

- 1.0.0 09:30 - STANDARD BUSINESS
 - 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 09:35 - Action Points
 - Led by Professor Donna Mead OBE, Chair*
 - 1.4.0 Public Charitable Funds Committee Action log_Updated 26.01.2021 Meeting.docx
- 2.0.0 09:50 - CONSENT AGENDA
 - Led by Professor Donna Mead OBE, Chair*
 - 2.1.0 FOR APPROVAL
 - Led by Professor Donna Mead OBE, Chair*
 - 2.1.1 Draft Minutes from the meeting of the Public Charitable Funds Committee held on the 04 November 2021
 - Led by Professor Donna Mead OBE, Chair*
 - 2.1.1 Draft Charitable Funds Committee Public Part A Minutes _04 11 2021.docx
 - 2.1.2 Draft Minutes from the Extraordinary meeting of the Charitable Funds Committee on the 22 December 2021
 - Led by Professor Donna Mead OBE, Chair*
 - 2.1.2 Draft Extraordinary Charitable Funds Committee Minutes _22 12 2021.docx
 - 2.2.0 FOR NOTING
 - Led by Professor Donna Mead OBE, Chair*
 - 2.2.1 Velindre University NHS Trust Charitable Funds Trustee Annual Report 2020-2021
 - Led by Alaric Churchill, Interim Charity Director*
 - 2.2.1 VELINDRE ANNUAL REPORT 2020-21 FINAL SIGNED.pdf
- 3.0.0 09:55 - Update from the Interim Charity Director
 - Led by Alaric Churchill, Interim Charity Director*
 - 3.0.0 Charitable funds committee update February 2022.docx
- 4.0.0 FINANCE
 - Led by Christine McCarthy, Senior Finance Business Partner*
 - 4.1.0 10:15 - Financial Update Paper
 - Led by Christine McCarthy, Senior Finance Business Partner*
 - 4.1.0a Financial Paper Cover Paper FINAL.docx
 - 4.1.0b CFC Financial Paper 1.4.21-31.12.21 FINAL.docx
 - 4.1.0c Summary of Commitments Feb22 Committee Meeting FINAL.docx
 - 4.1.0d Cashflow Forecast as at 31st December 2021 for CFC.pdf
- 5.0.0 BUSINESS CASE AND EXPENDITURE PROPOSALS
 - 5.1.0 10:35 - Psychology for Staff Business Case
 - Led by Cath O'Brien, Chief Operating Officer*
 - 5.1.0 2022-05 Psychologist for staff CFC application updated 20.12.21.docx
 - 5.2.0 10:45 - Innovation Project Manager
 - Led by Robyn Davies, Head of Innovation*
 - 5.2.0 CFC (Feb 2022) 2022-07 Pump Priming Innovation - final.docx
 - 5.3.0 11:00 - ESOL Business Case
 - Led by Cath O'Brien, Chief Operating Officer*
 - 5.3.0 2022-10 - ESOL Covid Learners Covid Covid Vaccination Awareness and Education 27.01.22 FINAL FEB CHARITABLE FUNDS .docx

- 6.0.0 11:10 - BREAK 10 MINUTES
- 7.0.0 BUSINESS CASE EXPENDITURE EVALUATIONS
Led by Christine McCarthy, Senior Finance Business Partner
- 7.1.0 11:20 - Chaplaincy Annual Evaluation
Led by Cath O'Brien, Chief Operating Officer
7.1.0 2019-39 Chaplaincy NEW Dec 2021 - Annual Evaluation.pdf
- 7.2.0 11:30 - Patient Information Manager Annual Evaluation
Led by Cath O'Brien, Chief Operating Officer
7.2.0 2019-40 Patient Information Manager NEW Dec 2021 - Annual Evaluation.pdf
- 7.3.0 11:40 - Psychology for Staff Annual Evaluation
Led by Cath O'Brien, Chief Operating Officer
7.3.0 Clinical Psychology Services Annual Evaluation (CFC) meeting aug 2021 updated 1.2.22.docx
- 8.0.0 11:50 - WALES WEEK IN LONDON
Led by Alaric Churchill, Interim Charity Director
8.0.0 WWIL proposal for CFC.docx
- 9.0.0 ANY OTHER BUSINESS
Prior Agreement by the Chair Required
- 10.0.0 HIGHLIGHT REPORT TO THE TRUST BOARD
Members to identify items to include in the Highlight Report to the Trust Board:
 - For Escalation
 - For Assurance
 - For Advising
 - For Information
- 11.0.0 DATE AND TIME OF NEXT MEETING
Tuesday 17 May 2022, 10:00-12:30
- 12.0.0 CLOSE
*The Committee is asked to adopt the following resolution:
That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).*

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
Actions from the meeting 3 rd December 2019 Committee					
6.13.0	Library, Knowledge and Information Services Explore external funding sources for the Library, Knowledge and Information Services via engagement with HEIW. Review internal costing recharging mechanisms and arrangements. Action updated 6 May 2021: Mark Osland to discuss with Paul Wilkins the need to open and enter into a discussion with the Deanery in HEIW regarding a review of funding arrangements for the library at Velindre compared to other NHS libraries. Action updated 14 September 2021: Cath O'Brien to expedite review of use of the Library, Knowledge and Information Services and how Health Boards fund such facilities. Meeting to be held between Steve Ham and the Post Graduate Dean in HEIW to discuss the funding arrangements for the Trust Library, Knowledge and Information Services.	Mark Osland / Paul Wilkins	Discussions held with Paul Wilkins and Dave Osborne. Ref. later update outlined below.	17/05/2022	OPEN
		Cath O'Brien	Library Paper has been through SLT and will be taken to EMB in March 2022. To be brought to the Charitable Funds Committee meeting 17 th May 2022.		
		Steve Ham	Steve Ham has met with Tom Lawson, Post Graduate Dean in HEIW and they are completing a library review and we have agreed to meet again when that has been published.	TBC	OPEN
Actions from the meeting 4 th November 2020 Committee					
6.2.0	Clinical Nurse Specialists This is an example of funding posts that roll on. The Chair and Mark Osland have discussed the appropriate time to draw this into discussions with our Commissioners; however this needs to be thought through very carefully. Action updated 14 September 2021: This action has been broadened to include all posts that require review from core funding arrangements (i.e. not just Clinical Nurse Specialists) and maintain communication with our Commissioners on this point.	Matthew Bunce	Matthew Bunce has met with the Trust Commissioners and raised this issue and will report back to the Committee in May 2022 following further discussions with the Commissioners via the Integrated Medium Term Planning Process.	Ongoing	OPEN
Actions from the meeting 6 th May 2021 Committee					
4.1.0	Summary of Reserve Policy: Fund Balance Movements – Public Health Wales Mark Osland to write to Huw George, Deputy CEO and Executive Director of Operations and Finance at Public Health Wales, to confirm timescale for extension is to the end of this financial year (March 2022) and request a clear spend plan for funds held. Action updated 04 November 2021: Matthew Bunce to meet with Huw George to discuss the ongoing relationship between Public Health Wales and Velindre and provide a report back to the Committee.	Mark Osland/Matthew Bunce Matthew Bunce	Response received from Huw George on 07/10/2021 acknowledged our request and stated that Public Health Wales consider it is still more appropriate to try to spend in accordance with the original local intentions. Public Health Wales have confirmed that they will expedite plans to spend as quickly as possible over the next few months. Matthew Bunce met with Huw George on 03/12/2021. NPHS are asking the Charitable Funds Committee to consider providing PHW with ongoing management of their charitable funds. This is something that is common for smaller NHS organisations for whom it is not economical to establish their own charity and associated	03/02/2022	OPEN

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
			<p>governance. This is normally done with a small fee charged. The trust already charges a % fee on the value of fund balances. However, in addition to this PHW have proposed:</p> <ol style="list-style-type: none"> 1. A sliding scale of fees. Up to £xk if balances are up to say £50k and then a y% additionally on any amount above that 2. That annual plans are provided in Feb each year 3. That all plans must work on the basis that the money is spent in full within 2 years unless in exceptional and agreed circumstances <p>Matthew Bunce to put the proposal to CFC for consideration. It is proposed that the fee should include an element of fixed fee as the Charity Overheads / admin exists whether we have £0 funds for PWH or £100k.</p> <p>Details of the fee structure will need to be agreed. The CFC to consider proposal and agree or not the continued management of PHW charitable funds.</p> <p>To note PHW have been given a £20k bequest which executors are seeking confirmation whether PHW will accept the monies. Given the increased public awareness of the role of PHW during the pandemic it is expected PHW charitable donations and bequests to increase over coming years.</p>		
5.2.0	<p>Patient Portal (Patient Held Records) Mark Osland to speak to Stuart Morris and Neil Stevens to request a briefing paper summarising the wider benefits derived from Patient Knows Best project and key learning following engagement with the ICO on information governance and intellectual property issues experienced by Velindre.</p> <p>Action updated 14th September 2021: Mark Osland to confirm if a briefing paper on the Patient Portal Project has been completed with Stuart Morris and arrange for this to be circulated to the Committee in advance of the next meeting.</p>	Mark Osland / Stuart Morris / Alison Hedges	Following receipt of the report on the Patient Portal (Patient Held Records) project on the 04/11/2021, this was subsequently circulated to Committee members outside of the meeting.	04/11/2021	COMPLETE

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
7.1.0	Fundraising Update Report Kylie McKee to include a message from the Chair and Chief Executive in the next Fundraising newsletter reflecting the remarkable adaptations the fundraising team have made over the past year. Action updated 04 November 2021: Fundraising report due at the end of December 2021.	Kylie McKee	Message from the Chair and Chief Executive has been included in this year’s Charity Annual Report which has taken precedent for completion at the end of quarter 3. A message from the Chair and Chief Executive will also be included in the next Fundraising newsletter to be produced in 2022.	TBC	OPEN
7.1.0	Fundraising Update Report Kylie McKee to discuss with Andrew Morris how Fundraising can revisit the legacies proposal and provide an update to the Committee at the next meeting for consideration. Action updated 04 November 2021: Alaric Churchill to provide an update on how Fundraising is to revisit the legacies proposal to the next meeting of the Committee in February 2022.	Kylie McKee / Andrew Morris	Meeting held with Hugh James Solicitors on the 22 nd September 2021. Update to be provided at the November Committee meeting.	04/11/2021	OPEN
		Alaric Churchill	An update will be provided at the meeting on 03 February 2022.	03/02/2022	OPEN
Actions agreed at the 14 th September 2021 Committee					
1.4.0	New Action arising from previous Action 6.4.0 Research Infrastructure Plan to be established for submission of a bid for research infrastructure support, to ensure ongoing support from Cancer Research Wales from 2022 onwards. Action Updated 04 November 2021: Meeting to be held between the Chair, Dr Jacinta Abraham and the Chief Executive of Cancer Research Wales, to discuss how Cancer Research Wales distribute funds so that a plan can be established for submission of a bid for research infrastructure support to ensure ongoing support from 2022 onwards.	Jacinta Abraham and Sarah Townsend Donna Mead/ Jacinta Abraham	Cancer Research Wales have advised that the timing of open grant call expected to be made during quarters 3 and 4 of financial year 2021/22 working towards call launch in April/May 2022 with awards made around Oct/Nov 2022. R&D office corresponding with Cancer Research Wales Head of Research to ensure timely application, prepared by the RD&I Senior Leadership team and reviewed by the RD&I OMG.	May 2022	OPEN
3.0.0	Health, Cancer & Screening, Blood and Blood Products Awareness Resource for ESOL Learners in BAME Communities Dr Seema Arif to update Business Case Proposal and Annual Evaluation Report for circulation outside of the Committee.	Seema Arif	Updated ESOL Business Case is included on Agenda for formal approval at February 2022 meeting of the Committee. ESOL Evaluation Report has been updated and is in the process of being reviewed to ensure feedback provided has been incorporated effectively. This will be received at a subsequent meeting of the Committee.	03/02/2022 May 2022	COMPLETE OPEN

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
Actions agreed at the 14 th September 2021 Committee					
6.1.0	Clinical Psychologist for staff and teams Dr Caroline Coffey to update the Business Case Expenditure proposal to incorporate feedback prior to final publication and approval by the Chair and circulate to Committee members in advance of the next meeting.	Caroline Coffey	Business Case Expenditure proposal has been updated and will be presented to the Committee at the February 2022 meeting for approval.	03/02/2022	COMPLETE
7.0.0	Clinical Psychology Service Dr Caroline Coffey to update the Business Case Expenditure evaluation to incorporate feedback prior to final publication and approval by the Chair and circulate to Committee members in advance of the next meeting.	Caroline Coffey	Annual Business Case Evaluation report has been updated and will be presented to the Committee at the February 2022 meeting for approval.	03/02/2022	COMPLETE
Actions agreed at the 04 th November 2021 Committee					
2.0.0	Advanced International Fellowship Programme Medical Training Initiative The Chair and Executive Director of Finance to meet to discuss producing full economic costings for Business Case Expenditure Proposals.	Matthew Bunce / Donna Mead	Meeting on 26 th January 2022 to discuss.	03/02/2022	OPEN
	Seema Arif to take forward the development of an Exit Strategy for the Advanced International Fellowship Programme Medical Training Initiative.	Seema Arif	Discussions underway with Seema Arif and Nicola Hughes. A plan is to be formulated and will be circulated to the Committee once finalised for assurance and to provide additional details regarding an exit strategy.	TBC	OPEN
	Dr Seema Arif to provide information on Dr Chan's Success in passing his final FRCR (Part B) assessment to the Communications Team for inclusion in the Trust Communication Newsletter.	Seema Arif	Information shared with Communications Team and included in the December Trust Newsletter.	December 2021	COMPLETE
8.1.0	Financial Update Paper Christine McCarthy to establish what the current position is with the Pet Care Project, who is best placed to now take this forward and provide an update to the Chair.	Christine McCarthy	Sarah Morley (who sponsored the original project) has confirmed that the Workforce and OD team are not taking this forward currently. Waiting for Lisa Miller to confirm if it is on hold in VCC.	TBC	OPEN
9.1.0	Gynaecological Late Effects of Pelvic Radiotherapy Clinic and Service Paul Wilkins to review Gynaecological Late Effects of Pelvic Radiotherapy Clinic and Service Business Case proposal with Dr Louise Hannah and bring back updated Business Case for consideration at a future Charitable Funds Committee.	Paul Wilkins	Business case is currently in the process of being reviewed further and will be brought back to a later Committee.	May 2022	OPEN
12.0.0	HIGHLIGHT REPORT TO TRUST BOARD Emma Stephens to provide a draft Highlight Report for approval by the Committee Chair.	Emma Stephens	Highlight report completed and presented to the Trust Board meeting on the 25 November 2021.	30/11/2021	COMPLETE

MINUTES OF THE PUBLIC CHARITABLE FUNDS COMMITTEE (CFC)

VELINDRE UNIVERSITY NHS TRUST HQ / TEAMS

THURSDAY 04 NOVEMBER 2021 AT 09:30AM

PRESENT:	
Professor Donna Mead OBE	Chair
Martin Veale	Independent Member
Matthew Bunce	Executive Director of Finance
ATTENDEES:	
Emma Stephens	Head of Corporate Governance
Steve Coliandris	Financial Planning and Reporting Manager
Jonathan Patmore	Finance Manager
Steve Ham	Chief Executive Officer
Alaric Churchill	Interim Charity Director
Christine McCarthy	Senior Finance Business Partner
Jacinta Abraham	Executive Medical Director
Cath O' Brien MBE	Chief Operating Officer
Alison Hedges	Business Support Officer / Secretariat

1.0.0	PRESENTATIONS	Action
	<p>View from a Fundraiser Led by Tracey Davies, Charity Ambassador</p> <p>The Chair welcomed everyone to the meeting and explained that before the Committee commenced with the Standard Agenda it was to receive a short presentation from Tracey Davies, Charity Ambassador, to provide the Committee with a brief overview of her experience and 'View from a Fundraiser'.</p> <p>The Chair introduced Tracey Davies to the meeting and provided a brief overview to Committee members of Tracey's background in fundraising for Velindre. The Committee were informed that Tracey has been fundraising for Velindre since 2015 and has committed time and energy to raising funds at Velindre Cancer Service in addition to being committed to her work as a hospital Social Worker.</p> <p>Following the Chair's introduction, Tracey then gave her presentation to the Committee. The Committee learned that to date Tracey has raised over £300,000 for Velindre and hopes to reach more than £400,000 following next year's fundraising event in Vietnam. Tracey concluded her presentation by expressing the importance of the support from her family, highlighting the amazing friends she has made along the way and how being an Ambassador has been a humbling experience, leaving her feeling privileged and honoured to be involved.</p>	

	<p>The Committee thanked Tracey for her commitment and dedication to fundraising for Velindre and commended her passion which was inspirational. The Committee also extended their congratulations to Tracey who has recently been awarded a British Empire Medal for her fundraising work over the years.</p> <p>The Committee re-iterated how important it is to invite Charity ambassadors to share their experiences and hear the voice of the fundraiser at the Committee. It also provides a vital opportunity to advise our ambassadors and patrons of the key role the Committee performs in ensuring good stewardship of all funds raised.</p> <p>Tracey Davies left the meeting a 10:20 am</p>	
2.0.0	<p>Advanced International Fellowship Programme Medical Training Initiative</p> <p>Led by Dr Seema Arif, Oncology Consultant for Velindre Cancer Service, and Dr Jacinta Abraham, Executive Medical Director</p>	
	<p>The Chair welcomed and introduced Dr Seema Arif to the Committee.</p> <p>Following the Chair's introduction, Dr Seema Arif then outlined the Advanced International Fellowship Programme Medical Training Initiative expenditure proposal, supported by Dr Jacinta Abraham.</p> <p>Dr Seema Arif highlighted that International Fellowships are a recognised mechanism of providing development opportunities for overseas medical staff to facilitate experience and development opportunities for individuals as they contribute to education and research in the NHS, as well as developing their own practice. The Committee noted that this opportunity also benefits Velindre who are being provided with Specialist Registrar level support.</p> <p>The Chair thanked Dr Seema Arif for addressing the queries that had been raised previously regarding non staff expenditure/costs in the revised business case. The Chair raised that admin costs need to be addressed within the business case and how they are to be met. Matthew Bunce agreed to review this aspect as this is an ongoing issue. The Chair would also like to get to a position where a full economic costing is performed, which might include acknowledging the service contribution of the Fellows. The Chair proposed to take this aspect forward with Matthew Bunce outside of the Committee.</p> <p>**Action: The Chair and Executive Director of Finance to meet to discuss producing full economic costings for Business Case Expenditure Proposals.</p> <p>The Chair also requested that a clear exit strategy is developed which clearly sets out how ongoing funding requirements will be met following the conclusion of the 2 year funding period. Dr Seema Arif agreed to take forward.</p>	<p>Matthew Bunce / Prof Donna Mead</p>

	<p>**Action: Dr Seema Arif to take forward the development of an Exit Strategy for the Advanced International Fellowship Programme Medical Training Initiative.</p> <p>Steven Coliandris confirmed that funds are available to support this expenditure proposal.</p> <p>The Committee also noted the success of Dr Chan, a current Fellow, and trainee of the scheme, on passing his final FRCR (Part B) assessment, which examines candidates on all aspects of clinical radiology against the Specialty Training Curriculum for Clinical Radiology. The Committee passed its congratulations on behalf of the Committee and the Board. Dr Seema Arif agreed to provide information to Steve Ham for this to be included in the Trust Communication Newsletter.</p> <p>**Action: Dr Seema Arif to provide information on Dr Chan's Success in passing his final FRCR (Part B) assessment to the Communications Team for inclusion in the Trust Communication Newsletter.</p> <p>The Committee AGREED the request for funding for a further 2 years for the Advanced International Fellowship Programme Medical Training Initiative and the plan to advertise 2 jobs, one for this coming year and one the following year.</p>	<p>Dr Seema Arif</p> <p>Dr Seema Arif</p>
3.0.0	<p>Standard Business</p> <p>Led by Professor Donna Mead OBE, Chair</p>	
3.1.0	<p>Apologies</p> <p>Led by Professor Donna Mead OBE, Chair</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • Andrew Morris, Head of Fundraising • Wayne Griffiths, Charity Ambassador • David Cogan, Patient Liaison Representative 	
3.2.0	<p>In Attendance</p> <p>Led by Professor Donna Mead OBE, Chair</p> <p>The Chair welcomed: -</p> <ul style="list-style-type: none"> • Anna-Marie Jones, Business Support Manager (Agenda Item 6.0.0) • Tracey Davies, Charity Ambassador (Agenda Item 1.0.0) • Dr Seema Arif, Oncology Consultant, (Agenda Item 2.0.0) • Gareth Daniels, Interim Head of Digital Infrastructure (Agenda item 10.1.0) • Kate Baker, Interim Macmillan Head of Therapies, and Alison Wyatt, Advanced Practitioner Physiotherapist (Agenda Item 10.2.0) 	
3.3.0	<p>Declarations of Interest</p> <p>Led by Professor Donna Mead OBE, Chair</p> <p>No Declarations of Interest were declared.</p>	

	<p>members outside of the meeting to close the action for this Committee.</p> <p>Action: Alison Hedges to circulate Patient Portal report to Committee members outside of the meeting.</p> <p>7.1.0 Fundraising Update Report It was confirmed that a message from the Chair and Chief Executive is to be included in the next Fundraising Newsletter which is due at the end of December 2021. Action to remain open.</p> <p>7.1.0 Fundraising Update Report Alaric Churchull reported that an update on how Fundraising is to revisit the legacies proposal will be brought back to the next meeting of the Committee in early 2022. This is to be received by the Charity Senior Leadership Group in the first instance for review and consideration. Action to remain open.</p> <p><u>Actions from Committee Meeting held on 14th September 2021</u> 1.4.0 Research Infrastructure It was reported that a meeting is to be set up between the Chair, Dr Jacinta Abraham, and the Chief Executive of Cancer Research Wales, to discuss ongoing relationship with CRW. Action to remain open.</p>	Alison Hedges
4.0.0	<p>CONSENT ITEMS Led by Professor Donna Mead OBE, Chair</p>	
4.1.0	<p>FOR APPROVAL Led by Professor Donna Mead OBE, Chair</p>	
4.1.1	<p>Draft Minutes from the meeting of the Public Charitable Funds Committee held on the 14th September 2021 Led by Professor Donna Mead OBE, Chair</p> <p>The Committee AGREED and APPROVED, the minutes from the meeting held on 14 September 2021 were an accurate record.</p>	
4.1.2	<p>Charitable Funds Committee Terms of Reference Led by Emma Stephens, Head of Corporate Governance</p> <p>The Committee ENDORSED FOR BOARD APPROVAL the revised Charitable Funds Committee Terms of Reference. These will be received by the Trust Audit Committee at its next meeting in January 2022 with the recommendation to amend the Trust Standing Orders – Schedule 3 accordingly and will subsequently be submitted to the January 2022 Trust Board for formal APPROVAL.</p>	
4.2.0	<p>FOR NOTING Led by Professor Donna Mead OBE, Chair</p>	
	Nil items.	

