance sheet events.

20. Commitments

	Items Relating to these projects included within the SOFA for year ended March 2022	Commitments	
		31/03/2022	31/03/2021
Project	£000	£000	£000
Advancing Radiotherapy Programme	477	705	1,573
Developing Radiomics	16	0	6
Consultant Radiographer	17	0	17
POCT	13	0	0
Cloud WIFI	4	0	21
Clinical Nurse Specialist	515	684	1,355
Research & Development	605	915	1,811
Spiritual Support	17	28	56
Information Manager	14	48	91
Continuation of Provision of Wigs for cancer patients	29	29	57
Funding to support Welfare Rights Advisory Service	20	45	89
Clinical Psychology	64	90	177
Continuation of Bio sample Collection Wales Cancer Bank (WCB)	40	0	68
Complimentary Therapies	45	87	172
Continuation of Funding for further development and roll out of Cancer & Screening Awareness Resource for English for Speakers of Other Languages	6	0	0
Continuation of funding to support the library, knowledge and information services	78	0	122
Pelvic Health	28	39	82

	Items Relating to these projects included within the SOFA for year ended March 2022	Commitments	
		31/03/2022	31/03/2021
Project	£000	£000	£000
Petcare Project	0	0	7
Community based Point of Care (POC) white cell testing to improve critical care pathways for cancer patients - a pilot study	8	0	26
Gynecology Radiotherapy Late Effects	21	0	29
Professor in Nursing & Clinical Research Fellow	30	136	175
Consultant Research Sessions (AHSC)	91	93	188
Thyroid Cancer Research	3	0	5
RD&I Enhanced Clinical Leadership	18	0	53
R&D Small Grants Scheme	0	50	50
Therapies Data Manager	8	93	101
Driving the Implementation of Related R&D Programmes of Work	8	118	
Early Phase Trial: Medical Session for the Future	0	134	
Advanced international fellowship programme - Medical Training Initiative (MTI)	0	96	
Approval of funding for a Clinical Psychologist for Staff and Teams post	0	203	
Gynecological Late Effects of Pelvic Radiotherapy Clinic and Service	0	77	
Pump Priming Velindre's Innovation Team	0	91	
Total Commitments	2,175	3,761	6,331

The charity has not entered into any contractual arrangement for the approved expenditure, the funds remain the charities and are drawn down based on activity.

The items have been recognized on the SOFA and/or Balance sheet to the extent to which the project has been delivered.

Meet our Trustees

Here are our Trust Board Members for the period 2021-2022.



Professor Donna Mead
OBE, Chair

Appointment
Professor Mead was appointed Chair of Velindre University NHS Trust in May 2018



Mr. Stephen Harries
Vice Chair/ Independent Member

Appointment
Mr. Harries was appointed as an Independent Member of the Trust in April 2017. In November 2018, Mr. Harries was appointed as Interim Vice and in April 2022 Vice Chair.



Mrs. Vicky Morris
Independent Member

Appointment
Mrs. Morris was appointed as an Independent Member of Velindre University NHS Trust in November 2021.



Mrs. Hilary Jones
Independent Member

Appointment
Mrs. Hilary Jones was appointed as an Independent Member of the Trust in March 2020



Mr. Steve Ham
Chief Executive

Appointment
Accountable Officer



Dr. Jacinta Abraham
Executive Medical Director



Mr. Martin Veale
JP, Independent Member

Appointment
Mr. Veale was appointed as an Independent Member of the Trust in April 2017



Professor Andrew Westwell
Independent Member

Appointment
Professor Westwell was appointed as an Independent Member of Velindre University NHS Trust in August 2021.



Mr. Gareth Jones
Independent Member

Appointment
Mr. Jones was appointed as an Independent Member of the Trust in April 2019



Mr. Matthew Bunce
Executive Director of Finance



Mrs. Nicola Williams
Executive Director of Nursing, Allied Health Professionals and Health Scientists



Ms. Sarah Morley
Executive Director of Organisational Development & Workforce

029 2031 6211

info@velindrefundraising.com

**Velindre Fundraising, Velindre Cancer
Centre, Velindre Road, Whitchurch, Cardiff,
CF14 2TL**

Electronic versions of this document can
be accessed via the Trust website at; [www.
velindre-tr.wales.nhs.uk](http://www.velindre-tr.wales.nhs.uk)

If you require additional copies of this
document or an alternative format, such as
audio, large print or Braille, please contact;

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Velindre University NHS Trust Headquarters
2 Charnwood Court, Parc Nantgarw, Cardiff.
CF15 7QZ

Emma.Stephens@wales.nhs.uk or
Telephone: 029 2019 6161





GIG
CYMRU
NHS
WALES

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Prifysgol Felindre
Velindre University
NHS Trust

CHARITABLE FUNDS COMMITTEE

ISA 260 – WALES AUDIT REPORT

DATE OF MEETING	19/01/2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Steve Coliandris, Head of Financial Planning & Reporting
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PRESENTED BY	Steve Coliandris, Head of Financial Planning & Reporting
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EXECUTIVE SPONSOR APPROVED	MATTHEW BUNCE – DIRECTOR OF FINANCE
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REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

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1. SITUATION/BACKGROUND

- 1.1 The Trustee's report and its Financial Statements are prepared in accordance with the Statement of Recommended Practice on Accounting and Reporting for Charities SORP FRS 102, Charity Commission's general guidance and with applicable United Kingdom accounting standards.
- 1.2 The ISA 260 is produced by the Wales audit office following the audit of the financial statements for 2021-22.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The ISA 260 will need to be approved by the Committee in order for the Letter of Representation to be signed and submitted for authorisation by the Auditor General for Wales following this meeting.
- 2.2 The Auditor General is responsible for providing an opinion on whether the financial statements give a true and fair view of the financial position of Velindre NHS Trust Charitable Funds (the Charity) at 31 March 2022 and its income and expenditure for the year then ended.
- 2.3 The attached report intends to lay out the responsibility of the Auditor General along with the proposals, any significant issues, and findings from the audit.
- 2.4 The Auditor General for Wales intends issuing an unqualified audit report on the financial statements once the charity has provided a Letter of representation (included in the report).
- 2.5 During the audit there were a small number adjustments made to the financial statements which were corrected and are provided in Appendix 3 of the audit report.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

- 4.1 The Committee is asked to REVIEW and APPROVE the Wales Audit Report which provides an opinion of the financial statements for 2021-22.
- 4.2 Duly AUTHORISE the Chair and Chief Executive to sign the Letter of Representation contained within the audit report.

Audit of Accounts Report – Velindre University NHS Trust Charitable Funds

Audit year: 2021-22

Date issued: January 2023

Document reference: 3333A2023

Purpose of this document

This document is a draft supplied in confidence solely for the purpose of verifying the accuracy and completeness of the information contained in it and to obtain views on the conclusions reached.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

We intend to issue an unqualified audit report on your Accounts. There are some issues to report to you prior to their approval.

Audit of Accounts Report

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Audit of Accounts Report

Introduction

- 1 We summarise the main findings from our audit of your 2021-22 annual report and accounts in this report.
- 2 We have already discussed these issues with the Velindre Finance Team and cleared this report with the Trust's Director of Finance.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.
- 4 We set this level at £53,280 for this year's audit.
- 5 There are some areas of the accounts that may be of more importance to the reader and so we have set a lower materiality level concerning the related party disclosures at £5,000 for individuals and £25,000 for companies and other bodies.
- 6 We have now almost completed this year's audit other than the completion of our internal file review.
- 7 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.

Impact of COVID-19 on this year's audit

- 8 The COVID-19 pandemic has had a continuing impact on how our audit has been conducted. We summarise in **Exhibit 1** the main impacts. Other than where we specifically make recommendations, the detail in **Exhibit 1** is provided for information purposes only to help you understand the impact of the COVID-19 pandemic on this year's audit process.

Exhibit 1 – impact of COVID-19 on this year’s audit

Timetable	<ul style="list-style-type: none">• We received the draft accounts on 11 November 2022.• We received the draft annual report on 12 January 2023• Our deadline for completing our audit and for the Trust to submit the audited accounts to the Charity Commission is 31 January 2023.• We expect your audit report to be signed on 25 January 2023
Audit evidence	<p>The entirety of our financial audit was undertaken remotely. Officers fully engaged in the audit process and effectively supported the audit by providing good quality draft accounts with supporting working papers and responded to audit queries on a timely basis.</p>

Proposed audit opinion

- 9 We intend to issue an unqualified audit opinion on this year’s accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**.
- 10 We issue a ‘qualified’ audit opinion where we have material concerns about some aspects of your accounts; otherwise we issue an unqualified opinion.
- 11 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards.
- 12 Our proposed audit report is set out in **Appendix 2**.

Significant issues arising from the audit

Uncorrected misstatements

- 13 There are no uncorrected misstatements within the financial statements.

Corrected misstatements

- 14 As a result of our audit there have been a small number of adjustments to the financial statements and they are summarised, for information, in **Appendix 3**.

Other significant issues arising from the audit

- 15 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. There are no such issues arising

from our audit and we are pleased to confirm that the difficulties experienced during our 2020-21 audit have been resolved.

Recommendations

16 There are no recommendations arising from our 2021-22 audit.

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Appendix 1

Final Letter of Representation

Velindre University NHS Trust Charitable Funds letterhead

Auditor General for Wales

Audit Wales

24 Cathedral Road

Cardiff

CF11 9LJ

20 January 2023

Representations regarding the 2021-22 financial statements

This letter is provided in connection with your audit of the financial statements of the Velindre University NHS Trust Charitable Funds for the year ended 31 March 2022 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and Charities Act 2011 and the 2019 Charities SoRP (FRS102); in particular, the financial statements give a true and fair view in accordance therewith; and
- the design, implementation, maintenance and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;

- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Velindre University NHS Trust Charitable Funds and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date, which require adjustment or disclosure, have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. There are no uncorrected misstatements in the financial statements.

Representations by those charged with governance

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Charitable Funds Committee on 20 January 2023.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Chief Executive

Date:

Signed by:

Chair of Trustees

Date:

Appendix 2

Proposed Audit Report

The independent auditor's report of the Auditor General for Wales to the Trustees of Velindre NHS University NHS Trust Charitable Funds

Opinion on financial statements

I have audited the financial statements of Velindre University NHS Trust Charitable Funds for the year ended 31 March 2022 under the Charities Act 2011. These comprise the Statement of Financial Activities, the Balance Sheet, the 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 of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. 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

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

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 trustees are responsible for the other information contained within the annual report. 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. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

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, or returns adequate for my audit have not been received from branches not visited by my team;
- 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 trustees for the financial statements

As explained more fully in the statement of trustees responsibilities, the trustees are 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 trustees determine 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 trustees are 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Obtaining and reviewing supporting documentation relating to Velindre University NHS Trust Charitable Funds policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations;
 - detecting and responding to the risks of fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud; and
- Obtaining an understanding of Velindre University NHS Trust Charitable Funds framework of authority as well as other legal and regulatory frameworks that the charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Velindre University NHS Trust Charitable Funds.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Velindre University NHS Trust Charitable Funds controls, and the nature, timing and extent of the audit procedures performed.

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
25 January 2023

24 Cathedral Road
Cardiff
CF11 9LJ

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Appendix 3

Summary of Corrections Made

Some adjustments have been made to the Financial Statements as a result of our audit. These have been corrected by management. A summary of the most significant corrections made are summarised below.

Exhibit 2: summary of corrections made

Value of correction	Nature of correction
£818,000	Note 12 Investments: an amendment was needed to correct the analysis of the portfolio to ensure it agreed with the year end report from the Investment Fund Manager. (£818k moved from Global Investments to Absolute Return.)
£15,000	One item of legacy income was erroneously disclosed as donations income in Note 3 to the Financial Statements due to a miscoding.
Various	In Note 20 Commitments, the analysis of spend by project in the SOFA was amended for 7 projects due to errors made in the entering of the figures into this note from the working papers.
N/A	A small number of other narrative and presentational amendments have been made to the financial Statements to improve the disclosures made.



Audit Wales

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Cardiff CF11 9LJ

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Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



3 Canyons Overseas Bike Ride 2022

Hosted by Velindre Cancer Charity
In aid of Velindre Cancer Centre

CHALLENGE OVERVIEW:

- 12-19th September 2022
- 5 Days Cycling
- Over 300 miles cycling through Arizona, Utah and Nevada.
- Scenery included Zion National Park, Bryce Canyon and the Grand Canyon, culminating in a finish ride into Las Vegas.
- Event delivered in partnership with The Ultimate Travel Company.

3 CANYONS
BIKE RIDE 2022



UNUSUAL CIRCUMSTANCES

On Thursday 8th September 2022, the death of Her Majesty Queen Elizabeth II was announced.

Velindre's annual Castle 2 Castle run was postponed in response to the news (see statement to the right) and special measures were applied to the ongoing 3 Canyons Bike Ride event.

In response to the news, no social media activity would be shared during the official ten days of mourning.

Instead, from 26th–30th September 2022, Velindre would promote a 5 day highlight of the challenge as a delayed response to the event.



A statement from Velindre Cancer Charity:

Following the sad news of Her Majesty Queen Elizabeth II passing, we have taken the difficult decision to postpone our 2022 Castle 2 Castle event until further notice.

Your entry to this event will still be valid for the new date that we hope will take place later this year. We ask for your patience at this time as we work hard to reschedule and prepare all of the information you will need moving forward.

All participants will be notified by email as soon as we have further news. Until then, please accept our apologies and thank you for in advance for your understanding at this difficult time.



1926 - 2022





Challenge Breakdown

Charity Staff

Andrew Morris
Kylie McKee
Amy Penketh
Lucesca Walters

Ulimite Travel Staff

Lisa Russell
Jennie Griffin

DAY 1

Severe Flood Warning and Storm meant that it was deemed unsafe to ride the expected mileage. Participants explored Zion National Park instead.

13 SEPT 2022



14 Sept 2022

Transfer from Zion National Park to Iron County before starting with a 6 mile climb through to Dixie National Forest. 80 miles in total this day with summits ranging between 8,000 and 9,000ft before reaching Bryce Canyon National Park.

DAY2

DAY 3

Another big day of climbing took the participants from Bryce Canyon to Kanab. 76 miles in total with high climbs at 6100 ft altitude. A final climb at mile 59 gave the participants a final challenge before descending into Kanab town.

15 SEPT 2022



16 SEPT 2022

From Kanab, riders departed for The Grand Canyon (North Rim) where they took in the stunning views of the iconic landmark. Until then, they faced 32-63 miles of constant climbs and undulations. A tough day in the saddle after two very difficult days previous followed by a 4.5 hour bus transfer to Hoover Dam.

DAY 4

DAY 5

Our final day in the saddle took participants from Hoover Dam to the bright lights of Las Vegas where their finish line awaited. A slightly shorter day but enough hill climbs to match previous days pushing participants right through to the very end. 14 miles before the end, participants collated to cross the finish line as a team.

17 SEPT 2022



The finish line experience was described as the best one yet with an impromptu blast of Tom Jones Delilah and Vegas Showgirls appearing just as the riders crossed the line. A perfect end to our toughest overseas cycling event yet.



Grand Canyon North Rim



CELEBRITY ATTENDANCE:



JONATHAN DAVIES

Velindre President



SHANE WILLIAMS

Velindre Patron



SEAN HOLLEY

Velindre Ambassador

The 3 Canyons overseas challenges was endorsed by three welsh rugby stars who are all extremely passionate about the work of Velindre Cancer Centre. All three representatives of the Charity participated in the challenge, engaged with fundraisers throughout and enhanced the experience of all riders.

IN MEMORY OF EDDIE BUTLER.

On Day 3 of our Cycle, we heard the tragic news that Rugby Legend, Eddie Butler had sadly died on a Charity Trek in Peru.

All three of our celebrity ride leaders were incredibly upset and understandably shaken by the news.

That evening, they led a tribute and speech in memory of Eddie and for our following day, invited all riders to join them in wearing black bands in his memory.

In addition to our participants, the Ultimate Travel Team were also struck by the news as it was on their trek that Eddie sadly passed.

We would like to commend the Patrons, participants and the Ultimate Travel Team especially for their continued resilience, focus and passion despite the very difficult circumstances.





A MESSAGE FROM
JONATHAN DAVIES,
PRESIDENT OF
VELINDRE CANCER
CHARITY:

(POSTED ON 17 SEPT 2022)

"I sadly lost a cherished friend this week who will be sorely missed by all. My thoughts and prayers are with Sue and the children.

To pay tribute to Eddie Butler, we will be finishing the Velindre 3 Canyons Bike Ride wearing a black arm band in his memory.

A small gesture for a big personality that we will all miss terribly.

Eddie was a friend of Velindre and a brilliant supporter of our cause. We will always remember him "

A black and white portrait of a middle-aged man with glasses, wearing a dark jacket over a sweater. He is looking slightly to the left of the camera. The background is blurred, showing what appears to be a stadium or arena with structural beams.

EDDIE BUTLER

1957 - 2022



PARTICIPANT FEEDBACK:

"The 3 Canyons Ride was simply amazing and better than I imagined. I met wonderful people who shared their stories during hard days in the saddle and long into the night. The scenery was spectacular and looking across The Grand Canyon took my breath away"



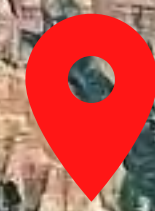
The Bellagio Hotel, Las Vegas



PARTICIPANT FEEDBACK:

"I found this one difficult but I enjoyed it never the less. It's not supposed to be easy. Our aches and pains are nothing compared to the pain and suffering that patients and family endure"





Bryce Canyon National Park

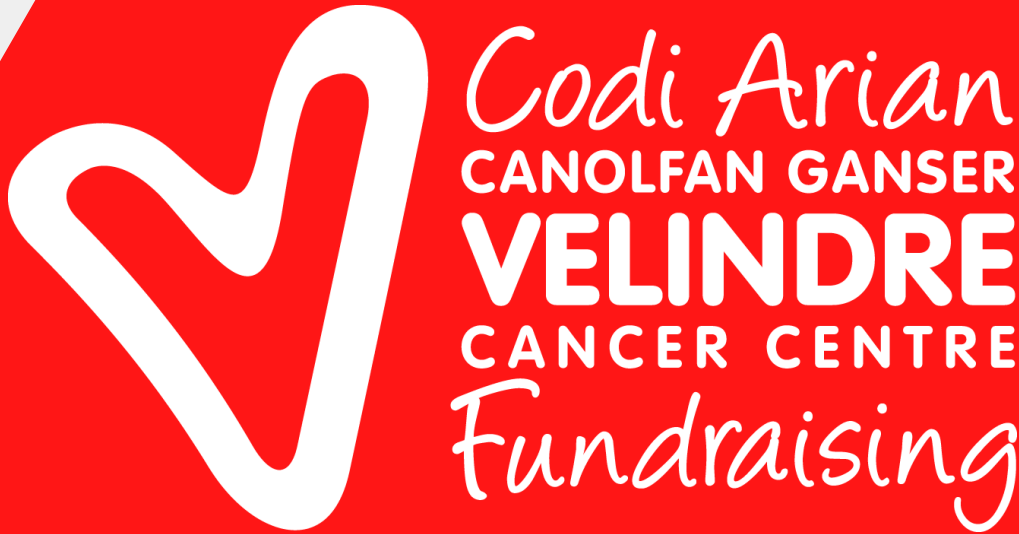




THANK YOU TO OUR SPONSORS:



THANK YOU!





Total Raised:

£948,479.87

Figures accurate as of 10.10.22



Event Overview Document



The History Of C2C

Castle2Castle was originally started by Ambassador Steve Sullivan and a small group of friends from Caerphilly Runners back in 2015 as their final training run ahead of the Cardiff Half Marathon. They chose this route as it was the perfect mileage for the last run ahead of the big event, and the majority of the run being along the picturesque Taff Trail.

The following year they were joined by more runners and an event was born. In 2016 the run attracted 75 runners and 200 in 2017.

In 2018, Stuart Buswell, secretary of Caerphilly Runners at the time, joined the organising committee and asked Velindre Cancer Charity to help with the administration and promotion of the event to allow further growth. Numbers that year increased to 500 and in 2019, runners increased to 750. This year's event attracted 1000 runners, our highest number of participants so far.





2022: At A Glance

Unfortunately, like many other large events around the world, the Covid Pandemic halted the occasion for 2 years and the death of Her Majesty Queen Elizabeth II in September 2022 meant the event moved for a third and final time.

Despite the postponement, the event went ahead on 27th November 2022 with record numbers. There was excitement in the air and a real sense of achievement as participants crossed the line after so long away.

After such a long break, it was important for the Charity to re-engage with this loyal community of supporters and reignite the excitement and love for this event.



What changed?

The route:

Unfortunately, due to restrictions from both Caerphilly and Cardiff council (beyond our control), the start and end location had to change for 2022. This slightly shortened the usual route distance and unfortunately meant we were unable to be located at the castles as we usually do.

The most sponsorship ever raised!

Despite the change in route and distance, 2022 saw the highest number of donations raised from this annual event. We believe this highlights the excitement for this annual event to return and the continued generosity and passion of our loyal community of supporters.

Our Sponsors:



Castle Dairies

Castle Dairies first supported this event in 2018 and returned as a headline sponsor for our 2022 run. We are very grateful for the continued support of the team at Castle Dairies and would like to give a shout out to all staff who took part on the day!



PHS

This year, PHS joined as a Silver Sponsor and also provided vital support through the use of car parking facilities at their offices and additional staff to help at the event. We are extremely grateful to every staff member who helped make this event a success!

Our Partners:

White Rock Events

This year, due to the dramatic change in route and difficult restrictions of both councils, we decided to enlist the support of an external events company to ensure that the event's health & safety, success and participant enjoyment was not compromised by the changes.

For this difficult year, this extra support was appreciated but for 2023, we will be returning to the original approach.

Brecon Carreg

Brecon Carreg generously sponsored the water stops of the event meaning our participants were hydrated from start to finish.

Walters Group

The team at Walters Group were very generous in providing additional signage to support the Health and Safety team and marshals in directing participants.





Our Volunteers:

This event would not have happened without the army of wonderful volunteers who not only gave their time to help, but smiled through the whole event offering encouragement and cheers.

In total, the event was supported by over 40 volunteers who played a vital role in every aspect of the route and overall event.

When reading participant feedback, it was clear that the team of volunteers added incredible value to the participant experience and made a huge contribution to the overall atmosphere of the event.





U CANSE
OVER CANCER

Codi Arian
CANOLFAN GANSER
VELINDRE
CANCER CENTRE
Fundraising

Trust Collaboration:

Through the newly established Trust Comms team and the development of the Charity's digital capabilities, we were able to explore a trust collaboration between Velindre Cancer Charity and Welsh Blood Service.

WBS became the official Trust Partner for this event as we piloted a new collaborative structure that would hopefully provide a foundation for future cross-branding opportunities.

In the build up to the event, Velindre encouraged supporters to become blood donors and the WBS team attended on the day to engage with our 1000 runners.



Participant Feedback:

- “ Great route, great friends, great charity. ”
- “ Fantastic relaxed atmosphere, excellent marshals and other volunteers, friendly fellow runners and all in all a great experience. ”
- “ It was a wonderful event, lovely route and friendly feel. Loved it! ”
- “ A wonderful, uplifting run, on a fabulous route with a distance that isn't often available– loved it. Thank you! ”
- “ It's my favourite run of the year! ”
- “ My first time running this event & would recommend it to all runners & will be registering for next year. ”
- “ Fun, friendly, a beautiful route and for a worthwhile cause! ”
- “ Fantastic atmosphere, beautiful route, so well organised and the marshals were so helpful and supportive. Diolch, you are the kings of the castle. ”





Total Raised:

£30,239.00







GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

CHARITABLE FUNDS COMMITTEE

FINANCIAL REPORT 1ST APRIL 2022 TO 31ST OCTOBER 2022

DATE OF MEETING	19/01//2023	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Steve Coliandris, Head of Financial Planning & Reporting Manger	
PRESENTED BY	Steve Coliandris, Head of Financial Planning & Reporting Manger	
EXECUTIVE SPONSOR APPROVED	MATTHEW BUNCE - EXECUTIVE DIRECTOR OF FINANCE	
REPORT PURPOSE	FOR DISCUSSION / REVIEW	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Charitable Funds SLG	02/12/2022	NOTED
ACRONYMS		
CFC	Charitable Funds Committee	



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NHS Trust

1. SITUATION/BACKGROUND

- 1.1 This paper and the supporting schedules have been completed to provide the CFC with the financial position of the charitable funds accounts as at the 31st October 2022. The information within the statements should provide the CFC with a clear picture of the financial position and performance of the Charitable fund's accounts, which will allow for the committee to discuss, evaluate and make decisions on the best use of resources.
- 1.2 The report is a standing agenda item providing the CFC with a breakdown of the financial activity during the period. The report consists of the following sections and is further explored in the main finance report,
- Financial Report for the period ending 31st October 2022.
 - Balance Sheet as at 31st October 2022.
 - Current and future forecasted performance of the unrestricted fund.
 - Investment Growth Account
 - Cash Flow Forecast as at 31st October 2022.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Key Issues to note are as follows:

Income

Income received of £1,878k for the period ending October 2022 is currently overachieving against the planned target for this stage of the year by £141k (£117k overachievement against unrestricted).

The forecast total income expected to be achieved during 2022-23 now stands at circa £4,576k which is largely due to the Charity being notified about and receiving a one off legacy of £1,600k during November.

Expenditure

Expenditure currently lower than planned due to project slippage which is either due to delay in projects starting or as a result of staff vacancies.

Investments

The investment portfolio position has decreased by £581k since the start of the financial year, which represents an in year shrinkage in valuation of 9.4% so far for 2022-23.

Since the political situation began in Ukraine the portfolio has seen an overall fall in valuation of £743k (11.7%).

Whilst the fall in investment is concerning the Charitable funds long term investment strategy is designed to support volatility in the market with expectation that the market will recover at some point in the future.



Reserve Policy

The unrestricted reserve target is currently set at £969k which is an over achievement of £1,764k when compared to the balance of £2,733k that is in the Charitable funds accounts as at the 31st October 2022.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please refer to finance report.

4. RECOMMENDATION

4.1 The Charitable Funds Committee is asked to **NOTE** the contents of this finance report and in particular:

- The financial performance of the Charity for the period ending 31st October 2022 including the current and forecast balances of the funds for 2022-23.
- The current position and performance of the Charity's investment portfolio as at 31st October 2022.



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Velindre UNHS Trust Charitable Funds

VELINDRE UNIVERSITY NHS TRUST CHARTIABLE FUNDS **Financial Position Report** **1st APRIL 2022 TO 31st OCTOBER 2022**

Velindre UNHS Trust Charitable Funds

1. Purpose

This paper has been completed to provide the CFC with the financial position of the charitable funds accounts as at the 31st October 2022. The information within the statements should provide the CFC with a clear picture of the financial position and performance of the Charitable fund's accounts, which will allow for the committee to discuss, evaluate and make decisions on the best use of resources.

2. Income Summary 1st April to 31st October 2022

Purpose:

To monitor the income performance of the Charity against the planned income target.

