

Public Charitable Funds Committee

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

Microsoft Teams

Agenda

10:00 - 10:15 **1.0.0 STANDARD BUSINESS**

15 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 Draft Minutes from the meeting held on the 19 January 2023

Led by Professor Donna Mead, OBE, Chair

 1.4.0 Draft Charitable Funds Committee Public Part A Minutes _19 01 2023_ES MB DM.pdf (16 pages)

1.5.0 Action Points

Led by Matthew Bunce, Executive Director of Finance

 1.5.0 Public Charitable Funds Committee Action log_Updated March 2023 (v3).pdf (4 pages)

10:15 - 10:25 **2.0.0 UPDATE FROM INTERIM CHARITY DIRECTOR (ORAL UPDATE)**

10 min

Led by Alaric Churchill, Interim Charity Director

10:25 - 10:50 **3.0.0 FINANCE**

25 min

Led by Barry Williams, Senior Finance Business Partner and Steve Coliandris, Head of Financial Planning and Reporting


3.1.0 FINANCIAL UPDATE PAPER

Led by Barry Williams, Senior Finance Business Partner and Steve Coliandris, Head of Financial Planning and Reporting

 3.1.0a CFC Finance Report Cover Paper Jan 23 - CFC March 23.pdf (4 pages)



 3.1.0b CFC Finance Report Jan 23 - CFC March 23.pdf (13 pages)

 3.1.0c Summary of Commitments Jan 23 - CFC March 23.pdf (5 pages)

 3.1.0d Cashflow Forecast as at 30 January 2023 - CFC March 23.pdf (1 pages)

3.2.0 ONBOARDING OF THE INVESTMENT MANAGERS

Led by Steve Coliandris, Head of Financial Planning and Reporting

-  3.2.0 CFC - Onboarding of investment managers.pdf (6 pages)
-  3.2.0 Appendix 2 - Investment Onboarding. FCRQ for Charities - prepopulated for charity balanced strategy CFC.pdf (18 pages)

10:50 - 11:00 4.0.0 CHARITY ANNUAL DELIVERY PLAN

10 min

Led by Alaric Churchill, Interim Charity Director

-  4.0.0 Annual Delivery Plan 2023-24 v5.pdf (14 pages)

11:00 - 11:10 5.0.0 BREAK

10 min

11:10 - 11:50 6.0.0 BUSINESS CASE AND EXPENDITURE PROPOSALS

40 min

6.1.0 Arts Co-Ordinator Post Funding Business Case

Led by Hannah Moscrop, Project Manager and Rhiannon Freshney, Environmental Development Officer

-  6.1.0 2023-16 - Charitable Funds Business Case Over 5k - Arts Co-ordinator 3 Years Final.pdf (15 pages)

6.2.0 Business Case for part-funding Clinical Research Fellow (Brain Radiotherapy) from Headfirst Appeal/Brain Research Sub Fund

Led by Jonathan Patmore, Research Development & Innovation Finance Manager

-  6.2.0 2023-17 - Business Case Co-Funding Clinical Research Fellow (Brain Radiotherapy) MB Review.pdf (16 pages)

6.3.0 Stem Cell Donors Business Case

Led by Alan Prosser, Director of Welsh Blood Service and supported by Chris Harvey, Head of Welsh Bone Donor Registry

-  6.3.0 2023-15 - WBMDR Website Charitable Funds Business Case v2.0 MB Review.pdf (11 pages)

6.4.0 Business Case: Clinical Nurse Specialist (CNS) Navigators

Led by Vivienne Cooper, Head of Nursing

-  6.4.0 2023-12 - Charitable Funds Business Case - CNS Navigators MB Review.pdf (11 pages)

11:50 - 12:10 7.0.0 BUSINESS CASE ANNUAL EVALUATIONS

20 min

7.1.0 Consultant Radiographer in H&N Cancer and Late Effects (2019-08 Business Case)

Led by Jane Mathlin, Consultant Therapeutic Radiographer

-  7.1.0 Complete - JM - Annual Evaluation TEMPLATE.pdf (4 pages)

7.2.0 Advanced International Fellowship Programme - Medical Training Initiative (MTI) (2022-04 Business Case)

Led by Seema Arif, Consultant Clinical Oncologist

-  7.2.0 Complete - 2022-04 - Adv T Fellowship - Non Starter Review.pdf (3 pages)

12:10 - 12:20 **8.0.0 CONSENT AGENDA**

10 min




Led by Professor Donna Mead, OBE, Chair

8.1.0 FOR APPROVAL

Led by Professor Donna Mead, OBE, Chair

8.1.1 AMENDMENT TO STANDING ORDERS – SCHEDULE 3

Led by Emma Stephens, Head of Corporate Governance

-  8.1.1 Amendment to Standing Orders - Schedule 3 -Cover Report.pdf (4 pages)
-  8.1.1 Appendix 1 - March 2023 Review of CFC Terms of Reference_Without Track changes.pdf (8 pages)
-  8.1.1 Appendix 2 - March 2023 Review of CFC Terms of Reference_With Track changes.pdf (8 pages)

8.2.0 CONSENT FOR NOTING

Led by Professor Donna Mead, OBE, Chair

Nil Items

12:20 - 12:20 **9.0.0 ANY OTHER BUSINESS**

0 min

Prior Agreement by the Chair Required

- Charitable Funds Committee Effectiveness Questionnaire

12:20 - 12:20 **10.0.0 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

12:20 - 12:20 **11.0.0 DATE AND TIME OF NEXT MEETING**

0 min

Thursday 08 June 2023 at 10:00

12:20 - 12:20 **12.0.0 CLOSE**

0 min

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).

MINUTES OF THE PUBLIC CHARITABLE FUNDS COMMITTEE (CFC)

VELINDRE UNIVERSITY NHS TRUST HQ / TEAMS

THURSDAY 19 JANUARY 2023 AT 2:00PM

PRESENT:	
Professor Donna Mead OBE	Chair
Martin Veale	Independent Member
Hilary Jones	Independent Member
Matthew Bunce	Executive Director of Finance
ATTENDEES:	
Steve Ham	Chief Executive
Sarah Morley	Executive Director of OD & Workforce
Jacinta Abraham	Executive Medical Director
Cath O'Brien	Chief Operating Officer
Alaric Churchill	Interim Charity Director
Emma Stephens	Head of Corporate Governance
Steve Coliandris	Head of Financial Planning and Reporting
Barry Williams	Finance Business Partner
Jonathan Patmore	Finance Manager
Alison Hedges	Business Support Officer / Committee Secretariat

0.0.1	FUNDRAISING CASE STUDY–YOUNG AMBASSADOR EVENT <i>Led by Lloyd Rowe, Charity Ambassador</i>	
	<p>The Chair welcomed everyone to the meeting and advised that the Committee would receive a short presentation of a Fundraising Case Study by one of the Charity Ambassadors, Lloyd Rowe.</p> <p>Lloyd gave a brief overview of his background and relationship with the Charity, before providing the Committee with a summary of the origins, development pathway and key features of the Welsh Baccalaureate and the Skills Challenge Certificate, since its initial establishment in 2015.</p> <p>Lloyd highlighted his recent engagement and close collaboration with Lucasca Walters from the Fundraising team, who has played a key role in helping to widen the reach of the scheme and the benefits it can deliver for schools and the Charity.</p> <p>Lloyd outlined some of the more recent developments underway with the curriculum for Wales in Primary Schools and how the new curriculum is to become mandatory for secondary schools in September 2023.</p> <p>Lloyd advised the Committee that the 'Dragons Den' heat stages will take place in May 2023, where Velindre and employers through Careers Wales will be invited to attend.</p>	

	<p>The Committee noted that Bryntirion Comprehensive School has raised approximately £5,000 each year which then increases to £6,000 - £7,000 following participation in the Wear Red Day.</p> <p>Lloyd concluded his presentation by highlighting how proud he is to have become an Ambassador for Velindre and how much he enjoyed his recent experience participating in the Majorca bike ride last year.</p> <p>The Committee members extended their gratitude to Lloyd and the pupils at Bryntirion on everything that had been achieved in relation to the qualification scheme, and that their support for the Charity was magnificent. The Chair and Steve Ham also commented that they would both be extremely pleased to attend the 'Dragons Den' event in May 2023.</p> <p>Matthew Bunce queried whether there would be an opportunity to buddy up some of the Charities Young Ambassadors with children completing the Welsh Baccalaureate to support the development of their fundraising skills. Lloyd welcomed the opportunity to explore this and take forward.</p> <p>Alaric Churchill expressed his thanks to Lloyd, for the hard work that had been applied to putting the whole structure together and was keen to explore other opportunities in partnership with the schools and the Charity.</p> <p>Lloyd also confirmed the established relationship with the Welsh Blood Service Donor Recruitment team in response to a query raised by Cath O'Brien and are currently working with them to explore opportunities together in this space.</p> <p>The Chair thanked Lloyd Rowe on behalf of the Committee.</p> <p>**Action: The Chair will write a thank you letter to everyone for their support in running and participating in the Welsh Baccalaureate vrcf qualification and for all the hard work that has gone into raising money for Velindre through this process.</p>	Donna Mead
1.0.0	STANDARD BUSINESS <i>Led by Professor Donna Mead OBE, Chair</i>	
1.1.0	Apologies <i>Led by Professor Donna Mead OBE, Chair</i> <p>Apologies were noted from:</p> <ul style="list-style-type: none"> David Cogan (Patient Liaison Representative) Wayne Griffiths (Charity Ambassador) Nicola Williams (Director of Nursing, AHP's & Health Scientists) 	
1.2.0	In Attendance <i>Led by Professor Donna Mead OBE, Chair</i> <ul style="list-style-type: none"> The Chair welcomed Barry Williams, Finance Business Partner and new Finance Manager for the Charity and wished him all the best in his new role. 	

	<ul style="list-style-type: none"> The Chair informed the Committee that Steve Wyndham and David Burridge (Audit Wales) would be joining the meeting to present item 3.0.1 the Annual Financial Accounts Audit – ISA 260 Report. The Chair also advised the Committee that several people will be joining the meeting for Item 7.0.0 Business Case and Expenditure Proposals. 	
1.3.0	Declarations of Interest <i>Led by Professor Donna Mead OBE, Chair</i> There were no declarations of interest to be declared.	
Steve Wyndham and David Burridge, Audit Wales joined the meeting at 2:34PM		
1.4.0	Action Points <i>Led by Matthew Bunce, Executive Director of Finance</i> 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 : <u>Actions from Committee Meeting held on 14/09/2021</u> 1.4.0 NEW ACTION ARISING FROM PREVIOUS ACTION 6.4.0 RESEARCH INFRASTRUCTURE Jacinta Abraham will meet with Chris Gaffney, Chair of the Scientific Committee initially and there is an Interim Chief Executive in place at Cancer Research Wales and contact has been made to establish a relationship. The Committee agreed this action could be closed with an update at the next meeting. <u>Actions from Committee Meeting held on 17/05/2022</u> 2.4.0 Business Cases Steve Coliandris and Matthew Bunce will review how to engage better with the service to support the financial costings / details required for business cases to the Charity, this work will be taken forward in two key phases: <u>Phase 1 (June 2023)</u> – The cost table in the business case proforma will be updated to include other direct costs headings as an aid memoir and remind people to include costs for digital, travel, training etc. <u>Phase 2 – (ongoing)</u> This will not be a specific cost included in each business case, however each case will be subject to an impact assessment in terms of the cost of the anticipated resources required to support it from other departments including any overheads with a running cost total by department maintained. This information will be used to inform the annual review of the Charity overheads and whether additional investment in support departments is required. An update will be brought to the next Committee. 3.2.0 CHARITABLE FUNDS INTERNAL AUDIT REPORT APRIL 2022 Alaric Churchill to arrange a meeting with the Chair to discuss acknowledgement of donations. The Committee agreed this action should remain open and be completed in advance of the next meeting. <u>Actions from Committee Meeting held on 20th September 2022</u> 0.0.1 FUNDRAISING CASE STUDY–YOUNG AMBASSADOR EVENT New Action: The Committee agreed to CLOSE the action and NOTED the Young Ambassadors would be invited to attend a future Committee once the	

	<p>meetings had reverted to in person in the new financial year 2023/24.</p> <p>0.0.1 FUNDRAISING CASE STUDY–YOUNG AMBASSADOR EVENT Sarah Morley confirmed a proposal is being pulled together for staff awards and this will be going to Executive Management Board so anticipating this will take place in the Spring 2023.</p> <p>3.0.0 UPDATE FROM THE INTERIM CHARITY DIRECTOR Alaric Churchill agreed to circulate the list of all Charity events following the Committee.</p> <p>3.1.0 EVENT PROPOSAL Alaric Churchill advised a set of Principles on what aids decision making in the Fundraising events process is to be covered later in the meeting. It was agreed this action would be recorded as COMPLETE pending the update.</p> <p>6.1.0 BUSINESS CASE FOR PATIENT ENGAGEMENT HUB It was confirmed that the Patient Engagement Hub Business Case has been circulated and included in the IMTP, and this action could be recorded as COMPLETE.</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 20 September 2022 <i>Led by Professor Donna Mead OBE, Chair</i></p> <p>The Charitable Funds Committee confirmed the Minutes of the meeting on the 20 September 2022 were an accurate and true reflection of the meeting.</p>	
2.1.2	<p>ADVANCING RADIOTHERAPY FUND BOARD TERMS OF REFERENCE <i>Led by Matthew Bunce, Executive Director of Finance</i></p> <p>It was confirmed to the Committee that these have been updated in the regular Cycle of Business, been Endorsed by the ARF Programme Board and are now coming to the Charitable Funds Committee for APPROVAL.</p> <p>**Action – Agreed to remove the detail of Independent Members ‘specialist’ area. Terms of Reference to be shared with the Research Development & Innovation Sub-Committee for information.</p> <p>The Charitable Funds Committee APPROVED 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 (without track changes) & 2 (with track changes), subject to the noted additional amendment.</p>	Emma Stephens
2.2.0	<p>FOR NOTING <i>Led by Professor Donna Mead OBE, Chair</i></p>	
2.2.1	<p>CHARITABLE FUNDS COMMITTEE INVESTMENT PERFORMANCE REVIEW SUB COMMITTEE HIGHLIGHT REPORT <i>Led by Matthew Bunce, Executive Director of Finance</i></p>	

	The Committee NOTED the contents of the Charitable Funds Committee Investment Performance Review Sub Committee Highlight Report which provides 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 .	
3.0.0	VELINDRE UNIVERSITY NHS TRUST CHARITABLE FUNDS TRUSTEE ANNUAL REPORT 2021/2022 <i>Led by Alaric Churchill, Interim Charity Director</i>	
	<p>The Chair thanked everyone involved in putting this year's Annual Report together and invited Alaric Churchill to present this item.</p> <p>Alaric provided the Committee with a brief overview of the report and extended his thanks to Steve Coliandris. Alaric confirmed that subject to approval by the Committee today, the report would be required to be formally submitted to the Charities Commission by the end of January 2023.</p> <p>Following Alaric's presentation, the Committee raised that more holistic representation of the Charities fundraising activity beyond sporting events would be beneficial for future reports, including Research and Development initiatives.</p> <p>The Chair advised that she would like to make a small number of amendments to her welcome statement and would share these with Alaric to include in this year's report.</p> <p>**Action: Donna Mead to forward amendments to the 'Chair's Introduction' of the Annual Report for Alaric Churchill to incorporate before submission.</p> <p>**Action: Change wording 'tone of voice' to 'tone' and use of abbreviation 'BAME' to 'Black Asian Minority Ethnic People.'</p> <p>**Action: Some minor amendments to be made to the tables in Financial section to make this consistent.</p> <p>The Chair noted the hard work of the finance & fundraising teams together with Audit Wales colleagues and thanked Alaric Churchill and Steve Coliandris and their teams on behalf of the Committee.</p> <p>The Charitable Funds Committee APPROVED the Charitable Funds Annual Report 2021-2022 for submission to the Charity Commission by the 31 January 2023 subject to the agreed amendments.</p>	<p>Donna Mead</p> <p>Alaric Churchill</p> <p>Steve Coliandris</p>
3.0.1	ANNUAL FINANCIAL ACCOUNTS AUDIT – ISA 260 REPORT <i>Led by Steve Coliandris, Head of Financial Planning and Reporting and Steve Wyndham and David BurrIDGE, Audit Wales</i>	
	<p>The Chair welcomed Steve Wyndham and David BurrIDGE (Audit Wales) to the meeting to present this item with introduction from Steve Coliandris.</p> <p>Steve Coliandris informed the Committee that the Audit had gone well in terms of engagement between Finance, Fundraising Team and Audit Wales</p>	

	<p>colleagues.</p> <p>The following audit adjustments identified in Appendix 3 were highlighted:</p> <ul style="list-style-type: none"> • Income miss-post between general donations and legacies • Transposition of figures <p>Steve Coliandris notified the Committee that the Auditor General for Wales intends to issue an unqualified audit report.</p> <p>Steve Wyndham highlighted the following key points in relation to the report:</p> <ul style="list-style-type: none"> • The Report has a Draft watermark throughout, however this is a Final report and the watermark should have been removed in readiness for the Committee meeting; there are no further changes to the content of the report. • Audit work is complete and the Auditor General intends to issue an unqualified opinion. • Whilst we did have some issues on last year's audit, pleased to say matters from last year did not re-occur this year and the audit went smoothly. <p>Steve Wyndham extended thanks from Audit Wales to Velindre and Steve Coliandris for the work undertaken in contribution to the process. David Burridge echoed his thanks to Steve Coliandris.</p> <p>Martin Veale queried Paragraph 6 which states 'we've almost concluded'. Steve Wyndham confirmed that this refers to the fact that the internal file review was outstanding at the time of drafting the report and assured that is now finished so all audit work is now complete and will be forwarded to the Auditor General next week on basis of Committee Approval.</p> <p>Steve Wyndham continued to take the Committee through the report:</p> <ul style="list-style-type: none"> • Paragraph 9 confirms intention to provide an unqualified opinion. • Confirmed no uncorrected misstatements and no audit recommendations. • No material audit adjustments, the small number summarised in appendix 3, are not material or significant and mainly relate to classification, narrative or presentational adjustments. <p>Martin Veale noted this was a positive and very clean audit report.</p> <p>Alaric Churchill noted his thanks to: Carol Tahir, Finance Team, Alex James, Fundraising business support and Fundraising Team who contributed significantly to the Audit process.</p> <p>The Chair extended thanks to Audit Colleague for attending the meeting and for working with Velindre to get such a good outcome and was pleased to note that this would be reported back to our Fundraisers and the Board in due course.</p> <p>The Charitable Funds Committee:</p> <ul style="list-style-type: none"> • REVIEWED and APPROVED the Wales Audit Report which provides an opinion of the financial statements for 2021-22. • Duly AUTHORISED the Chair and Chief Executive to sign the Letter of Representation contained within the audit report and the Chair and Executive Director of Finance to sign the Annual Report, once the 	
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	amendments are made.	
	David Burrridge left the meeting at 3:08PM.	
4.0.0	UPDATE FROM THE INTERIM CHARITY DIRECTOR <i>Led by Alaric Churchill, Interim Charity Director</i>	
	<p>The Chair invited Alaric Churchill to present this item.</p> <p>Alaric provided a brief overview of the overseas bike ride in the West Coast of the United States which raised £948,000 net and the Castle 2 Castle Event; both events had been a great success. Alaric highlighted although the report detailed two large sporting events, he assured the Committee that other events will be included for the year end report and will show a wider range of what's been achieved, including the pop up retail shops in the marquee temporary waiting area for patients. This will include how the Charity supports its Ambassadors and other fundraisers and will ensure this is more formally recorded.</p> <p>Alaric highlighted that the Charity remains on target to deliver its forecast income and has had a hugely successful year.</p> <p>Martin Veale raised if the Castle 2 Castle mass participation event looked at raising more brand awareness as well as raising cash. Alaric advised that with mass participation events, there is a tendency that when people start working with the Charity, they go onto participate in other events, so these could be classed as 'gateway events' and the Charity is looking at more gateway events in different areas to increase its support base.</p> <p>Martin further queried if the three Canyons was really a net amount. Alaric confirmed the Charity had received one significant sponsor from the family of £500,000, however this won't be seen in the 2021/22 accounts, as was received over 3 years ago.</p> <p>**Action: Alaric to circulate out of Committee the overview of future events within the next two weeks by 03/02/2023.</p> <p>The Charitable Funds Committee NOTED the Fundraising activity update and the report.</p>	Alaric Churchill
5.0.0	FINANCE <i>Led by Steve Coliandris, Head of Financial Planning and Reporting</i>	
5.1.0	FINANCIAL UPDATE PAPER <i>Led by Steve Coliandris, Head of Financial Planning and Reporting</i> <p>Steve Coliandris informed the Committee that the report was produced for 1st April 2022 – 31st October 2022 for the Committee in December 2022. As such, an overview of the position until the 31st December 2022 would be provided via an oral update.</p> <p>Income</p> <ul style="list-style-type: none"> Excellent position year to date currently at £3.9million against the general fund £3.7 million. 	

	<ul style="list-style-type: none"> • Significant legacy received in November 2022 of £1.6million. Currently forecasting to achieve over £4.5million-£4.6million and £4.4million against the unrestricted fund. • There are further legacies to be received totalling circa £360,000, some of which is tied up in Estates so may fall outside current financial year. • Investments due to current market conditions haven't bounced back to date. • Report from Brewin Dolphin for November 2022 and December 2022, will be shared with Committee members outside of the meeting following receipt. • As of the end of October 2022, there has been a decrease in the portfolio value of £581,000, a 9.4% decrease. Since February 2022 due to the political instability and war in Ukraine, there has been a reduction of 11.7% which equates to about £743,000. Investment advisors Brewin Dolphin have advised to not take any short term action as hope/expect in medium term the market will settle and return to previous position. Brewin Dolphin also advised November 2022 was a better position. <p>Martin highlighted that one part of the Stock market which had performed well over the last couple of months is the oil companies making windfall profits, however due to our Environmental, Social and Governance Strategy not to invest in fossil fuels, we have not gained from such profits. The stock market is a long-term investment strategy and it could take the next few years to recover.</p> <p>Cashflow</p> <ul style="list-style-type: none"> • Significant balance currently held, forecast circa £2.2million, this is higher than expected and the £1.6 million legacy made it rise in November 2022. • Following the December 2022 Charitable Funds Investment Performance Review Sub- Committee, the Charity's Investment Managers advised not to invest in the investment portfolio at this point, which is what we would normally do at this stage to achieve greater returns. • A review of the market has been undertaken of available interest rates compared to those offered at our banks. A few offer slightly higher interest rates than what we are currently getting. This presents a long-term investment opportunity and was discussed in the Investment Committee where it was agreed was not something to explore currently. • Initial On Board meeting held with ABRDN our new Investment Managers. They are offering cash management options where we could get a return on cash which they would hold for us circa 3%, this is higher than what the Trust could achieve in any business bank account currently. Our current long term 35 day holding bank accounts are earning 1.1%. A meeting has been arranged for the first onboarding which will explore this further. <p>Summary of Commitments</p> <ul style="list-style-type: none"> • Table A shows opening balance 2022/2023, income expected against the unrestricted funds £4.4million. Closing balance of circa £4.2million expected. 	
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	<ul style="list-style-type: none"> • This includes all the Business Cases presented to the Committee today for approval. Shows what the balance would be and what it would do to the reserve values against the Trust target for next 3 years. • Ring fenced funds for the Advancing Radiotherapy Fund to provide match funding for the Moondance business case, placeholder of £500,000. There is a business case being submitted soon to the Moondance fund. • Forecast donation income is based on the Charity Strategy. Due to the current economic climate income growth assumptions have been reduced adopting a prudent approach as a cautionary measure. • If the Committee approved every Business Case included currently in the plan the revised closing balance is significant and the Charity would continue to overachieve against the reserve target for next 3 years. • Table B – within the Research and Development bid there was potentially a reduced call on the Charity where they would generate their own income which would give an even more healthy position for the Charity. <p>**Action: The Chair and Chief Executive to discuss and review the Charity's commitments supporting roles and services within the Trust and the longer term risk this presents should we hit a difficult year in terms of income.</p> <p>The Charitable Funds Committee NOTED:</p> <ul style="list-style-type: none"> • 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. • The oral update on the financial position to the 31st December 2022. 	Donna Mead / Steve Ham
6.0.0	The Committee took a 10 minute break at 3.35pm.	
7.0.0	BUSINESS CASE AND EXPENDITURE PROPOSALS	
7.1.0	<p>Part Funding of Wig Vouchers <i>Led by Michele Pengelly, Supportive Care Lead Nurse</i></p> <p>The Chair welcomed Michele Pengelly to the meeting to present her three Business Cases.</p> <p>Michele Pengelly highlighted the following key aspects relating to the Business Case:</p> <ul style="list-style-type: none"> • Request to continue support for part funding of wig vouchers for any patient at Velindre who is facing the trauma of hair loss, through Chemotherapy or Radiotherapy. £100 voucher including VAT will go to any patient that requires it and this is administered through the Patient and Carer Information Manager. Maximum of two per year for people who are having permanent hair loss through Radiotherapy and one for Chemotherapy. • Needed more than ever through the financial crisis. 	