5.0.0	Update from the Interim Charity Director Led by Alaric Churchill, Interim Charity Director	
	<p>The Chair welcomed Alaric Churchill to present his report.</p> <p>Alaric Churchill reported that following the impact of the COVID 19 pandemic on fundraising activity, things have now started to improve, and September - November 2021, have been busy months for the fundraising team. The Committee were advised that the comprehensive training and development programme to support the professional development of the fundraising team has now commenced with Health and Safety Training, and risk assessments for all fundraising events have been established. It was also noted that it was important that the digital skills of the team be enhanced & developed in order to support delivery of the new strategy.</p> <p>Alaric Churchill highlighted the success of the Jiffy Bike Ride, which involved 500 riders, and attracted response from the Press, BBC and ITV news and raised over £60,000.</p> <p>The Committee noted and was pleased to hear of the plans being progressed for fundraising activity over the next 12 months, including that Jasmin Joyce, Welsh Rugby Union player, is joining as a Fundraiser and contributing to the wear red campaign which will be launching soon.</p> <p>Alaric Churchill advised the Committee of the good progress made in the development of a new 5 year strategy for the Charity and how this will seek to adopt a more proactive approach to incorporate more diverse communities within fundraising activity for Velindre. The Committee agreed that the new strategy will also consider other income models to expand its reach, including the lottery and direct debit.</p> <p>The Committee raised the importance of Independent Members and Executives attending fundraising events and wished to extend its thanks to participants and how much this is appreciated.</p> <p>The Committee NOTED the report.</p>	
5.1.0	Development of Charitable Funds Trustee Annual Report 2020-2021 (Oral Update) Led by Alaric Churchill, Interim Charity Director	

	<p>Alaric Churchill highlighted to the Committee that this year's report will have a different look and feel designed to be more interactive and extend its reach to fundraisers. In addition, to submission to the Charity Commission by the 31 January 2022, the report is intended to feature as part of the Fundraising Annual Event planned for January 2022.</p> <p>Steve Coliandris noted to the Committee that Audit are coming in Monday and will be in for a few weeks to audit the accounts, but draft figures can still be produced to support the completion of the report.</p> <p>The Chair noted the importance of assuring this meets the requirements of the Charity Commission, and if those requirements are met this is fully supported by the Committee.</p>	
6.0.0	<p>Guide to Presenting at Charitable Funds Committee Led by Anna-Marie Jones, Business Support Manager Supported by Emma Stephens, Head of Corporate Governance</p>	
	<p>The Chair welcomed Anna-Marie to the Committee to present this item.</p> <p>The Committee was advised of the latest addition to a suite of information and support tools being developed, designed to provide guidance for individuals applying for charitable funds i.e., how to prepare and what to expect when presenting bids to the Committee. The Committee welcomed this development that will be enhanced and developed further via the Charity Senior Leadership Group.</p> <p>Anna-Marie invited any feedback from the Committee to support its further development. The Committee felt it would be helpful to include within the guide that when presenting bids to the Charity how important it is to set out what benefits this will provide for patients, staff and stakeholders. In addition, the importance of collecting data once funding has been secured to support subsequent evaluation of the benefits it has delivered. Finally, it was suggested that signposting is included to the governance cycle when developing bids to ensure support is available and scrutiny at each stage is effectively utilised.</p> <p>Anna-Marie thanked the Committee for their feedback which will be incorporated and taken forward via the Charity Senior Leadership Group.</p>	
7.0.0	BREAK 11:05AM - 11:15AM	

8.0.0	FINANCE	
8.1.0	<p data-bbox="320 282 651 315">Financial Update Paper</p> <p data-bbox="320 315 1118 349">Led by Christine McCarthy, Senior Finance Business Partner</p> <p data-bbox="320 383 1054 416">The Chair welcomed Christine McCarthy to the meeting.</p> <p data-bbox="320 450 1177 719">Christine McCarthy provided the Committee with an overview of the financial position, covering the period 01 April 2021- 31 August 2021 that provided an update on income, expenditure, fund balances and a cashflow forecast. Christine highlighted to the Committee that at the time of preparing this report, the financial systems were down, due to a major upgrade preventing access to financial information for September 2021 so an oral update is to be provided for that period.</p> <ul data-bbox="320 752 475 786" style="list-style-type: none"> • Income <p data-bbox="320 819 1177 987">The Committee noted income for the period 01 April - 31 August 2021 has overachieved against the planned target by £210,000. Income received for this period has included £199,000 in legacies, which has notably helped the year-to-date performance for that period.</p> <p data-bbox="320 1021 1177 1256">The Committee noted that for the period 1 April to 30 September 2021, £1,100,000 income had been received, with overall income overachieving against the planned target by £300,000. It was acknowledged by the Committee that this was, down compared with the same period last year by £396,000, however this was due to a £500,000 one off donation from the Moondance foundation received in 2020/21.</p> <ul data-bbox="320 1290 544 1323" style="list-style-type: none"> • Expenditure <p data-bbox="320 1357 1177 1559">The Committee noted for the period ending 31 August 2021, expenditure was lower than planned by £303,000. This underspend is in most cases due to timing issues due to vacancies against projects and spend is expected to be deferred over future years. Fund balances have decreased by £400,000 during the year because of expenditure.</p> <p data-bbox="320 1592 1177 1727">The Committee noted that for the period 1 April to 30 September 2021, expenditure totalled £1,600,000, which was lower than planned for the period to date by £226,000, although was slightly higher by £39,000 when compared with the same period last year.</p> <ul data-bbox="320 1771 544 1805" style="list-style-type: none"> • Investments <p data-bbox="320 1816 1177 1939">The Committee noted for the period 01 April to 30 September 2021, the investment portfolio was in a positive position and increased by £248,000, which represents an increase in valuation of 4.15% during this period.</p>	

	<ul style="list-style-type: none"> Summary of Commitments <p>The Committee noted the forecast donation income against the Charity's unrestricted fund for 2020-21 is £1,628,000 against a target of £1,429,000 that was set at the start of the year.</p> <p>The Committee noted that current projections are assuming forecast donations of £2,600,000 for next year.</p> <p>Martin Veale questioned the underspend and Christine McCarthy confirmed it will be spent, but just later than originally planned.</p> <p>Steve Coliandris confirmed there was previous agreement that the costs of the fundraising team will be supported by the gains that are made on the investment portfolio. If gains are not available the costs are met by the general purpose fund.</p> <p>Steve Ham advised it may be helpful in future to explain how much is income and how much is growth in underlying value.</p> <p>The Chair queried what the current position was with the Pet Care Project that was suspended due to COVID and noted that the member of staff who developed the proposal has now left the Trust. The Chair requested that this be revisited and queried who could support taking this forward. Christine McCarthy agreed to look into this and provide an update to the Chair outside of the meeting.</p> <p>**Action: Christine McCarthy to establish what the current position is with the Pet Care Project, who is best placed to now take this forward and provide an update to the Chair.</p> Cashflow Forecast <p>The Committee noted the Charity is in a healthy position, but it may go into an overdrawn position by the end of the year with spend increasing. The investment portfolios continue to be closely monitored by the Investment Sub Committee to ensure that funds are optimised where a greatest return can be achieved.</p> <p>The Committee discussed the importance when fundraising of doing an evaluation at the end of an event to determine the gross and net income and the need to be more joined up with Finance. For each event this should include details of what the planned income and expenditure was against what the outcomes achieved were.</p> <p>Alaric Churchill agreed and confirmed that he is actively working with finance colleagues to ensure that this is delivered and can be supported in future finance reports going forward.</p> <p>The Committee DISCUSSED and NOTED the Financial Update and ongoing work to develop and mature future finance reports which was welcomed.</p> 	Christine McCarthy
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9.0.0	BUSINESS CASE EXPENDITURE PROPOSALS	
9.1.0	<p>Gynaecological Late Effects of Pelvic Radiotherapy Clinic and Service Led by Dr Louise Hanna, Velindre Cancer Centre</p> <p>The Committee noted that it had been agreed through discussion with Paul Wilkins and Dr Louise Hanna to defer the Gynaecological Late Effects of Pelvic Radiotherapy Clinic and Service Business Case, in order to address a number of queries raised by the Chair regarding this proposal. If these are addressed in sufficient time, consideration will be given for its inclusion at the Extraordinary meeting in December 2021.</p> <p>**Action: Paul Wilkins to review Gynaecological Late Effects of Pelvic Radiotherapy Clinic and Service Business Case proposal with Dr Louise Hannah and bring back updated Business Case for consideration at a future Charitable Funds Committee.</p>	Paul Wilkins
10.0.0	BUSINESS CASE EXPENDITURE EVALUATIONS Led by Christine McCarthy, Senior Finance Business Partner	
10.1.0	<p>The Cloud Public WIFI Internet Services Led by Gareth Daniels, Interim Head of Digital Infrastructure</p> <p>The Chair introduced and welcomed Gareth Daniels to the Committee.</p> <p>Gareth Daniels gave a brief presentation to the Committee on the Cloud Public WIFI Internet Service, which is a free WIFI service launched in 2014 and funded by the Charity. Gareth Daniels assured the Committee that as of October 2021, the funding has moved from the Charity, with a view to being provided by Digital Services, and VUNHST Digital Services will be providing the budget for the Public access Wi-Fi.</p> <p>Gareth Daniels highlighted to the Committee that improvements have been made to the WIFI system over the last 6 months and plans are in place to continuously improve the service via a number of system upgrades including, more access points, an increase in speeds, possible renewal of the product which is currently being piloted, with a seamless pan Trust solution.</p> <p>The Committee noted that that this service was now well established and utilised for the benefit of staff and patients, particularly during the pandemic.</p> <p>The Committee thanked Gareth Daniels for his presentation and APPROVED the final Business Case Expenditure Evaluation Report, noting that the original objectives for the scheme had been met.</p>	

10.2.0	<p>Advanced Practitioner Physiotherapist in Oncology Gynaecological Pelvic Health report Led by Kate Baker, Interim Macmillan Head of Therapies, Velindre Cancer Centre and Alison Wyatt, Advanced Practitioner Physiotherapist, Velindre Cancer Centre, and Cath O'Brien, Chief Operating Officer</p> <p>The Chair welcomed and introduced Kate Baker and Alison Wyatt to the Committee.</p> <p>Kate Baker highlighted that this was the first annual evaluation report for the scheme which has been funded for three years by the Charity. The Committee noted that the pandemic has had an impact on the scheme with some slight changes within the Physiotherapy Departments</p> <p>The Committee welcomed learning about the benefits that this scheme has delivered so far for patients, the future plans in place for the next two to three years and that the report was well set out in this regard.</p> <p>The Committee agreed that this is an excellent project that supports a key aim of the Trust, to further and embed our understanding of value-based health care. The Committee highlighted the need to consider this in any future audit activity and also look ahead in terms of operational planning for long term funding beyond that provided by the Charity supported by a clear exit strategy.</p> <p>The Committee requested that the next end of year report, further increase its focus more on the outcome for patients, incorporate any learning from negative as well as positive feedback and consider the inclusion of an economic evaluation.</p> <p>The Committee APPROVED the first end of year evaluation report for this scheme.</p>	
11.0.0	<p>ANY OTHER BUSINESS Prior Agreement by the Chair Required</p>	
	<p>The Chair and Committee NOTED there was no other items of business.</p>	
12.0.0	<p>HIGHLIGHT REPORT TO TRUST BOARD</p>	
	<p>It was agreed by the Committee that a Highlight Report to the Trust Board would be prepared in readiness for its meeting 25 November 2021.</p> <p>**Action Emma Stephens to provide a draft Highlight Report for approval by the Committee Chair.</p>	<p>Emma Stephens</p>
13.0.0	<p>DATE AND TIME OF NEXT MEETING</p>	
	<p>Thursday 03 February 2022 at 09:30am via Microsoft Teams</p>	

14.0.0	CLOSE	
	<p>The Committee was asked to adopt the following resolution:</p> <p>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).</p>	

DRAFT

MINUTES OF THE EXTRAORDINARY CHARITABLE FUNDS COMMITTEE (CFC)

VELINDRE UNIVERSITY NHS TRUST HQ / TEAMS

WEDNESDAY 22 DECEMBER 2021 AT 10:30AM

PRESENT:	
Professor Donna Mead OBE	Chair
Martin Veale	Independent Member
Matthew Bunce	Executive Director of Finance
ATTENDEES:	
Emma Stephens	Head of Corporate Governance
Steve Coliandris	Financial Planning and Reporting Manager
Alaric Churchill	Interim Charity Director
Nicola Williams	Executive Director of Nursing, Allied Health Professionals and Health Science
Sarah Morley	Director of Organisational Development & Workforce
Christine McCarthy	Senior Finance Business Partner
Steve Wyndham	Audit Wales
David Burrridge	Audit Wales
Alison Hedges	Business Support Officer

1.0.0	Standard Business Led by Professor Donna Mead OBE, Chair	Action
1.1.0	Apologies Led by Professor Donna Mead OBE, Chair Apologies were received from: <ul style="list-style-type: none"> • Jacinta Abraham, Executive Medical Director • David Cogan, Patient Liason Representative • Wayne Griffiths, Ambassador of the Charity 	
1.2.0	In Attendance Led by Professor Donna Mead OBE, Chair The Chair welcomed colleagues from Audit Wales, David Burrridge and Steve Wyndham to the meeting to present item 3.0.0, Annual Financial Accounts Audit – ISO 260 Report.	
1.3.0	Declarations of Interest Led by Professor Donna Mead OBE, Chair No Declarations of Interest were declared.	

2.0.0	Velindre University NHS Trust Charitable Funds Trustee Annual Report 2020-2021 Led by Alaric Churchill, Interim Charity Director	
	<p>The Chair invited Alaric Churchill to take the Committee through the key areas of the Velindre University NHS Trust Charitable Funds Trustee Annual Report 2020-2021.</p> <p>Alaric Churchill began by highlighting that the report provided an important opportunity to celebrate the amazing support from the Charity fundraisers and donors. The pandemic has presented a huge challenge and the ability of everyone in the team and our supporters to adapt has been incredible enabling us to continue to achieve so many different things.</p> <p>Alaric Churchill provided an overview of the format and content of this year's report and explained the change to the tone of voice which seeks to be more engaging for our stakeholders. The report is designed to celebrate our successes, showcasing what the charity has achieved and where it hopes to be in the next few years. Alaric Churchill highlighted that greater focus is needed in the coming year to also incorporate the Welsh Blood Service.</p> <p>The Chair noted the report has been circulated for some time for comments but opened for further comments from the Committee with a view to sign off today.</p> <p>Martin Veale expressed that this is an excellent report and terrific read with an excellent focus and tribute to all those involved in supporting and working with the Charity. There are some very small changes required on Page 35 where some apostrophes have been omitted.</p> <p>The Chair noted the report reflected fundraising activity over the last 18 months, and welcomed its emphasis on all levels of fundraising activity which has been extraordinary and incredibly humbling.</p> <p>The Chair especially wanted to pay tribute to the Charity's young ambassadors, who have raised over £40,000 within the last year and how great it is that they are given certificates that can go into their portfolios. Alaric Churchill highlighted that the Charity is now working in partnership with 45 schools which have signed up to a programme built into the Welsh Baccalaureate and is hoping to get over 100 schools on board by the end of the year, all of which would allow students to get certificates into their portfolios.</p> <p>Matthew Bunce stated that the Annual Report provides an excellent account of all the hard work and effort that has been put in over the past year. Matthew Bunce highlighted that he has made some comments for suggested incorporation, however these are minor editorial changes and do not fundamentally change the report, and as such he is happy to endorse the report as it stands.</p>	

	<p>Steve Ham commented that the report reads very well, and is an easy and accessible format which will also provide many opportunities to utilise it for different purposes, such as becoming part of our marketing package in terms of telling our story. It captures the essence of what people will do for us to support the Charity.</p> <p>**ACTION: Alaric to review editorial changes required to Page 35 of the report and incorporate feedback received from Matthew Bunce.</p> <p>Finance Section of Report: Alaric Churchill provided an overview of the finance section of the report and how this sets out very clearly how the funds raised have been invested to enhance and provide additional services for the benefits of our patients, donors and staff.</p> <p>Alaric Churchill highlighted overall income achieved for the reporting period was £2.816 million which was an amazing achievement against the backdrop of COVID and the impact this has had on fundraising. Next year focus will be given to the digital space and how this can be optimised to help take us forward as a charity.</p> <p>Alaric Churchill outlined and welcomed the key challenges for the next 24 months which will enable us as a Charity to develop and safeguard income going forward.</p> <p>Martin Veale noted on Page 52 of the Financial Statement, that investment this time last year saw a reduction and that the rebound position is reflected. We have an investment portfolio, and that pool of funds has not been dipped into, so we have a solid base of reserves.</p> <p>Alaric Churchill expressed his thanks to the Fundraising Team, Auditors, and the Finance Team for their support in producing this year's Annual Report.</p> <p>The Chair and Committee were content with the report as it stands, but agreed the ISA 260 Report, item 3.0.0 needs to be discussed before it can proceed to approve the Annual Report.</p> <p>Alaric Churchill confirmed once approved the report will be subsequently published on the Trust website and hard copies will be made available on request. The Annual Report will also be utilised as a pillar for our brand at the new fundraiser showcase currently planned for the end of January 2022.</p>	<p>Alaric Churchill</p>
3.0.0	<p>Annual Financial Accounts Audit – ISA 260 Report Led by Steve Wyndham, Audit Wales</p>	
	<p>The Chair invited Steve Wyndham to present the Annual Financial Accounts Audit – ISA 260 Report.</p>	

	<p>Steve Wyndham requested that the Agenda item be revised to state ISA 260 not ISO 260.</p> <p>**ACTION: Alison Hedges to update Agenda item heading for the Annual Financial Accounts Audit to state ISA 260 Report.</p> <p>Steve Wyndham brought to the attention of the Committee Paragraph 6 of the report which refers to the fact that the Audit has substantially been completed, with the exception of four areas of work which were outstanding at the time of issuing the report. All four areas are now complete, however one issue has arisen from one of these areas regarding the creditors testing. The commentary references two sample items that we were waiting to conclude upon through evidence and documentation to support the fact that they are valid for inclusion in the accounts. One item was fine and can be taken off and the other was an error and should not have been raised as a creditor. This is not material at £7,500 so does not affect the opinion, however the creditors balance is out by this amount. Following this finding, auditing standards direct us to take additional testing. This error was agreed and confirmed late yesterday afternoon, so there has been no time to undertake the additional testing to conclude this matter and confirm if this is an isolated error.</p> <p>The Chair queried whether there were any lessons to be learned from this year's Audit that might help to facilitate timely completion next year. Steve Wyndham confirmed that service resilience was the only potential point of learning as staff absence had prevented evidence pertaining to the income testing being made readily available. The documentary evidence required could be made more accessible to a wider pool of staff.</p> <p>Steve Coliandris provided further context for the Committee and highlighted that the error arose where an order was not fully cleared down by AP. This can happen when an invoice is received and matched to a receipted order but at a lower value. Alaric Churchill assured the Committee that additional measures have now been put in place in respect of the income testing issue, and that the issue that has arisen needs to be seen in the historical context within which it is set resulting from a single point of failure that no longer exists.</p> <p>Martin Veale highlighted that the Audit had been carried out later than in previous years and queried if this was a contributory factor. Steve Coliandris confirmed Audit of the accounts would usually be undertaken in September/early October and has started later this year and for a longer period. Steve Wyndham emphasised that had it not been for discovering the creditor error late on it would have been a clean audit as presented now and did not think that the timing of the audit had been a contributory factor. Steve Wyndham further highlighted to the Committee that all audits of other charity accounts were being conducted during the same time frame.</p>	<p>Alison Hedges</p>
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	<p>Steve Wyndham provided an overview of the remainder of the report and highlighted the following key points to the Committee:</p> <ul style="list-style-type: none"> • Clean audit, subject to further work to test creditors in light of the £7.500 error • No recommendations • Appendix 1 letter of representation will be required to be enacted once reports are approved • Appendix 2 refers to the audit report. • Date for signature by the Auditor General may need to be revised to slightly later in January, however confident Charity Commission deadline of 31 January 2022 will be met • Appendix 3 summary of the most significant correction made because of the audit. The £567,000 relates to a reclassification adjustment. <p>The Chair queried in Appendix 3 it refers to £567,000 which is a correction / classification issue and then £54,000, which appear to be coding / classification matters, are any lessons to be learnt with respect to these 3 classifications measures?</p> <p>David Burrige explained that they relate to quite different matters and would expect to see this type of issue in any audit and so would not read much more into it in this regard.</p> <p>The Chair thanked colleagues from Audit Wales and everyone involved in supporting the Audit.</p> <p>The Committee then discussed next steps to conclude the Audit and Approve the Annual Report and Accounts in readiness for submission to the Charity Commission.</p> <p>Following discussion the Committee was content to APPROVE the Trust Accounts and the Annual report subject to the following:</p> <ul style="list-style-type: none"> • The revised ISA 260 Report issues an unqualified audit report of the Trust Accounts as currently anticipated • Any final amendments to the Trust Accounts following the conclusion of the audit are not material • Any editorial changes to the Annual report ready for publishing are for clarity / context and do not constitute any substantive changes. <p>Subject to the above, the Chair will then confirm (via email) to Audit Wales that the Charitable Funds Committee has APPROVED the Trust Accounts and Annual Report and AUTHORISED the Chair and Chief Executive to sign the Letter of Representation contained within the audit report to enable to Auditor General to certify the Trust Accounts.</p> <p>However, if these conditions are not met the Chair and Steve Ham will agree an Out of Committee process to ensure the Trust Annual Report and Accounts are able to be submitted to the Charity Commission by the 31 January 2022.</p>	
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4.0.0	ANY OTHER BUSINESS Prior Agreement by the Chair Required	
	The Chair and Committee NOTED there was no other business.	
5.0.0	DATE AND TIME OF NEXT MEETING	
	Charitable Funds Committee Meeting: Thursday 03 February 2022, 09:30 – 12:30	
6.0.0	CLOSE	

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Charitable Funds Trustee Annual Report 2020 | 21

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Glossary of Abbreviations

AHPs
AHSC
BAME
CFC
CNS
COVID 19
CTU
ESOL
FR
FRS
ISAs
NPHS
PARS
PCH
PLG
POC
R&D
RD&I
ROM
RT
SABT
SACT
SC
SOFA
SORP
UGI CNS
UK
VAT
VCC
WBS
WCB

Allied Health Professionals
Academic Health Science Centre
Black, Asian and Minority Ethnic
Charitable Funds Committee
Clinical Nurse Specialist
Coronavirus 2019
Clinical Trial Unit
English for Speakers of Other Languages
Fundraising Regulator
Financial Reporting Standard
International Standards on Auditing
National Public Health Service
Physical Activity Rehabilitation Programme
Prince Charles Hospital
Patient Liaison Group
Point of Care
Research & Development
Research Development & Innovation
Range of Motion
Radiotherapy
Stereotactic Ablative Body Radiotherapy
Systemic Anti-Cancer Therapy
Supportive Care
Statement of Financial Activities
Statement of Recommended Practice
Upper Gastrointestinal Clinical Nurse Specialist
United Kingdom
Value Added Tax
Velindre Cancer Centre
Welsh Blood Service
Wales Cancer Bank

What this Annual Report will tell you?

Velindre University NHS Trust Charity Annual Report tells the story of how the money raised through Charitable Funds in 2020-21 has enabled us to make a difference and enhance the services provided by the Trust.

It provides information about how the Charity has performed this year, key activities and developments and our plans for 2021-22 and beyond.

Our priorities are shaped by our Charity Vision, Mission, Objectives and Aims, which are set out on page 11.

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

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

Tel: 029 2019 6161
Email: Corporate.Services2@wales.nhs.uk
Website: www.velindre-tr.wales.nhs.uk

On behalf of the Corporate Trustees of Velindre University NHS Trust Charity, we present the Charitable Funds (Trustee) Annual Report together with the Audited Financial Statements for the year ended 31 March 2021.



Welcome

On behalf of the Corporate Trustees of Velindre University NHS Trust Charity, we present the Charitable Funds (Trustee) Annual Report together with the Audited Financial Statements for the year ended 31 March 2021.

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

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

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

In an extraordinary year against the backdrop of COVID, 2020–21 was another successful period. £2.816m was raised. On behalf of the Corporate Trustees we extend a huge vote of thanks for the continued generosity to all our Patrons, Ambassadors, fundraisers and supporters. We thank them also for their commitment and time in raising these funds to help support the Velindre University NHS Trust Charity.

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

The Trustees would also like to thank the Patient Liaison Group representatives who attend the Charitable Funds Committee as they provide a valuable patient voice throughout discussions on new projects, activities and initiatives. The PLG commitment and support is extremely helpful and we look forward to continuing to work with PLG members during 2021-22 and beyond.

Looking forward to 2021/22

We hope you and your families are healthy and safe.