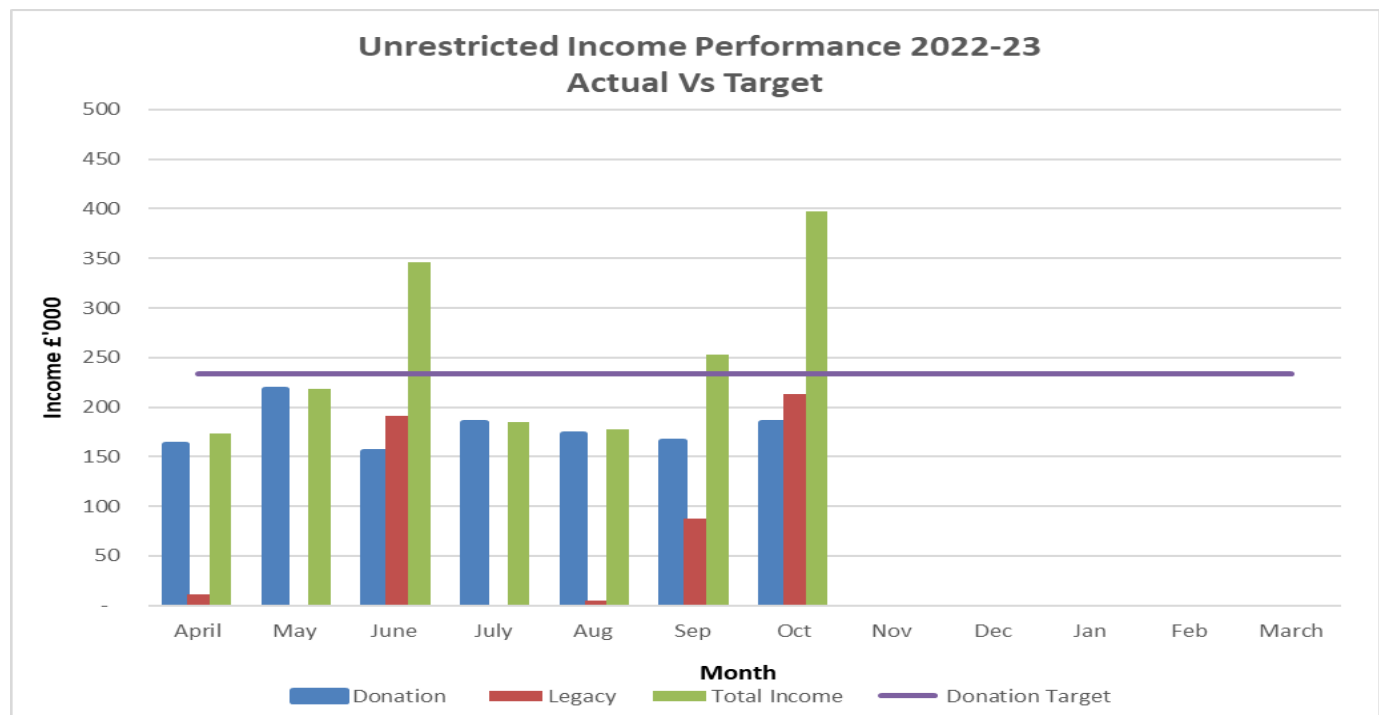
Key Issues:

- The annual delivery plan produced in April 2022 set out a level of income that was expected to be achieved during 2022/23 against the Charity's unrestricted fund. The target considered the Charity's fundraising activity during the period, along with a level of expectation for receiving both legacies and general donations.
- As at the end of October the Charity has received total income of 1,878k (£1,370k from fundraising and donations and £508k from legacies), which is a current overachievement of £141k against the planned target of £1,737k at this stage of year.
- Income performance against the unrestricted fund is currently £117k higher than the planned target as at the end of October.
- Income performance for 2022-23 is significantly higher (£499k) when compared with the same period during 2021-22
- The Charity has been notified about several other legacies which are due to Velindre, and whilst some are unable to be quantified at this stage, the expectation is that a further circa £2,000k will be received into the Charity during this financial year. A significant legacy of £1,600k was received during November which is not reflected in the table below.

Velindre UNHS Trust Charitable Funds

Fund Category	Planned Income £'000	Actual Income £'000	Variance £'000	Last Year Income for the same period £'000
Unrestricted	1,633	1,750	117	1,099
Unrestricted/ Designated Funds				
Patients Funds	1	0	-1	0
Staff Funds	1	2	1	1
Research Funds	101	125	24	278
	103	127	24	279
Welsh Blood service	0	1	0	1
Total Income	1,737	1,878	141	1,379

The graph below provides the monthly income performance of the Charity's unrestricted fund against planned during 2022/23.



Velindre UNHS Trust Charitable Funds

3. Expenditure Summary 1st April to 31st October 2022

Purpose:

To compare charitable funds expenditure incurred, with budgeted planned expectations and expenditure incurred last year during the same financial period.

Key Issues:

- The annual delivery plan produced in April 22 set out the level of commitments that were expected to be incurred against the Charity for 2022/23. The total estimated commitments against the Charity at that point in time was £3,663k and included all existing grants/ bids previously approved by the Charitable Funds Committee as well as expected fundraising charges and other general expenditure.
- For the period to October 22 expenditure was lower than planned by £202k. Variances in most cases relate to timing issues where projects have either had a delay in starting or due to staff vacancies. The spend for projects that have had delayed starts is largely expected to be deferred over future years.

	Planned Expenditure £000	Actual Expenditure £000	Variance £000	Last Year Expenditure £000
Unrestricted	1,681	1,580	101	960
Unrestricted / Designated & Restricted Funds				
Patients Funds	0	2	(2)	12
Staff Funds	0	0	0	3
Research Funds	408	305	103	389
	408	307	101	404
Welsh Blood service	0	0	0	0
Total Expenditure	2,089	1,887	202	1,364

Notes:

As previously agreed with the committee the cost of the fundraising staff (£126k) as at 31st October is excluded from the table, with the expectation at this stage that the costs will be funded from the investment growth during 2022/23.

Velindre UNHS Trust Charitable Funds

Total expenditure can be categorised into 3 main subheadings; Grant/Projects, Fundraising, and Overheads with further details provided below.

- The graphs on the attached appendices provides a comparison of actual expenditure against planned for each live Grant/Project since funding was approved (excluding Advancing Radiotherapy: Moondance, Lucas and Probert with the details provide below).
- Total spend against the Advancing Radiotherapy Fund currently stand at £3,289k. The following table provides further details of committed expenditure against total income/funding available.

	Total Income/Funding £'000	Actual Expenditure £'000	Total Committed Expenditure £'000	Remaining Uncommitted Balance
Moondance	3,000	2,332	2,920	80
Lucas Fund	825	426	651	174
Head & Neck (Probert)	1,304	531	968	336

- Fundraising expenditure for 2022-23 is now expected to total circa £600k, with deferral of event expenditure from prior years being added to the original plan.
- Overheads costs for 2022/23 expected to be circa £234k relate the costs of the support staff such as the Charity Director and a proportion of the Trust's Governance Manager and Finance staff who provide the general management and oversight of running the Charitable Funds.



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4. Fund Balance Movements 1st April to 31st October 22

Purpose:

To monitor the movement in fund balances during the period.

Key Issues:

The level of fund balances on Velindre's unrestricted and restricted funds has decreased slightly during the period by £54k from £6,681k to £6,627k.

The forecast outturn income position as at the end of March is now expected to be circa £4,576k (£4,399k against the unrestricted fund) which will result in a yearend total fund balance of £7,500k (£4,287k unrestricted)

Fund Category	Actual Balance as at 31 Oct 2022 £000	Opening Balance as at 01 Apr 2022 £'000	Forecast Total Income as at 31 Mar 2023 £'000	Forecast Total Expenditure as at 31 Mar 2023 £'000	Forecast Balance as at 31 Mar 2023 £000
Unrestricted	2,733	2,603	4,399	-2715	4,287
Unrestricted Designated/ Restricted Funds					
Patients Funds	181	183	1	(10)	174
Staff Funds	79	81	1	(5)	77
Research Funds	3,535	3,715	174	(1,027)	2,862
	3,795	3,979	176	(1,042)	3,113
Welsh Blood service	99	99	1	0	100
Total Funds (excl Investments)	6,627	6,681	4,576	(3,757)	7,500

The table above does not include the funds held as custodian for PHWT which has a balance of £50k as at the 31st October 2022.

Velindre UNHS Trust Charitable Funds

5. Balance Sheet as at 31st October 2022

Purpose:

To monitor the investment performance, and current assets/ liabilities during the year.

Key Issues:

The investment portfolio position has decreased by £581k since the start of the financial year, which represents an in year shrinkage in valuation of 9.4% so far 2022-23.

Since February when the political situation in Ukraine began the portfolio has seen an overall fall in valuation of £743k (11.7%).

The Funds held on the Velindre UNHS Trust Charitable funds accounts as at 31st October 2022 is £6,677k with £6,627k representing Velindre's share and £50k being held as custodian for PHWT.

BALANCE SHEET AS AT 31 MARCH 2022	
INVESTMENTS	£'000
Cash	360
Fixed Income	2,093
Absolute Return	818
Commodities	245
Developed Market Equity	1,978
Emerging Market Equity	-
Real Estate & Infrastructure	399
Other	293
Total Assets on Investments	6,186
CURRENT ASSETS	£'000
Current Account	1,656
Deposit Account	676
Transactions Posted	19
Total Cash and Bank	2,352
Creditors	- 1,145
Debtors	16
Total Current Assets	1,223
BREAKDOWN OF ASSETS	£'000
Total assets on investment	6,186
Bank/Cash	1,223
Total Breakdown of Assets	7,409
TOTAL FUNDS	£'000
Total Funds Held	7,409
Total Funds Held	7,409

BALANCE SHEET AS AT 31 OCTOBER 2022	
INVESTMENTS	£'000
Cash	419
Fixed Income	2,008
Absolute Return	792
Commodities	235
Developed Market Equity	1,543
Emerging Market Equity	-
Real Estate & Infrastructure	334
Other	274
Total Assets on Investments	5,605
CURRENT ASSETS	£'000
Current Account	517
Deposit Account	978
Transaction Posted -	166
Total Cash and Bank	1,329
Creditors	- 269
Debtors	12
Total Current Assets	1,072
BREAKDOWN OF ASSETS	£'000
Total assets on investment	5,605
Bank/Cash	1,072
Total Breakdown of Assets	6,677
TOTAL FUNDS	£'000
Total Funds Held	6,677
Total Funds Held	6,677

Velindre UNHS Trust Charitable Funds

6. Compliance with Reserve Policy

Purpose:

To monitor the compliance with the reserve policy established by the Trustees during this financial period.

Key Issues:

The Trustees has previously considered that reserves should be set at a level which is equivalent to estimated planned commitments covering **a period of 4 months**. At this level, and in the event of a significant reduction in charitable funding, Trustees feel that they would be able to continue with the current programme of activity for such time as is necessary to allow for a properly planned and managed change in the activity programme and/or the generation of additional income streams.

In the light of the above, the unrestricted reserve target has been set based on the current commitments of **£969k** which is an over achievement of **£1,764k** when compared to the balance of **£2,733k** that was in the charitable funds accounts as at the 31st October 2022.

Reserves are that part of a charity's unrestricted funds that are available to spend on any of the charity's purposes. Reserves need to be maintained at a level which is sufficient to meet planned commitments and any unforeseen or unexpected expenditure in advance of the receipt of investment income and charitable donations. This assessment of the required level of reserves excludes those funds designated as restricted as they are only available for a specified purpose.

Reserves levels which are set too high tie up money which could and should be spent on charitable activity creating a trustees risk, acting in conflict with their duty to apply income within a reasonable time, or failing in their duty to be even-handed to future and current beneficiaries; more further it could be perceived by donors or funders to be holding money. If they are too low the future of the charity may be put at risk. Therefore, charities will require a reserves policy, which is robust and fit for purpose providing clear accountability.



Velindre UNHS Trust Charitable Funds

7. Forecasted Balance of the Charity's Unrestricted Fund

Purpose:

Provides a summary of the current and forecasted position of the Charity's unrestricted fund, in order to evaluate the future balance of the fund, and the performance against the reserve target.

Key Issues:

The table below provides the estimated future balance of the unrestricted fund based on the current level of forecasted income and expenditure commitments.

If income and the level of commitments remains as projected, then the Charity is expected to far exceed the reserve policy in 2022/23 and the following two financial years, however this does not consider any future commitments.

Summary of Commitments against the Charity's Unrestricted fund			
	Year 1	Year 2	Year 3
	2022/23	2023/24	2024/25
	£000	£000	£000
Opening Balance	2,603	4,039	2,669
Forecast Donation Income (based on Charity Strategy)	4,399	4,000	5,500
Prudent Income growth		-500	-1,000
Current Forecast Commitments			
Fundraising Team*			
Fundraising Event Expenditure	600	600	700
Overheads*	120	120	120
General Expenditure & Charges	50	50	50
Long Standing Project Expenditure	1,774		
Time Limited (Project/ Bid Expenditure)	169	296	142
Total Current Commitments	2,713	1,066	1,012
Closing Balance	4,289	6,973	7,157
Target Reserve	355	337	
Reserve Variance	3,436	6,158	

*Despite the current performance of the investment portfolio the current expectation is that fundraising team will be funded from the investment growth for each of the next three years, however this will need to be closely monitored.

*The cost of the overheads is now expected to be allocated across the funds on an average fund basis.

Velindre UNHS Trust Charitable Funds

8. Investment Growth held outside of Charitable Fund Allocation

Purpose:

To inform the committee of the current and forecast position of the investment income and gains that are held outside of Charitable Fund allocation.

The Charitable funds committee previously approved that the investment income (dividends), and any gains that are made from the investment portfolio would be used where possible to fund the fundraising team and overhead costs.

Key Issues:

The investment growth which is being held outside of the fund balances as at 31st October is £88k which is a reduction of £581k from the £669k balance held at the 31st March which due to the current performance of the investment portfolio.

Investment (dividend) income generally remains steady with the £113k received in 2021/22 consistent with prior years.

Investment gains and losses are volatile and therefore difficult to predict, on this basis any gain or loss has been purposely omitted from the table. If the portfolio does realise future gains, then the expectation would be that overheads as well as the Fundraising team can also be funded during that period. If investment growth is not available in future years, then the fundraising staff costs will be charged to the unrestricted fund and the Overhead charge will be apportioned over the Charitable funds based on average balances.

Due to current investment performance the current assumption is that that only the fundraising team will be supported from the investment growth during 2022/23 but will be continually monitored as the year progresses.

Current & Forecasted Investment Growth Position			
	Year 1	Year 2	Year 3
	2022/23	2023/24	2024/25
	£000	£000	£000
Opening Balance	668	466	229
Forecast Investment Income	113	113	113
Forecast Gains /Losses			
Forecast Commitments			
Fundraising Team	315	350	360
Overheads			
Total Forecast Commitments	315	350	360
Closing Balance	466	229	-18



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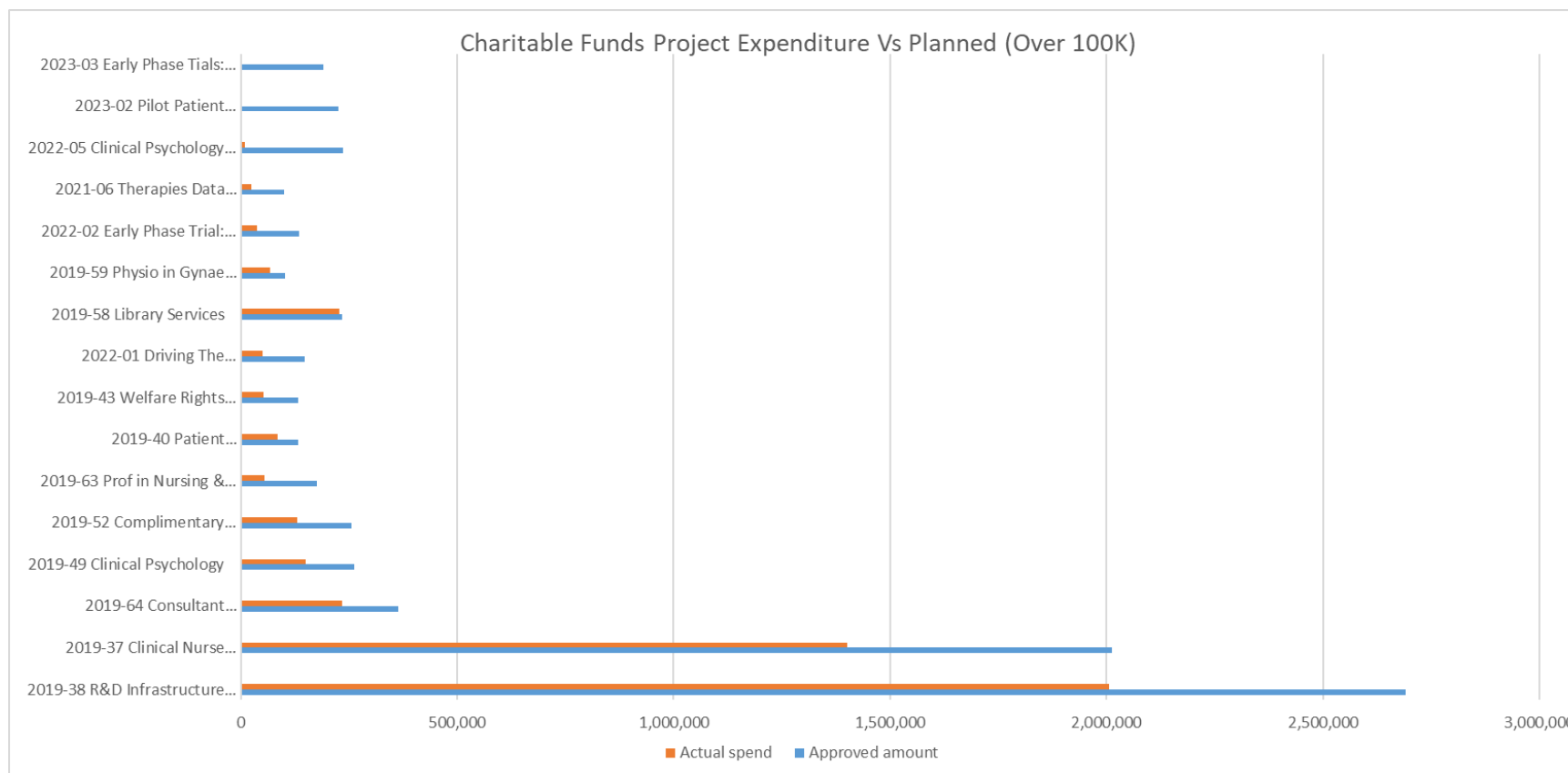
Velindre UNHS Trust Charitable Funds

9. Recommendation

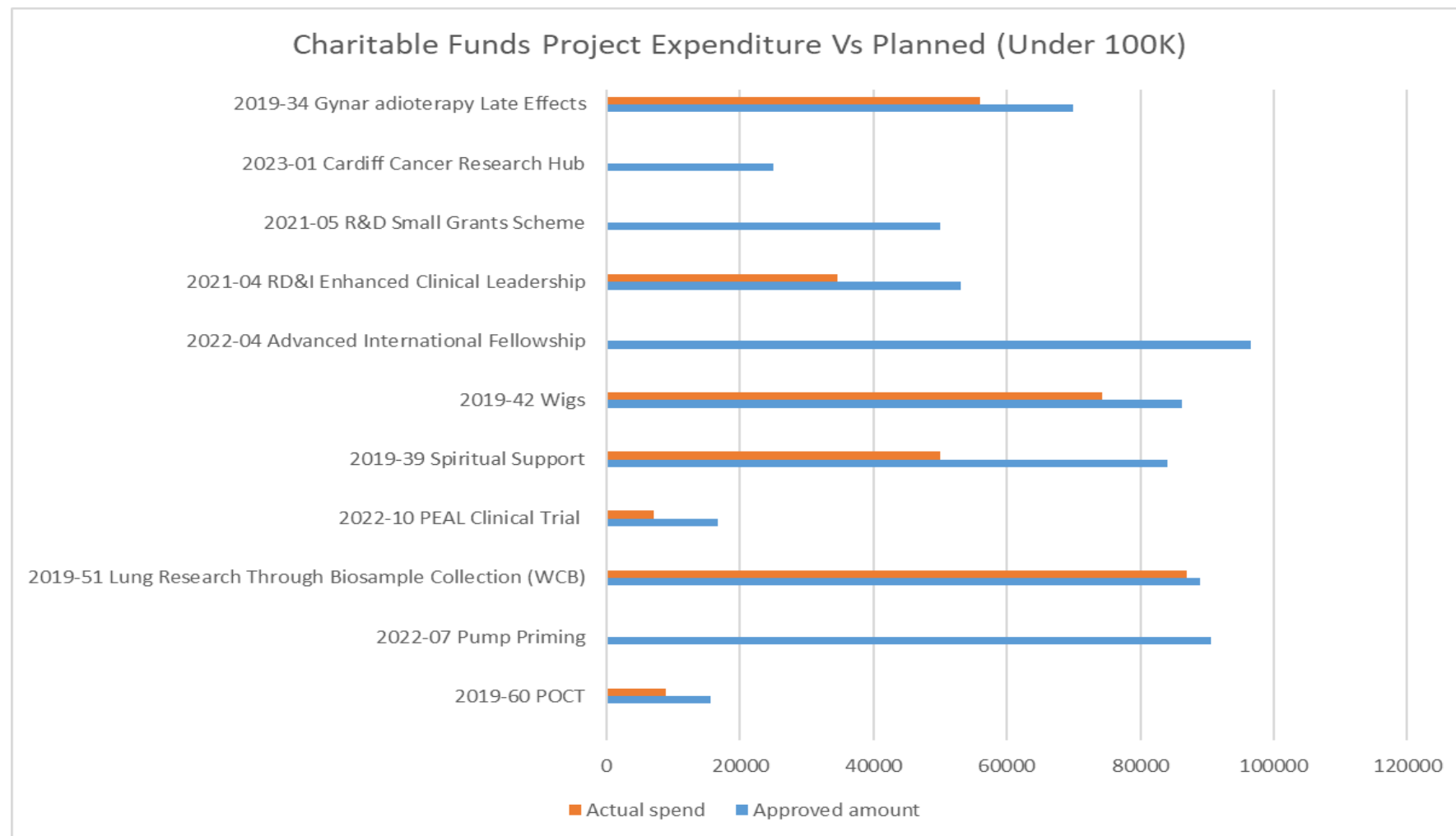
The CFC is asked to **Note** the contents of this Finance report and in particular:

- The financial performance of the Charity for the period 1st April to 31st October 2022 including the current and forecast balance of the funds for 2022-23.
- The current position and performance of the Charity's investment portfolio as at 31st October 2022.

Velindre UNHS Trust Charitable Funds



Velindre UNHS Trust Charitable Funds





CHARITABLE FUNDS COMMITTEE

Summary of Commitments against the Charity's Unrestricted fund

DATE OF MEETING	19/01/2022	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Choose an item.	
PREPARED BY	Steve Coliandris – Head of Financial Planning & Reporting	
PRESENTED BY	Steve Coliandris – Head of Financial Planning & Reporting	
EXECUTIVE SPONSOR APPROVED	MATTHEW BUNCE – EXECUTIVE DIRECTOR OF FINANCE	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Charitable Funds Senior Leadership Group		NOTED
ACRONYMS		
CFC	Charitable funds Committee	



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1. SITUATION/BACKGROUND

- 1.1 The purpose of this paper is to provide the CFC with a summary of the current and forecasted commitments against the Charity's unrestricted fund, in order to evaluate the future balances, and the effect the bids that have been received at today's meeting will have on the reserve target.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Despite the challenges that the Charity expected due to the ongoing the pandemic the Charity still managed to raise £3.1m of income during 2021-22, which was considerably higher than the planned target for the year. This coupled with the ongoing redirection of Charity funded staff to support the service has resulted in significant balances currently being held in the Charity's unrestricted fund.

In addition, we are anticipating another successful year for the Charity with circa minimum of £4.4m of income expected to be received during 2022-23.

- 2.2 The tables below provide a summary of the current and forecasted position of the charity's unrestricted fund, based on the current level of forecasted income and expenditure.

Table A assumes that the full RD&I funding will be required, whilst table B assumes that there will be a reduced ask on the Charity with factors like cost savings and other income sources contributing towards part funding the bid.



Table A

Summary of Commitments against the Charity's Unrestricted fund				
	Year 1	Year 2	Year 3	Year 4
	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000
Opening Balance	2,603	4,049	2,883	2,448
Forecast Donation Income (based on Charity Strategy)	4,399	4,000	5,500	7,000
Prudent Income growth		(500)	(1,000)	(2,000)
Current Forecast Commitments				
Fundraising Team*				
Fundraising Event Expenditure	600	600	700	800
Overheads*	120	120	120	120
General Expenditure & Charges	50	50	50	50
Long Standing Project Expenditure	1,774			
Time Limited (Project/ Bid Expenditure)	169	296	142	0
Total Current Commitments	2,713	1,066	1,012	970
Closing Balance	4,289	6,483	6,371	6,478
<u>Business case proposals</u>				
2023-24				
2023-05 Psychology and Complementary Service		319	326	332
2023-08 Wigs		30	30	31
2023-09 Spiritual and Pastoral Case		32	33	34
2023-10 Patient Information Manager		52	54	54
2023-11 Welfare Rights		30	31	32
2023-12 CNS Services		696	724	753
2023-13 Scalp Coolers	240	38	8	38
R&D Integrated Bid				
Bid Section 1 - Research Infrastructure		1,341	1,391	1,388
Bid Section 2 - Research Ambitions		562	826	1,006
ARF Fund (ringfence funds)		500	500	500
Total Business case Proposals	240	3,600	3,923	4,168
Total Commitments	2,953	4,666	4,935	5,138
Revised Closing Balance	4,049	2,883	2,448	2,310
Target Reserve	1,555	1,645	1,713	
Reserve Variance	2,494	1,238	735	

Table B

Summary of Commitments against the Charity's Unrestricted fund				
	Year 1	Year 2	Year 3	Year 4
	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000
Opening Balance	2,603	4,049	3,291	3,578
Forecast Donation Income (based on Charity Strategy)	4,399	4,000	5,500	7,000
Prudent Income growth		(500)	(1,000)	(2,000)
Current Forecast Commitments				
Fundraising Team*				
Fundraising Event Expenditure	600	600	700	800
Overheads*	120	120	120	120
General Expenditure & Charges	50	50	50	50
Long Standing Project Expenditure	1,774			
Time Limited (Project/ Bid Expenditure)	169	296	142	0
Total Current Commitments	2,713	1,066	1,012	970
Closing Balance	4,289	6,483	6,779	7,608
<u>Business case proposals</u>				
2023-24				
2023-05 Psychology and Complementary Service		319	326	332
2023-08 Wigs		30	30	31
2023-09 Spiritual and Pastoral Case		32	33	34
2023-10 Patient Information Manager		52	54	54
2023-11 Welfare Rights		30	31	32
2023-12 CNS Services		696	724	753
2023-13 Scalp Coolers	240	38	8	38
R&D Integrated Bid				
Bid Section 1 - Research Infrastructure		1,341	1,391	1,388
Bid Section 2 - Research Ambitions		562	826	1,006
R&D Reduced call on Charity		(408)	(722)	(898)
ARF Fund (ringfence funds)		500	500	500
Total Business case Proposals	240	3,192	3,201	3,270
Total Commitments	2,953	4,258	4,213	4,240
Revised Closing Balance	4,049	3,291	3,578	4,338
Target Reserve	1,419	1,404	1,413	
Reserve Variance	2,630	1,887	2,165	

Based on the current level of commitments and anticipated income it is expected that even if all cases were approved by the committee that there would still be sufficient headroom with the general purpose fund to consider further bids over the next three years.

As a minimum it is expected that an additional £1m should be available for investment in each of the next three years, reduced to circa £0.5m each year if the R&D bid required the full ask from the Charity.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please refer to funding schedule included within this paper.

4. RECOMMENDATION

- 4.1 The CFC is asked to **NOTE and CONSIDER** the impact of approving the business cases that have been presented today would have on the unrestricted fund balance.

- 4.2 Based on an assumed level of forecast income and current commitments the Charity is in a position to financially support the business cases should the CFC decide to approve all the bids that have been submitted to the meeting today.

VELINDRE UNHS TRUST

2022/23 CHARITABLE FUNDS CASH FLOW FORECAST

Opening Charitable Fund Balances	£
Investments (at Market Value as at 31st March 2022)	
Investments Portfolio	6,186,000
Debtors / Creditors	(1,109,581)
Actual Cash (Current & Deposit Accounts)	2,332,581
	<u>7,409,000</u>

	April	May	June	July	August	September	October	November	December	January	February	March
Opening Bank Balance	2,332,581	2,308,579	1,595,769	1,542,387	1,471,512	1,653,157	1,558,645	1,495,006	2,906,589	2,730,216	2,553,844	2,377,472
Income												
Donations, Fundraising & Legacies	208,714	234,209	346,787	188,711	211,673	254,538	482,812	1,800,000	212,045	212,045	212,045	212,045
Donation Charges	(1,778)	(2,893)	(1,778)	(1,879)	(1,713)	(1,442)	(1,586)	(1,700)	(1,700)	(1,700)	(1,700)	(1,700)
Investment Movement												
Net Monthly Change In Income	206,936	231,316	345,009	186,832	209,960	253,096	481,226	1,798,300	210,345	210,345	210,345	210,345
Expenditure												
Commitments/ Credits (Inc BFWd from 2020/21)	(230,938)	(944,125)	(398,391)	(257,707)	(28,315)	(347,608)	(544,865)	(386,718)	(386,718)	(386,718)	(386,718)	(386,718)
Net Monthly Change In Expenditure	(230,938)	(944,125)	(398,391)	(257,707)	(28,315)	(347,608)	(544,865)	(386,718)	(386,718)	(386,718)	(386,718)	(386,718)
Closing Bank Balance (Deposit & Current Accounts)	2,308,579	1,595,769	1,542,387	1,471,512	1,653,157	1,558,645	1,495,006	2,906,589	2,730,216	2,553,844	2,377,472	2,201,099

Notes/ Risks/ Opportunities

1. Income is based on forecast for 2022-23.
2. Expenditure is based on current commitments/forecast for 2022/23 and unpaid creditor commitments from 21/22.