	<ul style="list-style-type: none"> There is an All Wales Wig Procurement Group who are looking at improved procurement process and governance of that. <p>The Chair clarified the request to the Charity is for £91,443.33 and following a piece of work with Procurement this might rise to over £100,000. A paper could be considered on this basis at the January 2023 Board if it was completed in time for paper submission. Matthew Bunce agreed to follow this up.</p> <p>**Action: Matthew Bunce to link with Helen James to understand how the Commitment of Expenditure paper links with All Wales Procurement exercise to establish if a request can be included in the January 2023 Board meeting.</p> <p>Jacinta Abraham advised as a clinician who treats breast cancer patients, these vouchers are always well received.</p> <p>The Committee discussed the importance of equity of opportunity for people if they are trying to replicate their usual appearance and how this can be funded by the Charity and additional avenues.</p> <p>Martin sought clarity on the term 'part funding'. Jacinta clarified that patients must pick up the cost, the charitable funds cover £100 towards the overall cost of a wig as these vary in price depending on what type of wig and where you purchase it from. Patients are directed to four providers.</p> <p>Martin raised that there needs to be a conversation on agreed exit strategies. Steve Ham agreed there is a need to risk assess between the Charity and the service how we are going to manage the interface in terms of Charity funding exit. This is made up of two separate questions, can the Charity funding be withdrawn and if so, how does the service address the ongoing need as the service doesn't end, another funding strategy will be required. This will require a piece of work to understand from a Charity point of view, in the context of the financial position, how we would risk manage a worsening financial position.</p> <p>The Committee AGREED to APPROVE the Business Case as it stands with an option to increase the amount following discussions that Matthew Bunce will have with Procurement if it exceeds £100,000, which will then be brought as a commitment of expenditure which exceeds the Chief Executives limit to the Trust Board for approval.</p>	Matthew Bunce
7.2.0	<p>Spiritual and Pastoral Care Services <i>Led by Michele Pengelly, Supportive Care Lead Nurse</i></p> <p>Michele Pengelly highlighted the key aspects relating to the Business Case:</p> <ul style="list-style-type: none"> Charity has supported the service for many years. The service is provided via a service level agreement with Cardiff and Vale. This is made up of 15 hours a week of an on-site Chaplain at Velindre Cancer Centre. Previous Chaplain left about two years ago. 24 hours / 7 day week emergency call out service to Velindre Cancer Centre to access any faith. Have a multi faith prayer room. Chaplaincy provides an opportunity not just for religious worship and spiritual expression, but also it is about patients and their families being able to talk to someone who's not clinical. 	

	<ul style="list-style-type: none"> • The service also provides support for staff, trained in end-of-life care and they provide a lot of education to visiting groups within the cancer centre. • The service is also important for Staff wellbeing. • Funding requested over 3 Years. <p>The Chair agreed a Chaplaincy service is required however raised if 15 hours was sufficient. Michele assured this had not been an issue due to the 24hour cover. The Chaplain will come to MDTs, Wards and Outpatients, if needed back for any reason they will return, this is all covered under the SLA.</p> <p>Hilary Jones raised that this should be funded by the Trust commissioning bodies in due course because it's a core service the Trust should provide. Steve Ham agreed but noted that it's about when we get there is the challenge and in the short to medium term doesn't think the current position of the Charity funding is going to change. The Chair noted that at the right time we would like that conversation to be reintroduced with the Commissioners.</p> <p>The Committee AGREED to APPROVE the Business Case now with a request to Matthew Bunce through his negotiations with the Commissioners, to raise the issue of Chaplaincy funding when the time is appropriate.</p>	
7.3.0	<p>Patient Information and Support Services Manager <i>Led by Michele Pengelly, Supportive Care Lead Nurse</i></p> <p>Michele Pengelly highlighted the key aspects relating to the Business Case:</p> <ul style="list-style-type: none"> • The post has been supported by Charitable Funds for a long period. • Role title has been revised to address previous Committee feedback to incorporate the additional function of the role i.e. support services. • The role is not just about the provision of information but also central for the hospital, a place where staff and patients know where to signpost people for support services. The role is key in support of carers through the hospital, helping to facilitate carers' assessments. • Translation services seeing use increase. Interpreter on wheels service available now which is integrated within this service so if someone arrives at the Velindre Cancer Centre and English isn't their first language, they can log in straight away to a live interpreter. • The role is important for at patient dignity. • The role was developed in response to the pandemic as information leaflets had to be revised and having the Information Manager on site to implement changes was and is important. • There is a wide body of evidence that the role contributes to the achievement of health care standard 4.2 and 3.2. The role has been key in the development of Rita, a digital patient information BOT. The role has resulted in key links with our 3rd sector, and has resulted in important connections with the community. • The Proposal is to continue to fund this post for the next 3 years. <p>The Chair requested assurance that people with visual and/or hearing impairment have other means available by which to receive information and that this should be included and reflected in an equality impact assessment</p>	

	<p>aligned to this proposal to include aspects of cognitive impairment and learning disabilities.</p> <p>**Action: Michele Pengelly to provide the Committee with an Equality Impact Assessment for the Patient and Support Services Manager Business Case.</p> <p>Hilary Jones raised that it has built in a 2% increase in salary and questioned what happens if the increase is more and whether this would result in a further request to the charity. Matthew Bunce responded that the 2% is an estimate and a request would not have to be made for more funds should the pay award be higher. Steve Coliandris confirmed the 2% is an indicative figure, as it's not known what the pay award will be. Steve Coliandris informed the Committee that the team are in the process of reviewing a policy on the scheme of delegations and there will be a section in there to be clear on when we need to come back to the Committee for further funding approval. This paper will be brought to the Charitable Funds Committee in due course.</p> <p>Sarah Morley raised this service is described as supporting people with sensory loss which is core to our ability to deliver the service and a statutory requirement to provide services for people with sensory loss. As such, this feeds into the wider discussion around what's core and what's Charitable Funds and needs to be considered going forward.</p> <p>The Committee agreed to discuss the branding element within the Business Case following the Committee as further discussion was required around this.</p> <p>The Committee AGREED to APPROVE the Business Case to fund the Patient Information and Support Services Manager for the next 3 years Conditional on receiving an equality impact assessment.</p>	Michele Pengelly
7.4.0	<p>Welfare Benefits Advice Service (Lead Welfare Rights Advisor and Assistant) <i>Led by Caroline Coffey, Consultant Clinical Psychologist</i></p> <p>The Chair welcomed Caroline Coffey to the meeting to present two Business Cases.</p> <p>Caroline Coffey informed the Committee that she had only reviewed the Business Case in the last week, as the service has recently come under her remit from the 1st December 2022. Caroline raised concerns that the costings may need to be revisited and proposed to resubmit the Business Case when this had been established with finance.</p> <p>The Committee discussed this and agreed the Business Case could be approved in principle subject to a review of the costings out of Committee.</p> <p>**Action: Caroline Coffey to inform the Committee on whether there is any revision required to the costing for the Welfare Benefits Advice Service (Lead Welfare Rights Advisor and Assistant) out of Committee.</p>	<p>S</p> <p>Caroline Coffey</p>

	<p>The Committee AGREED to APPROVE the Business Case in principle on the basis that any revised costings will be circulated to get final approval out of Committee.</p>	
7.5.0	<p>Clinical Psychology & Counselling Service and the Complementary Therapies Team Business Case <i>Led by Caroline Coffey, Consultant Clinical Psychologist</i></p> <p>Caroline Coffey highlighted the key aspects relating to the Business Case:</p> <ul style="list-style-type: none"> • Two separate services completely independent of each other. Combined Business Case to bring all the funding request in line in terms of timing. Both embedded in the MDT core services to patient care, they have good outcomes, both work with inpatients and outpatients at Velindre Cancer Centre. • There's been an expansion in the Psychology Service, which was presented to the Charity previously for the Staff Psychologist and is included in this business case costs, this is reflected in the increased funding request. That element of the funding has been agreed previously but has been aligned in this Business Case. The new funding request element is for an Extension of the previous funding. <p>The Committee agreed it would be easier to combine the funding together and agree it today for the 3-year period.</p> <p>The Committee felt they were seeing much more robust outcome measures through all the Business Cases and stressed the need to use these robust criteria within the subsequent Business Case Evaluation in due course.</p> <p>The Committee AGREED to APPROVE the Clinical Psychology & Counselling Service and the Complementary Therapies Team Business Case.</p>	
7.6.0	<p>Clinical Nurse Specialist (CNS) Team Business Case <i>Led by Rachel Hennessy, Interim Director of Velindre Cancer Centre</i></p> <p>The Chair welcomed Rachel Hennessy to the meeting to present two Business Cases.</p> <p>Rachel highlighted the key aspects relating to the Business Case:</p> <ul style="list-style-type: none"> • The proposal is to support a business-as-usual issue. • The charity has provided matched funding of 50% of the for Clinical Nurse Specialists over many years and the current 3 year funding is now coming to an end, so this is a request for further consideration to extend that agreement. • Recognising VCC need to do some work to look at developing a Business Case for Commissioners to consider funding the 50% shortfall as part of the exit strategy. <p>The Chair commented that some of the Clinical Nurse Specialists do some of their work out in the Health Boards so that point is very well made and is being looked at.</p> <p>Matthew Bunce assured there will be a package of services currently funded by the Charity that will be presented to Commissioners for discussion as all the renewal cases that have been presented could be argued are core services.</p>	

	<p>Rachel highlighted the need to review how we use our Clinical Nurse Specialists as there is an opportunity to do more than we are in terms of undertaking roles currently being performed by medics. Some of that is picked up in the Clinical Nurse Specialist review so there will be some of that evidence to support how the Trust uses CNSs differently going forward and building that Business Case.</p> <p>It was suggested that this proposal be viewed as a value based approach. Hilary Jones suggested a conversation take place offline as demonstrating the cost value benefit of having clinical nurse specialists in place is vital to be able to demonstrate to the Health Board that it would be detrimental to the service if the CNSs weren't in place and the consequences to the quality of care and outcomes for their patients.</p> <p>The chair clarified that the request is for an additional post together with a renewal of existing posts. The charity is asked for 50% of the costs of these posts.</p> <p>Confirmed request is to fund for 3 years for £2.173million.</p> <p>The Committee agreed this service is vital for patients and their families and noted the need to discuss with Commissioners going forward.</p> <p>The Committee AGREED to APPROVE the Clinical Nurse Specialist (CNS) Team Business Case.</p>	
7.7.0	<p>Scalp Cooling System Business Case <i>Led by Rachel Hennessy, Interim Director of Velindre Cancer Centre</i></p> <p>Rachel Hennessy highlighted the key aspects relating to the Business Case:</p> <ul style="list-style-type: none"> • The paper came to the Charitable Funds Committee previously and there was an extension to the current contract for 6 months which was agreed whilst VCC looked at what its intended direction of travel was going forward. A review of the evidence base for scalp cooling was requested prior to agreeing funding. • Scalp cooling has been funded through Stepping Stones to date. The intention now is to request ongoing funding from Velindre Charitable Funds • The evidence base for scalp cooling is summarised in section 16 of the proposal, much of the evidence base is around the qualitative benefits for the patients and their wellbeing and mental health benefits. This paper and the evidence have been reviewed through our Medical Directorate. They have confirmed this is the intended direction of travel and supported the funding of scalp cooling. • Subject to approval by the Charity a procurement process will be required to secure the equipment to take this forward. <p>Jacinta Abraham noted her support and highlighted newer machines are much more effective in supporting better patient outcomes and the service is also supporting the service capacity issues.</p> <p>Rachel noted that the equipment is also used for patients attending outreach centres such as in Nevil Hall Hospital. The cost identified covers buying the large piece of kit (scalp cooling machine), scalp cooling caps and the</p>	

	<p>ongoing maintenance from the supplier, plus some replacement caps over that period.</p> <p>The Chair suggested some Communication around what the charity has funded today might be appropriate.</p> <p>**Action: The Committee highlight report will ensure that the Business Cases approved by the Committee today is shared with the Communication team to support their development of a wider Trust communications to disseminate this good news story.</p> <p>The Committee AGREED to APPROVE the Scalp Cooling System Business Case.</p>	Emma Stephens
Chris Moreton joined the meeting at 4:40PM.		
7.8.0	<p>Cardiff Cancer Research Hub: Commissioning an Investment Strategy <i>Led by Matthew Bunce, Executive Director of Finance, Chris Moreton, Deputy Director of Finance and Jacinta Abraham, Executive Medical Director</i></p> <p>The Chair informed the Committee that this case has previously been considered by the Charitable Funds Committee and was approved at an amount of £25,000. The Trust went out to tender for supply of consultants to undertake this work, however due to the receipt of only one tender submission for a significantly higher cost it was assessed that the £25,000 amount wasn't sufficient to undertake the work to develop a strategy for the scope that is required. It was confirmed that the Committee have approved the need to have an Investment Strategy and that we would seek external support to develop it, however we now know that the funding required is significantly greater than originally anticipated.</p> <p>Matthew Bunce informed the Committee that the request is for a further £50,000 from the Charity taking the total investment required to £75,000. It is proposed that the funds are matched from the Trust Emergency or non recurrent reserves £75,000 to become a joint venture in terms of developing the Strategy for the Research Development and Innovation Hub, totalling £150,000. This will be utilised to proceed with the procurement exercise and based on the intelligence received from the initial tender the scope will be revised to enable attraction of successful suppliers that can be shortlisted and appointed.</p> <p>It was highlighted that the extra £50,000 is to be split into two elements, requesting a further grant of £25,000 and an additional £25,000 which RD&I would look to repay from the increased income that they would expect to generate from the strategy in the future when the additional income is identified.</p> <p>Jacinta Abraham informed the Committee that there was a Cardiff Cancer Research Hub Programme Board Meeting yesterday with Cardiff and Vale and Cardiff University Colleagues present, the intent to approach the Charity to request this funding was shared which was supported.</p> <p>The Committee AGREED to APPROVE the funding regime in relation to the Business Case for the Cardiff Cancer Research Hub: Commissioning an Investment Strategy.</p>	

8.0.0	ANY OTHER BUSINESS <i>Prior Agreement by the Chair Required</i>	
	The Chair and Committee NOTED there were no other items of business. A Nation Radio / Rhod Gilbert Advert, which is short video clip that has been produced to support the Wear Red for Wales Campaign in February, will be circulated to Committee members for information following the meeting.	
9.0.0	DATE AND TIME OF NEXT MEETING	
	Tuesday, 21 st March 2023 at 10:00AM.	
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).	

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
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 21/03/2023 Phase 1 - In line with the agreed implementation date of June 2023 the business case template will include a revised cost table to provide greater clarity of financial costings and will be required for completion for new cases presented to the Charity from next financial year.</p> <p>Phase 2 – work ongoing to implement phase 2 which will consider the impact assessment in terms of the cost of the anticipated resources required to support it from other departments including any overheads with a running cost total by department maintained. This work will follow the implementation of Phase 1.</p> <p>Update 19/01/2023: Steve Coliandris and Matthew Bunce will review how to engage better with the service to support the financial costings / details required for business cases to the Charity, this work will be taken forward in two key phases: <u>Phase 1 (June 2023)</u> – The cost table in the business case proforma will be updated to include other direct costs headings as an aid memoir and remind people to include costs for digital, travel, training etc. <u>Phase 2 – (ongoing)</u> This will not be a specific cost included in each business case, however each case will be subject to an impact assessment in terms of the cost of the anticipated resources required to support it from other departments including any overheads with a running cost total by department maintained. This information will be used to inform the annual review of the Charity overheads and whether additional investment in support departments is required.</p> <p>An update will be brought to the next Committee.</p> <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</p>	June 2023 (Phase 1)	OPEN

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
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 08/03/2023: Proposal is to broaden this to consider staff resource in the Fundraising Team allocation across the various opportunities to best increase income. Update 12/01/2023: Alaric Churchill will provide an update in the January 2023 meeting.	September 2023	OPEN
Actions agreed at the 19 th January 2023 Committee					
0.0.1	FUNDRAISING CASE STUDY–YOUNG AMBASSADOR EVENT The Chair will write a thank you letter to everyone for their support in running and participating in the Welsh Baccalaureate vrcf qualification and for all the hard work that has gone into raising money for Velindre through this process.	Donna Mead	Update 14/03/2023: A draft letter will be finalised and issued to the Young Ambassadors.	March 2023	OPEN
2.1.2	ADVANCING RADIOTHERAPY FUND BOARD TERMS OF REFERENCE Agreed to remove the detail of Independent Members 'specialist' area. Terms of Reference to be shared with the Research Development & Innovation Sub-Committee for information.	Emma Stephens	Update 08/03/2023: Terms of Reference have been updated to remove the additional detail regarding the Independent Members specialist area.		COMPLETE
3.0.0	VELINDRE UNIVERSITY NHS TRUST CHARITABLE FUNDS TRUSTEE ANNUAL REPORT 2021/2022 Donna Mead to forward amendments to the 'Chair's Introduction' of the Annual Report for Alaric Churchill to incorporate before submission. Change wording 'tone of voice' to 'tone' and also use of abbreviation 'BAME' to 'Black Asian Minority Ethnic People'. Some minor amendments to be made to the tables in Financial section to make this consistent.	Donna Mead Alaric Churchill Steve Coliandris	Update January 2023: All the required changes were made to the Charitable Funds Annual Report and it was submitted to the Charity Commissioners.		COMPLETE
4.0.0	UPDATE FROM THE INTERIM CHARITY DIRECTOR Alaric to circulate out of Committee the overview of future events within the next two weeks by 03/02/2023.	Alaric Churchill	Update 14/03/2023: The Deputy Head of Fundraising is compiling 2 comprehensive lists regarding future fundraising events: 3. Velindre related events 4. Events organised by others in aid of Velindre. In addition, a further list of fundraising events is being compiled to detail all events that have taken place over the past 12 months.	17/03/2023	OPEN
5.0.0	FINANCIAL UPDATE PAPER The Chair and Chief Executive to discuss and review the Charity's commitments supporting roles and services within the Trust and the longer term risk this presents should we hit a difficult year in terms of income.	Donna Mead and Steve Ham	Update 14/03/2023: A discussion will be held in April 2023 following the return of the Chief Executive.	April 2023	OPEN

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
7.1.0	BUSINESS CASE AND EXPENDITURE PROPOSALS - Part Funding of Wig Vouchers Matthew Bunce to link with Helen James to understand how the Commitment of Expenditure paper links with All Wales Procurement exercise to establish if a request can be included in the January 2023 Board meeting.	Matthew Bunce	Update 14/03/2023: Michelle Foote-Jones has taken over the management of the new Wigs Tender which will now be on an All Wales basis. This will be on an All Wales tender for wigs and extending BCU at risk to enable that to happen (so it has now been agreed this area will be taken over from the PAD Procurement Team). Wigs are continuing to be ordered as previously done so The first Working Group Meeting for the tender was due to take place W/C 06/03/2023 where Velindre would be represented by Leigh Porter and Michelle Pengelly. The Charity has unlimited Authority to commit spend against the available funds provided the charity's governing document provides charity trustees with power to make the payment in furtherance of the charity's charitable purposes or the payment is in the interest of the charity. Therefore, there is no requirement to seek Bord approval for spend in excess of the Chief Execs limit of £100k should the Trust spend exceed this under the new procurement.		OPEN
7.3.0	BUSINESS CASE AND EXPENDITURE PROPOSALS – Patient Information and Support Services Manager Michele Pengelly to provide the Committee with an Equality Impact Assessment for the Patient and Support Services Manager Business Case.	Michele Pengelly	Update 07/03/2023: EQIA in progress however the supportive care lead nurse has had to request some additional guidance to complete the form correctly.		OPEN
7.4.0	BUSINESS CASE AND EXPENDITURE PROPOSALS - Welfare Benefits Advice Service (Lead Welfare Rights Advisor and Assistant) Caroline Coffey to inform the Committee on whether there is any revision required to the costing for the Welfare Benefits Advice Service (Lead Welfare Rights Advisor and Assistant) out of Committee.	Caroline Coffey	Update 08/03/2023: The Head of Financial Planning and Reporting has confirmed with the VCC Finance Team that the costings are correct.		COMPLETE
7.7.0	BUSINESS CASE AND EXPENDITURE PROPOSALS - Scalp Cooling System Business Case The Committee highlight report will ensure that the Business Cases approved by the Committee today is shared with the Communication team to support their development of a wider Trust communications to disseminate this good news story.	Emma Stephens	Update 08/03/2023: Information shared with the Communications Team to support wider communication and dissemination.		COMPLETE



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CHARITABLE FUNDS COMMITTEE

FINANCIAL REPORT 1ST APRIL 2022 TO 31ST JANUARY 2023

DATE OF MEETING	21/03//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	10/03/2023	NOTED
ACRONYMS		
CFC	Charitable Funds Committee	



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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 January 2023. 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 January 2023.
 - Balance Sheet as at 31st January 2023.
 - Current and future forecasted performance of the unrestricted fund.
 - Investment Growth Account as at 31st January 2023.
 - Cash Flow Forecast as at 31st January 2023.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Key Issues to note are as follows:

Income

Income received of £4,013k for the period ending January 2023 is currently overachieving against the planned target for this stage of the year by £1,527k (£1,528k overachievement against unrestricted).

The forecast total income expected to be achieved during 2022-23 is circa £4,576k which is following the Charity 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 £291k since the start of the financial year, which represents an in year shrinkage in valuation of 4.7% so far for 2022-23.

The portfolio has shown signs of recovery in recent months and 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 has been set based on the current commitments of **£2,124k** which is an over achievement of **£609k** when compared to the balance of **£2,733k** that was in the charitable funds accounts as at the 31st January 2023.

Reduced Charge to the Charity during 2022-23

During 2022/23 the Trust has generated £1.5m of non-recurrent income from a number of sources including significantly higher levels of bank Interest income than normal, non-commitment of all its recurrent discretionary funding and unused recurrent emergency reserve and non-recurrent accountancy gains: This has resulted in there being a reduced charge to the Charity during 2022/23.

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 January 2023 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 January 2023.