It's been a testing year for Velindre University NHS Trust Cancer Charity, as it has been for the rest of the world. However, I'm immensely proud of the way we have risen to the challenges. We did this by adapting our services to meet the needs of Fundraisers, Cancer patients and Donors. The world changed overnight but the needs of our cancer patients did not so the fundraising team worked quickly to deliver a mostly digital service for our amazing supporters, young people and families.

The Velindre Cancer Centre and Welsh Blood Service continued to treat patients and collect & process blood and stem cells from donors throughout the pandemic changing ways of working to reflect the rapidly changing circumstances. Charity colleagues supported the cancer centre by receiving and distributing donations as well as using their skills to help create resources for departments including infection control and communications.

Throughout the movement from a completely open society to full lockdown and all of the changes in between, our team and supporters have focused on changing people's lives. Our supporters have broken world records, cycled 1000 miles without moving a centimetre and Patron Rhod Gilbert even hosted a virtual comedy event for thousands of people at a time. In addition to these big fundraising achievements, our smallest supporters carved out their own success as Young Ambassadors, helping to raise over £40,000.

By focusing on keeping our services open, whilst we were dealing with the impact of the pandemic, the Velindre Fundraising team received £2.683 million in donations. The ability to manage our activities digitally together with the participation of our trustees and operational colleagues also allowed us to distribute £2.520 million to Research, clinical staff and Patient Welfare/Support.

We have ambitious plans for the future and we have approved a strategy for expanding and investing in technology which is really important given the role technology has played in changing services and helping staff adapt to new ways of working. This includes our virtual fundraising abilities. The Board is delighted that in developing the services we offer we will be able to meet the evolving needs of those we support so that we can continue to make a huge difference for our patients, families, supporters and colleagues. We have been through a momentous year, and we couldn't have achieved so much without the enormous effort and dedication of the fundraising team and our supporters.

Thank you,
Professor Donna Mead OBE, Chair



CHIEF EXECUTIVE'S REPORT

It has been a packed and difficult 12 months for the Velindre University NHS Trust and the Charity. I'm exceptionally proud of how far we've come in an incredibly challenging climate for charities. In March 2020, we came together to respond to the World events. The Pandemic created unique situations for all colleagues and everyone stepped up. Amid intense pressure, our campaigns across the year raised over £2.8 million. We launched our online Virtual Quiz night hosted by Rod Gilbert and our fundraisers chose innovative ways to overcome any barriers presented. We couldn't have achieved any of this without incredible support of schools, businesses and the public who came out in force to support us.

We've been making changes to the way we manage and reach out to our fundraisers and donors. Utilising digital content to inform and manage our fundraising has been a significant development. This change brings its own challenges, but we are committed to telling stories to better represent the work you fund. We're still listening and learning, but so far, the response has been very positive. More on this at our fundraiser showcase January 2022.

If you'd like to find out more about the last year and our plans for the future, you'll find lots more detail in our 2020-21 annual report.

Steve Ham CEO

Charity Purpose

Vision

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

Mission

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

MISSION

Aims

The aims of the Velindre University Charity are to:

Improve the quantity of research undertaken by the Trust.

Improve outcomes for cancer patients

Aims specific to Velindre Cancer Centre:

Improve outcomes for cancer patients

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

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

Improve the scope of successful treatment by assisting with the development of research activities and medical education.

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

Raise awareness about the prevention and early diagnosis of cancer within our community.

Aims specific to the Welsh Blood Service

Provide donors with the best care and experience possible and ensure they feel fully valued.

Promote blood and stem cell donation to grow the donor pool.

Improve donor care through the development of research activity at the Welsh Blood Service and utilise research and development activity to support the delivery of evidence based care.

To improve the donor experience.





Objectives

General

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

Patients

For the relief of illness of patients suffering from cancer or its effects as well as other patients who are, or have been treated by Velindre Cancer Care.

Donors

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

Staff

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

Research

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

Research

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 benefits of patients.

Improve Doner care through the development of research activity.

Improve quality and safety of blood components and products; and support research to approve outcomes in transplantation.

Part 1

Making a difference

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





1

Donations

The total raised from general donations and grants was £1.565m during 2020-21. As always this reflects the enormous generosity, hard work and dedication of our loyal supporters. Each year the level of donations we receive far exceeds expectations and for this we continue to be extremely grateful.

2

Events/Fundraising Income

Each year we put on a number of fundraising events in order to raise the funds needed to support the continued growth of both the charity and its supporters. This year the success of these events continued with our loyal supporters joining us on a number of fundraising activities raising a total of £0.593m.

3

Legacies

Legacies received during 2020-21 totalled £0.525m. We continue to receive a number of legacies, which is a vital source of the charity's income, and we are extremely thankful to those that have the foresight, and generosity to remember Velindre by leaving a gift in their will.

4

Investments

The charity has a portfolio of investments managed by external investment advisors according to guidelines and responsible policies agreed with the Trustees of the charity. During the year the portfolio realised a dividend income of £0.133m.

Total income

How much money the charity received

£2.816m

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

The examples overleaf demonstrate how Charitable Funds have been used to enhance the services provided by the Trust. Good governance arrangements are in place to ensure clear separation of decision-making. The PLG representatives who attend the Charitable Funds Committee provide a valuable patient voice throughout discussions of new projects, ongoing activities and initiatives. During 2020-21 we spent £2.819m across the following main areas of the charity as identified to the right.

Research £1.545m

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

Patients and Staff Welfare and Amenities £0.904m

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

Fundraising - £0.219m

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

Support Costs - £78k

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

Investment Fees - £24k

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

Total expenditure

How much money the charity spent

£2.770m

1
2
3
4
5



Activity support

Activity	Funding approved	Description
Velindre Futures R&D Ambitions: Driving the Implementation of Related R&D Programmes of Work	£147k	In order to realise the ambitions set out in the new Cancer Research Strategy, approved by the Trust Board in March 2021, the Charity invested in key roles to help kick start and drive forward the delivery of our Cancer Research Ambitions for the benefit of patients, donors, staff and other stakeholders.
Thyroid Cancer Research Initiatives	£14k	The Charity provided support for the provision of additional clinical sessions to take forward a number of Thyroid Cancer Research Initiatives. A combination of disease rarity and the associated short prognosis has meant a lack of robust research in Advanced Thyroid Cancer. This ongoing work and investment has supported an increase in knowledge across the UK and internationally regarding treatment outcomes, particularly in the new era of genomic testing and potential access to targeted therapies.
Improving the effectiveness of Research, Development & Innovation through enhanced Clinical Leadership	£53k	The Charity provided support to pump prime an initiative to strengthen Clinical Leadership in the operation of Velindre's Research, Development and Innovation programmes in order to enhance our capabilities as a leading research centre, attracting the best staff and delivering research participation opportunities for our patients in Wales.
Therapies Data Manager	£101k	The Charity provided support for a Data Therapies Manager to enable growth in therapy research and ensure the provision of appropriate infrastructure support to the therapies team at Velindre Cancer Centre which provides expert support in oncology, delivering holistic cancer care to patients to manage the side effects of cancer and its treatment. Support is provided along the care pathway, from diagnosis to end of life. The post will play a pivotal role in the therapy department promoting interdisciplinary working, further personal development and ensuring practice remains current and up to date within the rapidly changing research infrastructure.
Early Phase Trials: Medical Sessions for the Future	£134k	To support the provision of world class research-led treatment, care and support for our patients and families affected by cancer, the Charity supported investment in early phase trials which will further the following aims: <ul style="list-style-type: none">- The investigation of the cause of cancer and the prevention, cure, treatment and defeat of cancer in all its forms;- The advancement of scientific and medical education and research in topics related to cancer.
Full Blood Point of Care	£39k	The Charity also provided essential support to invest in Community Based point of care that enabled testing to improve critical care pathways for cancer patients with sepsis related to chemotherapy.

Further information

The activities described above provide only an example of the activity that Velindre University NHS Trust Charity has agreed to support during the year. Further information and detail can be sought from the Charitable Funds Committee meeting papers, which are published on the Velindre University NHS Trust website:

www.velindre-tr.wales.nhs.uk/charitable-funds-committee-cfc-



Enhanced patient experience and support services

The following pages provide some examples of projects/activities that have been supported in the past year thanks to your generous donations.

As part of our improved communication we have created a document to share with donors and partners which highlight the impact of Charitable Funds.



Examples of activity that the monies raised supported during the 2020-21



Specialist Nurses

Monies raised continues to fund specialist nurses who provide physical, psychological and emotional support to patients and their families with £488,000 spent.

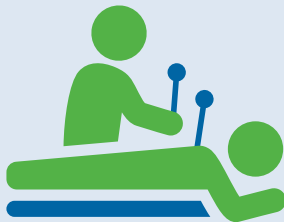
WiFi

Fundraising helps to improve the patient experience whilst attending VCC as an out-patient, in-patient, day case or visitor by providing them with free access to the internet allowing them to keep in touch with family members, relatives, etc. through websites such as social media and/or Skype.



Advanced Radiotherapy Fund - The Moondance Foundation, Probert Head & Neck, Lucas Fund

A patient Support Unit Funded by the Moondance Programme, alongside colleagues from service improvement, nursing and therapies, provided ambulatory care to Head & Neck patients at an earlier stage in their treatment process. The service opened for patient use in June 2019 and has been rated as 'excellent' by all of the patients that have used the service.



Oncology Physiotherapist

Your fundraising helped towards the cost of a Specialist Physiotherapist who has set up a successful acupuncture service to treat hot flushes as a consequences of chemotherapy treatment. The development of a physical activity programme has been designed called Velindre Physical activity Rehabilitation Programme (PARS). Examples of feedback from patients:

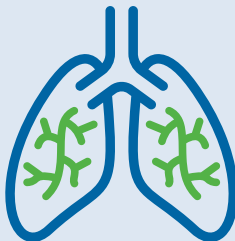
Really useful during the RT of maintaining ROM and self-management. Aimed at the perfect level for someone post chemo/breast surgery/RT.

Consultant Radiographer

Monies have funded the appointment of the first Consultant Radiographer in Wales leading the way in healthcare focussing on providing enhanced patient care and experience and specialist support to Head and Neck cancer patients undergoing radiotherapy.

A 'late effects clinic' for Head and Neck patients has been implemented that provides further support and allows quick access to expert advice for symptom control to patients involved in complex treatment regimes, often with very difficult side effects.

New developments include the establishment of a Consultant Radiographer-led review clinic to manage the late side-effects of radiotherapy.



Supporting lung research through Biosample Collection

Grant funding for the Wales Cancer Bank has directly increased the number of lung patients consenting for research and contributing samples to research projects in Wales and beyond. As a direct consequence, the work supported by this funding has been hugely beneficial to this important cohort of patients and it has allowed the transition of a research pilot to a clinical trial. Since the commencement of the funding in May 2012, 651 patients have taken the opportunity to take part in research who would not otherwise have been offered that choice, compared with only 14 patients over the previous 4 years.

Fundraising Highlights





1.

Dave Tonge

Velindre University NHS Trust has been close to Dave's heart for many years since his Father in Law received treatment at the Cancer Centre and received invaluable support from the Welsh Blood Service.

Dave saw the struggle the world was going through with the pandemic and knew he needed to do something to help. During the start of Lockdown, Dave raised a phenomenal £5,300 for NHS Charities Together by swimming 21 miles in 10 hours and 15 minutes, with 5-minute breaks in-between each mile, totalling 12 hours and 15 minutes, which is the average length of a shift for a doctor or nurse.

Determined to do more for Velindre, Dave did not stop there.

On 11th June 2021, he secured a world record by swimming for just over 24 hours continuously and raised a phenomenal £10,000 for Velindre in the process.

Young Ambassador, Osian Emmerson, interviewed Dave ahead of his World Record attempt. The full interview can be viewed here: <https://www.youtube.com/watch?v=dBc3dcqQF2E>



2.

Derek's Dazzlers



The Dazzlers were born as part of the first Velindre and Cardiff Bay 10K Run Charity Partnership. The Dazzlers are no ordinary fundraisers, they consist of 60 inspiring, strong and resilient individuals that all have two things in common. Velindre and the passion to support other patients and families who are reliant on Velindre's care and treatment.

Most members of the running group either have received or are still receiving treatment for a cancer diagnosis at Velindre.

Fronted by BBC weatherman Derek Brockway, the Dazzlers prepared, trained, battled lockdown and went through every minute of the race experience with each other.

They all came out the other side of lockdown with a friendship that will bond them for life and helped raise over £40,000 from the Cardiff Bay 10K. As well as being a proud Lead Charity, Velindre were at the forefront of the design for the finishers t-shirt, which turned Cardiff Bay into a sea of lime-green at the finish line. Proudly modelled by Dazzlers Lorraine and Hayley who are Patients at Velindre.



3.

Morgan Stoddart

Former Wales Rugby star Morgan Stoddart helped to raise more than £140,000 for Velindre by cycling 1,000 miles throughout May 2020. After the world went into lockdown and the UK began their furlough scheme, Morgan decided to put his spare time to good use and show support for Velindre Cancer Centre after hearing of the many postponements and cancellations of their events.

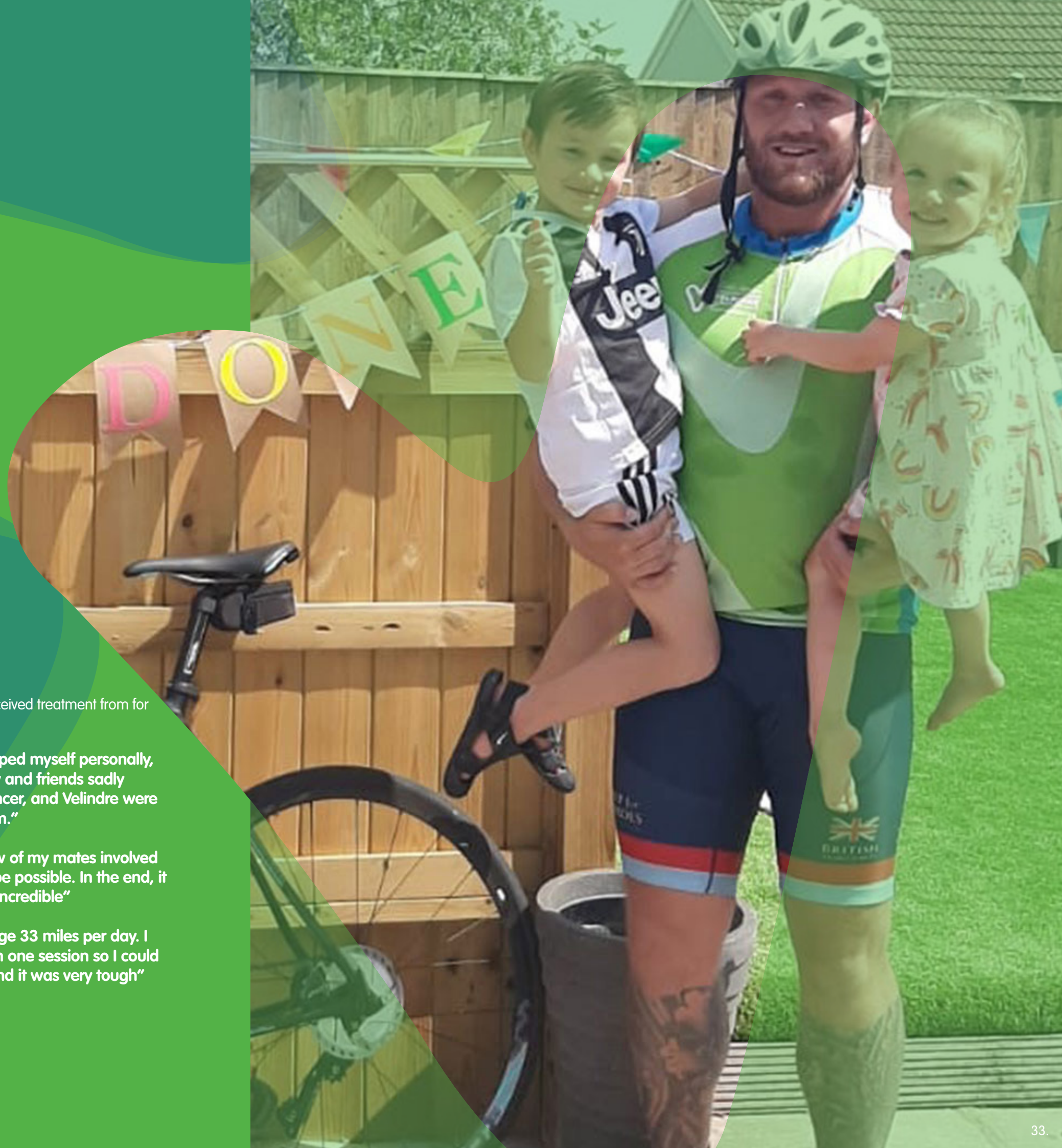
After innocently tweeting about his idea, Morgan soon felt the support of 120 friends and supporters who also wanted to join him in his challenge. Welsh internationals Rhys Webb and Tom James, Welsh singing star Sophie Evans, former Cardiff City player Scott Young and Swansea Ultimate Fighting Championship fighter, Brett Johns, were some of the big names that joined Morgan to fundraise for

the Cancer Centre he received treatment from for testicular cancer in 2015.

He said: "Velindre helped myself personally, and I have had family and friends sadly pass away due to cancer, and Velindre were amazing helping them."

"I wanted to get a few of my mates involved and see what might be possible. In the end, it just snowballed – it's incredible"

"We needed to average 33 miles per day. I went up to 95 miles in one session so I could take a few days off and it was very tough"





4.

Abbies Athletes

Abbie Marks was just 28 years old when diagnosed with a rare form of ovarian cancer.

When hearing about her diagnosis, Abbie's friends and family wanted to rally around her to show their support and help raise awareness of Ovarian Cancer. This is when Abbie's Athletes was born!

Abbie's Athletes consisted of friends, family members, supporting businesses and her students who each took on their own challenge to raise vital funds. Abbie's school took on a 'Miles for Miss Marks' challenge which saw them walk around their yard every day for a month and family friends at Innovate

Tax took on a 100km walk across Wales over three days. In addition to these challenges, Abbie's nephews took on 126 miles to match the 126 days of treatment ahead of her which took place alongside her extremely supportive group of friends who each selected their own fitness challenges.

Each person played their part in not only supporting Velindre through raising funds but also supporting Abbie through her biggest challenge yet. We are extremely PROUD and GRATEFUL to all who have taken part in the challenge and helped raise over a staggering £45,000 for Velindre!

5. Jiffy's Cancer 50 Challenge

Sunday 10th October 2021 saw rugby legend Jonathan 'Jiffy' Davies OBE lead 500 cyclists from Velindre Cancer Centre in Cardiff to South West Wales Cancer Centre in Swansea in his first ever joint fundraising event. The event aimed to raise funds for both Velindre Cancer Charity and South West Wales Cancer Centre, two charities close to Jonathan's heart.

Over 500 riders joined Jonathan on a tough 50-mile bike ride starting at Velindre Cancer Centre and finishing at Singleton Hospital and collectively raised over £115,000 which will be split equally between Velindre and Singleton.

Jonathan said:
"Having been involved with fundraising for Velindre Cancer Centre for over 14 years, I am extremely passionate about cancer care in South Wales.

I am so excited to launch this brand new venture which will support cancer patients and their families across South Wales. Cancer is one of the two biggest causes of premature death in Wales, with 1 person in three receiving a diagnosis before their 75th birthday.

Fundraisers like this are so important to Velindre and the South West Wales Cancer Centre, as they allow us to provide an enormous range of services and tools that wouldn't be possible otherwise.'



6. Victory for Velindre Skills Challenge

Alongside the Young Ambassador Programme relaunch, we collaborated with the Welsh Joint Education Committee to create an educational youth programme that directly linked with the Enterprise & Employability element of the Welsh Baccalaureate Skills Challenge. The challenge is called 'Victory For Velindre' and invites students to create a product or service that directly supports Velindre Cancer Charity and Centre whilst creating a business name, brand and visual presentation to a panel of judges.

This challenge was initially piloted with Bryntirion Comprehensive School and workshopped with passionate teacher and Velindre supporter Lloyd

Rowe before being offered officially to a wider cohort of schools across Wales. During their pilot programme, Year 9 students of Bryntirion raised a staggering £5,000 through their innovative business ideas.

This public programme was launched for September 2021 and has seen 11 schools across Wales register to adopt the challenge and help raise vital funds. In July 2022, we will be hosting an inter-school final with a prestigious 'Velindre themed' judging panel to select one winning group from the entire programme.



Lloyd Rowe Ambassador

Following the tremendous success of the 'Victory For Velindre Skills Challenge' Pilot and his phenomenal efforts in helping shape and create this educational programme, Mr Lloyd Rowe was named an Official Velindre Ambassador. Lloyd has an inspiring passion for education along with an admirable devotion to Velindre and we are extremely excited to further build the Charity's school engagement levels alongside him. In the coming years, we aim to further develop and expand the Victory for Velindre skills challenge alongside Lloyd to raise both awareness and vital funds.



Gwydion Griffiths Ambassador

Gwydion has been a supporter of Velindre since he instigated a Wear Red campaign amongst schools in Cardiff and The Vale prior to the 2016 European Football Championships. As the former Press Officer at the Cardiff Blues, Gwydion utilized his considerable contacts to promote a very successful fundraiser for Velindre. Since then this campaign has developed into the highly successful Wear Red for Wales and Velindre that has raised over £300,000 since its first event. Gwydion continues to work passionately alongside the Charity to continue growing the appeal that heavily supports the Cancer Centre each year.



Priorities & Principles

Fundraising priorities 2020/2021

The three main priorities requiring fundraising financial support are:

- Access to the latest treatments – to include a focus on the unique selling point of the Radiotherapy service
- Patient Support and Care
- Research and Development – to include innovation and service improvement initiatives

Velindre Fundraising works very closely with new and existing supporters to put in place a diverse fundraising programme of repeatable events. Aside from large overseas events we want to encourage as many supporters as possible to be involved in other forms of fundraising, so support, advice and individually designed fundraising packs are available for a range of activities. There are a series of Velindre organised activities taking place throughout the year, designed to develop and grow and become an annual activity in people's calendars.

If you would like to help, Donate, take part in an event, or need support to organise an event of your own, please visit our website:

www.velindrefundraising.com/

In summary, the key messages are:

Events are approved by the Charitable Funds Committee

Fundraising activity is undertaken in accordance with set standards.

The Charity does not use Commercial Fundraisers

Fundraising principles

The following information details how the Charity provides assurance that it undertakes its activity in accordance with the relevant standards and regulations. The approach taken by Velindre Fundraising is in accordance with the standards set by the Fundraising Regulator, the Association of NHS Charities and the Charity Commission.

Each event that Velindre Fundraising organises is considered by the Charitable Funds Committee. The proposal outlines the event with anticipated income and expenditure forecasts, key achievements etc. Following the event an Evaluation Form is presented to the Charitable Funds Committee. When an individual wants to raise funds for Velindre University NHS Trust Charity, they are asked to complete an Events Registration Form, which asks for details of their activity, contact details, proposed income and expenditure, date and time of activity, who is involved, details of past activities and, who else may be supporting the event. There is also a disclaimer which confirms that the proposed fundraiser is organising a safe and legal event and has read and agreed to Velindre Fundraising's Terms and Conditions. The fundraiser is then supplied with Velindre fundraising branded materials which reassure the potential audience that the activity is genuine. All these details are entered onto a fundraising database, regular contact takes place between the volunteer fundraiser and Velindre Fundraising staff, following the activity a thank you letter/receipt is produced along with a certificate, and if appropriate press and social media coverage.

Part 2

Charity Governance, Audit & Finance

Providing assurance that we are operating our charity effectively

About our Charity Trustees

The Velindre University NHS Trust Board as Corporate Trustee is ultimately accountable for charitable funds donated to Velindre University NHS Trust.

The Chair and Independent Members of the Trust Board are appointed by the Welsh Government while the Chief Executive and Executive Directors are appointed by the Trust Board.

Trustees of Velindre University NHS Trust Charity are responsible for controlling the management and administration of the Charity and have collective responsibility for the Charity.