Closing Charitable Fund Balances (31st Oct 2022)	£
Investments (at Book Value)	5,605,000
Debtors / Creditors	(257,000)
Actual Cash (Current & Deposit Accounts)	1,329,000
	6,677,000

Actual
Projected

Key
 Figures in BLACK signify both Income and a Positive balance
 Figures in RED signify both Expenditure and a Negative balance

<u>TOTAL</u>	<u>Forecast Based Upon</u>
4,575,625 (21,570)	Income Forecast 22/23 Average
4,554,055	
(4,685,537)	Actual plus BFWD Commitments
2,647,188	



CHARITABLE FUNDS COMMITTEE

PART FUNDING OF WIG VOUCHERS PROVIDED TO VCC PATIENTS AFFECTED BY HAIR LOSS

DATE OF MEETING	(19/01/2023)
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Michele Pengelly Supportive care lead nurse
PRESENTED BY	Michele Pengelly Supportive care lead nurse
EXECUTIVE SPONSOR APPROVED	Paul Wilkins, Director of Cancer Services

REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
VCC SMT Charitable Funds Senior Leadership Group	19/10/2022 02/12/2022	ENDORSED FOR APPROVAL

ACRONYMS	
VCC	Velindre Cancer Centre
VUNHST	Velindre University NHS Trust



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1. SITUATION/BACKGROUND

1.1 Please see Business Case at Appendix 1.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Please see Business Case at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Please see Business Case at Appendix 1.
RELATED HEALTHCARE STANDARD	Dignified Care
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.

4. RECOMMENDATION

4.1 The Charitable Funds Committee are asked to **APPROVE** funding for the period of 3 years.



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APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

THIS BUSINESS CASE HAS TO BE COMPLETED FOR PROJECTS / GRANTS / BIDS WITH
EXPENDITURE OVER £5,000

(For Support please contact Steve Coliandris on x6619, or contact your local finance team).

Or access the Trust intranet page for an example of best practice

[Velindre NHS Trust | Charitable Funds Policies](#)

SECTION 1

1. BUSINESS CASE TITLE
Part funding of Wigs vouchers provided to VCC patients affected by hair loss
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Patient / Donor Support
3. BUSINESS CASE PREPARED BY
Michele Pengelly, Supportive care lead nurse, Velindre Cancer Centre
4. BUSINESS CASE SPONSORED BY
Paul Wilkins, Director of Cancer Services
5. SMT SPONSOR (RESPONSIBLE OFFICER) Ensure SMT approval is sought before submitting to the Charitable Funds Committee
Viv Cooper
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-08
7. BUSINESS CASE TOTAL EXPENDITURE
£91,443.33
8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)



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3 years

9. FUND NAME & NUMBER

Access the Trust intranet page for details [Velindre NHS Trust | Charitable Funds Policies](#)

6000 – Hospital General Purpose Fund

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/10/2022 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6000 - General	2,733	2,603	4,399	-2,713	4,289

11. FUND HOLDER APPROVAL

Please confirm that the fund holder has supported this funding request prior to it being submitted to the CFC.

Access the Trust intranet page for fund holder details [Velindre NHS Trust | Charitable Funds Policies](#)

Yes

12. IS THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM OR IS THIS A NEW PROPOSAL

Continuation Request for Funding

13. IF THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM, PLEASE OUTLINE THE REASONS WHY A FURTHER FUNDING REQUEST IS BEING SUBMITTED AND WHY THE EXIT STRATEGY IN THE ORIGINAL BUSINESS CASE HAS NOT BEEN IMPLEMENTED.

This service has historically been accepted for part funding through Charitable Funds.

SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

This proposal is to support the provision of partial funding for WIG vouchers towards the cost of wigs for VCC patients who experience hair loss as a result of their cancer treatment. This service is available to any VCC patient who is likely to lose their hair through treatment for cancer and the aim is to provide options and choices for patients. For the patients who elect to have a wig, they are eligible to receive a subsidy of £100 inclusive of VAT towards the purchase from a framework of suppliers. In line with other Health Boards, provision is restricted to one wig for those who will have a temporary hair loss i.e. those on

chemotherapy and a maximum of two per year for those who may have a permanent hair loss as a result of chronic alopecia or through cranial radiotherapy.

This service lead is the patient and carer information and support services manager as part of the supportive care team

15. LIST OF OPTIONS AND PREFERRED OPTION?

Include details of other funding options you have considered / engaged with and the outcome

This service has historically been accepted for funding through the Charitable Funds. No other funding sources engaged with.

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?

The proposal must align with the Charity Vision, Mission, Aims and Objectives and the Charity Strategy / Annual Delivery Plan which can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

This service aligns with:

- **The VCC specific aims in Velindre NHS Trust Charity Trustee Report 2016 – 2017 to:**

“Improve conditions and support for cancer patients and their families that are treated by Velindre Cancer Centre”

“Ensure the people affected by cancer will have their information, needs, and support addressed effectively

“Ensure that cancer patients treated by Velindre Cancer Centre have access to the best possible treatment, care and support by helping with the development of its facilities, services and training its staff”.

The provision of funding of this invaluable service of VCC patients demonstrates how we continue to put patient-centred care at the heart of care by helping support patients with their dignity and self-esteem.

Illness can affect how patients feel about themselves and influences their self-confidence. Cancer treatment may often leave them with reminders of what they have been through and hair loss is one such reminder. The provision of a wig, hair piece or scarf can in many instances be an invaluable aid to combating such feelings. **Hair loss as result of systemic anti-cancer treatment and cranial radiotherapy is sadly an all too common side effect.** Some may not lose their hair at all, whilst others will notice their hair becoming thinner and fall out, for those who do lose their hair, the psychological and emotional impact can be enormous.

Many people see their hair as an important part of their personality and identity. Loss of hair can affect their relationships with those around them and may lead to lack of confidence and inhibit their ability and desire to socialise.

Moreover, it can act as a visible reminder of having cancer. This leaves them feeling vulnerable and exposed.



Whilst many patients cope with the loss, some consider it to be the 'final straw'. This is why VCC has always provided funds to cover the costs of buying a wig. VCC use the following organisations to provide help and support:

- Inspirations, Bridgend
- Salon Wills, Cardiff
- Peruke, Newport
- Fich and Ramous, Cowbridge

Clearly, this is an important service to offer patients who are facing a life changing event. The impact on self-esteem and confidence cannot be underestimated. Headstrong work hard with the patients establishing a positive body image and wearing a wig doesn't suit all patients, but the choice and financial support is greatly appreciated by those that opt for a wig.

There is currently a working group in collaboration with Cardiff and Vale University health Board who are reviewing both the procurement process of wig services, the quality, accessibility and patient experience of these services and a potential increase in the voucher amount.

SECTION 3 – IMPACT ASSESSMENT

17. PROVIDE DETAILS OF THE PROJECT OBJECTIVES AND THE TOOL(S) YOU WILL BE USING TO MEASURE THE SUCCESS OF EACH BY COMPLETING THE TABLE BELOW

As part of the evaluation process you will be required to submit an annual progress report clearly stating if the project has delivered against these objectives and how this was achieved.

*Consider patient feedback and quantifiable information that can easily measure success e.g. improved patient outcome, increase in number of patients treated, reduction in waiting list, reduced waiting times

Business Case Objectives	Tools Used to Measure Success *
1. Patient Dignity <i>"Improve conditions and support for cancer patients and their families that are treated by Velindre Cancer Centre"</i> <i>"Ensure the people affected by cancer will have their information, needs, and support addressed effectively"</i> <i>"Ensure that cancer patients treated by Velindre Cancer Centre have access to the best possible treatment, care and support by helping with the development of its facilities, services and training its staff".</i>	Tools to measure success will therefore include: Patient and carer experience feedback Patient dignity group monitoring Datix Complaints/concerns Cards, letters, and verbal feedback



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18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE? Consider impact/ benefit on all stakeholders including patients, staff, the service and the wider community.	
<p>Losing hair can change how patients think and feel about their body image and may have a huge impact on self-confidence, self-esteem and even relationships. This can be at a time when they have already faced the devastating impact of surgery, weight loss or weight gain. Patients often share that they no longer feel like themselves and it can negatively affect their emotional well-being and mental health. These vouchers form part of a bigger package of support services at VCC for patients experiencing hair loss including working with Headstrong and Look Good Feel better charity. At a time of huge financial pressure on the public with the energy crisis and cost of living increases, some cancer patients are turning to food banks and struggling to pay heating costs. The cost of buying a wig has also increased and may be beyond the budget of some patients – so even more than previous years this free voucher from VCC and Charitable Funds is needed more than ever. Patients in financial hardship will be disadvantaged and a potential inequality will develop</p>	
19. IN NO MORE THAN 100 WORDS EXPLAIN TO STAKEHOLDERS AND DONORS HOW YOU WILL USE THEIR MONEY TO MAKE A DIFFERENCE Consider as if you were undertaking a... <ul style="list-style-type: none">- stakeholder briefing- Press release- Social Media Post	
<p>VUNHST is committed to providing services with the patient at the heart of what we do. The support of our fundraising donors enables us to offer a free voucher towards the cost of a wig to patients affected by the devastating impact of hair loss from their cancer treatment. Dignified, equitable and compassionate care is central to the services provided.</p>	
20. ARE THERE ANY LEGAL AND / OR ETHICAL IMPLICATIONS THAT NEED TO BE CONSIDERED? IF YES HOW WILL THEY BE MANAGED e.g. Intellectual Property Rights, Confidentiality Agreements, Contractual Arrangements	
<p>There is currently a working group in collaboration with Cardiff and Vale University health Board who are reviewing both the procurement process of wig services, the quality, accessibility and patient experience of these services and a potential increase in the voucher amount.</p>	
21. RISK ASSESSMENT Please Indicate how the project will manage both strategic and operational risks identified as part of the risk assessment. In particular, you should make reference to risks which initiate the need for change, those which need to be managed in implementing the project and the risks identified with not proceeding with the project.	



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If this service is not supported there is a risk that VCC patients in financial hardship will be disadvantaged and a potential inequality will develop. Cancer patients throughout Wales have access to free wig vouchers

22. LEGISLATIVE / REGULATORY COMPLIANCE

Provide evidence that the proposed project meets the relevant requirements/standards including Health and Safety, GDPR, Equality & Diversity, Data Protection Legislation etc. Also consider the Clinical Governance requirements, National Service Frameworks, NICE Regulations, Healthcare Standards, Commission for health improvement requirements and the Strategic and Financial Framework.

This service provides evidence towards Health and care standard 4.1 Dignified care

SECTION 4 – RESEARCH, DEVELOPMENT AND INNOVATION (RD&I) SUB-COMMITTEE

23. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?

No

24. IF YES, PLEASE PROVIDE EVIDENCE THAT THIS PROJECT HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE. INCLUDE THE DATE OF THE SUB-COMMITTEE WHERE IT WAS CONSIDERED.

N/A

25. IF THIS PROPOSAL HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE SUBJECT TO CERTAIN PROVISIONS, PROVIDE DETAILS ON HOW THIS HAS BEEN ADDRESSED

N/A

SECTION 5 – FUNDING REQUIREMENTS

26. FUNDING REQUIREMENTS

Provide here an indication of the anticipated costs for the whole project. This should include a breakdown of Capital and / or Revenue costs. Within the revenue cost you should indicate Staff costs, Non-staff cost and Equipment.



Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
Wigs		£ 91,443.33		£ 91,443.33
				£ -
				£ -
				£ -
	£ -	£ 91,443.33	£ -	£ 91,443.33

27. PROPOSED FUNDING CASHFLOW

Indicate here the length of the project and the expenditure expected during the financial period.
Example - Year 1 Expenditure Total 2021/22 (April 2021-March 2022). Please note that funding cannot be requested for more than a 3 year period.

The Total Funding Cash Flow should match the Total Funding Requirements indicated on the table above

Description	Expenditure year 1 2023/24	Expenditure year 2 2024/25	Expenditure year 3 2025/26	Total Expenditure
Wigs	£ 29,584.69	£ 30,472.24	£ 31,386.40	£ 91,443.33
	£ 29,584.69	£ 30,472.24	£ 31,386.40	£ 91,443.33

SECTION 6 – EXIT STRATEGY

28. TIMESCALE / PROJECT MILESTONES

Indicate here the length of this project – **This must include a start date and end date.** (Please indicate if there is likely to be any lead time which may delay the start date).

If a project has not commenced within six months you will be requested to provide a progress update to the Charitable Funds Committee who will consider whether funding will continue depending on the explanation provided.

April 2023 – March 2026



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29. ACTION PLAN / EXIT STRATEGY

Include the plans and actions required to mitigate any risks once the term of the Charitable funding ends. Please indicate the anticipated funding routes i.e. will funding cease, will the proposal self-fund if successful, will the financial impact revert to Trust revenue accounts or will other funding sources be secured / considered?

IT IS ESSENTIAL THAT YOU CONSIDER THE POTENTIAL LONG TERM COST IMPLICATIONS, FUNDING BEYOND THIS REQUEST IS NOT GUARANTEED FROM THE CHARITY.
For Example - Will there be any staff cost implication relating from redundancy.

If funding is not approved, we will need to look for alternatives or patients would need to self-fund which may not be possible for those in financial hardship.

30. HOW WILL YOU DEMONSTRATE TO STAKEHOLDERS AND DONORS THE IMPACT THAT THIS PROPOSAL WILL HAVE ON PATIENTS / STAFF/ SERVICE OR WIDER COMMUNITY?

The impact of this service on patient well-being, dignity and person-centred care should not be under-estimated. This service provides evidence of Health and Care standard 4.1 Patient Dignity.

The patient and carer information and support services manager will ensure that:

- All departments, including outreach who supply wig vouchers have a sufficient supply
- To receipt on Oracle for the wigs
- To make sure that all hair loss booklets are kept up to date
- To make sure supplier details are kept up to date.
- Answer all enquiries from suppliers
- Answer all enquiries on wigs and hair loss from patients/carers/family
- Any calls, patient contact who haven't received a voucher, to make sure one is sent or given.
- Any correspondence from procurement to do with wigs
- To represent VCC on the All-Wales Wig Tender working group

31. FOLLOWING APPROVAL BY SMT AND OMG THE BUSINESS CASE WILL NEED TO BE PRESENTED TO THE CHARITABLE FUNDS COMMITTEE. PLEASE STATE BELOW WHO WILL PRESENT THIS BUSINESS CASE

Michele Pengelly Supportive care lead nurse or Dr Caroline Coffey Consultant Clinical psychologist



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PLEASE NOTE:
<p>As part of the evaluation process you will be required to submit an annual progress report clearly stating how the project is performing against key targets such as delivery of results and actual spend against plan. A copy of the Annual Evaluation template can be found on the Trust intranet page Velindre NHS Trust Charitable Funds Policies</p> <p>Accurate completion of these annual evaluations is key in ensuring that the project will continue to be supported by the charity.</p>



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CHARITABLE FUNDS COMMITTEE

BUSINESS CASE: SPIRITUAL AND PASTORAL CARE SERVICES

DATE OF MEETING	(19/01/2023)
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Michele Pengelly Supportive care lead nurse
PRESENTED BY	Michele Pengelly Supportive care lead nurse
EXECUTIVE SPONSOR APPROVED	Paul Wilkins, Director of Cancer Services

REPORT PURPOSE	FOR APPROVAL
----------------	--------------

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
VCC SMT Charitable Funds Senior Leadership Group	19/10/2022 02/12/2022	ENDORSED FOR APPROVAL

ACRONYMS	
SMT	Senior Management Team
OMG	Operational Management Group



1. SITUATION/BACKGROUND

1.1 Please see Business Case at Appendix 1.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Please see Business Case at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Please see Business Case at Appendix 1.
RELATED HEALTHCARE STANDARD	Dignified Care
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.

4. RECOMMENDATION

4.1 The Charitable Funds Committee are asked to **APPROVE** funding for Chaplaincy, spiritual and pastoral care service for the period of 3 years.



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APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

THIS BUSINESS CASE HAS TO BE COMPLETED FOR PROJECTS / GRANTS / BIDS WITH
EXPENDITURE OVER £5,000

(For Support please contact Steve Coliandris on x6619, or contact your local finance team).

Or access the Trust intranet page for an example of best practice

[Velindre NHS Trust | Charitable Funds Policies](#)

SECTION 1

1. BUSINESS CASE TITLE
Proposal for Continuation of Staff Funded by Charitable funds: Chaplaincy, spiritual and pastoral care service
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Patient / Donor Support
3. BUSINESS CASE PREPARED BY
Michele Pengelly
4. BUSINESS CASE SPONSORED BY
Paul Wilkins, Director of Cancer Services
5. SMT SPONSOR (RESPONSIBLE OFFICER) Ensure SMT approval is sought before submitting to the Charitable Funds Committee
Vivienne Cooper
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-09
7. BUSINESS CASE TOTAL EXPENDITURE
£98,325
8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)



3 years

9. FUND NAME & NUMBER

Access the Trust intranet page for details [Velindre NHS Trust | Charitable Funds Policies](#)

6000 Hospital General purpose fund

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/10/2022 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6000 - General	2,733	2,603	4,399	-2,713	4,289

11. FUND HOLDER APPROVAL

Please confirm that the fund holder has supported this funding request prior to it being submitted to the CFC.

Access the Trust intranet page for fund holder details [Velindre NHS Trust | Charitable Funds Policies](#)

Yes

12. IS THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM OR IS THIS A NEW PROPOSAL

Continuation Request for Funding

13. IF THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM, PLEASE OUTLINE THE REASONS WHY A FURTHER FUNDING REQUEST IS BEING SUBMITTED AND WHY THE EXIT STRATEGY IN THE ORIGINAL BUSINESS CASE HAS NOT BEEN IMPLEMENTED.

This service has historically been accepted for funding through the Charitable Funds.

SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

The Chaplaincy/spiritual care/pastoral care service at VCC continues to be provided through the SLA with Cardiff and Vale UHB Chaplaincy department who deliver

- 15 hours per week of dedicated Chaplaincy cover at VCC.
- A 24/7 emergency call out service to VCC with access to multi-faith services and including humanist service.
- A multi-faith prayer room is open with 24-hour access for patient, families, and staff



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- Since 2012 the chaplaincy service has been integrated into the VCC supportive care team and MDT and leads the spiritual and pastoral care service at VCC

The chaplain who is to fulfil the sessional hours in VCC will:

- Provide or facilitate the opportunity for worship and religious/spiritual expression for all patients, their families and all staff members according to appropriate faith needs and patient's individual sacramental requirements.
- Provide pastoral support and where appropriate either formal or informal counselling to patients and their families and to provide such support to all members of VCC staff.
- Provide trained and professional support in end-of-life care for patients, their families and for VCC staff involved in this care.
- Provide an informed resource on ethical, theological, religious, and spiritual issues to VCC.
- Provide education input by invitation to groups within VCC.
- Ensure regular weekly communication is undertaken with the VCC lead nurse patient support services on the activities undertaken by the chaplain for VCC during the week.

The Supportive care lead nurse has been in contact with Velindre Planning and Performance team to ask for guidance on developing outcome measures and metrics for the service. In addition, a questionnaire was completed in September 2022 and a meeting held with Operasee, the company commissioned to look at quality metrics at VCC

15. LIST OF OPTIONS AND PREFERRED OPTION?

Include details of other funding options you have considered / engaged with and the outcome

This service has historically been accepted for funding through the Charitable Funds. No other funding sources engaged with.

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?

The proposal must align with the Charity Vision, Mission, Aims and Objectives and the Charity Strategy / Annual Delivery Plan which can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

This service aligns with:

- **The VCC specific aims in Velindre NHS Trust Charity Trustee Report 2016 – 2017 to:**
“Improve conditions and support for cancer patients and their families that are treated by Velindre Cancer Centre”
“Ensure the people affected by cancer will have their information, needs, and support addressed effectively



“Ensure that cancer patients treated by Velindre Cancer Centre have access to the best possible treatment, care and support by helping with the development of its facilities, services and training its staff”.

SECTION 3 – IMPACT ASSESSMENT

17. PROVIDE DETAILS OF THE PROJECT OBJECTIVES AND THE TOOL(S) YOU WILL BE USING TO MEASURE THE SUCCESS OF EACH BY COMPLETING THE TABLE BELOW

As part of the evaluation process you will be required to submit an annual progress report clearly stating if the project has delivered against these objectives and how this was achieved.

Business Case Objectives	Tools Used to Measure Success *
<p>1. There is clear evidence to support the need to continue to commit to the ongoing funding invaluable service to patients, families/carers to ensure that VCC continues to meet the requirements of the “Standards for spiritual care services in the NHS in Wales”.</p> <p>This service aligns with:</p> <ul style="list-style-type: none"> The VCC specific aims in Charitable Funds (Trustee) annual Report 2017 – 2018 Improve outcomes for cancer patients. Specifically aims 2,3 and 5: <p><i>Improve conditions and support for cancer patients and their families that are treated by Velindre Cancer Centre.</i></p> <p><i>Ensure that cancer patients treated by Velindre Cancer Centre have access to the best possible treatment, care, and support by helping with the development of its facilities, services and training its staff.</i></p> <p><i>Ensure the people affected by cancer will have their spiritual, religious, and pastoral</i></p>	<ul style="list-style-type: none"> The supportive care team provide a report to the lead of Clinical psychology and supportive care services at VCC which includes qualitative and quantitative data, reflective case histories and patient/carer/staff feedback. The chaplaincy and pastoral care service provides a chapter for the report. The chaplain uses a Spiritual care assessment tool so that patients are assessed after admission and an individual plan of care devised to meet their identified needs Staff feedback - support has also continued with the Chaplain supporting a number of staff going through crisis in their lives, this can be in their work or personal life. During the Covid 19 pandemic the Chaplain has provided additional spiritual care and support to staff in the staff well-being hub which was at the Maggie’s centre and will be in the new staff well-being centre

<p><i>information, needs, and support addressed effectively.</i></p>	<ul style="list-style-type: none"> The prayer room has been updated with leaflets to support patients, carers and staff, and the addition of a “Prayer Box” for requests for prayer or support. <p>Tools to measure success will therefore include:</p> <ul style="list-style-type: none"> Spiritual care assessment tool Health and care standards audit Patient and carer experience feedback Datix Complaints/concerns Cards, letters, and verbal feedback
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18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE?

Consider impact/ benefit on all stakeholders including patients, staff, the service and the wider community.

For the patients, families:

The provision of this service further strengthens VCC UNHST’s commitment to person-centred and holistic care

It provides or facilitates the opportunity for worship and religious/spiritual expression for patients, their families, and staff members according to appropriate faith needs and patient’s individual sacramental requirements.

Provides pastoral support and where appropriate either formal or informal counselling to patients and their families and to provide such support to all members of VCC staff. The chaplain supported staff by facilitating two memorial services for VCC staff who had sadly died in the last two years

The Welsh Government Spiritual Care Standards state that it is a provision that should be available. (Note: the standards are currently being reviewed with an aim to strengthen the need by Welsh Government working in conjunction with the Chaplaincy managers across NHS Wales)

<http://www.wales.nhs.uk/sitesplus/documents/1064/Standards%20for%20Spiritual%20Care%20in%20NHS%20Wales%202010%5B1%5D.pdf>

For the VCC there is the assurance that under the service level agreement we can have the services of a fully trained healthcare chaplain with the backup of a large chaplaincy service and a full 24hr emergency on call service. This will ensure that we meet all the requirements placed



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upon them by the NICE document – “Improving supportive and palliative care for adults with cancer”. And the Welsh government document – “Standards for spiritual care services in the NHS in Wales 2010”.

Provide trained and professional support in end-of-life care for patients, their families and for VCC staff involved in this care.

Provide education input by invitation to groups within VCC.

For our colleagues in Cardiff and Vale UHB as part of our collaborative partnership:

There is the benefit of having a member of the chaplaincy team specialising in the care of cancer patients and being able to share this expertise with other members of the team to enhance the team’s corporate skills. There is also the opportunity for all team members to rotate their services in order to develop their individual skills by working in VCC with cancer patients.

19. IN NO MORE THAN 100 WORDS EXPLAIN TO STAKEHOLDERS AND DONORS HOW YOU WILL USE THEIR MONEY TO MAKE A DIFFERENCE

Consider as if you were undertaking a...

- stakeholder briefing
- Press release
- Social Media Post

VUNHST is committed to providing services with the patient and family at the heart of what we do. The support of our fundraising donors enables the pastoral and spiritual care service to provide support for patients, carers and staff, this support if needed, is available 24 hours a day 7 days a week. Dignified, equitable and compassionate care is central to the services provided.

20. ARE THERE ANY LEGAL AND / OR ETHICAL IMPLICATIONS THAT NEED TO BE CONSIDERED? IF YES HOW WILL THEY BE MANAGED

e.g. Intellectual Property Rights, Confidentiality Agreements, Contractual Arrangements

None

21. RISK ASSESSMENT

Please Indicate how the project will manage both strategic and operational risks identified as part of the risk assessment. In particular, you should make reference to risks which initiate the need for change, those which need to be managed in implementing the project and the risks identified with not proceeding with the project.

The main risk will be for patients spiritual/pastoral care needs will not be met at VCC to the standard required and needed to provide individualized holistic care, in addition VCC will not meet the requirements of strategies, objectives and standards outlined in section

22. LEGISLATIVE / REGULATORY COMPLIANCE

Provide evidence that the proposed project meets the relevant requirements/standards including Health and Safety, GDPR, Equality & Diversity, Data Protection Legislation etc. Also consider the



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Clinical Governance requirements, National Service Frameworks, NICE Regulations, Healthcare Standards, Commission for health improvement requirements and the Strategic and Financial Framework.

Under the SLA agreement with Cardiff and Vale UHB the chaplain designated to VCC will have to comply with all the mandatory and statutory requirements of Velindre University NHS Trust

The service with work to the standards and frameworks outlined in section 21

SECTION 4 – RESEARCH, DEVELOPMENT AND INNOVATION (RD&I) SUB-COMMITTEE

23. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?

No

24. IF YES, PLEASE PROVIDE EVIDENCE THAT THIS PROJECT HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE. INCLUDE THE DATE OF THE SUB-COMMITTEE WHERE IT WAS CONSIDERED.

N/A

25. IF THIS PROPOSAL HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE SUBJECT TO CERTAIN PROVISIONS, PROVIDE DETAILS ON HOW THIS HAS BEEN ADDRESSED

N/A

SECTION 5 – FUNDING REQUIREMENTS

26. FUNDING REQUIREMENTS

Provide here an indication of the anticipated costs for the whole project. This should include a breakdown of Capital and / or Revenue costs. Within the revenue cost you should indicate Staff costs, Non-staff cost and Equipment.



Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
Spiritual and Pastoral Services	98,325			98,325
	98,325	0	0	98,325

27. PROPOSED FUNDING CASHFLOW

Indicate here the length of the project and the expenditure expected during the financial period.
Example - Year 1 Expenditure Total 2021/22 (April 2021-March 2022). Please note that funding cannot be requested for more than a 3 year period.

The Total Funding Cash Flow should match the Total Funding Requirements indicated on the table above

Description	Expenditure year 1 2023/24	Expenditure year 2 2024/25	Expenditure year 3 2025/26	Total Expenditure
Spiritual and Pastoral Services	32,128	32,771	33,426	98,325
	32,128	32,771	33,426	98,325

- An 2% pay award uplift is currently assumed for each year.

SECTION 6 – EXIT STRATEGY

28. TIMESCALE / PROJECT MILESTONES

Indicate here the length of this project – **This must include a start date and end date.** (Please indicate if there is likely to be any lead time which may delay the start date).