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Velindre UNHS Trust Charitable Funds

VELINDRE UNIVERSITY NHS TRUST CHARTIABLE FUNDS **Financial Position Report** **1st APRIL 2022 TO 31st JANUARY 2023**



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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 January 2023. 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 January 2023

Purpose:

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

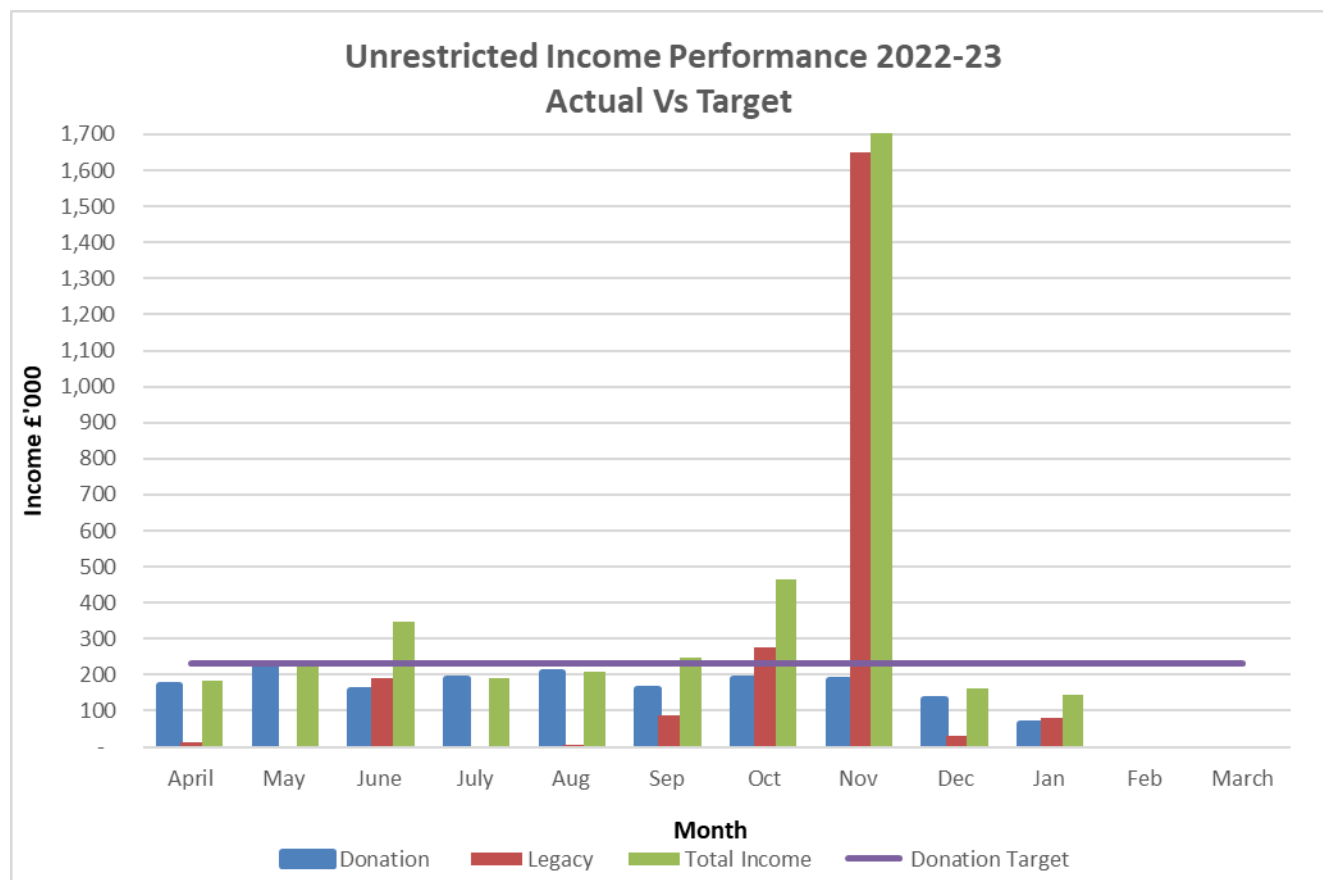
Key Issues:

- 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 January the Charity has received total income of £4,013k (£1,682k from fundraising and donations and £2,331k from legacies), which is a significant overachievement of £1,527k against the planned target of £2,486k for this stage of the year.
- The Charity benefited this year from receiving a one off large legacy of £1,600k.
- Income performance against the unrestricted fund is currently £1,528k higher than the planned target as at the end of January.
- Income performance for 2022-23 is also significantly higher (£2,073k) when compared with the same period during 2021-22

Velindre UNHS Trust Charitable Funds

Fund Category	Planned Income £'000	Actual Income £'000	Variance £'000	Last Year Income for the same period £'000
Unrestricted	2,338	3,866	1,528	1,631
Unrestricted/ Designated Funds				
Patients Funds	1	0	-1	0
Staff Funds	1	2	1	1
Research Funds	145	144	-1	306
	147	146	-1	308
Welsh Blood service	0	1	0	1
Total Income	2,486	4,013	1,527	1,940

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 January 2023

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 January 23 expenditure was lower than planned by £450k. 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	2,402	2,076	326	1,835
Unrestricted / Designated & Restricted Funds				
Patients Funds	0	50	(50)	5
Staff Funds	0	0	0	0
Research Funds	583	409	158	725
	583	459	108	730
Welsh Blood service	0	0	0	0
Total Expenditure	2,985	2,535	450	2,565

Notes:

As previously agreed with the committee the cost of the fundraising staff 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 £3,348k. 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	2,340	2,920	80
Lucas Fund	825	448	651	174
Head & Neck (Probert)	1,304	559	968	336

- Fundraising non staff expenditure for 2022-23 is now expected to total circa £650k, 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 to 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.

Velindre UNHS Trust Charitable Funds

4. Fund Balance Movements 1st April to 31st January 23

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 have increased during the period by £1,366k from £6,681k to £6,627k.

The forecast outturn income position as at the end of March is expected to be circa £4,576k (£4,399k against the unrestricted fund) which will result in a yearend total fund balance of £9,547k (£6,032k unrestricted)

Fund Category	Actual Balance as at 31 Jan 2023 £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	4,513	2,603	4,399	(970)	6,032
Unrestricted Designated/ Restricted Funds					
Patients Funds	179	183	1	(10)	173
Staff Funds	79	81	1	(5)	78
Research Funds	3,402	3,715	174	(725)	3,164
	3,660	3,979	176	(740)	3,415
Welsh Blood service	99	99	1	0	100
Total Funds (excl Investments)	8.272	6,681	4,576	(1,710)	9,547

The forecast balance as at the 31st March 2023 reflects a reduction in charge to the Charity of £1,500k for 2022-23.

The table above does not include the funds held as custodian for PHWT which has a balance of £70k as at the 31st January 2023.

Velindre UNHS Trust Charitable Funds

5. Balance Sheet as at 31st January 2023

Purpose:

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

Key Issues:

The investment portfolio position has decreased by £291k since the start of the financial year, which represents an in year shrinkage in valuation of 4.7% so far 2022-23.

The Funds held on the Velindre UNHS Trust Charitable funds accounts as at 31st January 2023 is £8,480k with £8,410k representing Velindre's share and £70k 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
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 JANUARY 2023	
INVESTMENTS	£'000
Cash	272
Fixed Income	2,268
Absolute Return	815
Commodities	259
Developed Market Equity	1,656
Emerging Market Equity	-
Real Estate & Infrastructure	348
Other	277
Total Assets on Investments	5,895
CURRENT ASSETS	£'000
Total Cash and Bank	3,418
Creditors	- 845
Debtors	12
Total Current Assets	2,585
BREAKDOWN OF ASSETS	£'000
Total assets on investment	5,895
Bank/Cash	2,585
Total Breakdown of Assets	8,480
TOTAL FUNDS	£'000
Total Funds Held	8,480
Total Funds Held	8,480

6. Compliance with Reserve Policy



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Velindre UNHS Trust Charitable Funds

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 **£2,124k** which is an over achievement of **£609k** when compared to the balance of **£2,733k** that was in the charitable funds accounts as at the 31st January 2023.

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 2022/23 £000	Year 2 2023/24 £000	Year 3 2024/25 £000	Year 4 2025/26 £000
Opening Balance	2,603	6,032	3,378	3,481
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	650	650	700	800
Overheads*	120	120	120	120
General Expenditure & Charges	50	50	50	50
Long Standing Project Expenditure	1,481	3,332	3,369	3,407
Time Limited (Project/ Bid Expenditure)	169	502	158	8
Reduced recharge to Charity (22/23)	(1,500)	1,500		
Total Current Commitments	970	6,154	4,397	4,385
Closing Balance	6,032	3,378	3,481	4,096
Target Reserve	2,051	1,466	1,462	
Reserve Variance	3,981	1,912	2,019	

*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 January is £258k which is a reduction of £411k 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	519	282
Forecast Investment Income	113	113	113
Forecast Gains /Losses			
Forecast Commitments			
Fundraising Team	262	350	360
Overheads			
Total Forecast Commitments	262	350	360
Closing Balance	519	282	35



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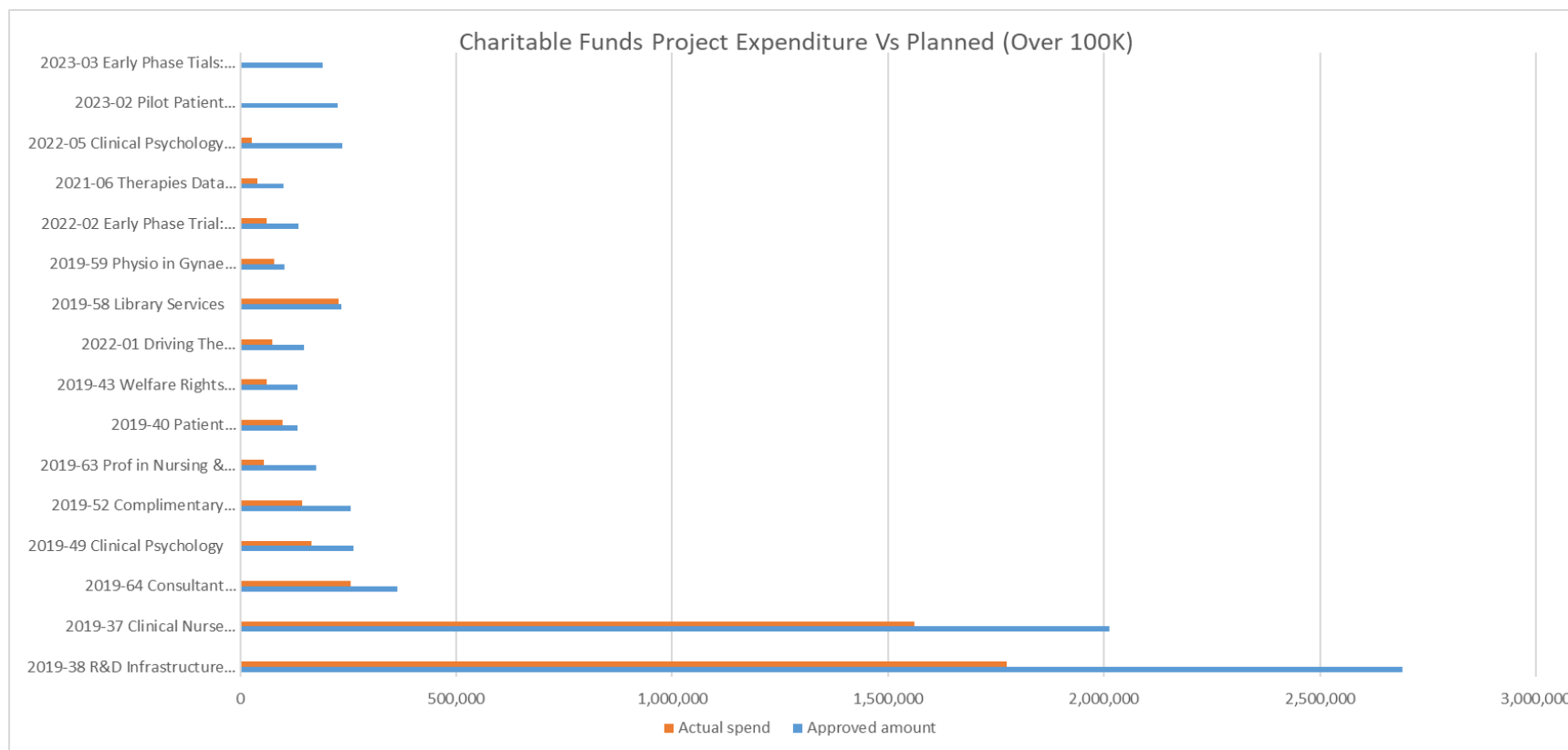
Velindre UNHS Trust Charitable Funds

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 January 2023 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 January 2023.

Velindre UNHS Trust Charitable Funds



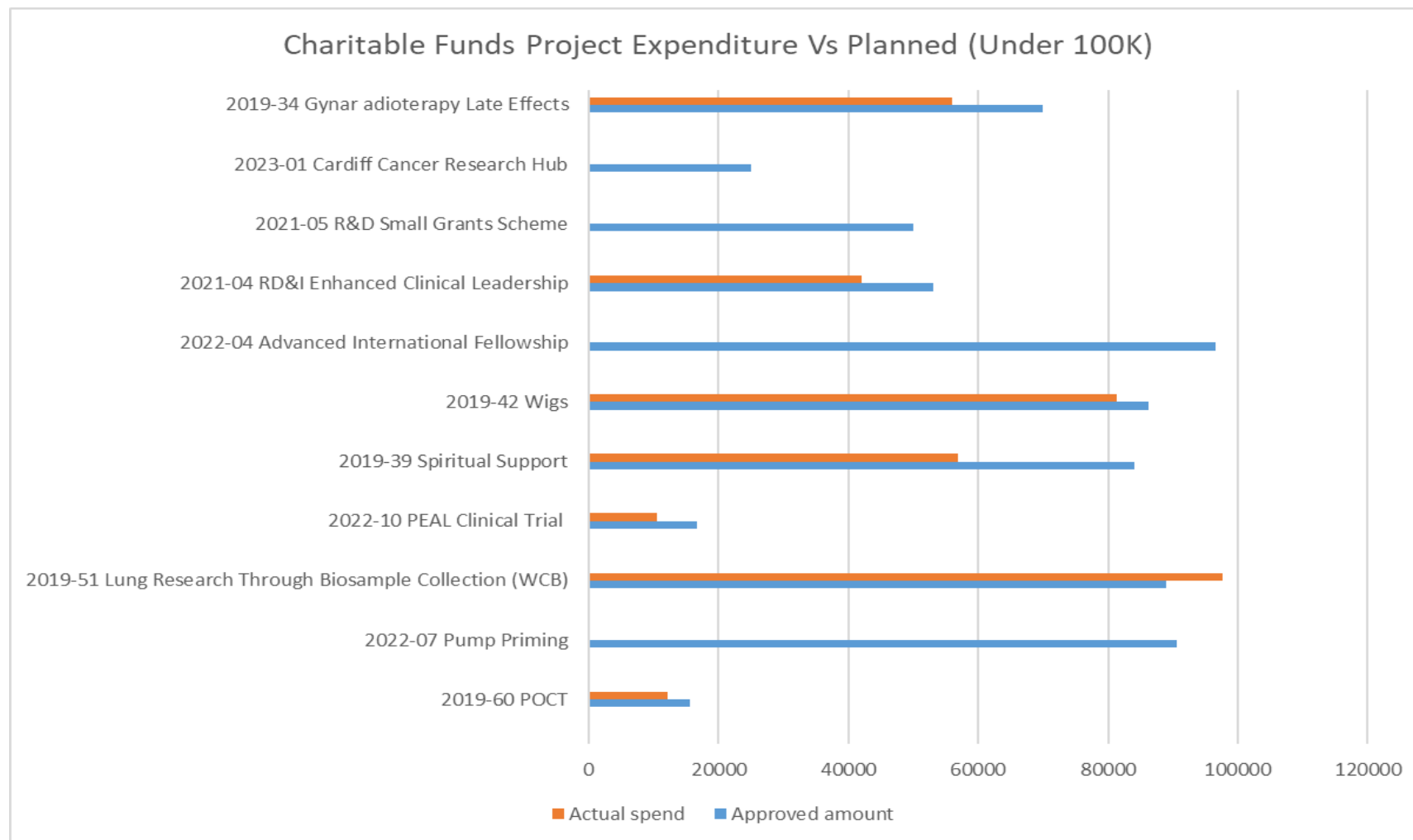


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Appendix 1

Velindre UNHS Trust Charitable Funds



CHARITABLE FUNDS COMMITTEE

Summary of Commitments against the Charity's Unrestricted fund

DATE OF MEETING	21/03/2023	
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	10/03/2023	IN SUPPORT
ACRONYMS		
CFC	Charitable funds Committee	

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.

For 2022-23 we are anticipating another successful year for the Charity with circa £4.4m of income expected to be received, again this will be joined with a reduced recharge to the charity of c£1.5m during the period.

- 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

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	6,032	2,659	2,030
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	650	650	700	800
Overheads	120	120	120	120
General Expenditure & Charges	50	50	50	50
Long Standing Project Expenditure	1,481	3,332	3,369	3,407
Time Limited (Project/ Bid Expenditure)	169	502	158	8
Reduced recharge to Charity (22/23)	(1,500)	1,500	0	0
Total Current Commitments	970	6,154	4,397	4,385
Closing Balance	6,032	3,378	2,762	2,645
<u>Business case proposals</u>				
Arts Engagement Programme		23	28	28
Navigators		196	204	212
ARF Funds (Ringfence funds)	0	500	500	500
Total Business case Proposals	0	719	732	740
Total Commitments	970	6,873	5,129	5,125
Revised Closing Balance	6,032	2,659	2,030	1,905
Target Reserve	2,291	1,710	1,708	
Reserve Variance	3,741	949	322	

Notes

- Forecast income is based on the approved Charity strategy, however adjusted to support prudent income growth due to the financial climate (e.g. Energy and high levels of inflation).
- The table assumes that the fundraising team will continue be funded from investment gains.
- Funds have been ringfenced each year from 2023/24 to support the ARF bid to the sum of £0.5m.

- The table assumes that the full ask for the R&D infrastructure bid will be required. If not, further funds will be released for investment.
- The table reflects a reduced recharge to the charity during 2022/23 to be back down in 2023/24.

Based on the current level of commitments and anticipated income it is expected that 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.

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 the two 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	3,312,851	3,435,003	3,416,860	3,705,394
Income												
Donations, Fundraising & Legacies	208,714	234,209	346,787	188,711	211,673	254,538	482,812	1,836,141	162,316	162,861	302,801	184,062
Donation Charges	(1,778)	(2,893)	(1,778)	(1,879)	(1,713)	(1,442)	(1,586)	(1,297)	(678)	(1,031)	(1,000)	(1,000)
Investment Movement												
Net Monthly Change In Income	206,936	231,316	345,009	186,832	209,960	253,096	481,226	1,834,844	161,638	161,830	301,801	183,062
Expenditure												
Commitments/ Credits (Inc BFWD from 2020/21)	(230,938)	(944,125)	(398,391)	(257,707)	(28,315)	(347,608)	(544,865)	(16,999)	(39,486)	(179,973)	(13,267)	(15,000)
Net Monthly Change In Expenditure	(230,938)	(944,125)	(398,391)	(257,707)	(28,315)	(347,608)	(544,865)	(16,999)	(39,486)	(179,973)	(13,267)	(15,000)
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	3,312,851	3,435,003	3,416,860	3,705,394	3,873,456

Notes/ Risks/ Opportunities

- Income is based on forecast for 2022-23.
- Expenditure is based on current commitments/forecast for 2022/23 and unpaid creditor commitments from 21/22.
- Outturn expenditure assumes reduction in charges of £1.5m to the Charity during 2022-23

Closing Charitable Fund Balances (31st Jan 2023)

	£
Investments (at Book Value)	5,895,164
Debtors / Creditors	(832,315)
Actual Cash (Current & Deposit Accounts)	3,417,463
	<u>8,480,312</u>

Actual
Projected

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

TOTAL	Forecast Based Upon
4,575,625 (18,076)	Income Forecast 22/23 Average
4,557,549	
(3,016,674)	Actual plus BFWD Commitments
2,647,188	

3,873,456



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CHARITABLE FUNDS COMMITTEE

ONBOARDING OF INVESTMENT MANAGERS

DATE OF MEETING	21/03/2023
-----------------	------------

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
PRESENTED BY	Steve Coliandris – Head of Financial Planning & Reporting
EXECUTIVE SPONSOR APPROVED	MATTHEW BUNCE, EXECUTIVE DIRECTOR OF FINANCE

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

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

COMMITTEE OR GROUP	DATE	OUTCOME
Charity SLG (Oral Discussion)		IN SUPPORT

ACRONYMS

CFC	Charitable Funds Committee
-----	----------------------------

1. SITUATION/BACKGROUND

- 1.1 Velindre University NHS Charitable funds holds an investment portfolio which is managed on behalf of the Charity by an appointed investment management firm.
- 1.2 Following a competitive tender exercise Abrdn were awarded the contract in January and the Charity is now working with the new investment managers through the onboarding process.
- 1.3 In order to complete the onboarding process Abrdn will require the Committee to agree an appropriate investment strategy before they can take on the Charity portfolio. This will entail Abrdn gaining an understanding of the Charity's attitude to risk.
- 1.4 On the 8th February Abrdn presented a pre-populated Financial Circumstances Risk Questionnaire to members of the Charitable funds Investment Committee. The questionnaire is designed to get an understanding of the Charity's attitude to risk, and the need for financial return, in order for an appropriate investment strategy to be set.
- 1.5 Abrdn are proposing a medium risk strategy which has been supported by the investment committee.
- 1.6 The CFC is being asked to review the financial circumstances risk questionnaire which is attached as appendix 1 and consider approving the proposed medium risk strategy.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

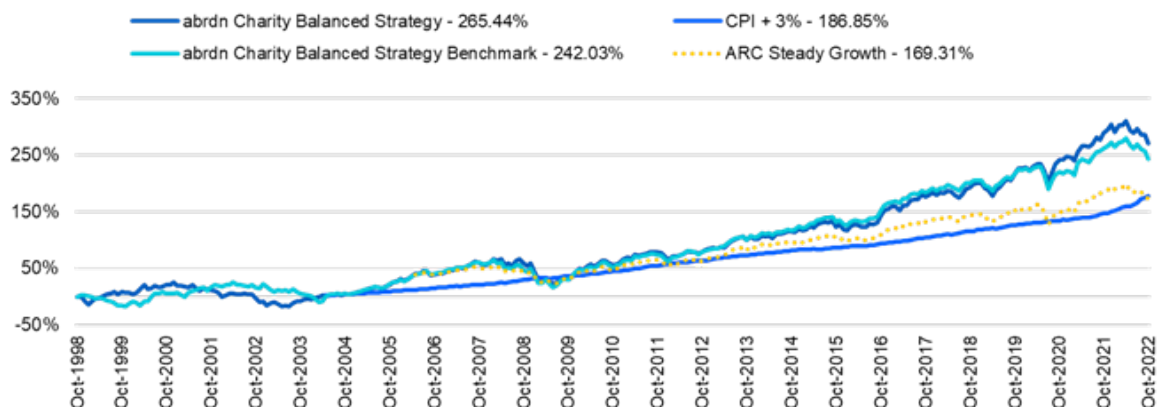
- 2.1 It is really important that the Trustees of the Charity are aware and understand what is meant by 'risk' and will need to consider what 'risk' you are taking, along with the potential impact of 'risk'.

Abrdn have provided some guidance on investment risk attached as appendix 2.
- 2.2 Abrdn are proposing a medium risk strategy which balances the need to beat inflation over the long term (allocation to equities), with some bonds and cash, intended to smooth the journey. The graph below shows the performance of the strategy over the long term.



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- 2.3 It is important that committee members are aware that the proposal of moving to a medium risk strategy is effectively moving the Charity away from a low risk portfolio which is held with the current investment manager Brewin dolphin, with the overall aim of achieving greater financial returns for the charity.
- 2.4 The investment committee members have reviewed the questionnaire and support the medium risk strategy proposed by the strategy.

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	Choose an item.



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FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Determining an appropriate investment strategy is important and reflects the Charity's appetite to risk. This exposes the Charity to both upwards and downward financial movement.

4. RECOMMENDATION

- 4.1 The CFC is being asked to **review** the financial circumstances risk questionnaire, which is attached as appendix 1, and is being asked to **approve** the medium risk strategy which has been proposed by the next investment managers Abrdn and supported by the Charitable funds Investment Committee.



Appendix 2 – Investment Risk

The below illustration identifies and assesses 3 key areas of risk to address.