The duties of a Trustee are to:

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

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

www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3



Meet our Trustees

Here are our Trust Board Members for the period 2020-2021



**Professor Donna Mead
OBE, Chair**

Appointment

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



**Mr. Stephen Harries,
Interim Vice Chair/
Independent Member**

Appointment

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



**Mrs. Janet Pickles,
Independent Member**

Appointment

Mrs. Pickles was appointed as an Independent Member of the Trust in October 2012



**Mr. Martin Veale, JP,
Independent Member**

Appointment

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



**Professor Donald Fraser,
Independent Member**

Appointment

Professor Fraser was appointed as an Independent Member of the Trust in April 2019



**Mr Gareth Jones,
Independent Member**

Appointment

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



**Mrs Hilary Jones,
Independent Member**

Appointment

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



**Mr. Steve Ham, Chief
Executive**

Accountable Officer



**Dr. Jacinta Abraham,
Medical Director**



**Mr. Matthew Bunce,
Executive Director of
Finance.**

Start date 27th September 2021



**Mrs. Nicola Williams,
Executive Director of
Nursing, AHP's and
Health Scientists**



**Ms. Sarah Morley,
Executive Director
of Organisational
Development &
Workforce**



**Mr. Mark Osland
Executive Director of
Finance.**

Start date 5th January 2015 End date 30th September 2021

Structure, Governance & Management of Charitable Funds

In order to facilitate the administration and management of the charitable funds the Trust Board has established a Charitable Funds Committee to provide advice and recommendations to the Board.

The Charitable Funds Committee manages, on behalf of the Trust Board, all aspects of control, investment and expenditure of the Trust's charitable funds. The Trustees have been appointed under s11 of the NHS and Community Care Act 1990.

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

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

The Executive Director of Finance has particular responsibility to ensure that the spending is in accordance with the objectives and priorities agreed by the Charitable Funds Committee and the Board; that the criteria for spending charitable monies are fully met; that full accounting records are maintained and that devolved decision making or delegated arrangements are in accordance within the policies and procedures set out by the Board as the Corporate Trustees.

The Charitable Funds Committee is supported by a Sub-Committee, the Investment Performance Review Sub-Committee which has particular responsibility for managing the Charity Investment Portfolio together with the Charity's Investment Management Organisation (Brewin Dolphin).

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

- Ensure that when investing charitable funds Trustees achieve an appropriate balance for the Charity between the two objectives of:

- o Providing an income to help the Charity carry out its purposes effectively in the short term; and
- o Maintaining and, if possible, enhancing the value of the invested funds, to enable the Charity to carry out its purpose in the longer term.

- Ensure that the standards as defined in the Trustee Act are followed, whether they are using the investment powers in that Act or not.

During 2020-2021 the Sub-Committee reviewed the Charitable Funds Investment Policy. The review included:

- General review and update to reflect change in Trust status to 'University NHS Trust'
- Restraints on Types of Investments:

- o Companies that derive a significant proportion of their income from Fossil Fuels added to the exclusion criteria – investments in British Petroleum and Royal Dutch Shell have been sold because of this restriction
- o Investment in companies that are deemed to have an approach to risk mitigation around the issues of ethical employment considered 'Weak' by VE and paragraph to describe the organisation VE and their assessment approach

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

Within the charity there are a number of designated funds relating to particular areas. The charity manages spending through the Individual Fund Holders who are allocated part of the total budget to spend in accordance with agreed authorisation limits.

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

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

Trustee induction and training

As part of their induction programme new Executive Directors and Independent Members of Velindre University NHS Trust are made aware of their responsibilities as Board Members of Velindre University NHS Trust and as Corporate Trustees of Velindre University NHS Trust Charity. There is an annual meeting of all Trustees, which provides an opportunity for Trustees to "take stock" of where we are, whilst also learning from others to help clarify thoughts in respect of the journey ahead and setting our strategic direction.

Charity related policies

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

The Charitable Funds policies are available via the following link:

www.velindre-tr.wales.nhs.uk/charitable-funds-policies

Management of concerns

Concerns received in relation to the Charity are managed in accordance with the Velindre University NHS Trust Handling Concerns Policy. Any concerns received against the Charity would be captured in the Charity Governance Update Report, which is a regular item at the Charitable Funds Committee meeting. In response to findings identified from any concerns raised against the Charity the Charitable Funds Committee would consider any lessons learned and identify areas where improvements could be made.

There were no concerns received against the Charity in 2020-21

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

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

The risk register is updated by the Charity's Senior Leadership Group and is subsequently reported to the Charitable Funds Committee via any escalated risks as required in line with the Trust's overarching Risk Management and Assurance Framework, to ensure actions are taken in the areas that have been identified as appropriate. This approach will continue to strengthen the position of the Charity and ensure the Trustees are indemnified in accordance with the Welsh Risk Pool (NHS Insurers) expectations. These processes provide the Trust Board with the assurance that internal controls and risks are monitored and managed effectively. The Charitable Funds Committee continues to improve reporting procedures to ensure that it can foresee and react to changes in the economic environment.



Financial risk management

The Charity's activities expose the Charity to credit risk, market risk and liquidity risk.

The Charity's financial activities are governed by policies approved by the Charitable Funds Committee and the Trust Board and these activities are directly supported by the Charity's Senior Leadership Group, Executive Director of Finance and the Senior Finance and Procurement team.

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

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

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

Relationships with related parties/ external bodies

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

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

Audit requirements

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

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



Future Plans – Governance Activity

The following priorities in respect of governance activity were identified for 2021-22 and beyond:

1. Develop and Deliver a Charity Strategy

The main focus for the Charity Director is the development of a Strategy for 2021-2026. The strategy will capture the Charitable Spend, Income Target, and Financial Planning and how the Charity intends to maintain its growth and continue to develop and be successful.

2. Review the Business Case Expenditure Proposal and Evaluation Process

The Charitable Funds Committee approved a new Business Case and Evaluation Process, firstly to improve the access and completion of the documentation for the authors and also ensure the outcome based indicators of any activity funded by the Charity are captured through a more robust and effective evaluation process.

3. 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 2021-22.
- Compile a Committee Annual Report for the Trust Board reporting on the activity of the Charity during 2021-2022.
- Undertake a Committee effectiveness survey for 2021-22.

4. Monitor progress in respect of the Committee Business Cycle for 2021-22

It is good practice for all Board/Committees to have in place an agreed work plan for the year and Committee Business Cycle for 2021-22 will be monitored to ensure agreed activity is met.

5. 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 Risk Register and activities.



Social Investment Activity

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

The Charity commission guidance states the following:

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

A 'relevant act' means one of two things:

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

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

It is important to remember that whether or not a social investment is being made is determined by the motivation of the charity – if the reasons for applying funds in a particular way include both directly furthering the charity's purposes and making a financial return then the proposed action will be a social investment.

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

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

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



Financial Performance

Financial Summary for the Year ended 31st March 2021

Thanks to the donations and legacies received we have achieved a total income of £2,816,000 (2020: £2,949,000). Expenditure from charitable activities for the year was £2,520,000 (2020: £2,274,000), which we used for patient and staff welfare, improvement of facilities and research.

Investment Policy and Performance

At the 31 March 2021, the market value of the investment portfolio is £6.0m (2020: £5.2m). The portfolio is managed by the Charity's investment brokers Brewin Dolphin. They work within the limits of the investment policy to achieve the charities financial objectives: generating growth, maximising returns, supporting the reserves policy and ensuring risks and liquidity are managed. The investment policy is to invest in low risk 'Wealth Builder Funds' and also funds must not be invested in tobacco, alcohol, gambling and armament related entities.

The accounts show a growth in Investment performance of 16.2% (2020: 7.1% decline). The value of the investments increased by £836k over the financial year. The Charity has a long-term time horizon for its investments and is able to weather short-term volatility in order to meet its long-term objectives. The Trustees, with the aim of minimising the risk to Velindre NHS Charitable Funds, have agreed to operate within a lower risk investment strategy. The level of investment risk taken is reviewed regularly and has been appropriately mitigated by apportioning the funds into two well-diversified lower risk portfolios. Investment decisions are supported by the advice of the investment advisors.

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

Unrestricted Funds Reserves Policy

Reserves are part of the charity's unrestricted funds that are available to spend on any of the charity's

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

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

In accordance with the above, the unrestricted reserve target for the general-purpose fund was set at £908,565 as at 31st March 2021 (2020: £739,025). The balance of £1,802,725 (2020: £2,057,541) exceeds the target by £894,159 (2020: £1,318,516) and excludes an apportionment of dividends, management fees, realised and unrealised losses and transfers to/from unrestricted/designated Funds. Trustees will continue to monitor the Charity's future funding strategies and detailed budget plans to ensure these are of the highest standard and the unrestricted funds reserve policy is met.

Grant Making Policy

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

Funds held as Custodian Trustee on behalf of others

On 1st October 2009, Public Health Wales NHS Trust was established which incorporated the former Screening and National Public Health Service (NPHS) divisions of Velindre University NHS Trust. The Charitable Funds relating to the Screening and NPHS divisions have remained in Velindre University NHS Trust Charitable Funds. The total amount of these funds held is £31,000 (2020: £31,000).



Statement of Responsibilities of the Trustees

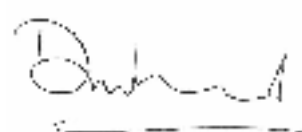
The Trustees are responsible for preparing the Trustees Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

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

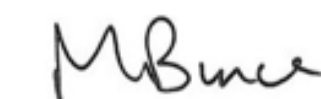
- Select suitable accounting policies and then apply them consistently;
- To establish and monitor a system of internal control;
- Observe the methods and principles of the Charities SORP FRS 102;
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable accounting standards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

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

Approved by the Board Trustees and authorised for issue on: 22 December 2021



Donna Mead OBE,
Trust Chair



Matthew Bunce
Executive Director of Finance

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

Report on the audit of the financial statements

Opinion

I have audited the financial statements of Velindre University NHS Trust Charitable Funds for the year ended 31 March 2021 under the Charities Act 2011. These comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2021 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustees are responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

Matters on which I report by exception

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

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

Responsibilities

Responsibilities of the trustees for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

My procedures included the following:

- Obtaining and reviewing supporting documentation relating to Velindre University NHS Trust Charitable Funds policies and procedures concerned with:

identifying, evaluating and complying with laws and regulations;

detecting and responding to the risks of fraud; and

the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud; and

- Obtaining an understanding of Velindre University NHS Trust Charitable Funds framework of authority as well as other legal and regulatory frameworks that the charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Velindre University NHS Trust Charitable Funds.

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

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

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

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

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



Adrian Crompton
Auditor General for Wales

31 January 2022

24 Cathedral Road
Cardiff
CF11 9LJ

Financial Statements

Statement of Financial Activities for the year ended 31 March 2021

		Unrestricted Funds	Restricted Funds	Total Funds 2020-21	Total Funds 2019-20
	Note	£'000	£'000	£'000	£'000
Donation and Legacies	3	2,090	0	2,090	2,160
Charitable Activities		0	0	0	0
Other Trading Income	3	593	0	593	639
Investments	5	133	0	133	150
Other		0	0	0	0
Total incoming resources		2,816	0	2,816	2,949
Expenditure on:					
Raising Funds	6	249	1	250	520
Charitable activities	7	2,525	(5)	2,520	2,274
Other		0	0	0	0
Total Expenditure		2,774	(4)	2,770	2,794
Net gains / (losses) on investments	12	727	0	727	(518)
Net income/ (expenditure)		769	4	773	(363)
Transfer between Funds	17	0	0	0	0
Net Movement In Funds		769	4	773	(363)
Reconciliation of Funds:					
Fund balance brought forward	18	5,774	216	5,990	6,353
Fund Balance Carried Forward	18	6,543	220	6,763	5,990

Financial Statements

Balance sheet As at 31 March 2021

		Unrestricted Funds	Restricted Funds	Total Funds 2020-21	Total Funds 2019-20
	Note	£'000	£'000	£'000	£'000
Fixed assets					
Investments	12	5,801	189	5,990	5,154
Total fixed assets		5,801	189	5,990	5,154
Current assets					
Debtors	13	29	0	29	569
Cash at bank and in hand	14	1,128	31	1,159	924
Total current assets		1,157	31	1,188	1,493
Liabilities					
Creditors: amounts falling due within one year	15	(415)	(0)	(415)	(657)
Net Current assets/ (liabilities)		742	31	773	836
Total assets less current liabilities		6,543	220	6,763	5,990
Creditors amts falling after more than 1 year	15	0	0	0	0
Total Net assets/ (liabilities)		6,543	220	6,763	5,990
The Funds of the Charity:					
Restricted funds	18	0	220	220	216
Unrestricted funds	18	6,543	0	6,543	5,774
Total funds		6,543	220	6,763	5,990

Approved by the Board of Trustees and authorised on: 22nd December 2021

Donna Mead OBE, Trust Chair

Matthew Bunce Executive Director of Finance

Financial Statements

Statement of Cash Flows For the year ended 31 March 2021

		Total Funds 2020-21	Total Funds 2019-20
	Note	£'000	£'000
Cash Flows from operating activities:			
Net Cash provided by (used in) operating activities	16	211	(396)
Cash Flow from Investing Activities:			
Dividend, interest and rents from Investments	5	133	150
Proceeds from the sale of investments	12	1,607	1,594
Purchase of investments	12	(1,887)	(1,385)
(Increase)/ Decrease in Cash held in Investments	12	171	(333)
Net Cash provided by (used in) investing activities		24	26
Change in Cash & Cash equivalents in the reporting period		235	(370)
Cash and cash equivalents at the beginning of the reporting period	14	924	1,294
Cash and cash equivalents at the end of the reporting period	14	1,159	924

Notes on the accounts

1. Accounting policies

(a) Basis Of Preparation

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

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it is effective and applies from 1 January 2015.

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

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

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

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

(b) Funds Structure

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

- A restricted fund or
- An endowment fund.

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

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where

the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

The charity does not currently hold any endowment funds.

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 18.

(c) Incoming resources

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

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

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

(d) Incoming resources from legacies

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

Receipt is probable when:

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

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

(e) Resources expended and irrecoverable VAT

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

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

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

(f) Investment Income

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

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

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

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

- A constructive obligation arises when:
- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
 - We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
 - There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

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

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

(h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 9.

(i) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objectives. The costs of generating funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for fundraising activities and a fee paid

to the related party for salaries and overhead costs of the NHS Trusts fundraising office.

(j) Charitable activities

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

(k) Debtors

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

(l) Cash and cash equivalents

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

(m) Creditors

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

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

(n) Investment Fixed Assets

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

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

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

2. Related Party Transactions

During the year none of the trustees or members of the key management staff or parties related to them have undertaken any material transactions with Velindre University NHS Trust Charitable Trust. Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

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

Velindre University NHS Trust, the corporate trustee of the Charitable Trust, has received reimbursement from the Charitable Trust of £2,501,000 (2020: £2,143,000). Cardiff University has received reimbursement from the Charitable Trust of £44,000 (2020: £170,000). As at the 31st March 2021 £352,000 (2020: £491,000) was outstanding in respect to these transactions to Velindre University NHS Trust and £23,000 (2020: £35,000) to Cardiff University.

3. Income from donations, legacies & trading activities

	Unrestricted Funds £'000	Restricted Funds £'000	Total 2020-21 £'000	Total 2019-20 £'000
Donations	1,565	-	1,565	1,725
Legacies	525	-	525	435
Other Trading Activities:				
Trading	0	-	0	4
Fundraising Events	593	-	593	635
	2,683	-	2,683	2,799

4. Role of volunteers

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

Fund advisors – There are about 32 Velindre staff who manage how the charity's designated funds should be spent. These funds are designated (or earmarked) by the trustees to be spent for a particular purpose or in a particular ward or department. Each fund advisor has delegated powers to spend the designated funds that they manage in accordance with the trustees wishes. Fund advisors who spend more than £5,000 are required to report to trustees setting out what they intend spending the money on, and the difference it will make to the patients / staff or research led by Velindre.

Fundraisers – There are hundreds of local volunteers who actively fundraise for Velindre University NHS Trust Charitable Funds by running a huge variety of events such as coffee mornings, open gardens, sports tournaments, sponsored

walks, balls and dinners. Fundraisers also carry out a number of collections at supermarkets and events. In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

5. Gross Investment Income

	Unrestricted Funds £'000	Restricted Funds £'000	Total 2020-21 £'000	Total 2019-20 £'000
Income from investments	133	-	133	150
	133	-	133	150

6. Analysis of expenditure on raising funds

	Unrestricted Funds £'000	Restricted Funds £'000	Total 2020-21 £'000	Total 2019-20 £'000
Fundraising Office	170	-	170	233
Fundraising Costs, Donation				
Charges & Events	49	-	49	223
Investment Management	23	1	24	24
Support Costs	7	-	7	40
	249	1	250	520

7. Analysis of Charitable Activity

	Grant Funded Activity £'000	Support Costs £'000	Total 2020-21 £'000	Total 2019-20 £'000
Patient Welfare and Amenities	857	29	886	939
Staff Welfare and Amenities	47	1	48	4
Research	1,545	41	1,586	1,331
	2,449	71	2,520	2,274

8. Analysis of Grants

The charity does not make grants to individuals. The majority of grants are made to Velindre University NHS Trust to provide for the care of NHS patients in furtherance of our charitable aims. The charity also awards grants to Cardiff University to undertake research in partnership with Velindre University NHS Trust. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 7.

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

The significant grants made to institutions are:

	Total 2020-21 £'000	Total 2019-20 £'000
Velindre University NHS Trust	2,252	1,689
Other NHS Bodies	98	162
Cardiff University	44	170
Other	126	253
	2,520	2,274

9. Allocation of Support Costs

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

	Raising Funds £'000	Charitable Activities £'000	Total 2020-21 £'000	Total 2019-20 £'000
Governance				
External Audit	1	11	12	8
Finance and Administration	2	22	24	92
Other Professional Fees	-	-	-	-
Total Governance	3	33	36	100
Finance and Administration	4	38	42	121
Other Professional fees	-	-	-	-
Other Costs	-	-	-	-
	7	71	78	221
	Raising Funds £'000	Charitable Activities £'000	Total 2020-21 £'000	Total 2019-20 £'000
Raising Funds	7	-	7	38
Charitable Activities	71	-	71	183
	78	-	78	221

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

10. Staff Costs, Trustees’ remuneration, benefits and expenses

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

The charity has no employees. Staff services are provided to the charity from Velindre University NHS Trust, the corporate Trustee of the charitable trust, in relation to spend against projects that has been pre-approved by the Charitable Funds Committee, for which Velindre University NHS Trust has received reimbursement from the charitable trust of £2,216,000 (2020: £1,567,000).

11. Auditors remuneration

The auditors remuneration of £12,000 (2020: £8,000) related solely to the audit of the statutory annual report and accounts.

12. Fixed asset investments

Movement in fixed assets investments

	Total 2020-21 £'000	Total 2019-20 £'000
Market value brought forward	5,154	5,548
Add: additions to investments at cost	1,887	1,385
Less disposals at carrying value	(1,607)	(1,594)
Change in cash held within investment portfolio	(171)	333
Add net gain/(loss) on revaluation	727	(518)
Market Value as at 31st March	5,990	5,154

At Market Value

	Total 2020-21 £'000	Total 2019-20 £'000
Cash	377	548
Sovereign & Fixed Income	2,045	1,865
Developed Market Equity	1,886	1,329
Emerging Market Equity	61	32
Real Estate & Infrastructure	328	380
Absolute Return	809	726
Global Investments	-	97
Commodities	205	-
Other	279	177
Total Investments	5,990	5,154

All investments are carried at their fair value. The valuations are provided by the investment managers Brewin Dolphin.

Risk

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

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

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

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

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

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

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

13. Analysis of Current debtors

Debtors under 1 year

	Total 31 March 2021 £'000	Total 31 March 2020 £'000
Amount due from subsidiary*	12	536
Accrued Income	-	-
Other debtors	17	33
	29	569

*Velindre University NHS Trust

14. Analysis of Cash and Cash Equivalents

	Total 31 March 2021 £'000	Total 31 March 2020 £'000
Cash and Bank Balances	1,159	924
	1,159	924

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

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

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

15. Analysis of Liabilities

	Total 31 March 2021 £'000	Total 31 March 2020 £'000
Creditors under 1 year		
Trade Creditors	63	166
Amount due to fellow subsidiary*	352	491
Deferred Income	-	-
	415	657
Creditors over 1 year		
Trade Creditors	-	-
Other Creditors	-	-
Accruals	-	-
	-	-
	415	657

* Velindre University NHS Trust

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

	Total 2020-21 £'000	Total 2019-20 £'000
Net income/(expenditure) (per statement of financial activities)		
Adjustment For:	773	(363)
Depreciation Charges	-	-
(Gains)/Losses on investments	(727)	518
Dividends, interest and rents from investments	(133)	(150)
Loss/(profit) on the sale of fixed assets	-	-
(Increase)/decrease in stocks	-	-
(Increase)/decrease in debtors	540	(467)
Increase/(decrease) in creditors	(242)	66
Net cash provided by (used in) operating activities	211	(396)

17. Transfer between funds

During the year there were no transfers between restricted funds and unrestricted funds (2020: £0). Following approval of funding requests by the trustees £14,000 was transferred from unrestricted funds to unrestricted designated funds (2020: £61,000).

18. Analysis of Funds

a. Analysis of restricted fund movements

	Balance 1 April 2020 £'000	Income £'000	Expenditure £'000	Transfers £'000	Gains & losses £'000	Balance 31 March 2021 £'000
Patient Welfare & Amenities	9	-	4	-	-	13
Staff Welfare & Amenities	61	-	2	-	-	63
Research	146	-	(2)	-	-	144
	216	-	4	-	-	220

b. Analysis of unrestricted and material designated fund movements

	Balance 1 April 2020 £'000	Income £'000	Expenditure £'000	Transfers £'000	Gains & losses £'000	Balance 31 March 2021 £'000
Unrestricted Funds						
General 'umbrella' Fund	1,674	1,822	(1,922)	(14)	727	2,287
Designated Funds						
Patient Welfare & Amenities	691	61	(29)	-	-	723
Staff Welfare & Amenities	46	55	(50)	-	-	51
Research	3,363	878	(773)	14	-	3,482
	5,774	2,816	(2,774)	-	727	6,543
Total	5,990	2,816	(2,770)	-	727	6,763

During 2015-16 the unrestricted designated research balance was in receipt of a one off donation totalling £1,500,000 from the Moondance foundation which has gone towards funding stereotactic radiotherapy at Velindre Cancer Centre. The donation is aimed at establishing a multi-disciplinary team who can drive forward a cutting edge radiotherapy programme, providing staffing, equipment and infrastructure to enable patients to receive Stereotactic Ablative Body Radiotherapy routinely, and to participate in clinical trials involving SABT before it may otherwise be possible. The charitable trust approved to match fund this donation over a period of five years.

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

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

19. Post Balance Sheet Events

There were no post balance sheet events.