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If a project has not commenced within six months you will be requested to provide a progress update to the Charitable Funds Committee who will consider whether funding will continue depending on the explanation provided.

This is ongoing funding of an already established service. The request is for a further 3 years funding to continue this important service.

April 2023-March 2026

29. ACTION PLAN / EXIT STRATEGY

Include the plans and actions required to mitigate any risks once the term of the Charitable funding ends. Please indicate the anticipated funding routes i.e. will funding cease, will the proposal self-fund if successful, will the financial impact revert to Trust revenue accounts or will other funding sources be secured / considered?

IT IS ESSENTIAL THAT YOU CONSIDER THE POTENTIAL LONG TERM COST IMPLICATIONS, FUNDING BEYOND THIS REQUEST IS NOT GUARANTEED FROM THE CHARITY.
For Example - Will there be any staff cost implication relating from redundancy.

This service has historically been funded through CFC. VCC will need to seek alternative sustainable funding streams if charitable funding ends to continue this service

30. HOW WILL YOU DEMONSTRATE TO STAKEHOLDERS AND DONORS THE IMPACT THAT THIS PROPOSAL WILL HAVE ON PATIENTS / STAFF/ SERVICE OR WIDER COMMUNITY?

VCC should continue to commit to the ongoing funding of this invaluable service to patients, families/carers and staff so that we can demonstrate to stakeholders and donors both in the current VCC and the new VCC that we are meeting the requirements of key standards and align with:

- **The Welsh Governments Standards for spiritual care services in Wales (2010)**
apply to spiritual standards in Wales and state:

"Everyone whether religious or not needs support and when confronting serious or life-threatening illness or injury may have spiritual needs and welcome spiritual care as they seek to cope with suffering, loss, fear, loneliness, anxiety, uncertainty, impairment, despair, anger, or guilt. Those associated with a faith community may derive help and comfort from their beliefs, from the rituals and ceremonies of their faith, and the ministry of its leaders. The NHS must offer both spiritual and religious care with equal skill and enthusiasm"

- **Improving supportive and palliative care for adults with cancer (NICE)**
- **Health and care standard 4.1 Dignified Care and 6.2 Individual care**



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“People’s experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognizes and addresses individual physical, psychological, social, cultural, language and spiritual needs”

This can be demonstrated in a variety of ways including:

- The supportive care team provide a report to the Head of nursing at VCC which includes qualitative and quantitative data, reflective case histories and patient/carer/staff feedback. The pastoral and spiritual care service provides a chapter for the report.
- Through patient stories and patient experience feedback (CIVICA)
- This service provides evidence for Health and care standards audit
- Datix monitoring
- Patient dignity group monitoring
- Letters, cards, verbal feedback (patient, families, and staff)

31. FOLLOWING APPROVAL BY SMT AND OMG THE BUSINESS CASE WILL NEED TO BE PRESENTED TO THE CHARITABLE FUNDS COMMITTEE. PLEASE STATE BELOW WHO WILL PRESENT THIS BUSINESS CASE

Michele Pengelly Supportive care lead nurse **or** Dr Caroline Coffey Lead clinical psychologist

PLEASE NOTE:

As part of the evaluation process you will be required to submit an annual progress report clearly stating how the project is performing against key targets such as delivery of results and actual spend against plan. A copy of the Annual Evaluation template can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

Accurate completion of these annual evaluations is key in ensuring that the project will continue to be supported by the charity.



CHARITABLE FUNDS COMMITTEE

BUSINESS CASE: Proposal for Continuation of Staff Funded by Charitable funds:
Patient Information and support services Manager

DATE OF MEETING

19/01/2023

PUBLIC OR PRIVATE REPORT

Public

**IF PRIVATE PLEASE INDICATE
REASON**

Not Applicable - Public Report

PREPARED BY

Michele Pengelly Supportive care lead nurse

PRESENTED BY

Michele Pengelly Supportive care lead nurse

EXECUTIVE SPONSOR APPROVED

Paul Wilkins, Director of Cancer Services

REPORT PURPOSE

FOR APPROVAL

**COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO
THIS MEETING**

COMMITTEE OR GROUP

DATE

OUTCOME

VCC SMT
Charitable Funds Senior Leadership
Group

19/10/2022
02/12/2022

ENDORSED FOR APPROVAL

ACRONYMS

VCC

Velindre Cancer Centre

CFC

Charitable Funds Committee



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NHS Trust

SMT	senior management team
SACT	systemic anticancer therapies
SST's	Site Specialist Teams
C&VUHB	Cardiff and Vale University Health Board
WITS	Wales Interpretation and translation Service
MDT	Multi-Disciplinary Team

1. SITUATION/BACKGROUND

1.1 Please see Business Case at Appendix 1.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Please see Business Case at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Please see Business Case at Appendix 1.
RELATED HEALTHCARE STANDARD	Dignified Care
	If more than one Healthcare Standard applies please list below: Effective care Individual care
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)



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	Please see Business Case at Appendix 1.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.

4. RECOMMENDATION

- 4.1 The Charitable Funds Committee are asked to **APPROVE** funding for the patient information manager for the period of 3 years.



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APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

THIS BUSINESS CASE HAS TO BE COMPLETED FOR PROJECTS / GRANTS / BIDS WITH
EXPENDITURE OVER £5,000

(For Support please contact Steve Coliandris on x6619, or contact your local finance team).

Or access the Trust intranet page for an example of best practice

[Velindre NHS Trust | Charitable Funds Policies](#)

SECTION 1

1. BUSINESS CASE TITLE
Proposal for Continuation of Staff Funded by Charitable funds: Patient information and support services manager
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Patient / Donor Support
3. BUSINESS CASE PREPARED BY
Michele Pengelly
4. BUSINESS CASE SPONSORED BY
Paul Wilkins, Director of Cancer Services
5. SMT SPONSOR (RESPONSIBLE OFFICER) Ensure SMT approval is sought before submitting to the Charitable Funds Committee
Viv Cooper
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-10
7. BUSINESS CASE TOTAL EXPENDITURE
£159,925
8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)
3 Years



9. FUND NAME & NUMBER

Access the Trust intranet page for details [Velindre NHS Trust | Charitable Funds Policies](#)

6000 – Hospital General Purpose Fund

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/10/2022 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6000 - General	2,733	2,603	4,399	-2,713	4,289

11. FUND HOLDER APPROVAL

Please confirm that the fund holder has supported this funding request prior to it being submitted to the CFC.

Access the Trust intranet page for fund holder details [Velindre NHS Trust | Charitable Funds Policies](#)

Yes

12. IS THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM OR IS THIS A NEW PROPOSAL

Continuation Request for Funding

13. IF THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM, PLEASE OUTLINE THE REASONS WHY A FURTHER FUNDING REQUEST IS BEING SUBMITTED AND WHY THE EXIT STRATEGY IN THE ORIGINAL BUSINESS CASE HAS NOT BEEN IMPLEMENTED.

This service has historically and continuously been funded through the CFC and therefore there was no stated exit strategy in previous applications to CFC

SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

This proposal is to support the funding of the patient information and supportive care services manager role. This is a long-established service at VCC coordinating information and support services which has a positive and significant impact on the production, updating and dissemination of high-quality patient and carer information. Important patient services including “Headstrong”, Wig services, dementia support, learning disabilities, translation services, sensory loss/impairment are coordinated and centralised through the information manager. Since 2012, the service is part of VCC’s Supportive care team and since 2021 sits in the Integrated Care Directorate, clinical psychology department.



The Role of the information and support services manager has developed significantly and was a key in the covid pandemic ensuring that patient information was adjusted and delivered in line with changing local and Government guidelines. There has been a significant increase in SACT treatments including immunotherapy, clinical trials, and combined use of immunotherapy and chemotherapy. This means that there has been an increase in the need to write and produce patient information leaflets, supporting clinicians to deliver this information in different formats. VCC now has around 180 different treatment regimens, not including radiotherapy.

Following a recommendation from the charitable funds committee in 2019, the title “patient information manager” changed to “patient information and supportive care services manager” to be more reflective of the scope of services provided by the manager.

We have also been in contact with Velindre Planning and Performance team to ask for guidance on developing outcome measures and metrics for the service. In addition a questionnaire was completed in September 2022 and a meeting held with Operasee, the company commissioned to look at quality metrics at VCC

15. LIST OF OPTIONS AND PREFERRED OPTION?

Include details of other funding options you have considered / engaged with and the outcome

1. To not to fund the role and the service ends disadvantaging patients, families, potentially impacting on essential safety information and increasing workload of clinical staff
2. The preferred option is to continue to fund the patient information and support services manager role so that VCC continues to deliver high quality patient information and support services

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?

The proposal must align with the Charity Vision, Mission, Aims and Objectives and the Charity Strategy / Annual Delivery Plan which can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

There is clear evidence to support the need to continue to commit to the ongoing funding of this core and invaluable service to patients, families/carers to ensure that VCC continues to meet the requirements of key standards.

The information and support services manager’s role aligns with:

- **The VCC specific aims in Velindre University NHS Trust Charity Trustee Report 2016 – 2017 to:**
“Ensure the people affected by cancer will have their information, needs, and support addressed effectively



Ensure that cancer patients treated by Velindre Cancer Centre have access to the best possible treatment, care and support by helping with the development of its facilities, services and training its staff".

- **Velindre Cancer Centre strategy 2016-2026 Strategic aim 3**
- **Health and Care Standard 3.1, 3.2 4.1, 4.2**

The provision of funding for this role and service for VCC patients demonstrates how we continue to put patient-centred care at the heart of care by helping support patients with information needs and dignified care.

SECTION 3 – IMPACT ASSESSMENT

17. PROVIDE DETAILS OF THE PROJECT OBJECTIVES AND THE TOOL(S) YOU WILL BE USING TO MEASURE THE SUCCESS OF EACH BY COMPLETING THE TABLE BELOW

As part of the evaluation process you will be required to submit an annual progress report clearly stating if the project has delivered against these objectives and how this was achieved.

*Consider patient feedback and quantifiable information that can easily measure success e.g. improved patient outcome, increase in number of patients treated, reduction in waiting list, reduced waiting times

Business Case Objectives	Tools Used to Measure Success *
These objectives align with the strategies and standards outlined in section 16: <i>Objective 1.</i> <i>"Ensure the people affected by cancer will have their information, needs, and support addressed effectively</i> <i>Objective 2.</i> <i>Ensure that cancer patients treated by Velindre Cancer Centre have access to the best possible treatment, care and support by helping with the development of its facilities, services and training its staff".</i>	Health and care standards Patient experience feedback (CIVICA) Internet and intranet access to information Datix monitoring Patient dignity group monitoring Letters, cards, verbal feedback (patient, families, and staff)

<p>Objective 3.</p> <p>Ensure that VCC information of a high standard and quality aiming to be delivered in a format that meets the specific needs of the individual patient and carer before, during and after treatment</p>	<p>The patient information and supportive care services manager has been a key member of the development group of an exciting new way of delivering patient information through “RiTTA”</p> <p>Through a person centred, design thinking process, VUNHST in conjunction with Pfizer Oncology and IBM Watson have developed the world’s first AI enabled virtual assistant trained in oncology to proof of concept. This dialogue agent currently is trained to answer a small number of ‘intents’ to demonstrate capability (RiTTA Phase I). RiTTA will be developed for pilot in breast, lung and palliative care based on around 100 – 150 ‘intents’. These intents will cover a number of the FAQs patients, carers and families ask about living with their cancer which will include general administration (e.g., where is the cancer centre, is there a restaurant, where do I park), social (e.g., I am worried about my money situation, how do I tell my employer) simple clinical (can I drink if I’m on chemo, can I dye my hair) complex clinical (I’m feeling unwell).</p>
<p>Objective 4</p> <p>Promote coproduction working closely with local communities and support groups inviting them into the outpatient department, the feedback from patients on these services has been very positive</p>	<p>The Information service links closely with user groups, other appropriate agencies (for example carers UK, Age UK), and support groups at both a local and national level to help identify informational needs/gaps and then develop innovative user approved materials and programmes. These collaborative partnerships have had a positive impact on VCC’s relationships with community groups and ensures the patient and carer remains central to information development. An excellent example of this is the work with the ray of Light carers group, the Matthew Walklin’s Make a Smile Foundation”</p>



Prior to the covid pandemic, Prostate Cancer UK/Cymru and Breast Cancer care attended outpatients once a month and The Brain Tumour charity was due to start offering support and information. There were also information stands for specific campaigns months, for example, Prostate awareness month, Breast cancer awareness month, Sepsis awareness. It has not been possible to have this information in a physical form at VCC since the pandemic, but the aim is to re-establish these important partnerships when guidelines change.

18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE?

Consider impact/ benefit on all stakeholders including patients, staff, the service and the wider community.

This invaluable role makes a positive and significant difference to patients, families, staff and the wider community as the information and supportive care services manager is:

- A key member of the MDT facilitating carer's assessments, befriending services, hospital discharge services, meals on wheels, emergency safe key, personal alarms, volunteer transport and much more essential services for patients. The Manager also refers to other services, throughout the organisation, for example, psychology, therapies team and Welfare Rights Team.
- The lead for translation of patient information at VCC. There has been a significant increase in the use of WITS translation service in the last year, including the use of translators accompanying patients to appointments and for patient information booklets to be translated.
- Responsibility for the development and management of the 24-hour patient information centre based at VCC. This includes coordinating the production of information for people with specific needs, including information in other languages appropriate to the local population and those with disabilities for examples visual/hearing problems.
- A key MDT member of many internal and external groups The Patient Dignity group and Memory Mates group
- Provides education and training for new staff and students

- The role has a positive impact on patient and carer experience at VCC including patient dignity, loneliness
- Produces a body of evidence for meeting health and care standards 4.2, 3.2
- Collaborated on an audit with the senior chemotherapy sister. The aim was to review and update the procedure for the production and update of patient information leaflets, following benchmarking with other cancer centres, a risk assessment and a review of patient and staff opinions of VCC and Macmillan patient information leaflets
- Part of a new service at Velindre Cancer Centre to improve the availability of interpreter services to improve accessibility and reduce delays in accessing the physical services of an interpreter. The Interpreter on Wheels service provides audio interpretation and British sign language 24 hours a day, seven days a week. It includes an iPad on a stand which can be wheeled anywhere in the building. Using the Cloud WIFI, it accesses audio and video relay interpretation. A simple touch screen means that patients can get support in up to 240 languages. The new Interpreter on Wheels service aims to minimise delays and provide additional services, especially for inpatient care where an interpreter is unable to provide 24/7 communication support. The service aims to meet the gaps in provision and is cost effective saving money on missed appointments and extended interpreter costs
- The onsite presence of the manager rather than a virtual service means that there is a reactive, personal support and information service as well as a proactive service. The manager's skills are integrated and utilised by many departments at VCC and an example of this is the way the service responded positively and timely to changes during the Covid-19 pandemic, adapting information to include covid guidance for cancer patients and their families including bereavement.
- Provides education on the supportive care team at the SACT patient education sessions held at VCC, which leads to more timely referrals to support services for patients and families.
- Project lead for a project developing a formal process for the procurement of the Wig providers in collaboration with C&VUHB
- The patient information and support services manager Leigh-Anne Porter won a national UK NHS Unsung hero award 2020. The annual "Unsung Hero Awards" shine a light onto the hard work that non-medical / non-clinical staff and volunteers of the NHS strive towards providing on a daily basis. The nomination was for the care and support given to a patient and her husband with dementia who needed support through 6 weeks of radiotherapy

19. IN NO MORE THAN 100 WORDS EXPLAIN TO STAKEHOLDERS AND DONORS HOW YOU WILL USE THEIR MONEY TO MAKE A DIFFERENCE

Consider as if you were undertaking a...

- stakeholder briefing
- Press release
- Social Media Post

VUNHST is committed to providing services with the patient and family at the heart of what we do. The support of our fundraising donors enables the patient information and support services manager to develop, update and lead support cancer services including high quality patient information, support for carers and people with sensory loss, memory concerns and learning disabilities. Dignified, equitable and compassionate care is central to the services provided.

20. ARE THERE ANY LEGAL AND / OR ETHICAL IMPLICATIONS THAT NEED TO BE CONSIDERED? IF YES HOW WILL THEY BE MANAGED

e.g. Intellectual Property Rights, Confidentiality Agreements, Contractual Arrangements

The patient information manager will have to comply with all the mandatory and statutory requirements of Velindre University NHS Trust

The service with work to the standards and frameworks outlined in section 16

21. RISK ASSESSMENT

Please Indicate how the project will manage both strategic and operational risks identified as part of the risk assessment. In particular, you should make reference to risks which initiate the need for change, those which need to be managed in implementing the project and the risks identified with not proceeding with the project.

The risk of not supporting the funding for the Patient information and support services manager role is that VCC will not meet the requirements of strategies, objectives and standards outlined in section 16.

Information needs will not be met at VCC to the standard required and needed to provide person-centred holistic care

22. LEGISLATIVE / REGULATORY COMPLIANCE

Provide evidence that the proposed project meets the relevant requirements/standards including Health and Safety, GDPR, Equality & Diversity, Data Protection Legislation etc. Also consider the Clinical Governance requirements, National Service Frameworks, NICE Regulations, Healthcare Standards, Commission for health improvement requirements and the Strategic and Financial Framework.

The patient information manager will have to comply with all the mandatory and statutory requirements of Velindre University NHS Trust

The service with work to the standards and frameworks outlined in 14

SECTION 4 – RESEARCH, DEVELOPMENT AND INNOVATION (RD&I) SUB-COMMITTEE

23. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?

No

24. IF YES, PLEASE PROVIDE EVIDENCE THAT THIS PROJECT HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE. INCLUDE THE DATE OF THE SUB-COMMITTEE WHERE IT WAS CONSIDERED.



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N/A

**25. IF THIS PROPOSAL HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE
SUBJECT TO CERTAIN PROVISIONS, PROVIDE DETAILS ON HOW THIS HAS BEEN
ADDRESSED**

N/A

SECTION 5 – FUNDING REQUIREMENTS

26. FUNDING REQUIREMENTS

Provide here an indication of the anticipated costs for the whole project. This should include a breakdown of Capital and / or Revenue costs. Within the revenue cost you should indicate Staff costs, Non-staff cost and Equipment.

Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
1.0 wte Band 6	159,925	0	0	159,925
	159,925	0	0	159,925

27. PROPOSED FUNDING CASHFLOW

Indicate here the length of the project and the expenditure expected during the financial period.
Example - Year 1 Expenditure Total 2021/22 (April 2021-March 2022). Please note that funding cannot
be requested for more than a 3 year period.

The Total Funding Cash Flow should match the Total Funding Requirements indicated on the table
above



Description	Expenditure year 1 2023/24	Expenditure year 2 2024/25	Expenditure year 3 2025/26	Total Expenditure
1.0 wte Band 6	52,052	53,658	54,215	159,925
	52,052	53,658	54,215	159,925

- A 2% pay ward uplift is assumed for each period.
- Any support costs such as Travel and subsistence, IT and Office equipment will be supported by the core Trust – Costs would not expect to exceed £1,500 over a period of three years.

SECTION 6 – EXIT STRATEGY

28. TIMESCALE / PROJECT MILESTONES

Indicate here the length of this project – **This must include a start date and end date.** (Please indicate if there is likely to be any lead time which may delay the start date).

If a project has not commenced within six months you will be requested to provide a progress update to the Charitable Funds Committee who will consider whether funding will continue depending on the explanation provided.

This is ongoing funding of an already established service. The request is for a further 3 years funding to continue this important service.

April 2023 – March 2026

29. ACTION PLAN / EXIT STRATEGY

Include the plans and actions required to mitigate any risks once the term of the Charitable funding ends. Please indicate the anticipated funding routes i.e. will funding cease, will the proposal self-fund if successful, will the financial impact revert to Trust revenue accounts or will other funding sources be secured / considered?

IT IS ESSENTIAL THAT YOU CONSIDER THE POTENTIAL LONG TERM COST IMPLICATIONS, FUNDING BEYOND THIS REQUEST IS NOT GUARANTEED FROM THE CHARITY.
For Example - Will there be any staff cost implication relating from redundancy.



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This service has historically been funded through CFC. Velindre cancer strategy. VCC would need to seek alternative funding streams if charitable funding ends

30. HOW WILL YOU DEMONSTRATE TO STAKEHOLDERS AND DONORS THE IMPACT THAT THIS PROPOSAL WILL HAVE ON PATIENTS / STAFF/ SERVICE OR WIDER COMMUNITY?

See section 18 for examples that demonstrate the impact that this role and service.

The impact can be demonstrated further in a variety of ways including:

- The supportive care team provide a report to consultant clinical psychologist at VCC which includes qualitative and quantitative data, reflective case histories and patient/carer/staff feedback. The information and supportive care service Manager provides a chapter for the report.
- Through patient stories and patient experience feedback (CIVICA)
- This service provides evidence for Health and care standards
- Datix monitoring
- Patient dignity group monitoring
- Letters, cards, verbal feedback (patient, families and staff)

31. FOLLOWING APPROVAL BY SMT AND OMG THE BUSINESS CASE WILL NEED TO BE PRESENTED TO THE CHARITABLE FUNDS COMMITTEE. PLEASE STATE BELOW WHO WILL PRESENT THIS BUSINESS CASE

Michele Pengelly Supportive care lead nurse or Dr Caroline Coffey Consultant Clinical Psychologist

PLEASE NOTE:

As part of the evaluation process you will be required to submit an annual progress report clearly stating how the project is performing against key targets such as delivery of results and actual spend against plan. A copy of the Annual Evaluation template can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

Accurate completion of these annual evaluations is key in ensuring that the project will continue to be supported by the charity.



CHARITABLE FUNDS COMMITTEE

BUSINESS CASE: Proposal for Continuation of Staff Funded by Charitable funds:
Welfare benefits advice service (lead welfare rights advisor and assistant)

DATE OF MEETING

(19/01/2023)

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable - Public Report

PREPARED BY

Michele Pengelly Supportive care lead nurse

PRESENTED BY

Michele Pengelly Supportive Care lead Nurse

EXECUTIVE SPONSOR APPROVED

Paul Wilkins, Director of Cancer Services

REPORT PURPOSE

FOR APPROVAL

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP

DATE

OUTCOME

VCC SMT
Charitable Funds Senior Leadership
Group

19/10/2022
02/12/2022

ENDORSED FOR APPROVAL

ACRONYMS

VCC

Velindre Cancer Centre

AQS

Advice Quality Standard



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NHS
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Prifysgol Felindre
Velindre University
NHS Trust

CFC	Charitable Funds Committee
SMT	Senior Management Team
TCS	Transforming Cancer Services
NICE	National Institute for Health and Care Excellence
SST's	Site Specialist Teams
UHB	University Health Board
KPI	KPI- key performance indicator
MDT	Multi-disciplinary Team
WBA	welfare benefits advisor

1. SITUATION/BACKGROUND

1.1 Please see Business Case at Appendix 1.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Please see Business Case at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Please see Business Case at Appendix 1.
RELATED HEALTHCARE STANDARD	Dignified Care
	If more than one Healthcare Standard applies please list below: Effective care Individual care



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EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.

4. RECOMMENDATION

- 4.1 The Charitable Funds Committee are asked to **APPROVE** funding for Lead Welfare Rights Advisor for the period of 3 years.



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APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

THIS BUSINESS CASE HAS TO BE COMPLETED FOR PROJECTS / GRANTS / BIDS WITH
EXPENDITURE OVER £5,000

(For Support please contact Steve Coliandris on x6619, or contact your local finance team).

Or access the Trust intranet page for an example of best practice

[Velindre NHS Trust | Charitable Funds Policies](#)

SECTION 1

1. BUSINESS CASE TITLE
Proposal for Continuation of Staff Funded by Charitable funds: Welfare benefits advice service (lead welfare rights advisor and welfare rights assistant)
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Patient / Donor Support
3. BUSINESS CASE PREPARED BY
Michele Pengelly
4. BUSINESS CASE SPONSORED BY
Paul Wilkins, Director of Cancer Services
5. SMT SPONSOR (RESPONSIBLE OFFICER) Ensure SMT approval is sought before submitting to the Charitable Funds Committee
Viv Cooper
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-11
7. BUSINESS CASE TOTAL EXPENDITURE
£92,841
8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)



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3 years

9. FUND NAME & NUMBER

Access the Trust intranet page for details [Velindre NHS Trust | Charitable Funds Policies](#)

6000 – Hospital General Purpose Fund

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/10/2022 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6000 - General	2,733	2,603	4,399	-2,713	4,289

11. FUND HOLDER APPROVAL

Please confirm that the fund holder has supported this funding request prior to it being submitted to the CFC.

Access the Trust intranet page for fund holder details [Velindre NHS Trust | Charitable Funds Policies](#)

yes

12. IS THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM OR IS THIS A NEW PROPOSAL

Continuation Request for Funding

13. IF THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM, PLEASE OUTLINE THE REASONS WHY A FURTHER FUNDING REQUEST IS BEING SUBMITTED AND WHY THE EXIT STRATEGY IN THE ORIGINAL BUSINESS CASE HAS NOT BEEN IMPLEMENTED.

No exit strategy in previous business case. Further funding is requested as this post continues to provide a significant and positive impact on patient care at VCC. Evidence will be presented in this business case

SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

The patient-centred pathways and service developed by one of the first NHS contracted welfare benefits advisors team provides a unique, compassionate, sustainable service that is fully integrated into healthcare. Patients and carers have access to the high-quality welfare rights service provided at VCC. It is a timely, trustworthy and efficient service and the only welfare rights advice service that currently utilizes Canisc and a case-management system to ensure accurate documentation of information and therefore more timely access to essential benefits. In 2020/21 during the height of the covid pandemic the team the figure of financial



gains for patients from 1st Jan 2020 - 31st Dec 2021 was £6,917,195.65 (source: Macmillan quarterly KPI reports)

In 2019, the supportive care lead nurse reviewed the structure of the welfare benefits team. In partnership with the VCC Director of Operations a successful bid was put to VUNHST scrutiny panel for a new collaborative role to lead, develop and manage both the highly specialist VCC welfare benefits rights service and the All-Wales Infected Blood Support Scheme (WIBSS) at Velindre University NHS Trust. Funding is from 2 days of agreed Welsh Government funding and one day of Velindre charitable funds from the existing VCC welfare benefits advisor team service. In addition, in 2019 the Macmillan welfare rights assistant role increased from 0.6WTE (funding from Macmillan) to 0.8WTE (with additional VCC Charitable funds of 0.2WTE) and the role complements the service aiming to optimize the efficient administration of the service and minimize any potential development of waiting times for VCC patients. There was also a cost saving with this new model of £4,918 to Charitable Funds

These roles are part of the Clinical psychology service and the supportive care team in Integrated Care directorate.

The request in this business case is to continue to fund the band 6 (0.2 WTE) and band 3 (0.2 WTE) role in the current format and maintain the cost saving outlined above

15. LIST OF OPTIONS AND PREFERRED OPTION?

Include details of other funding options you have considered / engaged with and the outcome

1. To not fund the role and the service would disadvantage VCC patients, families, potentially impacting on their ability to continue with treatment due to financial burden
2. The preferred option is to continue to fund the roles so that VCC continues to deliver high quality holistic service

SECTION 3 – IMPACT ASSESSMENT

16. PROVIDE DETAILS OF THE PROJECT OBJECTIVES AND THE TOOL(S) YOU WILL BE USING TO MEASURE THE SUCCESS OF EACH BY COMPLETING THE TABLE BELOW

As part of the evaluation process you will be required to submit an annual progress report clearly stating if the project has delivered against these objectives and how this was achieved.