Identifying and assessing Risk



3 key risks to address:

Risk	So What?	Mitigation	Comments
Inflation Investments fails to keep up with inflation	Permanent loss of purchasing power weakens your long term financial sustainability	Measured exposure to real assets which have pricing power	Higher allocation to equity and alternatives with inflation linked income streams
Volatility Risk of a loss of value/drawdown	Timing risk – you need to take money out of the portfolio, which crystallises the fall in value	Reserves, diversified portfolio	Long term time horizon, ability to ride short term volatility
Reputational risk Personal and commercial investment risks	Stakeholders effected – donors, beneficiaries, staff	Investment policy statement, responsible investment policy.	Revisit regularly. Transparent portfolio

Balancing these risks over short, medium and longer-term time horizons

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Investments are exposed to both Market and Inflation risk, with the exposure being largely dependent on two questions. (Answers highlighted in red relate to Velindre Charity).

Question	Answer	Risk exposure
How long is portfolio needed?	Less than 5 years	Market risk
	5-10 years – Charity Position	Market and inflation risk
	More than 10 years	Inflation risk
Will you need to take significant sums out of the portfolio in the next 5 years?	No – Expected Charity position	Inflation risk
	Yes	Market risk

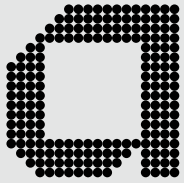
In order to mitigate both Market and inflation risk the following actions would be taken by the investment managers



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To mitigate market risk:	To mitigate inflation risk
1. Diversify portfolios	1. Diversify portfolios
2. Higher allocation to lower return assets – traditionally bonds and cash.	2. Significant exposure to ‘real’ assets – equities and some alternative assets like infrastructure or real estate.
3. NB, UK gilts (government bonds) fell almost 25% last year. By contrast, UK equities fell less.	



Financial Circumstances and Risk Questionnaire (Charity Clients)

(for use where abrdn are responsible for assessing suitability)

In this form, "abrdn" means "abrdn Capital Limited".

Part 1 – Charity Information

Charity name

Registered charity number

HMRC tax reference

Registered Charity Address

Building name or number

Street

City/Town

County

Postcode

Main Correspondence Contact

Capacity
(eg Trustee, Director,
Administrator)

Title

Date of birth

Surname

First name(s)
in full

Address

Building name or number

Street

City/Town

County

Postcode



Part 1 – Charity Information (Continued)

Telephone	<input type="text"/>	Preferred number	<input type="checkbox"/>
Mobile telephone	<input type="text"/>	Preferred number	<input type="checkbox"/>
E-mail address	<input type="text"/>		

What type of legal entity is it and what is the purpose of the charity?

What is the long-term nature and purpose of the portfolio?

Part 2 – Financial Information

Assets, Liabilities & Income

What is the value of the company's assets? £

Are we managing all of the company's assets? Yes ☐ No ☐

Value of assets held by the company:

Investment type	Approximate value	Approximate annual income
Equities	£	£
Bonds	£	£
Cash	£	£
Hedge Funds	£	£
Property	£	£
Private Equity	£	£
Other	£	£
If other, please specify:		

Liabilities

Please advise of any current or anticipated liabilities or regular financial commitments.

Investment Restrictions

Can the portfolio own non-distributor funds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can the portfolio own UK situs assets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can the portfolio own Irish situs assets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Part 2 – Financial Information (Continued)

Are US citizens or US tax residents involved with the account? Yes ☐ No ☐

If yes, can the portfolio invest in Passive Foreign Investment Companies? Yes ☐ No ☐

If yes, please provide details of who is involved and what their involvement is.

If any of the previous questions are answered no, these will be included as investment restrictions.

Please provide details below of other investment restrictions on the portfolio eg ethical.

Source of Wealth/Source of Funds

It is a regulatory requirement that you provide details of the charity's source of wealth. Source of Wealth (SoW) describes the activities that generated the total wealth of the Charity. This relates to how the Charity has acquired the wealth which is separate from identifying the assets that they own.

What is the source of the Charity's net worth?

Please provide sufficient information in relation to where and how the assets of the charity were derived eg charitable donations.

Country of SoW

Please list every country for each source of wealth.

It is a regulatory requirement that you provide details of the charity's source of funds (SoF). SoF refers to the origin/activity of the funds used to establish the Charity and the activity that generated such funds.

What is the specific source of funds for this portfolio?

Please provide information on the source of funds eg sale of asset or a legacy. Include values and dates.

Country of SoF

Please list every country for each source of funds.

NB: we may require verification evidence of your declaration

If evidence of source of wealth/funds has been provided please cross this box.

Part 3 – Adviser Information (where applicable)

Please cross the box if a copy of the Quarterly Report is required. ☐

Please note that by completing this section the charity are giving abrdn the authority to discuss the charity’s portfolio with the person or firm named as an adviser.

Financial Adviser	
Title	<input type="text"/>
Surname	<input type="text"/>
First name(s) in full	<input type="text"/>
Company name	<input type="text"/>
Position	<input type="text"/>
Address	
Building name or number	<input type="text"/>
Street	<input type="text"/>
City/Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
E-mail address	<input type="text"/>

Part 4 – Risk Profiling Questionnaire

Please note this questionnaire is designed to help us understand which, if any, of the abrdn portfolios are suited to the charity’s attitude to risk and preferences regarding investments. It is not intended to assess the charity’s attitude to risk and preferences regarding the entire investment marketplace.

If you require further information regarding the content or purpose of this questionnaire, please contact your Client Portfolio Manager.

Q1: Is the account profiled by abrdn or by a Third Party?

The trustees confirm that the charity has a professional adviser and agree that abrdn will assess investment suitability using the responses to this questionnaire and other information in accordance with the charity’s investment objectives. The charity’s professional adviser is responsible for suitability checks with regard to the charity’s wider financial circumstances. (Please complete the full questionnaire) ☐

The trustees confirm that the charity does not have a professional adviser and understand that abrdn will assess investment suitability in line with the charity’s investment objectives, based upon the information the charity provides in this questionnaire and elsewhere. The trustees understand abrdn will not provide a full financial planning service and will not carry out suitability checks with regard to the charity’s wider financial circumstances. The trustees have decided not to take financial advice despite abrdn’s recommendation to do so. (Please complete the full questionnaire). ☐

Q2: Account Name

1	
2	
3	
4	

Q3: We seek to understand the trustees' knowledge of the main asset classes and their experience in investing in them:

	Equity	Bond	Cash
The trustees consider themselves to have the following level of knowledge with respect to each asset class (tick one per asset class)			
The trustees know very little about this type of asset or investing in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees have a basic understanding of this type of asset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees have general knowledge of this type of asset and its markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees consider themselves knowledgeable and have an in depth understanding of this type of asset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees have invested in each asset class as follows: (tick all that apply)			
The trustees have not previously invested in this type of asset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees have indirectly invested in this type of asset through a pension, insurance policy or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees have held unit trusts or other forms of collective investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees have held their own portfolio including individual securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees have traded this type of asset on their own behalf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The charity's investments in each asset class have been primarily managed as follows: (tick one)			
The trustees have no previous experience of holding this type of asset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirectly by a pension scheme or other manager outside the trustees direct control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By a discretionary manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By an advisory manager, seeking the trustees' approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the trustees' instigation, with an advisory manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On an execution only basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees have invested in each asset class in these ways for:			
Under 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 years plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trustees have investment experience in other asset classes as detailed below.			

Q4: How would you define the charity’s primary investment objective?

	Client Accounts				
Please select a primary objective for each account.	1	2	3	4	All
Growth (Aims to achieve capital growth within the charity’s agreed risk level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income (Aims to generate income and capital growth, within the Charity’s agreed risk level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4a: Start date

1

2

3

4

All

Q4b: Time horizon: this is the number of years for which the majority of the portfolio is expected to be invested. The time horizon will be regularly reviewed with the trustees.

	Client Accounts				
	1	2	3	4	All
0 – 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 – 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 – 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 years plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i

We now ask that a series of questions be completed relating specifically to the charity’s primary investment objective.

Please follow the colour-coding and question headings on the following pages.

Objective: **Growth**

(Aims to achieve capital growth within the charity's agreed risk level)

If Growth was chosen as the primary investment objective, please answer the following questions.

QG4c: Growth objective:

Does the charity have a Capital Target Value?

Yes

☐

No

☐

If yes, what is the percentage target return per annum OR what is the target future capital value in £?

Client Accounts					
1	Percentage Target Return		% OR Future Capital Value	£	
2	Percentage Target Return		% OR Future Capital Value	£	
3	Percentage Target Return		% OR Future Capital Value	£	
4	Percentage Target Return		% OR Future Capital Value	£	
All	Percentage Target Return		% OR Future Capital Value	£	

QG4d: There will be a trade-off between the risk taken on the company's portfolio, the initial investment and the possibility of achieving the company's capital target value. Please select the most applicable statement.

		Client Accounts				
		1	2	3	4	All
A:	Regardless of the objective, the trustees want to preserve the charity's capital in absolute terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B:	Regardless of the objective, the trustees want to preserve the charity's capital in real terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C:	The trustees want to have the highest likelihood of achieving the charity's objective, accepting a lower chance of exceeding it or achieving it sooner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D:	The trustees will accept the possibility of losses in return for the chance that the charity might exceed its goal or realise it sooner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E:	The trustees will accept a possibility of larger losses in return for the chance that the charity might exceed its goal significantly or realise it sooner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F:	The trustees have not specified a target value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Unless the corporate has another objective, please now complete Question 5 onwards.

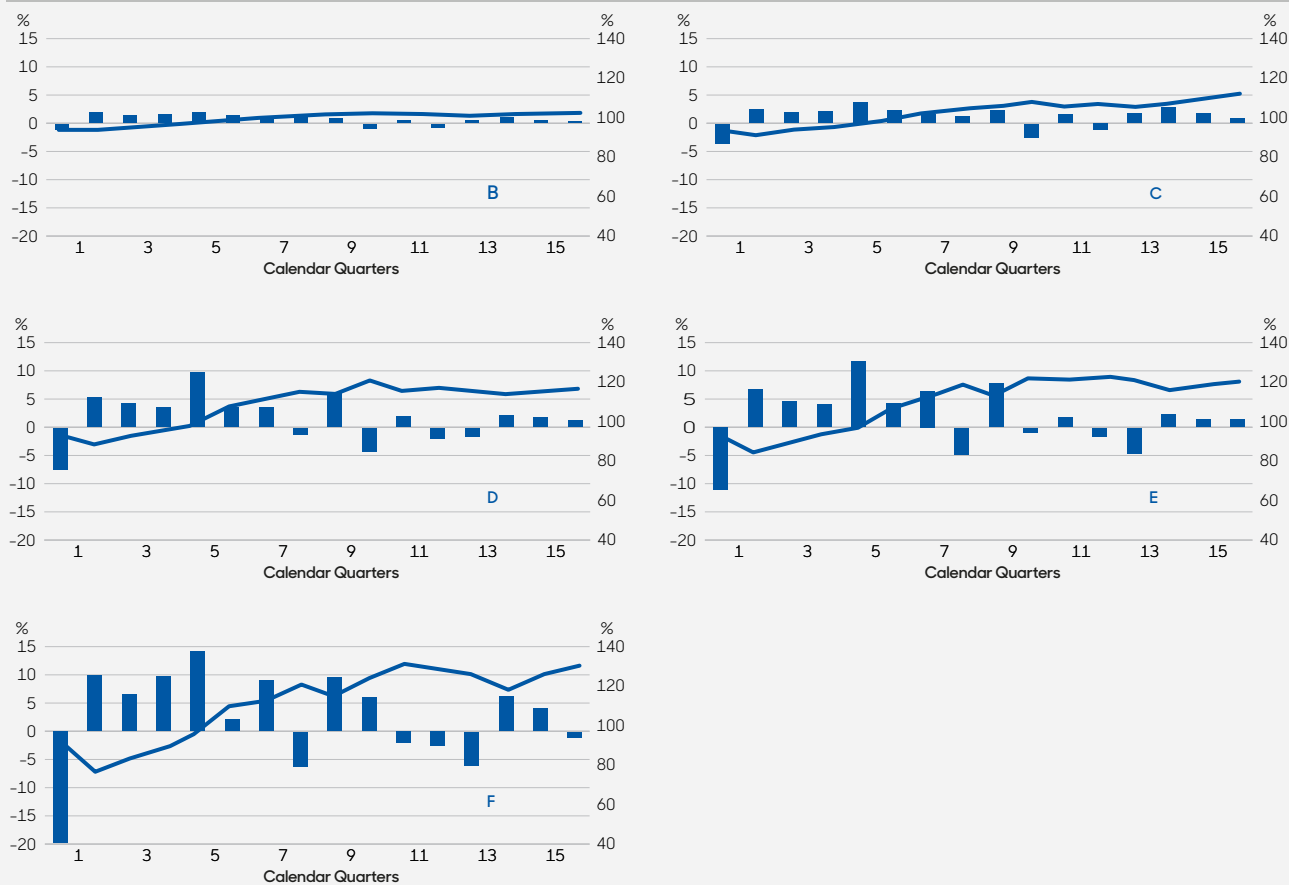
Objective: Income
(Aims to generate income and capital growth, within the Charity's agreed risk level)

If Income was chosen as the primary investment objective, please answer the following questions.

QY4c: Income objective: Income Requirement

Client Accounts										
1	Income generated to be distributed	<input type="checkbox"/>	OR	% Annual Income Target		%	OR	Annual Income Target in £	£	
2	Income generated to be distributed	<input type="checkbox"/>	OR	% Annual Income Target		%	OR	Annual Income Target in £	£	
3	Income generated to be distributed	<input type="checkbox"/>	OR	% Annual Income Target		%	OR	Annual Income Target in £	£	
4	Income generated to be distributed	<input type="checkbox"/>	OR	% Annual Income Target		%	OR	Annual Income Target in £	£	
All	Income generated to be distributed	<input type="checkbox"/>	OR	% Annual Income Target		%	OR	Annual Income Target in £	£	

Q5: There is a trade-off between long term return and risk. The graphs below illustrate quarterly returns over four years for five portfolios, with their long term annual returns stated in the options below. Please select the level of risk and return with which the trustees would be most comfortable.



Note: Examples are for illustrative purposes only and are not intended to be an indication of how the charity's portfolio will perform.

In the charts above the left hand vertical axis represents the bar values, for the return each quarter over 16 quarters/four years. The right hand vertical axis represents the line and cumulative value over the period.

	Charity Accounts				
	1	2	3	4	All
A: The trustees would not be prepared to accept any loss to the charity's initial capital investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Overall annual return of 2%, 3 quarters of minor loss up to 1%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Overall annual return of 5%, 3 quarters of small loss up to 3.5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Overall annual return of 6%, 5 quarters of loss up to 7%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: Overall annual return of 7%, 5 quarters of larger loss up to 11%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F: Overall annual return of 8%, 6 quarters of greater loss up to 20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

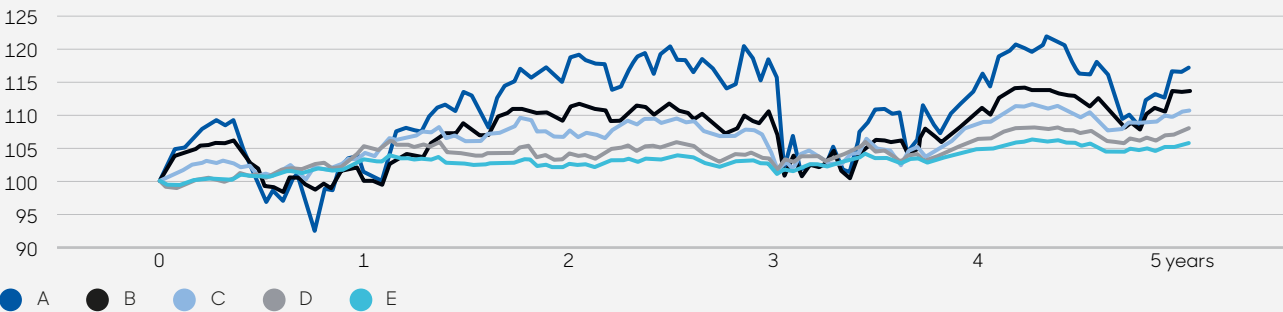
Q6: If one holding in a portfolio suddenly fell significantly compared to the others, in the absence of further information, what would the trustees' instinctive reaction be?

	Charity Accounts				
	1	2	3	4	All
A: The charity would not hold such volatile investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Sell part or all of the investment to protect against further falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Do nothing immediately but make sales on any further fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: See this as part of the risk of investing in a diversified portfolio and take no immediate action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: See this as a possible opportunity to invest more in the market at a lower cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7: Five portfolios invest £500,000 on the same date. One year later, their valuations could have been within the respective ranges illustrated below. Depending on market movements, with which trade-off between potential gain and loss would the trustees feel most comfortable?

	Charity Accounts				
	1	2	3	4	All
A: £495,000 to £515,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: £485,000 to £525,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: £460,000 to £575,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: £425,000 to £600,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: £380,000 to £650,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8: Over the course of five years, five portfolios performed quite differently. Depending on when the charity had invested, it may have achieved a gain, or if the charity had invested at the peak there was potential of a loss. For each portfolio the maximum possible gain and loss is given below. Please select one of the following portfolios that the trustees would be comfortable with:



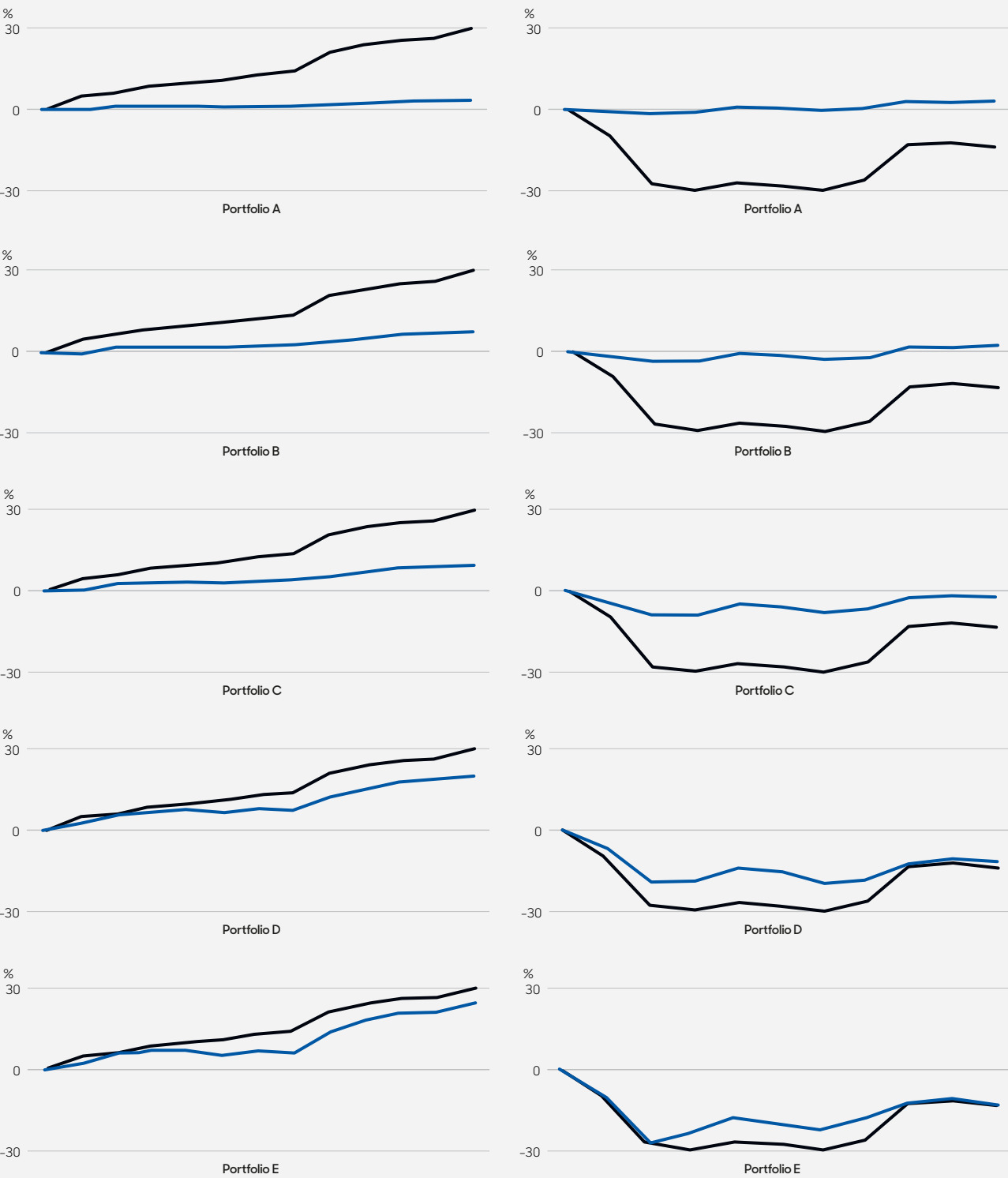
Note: Examples are for illustrative purposes only and are not intended to be an indication of how the company's portfolio will perform.

	Charity Accounts				
	1	2	3	4	All
A: Maximum gain 29%, maximum loss 16%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Maximum gain 13%, maximum loss 10%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Maximum gain 11%, maximum loss 8.5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Maximum gain 7%, maximum loss 5.5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: Maximum gain 5.5%, maximum loss 3%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F: The trustees would not be prepared to invest in any of these as there would be the possibility of a loss of some of the charity's initial capital investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9: Assuming a 10 year time horizon, if early in that period, the charity’s investment provided disappointing returns for 1 to 2 years would the trustees:

	Charity Accounts				
	1	2	3	4	All
A: Accept this was a short term fluctuation in long term returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Choose to accept a higher level of risk in the charity’s portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Choose to reduce the level of risk in the charity’s portfolio, accepting this will likely mean it will take longer to achieve the charity’s objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Look to invest more capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: Sell investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10: The charts below illustrate two periods of time for each portfolio. The left charts shows a rising market (black line) and the portfolio (blue line). The right charts show a period of market fall and partial recovery – again, the black line is the market and the blue line the portfolio. While Portfolios A,B,C do not rise as quickly as the market in the left charts, they do not fall as much in the right charts and therefore do not have as far to recover. Which portfolio would the trustees choose?



In the charts above, the black line represents the equity market and the blue line, the portfolio.
Note: Examples are for illustrative purposes only and are not intended to be an indication of how your portfolio will perform.

Note: Examples are for illustrative purposes only and are not intended to be an indication of how your portfolio will perform.

		Charity Accounts				
		1	2	3	4	All
A:	In the falling market: low point down by -1.5%. In the rising market: up by 4.4%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B:	In the falling market: low point down by -3.3%. In the rising market: up by 8%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C:	In the falling market: low point down by -9.2%. In the rising market: up by 10%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D:	In the falling market: low point down by -19%. In the rising market: up by 18%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E:	In the falling market: low point down by -23%. In the rising market: up by 24%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F:	None of the above, I would not want to put my capital at risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11: In the event of the charity's investment portfolio performing behind expectations, which of the following would the trustees prefer to do?

	Charity Accounts				
	1	2	3	4	All
A: Reassess whether or not to increase portfolio risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Reassess whether or not to decrease portfolio risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Invest more money in the charity's portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12: We seek to understand the charity's capacity for loss with respect to this portfolio as well as the trustees' attitude to risk. What proportion of this portfolio could the charity afford to lose, before it has a material impact?

	Charity Accounts				
	1	2	3	4	All
A: 0-5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: 5-10%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: 10-15%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: 15-20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: 20-30%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F: More than 30%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13: We need to understand how important the income withdrawn from this portfolio is to the charity. How far could it fall before it has a material impact on the charity's financial circumstances? (If there is no income withdrawal requirement, please answer E)

	Charity Accounts				
	1	2	3	4	All
A: 0-5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: 5-10%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: 10-15%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: 15-20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: More than 20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14: What, if any, proportion of this investment might the trustees need to withdraw at short notice to meet unexpected expenses?