20. Commitments

Project	Items Relating to these projects included within the SOFA for year ended March 2021 £'000	Commitments 31/03/2021 £'000	Commitments 31/03/2020 £'000
2015/16 Bids			
Fiducial Marker Insertion Service	12	0	0
Advancing Radiotherapy (Moondance Programme)	553	1,573	1,517
2016/17 Bids			
Tex Rad – Imaging technology to support radiotherapy treatments	5	0	18
Gynaecological Research	0	0	70
In the Pink Breast Cancer Research	8	0	5
2017/18 Bids			
Research & Development Officer	14	0	0
Oncology Physiotherapist	31	0	41
Developing Radiomics	2	6	12
Fractal Dimension – research study	67	0	109
2018/19 Bids			
Consultant Radiographer	21	17	35
Smart Phone App	0	0	45
Biosample Collection Wales Cancer Bank (WCB)	24	0	15

Project	Items Relating to these projects included within the SOFA for year ended March 2021 £'000	Commitments 31/03/2021 £'000	Commitments 31/03/2020 £'000
2019/20 Bids			
Cloud WIFI	7	21	32
Clinical Nurse Specialist	488	1,355	2,012
Research & Development	699	1,811	2,690
Spiritual Support	17	56	84
Information Manager	42	91	133
Continuation of Provision of Wigs for cancer patients	29	57	86
Funding to support Welfare Rights Advisory Service	18	89	134
Clinical Psychology	68	177	263
Continuation of Biosample Collection Wales Cancer Bank (WCB)	19	68	89
Complimentary Therapies	39	172	256
Continuation of Funding for further development and roll out of Cancer & Screening Awareness Resource for English for Speakers of Other Languages	2	0	49
Continuation of funding to support the library, knowledge and information services	87	122	234
Pelvic Health	27	82	103
Community based Point of Care (POC) white cell testing to improve critical care pathways for cancer patients – a pilot study	0	26	15
Patient Records	30	0	30
Petcare Project	0	7	0
Gynaecology Radiotherapy Late Effects	32	29	0

Project	Items Relating to these projects included within the SOFA for year ended March 2021 £'000	Commitments 31/03/2021 £'000	Commitments 31/03/2020 £'000
2020/21 Bids			
Professor in Nursing & Clinical Research Fellow	0	175	0
Consultant Research Sessions (AHSC)	91	188	0
Thyroid Cancer Research	9	5	0
RD&I Enhanced Clinical Leadership	0	53	0
R&D Small Grants Scheme	0	50	0
Therapies Data Manager	0	101	0
Total Commitments	2,441	6,331	8,077

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

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

Legal & Administrative Details

This Trustee's report and its Financial Statements have been prepared in accordance with the Statement of Recommended Practice on Accounting and Reporting for Charities (SORP), Charity Commission's general guidance and with applicable United Kingdom accounting standards.

The Governing Document of the Charity has been registered with the Charity Commission. This document encompasses the main objectives of the charity for the provision of patient care, staff welfare, research and Welsh Blood Service at the Velindre University NHS Trust, with the Board of Directors acting as a Trustee. The Velindre University NHS Trust Charitable Funds is a registered charity with the Charity Commission.

Reference and administration details:
Registration Charity Number: 1052501

Contact details

Velindre University NHS Trust
Charity is registered with the
Fundraising Regulator.



We are a member of the
Association of NHS Charities and
the Institute of Fundraising

Professional Advisors:

Charity Correspondence Address

Mr. Steve Ham
Chief Executive
Velindre University NHS Trust
2 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff. CF15 7QZ

Fundraising department

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

Email: info@velindrefundraising.com
Website: www.velindrefundraising.com
Twitter: [www.twitter/velindre](https://twitter.com/velindre)
Facebook: [www.facebook/velindre](https://www.facebook.com/velindre)
Telephone 029 2031 6211

Bankers Details

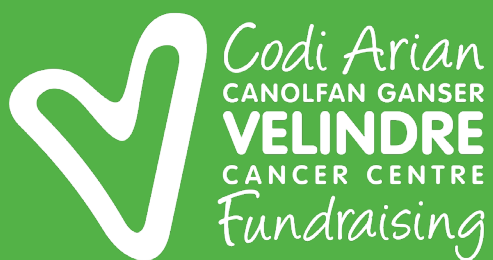
National Westminster Bank
117 St. Mary Street
Cardiff
CF10 1LG

Investment Managers & Advisors

Brewin Dolphin
2nd Floor, 5 Callaghan Square,
Cardiff,
CF10 5BT

Auditors

Auditor General for Wales
Audit Wales
24 Cathedral Road
Cardiff. CF11 9LJ



029 2031 6211

info@velindrefundraising.com

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

Electronic versions of this document can be
accessed via the Trust website at;
www.velindre-tr.wales.nhs.uk

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

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

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



If you would like to help,
Donate, take part in an event, or need support
to organise an event of your own,
please visit our website:

www.velindrefundraising.com



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CHARITABLE FUNDS COMMITTEE

FUNDRAISING REPORT

DATE OF MEETING

03/02/2022

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable - Public Report

PREPARED BY

Alaric Churchill Interim Charity Director

PRESENTED BY

Alaric Churchill Interim Charity Director

EXECUTIVE SPONSOR APPROVED

Steve Ham, Chief Executive

REPORT PURPOSE

FOR NOTING

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

Not applicable.

Choose an item.

ACRONYMS

None Identified.

1. SITUATION / BACKGROUND

The purpose of this report is to provide the Charitable Funds Committee with an update on key activity undertaken by the Fundraising Department since the last meeting of the Committee and future planned activity over the coming period.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Update

- **Total monthly income**
 - Oct 325k
 - Nov 253k
 - Dec 136k
- Events are slowly returning to levels last seen before the Covid 19 pandemic. Participation levels are challenging especially for overseas events. There has been a reduction of 30 for the Majorca bike rides so far. Most participant citing the issues surrounding fundraising due to the pandemic.
 - Levels for this event are still viable with over 80 participants over the two planned weeks.
- The planned Fundraiser showcase has been delayed with opportunities now being highlighted in March.
- Wear Red campaign has been launched on National radio with ads developed in conjunction with Rod Gilbert. The campaign day combines with the start of the 6 nations rugby
 - Initial responses are very good. Levels schools, businesses and Gyms are signing up in support
 - For the first time fundraisers are able to donate immediately by QR codes on all collateral including onsite posters

The WRU have been very supportive with photos from the team wearing the campaign T shirts From Left to right Josh Adams, Taine Basham and Louis Rees-Zammit.



Events planning for the next 12 months

Events planning is still being updated so completed year planner will be available in the next CFC. In outline there are 36 with dates to be confirmed and 16 in the current planning stage.

Database and Digital development

A tender and procurement exercise will be undertaken in Q1 2022/23 to replace the current Charity database with a comprehensive CRM fundraiser and donor management system. An initial market review exercise has highlighted highly promising opportunities to develop an integrated system to also support financial analysis and forecasting

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



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LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	

4. RECOMMENDATION

- 4.1 The Charitable Funds Committee is asked to NOTE the contents of this report.



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CHARITABLE FUNDS COMMITTEE

FINANCIAL STATEMENT REPORT 1ST APRIL 2021 TO 31ST DECEMBER 2021

DATE OF MEETING	(03/02/2022)	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Chris McCarthy, Finance Business Partner	
PRESENTED BY	Chris McCarthy, Finance Business Partner	
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
(Insert Name)	(DD/MM/YYYY)	Choose an item.
ACRONYMS		

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 December 2021. The information within the statements should provide the CFC with a clear picture of the financial position and performance of the Charitable funds 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 Appendix 1
- Financial Report for the period ending 31st December 2021.
 - Balance Sheet as at 31st December 2021.
 - Current and future forecasted performance of the unrestricted fund.
 - Cash Flow Forecast as at 31st December 2021.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Key Issues to note are as follows:

Income

Despite the challenges that we expected this year from the pandemic, the charity has managed to raise £1,768k during the period which is significantly above the planned target and is on course to achieve circa £2,300k by the end of the financial year. These totals include legacies which has notably helped performance, however the income performance for the year has been very successful in light of the circumstances.

Expenditure

Expenditure is lower than planned for the period, however in most cases this is due to timing issues due to vacancies against projects and the spend is expected to be deferred over future years.

Investments

The investment portfolio position has increased by £249k since the start of the financial year, which represents an increase in valuation of 4.15% during the year.

Reserve Policy

The unrestricted reserve target is currently set at £786k which is an over achievement of £784k when compared to the balance of £1,570k that was in the charitable funds accounts as at the 31st December 2021.

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 financial statement report.

4. RECOMMENDATION

4.1 The Charitable Funds Committee is asked to **Note** the contents of this financial briefing paper and in particular:

- The financial performance of the Charity for the period ending 31st December 2021.
- The position of the Charity's investment portfolio.



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Velindre UNHS Trust Charitable Funds

VELINDRE UNIVERSITY NHS TRUST CHARTIABLE FUNDS **Financial Position Report** **1st APRIL TO 31st DECEMBER 2021**



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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 December 2021. The information within the statements should provide the CFC with a clear picture of the financial position and performance of the Charitable funds 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 December 2021

Purpose:

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

Key Issues:

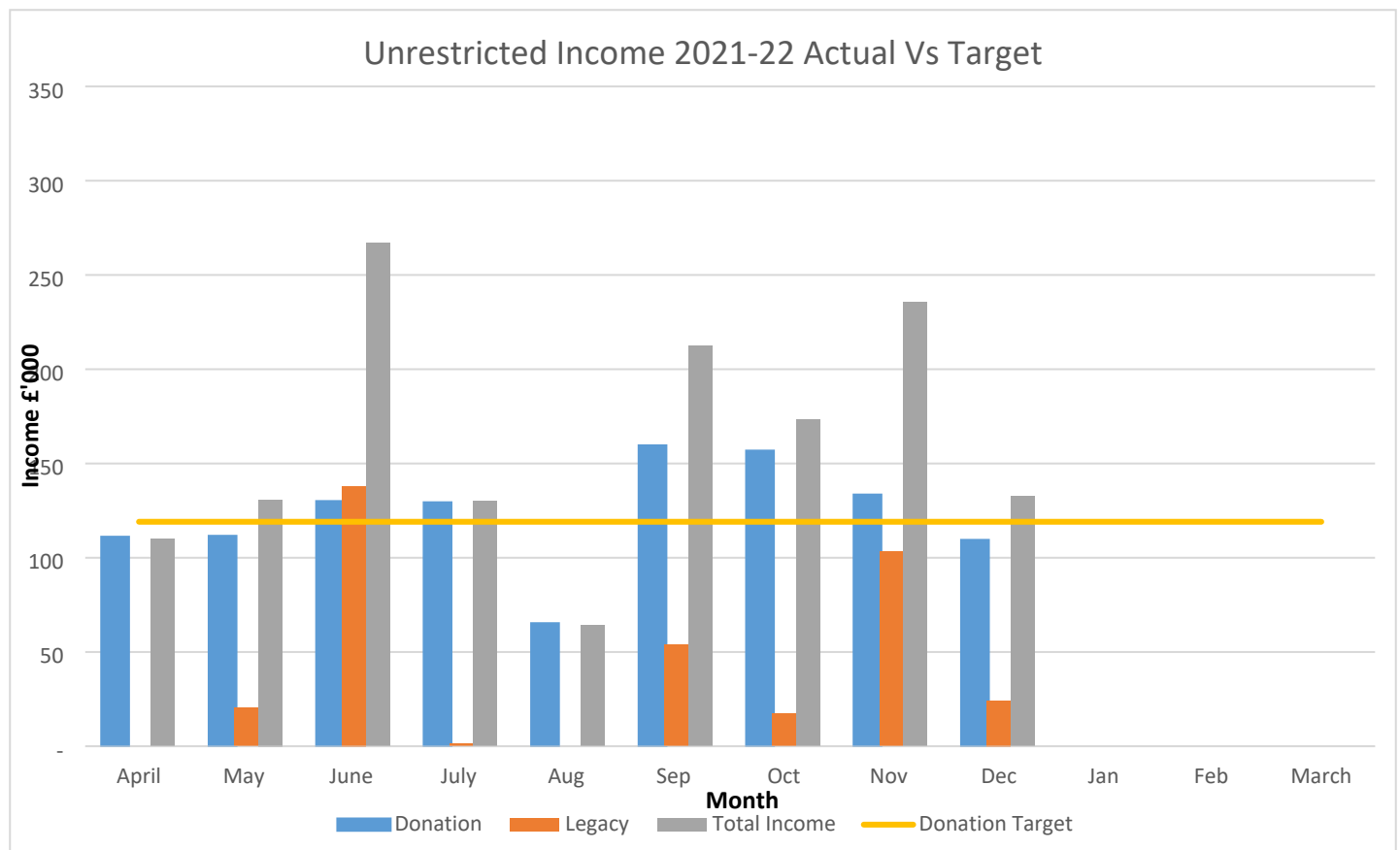
- The annual delivery plan produced in March set out a level of income that is expected to be achieved for 2021/22 against the Charity's unrestricted fund at that point in time.
- To the end of December the Charity has raised £1,768k. The total received includes £548k in legacies, which has notably helped the year to date income position.
- Performance against the unrestricted fund is currently £384k higher than planned for the year due to the number of legacies received including two totaling £287k.
- Income for the period to date is down by £467k when compared with the same period last year which is due to a one off donation of £500k received from the Moondance Foundation during the first quarter of 2020/21.
- Confirmation of a further legacies totalling circa £500k including one for £425k (before debts, liabilities, testamentary expenses and legacies have been paid) has been received.



Velindre UNHS Trust Charitable Funds

Fund Category	Planned Income £'000	Actual Income £'000	Variance £'000	Last Year Income for the same period £'000
Unrestricted	1,072	1,456	384	2,068
Unrestricted/ Designated Funds				
Patients Funds	10	1	-9	12
Staff Funds	4	1	-3	5
Research Funds	43	309	266	149
	57	311	254	166
Welsh Blood service	1	1	0	1
Total Income	1,130	1,768	638	2,235

The graph below provides the monthly income performance of the Charity's unrestricted fund against planned during 2021/22.



Velindre UNHS Trust Charitable Funds

Expenditure Summary 1st April to 31st December 2021

Purpose:

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

Key Issues:

- The annual delivery plan produced in March set out the level of commitments that were expected to be incurred for 2021/22 against the Charity's unrestricted fund at that point in time. The total estimated commitments against the Charity for 2021/22 was £3,804k and included all existing grants/ bids previously approved by the Charitable Funds Committee as well as Fundraising and overhead costs.
- For the period 1st April to 31st December 2021 expenditure was lower than planned by £482k. This underspend is in most cases due to timing issues due to vacancies against projects and the spend is expected to be deferred over future years. In addition the vacant Charity Director post from April to mid-June contributes towards the underspend.

	Planned Expenditure £000	Actual Expenditure £000	Variance £000	Last Year Expenditure £000
Unrestricted	1,892	1,505	387	1,330
Unrestricted / Designated & Restricted Funds				
Patients Funds	17	4	13	25
Staff Funds	3	0	3	0
Research Funds	760	685	75	586
	780	689	91	611
Welsh Blood service	4	0	4	0
Total Expenditure	2,676	2,194	482	1,941

Notes: As previously agreed with the committee the cost of the fundraising staff (£186k cost to date) is excluded from the table, with the team expected to be funded from the investment income and gains during 2021/22.

Velindre UNHS Trust Charitable Funds

Total expenditure can be categorised into 4 main sub headings; Grant/Projects, Fundraising, General and Overheads with further details provided below.

- The graphs on the attached appendice provide a comparison of actual expenditure against planned for each live Grant/Project since funding was approved (excluding Advancing Radiotherapy: Moondance, Lucas and Probert). The following projects have not yet incurred any spend:
 - 2021-05 R&D Small Grants Scheme - £50k funding approved in April 2021, the scheme was launched in July 2021 and remained open for funding bids until September 2021. Funding has recently been awarded to several projects and draw down against these is expected over the next 12 months
 - 2021-06 Therapies Data Manager- £101k was approved in April 2021. Appointment made and post filled from January 2022
 - 2022-01 Driving the Implementation of Related R&D Programmes of Work- £147k funding was approved in May 2021. There was initially a delay in recruitment of staff against the project, however appointments have now commenced
 - 2022-02 Early Phase Trial: Medical Session for the Future - £134k was approved in May 2021. There was a delay in the appointment of a consultant and a start date is currently being arranged
- Total spend against the Advancing Radiotherapy Fund as at the 31st December is £3,238k. 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	2,395	2,861	139
Lucas Fund	825	362	684	141
Head & Neck (Probert)	1,304	481	1,044	260

- Fundraising expenditure to date totals £67k against an annual forecast of £245k at the start of the year. This is largely due to the impact of the pandemic and has been factored into the forecast expenditure shown in the following section of this report.
- Forecast general expenditure totals circa £50k. A large element of this relates to charges from sites such as Just Giving who take a small percentage of income donated.
- Overheads costs to date of £88k are largely support staff costs including the Trust's Charity Director and a proportion of the Governance Manager and Finance staff who provide the general



Velindre UNHS Trust Charitable Funds

management of the Charitable Funds. This is lower than originally planned due to the Charity Director post vacancy from the period April to mid-June 2021.

3. Fund Balance Movements 1st April to 31st December 2021

Purpose:

To monitor the movement in fund balances during the period.

Key Issues:

The level of fund balances on Velindre's unrestricted and restricted funds has decreased during the period by £611k from £5,852k to £5,241k.

Fund Category	Actual Balance as at 31 December 2021 £000	Opening Balance as at 01 Apr 2021 £'000	Forecast Income as at 31 Mar 2022 £'000	Investment Income for Fundraising Staff £'000	Forecast Expenditure as at 31 Mar 2022 £'000	Forecast Balance as at 31 Mar 2022 £000
Unrestricted	1,570	1,803	2,194	-255	-2,073	1,669
Unrestricted Designated/ Restricted Funds						
Patients Funds	175	178	9		-10	177
Staff Funds	78	78	6		-3	81
Research Funds	3,319	3,695	356		-1,235	2,816
	3,572	3,951	371	0	-1,248	3,074
Welsh Blood service	99	98	1		-3	96
Total Funds (excl Investments)	5,241	5,852	2,566	-255	-3,324	4,839

- The table above does not include the funds held as custodian for PHWT which has a balance of £26k.

Velindre UNHS Trust Charitable Funds

4. Balance Sheet as at 31st December 2021

Purpose:

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

Key Issues:

The investment portfolio position has increased by £249k since the start of the financial year, which represents an increase in valuation of 4.15% for the period.

The Funds held on the Velindre UNHS Trust Charitable funds accounts as at 31st December is £6,346k with £6,320k representing Velindre's share and £26k being held as custodian.

BALANCE SHEET AS AT 31 MARCH 2021	
INVESTMENTS	
Cash	377
Fixed Income	2,045
Absolute Return	809
Commodities	205
Developed Market Equity	1,886
Emerging Market Equity	61
Real Estate & Infrastructure	328
Other	279
Total Assets on Investments	5,990
CURRENT ASSETS	
Current Account	378
Deposit Account	776
Transactions Posted	5
Total Cash and Bank	1,159
Creditors	- 479
Debtors	44
Total Current Assets	724
BREAKDOWN OF ASSETS £'000	
Total assets on investment	5,990
Bank/Cash	724
Total Breakdown of Assets	6,714
TOTAL FUNDS	
Total Funds Held	6,714

BALANCE SHEET AS AT 31 DECEMBER 2021	
INVESTMENTS	
Cash	373
Fixed Income	2,120
Absolute Return	849
Commodities	216
Developed Market Equity	1,961
Emerging Market Equity	73
Real Estate & Infrastructure	372
Other	275
Total Assets on Investments	6,239
CURRENT ASSETS	
Current Account	475
Deposit Account	676
Transaction Posted	73
Total Cash and Bank	1,224
Creditors	- 1,129
Debtors	12
Total Current Assets	107
BREAKDOWN OF ASSETS £'000	
Total assets on investment	6,239
Bank/Cash	107
Total Breakdown of Assets	6,346
TOTAL FUNDS	
Total Funds Held	6,346



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5. Compliance with Reserve Policy

Purpose:

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

Key Issues:

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

In the light of the above, the unrestricted reserve target has been set based on the current commitments at **£786k** which is an over achievement of **£784k** when compared to the balance of **£1,570k** that was in the charitable funds accounts as at the 31st December 2021.

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

6. 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.

Following receipt of £359k in legacy donations, the Charity is expected to exceed the £1,429k forecast included in the 2021/22 Financial Delivery Plan and to have a balance of circa £1,669k at the end of the financial year.

If income and the level of commitments remains as projected then the Charity is expected to exceed the reserve policy in 2021/22 and the following two financial years.

Summary of Commitments against the Charities Unrestricted fund			
	Year 1 2021/22 £000	Year 2 2022/23 £000	Year 3 2023/24 £000
Opening Balance	1,803	1,669	1,786
Forecast Donation Income	2,194	2,600	2,600
Current Forecast Commitments			
Fundraising Team	255	265	272
Fundraising Event Expenditure	120	300	300
Overheads	57	62	75
General Expenditure & Charges	50	50	50
Time Limited (Project/ Bid Expenditure)	2,101	2,071	58
Total Current Commitments	2,583	2,748	755
Funding Opportunities			
Fundraising team funded via Dividends/ Investment gains	-255	-265	-272
Total Funding Opportunities	-255	-265	-272
Commitments/ Funding Opportunities Subtotal	2,328	2,483	483



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Closing Balance	1,669	1,786	3,903
Target Reserve	828	161	149
Reserve Variance	841	1,625	3,754



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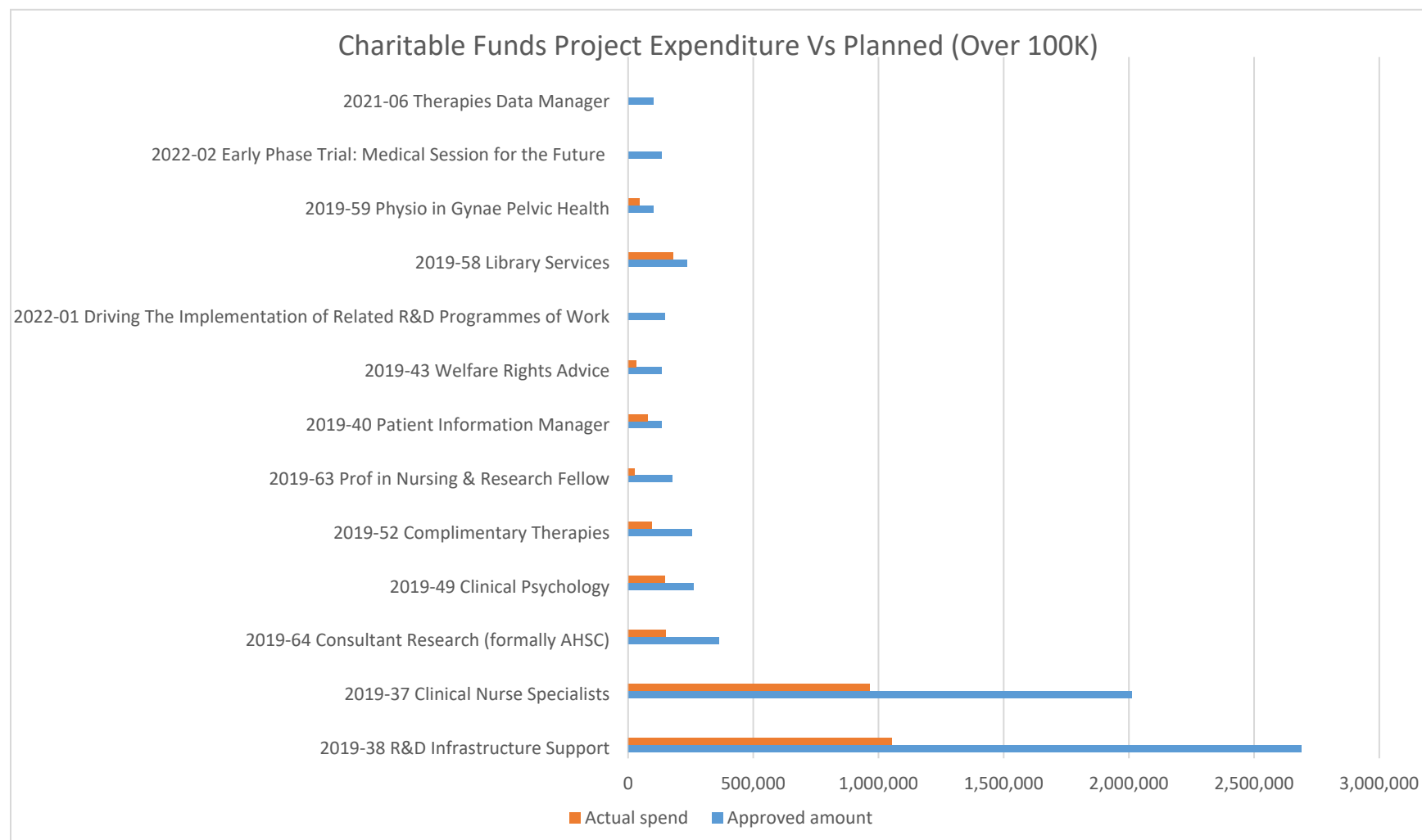
Velindre UNHS Trust Charitable Funds