Business Case Objectives	Tools Used to Measure Success *
1. The original and overarching objective, in collaboration with Macmillan Cancer Care, is to deliver patient-centred pathways and a welfare rights advice service at VCC providing a	Health and care standards Patient experience feedback (CIVICA) Internet and intranet access to information Datix monitoring

<p>unique, compassionate, sustainable service that is fully integrated into healthcare.</p> <p>2. Patients and carers have access to the high-quality welfare rights service provided at VCC. It is a timely, trustworthy and efficient service and the only welfare rights advice service that currently utilizes Canisc and a case-management system to ensure accurate documentation of information and therefore more timely access to essential benefits.</p> <p>3. To achieve The Advice Quality Standard (AQS) and continue to offer a service working to these standards. The AQS recognizes organisations that hold the standard, demonstrate that they are easily accessible, effectively managed, and employ staff with the skills and knowledge to meet the needs of their clients. The AQS mandates that file reviews are completed. The Lead adviser role is required to complete file reviews and to oversee quality whilst the assistant role supports the service.</p>	<p>Patient dignity group monitoring Letters, cards, verbal feedback (patient, families, and staff)</p> <p>KPI reporting on a quarterly basis. The new key performance data, gives greater consideration into the levels of complexity of advice provided to individuals This a comprehensive quarterly performance overview covers the number of new enquiries, level of reach and amount achieved in financial gains. Enquiry data includes the total number of new enquiries by referral source. Reach data includes the total number of service users by cancer type, ethnicity, gender and age. Outcome data includes the total financial gains by benefit type.</p> <p>AQS external assessment to achieve accreditation standard, file reviews, peer review</p>
<p>*Consider patient feedback and quantifiable information that can easily measure success e.g. improved patient outcome, increase in number of patients treated, reduction in waiting list, reduced waiting times</p>	
<p>17. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE? Consider impact/ benefit on all stakeholders including patients, staff, the service and the wider community.</p>	
<p>Through education and a reputation for excellence, the WBA has achieved a cultural change of colleagues' behaviours and practice, so the service is truly embedded into the patient pathway at VCC. There is now an impressive body of evidence of the impact and economic</p>	



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benefit and the systems and processes in addition to very positive patient experience feedback that supports the need for the continuation of funding for this post. This is needed more than ever in light of the UK energy and financial crisis where our patients and families are facing more financial burden than ever before

All patients are encouraged to send any feedback to Velindre PALS

To: Velindre PALS <Velindre.PALS@wales.nhs.uk>

Subject: Feedback Your ref: CL-RÝCQJP

Dear Pals team I am writing on behalf of my husband, in response to a letter from Helen Mills, which summarised her actions and asked for any feedback.

I initially spoke to Helen when we were referred to her by the Nurse Specialist. Helen advised us of the financial entitlements available to my husband and with his permission subsequently applied for Attendance Allowance on his behalf. The application was accepted, and the higher rate payment is now in place. We agreed that at this time we did not want or need any further support.

We are very grateful for the service provided by Helen and as we were totally unaware that there was financial support available to us. Even if we had known we were still reeling from the shock of his diagnosis and would not have been up to completing the necessary paperwork.

In summary, Helen was kind and unobtrusive in offering her support, she acted in a timely manner, keeping us informed of her actions. She has left the door open and if we do need her help I will defiantly be in touch.

Just want to say thank you for
all the hard work you do. Especially
for once again taking on my
claim for PIP. I honestly don't
think I could have successfully
achieved it myself.
Your team is invaluable to people
suffering with cancer. Your help
& guidance is truly appreciated.
Thank you

- The service was awarded the prestigious AQS for the third time in 2021. This includes an external audit and file reviews, team interviews and compliance with policies and procedures. The lead adviser role is required for file reviews and to oversee quality to ensure the office Manual is being followed.
- The systems and pathways developed by the WBA ensure a service that is not only sustainable but fully integrated into healthcare. The overwhelming impact of the work is that health and social care professionals working in VCC and beyond routinely refer to the WBA service as part of their assessment and care of patients
- Improved information on VCC website on accessing the VCC Welfare Rights service
- The contact number for the welfare rights team is now on every new patient and existing patient appointment card to encourage self-referral.
- The DWP were invited by the team to attend the clinical nurse specialist nurses meeting at VCC. The aim was to build good working relationships and help allay nurses concerns about completing special rules forms
- Continue to collaborate in partnership an excellent working relationship with DWP with the special rules processing team for Personal Independence Payment
- In light of Welfare Reform and the roll out of Universal Credit the lead adviser has created pathways with the DWP locally to ease our patients' journeys
- In partnership with Bridgend Council the team are able to recommend that a Blue Badge is awarded rather than patients having to go to the city centre.
- The team are liaising with local food banks to establish services and pathways and are able to now distribute food vouchers for some areas
- External services benchmark the VCC model for service delivery including our data collection and recording systems and systems of work
- The lead welfare rights advisor, supportive care lead nurse and Tenovus provided free training to DWP work coaches who work under the universal credit umbrella. The



DWP were given information on the impact of cancer, treatments and fatigue on patients and how this could affect their ability to attend the job centre for assessments

- In January 2020, newly developed KPI reporting was introduced into the service. The service will continue to report on a quarterly basis. The new key performance data, gives greater consideration into the levels of complexity of advice provided to individuals. The first report highlighted that of all casework provided to patients and their families was at the more complex level of advice. This demonstrates the need for advisers with specialist knowledge.

18. IN NO MORE THAN 100 WORDS EXPLAIN TO STAKEHOLDERS AND DONORS HOW YOU WILL USE THEIR MONEY TO MAKE A DIFFERENCE

Consider as if you were undertaking a...

- stakeholder briefing
- Press release
- Social Media Post

VUNHST is committed to providing services with the patient and family at the heart of what we do. The support of our fundraising donors enables us to provide a manager and assistant for the Macmillan welfare rights team who will guide and lead the service to provide highly specialised benefits advice and financial support to patients in a way that respects their individual needs. Our team strive to make a real and significant difference to the financial impact and burden of a cancer diagnosis on people's lives.

19. ARE THERE ANY LEGAL AND / OR ETHICAL IMPLICATIONS THAT NEED TO BE CONSIDERED? IF YES HOW WILL THEY BE MANAGED

e.g. Intellectual Property Rights, Confidentiality Agreements, Contractual Arrangements

None

20. RISK ASSESSMENT

Please Indicate how the project will manage both strategic and operational risks identified as part of the risk assessment. In particular, you should make reference to risks which initiate the need for change, those which need to be managed in implementing the project and the risks identified with not proceeding with the project.

The risk of not supporting the funding for the lead welfare rights is that VCC will not meet the requirements of strategies, objectives and standards outlined in section 14 and will not be able to support patients concerned about finances

21. LEGISLATIVE / REGULATORY COMPLIANCE

Provide evidence that the proposed project meets the relevant requirements/standards including Health and Safety, GDPR, Equality & Diversity, Data Protection Legislation etc. Also consider the Clinical Governance requirements, National Service Frameworks, NICE Regulations, Healthcare Standards, Commission for health improvement requirements and the Strategic and Financial Framework.



Staff will have to comply with all the mandatory and statutory requirements of Velindre University NHS Trust. The service has to work to the requirements of the Advice quality standard and will be externally audited against this.

SECTION 4 – RESEARCH, DEVELOPMENT AND INNOVATION (RD&I) SUB-COMMITTEE

22. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?

No

23. IF YES, PLEASE PROVIDE EVIDENCE THAT THIS PROJECT HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE. INCLUDE THE DATE OF THE SUB-COMMITTEE WHERE IT WAS CONSIDERED.

N/A

24. IF THIS PROPOSAL HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE SUBJECT TO CERTAIN PROVISIONS, PROVIDE DETAILS ON HOW THIS HAS BEEN ADDRESSED

N/A

SECTION 5 – FUNDING REQUIREMENTS

25. FUNDING REQUIREMENTS

Provide here an indication of the anticipated costs for the whole project. This should include a breakdown of Capital and / or Revenue costs. Within the revenue cost you should indicate Staff costs, Non-staff cost and Equipment.

Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
0.2 wte Band 7	34,552			34,552
0.3 wte Band 6	41,750			41,750
0.2 wte Band 3	16,539			16,539
	92,841	0	0	92,841

- A 2% pay award uplift is assume for each period.



- Any support costs such as Travel and subsistence, IT and Office equipment will be supported by the core Trust – Costs would not expect to exceed £1,500 over a period of three years.

26. PROPOSED FUNDING CASHFLOW

Indicate here the length of the project and the expenditure expected during the financial period.
Example - Year 1 Expenditure Total 2021/22 (April 2021-March 2022). Please note that funding cannot be requested for more than a 3 year period.

The Total Funding Cash Flow should match the Total Funding Requirements indicated on the table above

Description	Expenditure year 1 2023/24	Expenditure year 2 2024/25	Expenditure year 3 2025/26	Total Expenditure
0.2 wte Band 7	11,290	11,516	11,746	34,552
0.3 wte Band 6	13,642	13,915	14,193	41,750
0.2 wte Band 3	5,404	5,512	5,622	16,539
	30,336	30,943	31,562	92,841

SECTION 6 – EXIT STRATEGY

27. TIMESCALE / PROJECT MILESTONES

Indicate here the length of this project – **This must include a start date and end date.** (Please indicate if there is likely to be any lead time which may delay the start date).

If a project has not commenced within six months you will be requested to provide a progress update to the Charitable Funds Committee who will consider whether funding will continue depending on the explanation provided.

Timescales: the request is for 3-year funding of this role to continue to improve the quality of life for patients with a cancer diagnosis and their carers by providing a co-productive welfare benefits advice service. Project milestones will be in line with the activity targets and expected outcomes set out in the service operational policy



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April 2023 –March 2026.

28. ACTION PLAN / EXIT STRATEGY

Include the plans and actions required to mitigate any risks once the term of the Charitable funding ends. Please indicate the anticipated funding routes i.e. will funding cease, will the proposal self-fund if successful, will the financial impact revert to Trust revenue accounts or will other funding sources be secured / considered?

IT IS ESSENTIAL THAT YOU CONSIDER THE POTENTIAL LONG TERM COST IMPLICATIONS, FUNDING BEYOND THIS REQUEST IS NOT GUARANTEED FROM THE CHARITY.
For Example - Will there be any staff cost implication relating from redundancy.

This service has historically been funded through CFC and is a critical service in meeting the requirements of health and care standards, Velindre cancer strategy and Cancer delivery plan. VCC would need to seek alternative funding streams if charitable funding ends

29. HOW WILL YOU DEMONSTRATE TO STAKEHOLDERS AND DONORS THE IMPACT THAT THIS PROPOSAL WILL HAVE ON PATIENTS / STAFF/ SERVICE OR WIDER COMMUNITY?

Health and care standards
Patient experience feedback, CIVICA
Case notes reviews – external and internal audits
Peer review
Positive patient experience/Patient and carer satisfaction
PALS patient experience audit
KPI's
Peer review feedback
Patient experience
Datix monitoring
Patient dignity group monitoring
Letters, cards, verbal feedback (patient, families, and staff)
AQS external audit
There is a comprehensive quarterly performance overview covering the number of new enquiries, level of reach and amount achieved in financial gains. Enquiry data includes the total number of new enquiries by referral source. Reach data includes the total number of service users by cancer type, ethnicity, gender and age. Outcome data includes the total financial gains by benefit type.

30. FOLLOWING APPROVAL BY SMT AND OMG THE BUSINESS CASE WILL NEED TO BE PRESENTED TO THE CHARITABLE FUNDS COMMITTEE. PLEASE STATE BELOW WHO WILL PRESENT THIS BUSINESS CASE



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Michele Pengelly Supportive care lead nurse or Dr Caroline Coffey Consultant clinical psychologist

PLEASE NOTE:

As part of the evaluation process you will be required to submit an annual progress report clearly stating how the project is performing against key targets such as delivery of results and actual spend against plan. A copy of the Annual Evaluation template can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

Accurate completion of these annual evaluations is key in ensuring that the project will continue to be supported by the charity.

CHARITABLE FUNDS COMMITTEE

BUSINESS CASE: CLINICAL PSYCHOLOGY & COUNSELLING SERVICE AND THE COMPLEMENTARY THERAPIES TEAM

DATE OF MEETING	19.01.2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Dr. Caroline Coffey, Consultant Clinical Psychologist
PRESENTED BY	Dr. Caroline Coffey, Consultant Clinical Psychologist
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Clinical Scientists

REPORT PURPOSE	FOR APPROVAL
----------------	--------------

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
VCC SLT Charitable funds Senior Leadership Group	27/10/2022 02/12/2022	ENDORSED FOR APPROVAL

ACRONYMS

SMT	Senior Management Team
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OMG	Operational Management Group
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1. SITUATION/BACKGROUND

1.1 Please see Business Case at Appendix 1.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Please see Business Case at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Please see Business Case at Appendix 1.
RELATED HEALTHCARE STANDARD	Effective Care
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.

4. RECOMMENDATION

4.1 The Charitable Funds Committee are asked to **APPROVE** funding for the clinical psychology and counselling service and the complementary therapies team for a period of three years.

APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

THIS BUSINESS CASE HAS TO BE COMPLETED FOR PROJECTS / GRANTS / BIDS WITH EXPENDITURE OVER £5,000

(For Support please contact Chris McCarthy on x6589, or contact your local finance team).

Or access the Trust intranet page for an example of best practice

[Velindre NHS Trust | Charitable Funds Policies](#)

SECTION 1

1. BUSINESS CASE TITLE
CLINICAL PSYCHOLOGY AND COUNSELLING SERVICE AND THE COMPLEMENTARY THERAPIES TEAM
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Patient / Donor Support
3. BUSINESS CASE PREPARED BY
Dr. Caroline Coffey, Consultant Clinical Psychologist
4. BUSINESS CASE SPONSORED BY
Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Clinical Scientists
5. SMT SPONSOR (RESPONSIBLE OFFICER) Ensure SMT approval is sought before submitting to the Charitable Funds Committee
Viv Cooper, Head of Nursing, Quality, Patient Experience and Integrated Care
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-05
7. BUSINESS CASE TOTAL EXPENDITURE



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Clinical Psychology and Counselling Service: **£287,265**

Complementary Therapies Team: **£690,267**

Total expenditure: £977,532 (for three years)

8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)

Three years

9. FUND NAME & NUMBER

Access the Trust intranet page for details [Velindre NHS Trust | Charitable Funds Policies](#)

6000 – Hospital General Purpose fund

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/10/2022 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6000 - General	2,733	2,603	4,399	-2,713	4,289

11. FUND HOLDER APPROVAL

Please confirm that the fund holder has supported this funding request prior to it being submitted to the CFC.

Access the Trust intranet page for fund holder details [Velindre NHS Trust | Charitable Funds Policies](#)

Paul Wilkins, Director of Cancer Services, who is supportive of this business case.

12. IS THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM OR IS THIS A NEW PROPOSAL

Continuation Request for Funding

13. IF THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM, PLEASE OUTLINE THE REASONS WHY A FURTHER FUNDING REQUEST IS BEING SUBMITTED AND WHY THE EXIT STRATEGY IN THE ORIGINAL BUSINESS CASE HAS NOT BEEN IMPLEMENTED.

VCC has not been able to provide funding for the above services which are recognised as fundamental to core business but do not currently fall within core funding streams.

The current funding position remains unchanged from the previous requests but conversations about the need for such services to be funded from core monies are ongoing. Due to the lack of change the clinical psychology & counselling service and the complementary therapies team



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are seeking approval of funding for a three year period to allow for the continuation of service provision.

The two services operate separately but sit within the same management structure so it was considered appropriate that the business cases for funding approval be combined.

SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

Clinical Psychology and Counselling Service:

The specialist clinical psychology and counselling oncology service is an integral part of the multi-disciplinary team at VCC. It is well established and fully embedded in VCC providing emotional and psychological intervention to any inpatient and outpatient diagnosed with and being treated for cancer. It also offers a newly established staff resource supporting the organisations employee health and wellbeing strategies.

The Clinical Psychology and Counselling Service is available to any patient diagnosed with cancer and receiving treatment at VCC. A referral to the service can be requested at any time from diagnosis to discharge with short and longer term interventions dependent on patient need.

Funding approval for the service will allow the ongoing provision of:

- Specialist psycho-oncology assessment for urgent and non-urgent outpatient referrals
- A range of individual, group and couple psychological interventions to help manage and reduce levels of distress in the context of a diagnosis of cancer
- Access to a specialist psycho-oncology service for complex medical and emotional difficulties of inpatients at VCC
- Specialist and highly responsive support, guidance and interventions for high risk cases including self-harm and suicide
- Emotional and psychological support for patients to engage with and complete treatment regimes
- Specialist consultation to multi-disciplinary staff managing complex presentations and challenges to providing effective care
- Ongoing research and development projects and service development
- Psychological input and presence within the medical multi-disciplinary teams to inform practice and improve patient care
- Ongoing development of patient information and resources to help support and facilitate the patient experience of a diagnosis of cancer
- Access to a newly established specialist staff clinical psychology and counseling service for employees of the organisation who require intervention regarding aspects of emotional wellbeing and professional development in the workplace, individually and as part of a team



- Staff can request individual and team emotional and psychological input for work related challenges
- Clinical supervision and reflective practice
- Specialist psychological consultation for complex clinical cases
- Staff teaching and training to help inform practice and improve patient care

The complementary Therapies Team

The complementary therapies service is a fully embedded part of the multi-disciplinary team at VCC. The service offers a range of therapies to outpatients but with a main focus on inpatient and day patient work to ensure that emotional support and holistic care is offered where possible to help alleviate distress associated with treatments and manage anxiety. The team prioritise referrals for patients who require emotional and 'hands on' support with managing challenging treatment regimes and inpatient referrals for patients with complex medical presentations who will also benefit from non-medical holistic interventions. The service is also available to any outpatient diagnosed with cancer and receiving their care from VCC who require help and support from complementary therapies.

The service also supports the organisations employee health and wellbeing initiatives by offering complementary therapies to staff out of working hours and at weekends. This is a highly utilised and appreciated service.

The team offer a range of therapies including massage, reflexology, reiki and aromatherapy with the main aim of helping patients to effectively manage or improve symptoms associated with cancer and to help staff members manage work related stress and difficulties.

15. LIST OF OPTIONS AND PREFERRED OPTION?

Include details of other funding options you have considered / engaged with and the outcome

It has been identified that the Clinical Psychology and Counselling Service and the Complementary Therapies Team are core services and the SLT have agreed to look at a future funding strategy for these services.

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?

The proposal must align with the Charity Vision, Mission, Aims and Objectives and the Charity Strategy / Annual Delivery Plan which can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

The Clinical Psychology and Counselling Service and the Complementary Therapies Team have historically been supported by the charitable funds committee as it is recognised that the services are key to providing effective holistic care for patients but that funding from core monies has not been secured. VCC are passionate about providing extensive options for patient care including non-medical evidence based interventions that are considered vital for the emotional health and wellbeing of patients. Therefore the request to the charitable funds committee is made due to the necessity to provide the 'gold standard' level of care for patients which has to include access to options for emotional and psychological interventions.



SECTION 3 – IMPACT ASSESSMENT

17. PROVIDE DETAILS OF THE PROJECT OBJECTIVES AND THE TOOL(S) YOU WILL BE USING TO MEASURE THE SUCCESS OF EACH BY COMPLETING THE TABLE BELOW

As part of the evaluation process you will be required to submit an annual progress report clearly stating if the project has delivered against these objectives and how this was achieved.

Business Case Objectives	Tools Used to Measure Success *
Clinical Psychology & Counselling Service	
1. To offer specialist psycho-oncology assessment for urgent and non-urgent outpatient referrals. Initial appointment offered within 2 weeks of referral (urgent) 4-6weeks (non-urgent)	Regular service audit (monthly) of waiting times from time of referral to initial assessment appointment. Waiting time management by the Consultant Clinical Psychologist and team administrator to ensure adherence to waiting times where possible.
2. To offer a specialist psycho-oncology service for inpatients at VCC where psychological distress in the context of a diagnosis of cancer is identified. Initial appointment offered within 72 hours.	Regular service audit (monthly) of waiting times from time of referral to initial assessment appointment. Waiting time management by the Consultant Clinical Psychologist and team administrator to ensure adherence to waiting times where possible.
3. To offer specialist and highly responsive psychological support, guidance and intervention for high risk cases including self-harm and suicide. Assistance and guidance with case management including liaison with mental health services and onward referral routes. Response time, as quickly as possible.	Regular service audit and development (weekly) of the resources available to respond as needed. Highlight any inability to respond to high risk situations to senior management for consideration and action when needed. Regular discussion and requests (monthly) for feedback from multi-disciplinary staff regarding the availability and responsiveness of the clinical psychology and counselling team when needed.
4. To offer in person, telephone and video appointments, individually, in groups and couple therapy dependent on patient need. To offer short and longer term interventions as agreed according to patient need. To identify areas of psychological distress at point of assessment and deliver evidence based treatments to help reduce such distress.	To routinely request patient feedback regarding service planning and satisfaction via service user stories and CIVICA. Including the use of PREMS and PROMS.
5. To offer a professional, confidential and safe space to explore emotional and psychological reactions to a diagnosis of cancer and treatment decisions.	To routinely request patient feedback regarding the experience of receiving psychological intervention via patient stories and CIVICA, PREMS and PROMS.

6. To continue to develop patient information and resources on psychological wellbeing to support and facilitate existing treatments and to offer alternatives to in person interventions if requested.	To further develop existing service web pages to include helpful psychological resources, self-help options and options for peer support.
7. To offer a specialist clinical psychology and counseling service to staff who request support with occupational challenges and professional development. Initial appointment offered within 4 weeks of self-referral.	Regular service audit (monthly) of waiting times from time of referral to initial assessment appointment. Waiting time management by the Consultant Clinical Psychologist and team administrator to ensure adherence to waiting times where possible.
8. To provide an annual psycho oncology based staff teaching and training programme.	To routinely gather staff feedback on satisfaction and usefulness of teaching and training to inform clinical practice and improve patient care.
Complementary Therapies Service	
1. To prioritise offering a range of complementary therapies to day patients receiving treatment and inpatients of VCC when required. Aim to respond to and accommodate all urgent referrals for help and support with managing and completing treatments.	Regular service audit (monthly) of ability to accommodate urgent referrals. Waiting time management by the service manager and team administrator to ensure adherence to waiting times where possible.
2. To offer a range of complementary therapies to outpatients in a timely manner (4-6weeks from referral).	Regular service audit (monthly) of waiting time from time of referral to initial appointment. Waiting time management by the service manager and team administrator to ensure adherence to waiting times where possible
3. To offer a range of complementary therapies to staff of the organisation to support employee wellbeing initiatives. To offer out of working hours and weekend appointments and respond to referrals in a timely manner (4-6weeks from referral).	Regular service audit (monthly) of waiting time from time of referral to initial appointment. Waiting time management by the service manager and team administrator to ensure adherence to waiting times where possible
4. To routinely collect service user feedback from patients and staff to help identify levels of satisfaction, usefulness and help inform future service development.	Via patient stories, CIVICA, PROMS and PREMS and via staff feedback forms post treatment.
*Consider patient feedback and quantifiable information that can easily measure success e.g. improved patient outcome, increase in number of patients treated, reduction in waiting list, reduced waiting times	
18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE? Consider impact/ benefit on all stakeholders including patients, staff, the service and the wider community.	
Clinical Psychology and Counselling Service:	



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With agreed ongoing funding the Clinical Psychology and Counselling Service will be able to provide psychological interventions for the following psychological factors and impacts on treatment:

- Procedural anxiety resulting in patient's being unable to cope with complex and challenging treatment regimes.
- Psychological issues (e.g. depression, anxiety, tolerating side effects, alcohol use) resulting in patients withdrawing from chemotherapy; radiotherapy; radiology and/or medication.
- Psychological factors maintaining difficulties with pain, mobilisation, feeding / eating, nausea and vomiting preventing treatment and/or discharge.
- Psychological factors preventing discharge from in-patient ward and/or presentations of high risk behaviour including self-harm and suicide.
- Supporting patients and teams to make informed treatment decisions based on Quality of Life factors, rather than being driven by psychological distress.
- Supporting Multi-disciplinary teams to manage patients who have psychological difficulties that impact on their engagement with teams and their care.

The service will continue to offer emotional and psychological containment for patients during a distressing and unsettling time in their lives and provide ongoing support and guidance to the staff who provide the increasingly complex care for patients.

Complementary Therapies Team:

With agreed ongoing funding the Complementary Therapies team will be able to continue to provide a range of helpful interventions to patients and staff.

- To help support patients receiving chemotherapy and radiotherapy who otherwise would struggle to attend for and complete the suggested treatments.
- To be present on the chemotherapy wards with patients, at to assist staff, to allow patients to feel more at ease and positively distracted so that treatments can be completed.
- To help patients manage symptoms of pain, fatigue, nausea and anxiety. To help improve quality of life and help facilitate practices of relaxation,
- To continue to provide a highly utilised and much needed staff clinic. Due to the highly emotive context of providing cancer care the introduction of a staff clinic several years ago was highly appreciated and supported by senior management who recognises the value in supporting staff to engage in healthy wellbeing practices.

The service will continue to provide a much needed time away from medical interventions for patients and for staff who require a further outlet to manage the impact of the working context.

19. IN NO MORE THAN 100 WORDS EXPLAIN TO STAKEHOLDERS AND DONORS HOW YOU WILL USE THEIR MONEY TO MAKE A DIFFERENCE

Consider as if you were undertaking a...

- stakeholder briefing



- Press release
- Social Media Post

The clinical Psychology and Counseling Service:

The emotional and psychological impact of a cancer diagnosis is well documented and researched. Access to a specialist clinical psychology and counselling service for patients under the care of VCC is essential. This should not be considered as a second thought to routine medical care but as a possibility for all to access if needed. The pathway from diagnosis to treatment to possible recovery or end of life issues is psychologically challenging therefore opportunities to discuss the emotional impact should be normalised and encouraged. As a specialist cancer service we have a responsibility to provide excellent forward thinking creative care for all our patients which acknowledges the sometimes life changing impact of a cancer diagnosis. Options for medical treatment are often the initial focus and priority for patient care but the recognition of the patients emotional and psychological needs are also crucial and need earlier attention.

For staff working in a complex and specialist cancer setting there are inherent demands and emotional implications of the work. The clinical psychology and counseling service for staff normalises the requirement of psychological input for staff and teams regarding their professional development and supports the ongoing consideration of staff well-being.

The Complementary Therapies Team:

When someone receives a diagnosis of cancer their holistic needs should always be considered. Access to non-medical evidence based interventions for patients under the care of VCC are essential. It is important that as a service we acknowledge the extent of the impact a diagnosis of cancer can make and therefore provide the necessary services that can help to manage such an impact and changes. There is much documented evidence of the benefits of holistic style therapies for patients experiencing physical health challenges particularly regarding pain and fatigue. Being able to offer a patient an alternative style appointment within a challenging and complex medical treatment programme is invaluable, this is demonstrated by the patient feedback received. Being able to offer employees the opportunity for massage or reflexology after a busy working day demonstrates value and appreciation of hard work and emotional resilience. Investment in such a service is essential for the physical and emotional health and wellbeing of patients and staff.

20. ARE THERE ANY LEGAL AND / OR ETHICAL IMPLICATIONS THAT NEED TO BE CONSIDERED? IF YES HOW WILL THEY BE MANAGED

e.g. Intellectual Property Rights, Confidentiality Agreements, Contractual Arrangements

None

21. RISK ASSESSMENT

Please Indicate how the project will manage both strategic and operational risks identified as part of the risk assessment. In particular, you should make reference to risks which initiate the need for change, those which need to be managed in implementing the project and the risks identified with not proceeding with the project.



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There are currently no risks associated with the continuation of these services. If funding is declined, this would pose a major operational, financial and reputational risk to the organisation.

In addition, patients would also be at risk from a withdrawal of these services, meaning there would be no access to emotional, psychological, or holistic style support for patients of VCC at any time during their diagnosis and/or treatment of cancer.

There would be no access to complementary therapies for staff of the organisation.

In addition there would be no psychologically informed support, guidance or consultation to the multi-disciplinary teams which would significantly compromise patient care and staff health and wellbeing.

22. LEGISLATIVE / REGULATORY COMPLIANCE

Provide evidence that the proposed project meets the relevant requirements/standards including Health and Safety, GDPR, Equality & Diversity, Data Protection Legislation etc. Also consider the Clinical Governance requirements, National Service Frameworks, NICE Regulations, Healthcare Standards, Commission for health improvement requirements and the Strategic and Financial Framework.

Nice guidelines for cancer care highlight the importance of viewing the 'whole person' in planning treatment and interventions stressing the need for improved access to emotional and psychological support as well as non-medical therapies that help to alleviate symptoms and improve quality of life.

Clinical Psychologists, Counsellors and Complementary Therapists are registered with the relevant professional bodies and all post holders will comply with VNHST policies and guidelines and work within the governance frameworks.