	1	2	3	4	All
A: None, the charity has other contingency funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Up to 10% of the initial investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Up to 20% of the initial investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Up to 50% of the initial investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15: What proportion of the charity's overall investible assets does this portfolio form?

	Charity Accounts				
	1	2	3	4	All
A: All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: 60%-100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: 40%-60%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: 20%-40%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: Less than 20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire.

Data Protection Notice – Important, Please Read

All parties named on this form have a right to know that abrdn Capital Limited holds personal data about them and the purposes for which it will be used. Please give them an opportunity to read this notice.

We will collect and use personal information about you and other individuals named in this form in order to provide our services to you. It may also be necessary to collect special category ('sensitive') personal data.

The information collected may be shared with other parts of abrdn group, which comprises of abrdn plc and its subsidiaries, and other companies we work with to support us in the provision of the product or service held with us. We may also share information with our regulators and HM Revenue & Customs, where necessary and lawful to do so. Whenever we share personal information, we will do so in line with our obligations to keep the information safe and secure.

For more information on how abrdn processes personal information, please read our Privacy Policy www.abrdn.com/discretionary/privacy or write to the Data Protection Officer c/o abrdn plc, 6, St Andrew Square, Edinburgh, EH2 2BD. If you do not have access to the internet and would like more information on how we handle data, please contact your Client Portfolio Manager.

Part 5 – Signature(s)

We declare that the information provided on this form is, to the best of our knowledge and belief, accurate and complete. We agree to notify abrdn immediately in the event that information on this form changes.

We are aware that any incorrect or incomplete information provided could result in an inaccurate assessment of the charity's investment requirements.

Print name

Signing capacity

Print name

Signing capacity

Signature >

Signature >

Date

D

D

M

M

Y

Y

Y

Y

Print name

Signing capacity

Date

D

D

M

M

Y

Y

Y

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Print name

Signing capacity

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Y

Y

Date

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Y

For Internal use only

Find out more

Call us on

0345 279 8880

Calls may be monitored and/or recorded to protect both you and us and help with our training.

Call charges will vary.

Email us at

discretionary@abrdn.com

There is no guarantee that any email you send will be received or will not have been tampered with.

We recommend you do not send confidential details by email.

Visit our website

www.abrdn.com

abrdn.com

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0001313266 | AC1532CH | 1122 | DH: GB-111122-183629-7

CHARITABLE FUNDS COMMITTEE

ANNUAL DELIVERY PLAN 2023/24

DATE OF MEETING	
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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	Emma Stephens, Head of Corporate Governance Alaric Churchill (Interim) Charity Director Steve Coliandris, Financial Planning & Reporting Manager
PRESENTED BY	Alaric Churchill
EXECUTIVE SPONSOR APPROVED	Alaric Churchill

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

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Velindre Charity Senior Leadership Group		

ACRONYMS	

1. SITUATION/BACKGROUND

- 1.1 This is the Velindre University NHS Trust Charity Annual Delivery Plan detailing its activities and proposed income streams for 2023/24.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Annual Delivery Plan sets out Velindre University NHS Trust Charity key priorities and deliverables for 2023-24 to ensure that the Trust Charitable Funds are managed in accordance with the Charity's vision, mission, aims and objectives ref. **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.
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)
	The Delivery Plan sets out the financial projections, targets and costs associated with planned fundraising activities for the reporting period.

4. RECOMMENDATION

- 4.1 The Charitable Funds Committee is requested to **APPROVE** the Velindre University NHS Trust Charity Annual Delivery Plan included at **Appendix 1.**

Appendix 1

Velindre University NHS Trust Charity Annual Delivery Plan 2023-2024



Velindre University NHS Trust Charity

Annual Delivery Plan 2023-2024

1. INTRODUCTION

- 1.1 The purpose of this delivery plan is to outline the Velindre University NHS Trust Charity key priorities and deliverables for 2023-24 to ensure that charitable funds are managed in accordance with the Charity's vision, mission, aims and objectives.
- 1.2 The primary audience for the plan is our Trustee's, fund holders and staff.

2. BACKGROUND

- 2.1 The Velindre University NHS Trust Board was appointed as corporate trustee of the charitable funds by virtue of the Velindre National Health Service Trust (Establishment) Order No. 2838 that came into existence on 1 December 1993, and that its Board serves as its agent in the administration of the charitable funds held by the Trust.
- 2.2 The Trust Board as Corporate Trustee is ultimately accountable for charitable funds donated by Velindre University NHS Trust. In order to facilitate the management of these funds the Trust Board has established a Charitable Funds Committee (CFC) to provide advice and recommendations to the Board.
- 2.3 During 2018, the Charity requested to change its name to incorporate the University status that had been awarded to the Trust. The Charity Commission accepted the change in name as requested under supplemental deed in October 2018 and the Charity is now registered with the Charity Commission as **1052501 – Velindre University NHS Trust Charity**.

3. CHARITY VISION, MISSION, AIMS & OBJECTIVES

3.1 Our Vision:

- To support the development and delivery of a World Class cancer care centre in Wales

3.2 Our Mission:

- To raise vital funds to make a real difference to Velindre Cancer Centre, its patients and their families and to enable ground breaking research and trials.

3.3 Our 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 needs in this period.
- Delivering on a 5 year strategy for the Charity
- The Strategy is driven by
 - Investment of funds into research that drive forward positive patient outcomes
 - Service development to change the delivery of patient experience and wellbeing
 - Investment into large capital equipment purchases not achievable through traditional funding mechanisms
- The annual plan is the operational delivery of the Charity's Strategy

3.4 Our Objectives:

General – For charitable purposes relating to the general or specific purposes of Velindre 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 that are/or have been treated by Velindre University NHS Trust.

Donors - For the promotion of blood donation to grow the donor pool and to improve donor care and experience.

Staff - For the relief of sickness by promoting the efficient and effective performance and duties of Velindre University NHS 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 the following aims.

- The investigation of the causes 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.
- The furtherance of any other charitable purpose for the relief of persons diagnosed with cancer.
- To support research and development into new and novel uses of blood, blood components and cellular technology for the benefit of patients.
- Improve donor care through the development of research activity.
- Improve quality and safety of blood components and products.
- Support research to improve outcomes in transplantation.

4. SCOPE

This delivery plan covers the following key aspects:

- 4.1 Strategic Direction & Strategy for 2022-27
- 4.2 Governance Delivery Plan 2023-24
- 4.3 Fundraising Delivery Plan 2023-24
- 4.4 Financial Delivery Plan 2023-24

4.1 STRATEGIC DIRECTION & STRATEGY FOR 2022-27

- 4.1.1 Developing a new five-year strategy for the Charity covering the period 2022-27 has been a key priority over the previous year, the development of which has been led by the Interim Charity Director. This Strategy will balance the ambition and strategic direction of the Charity recognising the new context within which the Charity is operating resulting from the COVID 19 global pandemic. The development of key new channels to market and data capabilities are fundamental the delivery of this comprehensive transformational Programme.

4.2 GOVERNANCE DELIVERY PLAN

- 4.2.1 The Trust Board as Corporate Trustee is ultimately accountable for charitable funds donated to Velindre University NHS Trust. In order to facilitate the administration and management of these funds the Trust Board has established a Charitable Funds Committee to provide advice and recommendations to the Board
- 4.2.2 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.
- 4.2.3 The Charitable Funds Committee may delegate authority to commit expenditure but cannot delegate accountability.
- 4.2.4 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.

4.2.5 The Charitable Funds Committee (CFC) is supported by the Charitable Funds Senior Leadership Group and meets on a monthly basis.

4.2.6 Governance activity 2023-24 will include:

- **Review the Charitable Funds Committee Effectiveness**

Ensure the Charitable Funds Committee complies with the following annual governance requirements:

- Terms of Reference Review
- Committee Cycle of Business Review and update for 2023-24
- Undertake the Annual Committee effectiveness survey.
- Compile a Committee Annual Report for the Trust Board reporting on the activity of the Charity during the previous year.

- **Monitor progress in respect of the Committee Business Cycle for 2023-24**

It is good practice for all Board/ Committees to have in place an agreed work plan for the year and Committee Business Cycle for 2023-24 will be monitored to ensure agreed activity is met. The oversight of the activities planned and enacted will be in the first instance by the Senior Leadership Group (SLG) of the Charity and then confirmed by the CFC.

- **Continue to identify new Risks and review and management of existing risks affecting the Charity.**

This will be achieved through regular monitoring and consideration of the Charity Risks and recorded via Datix as required on the Risk Register for activities affecting the Charity. Risks will be escalated to the Charitable Funds Committee in accordance with the agreed Trust Risk Appetite levels for its Board/Committees.

- **Fundraising risks will be mitigated by the development of new digital capabilities and opening of new channels to market.**

4.3 Fundraising in 2023/24

4.3.1 Fundraising Activities

Events organised on behalf of Velindre

An area that had increased dramatically up until March 2020 when the pandemic impacted and this source of income stopped. Prior to this, fundraising activities were taking place every weekend of the year for Velindre, and on most week- nights. Each supporter completes an Online Event Registration Form, which provides Velindre Fundraising with the information required to provide the necessary level of support. Velindre Fundraiser then contacts the supporter to offer advice, motivation and support, and develops the relationship. Supporters have initiated a number of highly successful virtual events. The event Programme has started to recover but is still not at pre-pandemic levels. The new 5 year strategy will look to complement event fundraising by opening new channels to market.

In Memory

It is an area, which has historically caused issues, as many families have, and continue to mistakenly donate to other charities with a presence at Velindre Cancer Centre, particularly CRW, in the belief that they are donating to Velindre. There is regular communication twice a year with funeral directors, updates on income and how funds are being used. Direct contact with donors is far more difficult as GDPR prevents Funeral Directors passing on donor contact details to charities. In most instances receipts and thank you letters need to be sent to Funeral Directors in the hope that they will pass onto families.

It is envisaged that the development of a comprehensive Charity Brand messaging Programme will help address the inconsistencies in recognition for Velindre.

Legacies

Over the last 10 years legacy income has averaged 18% of total income, which is a healthy position. Because of the volatile and unpredictable nature of legacy income, Charitable Board has decided that Legacy income will not be considered “core” income, but in addition to the funds raised by Velindre Fundraising. Legacy promotion throughout the charity sector has become far more prominent in recent years, with some Charities adopting a far more aggressive campaigning stance.

For the first time the Charity will be developing a managed campaign targeted at Professional organisations and therefore the income target for 2023-24 will include forecasted legacies.

Regular Givers

Velindre's Regular Givers have increased year on year. This is a rich source of guaranteed income with low recruitment cost levels, and long term support. A campaign new campaign will be develop highlighting direct debit (previously not available) and digital giving.

Company adoptions

A number of companies have chosen Velindre as their Charity of the Year, including Cardiff Airport and the Walters Group. Both have agreed to continue fundraising in 2023 / 2024. An area that seen substantial improvement in a few years. Seven years ago there were a handful of small companies who had chosen to support Velindre. The increase in Velindre's profile has undoubtedly assisted when companies have committed to supporting Velindre instead of other charities. Targeting Trusts, Foundations and strategies to increase larger coma adoptions require more specialised time spent with clients to ensure maximum profitability from the relationship.

Grant Giving Bodies & Trusts

Velindre Fundraising has successfully applied NHS Together (formerly the Association of NHS Charities) and received grants totaling over £120,000 in 2023 \ 2024. Velindre Fundraising has not yet been involved in a major capital project, where applications to Grant Giving Bodies and Trusts would form an essential part of any fundraising programme. If there are specific items that are required at the newly built Velindre Cancer Centre, there could be an opportunity to make applications.

Velindre Activities

Whilst organising events can have a cost implications we have proved through the development of the 'Wear Red' campaign the return on investment can be very rewarding, as part of an overall programme of diverse fundraising activities they play a crucial role in:

- Raising funds.
- Recruiting new supporters, ideally high worth, and ongoing future donors.
- Raising the profile of an activity, a particular appeal, and work of Velindre.
- Acknowledging the work of existing high worth individuals.

Velindre Fundraising work very closely with new and existing supporters to put in place a diverse fundraising programme of repeatable events, which also achieve the above criteria. In normal times the Fundraising Team organises a number of activities throughout the year, designed to develop and grow and become an annual activity in people's calendars.

Young Velindre Ambassadors

The Young Ambassadors programme has been completely relaunched, and despite schools not being attended by the majority of pupils, the response has been very impressive. A number of Young Ambassadors have designed and initiated their own fundraising programmes, and this is an area that will be expanded upon in 2023 /2024.

Wear Red for Wales and Velindre

An inclusive mass participation activity encouraging schools and companies to wear something red on the eve of the 6 Nations Rugby tournament. Wear Red planned for February was a massive achievement for 2023 this will be replicated for 2024 with new Microsite support.

Overseas Challenges

2 planned for 2023

- Ride to the World cup rugby
- Morocco Trek

Patrons and Ambassadors

Velindre Fundraising Patrons make a highly significant contribution. 3 of the Patrons will have been involved for over 15 years. The social media followers of some of the Patrons has been hugely beneficial during the Covid pandemic in highlighting the crisis facing charities, and how important it is to continue to support Velindre. Velindre Patrons cover a wide spectrum and are amongst the leading figures in sport, music and entertainment. 1 President, 2 Vice Presidents, 11 Patrons and 38 Ambassadors.

Website, systems and procedures

The Fundraising Database will need to be replaced in 2023 with a comprehensive CRM system. This new system will allow further development in digital data capture, event application and communications management. A new digital programme will be developed to enhance micro giving capabilities.

Income Forecast 2023/ 2024

2023/24 Forecast	£K
Ride to the rugby	250
Cardiff Triathlon	25
Cardiff Half Marathon	20
London Marathon	15
Castle 2 Castle	60
Wear Red	65
Jonathan Davies Golf	15
BAY 10K	35
Charity of the Year	25
In Memory	250
CAFS	30
General donations	650
Facebook	120
Regular Givers	40
Tribute Funds	70
Supporters Events	200
Wedding Favours	10
Xmas Appeal	10
Young Ambassadors	15
Facebook Birthday Fund	30
Mile a Day in May	15
Rhian Rose Fund	30
Merchandise sales	2
Chick Knit	10
Wales week in London golf	30
Crafters Bev	10
Graig100	20
Dubai Golf Jiffy	35
Subtotal Fundraising and Donations	2,087
Legacies	1,000
Subtotal Inc Legacies	3,087
Under Development	
Digital Giving	300
Lottery	40

Bingo	50
Swim to the Edge	30
Grand Total	3,507

4.4 FINANCIAL DELIVERY PLAN 2023-24

4.4.1 INTRODUCTION: FINANCIAL OUTLOOK

Last year's annual delivery plan set out a level of income that was expected to be achieved for 2022-23 against the Charity's unrestricted fund at that point in time. This figure of £2,800k was based on the Charity recovering from the pandemic and resorting the Charity to the levels of income pre Covid.

The Charity is expected far exceed expectations and raise c£4,399k against the unrestricted fund during 2022-23, which is an overachievement of £1,599k against the planned target of £2,800k for the period.

4.4.2 FINANCIAL PLAN

A financial plan ensures that charitable funds are managed in accordance with the charity's vision, mission, and aims. This is achieved by setting a realistic income target which will allow for the charity to meet these objectives. The plan must also ensure that Income is allocated and spent in a timely manner, taking full account of the agreed reserves policy, to meet the priorities as identified by the Charitable Funds Committee.

The Information provided below outlines the current projected financial position of the charity for 2023-24.

4.4.3 CURRENT PROJECTION OF FUND BALANCES AS AT 31 MARCH 2024

Table A below provides a summary of the forecast financial position for 2023-24 taking into account current existing commitments approved by the Charitable Funds Committee before considering additional income to be generated during the financial year.

Table A

Fund Category	Opening Balance as at 1 April 2023 £'000	Total Forecast Commitments & Transfers 31 March 2024 £'000	Forecast Final Balance(excl income) as at 31 March 2024 £'000
Unrestricted	6,032	(6,153)	-121
Unrestricted/ Designated Funds			
Patients Funds	173	(10)	163
Staff Funds	78	(5)	73
Research Funds	3,164	(999)	2,165
Sub Total	3,415	(1,014)	2,401
Welsh Blood service	100	0	100
Total Funds	9,547	(7,167)	2,380
Investment Growth	0	(280)	(280)
Total	9,547	(7,447)	2,100

*Fundraising staff £280k are expected to be funded from the investment income and gains during 2023-24.

The current total estimated commitments against the Charity for 2023-24 is **£7,447k**. This includes all existing grants/ bids which have been previously approved by the Charitable Funds Committee.

Included in the above commitments are:

- Pre-approved Grant Expenditure £4,725k
- Fundraising expenditure of £650k
- Fundraising staff £280k
- Overheads £242k
- General expenditure against the unrestricted general fund of £50k
- Release of funding back to the core Trust £1,500k

4.4.4 INCOME TARGET 2023-24

The income target against the unrestricted fund will be set at £3,500k, which is in line with the approved Charity strategy which the Fundraising Team feel that is a challenging but realistic target.

£177k of income will also be expected to be generated against the unrestricted/ designated funds based on the previous year's performance as illustrated in table B below.

Table B

Fund Category	Opening Balance as at 1 April 2023 £'000	Total Forecast Income 31 March 2024 £'000	Other Income Forecast Dividend /Investment 31 March 2024 £'000	Total Forecast Commitments & Transfers 31 March 2024 £'000	Forecast Final Balance as at 31 March 2024 £'000
Unrestricted	6,032	3,500		(6,654)	2,878
Unrestricted/ Designated Funds					
Patients Funds	173	1		(10)	164
Staff Funds	78	1		(5)	74
Research Funds	3,164	174		(999)	2,339
Sub Total	3,415	176	0	(1,014)	2,577
Welsh Blood service	100	1		0	101
Sub Total Funds	9,547	3,677	0	(7,668)	5,556
Investment Funding	0		280	(280)	0
Total	9,547	3,677	280	(7,948)	5,556

*The table includes £500k which has been ringfenced but not yet committed to support the ARF fund.

Based on the current level of commitments, and assuming that income achieves the desired target, then the unrestricted reserve target for 2023-24 would be set at **£1,710k**, which accounts for a positive reserve variance of **£1,169k** against the forested unrestricted balance of £2,878k as at 31 March 2024.

SENIOR MANAGEMENT TEAM - VELINDRE CANCER CENTRE

ARTS CO-ORDINATOR POST FUNDING

DATE OF MEETING	21/03/2023
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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	Rhiannon Freshney, Trust Sustainability Manager Hannah Moscrop, nVCC Project Manager
PRESENTED BY	Rhiannon Freshney, Trust Sustainability Manager Hannah Moscrop, nVCC Project Manager
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director of Corporate Governance

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	10/03/2023	ENDORSED FOR APPROVAL

ACRONYMS

SLT	Senior Leadership Team
SMT	Senior Management Team
OMG	Operational Management Group

1. SITUATION/BACKGROUND

- 1.1 Velindre University NHS Trust recognises the role that the arts can play in the day-to-day care of patients, throughout the organisation and across the wider cancer pathways. Arts practiced as part of healthcare is well established in many hospitals throughout the UK and our Arts in Health Strategy aims to embed creative practice in the treatment of patients and the well-being of staff through research based / partnership approaches.
- 1.2 The Trust has recently approved an Arts in Health Strategy.
- 1.3 Furthermore, as part of extending the agenda of the Collaborative Cancer Leadership Group (CCLG) to improve the patient experience and outcomes from Cancer across the Southeast Wales Region, exploratory discussions were facilitated between the Arts and Well-being leads of all four partner organisations. The CCLG approved the Terms of Reference for a Regional Arts in Health Collaborative group and commended the opportunities presenting in this area. As well as delivering Arts in Health outcomes within the Trust, the role of the Velindre Arts Co-ordinator will be key in enabling this wider regional Cancer Collaborative and exploit the opportunities to improve the health and well-being of the regions cancer patients and their families.
- 1.4 The Strategy also covers the Arts in Health opportunities arising from the building of the new Velindre Cancer Centre and the Radiotherapy Satellite Centre, which is a once in a generation opportunity to reassess the way that treatment facilities are designed and to think carefully about the day-to-day experience of the patients and staff who use those facilities. Patients' experiences when visiting hospitals influence their attitudes to treatment and ultimately their recovery too.

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	Governance, Leadership and Accountability

	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
	Equality Impact Assessment is expected to be completed in April as part of the Arts in Health Strategy
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** funding for a Velindre Arts Co-ordinator for the period of 3 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 Barry Williams 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
Arts Co-ordinator Role Funding
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Patient / Donor Support
3. BUSINESS CASE PREPARED BY
Rhiannon Freshney, Trust Sustainability Manager Hannah Moscrop, nVCC Project Manager
4. BUSINESS CASE SPONSORED BY
Lauren Fear, Director of Corporate Governance
5. VCC SLT/WBS SMT SPONSOR (RESPONSIBLE OFFICER) Ensure VCC SLT/WBS SMT approval is sought before submitting to the Charitable Funds Committee
Approved at VCC SLT meeting 22/02/2023 Paul Wilkins
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Barry Williams)
2023-16
7. BUSINESS CASE TOTAL EXPENDITURE
Total 3 year cost - £151k The arts council have confirmed funding of £75k to support this project.



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Velindre Charitable Funds requested contribution is - £76k

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 Purposes Fund
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10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31.01.2023 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6000	4,513	2,603	4,399	-970	6,032

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

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

The Arts Coordinator post will be full time and initially advertised as a A4C Band 6 appointment. The position will be part of the Sustainability and Change Team will be



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responsible for managing the Arts Coordinator post and match funding for the post will be provided from Velindre's Charitable Funds pending approval from the Charitable Funds Committee. The arts coordinator will create a coordinated series of active arts projects for patients and staff working alongside clinicians, therapists and nursing staff to identify where the arts can contribute to patient care. The arts coordinator will identify opportunities for creative practitioners to bring their insights and skills into Velindre and develop briefs for arts projects that are specific to the hospital's needs.

Following approval from the Regional Collaborative Cancer Leadership Group (CCLG) (a partnership of Aneurin Bevan, Cardiff & Vale, Cwm Taf Morgannwg Health Boards and Velindre University Trust), a Regional Arts in Health Collaborative has been established. This group will develop and deliver a sustainable programme of arts in health activities and events to support cancer patients and carers in their experience of care and improve outcomes across the region. These regional activities will be in addition to the Arts in Health outputs facilitated by the provision of the building infrastructure at the new Velindre Cancer Centre and the new Radiotherapy Satellite Centre.

The Regional Collaborative are looking to build on established foundations and grow new and deeper partnerships with arts, community, and well-being groups and charities across the region and beyond. The aim is to evolve relationships and supportive ways of working that can provide ongoing arts in health opportunities across the region and the cancer pathway. There is the potential to provide significant enhancement to patients' lives at a difficult time.

The Collaboration also provides an opportunity for active engagement with potential artistic partners to build partnerships and to support an artist network across the region, as well as active engagement with funders to establish additional funding streams and access to the Arts for patients with cancer.

Further, the regional Arts in Health Group has identified the importance of developing an ongoing research programme for Cancer Arts in Health with academic partners, and an opportunity to capture the experience and contribution of existing or previous cancer patients in this work. The Group also has a desire to promote and celebrate the creativity of patients by highlighting their stories and artistic work.

Velindre will develop its own bespoke programme of creative interventions and partnerships between clinicians, therapists, nursing staff, patients and the arts. Nevertheless, a lot of high quality work has already taken place around the UK involving artists and cancer patients and the Arts Co-ordinator will survey the work ongoing in this field to inform local plans and actions. The postholder will also seek to build wider partnerships and networks for the mutual benefit of organisations.

15. LIST OF OPTIONS AND PREFERRED OPTION?

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

We have been awarded funding by the Arts Council for Wales £75,000 over the three-year period.

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?



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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 investment in the Arts Co-ordinator post will improve support for cancer patients and carers in their experience of care and improve outcomes across which meets on eof the key aims of the Charity.