7. Recommendation

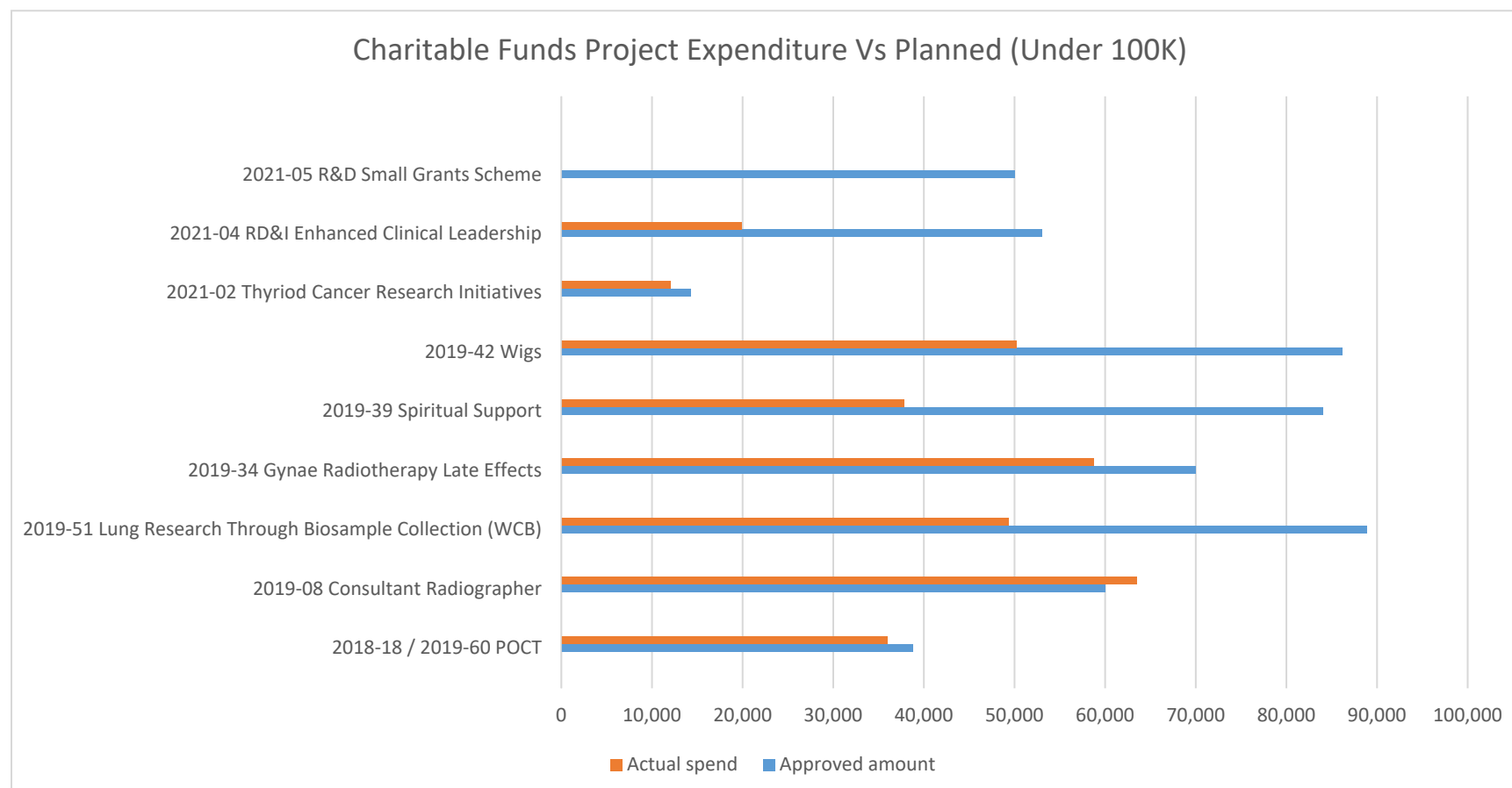
The CFC is asked to **Note** the contents of this Finance report and in particular:

- The financial performance of the Charity for the period 1st April to 31st December 2021.
- The current position of the Charity's investment portfolio.

Velindre NHS Trust Charitable Funds



Velindre NHS Trust Charitable Funds





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CHARITABLE FUNDS COMMITTEE

Summary of Commitments against the Charity's Unrestricted fund

DATE OF MEETING	03/02/2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Choose an item.
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PREPARED BY	Chris McCarthy – Senior Finance Business Partner
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PRESENTED BY	Chris McCarthy – Senior Finance Business Partner
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EXECUTIVE SPONSOR APPROVED	MATTHEW BUNCE – EXECUTIVE DIRECTOR OF FINANCE
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REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Nil	(DD/MM/YYYY)	Choose an item.

ACRONYMS	

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 Charities unrestricted fund, in order to evaluate the future balances, and the effect the bid received at today's meeting will have on the reserve target.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Table A below provides a summary of the current and forecasted position of the charity's unrestricted fund, based on the current level of forecasted income and expenditure.

Summary of Commitments against the Charities Unrestricted fund			
	Year 1 2022/22 £000	Year 2 2022/23 £000	Year 3 2023/24 £000
Opening Balance	1,803	1,664	1,694
Forecast Income	2,194	2,600	2,600
Current Forecast Commitments			
Fundraising Team	255	265	272
Fundraising Event Expenditure	120	300	300
Overheads	57	62	75
General Expenditure & Charges	50	50	50
Time Limited (Project/ Bid Expenditure)	2,101	2,071	58
Total Current Commitments	2,583	2,748	755
Funding Opportunities			
Fundraising team funded via Dividends/ Investment gains	-255	-265	-272
Total Funding Opportunities	-255	-265	-272
Commitments/ Funding Opportunities Subtotal	2,328	2,483	483
Closing Balance	1,669	1,781	3,811
Business case proposals			
Clinical Psychologist for Staff and Teams	0	31	78
Pump Priming Velindre's Innovation Team - Project Manager	0	45	46

ESOL Learners - Covid & Vaccination Education	5	11	
Total Business case Proposals	5	87	124
Total Commitments	2,333	2,570	607
Revised Closing Balance	1,664	1,694	3,687
Target Reserve	857	203	175
Reserve Variance	807	1,491	3,512

The Charity is expected to overachieve against the reserve policy by circa £807k as at 31st March 2022, and to be overachieving at the end of 2022/23 and 2023/24.

Consideration should be given to the fact that this assessment assumes the charity will receive income totaling £2,600k p.a. in years 2022/23 and 2023/24 and how achievable this is.

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:

- **consider** the impact of the 3 business cases on the unrestricted fund balance.

VELINDRE NHS TRUST

2021/22 CHARITABLE FUNDS CASH FLOW FORECAST

Opening Charitable Fund Balances	£
Investments (at Market Value as at 31st March 2021)	
Investments Portfolio	(5,990,411)
Actual Cash (Current & Deposit Accounts)	(1,154,271)
	(7,144,683)

	April	May	June	July	August	September	October	November	December	January	February	March
Opening Bank Balance	(1,154,271)	(1,069,059)	(881,083)	(1,028,059)	(994,237)	(915,219)	(872,573)	(1,031,651)	(1,000,908)	(1,151,284)	(999,769)	(1,233,426)
Income												
Donations & Legacies	(142,063)	(124,834)	(309,151)	(193,247)	(110,172)	(197,033)	(187,203)	(379,756)	(167,370)	(150,000)	(505,172)	(100,000)
Donation Charges	1,690	1,614	1,955	1,914	1,398	592	2,035	1,153	1,288	1,515	1,515	1,515
Investment Movement												
Net Monthly Change In Income	(140,373)	(123,220)	(307,196)	(191,333)	(108,774)	(196,440)	(185,168)	(378,602)	(166,082)	(148,485)	(503,657)	(98,485)
Expenditure												
Commitments/ Credits (Inc BFWD from 2020/21)	225,586	311,196	160,220	225,154	187,792	239,086	26,091	409,345	15,706	300,000	270,000	277,011
Net Monthly Change In Expenditure	225,586	311,196	160,220	225,154	187,792	239,086	26,091	409,345	15,706	300,000	270,000	277,011
Closing Bank Balance (Deposit & Current Accounts)	(1,069,059)	(881,083)	(1,028,059)	(994,237)	(915,219)	(872,573)	(1,031,651)	(1,000,908)	(1,151,284)	(999,769)	(1,233,426)	(1,054,900)

Notes/ Risks/ Opportunities

- Income is based on forecast for 2021-22 plus income brought forward from 2020-21 and legacies received or notified about.
- Taking a prudent approach only legacies the charity have been notified about and expected to receive in the current period are included in the cash flow.
- Expenditure is based on current commitments/forecast for 2021/22

Closing Charitable Fund Balances

	£
Investments (at Book Value)	(5,990,411)
Cash (Current & Deposit Accounts)	(1,054,900)
	(7,045,311)

TOTAL	Forecast Based Upon
(2,566,000)	Includes legacy of circa £415k expected Feb22
18,184	Average of YTD
(12,547,816)	
2,647,188	
2,647,188	

Actual
Projected



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CHARITABLE FUNDS COMMITTEE

CLINICAL PSYCHOLOGIST FOR STAFF AND TEAMS

DATE OF MEETING	(03/02/2022)
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Dr. Caroline Coffey, Consultant Clinical Psychologist
PRESENTED BY	Dr. Caroline Coffey, Consultant Clinical Psychologist
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Clinical Scientists

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

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Senior Leadership Team	07.07.2021	ENDORSED FOR APPROVAL

ACRONYMS	
SMT	Senior Management Team
OMG	Operational Management Group

1. SITUATION/BACKGROUND

1.1 Please see Business Case at Appendix 1.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Please see Business Case at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Please see Business Case at Appendix 1.
RELATED HEALTHCARE STANDARD	Staff and Resources
	If more than one Healthcare Standard applies please list below: Governance, leadership and accountability Staying Healthy
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Please see Business Case at Appendix 1.

4. RECOMMENDATION

4.1 The Charitable Funds Committee are asked to **APPROVE** funding for the Clinical Psychologist for Staff and teams post 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 Chris McCarthy on x6589, or contact your local finance team).

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

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

SECTION 1

1. BUSINESS CASE TITLE
Approval of funding for a Clinical Psychologist for Staff and Teams post
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Patient / Donor Support
Staff and Resources
3. BUSINESS CASE PREPARED BY
Dr. Caroline Coffey, Consultant Clinical Psychologist
4. BUSINESS CASE SPONSORED BY
Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Clinical Scientists
5. SMT SPONSOR (RESPONSIBLE OFFICER)
Ensure SMT approval is sought before submitting to the Charitable Funds Committee
SLT approval on 7 th July 2021. Lisa Miller Viv Cooper
6. UNIQUE BUSINESS CASE REFERENCE NUMBER
(Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2022-05
7. BUSINESS CASE TOTAL EXPENDITURE
£ 78,310 per annum (including on costs) plus £500 Miscellaneous non pay £ 235,430 (for 3 years)

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](#)

6325 - Covid Grant (NHS Charities Together)

6000 – Hospital General Purpose Fund

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/07/2021 £000	Opening Balance 01/04/2021 £000	Forecasted Income 2021/22 £000	Current Commitments 2021/22 £000	Forecasted Balance 31/03/2022 £000
6325	47	47	0	0	47
6000	1,810	1,803	1,566	-2,471	898

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

Working in a complex and specialist cancer setting, there are inherent demands and emotional implications of the work. Embedding a clinical psychologist for staff in the organisation normalises the requirement of psychological input for staff and teams regarding their professional development and supports the ongoing consideration of staff wellbeing. This post would also allow for the opportunity of evidence based practice and psychological perspectives to be integral to organisational health and wellbeing plans, development and design.



The development of the post would align with current health and wellbeing plans including the Welsh Government's Healthier Wales Strategy (2018) and the available resources including access to the Employee Assistance Programme. The post would complement existing resources as this focus would be in-house, work based and not necessarily about individual staff mental health needs. It would allow for the identified areas of staff need that have been witnessed and recorded in the last 18 months (detailed below) to be actioned. The post would allow the organisation to respond to the appropriate work related requests of staff and teams for input from the clinical psychology team.

The post holder will work individually with staff members as appropriate and required but also be available to work with staff teams and groups.

Added to this is the current situation and unprecedented challenge of the COVID19 pandemic, all of which adds further pressure and uncertainty on individuals, both inside and outside of the workplace, including new ways of working, increasing demand and expectations, isolation, restriction of coping mechanisms due to lockdown, returning to work issues after long periods of home working and shielding, including strained team dynamics and relationships in the workplace.

Research during the pandemic indicates that the most difficult period is yet to come, with the move from the active phase into the recovery phase bringing with it the likelihood of increased psychological distress. There is good evidence from scientifically conducted reviews that the most predictive risk factors for the onset of post traumatic difficulties come after the traumatic event is over. As an organisation we need to have in-house specialist resources for staff and teams to access particularly in light of the likelihood of a public enquiry into the circumstances of COVID-19 alongside the recognition that there will be significant increases in the demands and pressures on cancer services due to late presentation diagnoses, complex treatment schedules and increased likelihood of side effects and further psychological distress.

During the initial acute phase of the pandemic the clinical psychology team were focused highly on offering informal and formal staff support individually and in teams. The access to support was highly utilised and helped to identify the need in many areas of the organisation. When the acute pressure eased the clinical psychology team reduced the direct offering of staff support options but have continued to receive regular appropriate requests that have been difficult to manage due to the lack of an identified psychologist for staff in the team. Requests have been individually managed and some support offered where possible but not the appropriate level of intervention needed, and the minimum that has been offered is not possible to continue due to high clinical demand. Currently any staff identified time is directly taken from the patient care resource.

The context of working in cancer care is always has it's challenges but with the expected and recently experienced increased demands it is inevitable that there will be an impact on staff and teams so as an organisation we should start to offer the professional support and input that has been requested at a much needed time. All health boards are now employing such posts and embedding the usefulness of such posts into the organisation for staff development and emotional wellbeing.

15. LIST OF OPTIONS AND PREFERRED OPTION?

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

- The preferred option is for the organisation to fund this new and exciting post in line with all other Health Boards in Wales to provide clinical psychology input as professional development, teaching and training and much needed team and staff investment.
- No other funding streams for this post exist currently. The clinical psychology and counselling service (for patients) has always been funded by the charitable funds committee, this post is an extension of the current service therefore funded in the same way.
- A strong evidence of need has been received from staff and senior managers for the necessity of this post so a funding stream is essential.

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?

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

The clinical psychology and counselling service has been funded by charitable funds for several years to allow the service to provide specialist psychological assessment and treatment for patients during their cancer experience. The recent pandemic and expected increased pressures on cancer services has demonstrated the need in the staff who provide patient services every day. This post will allow us to further support and invest in our workforce to promote a sense of care in the workplace and employee value which inevitably has a positive impact on organisational function and patient care. As part of staff support during the acute phase of the pandemic we asked for their feedback and what they require from the clinical psychology service, the response rate was high and the request appropriate so as an organisation we have a responsibility to fulfil the identified need.

This business case proposes using funding received from NHS Charities Together where Velindre Charity was awarded a grant to spend on enhancing the well-being of NHS Staff, volunteers and patients impacted by COVID-19.

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 emotional and psychological support for staff and teams due to the impact of COVID-19.	Staff feedback processes on the experience of input received. Self-report measures on emotional wellbeing Level of staff engagement.
2. To provide psychological input to staff regarding work related difficulties that are	Manager feedback on presentation of staff in the workplace and team functioning Staff questionnaire and survey results.

<p>impacting on emotional wellbeing, and/or current psychological difficulties that are affecting their behaviour, performance at work. Individual psychological input will be available for staff members if the presenting difficulties are considered to be related to or impacting on occupational or work issues. If the presenting difficulties are considered to be personal and non-work related advice and guidance about referral on to an appropriate place for support will be provided.</p>	<p>Managers and staff members will be able to self-refer to the clinical psychology for staff and teams service to request an initial meeting/discussion regarding the presenting difficulties and options for ongoing support if needed.</p>
<p>3. To provide a clinical psychology informed teaching and training programme based on staff need and request.</p> <p>4. To design and facilitate reflective learning sessions for medical consultants, clinical nurse specialist, inpatient clinical staff, therapies staff and any other staff group who make a request to help support continuing professional development and encourage models of reflective practice. Reflective practice and clinical consultation is a model of good practice that should be available to all staff groups who wish to attend.</p>	<p>Manager and staff requests for teaching, training and professional input. Staff attendance and engagement in sessions.</p> <p>Staff request numbers and attendance at sessions. Formal and informal methods of feedback on usefulness of sessions and relevance for clinical practice and emotional wellbeing.</p>
<p>5. To provide clinical supervision sessions for staff groups as requested and in line with professional standard guidelines of good practice.</p>	<p>Staff compliance rates with professional guidelines of good clinical practice.</p>
<p>6. To provide access to psychological input to staff involved in a complaints procedure or investigation process.</p>	<p>Direct feedback from staff on the usefulness of having access to such support options from within the organisation.</p>
<p>7. To provide psychological intervention and emotional support to staff members on long term sickness leave due to poor emotional wellbeing.</p>	<p>Monitor staff sickness records in conjunction with Human Resources and evaluate processes for returning to work when psychological and emotional support has been offered to staff to try and identify a positive correlation between access to support and possibilities for returning to work.</p>
<p>8. To support inpatient staff who are nursing and caring for colleagues or partners diagnosed with cancer to help manage the emotional impact individually and as a team.</p>	<p>Direct feedback from staff on the usefulness of having access to such support and if there is a positive impact on their wellbeing and performance at work.</p>
<p>The post holder will be responsible for designing and collecting relevant staff and patient feedback via qualitative and quantitative data on a regular basis and provide a yearly outcome report on the role and the usefulness for staff and the organisation. The data would hope to demonstrate improved patient</p>	

outcomes and experience of being treated and receiving care, alongside an increase in staff sense of value and appreciation from feedback processes. Lowered staff sickness rates and improved staff wellbeing experience in the workplace and the positive impact on patient experience.

18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE?

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

A senior clinical psychologist for staff and teams would be able to fulfill the above and more objectives and allow us to deliver a 'gold standard' service and respond to the identified unmet professional needs. The post will be focused on providing psychological input to staff and teams to support and facilitate clinical work and to encourage professional development. Such posts exist in all health boards in Wales and for many are currently embedded within the organisations with positive outcomes in line with the above identification of unmet need.

The post would allow us to offer a local provision layer of staff support in relation to their work and not necessarily about individual mental health need. Although several aspects of health and wellbeing are highlighted and offered to staff including the Employee Assistance Programme we are not providing this layer of staff support which has been hugely evidenced as needed. The recent department of clinical psychology psycho-oncology conference highlighted and evidenced the need for a systemic approach to staff support and not just one to one offerings. The British Psychological Society have recently published a document entitled Building a Caring Work Culture – what Good Looks Like which highlights key recommendations to be models of supervision, reflective practice and psychologically informed continuing professional development which would be possible to offer if the post is agreed. Workplace Mental Wellbeing is referenced with findings reporting that occupational services are described as 'a service you are sent to', not the 'one that you would turn to'. From increased contact with staff during the pandemic this was expressed. Staff were often asking for access to a member of the clinical psychology team to provide personal and professional wellbeing support which is not linked to performance management and assessment of career progression or their individual mental health needs. This post will allow us to provide staff access to a timely provision of effective support at critical points of need including issues related to incidences, points of crises and investigations.

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

To provide evidence based timely input to staff and teams regarding the impact of their work role and to provide aspects of professional development that are currently lacking. To provide appropriate and needed emotional and psychological support to staff regarding work related difficulties and professional challenges. To support managers to lead teams well. To provide much needed intervention at times of work crisis and to embed an experienced clinical psychologist into the wider multi-disciplinary team for all staff to access as needed.

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

No

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 no options within current service models for staff to access input and support for the issues evidenced above. Ongoing requests are being documented but not actioned as such time with staff for the areas identified above is taking away from direct patient time. There is a real risk of ignoring staff need although clearly documented and the negative impact on emotional wellbeing in the workplace and the lack of investment in ongoing professional development. There is also a risk of negative comparison with other health boards as a psychologist for staff post exists within all organisations and are all at an 8B level and 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.

The staff member will need to comply with all mandatory and statutory requirements of Velindre University NHS Trust.

The staff member will need to be registered with the Health and Care Professions Council as a practitioner psychologist and keep their membership updated as required.

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.

£ 78,310 per annum (including on costs) plus £500 non pay
£ 235,430 (for 3 years)

No other costs will be incurred

Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
Clinical Psychologist Band 8B	£ 234,930.00	£ 500.00		£ 235,430.00
	£ 234,930.00	£ 500.00		£ 235,430.00

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

3 year period
£ 78,477 year 1
£ 78,477 year 2
£ 78,476 year 3

(based on top spine point of band 8B including on costs)

Total expenditure = £ 235,430

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.

3 year post starting November 2021 – November 2024.

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 clinical psychology and counselling department have been funded via charitable funds for a number of years and the service provided has become embedded within the system.

When funding for the existing approved business case (2019-49) expires in March 2023, it may be more appropriate for all of the Clinical Psychologist posts (including this) to be funded from the Trust's core revenue budget and not charitable funds and this will need to be picked up as part of the IMTP process going forward.

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

- Regular staff feedback on their experience of the input from the post holder that they have received.
- Staff feedback on the impact the input has had on their clinical practice.
- Staff feedback on the impact on the input on emotional wellbeing and enjoyment of work role.



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- Recorded data on staff burnout and long term sickness due to emotional difficulties in the context of work.
- Levels of compliance with professional guidelines and standards of good clinical practice.
- Figures on attendance and engagement in staff teaching and training sessions, feedback on how such input can be utilised in clinical practice to improve patient care.
- Feedback from team leaders and managers on improved team dynamics and relationship building.
- Feedback from staff on feeling in the workplace and receiving professional investment that is often lacking in many professions.

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

Caroline Coffey

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

PUMP PRIMING VELINDRE'S INNOVATION TEAM

DATE OF MEETING	03/02/2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Choose an item.
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PREPARED BY	Jon Patmore - RD&I Finance Manager Robyn Davies – Head of Innovation
PRESENTED BY	Robyn Davies – Head of Innovation
EXECUTIVE SPONSOR APPROVED	Jacinta Abraham, Executive Medical Director

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
RD&I OMG	30/11/2021	Support for preparation of business case to Charitable Funds Committee
RD&I Sub Committee	13/01/2022	Endorsed

ACRONYMS	
SMT	Senior Management Team
OMG	Operational Management Group



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1. SITUATION/BACKGROUND

1.1 Please see Business Case at Appendix 1.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Please see Business Case at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	As Innovation can encompass many scenarios, then all Healthcare Standards potentially apply.
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 see Business Case at Appendix 1.

4. RECOMMENDATION

4.1 The Charitable Funds Committee are asked to **APPROVE** this case requesting funding of £90,668 over a period of two years.



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APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

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

(For Support please contact Chris McCarthy on x6589, or contact your local finance team).