SECTION 4 – RESEARCH, DEVELOPMENT AND INNOVATION (RD&I) SUB-COMMITTEE

23. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?

No

24. IF YES, PLEASE PROVIDE EVIDENCE THAT THIS PROJECT HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE. INCLUDE THE DATE OF THE SUB-COMMITTEE WHERE IT WAS CONSIDERED.

Not applicable

25. IF THIS PROPOSAL HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE SUBJECT TO CERTAIN PROVISIONS, PROVIDE DETAILS ON HOW THIS HAS BEEN ADDRESSED



Not applicable

SECTION 5 – FUNDING REQUIREMENTS

26. FUNDING REQUIREMENTS

Provide here an indication of the anticipated costs for the whole project. This should include a breakdown of Capital and / or Revenue costs. Within the revenue cost you should indicate Staff costs, Non-staff cost and Equipment.

Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
Psychology Service				
Consultant Clinical Psychologist	£159,032	Nil	Nil	£159,032
Clinical Psychologist x 2	£378,035	Nil	Nil	£378,035
Counsellor x 2	£115,858	Nil	Nil	£115,858
Counsellor (Maggie's)	£37,342	Nil	Nil	£37,342
Total				£690,267
Complementary Therapy Service				
Lead Complementary Therapist	£82,690	Nil	Nil	£82,690
Complementary Therapist x 3	£180,507	Nil	Nil	£180,507
Administrator	£24,068	Nil	Nil	£24,068
Total		Nil	Nil	£287,265
Grand Total	£977,532	Nil	Nil	£977,532

27. PROPOSED FUNDING CASHFLOW

Indicate here the length of the project and the expenditure expected during the financial period. Example - Year 1 Expenditure Total 2021/22 (April 2021-March 2022). Please note that funding cannot be requested for more than a 3 year period.



The Total Funding Cash Flow should match the Total Funding Requirements indicated on the table above

Description	Expenditure year 1 2022/23	Expenditure year 2 2023/24	Expenditure year 3 2024/25	Total Expenditure
Psychology Service	£225,548	£230,059	£234,660	£690,267
Complementary Therapy Service	£93,865	£95,742	£97,658	£287,265
	£319,413	£325,801	£332,318	£977,532

- A 2% pay award uplift is expected for each period.
- All associated non pay costs will be absorbed by core revenue.

SECTION 6 – EXIT STRATEGY

28. TIMESCALE / PROJECT MILESTONES

Indicate here the length of this project – **This must include a start date and end date.** (Please indicate if there is likely to be any lead time which may delay the start date).

If a project has not commenced within six months you will be requested to provide a progress update to the Charitable Funds Committee who will consider whether funding will continue depending on the explanation provided.

Clinical Psychology and Counselling Service and Complementary Therapies Team:
Funding is requested for a three year period commencing 01.04.2023 until 30.03.26.

29. ACTION PLAN / EXIT STRATEGY

Include the plans and actions required to mitigate any risks once the term of the Charitable funding ends. Please indicate the anticipated funding routes i.e. will funding cease, will the proposal self-fund if successful, will the financial impact revert to Trust revenue accounts or will other funding sources be secured / considered?

IT IS ESSENTIAL THAT YOU CONSIDER THE POTENTIAL LONG TERM COST IMPLICATIONS, FUNDING BEYOND THIS REQUEST IS NOT GUARANTEED FROM THE CHARITY.

For Example - Will there be any staff cost implication relating from redundancy.



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It has been identified that the Clinical Psychology and Counselling service and the Complementary Therapies team are core services and the SLT have agreed to look at a future funding strategy for these services. In the event that they are unable to fund the services with core funding, there will be a requirement for the Cancer Centre to accept the cost pressure at the end of this period.

30. HOW WILL YOU DEMONSTRATE TO STAKEHOLDERS AND DONORS THE IMPACT THAT THIS PROPOSAL WILL HAVE ON PATIENTS / STAFF/ SERVICE OR WIDER COMMUNITY?

Both professional groups are critical elements of patient care and provide invaluable support and intervention to staff. Clinical psychologists, counsellors and complementary therapists have a key role in cancer care in line with national standards. They have a critical role in providing emotional and psychological care to patients and staff by promoting and helping to instill health and wellbeing practices. They use their skills and expertise to emotionally empower and build resilience during challenging times. Having such professional groups in the service helps to reduce treatment costs, increase efficiency, improve quality of patient care and promote effective multi-disciplinary working.

Both services routinely request patient and staff feedback to help identify areas of strength and to inform service development and processes of change. The feedback will be included as part of the annual reviews.

31. FOLLOWING APPROVAL BY SMT AND OMG THE BUSINESS CASE WILL NEED TO BE PRESENTED TO THE CHARITABLE FUNDS COMMITTEE. PLEASE STATE BELOW WHO WILL PRESENT THIS BUSINESS CASE

Dr. Caroline Coffey, Consultant Clinical Psychologist

PLEASE NOTE:

As part of the evaluation process you will be required to submit an annual progress report clearly stating how the project is performing against key targets such as delivery of results and actual spend against plan. A copy of the Annual Evaluation template can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

Accurate completion of these annual evaluations is key in ensuring that the project will continue to be supported by the charity.



CHARITABLE FUNDS COMMITTEE

BUSINESS CASE: CLINICAL NURSE SPECIALIST (CNS) TEAM

DATE OF MEETING	19/01/2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Viv Cooper, Head of Nursing, Quality, Patient Experience and Integrated Care & Carolyn Gent, CNS Lead Nurse
PRESENTED BY	Rachel Hennessy, Interim Director of Cancer Services
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Clinical Scientists

REPORT PURPOSE	FOR APPROVAL
----------------	--------------

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
VCC Senior Leadership Team Charity Senior Leadership Group	19.10.2022 02.12.2022	ENDORSED FOR APPROVAL

ACRONYMS

SMT	Senior Management Team



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1. SITUATION/BACKGROUND

1.1 Please see Business Case at Appendix 1.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Please see Business Case at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Please see Business Case at Appendix 1.
RELATED HEALTHCARE STANDARD	Effective Care
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.

4. RECOMMENDATION

4.1 The Charitable Funds Committee are asked to **APPROVE** funding for the CNS service for the period of three years.



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APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

THIS BUSINESS CASE HAS TO BE COMPLETED FOR PROJECTS / GRANTS / BIDS WITH
EXPENDITURE OVER £5,000

(For Support please contact Chris McCarthy on x6589, or contact your local finance team).

Or access the Trust intranet page for an example of best practice

[Velindre NHS Trust | Charitable Funds Policies](#)

SECTION 1

1. BUSINESS CASE TITLE
CLINICAL NURSE SPECIALIST (CNS) TEAM
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Patient / Donor Support
3. BUSINESS CASE PREPARED BY
Viv Cooper, Head of Nursing, Quality, Patient Experience and Integrated Care & Carolyn Gent, CNS Lead Nurse
4. BUSINESS CASE SPONSORED BY
Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Clinical Scientists
5. SMT SPONSOR (RESPONSIBLE OFFICER) Ensure SMT approval is sought before submitting to the Charitable Funds Committee
Paul Wilkins, Director of Cancer Services
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-12
7. BUSINESS CASE TOTAL EXPENDITURE



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£2,173,159.95

8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)

Three years

9. FUND NAME & NUMBER

Access the Trust intranet page for details [Velindre NHS Trust | Charitable Funds Policies](#)

General Purpose Fund - 6000

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/10/2022 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6000 - General	2,733	2,603	4,399	-2,713	4,289

11. FUND HOLDER APPROVAL

Please confirm that the fund holder has supported this funding request prior to it being submitted to the CFC.

Access the Trust intranet page for fund holder details [Velindre NHS Trust | Charitable Funds Policies](#)

Yes

12. IS THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM OR IS THIS A NEW PROPOSAL

Continuation Request for Funding

13. IF THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM, PLEASE OUTLINE THE REASONS WHY A FURTHER FUNDING REQUEST IS BEING SUBMITTED AND WHY THE EXIT STRATEGY IN THE ORIGINAL BUSINESS CASE HAS NOT BEEN IMPLEMENTED.

VCC has only been able to provide 50% core funding for the CNS Service for a number of years. The current funding position remains unchanged and therefore the service is seeking 50% funding from Charitable Funds for a further three years in order for the continued provision of CNS services.

In June 2019, the Charitable Funds Committee recognised the substantial work of the CNS team and agreed a funding strategy of 50% of the CNS team from the Charity (equally spread across the CNS posts) and 50% from the VCC nursing budget. It was agreed that funding an equal contribution across all the CNS roles would remove the need to re-create individual business cases for well-established roles on a regular (1-3 yearly) basis.



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It was also identified that from a fundraising perspective, Clinical Nurse Specialists are one of the main drivers for fundraisers and donors as CNS's make that special difference, so from a Charity/Fundraising perspective it would seem beneficial to continue to support these posts.

SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

CNSs are an internationally known critical part of the multi-disciplinary cancer delivery workforce. CNSs have a key worker role in line with national cancer standards; they carry a patient workload, provide hands on treatment, and have a critical psychological and communication supportive role. They also manage the health concerns of patients and work to promote health and wellbeing of patients. They use their skills and expertise in cancer care to provide physical and emotional support, co-ordinate care services and to inform and advise patients on clinical as well as practical issues, leading to positive patient outcomes.

CNSs also reduce treatment costs, increase efficiency, drive innovation and provide valuable information for service redesign as well as enable effective multidisciplinary care and communication between different teams.

The key function of the CNS can be summarised as follows:

- Using and applying their technical knowledge of cancer and treatments to oversee and co-ordinate services, personalising the pathway of care for individual patients, to ensure the complex information and support needs of patients and families are addressed
- Acting as a key worker and the first line professional with access to the multi-disciplinary team
- Undertaking proactive case management and using advanced skills to address the needs of patients and carers
- Using advanced communication and psychological assessment skills to assess and alleviate the psychological distress of cancer patients and their families, including the referral to other agencies and disciplines as appropriate
- Applying advanced knowledge and insight from key stakeholders and the experience of patients to lead service re-design, implement improvements and ensure services are responsive to patient needs.

The CNS plays a central role in supporting and assessing patients within the Site Specific Teams (SSTs). The CNS at VCC apply their specialist expertise to leadership and managing a



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caseload where they provide a patient focused approach to diagnosis, care planning, treatment provision, ongoing management, follow up and continuity of care.

When new patients referred are to Velindre, they are seen by a CNS on their first visit or given their contact details and become part of the CNS workload. In addition, the CNS will then arrange for a Health Needs Assessment to be carried out and a care plan developed, supporting patients to navigate the services available and to support them throughout their treatment.

The CNS team work closely with the Welfare Rights Team to ensure timely referrals are made for financial advice and also with the Patient Information Manager for specific information and signposting.

The CNS team also provide education and leadership to junior medical colleagues within their specialist areas. Historically the CNS have worked exclusively within site specific teams (SSTs); however the team has responded to funding and service delivery priorities by creating CNS job plans that cross SST boundaries, with nurses working both as a CNS and a non-medical prescriber (NMP).

15. LIST OF OPTIONS AND PREFERRED OPTION?

Include details of other funding options you have considered / engaged with and the outcome

It has been identified that the CNS are a core service and the SLT have agreed to look at a future funding strategy for this service.

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?

The proposal must align with the Charity Vision, Mission, Aims and Objectives and the Charity Strategy / Annual Delivery Plan which can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

In June 2019, the Charitable Funds Committee recognised the substantial work of the CNS team and agreed a funding strategy of 50% of the CNS team from the Charity (equally spread across the CNS posts) and 50% from the VCC nursing budget. It was agreed that funding an equal contribution across all the CNS roles would remove the need to re-create individual business cases for well-established roles on a regular (1-3 yearly) basis.

It was also identified that from a fundraising perspective, Clinical Nurse Specialists are one of the main drivers for fundraisers and donors as CNS's make that special difference, so from a Charity/Fundraising perspective it would seem beneficial to continue to support these posts.

SECTION 3 – IMPACT ASSESSMENT



17. PROVIDE DETAILS OF THE PROJECT OBJECTIVES AND THE TOOL(S) YOU WILL BE USING TO MEASURE THE SUCCESS OF EACH BY COMPLETING THE TABLE BELOW

As part of the evaluation process you will be required to submit an annual progress report clearly stating if the project has delivered against these objectives and how this was achieved.

Business Case Objectives	Tools Used to Measure Success *
1. Oversee and co-ordinate patient pathways to ensure the complex information and support needs of patients and families are addressed	PREMs; PROMs; patient feedback and patient stories, use of CIVICA; audits
2. To be the patient's key worker and the first line professional with access to the multi-disciplinary team	Key Worker reports and audits; PREMs; PROMs. Patient feedback and patient stories, use of CIVICA
3. Undertake proactive case management and using advanced skills to assess the needs of patients and families	Report on number of HNAs offered to patients; PREMs; PROMs. Patient feedback and patient stories, use of CIVICA; audits
4. Using advanced communication and psychological assessment skills to assess and alleviate the psychological distress of cancer patients and their families, including the referral to other agencies and disciplines as appropriate	Number of referrals to other agencies; audits; patient feedback and patient stories
5. Applying advanced knowledge and insight from key stakeholders and the experience of patients to lead service re-design, implement improvements and ensure services are responsive to patient needs	Audits; quality improvement tools (PDSA); patient feedback; PREMs; PROMs

*Consider patient feedback and quantifiable information that can easily measure success e.g. improved patient outcome, increase in number of patients treated, reduction in waiting list, reduced waiting times

18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE?

Consider impact/ benefit on all stakeholders including patients, staff, the service and the wider community.

The National Optimal Cancer Pathways are clear that the person-centred care is an essential thread. (Key worker / HNA and associated care plan / health optimization / making every contact count / Prehabilitation/Rehabilitation / PROMs and PREMS) and the CNS team are focused on developing and embedding these pathways within VCC as an integrated part of patient experience.



There is continued evidence from National Cancer Patient Experience Surveys and National Audit demonstrating that those patients allocated a CNS are more positive about their experience of care, and that the CNS plays a valuable role in decision making (those patients with access to a CNS are more likely to access anti-cancer treatments) The CNS is also regarded as a trusted source of information (*National Lung Cancer Audit, Macmillan*).

The CNS workforce work autonomously and independently to provide nurse-led follow up, review and non-medical prescribing clinics for patients where appropriate and in some instances they run specialist clinics such as late effects from radiotherapy and psycho-sexual clinics delivered by the Gynae-oncology CNS team. For both band 6 & 7 CNS, there is an expectation that they will be competent and capable autonomous practitioners. This is demonstrated in the number of nurse-led clinics and the management of site specific case loads of patients who may have limited face to face contact with the Consultant body.

Some cancer sites are more suitable for nurse-led follow up e.g. urology, as patients have a long follow up period and are generally stable with a predictive biomarkers available to identify disease relapse and progression. Other cancer sites such as melanoma and brain have a shorter follow up period where patients are stable and more conducive to a multidisciplinary approach to care due the complex nature of the disease. Appropriate nurse-led clinics help to stratify care for patients and utilise the skill set of the VCC workforce appropriately. The running of the nurse-led clinics demands critical thinking and requires sound judgement and a high level of decision making skill to ensure a safe and effective quality service in the context of value based / prudent healthcare.

19. IN NO MORE THAN 100 WORDS EXPLAIN TO STAKEHOLDERS AND DONORS HOW YOU WILL USE THEIR MONEY TO MAKE A DIFFERENCE

Consider as if you were undertaking a...

- stakeholder briefing
- Press release
- Social Media Post

CNSs are an internationally known critical part of the multi-disciplinary cancer delivery workforce. CNSs have a key worker role in line with national cancer standards; they carry a patient workload, provide hands on treatment, and have a critical psychological and communication supportive role. They also manage the health concerns of patients and work to promote health and wellbeing of patients. They use their skills and expertise in cancer care to provide physical and emotional support, co-ordinate care services and to inform and advise patients on clinical as well as practical issues, leading to positive patient outcomes.

CNSs also reduce treatment costs, increase efficiency, drive innovation and provide valuable information for service redesign as well as enable effective multidisciplinary care and communication between different teams.



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20. ARE THERE ANY LEGAL AND / OR ETHICAL IMPLICATIONS THAT NEED TO BE CONSIDERED? IF YES HOW WILL THEY BE MANAGED

e.g. Intellectual Property Rights, Confidentiality Agreements, Contractual Arrangements

None

21. RISK ASSESSMENT

Please Indicate how the project will manage both strategic and operational risks identified as part of the risk assessment. In particular, you should make reference to risks which initiate the need for change, those which need to be managed in implementing the project and the risks identified with not proceeding with the project.

There are currently no risks associated with the continuation of this service. If funding is declined, this would pose a major operational, financial and reputational risk to the organisation. In addition, patients would also be at risk from a withdrawal of this service, meaning many would not have the support of a CNS including:

- Reduced CNS support and information for patients, resulting in a poor patient experience
- Not all patients will be assigned a Key Worker, resulting in poor coordination of care and poor patient experience
- Patients may not have a Health Needs Assessment completed
- Lack of support to medical staff with management of outpatient clinics and workload
- Other members of the SST may experience increased stress as result of increasingly busy clinics with no CNS support

22. LEGISLATIVE / REGULATORY COMPLIANCE

Provide evidence that the proposed project meets the relevant requirements/standards including Health and Safety, GDPR, Equality & Diversity, Data Protection Legislation etc. Also consider the Clinical Governance requirements, National Service Frameworks, NICE Regulations, Healthcare Standards, Commission for health improvement requirements and the Strategic and Financial Framework.

The role of the CNS within cancer care is clearly defined by: WHC 2014 (001: Principles & Guidance – Key workers for Cancer Patients) and the Wales Cancer Plan 2016-2020, as well as documents such as Macmillan Competency Framework for Nurses caring for patient living with and beyond cancer.

In addition, all CNSs hold a valid NMC registration and all post holders will comply with VNHST policies and guidelines and work within with the governance frameworks.

SECTION 4 – RESEARCH, DEVELOPMENT AND INNOVATION (RD&I) SUB-COMMITTEE

23. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?



No

24. IF YES, PLEASE PROVIDE EVIDENCE THAT THIS PROJECT HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE. INCLUDE THE DATE OF THE SUB-COMMITTEE WHERE IT WAS CONSIDERED.

Not applicable

25. IF THIS PROPOSAL HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE SUBJECT TO CERTAIN PROVISIONS, PROVIDE DETAILS ON HOW THIS HAS BEEN ADDRESSED

Not applicable

SECTION 5 – FUNDING REQUIREMENTS

26. FUNDING REQUIREMENTS

Provide here an indication of the anticipated costs for the whole project. This should include a breakdown of Capital and / or Revenue costs. Within the revenue cost you should indicate Staff costs, Non-staff cost and Equipment.

Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
CNS 50% of establishment requested from previous business case	£2,084,196.58	Nil	Nil	£2,084,196.58
CNS New posts 50% of establishment	£88,963.37	Nil	Nil	£88,963.37
Total	£2,173,159.95	Nil	Nil	£2,173,159.95

27. PROPOSED FUNDING CASHFLOW



Indicate here the length of the project and the expenditure expected during the financial period.
Example - Year 1 Expenditure Total 2021/22 (April 2021-March 2022). Please note that funding cannot be requested for more than a 3 year period.

The Total Funding Cash Flow should match the Total Funding Requirements indicated on the table above

Description	Expenditure year 1	Expenditure year 2	Expenditure year 3	Total Expenditure
CNS 50% of establishment requested from previous business case	£667,669.33	£694,376.10	£722,151.15	£2,084,196.58
New CNS posts - 50% of establishment	£28,499.29	£29,639.26	£30,824.83	£88,963.37
TOTAL	£696,168.62	£724,015.36	£752,975.98	£2,173,159.95

SECTION 6 – EXIT STRATEGY

28. TIMESCALE / PROJECT MILESTONES

Indicate here the length of this project – **This must include a start date and end date.** (Please indicate if there is likely to be any lead time which may delay the start date).

If a project has not commenced within six months you will be requested to provide a progress update to the Charitable Funds Committee who will consider whether funding will continue depending on the explanation provided.

Funding is requested for a three year period, commencing 01.04.23 until 31.03.26

29. ACTION PLAN / EXIT STRATEGY

Include the plans and actions required to mitigate any risks once the term of the Charitable funding ends. Please indicate the anticipated funding routes i.e. will funding cease, will the proposal self-fund if successful, will the financial impact revert to Trust revenue accounts or will other funding sources be secured / considered?

IT IS ESSENTIAL THAT YOU CONSIDER THE POTENTIAL LONG TERM COST IMPLICATIONS, FUNDING BEYOND THIS REQUEST IS NOT GUARANTEED FROM THE CHARITY.



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For Example - Will there be any staff cost implication relating from redundancy.

It has been identified that the role of the CNS is a core service and the VCC SLT have agreed to look at a future funding strategy for this service. In the event that they are unable to fund the service with core funding, there will be a requirement for the Cancer Centre to accept the cost pressure at the end of this period.

30. HOW WILL YOU DEMONSTRATE TO STAKEHOLDERS AND DONORS THE IMPACT THAT THIS PROPOSAL WILL HAVE ON PATIENTS / STAFF/ SERVICE OR WIDER COMMUNITY?

CNSs are an internationally known critical part of the multi-disciplinary cancer delivery workforce. CNSs have a key worker role in line with national cancer standards; they carry a patient workload, provide hands on treatment, and have a critical psychological and communication supportive role. They also manage the health concerns of patients and work to promote health and wellbeing of patients. They use their skills and expertise in cancer care to provide physical and emotional support, co-ordinate care services and to inform and advise patients on clinical as well as practical issues, leading to positive patient outcomes. CNSs also reduce treatment costs, increase efficiency, drive innovation and provide valuable information for service redesign as well as enable effective multidisciplinary care and communication between different teams.

31. FOLLOWING APPROVAL BY SMT AND OMG THE BUSINESS CASE WILL NEED TO BE PRESENTED TO THE CHARITABLE FUNDS COMMITTEE. PLEASE STATE BELOW WHO WILL PRESENT THIS BUSINESS CASE

Rachel Hennessy, Interim Director of Cancer Services

PLEASE NOTE:

As part of the evaluation process you will be required to submit an annual progress report clearly stating how the project is performing against key targets such as delivery of results and actual spend against plan. A copy of the Annual Evaluation template can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

Accurate completion of these annual evaluations is key in ensuring that the project will continue to be supported by the charity.



CHARITABLE FUNDS COMMITTEE

BUSINESS CASE: SCALP COOLING SYSTEMS

DATE OF MEETING	19 th January 2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	BETHAN TRANTER – HEAD OF SACT AND MEDICINES MANGEMENT, CHIEF PHARMACIST REBECCA MEMBURY – DIRECTORATE SUPPORT MANAGER – SACT AND MEDICINES MANAGEMENT
PRESENTED BY	Rebecca Membury, Directorate Support Manager
EXECUTIVE SPONSOR APPROVED	Cath O'Brien, Chief Operating Officer

REPORT PURPOSE	FOR APPROVAL
----------------	--------------

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
SLT	8 th September 2022	IN SUPPORT
Velindre Charity Senior Leadership Group	8 th September 2022 & 4 th November 2022	IN SUPPORT



ACRONYMS	
SLT	Senior Leadership Team
SMT	Senior Management Team
OMG	Operational Management Group
SACT	Systemic Anti-Cancer Therapy
FTS	Find a Tender Service

1. SITUATION/BACKGROUND

- 1.1 At Velindre Cancer Centre, suitable patients are offered scalp cooling as part of their treatment pathway. This treatment is used to promote the retention of hair whilst patients are receiving SACT. For the last 7 years, Velindre Cancer Centre has used a Scalp Cooling System, with capital and revenue costs funded via a third-party charity, this funding is no longer available. The maintenance & support contract for the system was due to end on the 15th December 2022, however the Trust secured an extension to the existing contract to the 15th June 2023 to provide time for procurement of a new system & equipment. To ensure the Velindre Cancer Centre can continue to offer this service it needs to commence a procurement process to re-tender for the system.
- 1.2 SACT and Medicines Management Directorate have approached the two suppliers of Scalp Cooling systems who operate in the UK to explore potential arrangements for a new contract. This is with the support of procurement colleagues. It is anticipated that the costs will include replacing the system in its entirety together with a maintenance & support package. Based on initial engagement with the suppliers the cost will be between £250,000 up to £322,000 depending on the package that is preferred. Due to the timescales that we are working to of the 15 June 2023 following an agreed 6-month extension to the existing maintenance & support contract the cancer service is keen to progress securing the funding required to replace the current system, which is now urgent.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Velindre Cancer Centre will not be able to continue to offer a scalp cooling service as part of treatment if funding is not secured. This may lead to poor patient experience, adverse psychological impact for patients experiencing hair loss and adverse reputational impact for cancer services at Velindre University NHS Trust.

- 2.2 To ensure that Velindre Cancer Service can continue to safely offer scalp cooling treatment to its patients funding needs to be identified to allow Velindre Cancer Centre to engage in negotiations for a new contract with a Scalp Cooling company.
- 2.3 In order for the scalp cooling cap treatment to work the caps must be worn for the correct duration at every SACT Day case appointment i.e., a patient cannot miss an opportunity to wear a scalp cooling cap during their infusions of SACT. If this happens, the effectiveness of the scalp cooling treatment may be lost, and patients are advised that there is no benefit in continuing to use the caps and hair loss will occur.
- 2.4 This means that VCC must ensure that it has sufficient useable caps available for all patients who have initiated their use.
- 2.5 If funding is not secured, by March 2023 Velindre Cancer Service will have to advise that it is no longer able to offer this treatment to new patients.
- 2.6 Funding will enable the Cancer Service to continue to offer scalp cooling to its patients for the next 5 years.
- 2.7 Please see business case at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)Yes (Please see detail below)
	Please see Business Case at Appendix 1. If we do not secure the funding and replace the system, the scalp cooling caps and equipment post 15 th June 2023 will be out of contract and will be considered by the current supplier as beyond economic repair.
RELATED HEALTHCARE STANDARD	Individual Care
	If more than one Healthcare Standard applies please list below: Dignified care Effective care
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
	EIA completed when service was initially implemented



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LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1. Would need to ensure compliant with the charitable funds' rules and regulations
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.

4. RECOMMENDATION

- 4.1 The Charitable Funds Committee are asked to **APPROVE £332k** funding for scalp cooling machines and associated maintenance & support for the period of 5 years.



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APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

THIS BUSINESS CASE HAS TO BE COMPLETED FOR PROJECTS / GRANTS / BIDS WITH
EXPENDITURE OVER £5,000

(For Support, please contact Chris McCarthy on x6589, or contact your local finance team).

Or access the Trust intranet page for an example of best practice

[Velindre NHS Trust | Charitable Funds Policies](#)

SECTION 1

1. BUSINESS CASE TITLE
Scalp cooling machines for SACT Day case Units
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Access to the latest treatments
3. BUSINESS CASE PREPARED BY
Rebecca Membury – Directorate Support Manager for SACT and Medicines Management Bethan Tranter – Head of SACT and Medicines Management, Chief Pharmacist
4. BUSINESS CASE SPONSORED BY
Cath O'Brien, Chief Operating Officer
5. VCC SLT/WBS SMT SPONSOR (RESPONSIBLE OFFICER) Ensure VCC SLT/WBS SMT approval is sought before submitting to the Charitable Funds Committee
Paul Wilkins Cancer Center Director.
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-14
7. BUSINESS CASE TOTAL EXPENDITURE



An estimated cost of up to £332k based on pre procurement engagement with one supplier and based on a FTS (formerly OJEU Tender) process. (See below)

8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)

From the quote provided from one supplier it is proposed that it would be most cost effective and efficient to have a contract in place for a total of **5 years** and this provides a better service to Velindre Cancer Centre.

9. FUND NAME & NUMBER

Access the Trust intranet page for details [Velindre NHS Trust | Charitable Funds Policies](#)

Equipment Fund - 6104

General Fund - 6000

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 30.09.2022 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6104	55	56	0	-1	55
6000	2,574	2,631	2,800	-2,485	2,946

Propose to utilise the equipment fund balance of £55k with the remaining balance of funding £277k to be supported from the Charity's unrestricted fund.

11. FUND HOLDER APPROVAL

Please confirm that the fund holder has supported this funding request prior to it being submitted to the CFC.