The Trust has identified five strategic goals which we will focus on over the coming years. We believe that the delivery of these goals will enable the Trust to provide services to patients, donors and our partners that are comparable with best in the UK and Europe. The Trust Strategy 'Destination 2032' outlines a clear ambition for the Organisation over the coming years; the delivery of high quality, sustainable health care services which reduce our impact on the environment and provides wider value to our communities. The delivery of the strategy provides us with an exciting challenge to continue to pursue excellence in our clinical services whilst also contributing to the wealth, health and prosperity across Wales.

The Arts Co-ordinator post will contribute to a number of the five strategic goals listed below -

- Strategic Goal 1: Outstanding for quality, safety and experience
- Strategic Goal 2: An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations
- Strategic Goal 3: A beacon for research, development and innovation in our stated areas of priority
- Strategic Goal 4: An established 'University' Trust which provides highly valued knowledge and learning for all
- Strategic Goal 5: A sustainable organisation that plays it part in creating a better future for people across the globe

The postholder will make a major contribution to Goal 5: Sustainability.

The Sustainability Strategy outlines the vision to become a sustainable Organisation, which contributes to a better world for future generations within our locality and across the globe. The Arts and Culture in Health work will make a significant contribution to creating wider social value.

One of our initial objectives will be to work with our therapies team to look for opportunities for the arts to contribute to patients' treatment pathways. For example, we have initiated a partnership with Welsh National Opera to help with the rehabilitation of lung cancer patients to improve their breathing through taking part in singing and breathing exercises. Velindre and WNO are jointly developing a six-week pilot treatment / workshop programme, which is planned to start in March 2023. The appointment of an arts coordinator will help us to identify other areas of treatment where the arts can add value to patient 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.

Business Case Objectives	Tools Used to Measure Success *
1. Quality – enhancing the physical and visual quality of an environment and the experience of cancer services by those using them and their supporters and carers.	Staff and patient surveys and feedback PADR objectives against job description
2. Distinctiveness - contributing to the creation of a unique identity for places where cancer services are provided through work that is original, site specific and meaningful to cancer patients	Projects delivered Staff and patient surveys and feedback PADR objectives against job description
3. Sense of place – reflecting and interpreting key local references such as landscape, site uses, heritage and local population	Projects delivered Staff and patient surveys and feedback PADR objectives against job description
4. Engagement – creating a sense of ownership and pride through involving stakeholders both in the process and the outcomes	Staff and patient surveys and feedback Comms and Engagement team objectives mapping
5. Profile – helping to raise the profile of the Velindre Cancer Centre, Radiotherapy Satellite Centre, Outreach Centres and other cancer facilities as a positive part of the region's health and artistic community	Staff and patient surveys and feedback Comms and Engagement team objectives mapping
6. Challenge – including opportunities for public art that is out of the ordinary and bold, inviting thought and discussion.	Projects delivered Staff and patient surveys and feedback PADR objectives against job description

*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 Arts Co-ordinator will deliver a broad and beneficial package of work for Velindre University NHS Trust. The activities, benefits and intended outcomes for each year are outlined below – the delivery of which will be overseen and accounted for by the Arts MDT and the line manager PADR process.

Year 1

- The first year of operation for Velindre's Arts in Health programme will see the appointment of the Arts Coordinator and the creation of an agreed management structure for the role within the Sustainability and Change work-stream. The Arts coordinator will be managed by the Trust Sustainability Manager and overseen by the Multi- Disciplinary Team, which contains representatives from Clinical Oncology, Innovation, Change Sustainability and Occupational Therapy Teams.



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- The Arts Coordinator will co-ordinate the delivery of the Trust's Arts Strategy and facilitate project and project proposals as appropriate starting with the 'Moving House' project, which will record Velindre staff's experience of the original Velindre site, its history, its stories, personalities, and character.
- The Arts Coordinator will work in collaboration with the public art specialist appointed by the successful bidder for the new Velindre Cancer Centre to ensure that the Trust's themes, well-being objectives and broader aims are met.
- An Arts Management Group will be established. This leadership group, which meets a minimum of four times a year, will support the Arts Coordinator in the delivery of the Arts Strategy. The Arts Co-ordinator will engage at a senior level with officers and Board members on the delivery of the strategy and on plans and opportunities to develop Arts in Health Progress. It is recommended that the Chair of Velindre University NHS Trust chair the Arts Management Group.
- The Arts Coordinator will engage WAHWN consultancy services to support the Velindre's arts in health structure and to seek practical advice on how best to integrate the arts in health programme into patient care within Velindre NHS Trust. The aim will be for WAHWN to work alongside the Arts Coordinator and Sustainability Manager to establish a set of working priorities for the Arts in Health team and to develop further the delivery structure to support the Arts in Health Programme.
- The Arts Coordinator will work with academic partner(s) in South Wales to initiate a research pilot project, in parallel with the first round of arts in health projects, so that important data about patient well-being can be gathered from the earliest point.
- The Arts Coordinator will build a relationship with the Arts Council of Wales (ACW) to ensure that Velindre University NHS Trust is aligned to the objectives and opportunities of the Arts Council's Arts in Health funding programme.
- During the first year, an arts project(s) will be selected to be part of the research pilot project with Cardiff University and funding applied for, with the appropriate level of partnership funding secured within the Velindre University NHS Trust or its charity.
- The Arts coordinator will familiarise themselves with the major charitable foundations with an interest in Arts in Health programming and make themselves aware of their funding priorities.
- The Arts Coordinator will build relationships with major arts organisations in Cardiff and South Wales to make them aware that Velindre University NHS Trust is actively embracing the arts as an integral part of its healthcare programme as well as providing a venue for small-scale events such as exhibitions, workshops, and performances.
- The Arts Coordinator will work closely with WAHWN partners to become aware of any joint arts in health initiatives that are already in operation with other Health Boards within Wales and to make a case for joining these partnerships as appropriate.
- For example, the Baring Foundation, in partnership with the Arts Council of Wales, is already funding arts in health projects in Wales to support Health Boards' mental health provision.

- The Arts Coordinator will oversee the implementation of the Nevill Hall Public Art Commissioning Plan once an arts project manager has been appointed for that capital scheme.

Year 2

- The Arts Coordinator will review the Trust's Arts Strategy and implement project proposals and recommendations as appropriate.
- The Arts Coordinator will continue to work in collaboration with the public art specialist appointed by the successful bidder for the new Velindre Cancer Centre to ensure that the Trust's themes, well-being objectives and broader aims are being met within that development.
- The Arts Coordinator will continue to implement the advice given by WAHWN's consultancy services on the management of Velindre's arts in health team and the integration of the arts in health programme into patient care within Velindre NHS Trust.
- The Arts Coordinator will continue to work with an academic partner(s) in South Wales to progress and manage the pilot arts in health research programme and monitor the individual pilot arts in health projects.
- The Arts Co-ordinator will support the Regional Arts in Health Collaborative in the delivery of Arts in Health interventions across the regions cancer pathways. The Postholder will also facilitate a number of place-based Cancer and Arts related 'festivals' that will be jointly curated and performed with local arts communities.
- The Arts Coordinator will continue to build relationships with major arts organisations in the region to establish a programme of art events at Velindre.
- The Arts Coordinator will oversee the implementation of the Nevill Hall Public Art Commissioning Plan through the appointed an arts project manager.

Year 3

- The Arts Coordinator will review the Trust's Arts Strategy regularly to implement project proposals and recommendations as appropriate.
- The Arts Coordinator will continue to work in collaboration with the public art specialist appointed by the successful bidder for the new Velindre Cancer Centre to ensure that the Trust's themes, well-being objectives and broader aims are met.
- The Arts Coordinator will continue to work with WAHWN and other Health Boards in Wales to develop jointly funded arts in health projects with both the Arts Council of Wales and charitable foundations.
- The Arts Coordinator will continue to work with an academic partner to progress and refine the pilot arts in health research project and monitor the individual pilot arts in health projects.
- The Arts Co-ordinator will support the Regional Arts in Health Collaborative in the delivery of Arts in Health interventions across the regions cancer pathways. The Postholder will also facilitate a number of place-based Cancer and Arts related 'festivals' that will be jointly curated and performed with local arts communities.
- The Arts Coordinator will continue to build relationships with major arts organisations in the region to establish a programme of art events at Velindre.

- The Arts Coordinator will oversee the implementation of the Nevill Hall Public Art Commissioning Plan through the appointed project manager.

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 has an ambition for work by artists to play an active part in the delivery of the outstanding care we provide. Helping to make patients and visitors feel welcome by adding a warmth and richness to their experience of visiting Velindre Cancer Centre – and delivering valuable social prescribing opportunities. The role of art in a hospital setting is more than its immediate appearance, projects can engage the senses, fire imagination, make creative connections and reduce anxiety.

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.

Individual projects managed through this role will comply with Risk Assessment processes and/or Risk and Issue Logs and reporting mechanisms. This will be undertaken on a project-by-project basis as required. However, the recruitment of the role itself does not require this.

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 job role has been approved by a job matching panel and the Workforce team.
The role contributes to the following Future Generations Goal, as a minimum:

- A Healthier Wales
- A Wales of Thriving Culture and Welsh Language
- A Wales of Cohesive Communities

The role will be undertaken in line with the Future Generations Five Ways of Working.



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

23. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?

N/A

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
Arts Co-ordinator (band 6)	£ 136,227.00	£ 15,000.00		£ 151,227.00
Arts Council Contribution	-£ 75,000.00			-£ 75,000.00
	£ 61,227.00	£ 15,000.00	£ -	£ 76,227.00

Total cost £151,227 with £75k of funding being provided by the arts council.

Velindre Charitable funds requested contribution is £76,227

27. PROPOSED FUNDING CASHFLOW



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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	Expenditure year 3 2026/27	Total Expenditure
Arts Co-ordinator	£ 37,094.17	£ 45,403.00	£ 46,311.00	£ 7,418.83	£ 136,227.00
Project Support	£ 4,166.67	£ 5,000.00	£ 5,000.00	£ 833.33	£ 15,000.00
Arts Council Contribution	-£ 20,833.33	-£ 25,000.00	-£ 25,000.00	-£ 4,166.67	-£ 75,000.00
	£ 20,427.50	£ 25,403.00	£ 26,311.00	£ 4,085.50	£ 76,227.00

*Funding is being requested for three years which span over four financial years as illustrated in the table above.

- Assumed start date May 23
- 2% pay award assumed for each year.
- £5k required each year for project support e.g. events, room hire, equipment.

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.

Estimated project milestones subject to approval

Job closes – March 2023
Interviews and offers – April 2023
Earliest start date – May 2023
Earliest end date – May 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.

The post is advertised as a 3-year position only.
The intention is that the post will become self-funding through grant applications.

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

Through the management mechanisms outlined in Section 17 regarding staff and patient surveys – outcomes will be communicated via Velindre external Comms on a regular basis. Additionally, new projects and ongoing work will be communicated in a similar way. A majority of projects the role will focus on will involve Velindre stakeholders and donors.

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

Hannah Moscrop, Project Manager, nVCC
Rhiannon Freshney, Trust Sustainability Manager

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 for Co-Funding (25%) of a Clinical Research Fellow (Brain Radiotherapy) from the Headfirst Appeal/Brain Research Sub Fund

DATE OF MEETING	21/03/2023
------------------------	------------

PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	James Powell, Consultant Clinical Oncologist
PRESENTED BY	James Powell, Consultant Clinical Oncologist
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
Velindre Charity Senior Leadership Group	10/03/2023	ENDORSED FOR APPROVAL
See below		

The approval route for this case, in agreement with the Executive Director of Finance, differs slightly to normal because:

- RD&I Sub Committee have already approved the full bid: the Integrated Research Business Case, which was also approved by CFC in January 2023, that this post forms a part of, which includes a full justification for this post.
- 75% of this post is funded by WCRC (50%) and CFC (25%) from 1st April 2023 & we wanted to minimise slippage of that funding opportunity.

ACRONYMS	
CFC	Charitable Funds Committee
OMG	Operational Management Group
SLT	Senior Leadership Team
SMT	Senior Management Team
WCRC	Wales Cancer Research Centre

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	Staff and Resources
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
	No equality impact assessment has been completed for this post, but recruitment to the post will follow all required legislation and Trust policies which include equality.

	Any Research the post holder is involved in would also then be subject to an equality impact assessment at that time
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 £39,400 over the period of 2 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 Barry Williams 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
Business Case for Co-Funding (25%) of a Clinical Research Fellow (Brain Radiotherapy) from the Headfirst Appeal/Brain Research Sub Fund
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Research, Development & Innovation
3. BUSINESS CASE PREPARED BY
Kate Cleary, Velindre Cancer R&D Strategy Project Support Manager; James Powell Consultant Clinical Oncologist, Velindre Cancer Centre.
4. BUSINESS CASE SPONSORED BY
Jacinta Abraham, Executive Medical Director
5. VCC SLT/WBS SMT SPONSOR (RESPONSIBLE OFFICER) Ensure VCC SLT/WBS SMT are informed before submitting to the Charitable Funds Committee
n/a as Research proposal. Note: VCC SLT sighted on Integrated Research Bid, of which this post forms part.
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-17
7. BUSINESS CASE TOTAL EXPENDITURE
£39,400
8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)



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2 years

9. FUND NAME & NUMBER

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

Headfirst Brain Tumour Appeal / Brain Research Sub Fund 6312

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 28/02/2023 £000	Opening Balance 01/04/2022 £000	Forecasted Income 2022/23 £000	Current Commitments 2022/2023 £000	Forecasted Balance 31/03/2023 £000
6312 Headfirst Brain Tumour Appeal	45	41	4	0	45

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 – James Powell

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

This post forms part of the business case '*Implementing the Cancer R&D Ambitions – An Integrated Business Case 2023-2026*' which was approved by Charitable Funds on 19th January 2023. The intention (as stated in the Integrated Business Case) is for funds from the Headfirst Charity to part fund this post alongside funding from Wales Cancer Research Centre (50%) and main CFC General Fund (25%). The Brain team and fundholder are supportive of this approach.

We are requesting funding to support the following staff:

- **1x0.25WTE Clinical Research Fellows (CRF) for 3yrs – from April 2023-March 2025 (alongside 0.5wte funded by the Wales Cancer Research Centre). The 0.25 WTE of the Velindre CFC contribution towards this post comes from Headfirst – the Brain Tumour charitable fund (agreed in principle by Fundholder Dr James Powell).**

Co-funded by the Wales Cancer Research Centre (WCRC), the **Velindre-WCRC Clinical Research Fellowships (CRFs)** will provide an opportunity for senior Velindre trainees to each pursue a laboratory-based research degree (MD) with a high-profile academic group at Cardiff University (CU) and to spend 1-2 days/week delivering clinical research at the CCRH and at VCC. They will be mentored by joint academic and clinical supervisors and supported to take up clinical academic or research consultant posts thereafter.

This Fellowship will be focused on developing translational Radiotherapy research in Brain Cancer, a hard-to-treat cancer. Cancer stem cells are major drivers of tumour progression and therapy resistance in brain cancer (gliomas). Dr Florian Siebzehnruhl and his team at the European Stem Cell Institute (ESCRI) in Cardiff have previously shown that the transcription factor ZEB1 is an important regulator of cancer stem cells in glioblastoma, and that ZEB1 expression is dependent on FGF2-FGFR1 signalling in the tumour microenvironment. Other preclinical studies have linked FGFR1 to glioblastoma radioresistance and have shown that FGFR inhibitors act as radiosensitizers. In publicly available gene expression datasets from The Cancer Genome Atlas, we found a correlation of FGF signalling and stem cell transcription factors (ZEB1, SOX2, OLIG2) in approximately 30% of glioblastoma patients. An important, unanswered question is therefore whether the FGF-stem cell signature is predictive of radiotherapy response in glioblastoma and/or other malignant gliomas. A secondary aim is to test inhibitors of FGF signalling in preclinical models in combination with radiotherapy. Finally, glioblastoma patient gene expression profiles can be mined for further signatures and targetable candidate genes associated with FGF signalling and radio-resistance. The Clinical Research Fellow will be directly supervised by Dr Florian Siebzehnruhl and Dr James Powell.

As well as time spent in the laboratory working to achieve an MD, the Fellow will spend 1-2 days each week in Velindre and the Cardiff Cancer Research Hub, focussing in particular on delivering Drug-Radiotherapy combination trials for Velindre patients.

The Velindre Cancer R&D ambitions aim to support clinicians to become future research leaders, and in order to grow our future academic oncology consultant numbers we need to give our research interested trainees the opportunity to gain higher degrees (MDs and PhDs).

This post aligns with the Velindre ambitions to Advance new Treatments, Interventions and Care including Radiotherapy (Theme 2) and to Drive Translational Research Through Connecting the Laboratory and the Clinic (Theme 3). It is also very well aligned with the Radiotherapy and the Clinical Trial themes of the new Wales Cancer Research Strategy (CReSt) and with the focus on Drug-Radiotherapy Combination therapies in Cardiff's recent Experimental Cancer Medicines Centre (ECMC) bid.

Note: this post will work on Commercial research, which brings in commercial income

15. LIST OF OPTIONS AND PREFERRED OPTION?

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

Option 1: Reduce funding for Cancer R&D

This option is not aligned to:

- The Trusts' Strategy Destination 2032 which includes goals to be: *"A beacon for RD&I in our stated areas of priority"* and *"An established University Trust which provides highly valued knowledge and learning for all"*
- The Trust's Overarching Cancer R&D Ambitions/Strategy (2021-2031)
- The Trust's Integrated Medium-Term Plan (2022-2025)

Key strategic pillars agreed by the Trust include delivering more R&D opportunities to improve patient access to treatment and building researcher capacity and capability across the multi-professional workforce. Negative implications of reducing funding support for Cancer R&D include reduced opportunities for patient participation in research, and loss of Velindre's reputation as a centre for excellence in research and as a centre for attracting leading clinicians, researchers, and support staff.

Option 2: Secure funding for the post presented in this bid

This is the preferred option. By increasing support for the thriving research infrastructure and future ambitions at Velindre, the flow of benefits described above for patients and researchers will be delivered. This option will allow a step change for research development and delivery, as set-out in the Cancer R&D Ambitions 2021-2031. It meets Welsh Government expectations in terms of research in NHS Wales as described in the UK (4 Nations) strategy 'Saving and Improving Lives: The Future of UK Clinical Research Delivery' 2021. Further benefits are described in Section 18, which elevate the organisation's research reputation and status.

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 very closely with the Charity's mission "to support the Trust's provision of world class research-led treatment, care and support for patients and families affected by cancer."

The proposal also aligns very closely with the Charity's objectives, specifically:
"Research. For any charitable purposes ... which will further the following aims;

- "The investigation of the causes 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".

All the research funding requested within this business case wholly aligns with the mission and objectives above.

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"> Support clinicians to become future research leaders Provide an opportunity for senior Velindre trainees to each pursue a laboratory-based research degree (MD) with a high-profile academic group Provision of opportunities to gain higher degrees (MDs and PhDs) for research interested trainees 	<ul style="list-style-type: none"> Higher degree – achieve MD qualification within 3yrs Clinical trial delivery – contribute to clinical trial recruitment to Early and Late phase clinical trials at Velindre and the CCRH Personal development – evidence of attending courses in research methodology and other research skills. Evidence of PhD completed that brings benefits cancer R&D ambitions

*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 proposal will have a positive impact on our patients, workforce, partnerships, and our capacity and capability to deliver research and to contribute to knowledge and evidence generation.

Patient Benefits:

This will lead to Velindre enhancing its capacity, capabilities, and opportunities as a leading UK Cancer Centre, which designs and delivers excellent research that improves the survival and enhances the lives of cancer patients and their families in Wales and beyond.

Patients treated in research-active healthcare settings have better outcomes and receive better care, with benefits extending to patients *beyond* those actively involved in research studies.

Velindre's Cancer R&D strategic ambitions put the patient front and centre of everything we do. Consistent and equitable delivery of these ambitions across cancer sites and treatment modalities requires nuanced understanding of the patient's perspective, and contextual understanding of their priorities and preferences for treatment and care.

Partnership Benefits:

By building on current cancer research strengths and enhancing our research partnerships, we will facilitate an improved integrated approach which strengthens research and creates a vibrant research culture within the organization.

Clinicians and scientists working together to develop translating discovery research from the laboratory to the clinic for patient benefit, will bring income from successful shared grant applications, which has not been previously fully exploited within Velindre.

Partnerships with key Welsh Government funded research infrastructure (WCRC) will ensure cancer research alignment, harnessed cancer research opportunities, and access to infrastructure, expertise, data, and funding for research staff. It puts Velindre central in influencing the cancer research agenda to bring benefits to patients of today and of the future. Being a matched funded post by the WCRC will cement partnership working, shares financial risks and brings mutual research benefits to all partners.

Robust research partnerships with Health Boards in SEW and beyond, builds our portfolio of multidisciplinary research and ensures that patients have access to the right research at the right time (in their cancer pathway) at the right location in SEW.

Research Capacity and Capability

Increasing capacity in research delivery teams enables more research which includes both academic and commercial research. There is an importance to having a balanced portfolio as academic trials bring high research impact, whilst commercial trials bring access to new drugs and income for research reinvestment and workforce sustainability.

Improvement in our research demonstrated by research Key Performance Indicators (as set by HCRW) will lead to a reputational benefit, drive further commercial investment, also increase our confidence in getting HCRW support, which will lead to further opportunities for investment.

Research Income and Cost Efficiencies

Conducting commercial research brings commercial revenue and facilitates cost savings to the NHS and to the Welsh economy.

In 2019, HCRW commissioned KPMG LLP to assess the economic impact and value generated through research supported by NHS Wales organisations.

In assessing the HCRW portfolio for the year 2018/19 findings identified:

- a total of £93m of GVA and an approximate 1,600 jobs.
- the commercial research (where the NHS receive income to compensate for all costs associated with research delivery) brought in an estimated average income of £11,873 per patient.
- Aggregating all patient payments, the total payments equaled £7.4 million bolstering the Welsh economy.

There are direct cost savings to the NHS organisations with Sponsor companies provided drugs free of charge which replace standard treatments or delay the need for standard treatments. Velindre conducted a retrospective analysis of the impact of running clinical trials had on the drugs budget for the financial Year April 2015-March 2016. It identified a total saving of approx.£330,000 to the LHB and about £600 to the general drugs budget.

Patients that participate in Velindre trials and other research studies are still patients that Velindre would treat outside of those studies, often with less effective and potentially more toxic treatments. For clinical trials, patients are managed and treated by a research delivery team, reducing the associated workload for other teams and areas of the service as these patients were they not participating in research would receive standard of care treatments.



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Re-investment of a proportion of the research income will provide sustainability of existing posts, as well as an expansion of research infrastructure and the future research workforce.

Research Knowledge and Education

Conducting research contributes to the global understanding and builds local clinical expertise when these new treatments become available as part of NHS standard care. Conducting high quality research ensures that multidisciplinary clinicians gain early knowledge of innovative treatments/interventions/care that ultimately become standard of care (once approved). This knowledge allows fast tracking the standard of care approach in terms of patient pathways, patient management and informs service planning.

Workforce

By conducting research and innovation, active healthcare providers deliver higher quality services (safe, personalised, equitable, effective care). The ability to analyse their practice and seek solutions to old and new problems is important in the personal development of health professionals and drives improvements in cancer care.

Offering opportunities to influence patient care through research and innovation can be important for workforce retention and attracting new staff.

Building research capability through education and training such as research fellowships, MDs, and PhD's, or as part of a Community of Scholars (Healthcare Research), safeguards the succession of medical and healthcare cancer researchers.

Velindre Chief and Principal Investigators (from the multidisciplinary workforce) who develop and lead new research bring benefits to patients and the clinical service, and organisational success.

All of the above establishes a vibrant organisational research culture which prioritises, values, and supports research for the long term. In addition, it enhances the organisation's national (UK) reputation for cancer research and standing, which in turn leads to further research partnerships and opportunities.