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

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

SECTION 1

1. BUSINESS CASE TITLE
PUMP PRIMING VELINDRE'S INNOVATION TEAM
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Research, Development & Innovation
3. BUSINESS CASE PREPARED BY
Robyn Davies and Jonathan Patmore
4. BUSINESS CASE SPONSORED BY
Jacinta Abraham, Executive Medical Director
5. SMT SPONSOR (RESPONSIBLE OFFICER) Ensure SMT approval is sought before submitting to the Charitable Funds Committee
N/A (Trust-wide RD&I Business Case)
6. UNIQUE BUSINESS CASE REFERENCE NUMBER (Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)
2022-07
7. BUSINESS CASE TOTAL EXPENDITURE
£90,668
8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)
2 Years



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9. FUND NAME & NUMBER

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

General Fund 6000

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31/12/2021 £000	Opening Balance 01/04/2021 £000	Forecasted Income 2021/22 £000	Current Commitments 2021/22 £000	Forecasted Balance 31/03/2022 £000
6000	1,570	1,803	2,194	-2,328	1,669

11. FUND HOLDER APPROVAL

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

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

Paul Wilkins

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

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

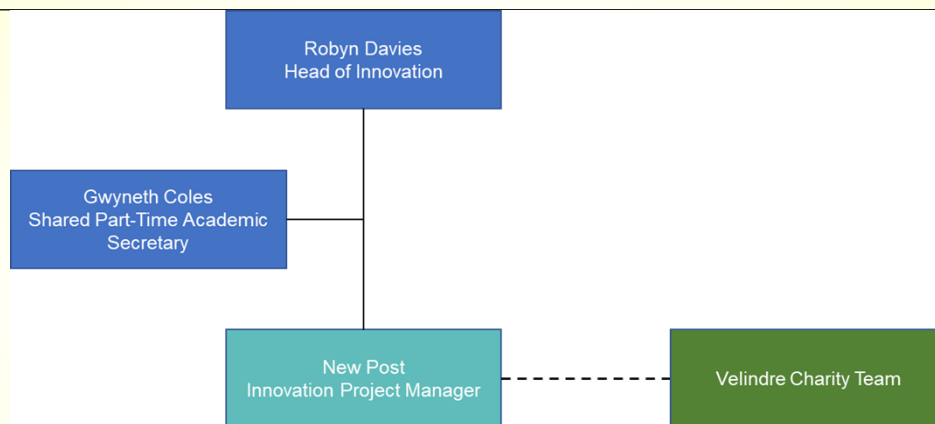
This case seeks approval from the Velindre Charity to pump-prime a full-time Innovation Project Manager post for the period of two years. The newly appointed Head of Innovation currently has no staff (except shared, part-time secretarial support) beyond 31st March 2022. This post is critical to achieving resilience in a small core team that has a clear focus achieving tangible benefits for staff and patients, aligned with the Charity's mission. The post will be based in the VCC, part of the RD&I Division and will work seamlessly across Velindre University NHS Trust, including being a key part the virtual Charity team.

Proposed Innovation Structure:



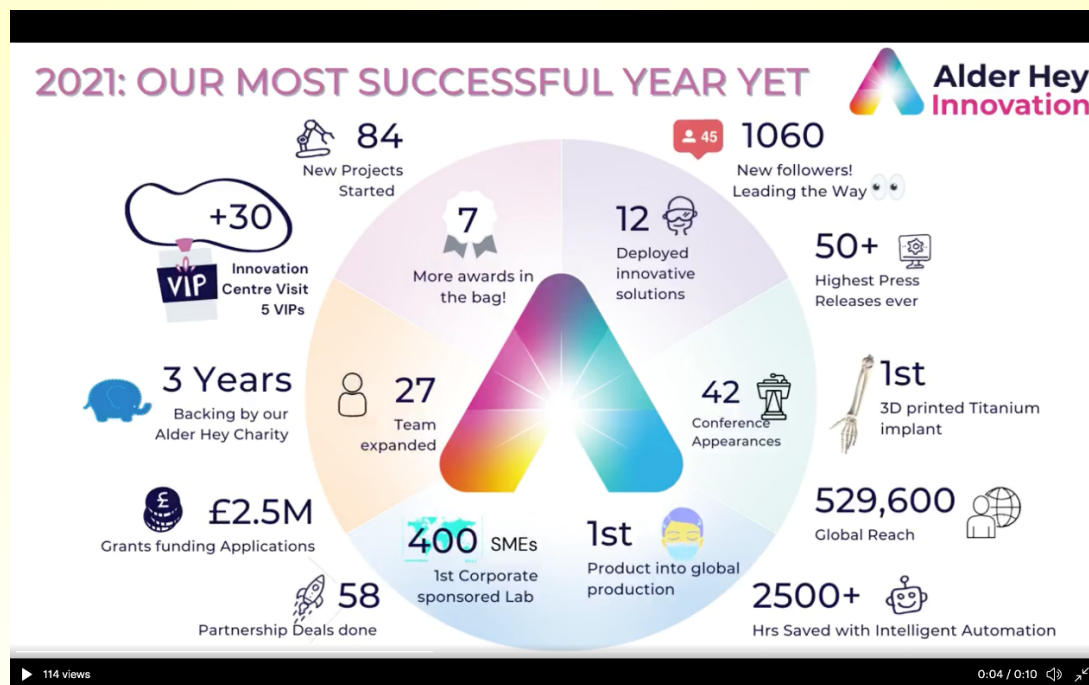
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The innovation team share the charities ambition to ‘support victory over cancer’. The top cancer charities including Cancer Research UK (Income c.£630m 2015/16), Macmillan Cancer Support (Income £232m, 2015/16) and Marie Curie (income c.£156m 2015/16) all significantly invest in both research and innovation. This investment is not only a critical part of their mission but also essential to support their ability to fund raise for sustainability.

We are further developing our good links with Alder Hey, as a benchmark for excellent innovation. Alder Hey recognised the importance of innovation and six years after opening the most innovatively designed hospitals in Europe, their 27 people strong innovation team is thriving with support from their charity: As seen from the infographic below.





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15. LIST OF OPTIONS AND PREFERRED OPTION?

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

The two main options are to fund or not to fund. If the post was not funded, there will be no resilience in the innovation team and the recently developed plan would not be realised and key projects will need to be cut back or curtailed e.g. the RiTTa project.

16. WHY IS THIS CONSIDERED TO BE CHARITABLE FUNDING?

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

The proposal aligns with the Charity's Vision to "Invest in promoting quality, care and excellence in the services provided by Velindre NHS Trust" and the vision "to support the Trust's provision of world class, research-led, treatment, care and support for patients and families affected by cancer as well as other patients supported by the Trust and those who are involved in the donation of blood or stem cells."

SECTION 3 – IMPACT ASSESSMENT

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

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

Business Case Objectives	Tools Used to Measure Success *
1. Patient Outcomes	PROMs and PREMs where appropriate
2. Staff Outcomes	Staff experience / engagement measures
3. Bottom-line	Income & savings

18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE?

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

The Trust has long recognised that developing and delivering a culture of research and innovation translates into a higher quality service for patients whilst attracting and retaining excellent staff. Organisations with a strong Innovation Team are visibly different. The team serves like a lightning-rod; attracting ideas and resources from far and wide that will benefit our patients and staff. Within the RD&I team, innovation now has a new mission and plan to make a step change improvement in the quality and quantity of innovative solutions at all levels that will benefit our patients, staff and bottom line.



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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

Many people donate to the Velindre Charity because they recognise the expertise that exists at Velindre, which we know is built on innovation and evidence-based research. Sustaining innovation in today's fast changing world requires a different approach to harness the ground-breaking opportunities that are becoming reality in modern healthcare. This opportunity now is to pump prime a key support post so that Velindre's Innovation Team has sufficient resilience and capacity to drive forward projects that influence tomorrow's care, supporting and nurtured the best ideas from our talented staff, stakeholders and growing partners in academia and industry.

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

It is anticipated that many of the projects delivered would have intellectual property aspects, but each project will have unique IP arrangements which will be managed in line with the Trust IP policy.

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.

This year the Trust has invested in dedicated innovation leadership and from this a pragmatic plan has been developed after intense and wide consultation. A critical part of this plan is to provide resilience and future succession in a small team. Without this post there will be limited capacity and no resilience.

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.



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The post holder will comply with all the mandatory and statutory requirements of Velindre University NHS Trust

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

23. DOES THIS PROPOSAL INCLUDE RD&I ACTIVITY?

Yes

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

The post is supported by the senior RD&I management team and was endorsed by the RD&I Sub-Committee on 13/01/2022.

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
Innovation Project Manager - 1.0WTE Band 6	£ 90,668			£ 90,668
TOTAL				£ 90,668



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Other associated costs will be funded from regular Trust budgets. These are estimated at £900 capital for IT equipment and £800 p.a. of non-staff costs such as training, equipment and consumables.

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
Innovation Project Manager	£ 45,102	£ 45,566		£ 90,668
TOTAL				£ 90,668

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.

1st April 2022 – 31st March 2024

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?



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

This proposal requests pump-priming funding for 2 years to enable us to begin to grow our innovation team and start delivering on our innovation ambitions. As we increase our capabilities and reach, so we expect to tap into funding from the projects we develop. Innovation sits within a unique environment where many organisations are particularly keen to partner to deliver mutual benefits. We see that partnerships using public, 3rd sector and private monies are realistically attainable as we start to develop and implement our plan. We see this already with our innovation led project RiTTa, where income from Cardiff University Accelerate Project is contributing towards our core costs. Over time we anticipate the core innovation team will become entirely self-funding, with any further bids for charitable funds supporting different pump priming proposals.

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

Velindre RD&I, building on a great reputation have great ambitions for the next decade including our mission, plan, focused themes, development, delivery, partnerships, reputation and access for patients to new innovations. This proposal sits next to the building of an effective innovation foundation that will also include working closely with the Charity to develop a joint Innovation Fund.

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

Robyn Davies

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

ESOL LEARNERS – COVID & VACCINATION EDUCATION RESOURCES FOR ETHNIC MINORITY COMMUNITIES

DATE OF MEETING

3.02.22

PUBLIC OR PRIVATE REPORT

Public

**IF PRIVATE PLEASE INDICATE
REASON**

Not Applicable - Public Report

PREPARED BY

Dr Seema Arif, Consultant Oncologist

PRESENTED BY

Dr Seema Arif, Consultant Oncologist

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

VCC SLT Part 1

08/07/2021

ENDORSED FOR APPROVAL

ACRONYMS

SMT	Senior Management Team
OMG	Operational Management Group
ESOL	English Speakers of Other Languages.
VCC	Velindre Cancer Centre
BAME	Black, Asian and Minority Ethnic
TCS	Transforming Cancer Services Programme

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	Staying Healthy
	If more than one Healthcare Standard applies please list below: Individual Care Effective Care
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
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 £16,000 for the period of 1 year.

APPENDIX 1

BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

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

(For Support please contact Chris McCarthy on x6589, or contact your local finance team).

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

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

SECTION 1

1. BUSINESS CASE TITLE
ESOL LEARNERS – COVID & COVID VACCINATION AWARENESS AND EDUCATION RESOURCES FOR ETHNIC MINORITY COMMUNITIES
2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL
Research, Development & Innovation
3. BUSINESS CASE PREPARED BY
Dr Seema Arif, Consultant Oncologist.
4. BUSINESS CASE SPONSORED BY
Cath O'Brien, Chief Operating Officer
5. SMT SPONSOR (RESPONSIBLE OFFICER) Ensure SMT approval is sought before submitting to the Charitable Funds Committee



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Paul Wilkins, Director of Cancer Services

6. UNIQUE BUSINESS CASE REFERENCE NUMBER

(Request from Corporate Finance/ HQ, contact Carol Tahir or Chris McCarthy)

2022-03

7. BUSINESS CASE TOTAL EXPENDITURE

8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)

One Year

9. FUND NAME & NUMBER

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

6000 – Hospital General Funds

10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 30/12/2021 £000	Opening Balance 01/04/2021 £000	Forecasted Income 2021/22 £000	Current Commitments 2021/22 £000	Forecasted Balance 31/03/2022 £000
6000	1,570	1,803	2,194	-2,328	1,669

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](#)

TBC

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

Continuation Request for Funding

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

The original business case to provide Covid and Covid vaccination educational resources for ESOL students via Cardiff and Vale college was successfully set up last year and followed previous activity on the provision of additional health related resources for ESOL learners.

Unfortunately the online resource development (so that resources could be made interactive and accessible on the website) did not take place due to lack of capacity within Technology Enhanced Learning (TEL) team at Cardiff and Vale College. This was due to the increased workload of the TEL team due to Covid, which resulted in an underspend for the previous business case.

As a result, the proposal is for the cost for the two modules to be made available on line (Covid safety and Vaccination) as well as developing the new module looking at long Covid and continued Covid vaccination in adults and teenagers. In total, it will cost £3,000 to develop each unit so the resources are online; so for Covid, Vaccination and for long-Covid the total will be £9,000. There will be a further £5,000 to develop a Long Covid module. We are asking for £2,000 to cover evaluation and any additional costs and for flexibility including any modifications that need to be made to the historic resources previously developed.

The educational work for ESOL students is an ongoing one which sits well with VCC's commitment to equality, diversity and equality in delivering healthcare. The project has opened avenues for an innovative method of teaching the importance of health care, including screening, palliative care to name a few in ethnic minority communities. Work continues to be done on extending this health awareness resource to other parts of Wales.

Feedback from ESOL learners, has been to extend the topics to cover wider healthcare issues such as mental health and further health education and support services available in the NHS. Covid is currently topical and enhancing Covid and Covid vaccination learning modules with education on long-term impact of Covid will benefit these learners and their families.

The ongoing strategy in terms of funding for existing projects and additional elements needs to be agreed in term of contributions from VCC and Public Health Wales.

SECTION 2 – DESCRIPTION AND PURPOSE

14. BRIEF DESCRIPTION OF THE BUSINESS CASE PROPOSAL

Try to limit to 500 words

This business case builds on previous work undertaken to provide additional resources for ESOL learners to supplement the core programme with health related additional modules.

The purpose of this project is to educate ESOL learners about all aspects of Covid pandemic in protecting themselves and keeping themselves and their families healthy by providing these resources online so they are accessible to a wider audience.

During the Covid pandemic it has been widely reported that the uptake of the Covid vaccine in ethnic minority communities is significantly lower than in the rest of the population. Figures from Public Health Wales reported that the uptake for ethnic minority people is at least 10% lower in almost every age group. We have also seen people from ethnic minority communities are at higher risk of being infected and succumbing to the virus. Whilst there is a lot of working going on in communities to address the situation with various bodies proactively spreading the benefits of vaccination, this was considered a good opportunity to target younger people in an education setting so they can go back to their families and share

the knowledge they have received. This is very timely given the government has extended the vaccination programme to include teenagers.

We aim to educate young people by continuing our partnership with Cardiff and Vale College and their English Speakers of Other Languages (ESOL) courses to develop a health education resource that can be delivered sustainably through ESOL classes and online throughout Wales.

ESOL courses are recognised to deliver more than just English language development. These programmes are also an effective means of communicating important information to learners with limited English language skills in a supportive and sympathetic environment. We have worked previously with ESOL to provide education on cancer and cancer screening. Dr Seema Arif is the lead representative from Velindre University NHS Trust and will speak to subject matter experts (SME) on Covid to ensure that the clinical content is accurate and this information will be discussed with Cardiff and Vale representatives who will co-develop content for the learners.

Development of new resources are always piloted initially with a small group of students (around 14-15) so we can amend the material based on feedback. Approximately 1800 ESOL learners are currently enrolled in the college. In total 214 college learners completed the Covid/Vaccination module.

Every student who attends these modules will be asked to fill in a pre-questionnaire to ascertain their knowledge before and after they have completed the course.

15. LIST OF OPTIONS AND PREFERRED OPTION?

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

Option 1 – do nothing (no funding)

The importance and dangers of the continuing Covid pandemic, importance of vaccination and impact long-term will not be delivered to a specific population group where the numbers of people vaccinated are already officially recorded as much lower. The resources already produced will not be available online for wider audiences.

Option 2 – provide funding for 12 months to allow the project to be successfully implemented and Covid and vaccination knowledge passed on to learners. (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](#)

The project aligns with

- VCC specific aims in Velindre NHS Trust Charity Report 2016 – 2017
- Velindre Cancer Centre strategy 2016-2026 Strategic aim 3
- Health and Care Standard 3.1, 3.2 4.1, 4.2
- REAP (Race Equality Action Plan) document in consultation (WG working group)

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 Covid pandemic modules face to face and online for ESOL students	<p>Student feedback</p> <p>Number of students undertaking module @ CAVC</p> <p>Information on modules activated by other ESOL providers.</p> <p>Number of hits on website</p>
2. To produce a long-term Covid modules for ESOL students	<p>Student surveys (before and after)</p> <p>Student and ESOL teacher verbal feedback</p>
3. To encourage students to pass on their knowledge to their friends and community and to produce online resources that can help with the dissemination of information	<p>Student verbal feedback</p> <p>Informal feedback information from Public Health Wales on uptake of Covid Vaccination in ethnic minority communities</p>
<p>4. Aligns with the strategic direction of Future vision of new Velindre University NHS Trust. Sets a very good example of partnership working with multiple the third sector institutions</p> <ul style="list-style-type: none"> Cardiff & Vale College Public Health Wales 	<p>Courses advertised on Cardiff and Vale Website</p> <p>Media interest</p>

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

18. WHAT DIFFERENCE WILL THIS PROPOSAL MAKE?

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



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As we have seen over the last 20 months, people from ethnic minority communities are at higher risk of being infected and succumbing to Covid. Awareness of the dangers of this virus seems to be patchy amongst some ethnic minority communities leading to myths and incorrect messages which has led to a decreased vaccination uptake. Those attending ESOL classes are known to be vulnerable, as poor language skills are often associated with lower levels of health literacy, poor knowledge of symptoms, unhealthy lifestyle choices and difficulty in accessing services. All these factors are known to contribute to inequities in health outcomes.

For the period of funding, Dr Arif working in conjunction with Cardiff and Vale College plans to produce a series of student modules which will concentrate heavily on the key issues related to the pandemic to educate and empower students about the myths and misconceptions about the pandemic, national vaccination programme and impact of long-Covid. As such, targeted health promotion projects such as this will increase awareness and over time will have huge health benefits to all the citizens of Wales.

With resources being restricted due to budget cuts there is a danger that more vulnerable groups will not receive the additional support and awareness they need and this will have a major impact on the health within communities and outside the community given the very high transmissibility and spread of the COVID 19 virus if appropriate precautions are not taken by each and every member in the country.

The project further aims to increase awareness of:

- Covid vaccination in teenagers and children in addition to encouraging adults to vaccinate themselves and their families (this includes importance of booster dose).
- Knowledge of the trajectory of these infections especially long Covid
- Easy prevention of infections by simple measures

This project is aligned with the Welsh Government's Strategic Plan to reduce health inequalities in ethnic minority communities particularly over the last 20 months of the pandemic which has highlighted an urgent need for educational awareness and support in this vulnerable group. This information will be available to all provider of ESOL across Wales. These are largely WG funded and include colleges, REACH-community based provision and any Third sector providers of ESOL.

Race Equality Action Plan (REAP) (currently a document in consultation) mainly focusses on Health in ethnic minority communities. By carrying out this work, VCC sets an example not only to Wales but rest of the nation how to reach out to vulnerable communities in a very and inclusive model of raising awareness.

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

Providing people with education is key to ensuring that people can make informed decisions based on information that is correct. VCC want to be part of a programme which provides ESOL learners with accurate, simple to understand information on Covid, the mass vaccination programme and long-term Covid. Through the ESOL learning modules we can provide learners with accurate information, debunking any myths or theories.

ESOL qualifications support learners whose first language is not English. The Covid and vaccination module co-produced by VCC will be incorporated into the curriculum for any learner whose native language is not English (refugees, asylum seekers and partners of people already settled in the UK). The resources will be made available online too so that anyone in the ethnic minority community can access.

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

All information provided to the ESOL learners are will be online. Updating the resources will be the responsibility of Dr Arif and if any modules need to be updated that may be at an additional cost.

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.

If we do not proceed with the project:-

There is a risk of reputational damage to the Trust. As VCC have been involved in setting up modules for ESOL in the past there is a risk of reputational damage that VCC is not engaging with the ethnic minority learners.

There is a risk that by not providing this module, a significant proportion of our community (ethnic minority community) could be adversely affected.

There is a risk that misinformation will continue as the most vulnerable members of the ethnic minority community don't all have the knowledge to make an informed choice on vaccination.

There is a risk that not being involved may impact VCC and Cardiff and Vale college's plans to roll out ESOL learning material online.

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.

Equality and diversity
Healthcare standards
Commission for Health improvement requirements

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 £
Post 2 ESOL Health Co-ordinator (C&V College Post) – development of new module	5,000			
Online Modules x 3 –		£9,000		
Other – evaluation		2,000		
	5,000	11,000	-	16,000

Funding Arrangements

When Velindre and Public Health Wales initially approached Cardiff and Vale College (C&V) to collaborate in delivering the Health initiative courses it was agreed that the Charity would be required to contribute to the start-up costs, as the funding that C&V college received from Welsh Government is specifically for ESOL qualifications.

The Health Co-Ordinator is an employee of C&V college and the time that is charged to the Charity is the additional hours worked above the employees' substantive contract, which is directly contributed to this project (preparing lessons, producing booklets etc.)

C&V 's contribution towards the project is providing expertise support and includes:

- Management Oversight
- Preparation of learning materials
- Infrastructure of a large number of ESOL classes where resources have been piloted and refined as a result
- ESOL Networks through which other managers within the ESOL department actively promote use of these resources.
- Office space and resources such as IT, photocopying etc. for use by the ESOL tutors engaged in the development.

The breakdown of the costs for Cardiff and Vale is as follows:-

- On-line resource development (converting paper based developed resources to be interactive and accessible on the website). Cost for the two units (COVID safety and Vaccination modules) is £3K per unit at the three levels. Therefore £6K for units already developed and £3K for one unit for the new development. A total of £9K
- A further approximately £5K for the new unit to be developed.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

VCC consultant contribution:

- Dr Seema Arif will research and speak to subject matter experts on long-term Covid. Their names and information will be passed on the Cardiff and Vale.
- Dr Arif will then attend a project working group (a monthly meeting) to discuss the content of the modules and progress of the work. The project working group will be made up of Dr Seema Arif, Kate Congdon (C&V) and ESOL representatives
- The working group will work closely with partner organisations to identify collaborative work in this aspect of health education and also discuss future projects.
- This project will allow VCC to represent itself via VCC Clinician/Consultant representative to become an integral voice in key health decision plans to a number of existing and future committees for ethnic minority communities.

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 £
Post 2 ESOL Health Co-ordinator (C&V College Post) – development of new module	5,000			5,000
Online Modules x 3 –	9,000			9,000
Other – evaluation	2,000			2,000
	16,000	-	-	16,000

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.

If funding is agreed, the work putting the modules online will commence as soon as resource is found and available. Research on long-term Covid will commence at the beginning of the next financial year.

The lessons will be available for any additional ESOL students plus the plan is to provide the lessons online so ESOL teachers can access the material wherever they are based.

Start Date:

April 2021 onwards - Research, develop resources

September - February 2023 – Pilot resources

February – March 2023 – Finalise module and evaluation

29. ACTION PLAN / EXIT STRATEGY

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

IT IS ESSENTIAL THAT YOU CONSIDER THE POTENTIAL LONG TERM COST IMPLICATIONS, FUNDING BEYOND THIS REQUEST IS NOT GUARANTEED FROM THE CHARITY.

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

If this funding is successful, we will have co-produced with Cardiff and Vale College, a series of educational resources for teachers for the benefit of ESOL students. If there is an appetite to continue this work, we will seek funding from within VCC itself or apply for training funds in conjunction with Cardiff and Vale college from external bodies.