Access the Trust intranet page for fund holder details [Velindre NHS Trust | Charitable Funds Policies](#)

Yes - Approved

12. IS THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM OR IS THIS A NEW PROPOSAL

New Proposal

13. IF THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM, PLEASE OUTLINE THE REASONS WHY A FURTHER FUNDING REQUEST IS BEING SUBMITTED AND WHY THE EXIT STRATEGY IN THE ORIGINAL BUSINESS CASE HAS NOT BEEN IMPLEMENTED.

N/A



SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

At Velindre Cancer Centre, suitable patients are offered scalp cooling as part of their treatment pathway. This treatment is used to promote the retention of hair whilst patients are receiving SACT. For the last 7 years, Velindre Cancer Centre has used the System, with capital and revenue costs funded via the 'Walk the Walk' Charity. We are applying for funding for the next 5 years so Velindre Cancer Centre can continue to offer this service.

For the Scalp cooling system to be successful patients must use the scalp cooling for the entirety of the treatment. If it is missed once, then the success rate significantly reduces. The impact of not offering the treatment could be detrimental to patient mental health and wellbeing and their overall experience of Velindre Cancer Centre. Additionally, there is a reputational risk to the Trust as we will need to advise patients and third party Organisations, such as the CHC, that we no longer offer this treatment.

If the SACT and Medicines Management Directorate are not able to secure the funding, we will have to advise patients who are currently utilising the treatment that we may not be able to continue to offer this and advise new patients that it is no longer an option.

15. LIST OF OPTIONS AND PREFERRED OPTION?

Include details of other funding options you have considered / engaged with and the outcome

SACT and Medicines Management Directorate have been working closely with colleagues to look at the options for funding, the following options were considered:

Option 1: Charitable funds, this is being considered as previously funding was provided by a third-party charitable fund which is no longer available. For the treatments and aligns with the Charity Mission of providing support for patients and families affected by cancer. SACT and Medicines Management considered that this case aligns closely with the strategic aims and purpose of Velindre University NHS Trust Charity as it directly benefits patients.

Option 2: Welsh Government Capital Slippage Fund 22-23: The case was included in the Trust prioritised list of capital schemes submitted to Welsh Government on the 31st October 2022. However, it was not supported with funding, so option 1 is considered the only viable option currently to ensure continuity of service.

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?

The proposal must align with the Charity Vision, Mission, Aims and Objectives and the Charity Strategy / Annual Delivery Plan which can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

This request is considered to be charitable funding as the treatment is linked to the mental health and wellbeing of the patients who are undergoing SACT treatment which is suitable for scalp cooling treatment. This supports delivery of the Charity Vision in promoting quality, care and excellence in the services the Trust provides, it's Mission by supporting the provision of care and support for patients as well as the Charity objective in the relief of the effects of cancer.



By securing funding, Velindre Cancer Centre will be able to continue to offer an enhanced patient experience during a time where the patient will have conflicting emotions and feelings, as research into the use of scalp cooling has identified that hair loss is consistently ranked amongst the most troublesome side effects; and is described as distressing and may affect the body image. Notably the evidence from medical journals and feedback from female patients showing that losing hair is/would be more difficult to live with than the loss of a breast, especially with the increase pressure on body image for both female and males due to social media. Therefore, as a Cancer Service that considers provision of a holistic approach to patient care, it would have a detrimental impact on patients if SACT and Medicines Management were not able to continue to offer this treatment to patients post 15th June 2023 when the contract ends.

The request will also align with the ethos that is shared on the Velindre Fundraising page” ...as the premier Cancer Centre in Wales Velindre is well known for providing high quality radiotherapy and chemotherapy treatments, care and support to cancer patients”. By continuing to offer the scalp cooling this will align with our commitment to supporting our patients.

SECTION 3 – IMPACT ASSESSMENT

17. PROVIDE DETAILS OF THE PROJECT OBJECTIVES AND THE TOOL(S) YOU WILL BE USING TO MEASURE THE SUCCESS OF EACH BY COMPLETING THE TABLE BELOW

As part of the evaluation process you will be required to submit an annual progress report clearly stating if the project has delivered against these objectives and how this was achieved.

Business Case Objectives	Tools Used to Measure Success *
<ul style="list-style-type: none">To develop a service specification and project plan to successfully develop a contract and procure a System in conjunction with Procurement and finance colleagues by the 31 March 2023	Contract successfully awarded and System procured by 31 March 2023 and in place by 15 June 2023.
<ul style="list-style-type: none">Receipt of system and readiness to use	Nurse training undertaken and staff competent to use the scalp cooling machines for patients.
<ul style="list-style-type: none">Uninterrupted ability to offer new patients cold capsSufficient cold caps available for suitable Velindre Cancer Centre patients to enable current patients to continue with treatment uninterrupted to ensure maximum success of the treatment.	No down time or period where the treatment isn't available for patients. No patients will have to stop cold cap treatment because Velindre Cancer Centre have not been able to secure Scalp Cooling equipment.

<ul style="list-style-type: none"> To evaluate the patient experience 	Use of the Civica Patient experience system and to have a questionnaire specifically around the Scalp Cooling
<ul style="list-style-type: none"> To evaluate patient reported outcomes 	Once the Trust has implemented a Patient Reported Outcome system and agreed the validated questionnaires to be used to obtain patients' views on how health care interventions impact on their quality of life, SACT patients receiving Scalp Cooling treatment can be asked to provide feedback on the outcome of the treatment as part of these questionnaires.

*Consider patient feedback and quantifiable information that can easily measure success e.g. improved patient outcome, increase in number of patients treated, reduction in waiting list, reduced waiting times

18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE?

Consider impact/ benefit on all stakeholders including patients, staff, the service and the wider community.

This will have a benefit for the patients as they will be offered the treatment by Velindre Cancer Service in line with Velindre University NHS Trust's plan to be the leading Centre in Wales, therefore maintaining the reputation of the Cancer Centre.

This proposal is also supported by a number of published studies (**Appendix A**), which identify patient mental health and well-being benefits alongside recommended guidelines.

Alopecia is a common and distressing side effect of chemotherapy treatment. Chemotherapy induced alopecia is frequently reported as the most distressing side effect of treatment (Roe 2011), and can cause psychosocial disturbances such as poor body image, social withdrawal and even refusal of potentially curative therapy (Breed et al 2011, Collett et al 2013). Chemotherapy induced alopecia affects all parts of the body including eyebrows and eyelashes, beard, underarm and pubic hair although hair loss on the scalp is more pronounced (Breed et al 2011). Hair loss starts one to three weeks after starting chemotherapy (Breed et al 2011), with patients reporting irritation, soreness, pain and headaches before losing hair from the scalp (Roe 2014).

Scalp cooling works by inducing vasoconstriction and reduction of metabolism. Vasoconstriction leads to reduced blood flow to the hair follicles during the peak period for peak plasma concentration of chemotherapy agents being administered (Breed et al 2011). It is estimated that the blood flow is reduced to 20-40% of the normal rate through scalp cooling (Collett et al 2014). The reduction in metabolism makes the hair follicles less susceptible to damage caused by the chemotherapeutic agent (Breed et al 2011).

There are a number of published studies (including men and women with cancer) where patient satisfaction with scalp cooling to prevent chemotherapy is evidenced (appendix A). Findings from these studies suggest the well-being of patients with successful scalp cooling was



significantly higher than that of patients who stopped scalp cooling prematurely. In general, scalp cooling is seen as a promising approach, improves patient well-being as well as decreasing the degree of distress felt by patients.

Numerous patient experience stories on various medical website and the suppliers of the scalp cooling systems demonstrate the benefit to patients across the UK and suggestions that the continuation of offering this treatment may benefit patients' mental health and well-being. Outlined below are a number of excerpts:

"The cold cap enabled me to go out without anyone knowing what I was going through"

"I started chemo and although I have lost quite a lot of hair about 30% left, it now just looks as though I have thin hair.... I don't mind looking at myself in the mirror, I don't mind meeting other people".

"Nobody walking past me on the street would know I've had 5 months of chemo and I was able to still look like me. I didn't have any bald patches which I was thankful for. I lost hair everyday as it did shed but it was only hairs never a clump of hair."

One of the most profound comments on the benefit of scalp cooling treatment was provided by one of our own patients:

"My family have always had a good head of hair even into their 80's - my silver hair says so much about who I am, and I just don't want to lose it. When someone describes me, they will automatically describe my hair. That's why I want to keep it, as much as I can! Scalp cooling also helps divert some of my attention from the chemotherapy and gives me something else to focus on."

The statement above evidences the psychological benefit to the patients who can utilise the scalp cooling treatment.

National Guidelines

There have been a number of clinical studies for breast cancer patients, where data has suggested that the incidence of scalp metastases related to scalp cooling is low (appendix A). Scalp cooling is seen to be the most promising approach to prevent alopecia in terms of efficacy and safety. Patients can highly benefit from the application of scalp cooling devices. Scalp cooling should be integrated into clinical practice and targeted towards patients with potentially high success rates of scalp cooling selected by chemotherapy regimen. Ideally, health insurance should cover the costs of treatment, and it should be made broadly available (Brunner C et al 2022).

The National Comprehensive Cancer Network (NCCN) Guidelines recommend scalp cooling as a category 2A treatment option for patients with invasive breast cancer. The NCCN has updated the Clinical Practice Guidelines in oncology for breast cancer (Version 1.2019) to include scalp cooling as a Category 2A recommendation to reduce the incidence of chemotherapy-induced alopecia for patients receiving chemotherapy induced alopecia.



19. IN NO MORE THAN 100 WORDS EXPLAIN TO STAKEHOLDERS AND DONORS HOW YOU WILL USE THEIR MONEY TO MAKE A DIFFERENCE

Consider as if you were undertaking a...

- stakeholder briefing
- Press release
- Social Media Post

VCC will secure the ability to offer scalp cooling for the next 5 years which patients can continue to be offered allowing suitable patients the possibility of reducing their hair loss whilst receiving SACT. It is recognized that having SACT is a difficult period in a person's life which is often made worse by the psychological impact of the loss of hair. Scalp cooling systems reduce the hair loss and allows the patient to better recover and manage mental health and wellbeing during and immediately after treatment.

20. ARE THERE ANY LEGAL AND / OR ETHICAL IMPLICATIONS THAT NEED TO BE CONSIDERED? IF YES HOW WILL THEY BE MANAGED

e.g. Intellectual Property Rights, Confidentiality Agreements, Contractual Arrangements

There will be contractual arrangements in place during this time, these will be reviewed with the support of our procurement colleagues.

21. RISK ASSESSMENT

Please Indicate how the project will manage both strategic and operational risks identified as part of the risk assessment. In particular, you should make reference to risks which initiate the need for change, those which need to be managed in implementing the project and the risks identified with not proceeding with the project.

1. Timing of the contract needs to be in place by 15th June 2023 (when extension to the contract provided by current supplier end). There is currently up to a 12-week lead time for supply and therefore contracting needs to be in place as soon as possible. The SACT and Medicines management Directorate are working in close liaison with procurement and finance colleagues.
2. A decision on funding is needed as soon as possible to enable the procurement process to be progressed as the tender process can take between 12 to 24 weeks and we need to ensure there is no interruption in treatment provision to exiting patients.
3. If Velindre University NHS Trust are not able to provide the scalp cooling treatment, this will have a direct impact on patient care and the treatment pathway for those patient's already undergoing treatment, as noted it is essential to the efficiency of the treatment that it does not stop mid treatment.



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4. For new patients from the 31st March 2023, Velindre Cancer Services would have to advise patients that it cannot offer the treatment. This is considered a risk from a patient experience perspective, as not offering the treatment will impact on the patient experience as research has identified the negative wellbeing impact on patients who lose their hair.

22. LEGISLATIVE / REGULATORY COMPLIANCE

Provide evidence that the proposed project meets the relevant requirements/standards including Health and Safety, GDPR, Equality & Diversity, Data Protection Legislation etc. Also consider the Clinical Governance requirements, National Service Frameworks, NICE Regulations, Healthcare Standards, Commission for health improvement requirements and the Strategic and Financial Framework.

The NCCN Guidelines now recommend scalp cooling as a category 2A treatment option for patients with invasive breast cancer. The National Comprehensive Cancer Network (NCCN) has updated the Clinical Practice Guidelines in oncology for breast cancer (Version 1.2019) to include scalp cooling as a Category 2A recommendation to reduce the incidence of chemotherapy-induced alopecia for patients receiving chemotherapy

SECTION 4 – RESEARCH, DEVELOPMENT AND INNOVATION (RD&I) SUB-COMMITTEE

23. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?

No

24. IF YES, PLEASE PROVIDE EVIDENCE THAT THIS PROJECT HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE. INCLUDE THE DATE OF THE SUB-COMMITTEE WHERE IT WAS CONSIDERED.

N/A

25. IF THIS PROPOSAL HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE SUBJECT TO CERTAIN PROVISIONS, PROVIDE DETAILS ON HOW THIS HAS BEEN ADDRESSED

N/A

SECTION 5 – FUNDING REQUIREMENTS

26. FUNDING REQUIREMENTS

Provide here an indication of the anticipated costs for the whole project. This should include a breakdown of Capital and / or Revenue costs. Within the revenue cost you should indicate Staff costs, Non-staff cost and Equipment.



Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
System costs (detail provided below)		£55,000	£277,000	£332,000
Replacement Caps (current system)		£10,000		£10,000
		£65,000	£277,000	£342,000

Figures provided are based on initial quote provided to the Trust, which demonstrates value for money by taking out a five year agreement.

Purchasing the equipment directly through the Charity will reduce the cost as the System would be VAT exempt.

If funding is approved by the CFC, then a full procurement exercise will be undertaken which may lead to a change in the total cost and funding requirement. We have a high degree of confidence that the figures provided are a sufficient financial envelope to procure the equipment and ongoing maintenance & support for the service.

Additional £10k required to replace caps on current system to enable continuity of service.

The contract will provide the cooling system itself and maintenance agreement. In addition, it will include staff training and replacement of the caps at year 2 and year 4.

Cooling system replacement	£217,455
Maintenance, training and Parts	£ 43,727
Cap replacement	£ 60,800
Total	<u>£321,982</u>

27. PROPOSED FUNDING CASHFLOW

Indicate here the length of the project and the expenditure expected during the financial period.
Example - Year 1 Expenditure Total 2021/22 (April 2021-March 2022). Please note that funding cannot be requested for more than a 3 year period.

The Total Funding Cash Flow should match the Total Funding Requirements indicated on the table above



Description	Expenditure year 1	Expenditure year 2	Expenditure year 3	Expenditure year 4	Expenditure year 5	Total Expenditure
System Costs	229,274	38,377	7,977	38,377	7,977	321,982
Replacement C	10,000					10,000
	239,274	38,377	7,977	38,377	7,977	331,982

Based on the quotes given and the scalp cooling caps only having a life expectancy of 2 years, the quote for the 5-year plan given by one supplier is the most cost efficient option to continue to provide scalp cooling treatment to our patients.

SECTION 6 – EXIT STRATEGY

28. TIMESCALE / PROJECT MILESTONES

Indicate here the length of this project – **This must include a start date and end date.** (Please indicate if there is likely to be any lead time which may delay the start date).

If a project has not commenced within six months you will be requested to provide a progress update to the Charitable Funds Committee who will consider whether funding will continue depending on the explanation provided.

Funding needs to be secured, the procurement process commenced and order placed to enable the contract to be awarded by the 31st March 2023. Whilst we have an extension on the current contract until 15th June 2023, we would need to inform patients from 31st March 2023 the service was no longer available should funding not be agreed.

29. ACTION PLAN / EXIT STRATEGY

Include the plans and actions required to mitigate any risks once the term of the Charitable funding ends. Please indicate the anticipated funding routes i.e. will funding cease, will the proposal self-fund if successful, will the financial impact revert to Trust revenue accounts or will other funding sources be secured / considered?

IT IS ESSENTIAL THAT YOU CONSIDER THE POTENTIAL LONG TERM COST IMPLICATIONS, FUNDING BEYOND THIS REQUEST IS NOT GUARANTEED FROM THE CHARITY.

For Example - Will there be any staff cost implication relating from redundancy.

The exit strategy will require the Trust to make a decision as to whether the service ceases or it continues with new funding source.



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The option to cease the service will require early planning to make patients and partners (Commissioners, CHC etc) aware of why and when the service will end and the impact on patient care.

The option to continue the services will require a new funding source. Possible options or a combination of these options include:

- Welsh Government capital
- Trust Discretionary capital
- Velindre Trust Charity
- Other Charities
- Trust Commissioners
- Trust cost savings

30. HOW WILL YOU DEMONSTRATE TO STAKEHOLDERS AND DONORS THE IMPACT THAT THIS PROPOSAL WILL HAVE ON PATIENTS / STAFF/ SERVICE OR WIDER COMMUNITY?

The impact will be seen as Velindre Cancer Centre patients will benefit from being offered the treatment and showing that Velindre University NHS Trust and the Cancer Centre is promoting the mental health and wellbeing of our patients.

As part of gathering Patient Reported Experience using the Civica system SACT patients will be asked to provide feedback on the Scalp Cooling service via a questionnaire.

Once the Trust has implemented a Patient Reported Outcome system and agreed the validated questionnaires to be used to obtain patients' views on how health care interventions impact on their quality of life, SACT patients receiving Scalp Cooling treatment can be asked to provide feedback on the outcome of the treatment as part of these questionnaires.

31. FOLLOWING APPROVAL BY VCC SLT/WBS SMT AND CHARITABLE FUNDS OMG THE BUSINESS CASE WILL NEED TO BE PRESENTED TO THE CHARITABLE FUNDS COMMITTEE. PLEASE STATE BELOW WHO WILL PRESENT THIS BUSINESS CASE

Rebecca Membury – Directorate Support Manager for SACT and Medicines Management Directorate.

Anna Burgess – SACT Lead Nurse



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PLEASE NOTE:

As part of the evaluation process, you will be required to submit an annual progress report clearly stating how the project is performing against key targets such as delivery of results and actual spend against plan. A copy of the Annual Evaluation template can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

Accurate completion of these annual evaluations is key in ensuring that the project will continue to be supported by the charity.

Appendix A – Data and more information in relation to scalp cooling:

- 1. DOI: 10.1200/JOP.17.00038 Journal of Oncology Practice 14, no. 3 (March 01, 2018) 149-154 Published online January 10, 2018.**

Cold caps have been used in Europe since the 1970s. The U.S. Food and Drug Administration has given clearance to two scalp cooling systems: the DigniCap Scalp Cooling System and the Paxman Scalp Cooling System.

Scalp cooling works by narrowing the blood vessels beneath the skin of the scalp, reducing the amount of chemotherapy medicine that reaches the hair follicles. With less chemotherapy medicine in the follicles, the hair may be less likely to fall out. The cold also decreases the activity of the hair follicles, which slows down cell division and makes them less affected by the chemotherapy medicine.

Cold caps and scalp cooling systems are slightly different. Cold caps are similar to ice packs. Kept in a freezer before they're worn, cold caps thaw out during a chemotherapy infusion session and need to be replaced with a new cap about every 30 minutes.

With scalp cooling systems, the cap is attached to a small refrigeration machine that circulates coolant, so the cap only has to be fitted once.

With both types of cooling, you wear the cap for 20 to 50 minutes before receiving chemotherapy, while you're receiving chemotherapy, and for a certain amount of time after the chemotherapy infusion is completed.

In the SCALP trial, which used the Paxman system, women treated with taxane-based chemotherapy **kept 59% of their hair**. Women treated with a taxane followed by an anthracycline kept 16% of their hair. Women treated with weekly Taxol (chemical name: paclitaxel), a taxane, kept 100% of their hair.

In the second study, which used the DigniCap system, women treated with taxane-based chemotherapy **kept 66% of their hair**. Women treated with weekly Taxol kept 100% of their hair. This study did not include women treated with a taxane followed by an anthracycline.

In the third study, which used Penguin Cold Caps and included women diagnosed with metastatic disease, women treated with taxane-based chemotherapy **kept 50% to 84% of their hair**. Women treated with anthracycline-based chemotherapy kept 20% to 43% of their hair.

Table 1. Comparison of Recent Scalp-Cooling Studies

First Author	Device Used	Cooling Schedule	Study Population	Type of Chemotherapy	Outcomes
Nangia ¹²	Paxman cooling system	30 minutes before treatment, during treatment, and 90 minutes after treatment	Patients with early-stage breast cancer (N = 182)	Taxane or anthracycline based (including both agents sequentially)	51% hair preservation in cooling group 0% hair preservation in control group 59% hair preservation with cooling and taxanes 16% hair preservation with cooling and anthracyclines
Rugo ¹³	Dignicap cooling system	30 minutes before treatment, during treatment, and 90-120 minutes after treatment	Patients with early-stage breast cancer (N = 122)	Taxane based (anthracycline based allowed, but no enrolled patients treated with anthracycline)	66% hair preservation in cooling group 0% hair preservation in control group
Rice ¹⁴	Penguin Cold Caps	Details not specified in publication	Patients with early-stage and metastatic breast cancer (N = 103)	Taxane or anthracycline based (including both agents sequentially)	61% hair preservation overall 50%-84% hair preservation with taxane-based therapy 20%-43% hair preservation with anthracycline-based therapy

2. Carbognin, L., et al. (2022). "Prospective Study Investigating the Efficacy and Safety of a Scalp Cooling Device for the Prevention of Alopecia in Women Undergoing (Neo)Adjuvant Chemotherapy for Breast Cancer." Current Oncology 29(10): 7218-7228: <https://dx.doi.org/10.3390/curroncol29100569>

The prevention of chemotherapy-induced alopecia still represents an urgent need for every day clinical practice. In this regard, this prospective single-center study included breast cancer (BC) patients who underwent a scalp cooling device (Dignicap R) during (neo)adjuvant chemotherapy with the aim to evaluate the efficacy and safety of this device in preventing alopecia. One hundred and seventy-eight patients (median age 43 years) were enrolled. The chemotherapy regimen included anthracycline and taxane-based chemotherapy (68.1%), docetaxel and cyclophosphamide (25.8%), anthracycline and taxane-based plus carboplatin (3.9%), and paclitaxel alone (2.2%). In 25.3% of cases, a dose dense schedule was used. Overall, the success rate was 68.0%: 100% in paclitaxel alone, 87.0% in docetaxel-cyclophosphamide, 59.5% in anthracycline and taxane, and 71.4% in the sequential regimen plus carboplatin group (anthracycline and taxane-based chemotherapy versus taxane-based chemotherapy, $p \leq 0.001$). No difference in terms of hair preservation between dose-dense or standard schedule was found ($p = 0.557$). Early discontinuation of the scalp cooling was observed in 50 patients (28.1%). Although 138 patients (77.5%) experienced adverse events, 70.2% of patients were satisfied with this device.

3. Keim, S., et al. (2022). "Scalp Cooling for Prevention of Chemotherapy-Induced Alopecia for Women and Men with Various Cancer Entities: A Two-Year Survey of an Outpatient Cancer Center in Germany." Oncology Research and Treatment 45(7-8): 395-399: <https://dx.doi.org/10.1159/000523759>

INTRODUCTION: The aim of this survey was to assess the efficacy and the feasibility of scalp cooling (SC) in an outpatient hematological and oncological center in a real-world setting.

METHODS: We prospectively monitored cancer patients from August 2017 to October 2019 receiving oncological treatments with SC, using the sensor-controlled system "DigniCap." Effectiveness was defined by a self-estimated hair loss < Grad 2 (<50%)

according to the Common terminology Criteria for adverse events V4.0 or not requiring a wig. Withdrawal from SC on patient's demand was considered as failure. Tolerability and safety were also evaluated.

RESULTS: Ninety-four patients with chemotherapy for their primary (52%) or metastatic (48%) disease had a total of 634 SC sessions. SC was well accepted with increasing experience of the nurses (withdrawal for any reason 29/94). Among the female population (N = 85) 54% received a (neo-)adjuvant chemotherapy. Forty-eight percentages received a taxane-based therapy, 35% anthracycline-based, 17% platin compounds, and others. The overall success rate in the female sample was 72%. In the male group (N = 9), the majority had a metastatic disease (6/9) and received a taxane-based therapy (5/9). The rate of withdrawal by discomfort and pain was high, and the success rate was 44%.

4. Bitto, F. F., et al. (2020). "EVA-Scalp: Evaluation of Patient Satisfaction with a Scalp Cooling Device to Prevent Chemotherapy-Induced Alopecia in Breast Cancer Patients." Breast Care **15**(2): 171-177:
<https://dx.doi.org/10.1159/000501393>

PURPOSE: Scalp cooling (SC) offers a chance to reduce hair loss (HL), but patient satisfaction, the effect on well-being, as well as patient selection criteria have not been sufficiently assessed yet.

METHODS: In the EVAScalp trial, SC was offered to 70 breast cancer patients who received chemotherapy between November 2015 and September 2018. For SC, the Paxman-Orbis-II System was used. Satisfaction was measured by a questionnaire evaluating the level of depression with the WHO-5 well-being index (WHO-5) plus questions addressing the patient's experiences and side effects using the SC device. To evaluate efficacy, documentation by photo, by a physician, and by an HL-diary was conducted.

RESULTS: Regarding efficacy, a significant difference between chemotherapy regimens is seen. Anthracycline-based therapies led to a stop of SC in 71% of the patients, whereas taxane-based therapies without anthracyclines were associated with a high acceptance of SC, and 88% of patients with paclitaxel-based therapies continued SC throughout their chemotherapy. Overall, only 7.69% of the patients stopped because of side effects. As an indicator for quality of life, WHO-5 was higher (65.8%) in patients with successful SC compared to in patients who stopped SC because of HL or side effects (only 53.0%). The majority of patients (82.22%) with successful SC would recommend SC to other patients.

5. Weatherby, L. and L. Brophy (2019). "Scalp Cooling: A Patient's Experience." Journal of the Advanced Practitioner in Oncology 10(2): 158-165

CASE STUDY Ms. X is a 23-year-old female who presented to clinic with stage 2A endometrial cancer of the ovary. At her first visit, Ms. X was prescribed paclitaxel and carboplatin on day 1 for 6 cycles. During the visit, the nurse noted Ms. X could not keep her hands out of her hair; she continually played with it. The nurse, judging by Ms. X's body language, suspected she valued her hair. Ms. X revealed she had been doing some research and wanted to use a cold cap to try and prevent alopecia during her treatment. On the first day of chemotherapy, Ms. X came to the clinic with her mother. They brought a manual cap for scalp cooling and a cooler of dry ice. Her mother was to serve as a "capper" and change the cap at 20- to 30-minute intervals during treatment to keep her scalp cool. Ms. X was made comfortable in an infusion bed, and the cap was applied 30 minutes prior to the start of therapy. Ms. X's mother changed the dry ice caps every 20 minutes throughout the infusion. Ms. X then left it on for 90 minutes following her chemotherapy. After 6 cycles of chemotherapy, Ms. X still had all her hair.

6. Rice, B. A., et al. (2018). "Registry study to assess hair loss prevention with the Penguin Cold Cap in breast cancer patients receiving chemotherapy." Breast Cancer Research & Treatment 167(1): 117-122: <https://dx.doi.org/10.1007/s10549-017-4506-z>

PURPOSE: Chemotherapy-induced alopecia is a distressing side effect of cancer treatment. The aim of this registry study was to assess efficacy and tolerability of scalp hypothermia using Penguin Cold Caps (Penguin) in breast cancer patients.

METHODS: Hair loss was assessed by patients using a 100-point Visual Analog Scale (VAS) and by physicians using the 5-point Dean Scale at baseline, every 3-4 weeks during chemotherapy, and at least 1 month after completion of chemotherapy. The primary efficacy endpoint for success was defined as $\leq 50\%$ hair loss by patient report (VAS) at follow-up (FUP). Tolerability and satisfaction were assessed by patient report.

RESULTS: 103 patients enrolled between 7/2010 and 6/2015; 97 are evaluable for the primary endpoint. Chemotherapy included docetaxel/cyclophosphamide (TC; n = 50) for 4-6 cycles every 3 weeks, weekly paclitaxel for 12 weeks then doxorubicin/cyclophosphamide (P/AC; n = 23) for 4 cycles every 2-3 weeks, AC then paclitaxel (AC/P; n = 10), docetaxel/carboplatin +/- trastuzumab (TCH; n = 4) for 4-6 cycles every 3 weeks. Overall, 61% of patients successfully prevented CIA; impact was regimen specific: TCH 100%, TC x 4 84%, TC x 5-6 50%, P/AC 43%, AC/P 20%. The most common toxicity was headache, reported by 78.5% of patients with mean pain level 37/100. Satisfaction among those who completed scalp cooling (SC) and FUP ranged from 74 to 100%. All patients who completed SC/FUP recommended Penguin.