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

Investment in cancer research is essential in our fight against cancer to improve outcomes and care, for today's cancer patients and for future patients. Your donations will allow us to:

- Design and lead excellent research that is directly relevant to patients in Wales.
- Provide opportunities for more patients to take part in studies of new drugs, immune therapies and targeted agents against cancer that would not otherwise be available.
- Lead research to get the best possible results from the state-of-the-art radiotherapy treatment machines and research bunker at the new Velindre Cancer Centre.

Work more closely with NHS and University partners to build our collective reputation for excellence, attracting more external funding into Wales which we will reinvest in better patient care.

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 Trust, as a sponsor of research and/or a host research site for a trial, has legal and regulatory responsibilities that must be adhered to in the delivery of its trial activity, these include:

- The Medicines for Human Use (Clinical Trials) Regulations 2004, as amended.
- UK Policy Framework for Health and Social Care Research 2017.
- International Council for Harmonisation (ICH) Guideline for Good Clinical Practice (GCP), 2017.
- Data Protection Act 2018.
- Human Tissue Act 2004.
- Mental Capacity Act 2005, as amended.

The conduct of its hosted research is bound by the trial Sponsor's (e.g., pharmaceutical company, academic institution, etc.) confidentiality agreements and contractual arrangements to deliver the trial to the terms of the contract in line with the study protocol.

The intellectual property arising from research activity is that of the study sponsor and is protected appropriately within the contracts.

The Trust's research infrastructure staff are trained to ensure compliance with these legal and regulatory requirements appropriate to the trial they are responsible for delivering.

As this bid includes support for the broad research infrastructure, it comprises of many staff responsible for the delivery of cancer research studies/trials. Any significant change in approved levels of funding would lead to an impact on the Trust's ability to comply with the legal and regulatory requirements in the delivery of the Trust's research portfolio. The Trust would therefore be required to manage the contractual and legal/regulatory implications arising from this change.

Additionally, changes in approved levels of funding would impact on staff posts where permanent contracts are in force. The Trust would therefore be required to manage the contractual implications arising from a change.

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 Trust RD&I strategy sets out strategic risks and how they will be managed. Clearly the overall funding strategy for the Trust RD&I function and the Cardiff Cancer Research Hub is one of those risks and Section 29 Action Plan / Exit Strategy sets out in outline how that will be mitigated.

Operational risk management of the RD&I function will take place as part of day-to-day processes.

The management of the strategic and operational RD&I risks will utilise the Trust's risk management and assurance processes as part of the normal course of business.

Should the existing level of funding and additional funding request from the Velindre Charity to support the R&D infrastructure not be agreed there will be a range of risks that the Trust will need to manage and mitigate, associated with the activities and posts that will not be supported (outlined in section 15 above).

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.

Trust compliance processes will apply in the normal course of business.
Compliance with the legal and regulatory requirements for research within the organisation is overseen by the Trust's R&D Governance team.

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 approval route for this case, in agreement with the Executive Director of Finance, differs slightly to normal because:

- RD&I Sub Committee have already approved the full bid: the Integrated Research Business Case, which was also approved by CFC in January 2023, that this post forms a part of, which includes a full justification for this post.
- 50% of this post is funded by WCRC and 25% is funded by CFC from 1st April 2023 & we wanted to minimise slippage of that funding opportunity.

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



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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
Clinical Fellow Salary (25%)	£30,000			£30,000
MD Fees	£9,400			£9,400
TOTAL	£ 39,400			£ 39,400

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
Clinical Fellow Salary (25%)	£15,000	£15,000		£30,000
MD Fees	£4,700	£4,700		£9,400
Total	£ 19,700.00	£ 19,700.00		£ 39,400

SECTION 6 – EXIT STRATEGY

28. TIMESCALE / PROJECT MILESTONES



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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 funding is for a fixed term of 2 years, which will be as close to 1st April 2023 to 31st March 2025 as recruitment timelines allow, with some slippage likely.

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.

It is well documented that a thriving research-led organisation brings significant benefits for patients in terms of improved survival outcomes and quality of life, as well as research knowledge and education for our clinicians.

During the pump-priming phase covered in this bid, we expect to be able to grow our R&D reach through delivering the Velindre Cancer R&D ambitions, including growing our sources of income so that we strengthen our financial position and ability to invest in our future.

We see other leading NHS organisations, including cancer specialty Trusts, which have achieved this outcome and therefore believe it is not wishful thinking, but is a realistic and achievable objective for our own Trust. We recognise there may be several calls on any increased income that is generated, and we expect to manage these demands through our business planning processes as we grow our reach, patient engagement, staff partnerships as well as transformative change for the organization. The RD&I team (with the Trusts' Deputy Director of Finance) is currently in the process of procuring external support to help it develop a medium to long-term funding strategy with its partners for the Cardiff Cancer Research Hub. This funding strategy will ensure that in the future alongside the Velindre Charity there are a range of funding sources for the Cardiff Cancer Research Hub. The Trust partners are already contributing to the infrastructure costs of the Hub either through jointly funded posts (CU) or provision of funded beds for complex treatment of patients recruited to trials. The funding strategy will capture the contributions of all three partners and formalise future funding arrangements.

The financial strategy for the wider RD&I function includes a plan to increase funding from the two other existing sources of commercial trials and HCRW grants, to reduce the funding requirement from the Charity.

In addition, the aim is to secure new funding sources through:

- non-commercial funders such as government departments, Welsh government funded infrastructures (e.g., WCRC), Universities, research councils, charities, and the European Commission.
- commercial funders, including industry and private companies.



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The RD&I team are also working with the Charity Director on linking fundraising activity to specific areas of RD&I activity, for example seed funding for specific trials or to enable purchase of a Radiotherapy Research machine for the R&D bunker in the new Cancer Hospital.

The RD&I team have been exploring the opportunity of working in collaboration with Oncacare, a private sector provider of cancer care as a partner in supporting the Trust to expand the number of commercial trials it participates in.

It is anticipated that there will be additional income received over the next 3 years from AstraZeneca from FAKTION which should also contribute to the RD&I funding strategy.

The Trust will also have access to R&D funding from Varian, its new IRS supplier, in relation to research partnership opportunities, which will form part of the R&D funding strategy over the life of the IRS contract (13 years) and will contribute to the infrastructure costs.

The above financial strategy will be translated into an RD&I Financial plan over the next 2 – 3 years, which it is anticipated will enable the reliance on the Velindre Charity funding for core infrastructure costs to reduce and be replaced by funding requests to the Charity for more specific research and development opportunities.

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

Today's research is tomorrow's care. Investment in excellent cancer R&D is essential in our efforts to improve cancer outcomes, for today's cancer patients and future cancer patients. Our aim as an organisation is to lead, design and deliver high quality cancer research that includes the patient perspective and experience at the centre of every research enquiry. Through this investment this will create a step change for research at the Cancer Centre, which increases the scope and reach of our research.

We aim to:

Make our research experience and capability more visible by:

- Better signposting our research portfolio, increasing the research opportunities that are available for patients and families across Southeast Wales and beyond
- Demonstrate our approach and success in our research partnerships and creating new opportunities for excellent research
- Evidence the investment in the research workforce, enabling the next generation of cancer researchers
- Make our organisational research performance activity understandable and more visible, providing research impact case studies

As a team we are committed to presenting our research ambitions and research outputs to stakeholders and donors.



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31. FOLLOWING APPROVAL BY 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

Dr James Powell

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.



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CHARITABLE FUNDS COMMITTEE

APPLICATION FOR FUNDING TO DEVELOP A WELSH BONE MARROW DONOR REGISTRY WEBSITE

DATE OF MEETING	21/03/2023
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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	Chris Harvey, Acting Head of WBMDR
PRESENTED BY	(Please Include Name and Title)
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
Velindre Charity Senior Leadership Group	10/03/2023	ENDORSED FOR APPROVAL

ACRONYMS	
SLT	Senior Leadership Team
SMT	Senior Management Team
OMG	Operational Management Group
WBMDR	Welsh Bone Marrow Donor Association
BBMDA	British Bone Marrow Donor Appeal
WBS	Welsh Blood Service

HLA	Human Leucocyte Antigen
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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	Individual Care
	If more than one Healthcare Standard applies please list below: Effective Care
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
	In Development
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 a new Welsh Bone Marrow Donor Registry website development to support the recruitment of volunteer stem cell donors and delivery of cellular products to patients in Wales, the UK and globally.

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 Barry Williams 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
Proposal for the Creation of a Replacement Website (linked to the current WBS website) for the Welsh Bone Marrow Donor Registry (WBMDR) Funded by the WBMDR Charitable Funds
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Patient / Donor Support
3. BUSINESS CASE PREPARED BY
Chris Harvey
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
Dr Tracey Rees
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2023-15
7. BUSINESS CASE TOTAL EXPENDITURE
£25,000 (VAT recoverable)
8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)



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One off development and delivery

9. FUND NAME & NUMBER

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

6500 BTS BBMDA Class 2 Typing

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/01/2023 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6500 BTS BBMDA Class 2 Typing	99	99	1	0	100

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](#)

Dr Tracey Rees

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.

Not Applicable

SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

The WBMDR provides blood stem cells to transplant centres across the UK and internationally.

This includes the recruitment of a panel of volunteer unrelated donors in Wales willing to donate blood stem cells to any patient in the world. Recruitment occurs at blood donations sessions and from 'cheek swabs' where donors can join the bone marrow register online and receive a swab pack in the post.



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In July 2022 the UK Stem Cell Strategic Forum (UKSCSF) published their 10-year vision for the sustainability of the UK stem cell donor supply chain. This report highlighted the requirement to increase the panel size with increased focus on donors from ethnically diverse populations. The report highlighted that the chance of finding a donor for Black, Asian and minority ethnic communities represents a significant challenge due to the lack of diversity on current UK donor panels. The UK Aligned registry (which includes the WBMDR) has also been challenged by Westminster and Welsh ministers to take steps to diversify the UK panel of stem cell donors so that they can better represent these communities.

To increase the level of recruitment the WBS needs to be more proactive in their approach to attracting and retaining donors requiring a substantial update to its current website. This is also supported by benchmarking of the current WBMDR website information with Registries in the UK and across the world and stakeholder engagement has identified a readily available lack of information on the donor journey from registration through to giving a stem cell donation and beyond. This is key to breaking down barriers to volunteering by 'busting the myths' that often deter donors from joining. The website will also support recruitment by:

- Providing information and support for those wishing to become Ambassadors for the organization supporting donor recruitment
- Providing education packages including video content and e learning.
- Streamlining of analytics to enable review and amendment of recruitment campaigns

15. LIST OF OPTIONS AND PREFERRED OPTION?

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

1. No Action – maintaining the status quo would not be in line with the strategic goals of supporting current donors and enabling the correct and meaningful content to allow potential new donors to make a more informed decision (Strategic Theme 2)
2. Supporting the creation of a bespoke WBMDR website with strong links to the main WBS website using WBS resources. Dedicated resource may not be available for this and may not have the technical ability at this time to build the website to the desired standard.
3. Supporting the creation of a bespoke WBMDR website with strong links to the main WBS website using a 3rd party contractor carefully selected to deliver the desired quality. This is the preferred option.

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 2005 the BBMDA (British Bone Marrow Donor Appeal) donated £360,000 to the WBS/WBMDR to support unrelated bone marrow transplant. This request falls within the parameters of original specification and the finance is requested from the charity fund allocated to the WBMDR.

SECTION 3 – IMPACT ASSESSMENT



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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. Provides recognisable branding in line with the WBS/WBMDR vision for recovery and expansion of service.	<p>Website can be monitored by Google Analytics this data can provide direct information on website usage and indirect information content effectiveness using tools such as behavioral reports.</p> <p>Donor surveys will be carried out at both recruitment events and during the donor journey once added to the volunteer panel. A questionnaire will be constructed to audit the website content from a donor understanding point of view. Goals can also be set up in Google Analytics for example all successful registrations, information on marketing campaigns and website dropouts (e.g. where the user either doesn't navigate the process fully).</p>
2.Provides both a proactive service with recruitment of donors and a reactive service where donors/patients can access all the information to support their journey.	Google Analytics
3.Provides the required flexibility in service delivery.	Donor recruitment and retention monitoring. Donor questionnaire.
4.Constructed on the latest software platforms to aid future proofing the service and fulfils NHS Wales software policy aligned with Welsh ministerial oversight.	N/A - directed by Velindre IT policy
5.Ability to link in with existing historic public facing websites that are published to a platform no longer supported by NHS Wales policy.	Validation of websites before going live.



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*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 WBMDR needs to recruit more donors to the volunteer stem cell donor panel and we need to do this from all communities in Wales to ensure that we are meeting the needs of those communities and also complying with the all Wales NHS policy of equity of access to treatment.

An increase in the number of donors on the Registry will increase the chance of patients in the UK and internationally finding a matched unrelated donor. It will improve the likelihood of a UK patient finding a match in the UK rather than importing from overseas.

An improved website will enable staff to engage with stakeholders across the pathway, providing them with information for them to support the Registry either as a potential donor or as a supporter of the Service, encouraging others to join the Registry, using the assets and information provided through the website.

This proposal will help the WBMDR become a more recognisable and trusted entity, particularly with younger volunteers, allowing a platform for engagement and support for ambassadors. The website will provide all required content and provide complete and thorough information on every aspect of what would be expected from a donor if chosen as a stem cell match for a patient requiring a stem cell transplant, ensuring those who enroll as a volunteer are well-educated regarding the donation process.

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 WBMDR currently helps save the lives of around 100 patients worldwide every year through provision of stem cell donations to patients in the UK and worldwide. We also organise the import of donations from other countries for patients in Wales where a UK matched donor is not available. We cannot do this without the help of volunteer stem cell donors from all communities in Wales.

The funding will be used to build a website for the WBMDR that will provide easy access to a comprehensive knowledge base enabling volunteers to make informed choices on joining the Register and committing to donation when identified as a match. It will also include readily available material for education and offer opportunities for those wishing to support our donor recruitment activities, helping raise the awareness of the WBMDR.

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

Yes – Consent for donor/patient content and agreements for the use of WBS/WBMDR source material as downloadable content on the web page if used by private industry. This will be managed through Data Protection Impact Assessments.

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 this request:

1. The current WBS website is not specific to stem cell donation and shared content can lead to reduced inclination to browse and may cause confusion. The WBS website and the WBMDR swab 'sign-up' website currently lack the content to help donors make informed choices and be more likely to donate if selected.
2. There is currently no on-line provision to support a number of recruitment initiatives such as provision for donor advocate requests.
3. The current model will mean the continued pressure on the communications function to ensure all campaigns are effectively tracked.
4. There is a risk that we will fail to recruit new donors against current targets. The website redesign is considered a basic foundation to support our recruitment strategy to maintain the resilience of the WBMDR.

A strong and recognisable brand is an effective tool in the recruitment of stem cell donors. This has been consistently demonstrated by our UK aligned registry partners. The current website does not enhance the branding of the WBMDR and a new website specifically directed towards stem cell transplantation would provide the best opportunity of increasing awareness of the WBMDR.

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 website will be subject to all regulatory and legislative criteria that currently exist withing the Velindre IT framework e.g., GDPR, privacy statement etc.



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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
Website build				£25,000

27. PROPOSED FUNDING CASHFLOW



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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
Website Build				£25,000

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 project involves the development, build and publishing of a website. The website is part of an ongoing WBMDR recovery project. Start date with immediate effect on transfer of the charitable funds, the entire process should take between 6 to 8 months to complete.

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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The funding requested will be used for the development, build and publishing of the website. Once the term of the charitable funds ends the responsibility for maintenance and hosting of the website passes to Velindre NHS trust.

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

- Volunteer recruitment numbers
- Increase in sample requests
- Increase in cellular product requests
- Increase in number of stem cell collections performed
- Google Analytics
- Donor/Patient surveys

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

Chris Harvey, Acting Head of WBMDR

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: NAVIGATORS MANAGED BY CLINICAL NURSE SPECIALISTS (CNSS)

DATE OF MEETING	21/03/2023	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
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
Velindre Charity Senior Leadership Group	10.03.2023	ENDORSED FOR APPROVAL
VCC Senior Leadership Team	19.10.2022	IN SUPPORT

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	Effective Care
	If more than one Healthcare Standard applies, please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
	The original service when implemented would have been subject to an equality impact assessment.
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 Navigators 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 Barry Williams 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
NAVIGATORS MANAGED BY CLINICAL NURSE SPECIALISTS (CNSS)
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
£611,323.72
8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)



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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 31.01.2023 £000	Opening Balance 01/04/2022	Forecasted Income 2022/23 £000	Current Commitments 2022/23 £000	Forecasted Balance 31/03/2023 £000
6000	4,513	2,603	4,399	-970	6,032

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

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.

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.

The CNS plays a central role in supporting and assessing patients and apply their specialist expertise to leadership and managing a caseload where they provide a patient focused approach to diagnosis, care planning, treatment provision, ongoing management, follow up and continuity of care.

The CNS team are ably supported by a team of 'Navigators' whose primary function is to assist patients and their families or carers by answering questions, helping with appointment bookings and accessing local support services. They also deal with queries and enquires from GPs and other health professionals who may be trying to co-ordinate care for patients.

They support patients across the full treatment pathway, including during radiotherapy and chemotherapy treatments. They can also provide emotional support and help to find support provided by other organisations, such as charities and a patient's local authority. They are part of the multidisciplinary team supporting individual patients and ensuring joined-up care.

Role of the Navigator

The Navigator service provides a central point of contact for all cancer patients and the Navigators work alongside the Clinical Nurse Specialist team to enhance patient care and communication. They provide support, signposting and advice to patients on non-clinical enquiries and provide guidance, contact and support for patients.

The key function of the Navigator role is:

- To provide a clear communication route between patients and their CNS
- To provide central phone line support
- To increase the electronic Holistic Needs Assessments undertaken at VCC
- To reduce the administrative burden from the CNS team, assisting with referrals, surveys, HNA and project work such as wellbeing events.
- To establish a knowledge base of information and can signpost patients to the right place in a timely manner
- To develop networking links with Navigator roles across NHS Wales and wider, including external organisations such as Macmillan Cancer Support.

15. LIST OF OPTIONS AND PREFERRED OPTION?

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

It has been recognised that the CNS and the Navigator Service are a core service and the VCC SLT have agreed to review and develop 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](#)



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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. To provide a clear communication route between patients and their CNS	PREMs; PROMs; patient feedback and patient stories, use of CIVICA; audits
2. To increase the electronic Holistic Needs Assessments undertaken at VCC	Report on number of HNAs offered to patients, HNA data; audits; PREMs; PROMs. Patient feedback and patient stories, use of CIVICA
3. To reduce the administrative burden from the CNS team, assisting with referrals, surveys, HNA and project work such as wellbeing events	PREMs; PROMs. Patient feedback and patient stories, use of CIVICA; audits
4. To establish a knowledge base of information and can signpost patients to the right place in a timely manner	Number of referrals to other agencies; audits; patient feedback and patient stories
5. To develop networking links with Navigator roles across NHS Wales and wider, including external organisations such as Macmillan Cancer Support	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



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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.

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 and Navigators 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 Navigators play a vital role in the patient's journey at Velindre Cancer Centre, by completing the initial holistic needs assessment, via the telephone with the patients, and supporting patients with any immediate level 1 or 2 interventions (Macmillan Levels of Intervention Criteria) that may arise (e.g. providing information on support groups, contacts for probate services, referrals to welfare rights and appropriate therapies).

Since implementing the Navigator roles the number of Holistic Needs Assessments (HNA) completed has increased by over 150% in 2 years.

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

Navigators help guide each person with cancer and their families or carers through their health service journey from detection to diagnosis, through treatment and beyond.

They support patients across the full treatment pathway, now including during radiotherapy and chemotherapy treatments. They can also provide emotional support and help to find support provided by other organisations, such as charities and a patient's local authority. They are part of the multidisciplinary team supporting individual patients and ensuring joined-up care. They will listen to patients, establish what needs to happen, assess who else needs to be involved and take responsibility for ensuring the right outcome.

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 Navigator including:

- Reduced support and information for patients, resulting in a poor patient experience
- Patients may not have a Health Needs Assessment completed
- CNSs may experience increased stress as result of increased workload with no Navigator 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. The Navigators support the CNSs with the implementation of this guidance and recommendations.

In addition, all Navigators 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



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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
Navigator posts	£611,323.72	Nil	Nil	£611,323.72

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



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Description	Expenditure year 1	Expenditure year 2	Expenditure year 3	Total Expenditure
Navigator posts	£195,836.66	£203,670.13	£211,816.93	£611,323.72
TOTAL	£195,836.66	£203,670.13	£211,816.93	£611,323.72

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.
For Example - Will there be any staff cost implication relating from redundancy.

It has been identified that the role of the CNS and the Navigator Service 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.



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

The CNS Navigators help guide each person with cancer and their families or carers through their health service journey from detection, to diagnosis, through treatment and beyond.

They support patients across the full treatment pathway, now including during radiotherapy and chemotherapy treatments. They can also provide emotional support and help to find support provided by other organisations, such as charities and a patient's local authority. They are part of the multidisciplinary team supporting individual patients, and ensuring joined-up care. They will listen to patients, establish what needs to happen, assess who else needs to be involved and take responsibility for ensuring the right outcome

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.

APPROVED BUSINESS CASES – ANNUAL EVALUATION REPORT

1. BUSINESS CASE TITLE	2. BUSINESS CASE REFERENCE NUMBER
Consultant Therapeutic Radiographer	2019-08
3. BUSINESS CASE PREPARED BY	4. BUSINESS CASE SPONSORED BY
Dr Mererid Evans, Dr Nachi Palaniappan, Dr Richard Webb & Dr Thomas Rackley	Paul Wilkins, Director VCC (Originally approved by Andrea Hauge)
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
05 th June 2018	Not Applicable
7. BRIEF SUMMARY OF THE BUSINESS CASE	
The business case supported the development of a consultant therapeutic radiographer for head and neck cancer. The post was to focus on advanced clinical practice, service development and research and professional leadership. Funding would allow for backfill to the post holders previous post so that appropriate developments could be undertaken. There was a specific focus on developing a service to support patients with the late side effects of head and neck radiotherapy.	
8. PROJECT TERM – e.g. one year	
3 Years	
9. PLEASE INDICATE THE STAGE OF THE PROJECT THIS EVALUATION RELATES TO: (please tick)	
Year 1	
Year 2	
Year 3	
End of project evaluation	✓
10. EXPENDITURE:	
a) What was the value of the funding request? £60,000.00	
b) Is expenditure on target? If no, explain why? 2018/19 £4,975 2019/20 £20,184 2020/21 £21,388 2021/22 £16,931 Total Expenditure £63,479 (over spend of £3,479)	
11. WILL THE PROJECT BE DELIVERED WITHIN THE AGREED TIME FRAME? IF NOT, FULLY LIST THE REASONS FOR THE DELAY AND WHAT ACTION YOU ARE TAKING TO RECTIFY/ PUT THE PROPOSAL BACK ON TRACK?	
Yes the project has been delivered within the agreed time frame.	
12. FULLY EVALUATE THE PROJECT BY COMPLETING THE TABLE BELOW. CONFIRM IF THE PROJECT IS DELIVERING/DELIVERED AGAINST ITS ORIGINAL OBJECTIVES AND HOW THIS	

IS BEING/HAS BEEN ACHIEVED. STATE THE AREAS WHERE YOUR PROJECT IS MAKING/HAS MADE A DIFFERENCE USING RELEVANT MEASURING TOOLS.