7. Management of Chemotherapy-Induced Alopecia with Scalp Cooling, Megan Kruse & Jame Abraham

The three studies analysed included 407 women who had been diagnosed with breast cancer. Two of the studies looked at women diagnosed with early-stage disease and the third looked at women with both early-stage and metastatic disease: The researchers said that while follow-up time in the studies was short, the "data suggest that the incidence of scalp metastases related to scalp cooling is low."

8. Bitto, F. F., et al. (2020). "EVA-Scalp: Evaluation of Patient Satisfaction with a Scalp Cooling Device to Prevent Chemotherapy-Induced Alopecia in Breast Cancer Patients." Breast Care 15(2): 171-177: <https://dx.doi.org/10.1159/000501393>

Concluded, patients tolerated SC as long as HL was successfully prevented. The well-being of patients with successful SC was significantly higher than that of patients who stopped SC prematurely. In general, SC is a promising approach and improves patient well-being, but there are still limitations to its utility depending on the chemotherapy regimen used.

9. Breast, The, 2022-08-01, Volume 64, Pages 50-55, Brunner C et al - Hair safe study: Effects of scalp cooling on hair preservation and hair

regrowth in breast cancer patients receiving chemotherapy - A prospective interventional study.

Brunner C et al summarized Overall, SC is the most promising approach to prevent alopecia in terms of efficacy and safety. Patients can highly benefit from the application of scalp cooling devices. SC should be integrated into clinical practice and targeted towards patients with potentially high success rates of SC selected by chemotherapy regimen. Ideally, health insurance should cover the costs of treatment, and it should be made broadly available.



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CHARITABLE FUNDS COMMITTEE

CARDIFF CANCER RESEARCH HUB: Commissioning An Investment Strategy

DATE OF MEETING	19/01/2023	
PUBLIC OR PRIVATE REPORT	Private	
IF PRIVATE PLEASE INDICATE REASON	Potentially Identifiable / Sensitive Information	
PREPARED BY	Chris Moreton, Deputy Director of Finance	
PRESENTED BY	Matthew Bunce, Executive Director of Finance & Jacinta Abraham, Executive Medical Director	
EXECUTIVE SPONSOR APPROVED	Jacinta Abraham, Executive Medical Director	
REPORT PURPOSE	FOR APPROVAL	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
This paper presents an additional request for funding based on a business case which has been received / considered as follows: RD&I OMG RD&I Sub Committee Charitable Funds Committee	22.03.2022 07.04.2022 03.05.2022	ENDORSED FOR APPROVAL ENDORSED FOR APPROVAL APPROVED



ACRONYMS	
SLT	Senior Leadership Team
SMT	Senior Management Team
OMG	Operational Management Group

1. SITUATION/BACKGROUND

- 1.1 In May 2022 the Charitable Funds Committee approved £25,000 to fund the development of the Cardiff Cancer Research Hub investment strategy.
- 1.2 Following a period of market engagement and collaborative learning from other NHS RD&I teams across the UK during June to August 2022, a procurement exercise in relation to the Cardiff Cancer Research Hub Investment Strategy was completed between September and October 2022.
- 1.3 The procurement was unsuccessful as there was not enough funding available to be able to award the contract to the one tender submitted at a cost of 200k.
- 1.4 Further work has now been completed including gathering informal feedback from the market on the scope of work and budget requirement. If the work is re-tendered, more information will be provided to the market with regards to the proposed specification of the Cardiff Cancer Research Hub.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 We have reviewed the investment strategy and based on a revised scope of work it is estimated that the total contract cost will be in the region of £125k (exc. VAT) in total and a balance of funds will be sought from Trust non recurrent reserves to cover the total costs of the contract.
- 2.2 The table below outlines the revised funding estimate required for the Cardiff Cancer Research Hub Investment Strategy including proposed funding sources:

Funding Source	£ Value (exc. VAT)	£ Value (inc. VAT)	Approval Status
Charitable Funds	£20.83k	£25k	Approved – 03/05/2022
Charitable Funds	£41.67k	£50k	To be approved (this request)
Trust non recurrent reserves	£62.5k	£75k	To be approved
Total Requirement	£125k	£150k	To be approved

- 2.3 This paper contains an additional £50k request from Charitable Funds, comprised of a £25k grant and £25k repayable investment.
- 2.4 Further detail is available in the Business Case at Appendix 1.



3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
	Please see Business Case at Appendix 1.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Please see Business Case at Appendix 1.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.

4. RECOMMENDATION

4.1 The Charitable Funds Committee are asked to **APPROVE** the request for funding of £25,000 grant and £25,000 repayable investment (£50,000 total) to enable the commissioning of external support to develop an investment strategy for the Cardiff Cancer Research Hub.



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APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

THIS BUSINESS CASE HAS TO BE COMPLETED FOR PROJECTS / GRANTS / BIDS WITH
EXPENDITURE OVER £5,000

(For Support please contact Chris McCarthy on x6589, or contact your local finance team).

Or access the Trust intranet page for an example of best practice

[Velindre NHS Trust | Charitable Funds Policies](#)

SECTION 1

1. BUSINESS CASE TITLE
CARDIFF CANCER RESEARCH HUB: Commissioning An Investment Strategy
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Research, Development & Innovation
3. BUSINESS CASE PREPARED BY
Chris Moreton, Deputy Director of Finance
4. BUSINESS CASE SPONSORED BY
Jacinta Abraham, Executive Medical Director
5. VCC SLT/WBS SMT SPONSOR (RESPONSIBLE OFFICER) Ensure VCC SLT/WBS SMT approval is sought before submitting to the Charitable Funds Committee
In line with CFC process, the RD&I business case was submitted for information purposes to VCC SLT, which took place on 20.04.2022. This request is an extension to the existing business case.
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-01
7. BUSINESS CASE TOTAL EXPENDITURE
£50,000 (this is additional to the £25,000 approved in May and is requested as £25,000 grant and £25,000 repayable investment)
8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)



Estimated time required for the consultancy work (once commissioned through NHS procurement) will be 4 months.
Repayment of the £25,000 investment will come from RD&I once an income stream has been established.

9. FUND NAME & NUMBER

Access the Trust intranet page for details [Velindre NHS Trust | Charitable Funds Policies](#)

General Fund 6000

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/10/2022 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6000 - General	2,733	2,603	4,399	-2,713	4,289

11. FUND HOLDER APPROVAL

Please confirm that the fund holder has supported this funding request prior to it being submitted to the CFC.

Access the Trust intranet page for fund holder details [Velindre NHS Trust | Charitable Funds Policies](#)

Paul Wilkins

12. IS THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM OR IS THIS A NEW PROPOSAL

Additional funding request in addition to previously approved business case

13. IF THIS A REQUEST FOR CONTINUATION OF FUNDING BEYOND THE ORIGINAL TERM, PLEASE OUTLINE THE REASONS WHY A FURTHER FUNDING REQUEST IS BEING SUBMITTED AND WHY THE EXIT STRATEGY IN THE ORIGINAL BUSINESS CASE HAS NOT BEEN IMPLEMENTED.

This request is submitted as an additional request to the £25,000 approved by Charitable Funds Committee in May 2022.

Following a period of market engagement and collaborative learning from other NHS RD&I teams across the UK, a procurement exercise in relation to the Cardiff Cancer Research Hub Investment Strategy was completed between September and October 2022. The procurement was unsuccessful as there was not enough funding available to be able to award the contract. Further work has now been completed to review the scope of work and provide more information to the market with regards to the proposed specification of the Cardiff Cancer Research Hub.

It is estimated that the total contract cost will be in the region of £125k (exc. VAT) in total and a balance of funds has been earmarked from Trust non recurrent reserves to cover the total costs of the contract.

SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

This proposal is for additional Charitable Funds to enable procurement of external support to develop an investment strategy for the Cardiff Cancer Research Hub. The basis of the proposal remains the same as presented to Charitable Funds Committee in May 2022 as follows:

The Hub includes a number of external partners and will require a mixed model of funding approach. It will be essential that an investment strategy is developed that will enable best long-term sustainability for the Hub. The Hub planned outcomes includes:

- more research access for patients
- enhanced research collaborations
- facilitating cancer research to be developed and led from Cardiff.
- increased research reputation
- attract research income through commercial trials and research grants
- grow future cancer research leaders

Ultimately such outcomes will generate research knowledge that will benefit cancer patients now and in the future.

Background

A Velindre Futures Research and Development Task and Finish group was convened (Sept 2020) which produced an **Overarching Cancer Research and Development Ambitions for Velindre University NHS Trust 2021-31** (Jan 2021.)

Such ambitions were supported by the Trust Executive and received Trust Board sign off (Mar 2021).

Beyond the Trust, the cancer R&D ambitions have also been fully endorsed by the Cancer Collaborative Leadership Group and within the VUNSHT and CVUHB Partnership Board which included Cardiff University.

Such ambitions align with the recommendation of the Nuffield Trust and includes the development of a Tripartite Cancer Research Hub (VUNHST, CVUHB, and CU.)

Cardiff Cancer Research Hub

Plans are underway to deliver an integrated cancer research hub facility based at the University Hospital of Wales (UHW) to support the delivery of high quality clinical services and research. The facility is for patients requiring complex high risk systemic treatments and will facilitate closer working with haemato-oncology services, which would be enabled by the Hub. The Hub



provides opportunities to enable research collaboration, best practice and innovation sharing to deliver patient benefit.

Funding of the Hub's first 12-18 months will be met by the three organisations, VUNHST, CAVUHB and CU, but a substantial financial commitment will be needed beyond the 18 months. The RD&I Senior Team are seeking funds to commission an external consultancy to develop an investment strategy for the Hub. This will include creating a long-term sustainable mixed model of funding, beyond the Tripartite model. Working with other partners such as, the Third Sector, the Wales Cancer Research Centre, Experimental Cancer Medicines Centre Cardiff, Advanced Therapies Wales, Health and Care Research Wales, Pharma and other research organisations.

Nuffield Trust Advice for Research

In December 2020 the Nuffield Trust were commissioned by VUNHST to provide independent advice on the proposed regionally integrated model for tertiary non-surgical oncology services across South East Wales. The report sets out recommendations for VUNHST and University Health Board (UHB) partners to consider with the following recommendation relate specifically to research included:

- **Recommendation 5:** *To support recommendations 4 and 5, and the research strategy, a focus on cancer including haemato-oncology and a hub for research needs to be established at UHW. There would be advantages to this being under the management of the VCC, but in any case, the pathways between specialists need work in order to streamline cross-referral processes. Such a service would provide many of the benefits of co-location – access to interventional radiology, endoscopy, surgical opinion, critical care and so on – albeit without the convenience of complete proximity.*

A letter from the Deputy Chief Executive, NHS Wales, to the Chief Executives and Medical Directors of all SE Wales Health Boards and Velindre University NHS Trust in April 2021, also reiterated the requirement to develop '**a hub at the University Hospital of Wales for patients receiving complex and early phase experimental or advanced therapies**'.

15. LIST OF OPTIONS AND PREFERRED OPTION?

Include details of other funding options you have considered / engaged with and the outcome

The two main options are to fund or not to fund.

If the investment strategy is not funded, there is a threat that the long term goals and objectives of this project will not be met as the income model will not be sustainable and not enable the investment in staff and other costs to be achieved and maintained.

Funding the development of an investment strategy will mean that the Hub with its partners will be able to develop a Business Case that will help to attract funding for the Hub.

The scope of the project has been agreed with a brief developed. The investment strategy will deliver a report based on the following objectives:

- Develop SMART Investment Objectives for the Cardiff Cancer Research Hub



- Identify investment / sources of funding that could help to achieve the investment objectives
- Identify the CCRH Partner (CAVUHB; CU; VUNHST) best placed to lead on each source of investment funding
- Assess existing arrangements and current Hub service provision from all partners in respect of the CCRH
- Develop a rough order of magnitude investment assessment and high-level phasing to meet the CCRH needs
- Assess the anticipated quantitative and qualitative benefits and identify risks, constraints and dependencies

Further details on the objectives and deliverables of the strategy have been included within this document as Appendix A.

Funding this post will also show the Trust's commitment in achieving the RD&I's strategic priorities included in the Integrated Medium Term Plan 2022-2025, particularly on Strategic Priority 1: The Trust will drive forward the implementation of its Cancer Research and Development Ambitions 2021-2031. Within this priority sits the following key deliverable/objective which specifically relates to the Hub: The development and implementation of the intermediate term plan for the Cardiff Cancer Research Hub to provide a focal point and facility for delivering intermediate to high risk research studies, translational research and allow opportunities for education and training.

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?

The proposal must align with the Charity Vision, Mission, Aims and Objectives and the Charity Strategy / Annual Delivery Plan which can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

The proposal aligns with the Charity's Vision to "Invest in promoting quality, care and excellence in the services provided by Velindre NHS Trust" and the vision "to support the Trust's provision of world class, research-led, treatment, care and support for patients and families affected by cancer as well as other patients supported by the Trust"

SECTION 3 – IMPACT ASSESSMENT

17. PROVIDE DETAILS OF THE PROJECT OBJECTIVES AND THE TOOL(S) YOU WILL BE USING TO MEASURE THE SUCCESS OF EACH BY COMPLETING THE TABLE BELOW

As part of the evaluation process you will be required to submit an annual progress report clearly stating if the project has delivered against these objectives and how this was achieved.

Business Case Objectives	Tools Used to Measure Success *
1. Patient Outcomes	Patient access to research will be measured by research performance activity data



2. Staff Outcomes	Investment in future research leaders will be measured by numbers of researchers developed
3. Bottom-line	The development of an Investment strategy available to all partners will set out opportunities to improve research via the Hub

*Consider patient feedback and quantifiable information that can easily measure success e.g. improved patient outcome, increase in number of patients treated, reduction in waiting list, reduced waiting times

18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE?
Consider impact/ benefit on all stakeholders including patients, staff, the service and the wider community.

The Hub will facilitate enhanced research development and delivery in a partnership approach, including both solid tumour and haematological cancers. In order to deliver on such ambitions, there needs to be a long-term investment plan to make this mixed level funding model sustainable.

19. IN NO MORE THAN 100 WORDS EXPLAIN TO STAKEHOLDERS AND DONORS HOW YOU WILL USE THEIR MONEY TO MAKE A DIFFERENCE
Consider as if you were undertaking a...

- stakeholder briefing
- Press release
- Social Media Post

The Cardiff Cancer Research Hub is a truly exciting opportunity to bring high quality complex trials to patients in South Wales and beyond, using the expertise of three organisations. The funding of the Hub is complex, bringing various partners together. Having a long-term investment plan will therefore be vital to its success in establishing Wales as a world class centre for cancer research.

20. ARE THERE ANY LEGAL AND / OR ETHICAL IMPLICATIONS THAT NEED TO BE CONSIDERED? IF YES HOW WILL THEY BE MANAGED
e.g. Intellectual Property Rights, Confidentiality Agreements, Contractual Arrangements

With regards to the Investment Strategy, a procurement route has been identified and contractual arrangements will be managed through Velindre University NHS Trust's governance processes and SFIs.

With regards to the Cardiff Cancer Research Hub more broadly, it is envisioned that this project will have Intellectual Property aspect and contractual arrangements which will be managed in line with the Trust's policy and agreed Heads of Terms.

21. RISK ASSESSMENT
Please Indicate how the project will manage both strategic and operational risks identified as part of the risk assessment. In particular, you should make reference to risks which initiate the need for change, those which need to be managed in implementing the project and the risks identified with not proceeding with the project.



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The risk of not supporting the funding for this post is that VCC will not meet the long term requirements of strategies, objectives and standards outlined in section 14.

22. LEGISLATIVE / REGULATORY COMPLIANCE

Provide evidence that the proposed project meets the relevant requirements/standards including Health and Safety, GDPR, Equality & Diversity, Data Protection Legislation etc. Also consider the Clinical Governance requirements, National Service Frameworks, NICE Regulations, Healthcare Standards, Commission for health improvement requirements and the Strategic and Financial Framework.

The post holder will comply with all the mandatory and statutory requirements of Velindre University NHS Trust.

SECTION 4 – RESEARCH, DEVELOPMENT AND INNOVATION (RD&I) SUB-COMMITTEE

23. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?

Yes

24. IF YES, PLEASE PROVIDE EVIDENCE THAT THIS PROJECT HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE. INCLUDE THE DATE OF THE SUB-COMMITTEE WHERE IT WAS CONSIDERED.

The project is supported by the senior RD&I team including submission to the RD&I OMG on 22nd March 2022. It was also presented and approved at the RD&I Sub Committee on 7th April 2022. This proposal is for additional funds that will enable these agreements to be delivered.

25. IF THIS PROPOSAL HAS BEEN ENDORSED BY THE RD&I SUB-COMMITTEE SUBJECT TO CERTAIN PROVISIONS, PROVIDE DETAILS ON HOW THIS HAS BEEN ADDRESSED

The RD&I Sub-Committee approved the business case for onward submission to the Charitable Funds Committee in May 2022 but with it being clear that this is a time-bounded consultancy with particular deliverables. Following these comments, Chris Moreton, Deputy Director of Finance, and Libby Batt, Strategy Lead for Velindre Cancer R&D Strategy, have provided a document setting out the objectives and the deliverables of the strategy (please see appendix A).

SECTION 5 – FUNDING REQUIREMENTS

26. FUNDING REQUIREMENTS

Provide here an indication of the anticipated costs for the whole project. This should include a breakdown of Capital and / or Revenue costs. Within the revenue cost you should indicate Staff costs, Non-staff cost and Equipment.



Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
Investment Strategy Grant		25,000		25,000
Investment Strategy Repayable Investment		25,000		25,000
TOTAL Up Front Investment		50,000	0	50,000
Less Investment Strategy Return on Investment		-25,000		-25,000
TOTAL Investment		25,000	0	25,000

27. PROPOSED FUNDING CASHFLOW

Indicate here the length of the project and the expenditure expected during the financial period.
Example - Year 1 Expenditure Total 2021/22 (April 2021-March 2022). Please note that funding cannot be requested for more than a 3 year period.

The Total Funding Cash Flow should match the Total Funding Requirements indicated on the table above

Description	Expenditure year 1	Expenditure year 2	Expenditure year 3	Total Expenditure
Investment Strategt Grant	£25,000			£25,000
Investment Strategy Repayable Investement	£25,000			£25,000
Investment Strategy Return on Invesmtent		-£12,500	-£12,500	-£25,000
TOTAL	£50,000	-£12,500	-£12,500	£25,000



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Prifysgol Felindre
Velindre University
NHS Trust

SECTION 6 – EXIT STRATEGY

28. TIMESCALE / PROJECT MILESTONES

Indicate here the length of this project – **This must include a start date and end date.** (Please indicate if there is likely to be any lead time which may delay the start date).

If a project has not commenced within six months you will be requested to provide a progress update to the Charitable Funds Committee who will consider whether funding will continue depending on the explanation provided.

The tender is due to be re-issued at the end of January 2023 and the project is expected to be delivered within 3-4 months

29. ACTION PLAN / EXIT STRATEGY

Include the plans and actions required to mitigate any risks once the term of the Charitable funding ends. Please indicate the anticipated funding routes i.e. will funding cease, will the proposal self-fund if successful, will the financial impact revert to Trust revenue accounts or will other funding sources be secured / considered?

IT IS ESSENTIAL THAT YOU CONSIDER THE POTENTIAL LONG TERM COST IMPLICATIONS, FUNDING BEYOND THIS REQUEST IS NOT GUARANTEED FROM THE CHARITY.

For Example - Will there be any staff cost implication relating from redundancy.

The support will only be required for a short-term fixed time scale.

30. HOW WILL YOU DEMONSTRATE TO STAKEHOLDERS AND DONORS THE IMPACT THAT THIS PROPOSAL WILL HAVE ON PATIENTS / STAFF/ SERVICE OR WIDER COMMUNITY?

Having an investment strategy in place at this stage will increase patients' access to state-of-the-art therapies over a long term timeframe, increasing the capacity and capability of our service. Having a sustainable investment strategy in place will also ensure a high quality research output measured by research publications, impact, income, increased impact cases and Research Excellence Framework (REF) status.

31. FOLLOWING APPROVAL BY VCC SLT/WBS SMT AND CHARITABLE FUNDS OMG THE BUSINESS CASE WILL NEED TO BE PRESENTED TO THE CHARITABLE FUNDS COMMITTEE. PLEASE STATE BELOW WHO WILL PRESENT THIS BUSINESS CASE

Mererid Evans, Velindre Futures R&D Clinical Lead
Libby Batt, Velindre Futures R&D Strategy Lead



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Prifysgol Felindre
Velindre University
NHS Trust

PLEASE NOTE:

As part of the evaluation process you will be required to submit an annual progress report clearly stating how the project is performing against key targets such as delivery of results and actual spend against plan. A copy of the Annual Evaluation template can be found on the Trust intranet page [Velindre NHS Trust | Charitable Funds Policies](#)

Accurate completion of these annual evaluations is key in ensuring that the project will continue to be supported by the charity.

Appendix A



Cardiff Cancer
Research Hub Strateg

Agenda Cyhoeddus Cyfarfod y Pwyllgor Cronfeydd Elusennol

Dyddiad	Dydd Iau 19 Ionawr 2023
Amser	14:00 – 16:30
Lleoliad	Microsoft Teams
Cadeirydd	Yr Athro Donna Mead, OBE, Cadeirydd

- 0.0.1 ASTUDIAETH ACHOS CODI ARIAN – HERIAU SGILIAU MEWN YSGOLION**
14:00 Dan arweiniad Alaric Churchill, Cyfarwyddwr Elusennol Dros Dro (Cyflwyniad)
Yn ymuno â Lloyd Rowe, Llysgennad Elusennol
Amser 10 munud
- 1.0.0 BUSNES ARFEROL**
14:10 Dan arweiniad yr Athro Donna Mead, OBE, Cadeirydd
Amser 5 munud
- 1.1.0 Ymddiheuriadau**
Dan arweiniad yr Athro Donna Mead, OBE, Cadeirydd
- 1.2.0 Yn Bresennol**
Dan arweiniad yr Athro Donna Mead, OBE, Cadeirydd
- 1.3.0 Datganiadau o Fuddiant**
Dan arweiniad yr Athro Donna Mead, OBE, Cadeirydd
- 1.4.0 Camau Gweithredu**
14:15 Dan arweiniad Matthew Bunce, Cyfarwyddwr Gweithredol Cyllid
Amser 5 munud
- 2.0.0 AGENDA CANIATÂD**
14:20 Dan arweiniad yr Athro Donna Mead, OBE, Cadeirydd
Amser 10 munud
- 2.1.0 I'W CYMERADWYO**
Dan arweiniad yr Athro Donna Mead, OBE, Cadeirydd
- 2.1.1 Cofnodion drafft o'r cyfarfod a gynhaliwyd ar 20 Medi 2022**
Dan arweiniad yr Athro Donna Mead, OBE, Cadeirydd
- 2.1.2 Cylch Gorchwyl y Bwrdd Cronfa Radiotherapi Arloesol**
Dan arweiniad Matthew Bunce, Cyfarwyddwr Gweithredol Cyllid

- 2.2.0 I'W NODI**
Dan arweiniad yr Athro Donna Mead, OBE, Cadeirydd
- 2.2.1 Adroddiad ar Brif Bwyntiau'r Is-bwyllgor ar Adolygu Perfformiad Buddsoddiadau y Pwyllgor Cronfeydd Elusennol**
Dan arweiniad Martin Veale, Aelod Annibynnol
- 3.0.0 ADRODDIAD BLYNYDDOL YMDDIRIEDOLWR CRONFEYDD ELUSENNOL**
14:30 YMDDIRIEDOLAETH GIG PRIFYSGOL FELINDRE 2021/2022
Dan arweiniad Alaric Churchill, Cyfarwyddwr Elusennol Dros Dro
Amser 15
- 3.0.1 ARCHWILIAD CYFRIFON ARIANNOL BLYNYDDOL – ADRODDIAD SAFON**
14:45 RYNGWLADOL AR ARCHWILIO 260
Dan arweiniad Steve Coliandris, Pennaeth Cynllunio ac Adrodd Ariannol a Steve Wyndham a David Burridge, Archwilio Cymru
Amser 15
- 4.0.0 DIWEDDARIAD GAN Y CYFARWYDDWR ELUSENNOL DROS DRO**
15:00 Dan arweiniad Alaric Churchill, Cyfarwyddwr Elusennol Dros Dro
Amser 10 munud
- 5.0.0 CYLLID**
15:10 Dan arweiniad Steve Coliandris, Pennaeth Cynllunio ac Adrodd Ariannol
Amser 15 munud
- 5.1.0 PAPUR DIWEDDARIAD ARIANNOL**
Dan arweiniad Steve Coliandris, Pennaeth Cynllunio ac Adrodd Ariannol
- 6.0.0 TORIAD**
15:25 Amser (10 munud)
- 7.0.0 CYNIGION ACHOS BUSNES A GWARIANT**
- 7.1.0 ARIANNU TALEBAU WIG YN RHANNOL**
15:35 Dan arweiniad Michele Pengelly, Nyrs Arweiniol Gofal Cefnogol
- 7.2.0 GWASANAETHAU GOFAL YSBRYDOL A BUGEILIOL**
Dan arweiniad Michele Pengelly, Nyrs Arweiniol Gofal Cefnogol
- 7.3.0 RHEOLWR GWASANAETHAU CYMORTH A GWYBODAETH I GLEIFION**
Dan arweiniad Michele Pengelly, Nyrs Arweiniol Gofal Cefnogol
- 7.4.0 GWASANAETH CYNGOR AR FUDD–DALIADAU LLES (PRIF YMGYNGHORYDD A**
15:55 CHYNORTHWYDD HAWLIAU LLES)
Dan arweiniad Caroline Coffey, Seicolegydd Clinigol Ymgynghorol

- 7.5.0 ACHOS BUSNES Y GWASANAETH SEICOLEG GLINIGOL A CHWNSOLA A'R TÎM THERAPÏAU CYFLENWOL**
Dan arweiniad Caroline Coffey, Seicolegydd Clinigol Ymgynghorol
- 7.6.0 ACHOS BUSNES Y TÎM NYRSYS CLINIGOL ARBENIGOL**
16:10 Dan arweiniad Rachel Hennessy, Cyfarwyddwr Dros Dro Canolfan Ganser Felindre
- 7.7.0 ACHOS BUSNES SYSTEM OERI'R SCALP**
Dan arweiniad Rachel Hennessy, Cyfarwyddwr Dros Dro Canolfan Ganser Felindre
- 7.8.0 CANOLFAN YMCHWIL CANSER CAERDYDD: COMISIYNU STRATEGAETH**
16:25 FUDDSODDI
Dan arweiniad Matthew Bunce, Cyfarwyddwr Gweithredol Cyllid, Chris Moreton, Dirprwy Gyfarwyddwr Cyllid a Jacinta Abraham, Cyfarwyddwr Meddygol Gweithredol
- 8.0.0 UNRHYW FATER ARALL**
16:35 Rhaid i'r Cadeirydd gytuno arnynt ymlaen llaw.
- 9.0.0 ADRODDIAD AR Y PRIF BWYNTIAU**
Aelodau i nodi eitemau i'w cynnwys yn yr Adroddiad ar y Prif Bwyntiau i Fwrdd yr Ymddiriedolaeth:
Ar gyfer Uwchgyfeirio
Er Sicrwydd
Er mwyn Cynghori
Er Gwybodaeth
- 10.0.0 DYDDIAD AC AMSER Y CYFARFOD NESAF**
Dydd Mawrth 21 Mawrth 2023, 10:00–12:30
- 11.0.0 I GLOI**
Gofynnir i'r Pwyllgor fabwysiadu'r penderfyniad canlynol:
Bod cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd yn cael eu heithrio o weddill y cyfarfod hwn gan roi sylw i natur gyfrinachol y busnes sydd i'w drafod a'r ffaith y bydd cyhoeddusrwydd ohono'n niweidiol i fudd y cyhoedd yn unol ag Adran 1(2) Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960 (cymal 67).