Original Business Case Objective	Achieved (Y/N)*	Explain how Achieved
Enhanced seamless patient care and experience during and after treatment	Y	<p>The post holder seamlessly manages the acute toxicity for patients undergoing RT and CRT treatments and rarely needs to seek advice from consultant oncologists. This ensures that patients do not miss or have gaps in their treatment as this is detrimental to their overall outcome.</p> <p>Patients are provided with continuity of care which is important during such complex and demanding treatments.</p> <p>All patients have an end of treatment letter sent to their GP outlining their treatment and medications prescribed so that they are able to access repeat prescriptions locally from their GP ensuring their care plan is continued.</p> <p>Secretarial staff report that this has reduced the number of calls they get from patients with medication queries.</p> <p>A remote post treatment clinic has been introduced in conjunction with dietetic and speech and language therapy staff. Patients are reviewed weekly after their treatment is completed to assess and manage their side effects until they begin to subside at which point they are transferred back to their local team.</p> <p>Only one patients has declined the remote service preferring to be seen face to face.</p> <p>Less than 10% of patients have needed to attend hospital following remote review demonstrating that they can be managed effectively in this way. This also saves the patient the effort of a hospital visit when their side effects are at their peak.</p> <p>Links have been made with the dental teams at our referring hospitals and this has resulted in dental treatments being included in the oral care advice provided to patients which will improve their long term dental health following RT and reduce the incidence of late side effects.</p>
Specialist support from patients admitted from the radiotherapy department to the ward	Y	<p>It was initially intended that the post holder would support RT patients admitted to the ward, however, this appointment coincided with the development of the Patient Support Unit an ambulatory care unit for HNC patients intended to reduce the need for in-patient admissions.</p> <p>The post holder has been instrumental in introducing this unit and supporting the staff with advice on RT and chemo side effects and prescribing medications and iv fluids for these patients. This has resulted in an over 70%</p>

		reduction in the number of HNC patients admitted to the ward.
Long term support for patients with late side effects of radiotherapy	Y	A Late Side Effects clinic has been introduced by the post holder. This has been running for 3 years and over 350 patients have been seen in total with 45 patients having been followed up for 2 years. Attendance at the clinic is very good at 85%. Toxicity data and PROMs are collected at each visit. Advice on managing dry mouth and altered taste are the most common interventions as well as providing emotional support and answering questions relating to side effects and radiotherapy. Many patients do not realise that the symptoms they are reporting are late side effects of their treatment and understanding this helps them to manage better in the future. Referrals are frequently made to other healthcare professionals including psychology, lymphoedema service, dental team, and speech and language therapy, as well various support groups.
Increased access to trials	Y	Patients have had the opportunity to take part in research relating to taste changes caused by RT led by the post holder. They have also taken part in evaluating new products for treating oral mucositis and radiotherapy skin reaction. The post holder has taken over the majority of the treatment review clinics which has freed up oncologist time to run their own clinical trials. The post holder has completed a Professional Doctorate during this time.

13. EXPLAIN WHERE THE PROPOSAL IS/DID NOT ACHIEVE AND WHY AND WHAT YOU WOULD DO DIFFERENTLY.

The proposal did not identify a strong leadership and mentorship for this new post and this combined with the effects of Covid has resulted in some areas of the proposal receiving less attention whilst clinical work has increased. The post holder has some responsibility in this and could be more disciplined with time management in particular regarding clinical workload. More frequent mentorship sessions could have helped to manage this and ensure that all areas of the job plan received the appropriate attention. Future similar roles should have this built in from the start.

14. IN NO MORE THAN 100 WORDS EXPLAIN TO DONORS HOW YOU HAVE USED THEIR MONEY TO MAKE A DIFFERENCE?

Supporting this post has made a difference to the way that HNC patients are cared for during and after treatment. There is a greater consistency of care and patients know who to contact if they have any concerns during treatment. The development of the late effects clinic has facilitated gathering toxicity data which will inform how we advise future patients. It has helped patients to understand that the symptoms they are experiencing 6 and 12 months or more after treatment are related to their radiotherapy and in doing this helps their acceptance and management of symptoms.

15. FEEDBACK? HOW HAS THE INTENDED USER COMMUNICATED THE DIFFERENCE THAT YOUR PROJECT HAS MADE?

The following feedback has been received from colleagues:

Jane is integral to the seamless co-ordination and continuity of care between the multidisciplinary team and the patient. Holistic, patient centred and timely responsive care is at the heart of her therapeutic style. Her role vastly contributes to HNC patients receiving an excellent standard of care and her innovations towards service design and delivery. Her dedication towards patient centred care and expertise in the field is an asset patients and the multidisciplinary team.

16. PROVIDE DETAILS OF LESSONS LEARNT

Support for the post holder to develop their job plan including balancing the conflicting demands of a new role is essential. This should include help with prioritising which projects to focus on first. Ensure that appropriate data is collected to show the benefits of the role. Have clear objectives of what is hoped to be achieved in the role.

PLEASE NOTE: PUBLIC DOMAIN NOTICE

As part of the Trusts commitment to publicising committee papers on the internet, this report will be available to the public. The Charitable Funds Committee will assume unless explicitly stated here that the contents of this report has been agreed by all those involved and that it is ready for publication in the public domain.

CHARITABLE FUNDS APPROVED BUSINESS CASES – NON STARTER REVIEW
(Required for business cases which have not commenced within 6 months of approval)

1.- BUSINESS CASE TITLE:	
Advanced International Fellowship Programme- Medical Training Initiative (MTI)	
2.- BUSINESS CASE PREPARED BY:	
Dr. Seema Arif, Consultant	
3.- BUSINESS CASE SPONSORED BY:	
Jacinta Abraham, Executive Medical Director	
4.- UNIQUE BUSINESS CASE NUMBER :	5.- PROPOSAL TOTAL EXPENDITURE:
2022-04	£96,534.00
6. DATE APPROVED BY CHARITABLE FUNDS COMMITTEE:	
04/11/2021	
7. EXECUTIVE SUMMARY:	
<p>International Fellowships are a recognised mechanism of providing development opportunities for overseas medical staff to facilitate experience and development opportunities for them as they contribute to education and research in the NHS as well as developing their own practice. They are offered by many other cancer centres in the UK and provide an opportunity to promote the host organisation and its reputation. It's an opportunity to share experience and good practice between the UK and Commonwealth countries and brings value to both the organization and the individual. It is also recognised as an ethical way of potentially recruiting additional workforce to the UK providing advice, support and development opportunities.</p> <p>Velindre University NHS Trust has benefitted hugely by appointments of International Fellows in the past 2 years both in Oncology and Radiology. Their success has been widely shared and appreciated. In this application we are applying for one Fellow for a year for the next two years (1 Fellow 2022/23, 2nd Fellow 2023/24)</p> <p>Historically the Fellowship programme has been funded through Moondance, but due to the nature of the clinical specialism and the planned projects for these proposed placements, it's no longer appropriate to apply from that fund. So we would like to apply for 80% charitable funding (40% from the Derrick King Bowel Cancer fund (part of colorectal fund) and 60% from the Urology SST fund). The International Programme/Medical Training Initiative Fellowship will largely provide Colorectal and Urology service needs in addition to education and research development and so the use of the colorectal fund will meet the donor's wishes. The remaining 20% of the money we are requesting from the VCC Medical Workforce funding.</p>	

The Fellowship post would build on the successful model employed to date which has been fully evaluated and reported via the Moondance fund. They will support a training programme for non-medical radiotherapy outlining, support SSTs in timely outlining of patients in the radiotherapy planning pathway, support clinical trials and other research projects in radiotherapy and support the Advanced Practice projects. This will bring capacity for training and development that would have to be provided by existing VUNHST staff if the Fellowship post was not provided. They will support the RTTQA required for radiotherapy clinical trials and research. They will work with the specialist radiotherapy imaging team to ensure timely access to medical opinion for online imaging and adaptive radiotherapy requirements. The Fellow will support direct clinical service but will have a named supervisor who will provide one-to-one support throughout their time at Velindre Cancer Centre and be on hand to answer any queries. As part of their role and in order to gain a wider understanding of Velindre Cancer Centre and its practices, the Fellow will be expected to spend weekly sessions (approximately 4 clinics/ week) supporting other services e.g. outpatient clinics, SACT clinics, ward rounds etc. with the appropriate supervision. This additional resource for education and research would create additional capacity in an already stretched workforce at a time when we are challenged in meeting the Covid 19 legacy.

The recruitment to such a post is a further opportunity to recruit additional medical resource to the UK where we currently have a considerable shortage of staff. The Fellowship programme is designed to support the development and learning of global medical professionals who wish to improve and share knowledge and skills. It will complement our existing trainees, consultants and specialty doctors. This is an excellent opportunity which will provide doctors, with career aspirations in oncology, to be fully integrated within the specialty teams and support high quality provision of patient care.

We hope to continue this success with our third and fourth international Fellowship which we are applying for charitable funds in this application

8. REASONS FOR THE DELAY IN THE PROJECT START?

Candidate offered was declined registration by GMC due to employment gap

9. DO YOU STILL REQUIRE THE FUNDING (Y/N)

Y

10. NEW ANTICIPATED START DATE:

May 2023 (Job to be readvertised Nov 2022, candidate likely to start 6 months after following completion of GMC and visa formalities)

11. WILL THE NEW ANTICIPATED START DATE BE WITHIN 12 MONTHS OF THE ORIGINAL APPROVAL DATE?

No

12. IS THERE ANY OTHER ISSUES YOU WOULD LIKE TO BRING TO THE COMMITTEES ATTENTION?

NO

To be completed by Corporate Finance following CFC meeting:

13. CHARITABLE FUNDS COMMITTEE APPROVAL FOR CONTINUED FUNDING?

Yes () No ()

If yes, date approved:

PLEASE NOTE: PUBLIC DOMAIN NOTICE

As part of the Trusts commitment to publicising committee papers on the internet, this report will be available to the public. The Charitable Funds Committee will assume unless explicitly stated here that the contents of this report has been agreed by all those involved and that it is ready for publication in the public domain.

Charitable Funds Committee

AMENDMENT TO STANDING ORDERS – SCHEDULE 3 CHARITABLE FUNDS COMMITTEE ANNUAL REVIEW OF TERMS OF REFERENCE

DATE OF MEETING	21/03/2023
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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	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	ENDORSE FOR BOARD APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
~	~	~

ACRONYMS

SO	Standing Orders
ToR	Terms of Reference

1. SITUATION

- 1.1 The purpose of this report is to outline the required changes to the Trust Standing Orders – **Schedule 3**, resulting from the Annual Review of the **Terms of Reference and Operating Arrangements** in respect of the **Charitable Funds Committee**, (ref. **Appendix 1 [no track changes] & Appendix 2 [with track changes]**), and is seeking formal **ENDORSEMENT** by the Charitable Funds Committee prior to submission to Trust Board.

2. BACKGROUND

- 2.1 The Velindre University NHS Trust Standing Orders form the basis upon which the Trust's governance and accountability framework is developed and, together with the adoption of the Trust's Standards of Behaviour Framework Policy, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Trust Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content.

3. ASSESSMENT /SUMMARY OF MATTERS FOR CONSIDERATION

3.1 Summary of Amendments

The revised Terms of Reference and Operating Arrangements for the Charitable Funds Committee 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:

Terms of Reference & Operating Arrangements	Summary of Amendments
Charitable Funds Committee	<p>Section 5: Authority</p> <ul style="list-style-type: none"> - Date of the Financial Services Act updated to state 2021. <p>Section 5.4: Sub Committees</p> <ul style="list-style-type: none"> - The inclusion of the relationship of the Advancing Radiotherapy Fund Programme Board with the Charitable Funds Committee <p>Section 6.2: Attendees</p> <ul style="list-style-type: none"> - Inclusion of:



Terms of Reference & Operating Arrangements	Summary of Amendments
	<ul style="list-style-type: none"> ○ Executive Director of Nursing, AHPs & Health Science ○ Head of Financial Planning & Reporting

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.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
	The remit of the Charitable Funds Committee includes the review and approval of bids to the Charity for funding. All bids received are scrutinised and assessed to ensure they have been developed through the appropriate process and due diligence applied in the consideration of ethics, quality and equality in line with the Charity's aims and objectives.
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 **ENDORSE** the amendments to the Trust Board Standing Orders – **Schedule 3** as outlined in section **3** of this report, and included in **Appendix 1 & 2**.

Subject to formal **ENDORSEMENT** by the Charitable Funds Committee, the revised Terms of Reference will then be received at the next meeting of the Trust Board Audit Committee for formal **ENDORSEMENT** and recommendation to the Trust Board for **APPROVAL**.

Charitable Funds Committee

Terms of Reference & Operating Arrangements

Reviewed:	March 2023
Approved:	
Next Review due:	March 2024

1. INTRODUCTION

- 1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Assembly Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 In accordance with standing orders (and the Trust's Scheme of Delegation), the Board shall nominate annually a Committee to be known as the **Charitable Funds Committee** "the Committee". The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

2. CONSTITUTION

- 2.1 The Velindre University NHS Trust Board was appointed as corporate trustee of the charitable funds by virtue of the Velindre National Health Service Trust (Establishment) Order No. 2838 that came into existence on 1st December 1993, and that its Board serves as its agent in the administration of the charitable funds held by the Trust.
- 2.2 The purpose of the Committee" is to make and monitor arrangements for the control and management of the Trust's Charitable Funds.

3. SCOPE AND DUTIES

- 3.1 Within the budget, priorities and spending criteria determined by the Trust as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the Charitable Funds in accordance with their respective governing documents.
- 3.2 To ensure that the Trust policies and procedures for Charitable Funds investments are followed. To make decisions involving the sound investment of Charitable Funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:
- Trustee Act 2000
 - The terms outlined in the Velindre NHS Trust Charity's Governing Documents
- 3.3 At least twice a year, receive highlight reports from the Executive Director of Finance in respect of investment decisions, performance and action taken through delegated powers upon the advice of the Trust's Investment adviser.
- 3.4 To oversee and monitor the functions performed by the Executive Director of Finance as defined in Standing Financial Instructions.
- 3.5 To respond to, and monitor the level of donations and legacies received, including the progress of any Charitable Appeal Funds where these are in place and considered to be material.
- 3.6 To monitor and review the Trust's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

- 3.7 To ensure that funds are being utilised appropriately in accordance with both the instructions and wishes of the donor, and to ensure that fund balances are maintained in accordance with the Reserves Policy.

4. DELEGATED POWERS AND DUTIES OF THE EXECUTIVE DIRECTOR OF FINANCE

- 4.1 The Executive Director of Finance has prime responsibility for the Trust's Charitable Funds as defined in the Trust's Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Executive Director of Finance are:

- Administration of all existing Charitable Funds.
- To identify any new charity that may be created (of which the Trust would also be Trustee). Ensuring that all legal requirements are followed in the creation of any new charity in order to formalise the governing arrangements.
- Provide guidelines with response to donations, legacies and bequests, fundraising and trading income.
- Responsibility for the management of investment of funds held on trust.
- Ensure appropriate banking services are available to the Trust.
- Prepare reports to the Trust Board including the Annual Accounts and Annual Report.

5. AUTHORITY

- 5.1 The Committee is empowered with the responsibility for:

- Overseeing the day to day management of the investments of the Charitable Funds in accordance with the investment strategy set down from time to time by the Trustees and the requirements of the Trust's Standing Financial Instructions.
- The appointment of an Investment Manager (where appropriate) to advise it on investment matters. Delegating, where applicable, the day-to-day management of some or all of the investments to that Investment Manager. In exercising this power the Committee must ensure that:
 - a) The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it.
 - b) There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently.
 - c) The performance of the person or persons exercising the delegated power is regularly reviewed.
 - d) Where an investment manager is appointed, that the person is regulated under the Financial Services Act 2021.
Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance.
- Ensuring that the banking arrangements for the Charitable Funds are kept entirely

distinct from the Trust's NHS funds.

- Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts.
- The amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments.
- The operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the Trust Board for applying accrued income to individual funds in line with charity law and Charity Commission guidance.
- Obtaining appropriate professional advice to support its investment activities.
- Regularly reviewing investments to see if other opportunities or investment services offer a better return.

5.2 The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements; and
- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.

5.3 Approve policies relevant to the business of the Committee as delegated by the Board.

5.4 Sub Committees

As part of its function, the Charitable Funds Committee has determined to establish a Sub Committee, the '**Charitable Funds Investment Performance Review Sub Committee**', to specifically monitor the performance of the Investment portfolio on its behalf whilst recognising that the Trust Board as Corporate Trustee is ultimately accountable.

The Charitable Funds Committee is also supported by the **Velindre Charity Senior Leadership Group**, whose purpose on behalf of the Board of Trustees is to support the development of the strategic direction, take forward strategic delivery and operational management of all Charitable Funds held within the Trust.

In addition, the Trust **Research, Development & Innovation Sub-Committee** has been established to act as the 'front door' for all RD&I business at Board level. The RD&I Sub Committee will feed into the Charitable Funds Committee for alignment with strategy and funding.

The **Advancing Radiotherapy Fund (ARF) Programme Board** has also been established by the Charitable Funds Committee in order to govern and manage a grant fund received and subsequently matched by the Charity, that will allow the Velindre Cancer Service to develop a programme of activity which will enable the development of stereotactic and other radiotherapy technology for the benefit of patients across Wales.

The ARF Programme Board will assure, advice and scrutinise all aspects of programme activity and expenditure on behalf of the Charitable Funds Committee, and whilst is not a formal Sub-Committee of the Charitable Funds Committee, it is directly accountable to the Committee for its performance in exercising the functions set out in its formal Terms of Reference as part of good governance arrangements, which are formally approved by the Charitable Funds Committee.

The ARF Programme Board will provide assurance to the Charitable Funds Committee 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 Charitable Funds Committee in 2015.

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 Programme Board who then have delegated authority to approve bids, ensuring they have been developed through the appropriate routes and due process has been followed e.g. review by the Research, Development and Innovation Sub-Committee where appropriate. The **Advisory Group** is comprised of experts in the field that ensure due diligence is applied to each bid ensuring that these are assessed for science, ethics, funding, and quality; before making recommendations to the ARF Programme Board.

6. MEMBERSHIP

Members

6.1 A minimum of four members, comprising:

- Chair, Independent member of the Board (Non-Executive Director)Independent Member of the Board (Non-Executive Director), The Trust's Chief Executive and Executive Director of Finance (one of which at any one meeting may be represented by a Nominated Representative in their absence)

Attendees

6.2 In attendance The Committee may require the attendance for advice, support and information routinely at meetings from:

- Charity Director
- Chief Operating Officer
- Executive Director of Nursing, AHPs & Health ScienceDirector Velindre Cancer Service (or their deputy)
- Director of Welsh Blood Service (or their deputy)
- Investment Manager/Advisor
- Patient Representative
- Senior Finance Business Partner

- Deputy Director of Finance
- Head of Financial Planning & Reporting
- Head of Fundraising
- Head of Corporate Governance (Charity Governance Lead)
- Head of Communications

By invitation,

The Committee Chair may invite:

- any other Trust officials; and/or
- any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

- 6.3 Secretary As determined by the Director of Corporate Governance and Chief of Staff

Member Appointments

- 6.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 6.5 Applicable to Independent Members only. Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.
- 6.6 In order to demonstrate that there is a visible independence in the consideration of decisions and management of charitable funds from the Trust's core functions, the Board should consider extending invitations to the Charitable Funds Committee to individuals outside of the Board. One option might be to seek representation from the Patient Liaison Group.

Support to Committee Members

- 6.7 The Director of Corporate Governance and Chief of Staff, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
 - Ensure and co-ordinate the provision of a programme of organisational development for Committee members as part of the Trust's overall Organisational Development programme developed by the Executive Director of Organisational Development & Workforce.

7. COMMITTEE MEETINGS

Quorum

- 7.1 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

- 7.2 Meetings shall be held every three months and otherwise as the Committee Chair deems necessary - consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

- 7.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

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

- 8.1 The Committee will only consider Research, Development and/or Innovation proposals seeking charitable funding that have been scrutinised and endorsed by the Research, Development & Innovation Sub-Committee. This will ensure that the quality and safety of RD&I activity has been considered and is consistent with the RD&I Strategy.
- 8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 8.3 The Committee, through its Chair and members, shall work closely with the Board and, *[where appropriate, its Committees and Groups]*, through the:
- joint planning and co-ordination of Board and Committee business; and appropriate sharing of information in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.
- 8.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the Board in their capacity as Trustees. This may include, where appropriate, a separate meeting with the Board.
- 9.2 The Committee Chair shall report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year.
- 9.3 The Director of Corporate Governance and Chief of Staff, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

Cross referenced with the Trust Standing Orders.

11. REVIEW

11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

12. CHAIR'S ACTION ON URGENT MATTERS

12.1 There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance and Chief of Staff as appropriate, may deal with the matter on behalf of the Board, after first consulting with two other Independent Members of the Committee. The Director of Corporate Governance and Chief of Staff must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

12.2 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

Terms of Reference & Operating Arrangements

Reviewed:	March 2023
Approved:	
Next Review due:	March 2024

1. INTRODUCTION

- 1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Assembly Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".
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- Ensuring that the banking arrangements for the Charitable Funds are kept entirely

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distinct from the Trust's NHS funds.

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- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements; and
- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.

5.3 Approve policies relevant to the business of the Committee as delegated by the Board.

5.4 **Sub Committees**

As part of its function, the Charitable Funds Committee has determined to establish a Sub Committee, the '**Charitable Funds Investment Performance Review Sub Committee**', to specifically monitor the performance of the Investment portfolio on its behalf whilst recognising that the Trust Board as Corporate Trustee is ultimately accountable.

The Charitable Funds Committee is also supported by the **Velindre Charity Senior Leadership Group**, whose purpose on behalf of the Board of Trustees is to support the development of the strategic direction, take forward strategic delivery and operational management of all Charitable Funds held within the Trust.

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6. MEMBERSHIP

Members

6.1 A minimum of four members, comprising:

- Chair, Independent member of the Board (Non-Executive Director)
- Independent Member of the Board (Non-Executive Director)
- The Trust's Chief Executive and Executive Director of Finance (one of which at any one meeting may be represented by a Nominated Representative in their absence)

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- Director of Welsh Blood Service (or their deputy)
- Investment Manager/Advisor
- Patient Representative
- Senior Finance Business Partner
- Deputy Director of Finance

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- [Head of Financial Planning & Reporting](#)
- Head of Fundraising
- Head of Corporate Governance (Charity Governance Lead)
- Head of Communications

By invitation,

The Committee Chair may invite:

- any other Trust officials; and/or
- any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

- 6.3 Secretary As determined by the Director of Corporate Governance and Chief of Staff

Member Appointments

- 6.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 6.5 Applicable to Independent Members only. Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.
- 6.6 In order to demonstrate that there is a visible independence in the consideration of decisions and management of charitable funds from the Trust's core functions, the Board should consider extending invitations to the Charitable Funds Committee to individuals outside of the Board. One option might be to seek representation from the Patient Liaison Group.

Support to Committee Members

- 6.7 The Director of Corporate Governance and Chief of Staff, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
 - Ensure and co-ordinate the provision of a programme of organisational development for Committee members as part of the Trust's overall Organisational Development programme developed by the Executive Director of Organisational Development & Workforce.

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7. COMMITTEE MEETINGS

Quorum

- 7.1 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

- 7.2 Meetings shall be held every three months and otherwise as the Committee Chair deems necessary - consistent with the Trust's annual plan of Board Business.

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Withdrawal of individuals in attendance

- 7.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

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

- 8.1 The Committee will only consider Research, [Development](#) and/or Innovation proposals seeking charitable funding that have been scrutinised and endorsed by the Research, Development & Innovation Sub-Committee. This will ensure that the quality and safety of RD&I activity has been considered and is consistent with the RD&I Strategy.
- 8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 8.3 The Committee, through its Chair and members, shall work closely with the Board and, *[where appropriate, its Committees and Groups]*, through the:
- joint planning and co-ordination of Board and Committee business; and appropriate sharing of information in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.
- 8.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the Board in their capacity as Trustees. This may include, where appropriate, a separate meeting with the Board.
- 9.2 The Committee Chair shall report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year.
- 9.3 The Director of Corporate Governance and Chief of Staff, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum

Cross referenced with the Trust Standing Orders.

11. REVIEW

- 11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

12. CHAIR'S ACTION ON URGENT MATTERS

- 12.1 There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance and Chief of Staff as appropriate, may deal with the matter on behalf of the Board, after first consulting with two other Independent Members of the Committee. The Director of Corporate Governance and Chief of Staff must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 12.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.