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

- We will produce a regular update via a project annual report.
- We will share the feedback from learners in terms of the impact these lessons will have had on them and potentially their families
- We will share the pre and post-questionnaires

- We will carry out media interviews if required

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

Dr Seema Arif, Consultant Oncologist

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
Spiritual and Pastoral Care services (previously chaplaincy service)	2019-39
3. BUSINESS CASE PREPARED BY	4. BUSINESS CASE SPONSORED BY
Michele Pengelly Supportive care lead nurse	Paul Wilkins (Previously Andrea Hague), Director – Velindre Cancer Centre
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
03/12/2019	N/A
7. BRIEF SUMMARY OF THE BUSINESS CASE	
<p>The Spiritual and pastoral care (previously known as chaplaincy) service at VCC has continued to be pro-active in ensuring that the rights of all patients attending VCC to have their spiritual and religious needs met in a way that respects their individual ethnic, cultural and religious diversity in an appropriate way. The service has continued to evolve to take account of the increasing number of patients, who, whilst not declaring a religious faith, are requesting pastoral support to enable them to cope with the trauma of cancer diagnosis and treatment.</p> <p>The Spiritual and Pastoral care service at VCC continues to be provided through the Service Level Agreement with Cardiff and Vale UHB Chaplaincy department who deliver</p> <ul style="list-style-type: none"> • 15 hours per week of dedicated Chaplaincy cover at VCC. • A 24/7 emergency call out service to VCC with access to multi-faith services and including humanist service. • A multi-faith prayer room is open with 24-hour access for patient, families and staff • Since 2012 the chaplaincy service has been integrated into the VCC supportive care team and MDT and leads the spiritual and pastoral care service at VCC 	
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? £84,000.00	
b) Is expenditure on target? If no, explain why? 2020/21 £16,797.65 (Covid19 Effects credit received for 2020/21)	

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 – this is an ongoing service. The annual report for the service is delivered within the agreed timeframe providing an update and evidence on the service. The annual report will now be presented to the Clinical psychology services manager who since 2021 is the new senior manager for the supportive care team, as part of the supportive care service report.

In 2019, the supportive care lead nurse took the opportunity to review the service following the retirement of the existing chaplain in December 2018. A proposal was sent to Cardiff and Vale UHB in 2019 to consider a new SLA for the continuation of Spiritual and pastoral care services to VCC. This revised SLA proposes decreasing the current service from 18.75hrs a week to 15hrs keeping the 24 hour on call service. This would provide a cost saving to VCC without a negative impact on the quality of service provided. This new model of service is now in place.

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
<p>There is clear evidence to support the need to continue to commit to the ongoing funding invaluable service to patients, families/carers to ensure that VCC continues to meet the requirements of key standards.</p> <p>The spiritual and pastoral care service aligns with:</p> <ul style="list-style-type: none"> The VCC specific aims in Charitable Funds (Trustee) annual Report 2017 – 2018 Improve outcomes for cancer patients. Specifically aims 2,3 and 5: <p>Improve conditions and support for cancer patients and their families that are treated by Velindre Cancer Centre.</p>	Y	<ul style="list-style-type: none"> A multi-faith prayer room is open with 24-hour access for patient, families and staff The Chaplain calls into Velindre 2 days a week with the aim of continuing to meet with all inpatients and in the past 12 months has met with 80% of all new inpatients and is actively seeking ways of improving on this level of contact. The Hospital chaplain is an important part of VCC MDT the supportive care team, the patient dignity group and the palliative care SST The chaplain uses a Spiritual care assessment tool so that patients are assessed after admission and an individual plan of care devised to meet their identified needs In addition to this level of proactive support, the service has continued to provide crisis ministry through referrals from VCC staff, which has also included referrals from the outpatient departments and clinics to support

<p>Ensure that cancer patients treated by Velindre Cancer Centre have access to the best possible treatment, care and support by helping with the development of its facilities, services and training its staff.</p> <p>Ensure the people affected by cancer will have their information, needs, and support addressed effectively.</p>		<p>patients going through crisis in their lives due to their illnesses. Some of these encounters have involved on going telephone support for patients after they have left clinic.</p> <ul style="list-style-type: none"> • Staff support has also continued with the Chaplain supporting a number of staff going through crisis in their lives, this can be in their work or personal life. During the Covid 19 pandemic the Chaplain has provided additional spiritual care and support to staff in the staff well-being hub which was at the Maggie's centre • The prayer room has been updated with leaflets to support patients, a brighter look and the addition of a "Prayer Box" for requests for prayer or support. • The Prayer Room was initially closed in the early days of the Covid pandemic but was quickly reassessed as an essential area for patients, staff and visitors attending for compassionate reasons to be able to access. • The Chaplain has also been asked to conduct funerals of patients who have died at VCC with no next of kin or person to take responsibility for the funeral service. • The Chaplain led a service for VCC staff who were unable to attend the funeral of a nursing colleague who died in the covid pandemic. In 2021 a much-loved colleague from the pharmacy department died and again the chaplain led a service for staff unable to attend the funeral service. Both these services provided an opportunity for staff to grieve in a supportive environment and to have a chance to say good-bye to a treasured member of their team. • The Chaplain signposts patients and families to community support and support in other hospitals/hospices once the patient is transferred. • The service has continued to be pro-active in ensuring that the rights of all
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		<p>patients attending VCC to have their spiritual and religious needs met in a way that respects their individual ethnic, cultural and religious diversity in an appropriate way</p> <ul style="list-style-type: none"> • The Chaplain is in the process of revising all spiritual and pastoral care information including producing a new poster and leaflet signposting to the service. • The Chaplain has also issued patient information leaflets on “finding stillness and peace through the use of mindfulness”, and on “understanding grief”. • The Chaplain collaborated with the Palliative Care Team on a video for the All Wales COVID-19 Secondary Care Management Guideline, guidance on Chaplaincy care during the Pandemic. In addition, The Chaplain also produced a Christmas Eve Reflection video with the Communications Department. • Provides training and education to the MDT and for staff and students on induction
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13. EXPLAIN WHERE THE PROPOSAL IS/DID NOT ACHIEVE AND WHY AND WHAT YOU WOULD DO DIFFERENTLY.

The service looked at different way to reach patients and families unable to attend VCC during the restrictions from the covid -19 pandemic. This included a link to prayers, thoughts and mindfulness on social media. In 2020, supportive care services such as welfare rights and children’s services spoke on social media to reassure patients and families that services were still here. The pastoral and spiritual care service was not included, and it was acknowledged that it would have been beneficial to have a short message spoken by the chaplain herself to let people know the service was still available. This has now been addressed in 2021 and the chaplain has had a presence on social media

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

VUNHST is committed to providing services with the patient and family at the heart of what we do. The support of our fundraising donors enables the pastoral and spiritual care service to provide

support for patients, carers and staff, this support if needed, is available 24 hours a day 7 days a week. Dignified, equitable and compassionate care is central to the services provided.

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

Chaplain's personal reflection on care and support of "Emily" (From the Supportive care team report 2020/21)

Emily (not her real name) was admitted to Velindre for a series of Radiotherapy sessions over a period of several weeks. I first met Emily on a routine visit to the ward where, as is my usual practice, I said hello to her and introduced myself and sought to find out a bit about her informally. It turned out that she had been living away from home for some time but had discovered she had cancer so had returned home for treatment.

Emily had recently lost her mother but was feeling positive about her treatment however she was very stressed and upset about other areas of her life. One of her biggest fears was that she would lose her hair as a result of her therapy, but she refused to talk to anyone about this as she would not accept it as a possibility. When she began to lose her hair, she found it very difficult to cope.

Emily was not referred as someone with a particular faith, religion or spiritual need but in conversation she told me that she had recently began praying and was strengthened by knowing that a friend was praying for her. I asked her if she would like me to pray for her and this could be either on my own or with her. She said she would like me to pray with her and so we discussed her developing faith and I prayed for her. She told me that she found the prayer and our discussions very helpful.

Over the next few weeks, I continued to visit Emily and she would ask for prayer each time. I gave her a wooden cross which she held when she prayed, and she found this helpful as well as some support to read the Bible.

During my visits I found Emily upbeat some days and depressed others. She didn't like the idea of talking to a psychologist but said she found my visits very helpful. She always would ask for prayer, even if I did not offer and she said that she was finding praying very helpful.

When Emily was due to leave hospital, she told me she wanted to find a church to connect with. During the COVID pandemic, most churches were not meeting, or not often, but I was able to refer her to an appropriate, modern church who were relaying their service via YouTube and she told me she would look them up and connect with them if she decided it would be helpful.

Sadly, as is usually the case, I did not find out what happened to Emily when she left hospital, but I felt that she had the resources to tap into Spiritual support in her local area and she had my contact if she needed any support with this

16. PROVIDE DETAILS OF LESSONS LEARNT

In 2012, the spiritual and pastoral care service (Chaplaincy) became part of the supportive care team, previously it had been a "stand alone service" at VCC. This has been an important development and lesson in workforce planning as the Chaplain now has a more integrated and collaborative role which includes not only peer support but a shared vision and three-year plan to improve the information and dignified care and support for VCC patients and their families.

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.

APPROVED BUSINESS CASES – ANNUAL EVALUATION REPORT

1. BUSINESS CASE TITLE	2. BUSINESS CASE REFERENCE NUMBER
Patient information and supportive care services manager (previously patient information manager)	2019-40
3. BUSINESS CASE PREPARED BY	4. BUSINESS CASE SPONSORED BY
Michele Pengelly Supportive care lead nurse	Paul Wilkins (Previously Andrea Hague), Director – Velindre Cancer Centre
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
03/12/2019	N/A
7. BRIEF SUMMARY OF THE BUSINESS CASE	
<p>The patient information manager role is a long established service at VCC years ago and provides information and support services for VCC which has a positive and significant impact on the production, updating and dissemination of high quality patient and carer information. Important patient services including “Headstrong”, Wig services, dementia support, learning disabilities, translation services, sensory loss/impairment are coordinated and centralised through the information manager. Since 2012, the role forms part of VCC’s Supportive care team and leads the information service at VCC</p> <p>Following a recommendation from the charitable funds committee in 2019, the title “patient information manager” changed to “patient information and supportive care services manager” to be more reflective of the scope of services provided by the manager.</p>	
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? £133,440.00	
b) Is expenditure on target? If no, explain why? Update from Finance 13/12/21 is “expenditure is on target”	
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 – this is an ongoing service. The annual report for the service is delivered within the agreed timeframe providing an update and evidence on the service. The annual report will now be presented to the Clinical psychology services manager who since 2021 is the new senior manager for the supportive care team, as part of the supportive care service report.

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
<p>There is clear evidence to support the need to continue to commit to the ongoing funding of this core and invaluable service to patients, families/carers to ensure that VCC continues to meet the requirements of key standards. The information manager's service aligns with:</p> <p>The VCC specific aims in Velindre NHS Trust Charity Trustee Report 2016 – 2017 to:</p> <p><i>“Ensure the people affected by cancer will have their information, needs, and support addressed effectively</i></p> <p><i>Ensure that cancer patients treated by Velindre Cancer Centre have access to the best possible treatment, care and support by helping with the development of its facilities, services and training its staff”.</i></p>	<p>Y</p>	<ul style="list-style-type: none"> • The role of the information Manager has grown significantly since the original business case and objectives to the CFC. There has been a substantial increase in SACT treatments including immunotherapy, clinical trials, and combined use of immunotherapy and chemotherapy. This means that there has been an increase in the need to write and produce patient information leaflets, supporting clinicians to deliver this information in different formats. VCC now has around 180 different treatment regimens, including radiotherapy as they are using Macmillan information. <p>In addition, the information and supportive care services manager is:</p> <ul style="list-style-type: none"> • A key member of the MDT facilitating carer's assessments, befriending services, hospital discharge services, meals on wheels, emergency safe key, personal alarms, volunteer transport and much more essential services for patients. The Manager also refers to other services, throughout the organisation, for example, psychology, therapies team and Welfare Rights Team. • The lead for translation of patient information at VCC. There has been a significant increase in the use of WITS translation service in the last year, including the use of translators accompanying patients to appointments and for patient information booklets to be translated. • The Information service links closely with user groups, other appropriate

		<p>agencies (for example carers UK, Age UK), and support groups at both a local and national level to help identify informational needs/gaps and then develop innovative user approved materials and programmes. These collaborative partnerships have had a positive impact on VCC's relationships with community groups and ensures the patient and carer remains central to information development. An excellent example of this is the work with the ray of Light carers group, the Matthew Walklin's Make a Smile Foundation"</p> <ul style="list-style-type: none"> • Responsibility for the development and management of the 24-hour patient information centre based at VCC. This includes co-ordinating the production of information for people with specific needs, including information in other languages appropriate to the local population and those with disabilities for examples visual/hearing problems. • A key MDT member of many internal and external groups The Patient Dignity group and Memory Mates group. • Provides education and training provided for new staff and students • The role has a positive impact on patient and Carer experience at VCC including patient dignity and loneliness • Produces a body of evidence for meeting health and care standards 4.2, 3.2 • Collaborated on an audit with the senior chemotherapy sister. The aim was to review and update the procedure for the production and update of patient information leaflets, following benchmarking with other cancer centres, a risk assessment and a review of patient and staff opinions of VCC and Macmillan patient information leaflets. • Produced guidance for use of guide dogs on the VCC premises. • Part of a new service at Velindre Cancer Centre to improve the availability of interpreter services to improve accessibility and reduce delays in accessing the physical services of an interpreter. The Interpreter on Wheels
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		<p>service provides audio interpretation and British sign language 24 hours a day, seven days a week. It includes an iPad on a stand which can be wheeled anywhere in the building. Using the Cloud WIFI, it accesses audio and video relay interpretation. A simple touch screen means that patients can get support in up to 240 languages. The new Interpreter on Wheels service aims to minimise delays and provide additional services, especially for inpatient care where an interpreter is unable to provide 24/7 communication support. The service aims to meet the gaps in provision and is cost effective saving money on missed appointments and extended interpreter costs.</p>
<p>Promotes coproduction working closely with local communities and support groups inviting them into the outpatient department, the feedback from patients on these services has been very positive</p>	<p><i>Partially (see section13)</i></p>	<ul style="list-style-type: none"> • The patient and supportive care services manager has been a key member of the development group of an exciting new way of delivering patient information through “RiTITA” Through a person centred, design thinking process, VUNHST in conjunction with Pfizer Oncology and IBM Watson have developed the world’s first AI enabled virtual assistant trained in oncology to proof of concept. This dialogue agent currently is trained to answer a small number of ‘intents’ to demonstrate capability (RiTITA Phase I). RiTTA will be developed for pilot in breast, lung and palliative care based on around 100 – 150 ‘intents’. These intents will cover a number of the FAQs patients, carers and families ask about living with their cancer which will include general administration (e.g., where is the cancer centre, is there a restaurant, where do I park), social (e.g., I am worried about my money situation, how do I tell my employer) simple clinical (can I drink if I’m on chemo, can I dye my hair) complex clinical (I’m feeling unwell). • Prior to the covid pandemic, Prostate Cancer UK/Cymru and Breast Cancer care attended outpatients once a month and The Brain Tumour charity

		were due to start offering support and information. There were also information stands for specific campaigns months, for example, Prostate awareness month, Breast cancer awareness month, Sepsis awareness. It has not been possible to have this information in a physical form at VCC and there have been challenges with both the information screens and social media campaigns.
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13. EXPLAIN WHERE THE PROPOSAL IS/DID NOT ACHIEVE AND WHY AND WHAT YOU WOULD DO DIFFERENTLY.

The service promotes coproduction working closely with local communities and support groups inviting them into the outpatient department, the feedback from patients on these services has been very positive. There are information stands for site months, for example, Prostate awareness month, Breast cancer awareness month, carer's awareness. Unfortunately, since March 2020, this has not been possible during the restrictions of the covid-19 pandemic. In addition, it has been challenging to update information on the website and TV screens with services working off-site and staff changes/vacancies. In addition, a change in a key staff member at VCC in 2021 who was working with the information manager to update both the website and TV information screens has made it difficult to progress this service and to access the information and work already completed. The manager is working on ways to address this

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

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

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

The patient information and support services manager Leigh-Anne Porter won a national UK NHS Unsung hero award 2020. The annual "Unsung Hero Awards" shine a light onto the hard work that non-medical / non-clinical staff and volunteers of the NHS strive towards providing daily. The nomination was for the care and support given to a patient and her husband with dementia who needed support through 6 weeks of radiotherapy

A patient spoke about his meeting with Leigh-Anne Porter, her care and compassion for not only meeting his needs but those of his family and how much this meant to them all. He needed information on his cancer and treatment but after speaking with Leigh-Anne and connecting with her genuineness, he shared his concern for his wife and daughter, who were both struggling with his cancer diagnosis and this was now his biggest worry - not the cancer, the treatment or the uncertain future. Leigh-Anne wanted to help, so met with his wife and daughter to listen to their concerns, and with their consent referred them both to a counselling service. They mentioned how as carers they sometimes felt isolated and were keen to meet others in a similar position but felt guilty for even thinking of their own needs. Leigh-Anne validated their needs and explained that they came to the hospital as a family and so each one of them mattered too. She gave them information on a carer's group that met at the hospital every month and who had just set up a singing group for carers of cancer patients and the daughter was keen to try this. The patient felt they had all received excellent care and support from Leigh.

Feedback from a chemotherapy clinical sister stated that *“Leigh-Anne is amazing, always so helpful – nothing is too much trouble for her. When we ask for information for patients, she finds it straight away, if we need help to access support services she is there to help. If a patient needs clothing or access to translation services, we all go to Leigh-Anne as we know that she cares enough to help and has the knowledge and experience to help. She saves us so much time, time that we can give back to delivering SACT”*

16. PROVIDE DETAILS OF LESSONS LEARNT

In 2012, the Patient Information service became part of the supportive care team, previously it had been a “stand alone service” at VCC. This has been an important development and lesson in workforce planning as the manager now has a more integrated and collaborative role which includes not only peer support but a shared vision and three-year plan to improve the information and dignified care and support for VCC patients and their families. The onsite presence of the manager rather than a virtual service means that there is a reactive, personal support and information service as well as a proactive service. The manager’s skills are integrated and utilised by many departments at VCC and an example of this is the way the service responded positively and timely to changes during the Covid-19 pandemic, adapting information to include covid guidance for cancer patients and their families including bereavement.

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APPROVED BUSINESS CASES – ANNUAL EVALUATION REPORT

1. BUSINESS CASE TITLE	2. BUSINESS CASE REFERENCE NUMBER
Clinical Psychology service	2019-49
3. BUSINESS CASE PREPARED BY	4. BUSINESS CASE SPONSORED BY
Lisa Miller	Andrea Hague, Director, VCC
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
03/12/2019	<i>If RD&I Sub-Committee approval was not required please state "not applicable" in this section</i> Not applicable
7. BRIEF SUMMARY OF THE BUSINESS CASE	
<p>A robust Specialist Clinical Oncology Psychology service is integral in the management of patient flow across the entire healthcare system in South East Wales (physical and mental health services within Health Boards).</p> <p>The operation of the Clinical Psychology Service is key to the Trust's efforts to properly embed the Sustainable Development Principle. Particularly in terms of the Prevention and long term arms of the Principle.</p> <p>A sustainable Clinical Psychology Service and the benefits it delivers to both patients and staff constitutes an important element of the trust's response to A Healthier Wales.</p> <p>Three year funding of the Clinical Psychology Service at Velindre Cancer Centre to enable its Service Delivery to continue. In summary, when funded the Clinical Psychology Service:</p> <ul style="list-style-type: none"> Increases the psychological wellbeing of patients and staff, Increases satisfaction with patient experience at VCC, Prevents service ruptures / breaches and the associated costs (to the individual and the NHS), Contributes to research and service development, Meets the Trust's obligations to deliver on all the Government strategies related to psychological well-being, Reduces the healthcare utilisation of patients with psychological distress, Obtains additional business and associated costs for the trust (research and private practice) Significantly reduces long term health costs for the NHS and provides economic savings. <p>The Clinical Psychology department (excluding Wales Infected Blood Support Service) comprises of:</p> <p>Consultant Clinical Psychologist – Band 8c – 0.6 W.T.E Clinical Psychologist – Band 8a – 0.8 W.T.E Clinical Administrator – Band 4 – 0.8 W.T.E (core funding)</p>	
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	X
Year 3	

End of project evaluation		
10. EXPENDITURE:		
a) What was the value of the funding request? £263,108.00		
b) Is expenditure on target? If no, explain why?		
Expenditure is currently lower than the funding available due to the redirection of staff as a consequence of Covid. Draw down to date against the project is £138k which is £14k lower than planned		
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?		
<i>e.g. delays in recruitment process</i>		
Yes within the time period – but an ongoing service that will require sustained funding, a further request will be submitted as appropriate.		
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
Increase the psychological wellbeing of patients and input into staff professional development	Yes and ongoing	<p><i>The clinical psychology service offers a specialist assessment and interventions to any patient receiving cancer care at Velindre who is experiencing emotional /psychological distress in the context of the cancer diagnosis. It is a flexible and creative service that offer short and longer term interventions for patients at various points in their cancer care. Having access to this service is crucial for emotional wellbeing and holistic care options. Referral rates are ever increasing as is patient engagement. Positive patient feedback formally and informally comment on the helpfulness of a specialist in-house service and the range of psychological options we provide.</i></p> <p><i>The clinical psychology team have direct input into the multi disciplinary teams offering direct clinical input and aspects of staff wellbeing highly demonstrated during the acute phase of the pandemic. The team continue to offer psychological input for staff regarding their clinical work and professional development which incorporates psychological wellbeing.</i></p> <p><i>There is a separate identified need for psychological input for staff which cannot be provided by the current clinical psychology resource.</i></p>
Service and research development	Yes and ongoing	<i>The clinical psychology service as like other departments are going through considerable</i>

		<i>changes which will improve accessibility of the service for patients, waiting time to receive intervention, options for help and support, and referral on to other services when needed. The service has adopted a new assessment model, based on evidence based research, of triage post referral to establish need and identify appropriateness of services. This model has reduced waiting times and increased access to various service options as well as an individual psychology appointment if needed. The team are working more closely with Maggie's and with supportive care services with Velindre to speed up referral pathways for patients and improve choice.</i>
<i>Closer working with Inpatient teams and prioritisation of inpatient psychological needs</i>	<i>Yes and ongoing</i>	<i>The clinical psychology team have been working closely with staff on first floor ward at Velindre to improve access to the team for inpatients in emotional and psychological distress as the patient group is often the most complex and in need. Previously the inpatient work was not prioritised, there has been a service shift that has been welcomed by staff and improved patient care.</i>
<i>Flexible ways of working clinically</i>	<i>Yes and ongoing</i>	<i>During the pandemic some clinical work was offered via phone and video. Over 70% remained face to face and we have now returned to +90% face to face working based on patient choice. Due to the nature of the appointment most patients, if possible want to meet face to face. The team have become more skilled and experienced at working online and we have offered therapeutic groups via video while we have not been able to offer group face to face work. It has been a service development area and an option we can now confidently offer to patients if preferred.</i>
<i>Effective partnership working model</i>	<i>Yes and ongoing</i>	<i>The clinical psychology team have an excellent working relationship with Maggie's Cardiff as a compliment service to options offered for patient care at Velindre. Having Maggie's on site has been a unique opportunity for the services to work in tandem to offer a full range of services to patients, but also family, partners and carers.</i>

Explain where the project has been successful and if the original aims and objectives as outlined in the original Business Case are being/were achieved. Include details of how these are being/were achieved. This could include the following, although this is not an exhaustive list:

- Improved services for patients – explain how this was measured i.e. reduction in delays evident from performance reports.*
- More efficient patient pathway due to introduction of new equipment – i.e. patient experience surveys, performance reports.*

- *Improvements in ways of working i.e. new technology, Wi-Fi, Apps etc.*
- *Published Academic papers*
- *National guidance*
- *Partnership working*

Refer back to the anticipated benefits noted in the business case proposal.

Identify service improvements in respect of care, treatment, research activity etc.

Benefits to service user experience.

Achievement of charity objectives.

***If an objective is not being/was not achieved, provide details in section 13 below**

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

Not applicable

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

To provide an excellent, flexible and creative clinical psychology service for any patient receiving cancer care at Velindre who is experiencing emotional/psychological distress in the context of the cancer diagnosis. We offer short and longer term interventions, with no define time limit due to the complexity of living with and being diagnosed with cancer. We offer psychological input into the staff teams working with complex clinical presentations, provide teaching and training where possible and provide clinical supervision and reflective practice when appropriate. We are a team of skilled clinicians with specialist knowledge and experience that is used a respectful and professional manner.

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

Informal patient feedback is received on an ongoing basis. Formal patient feedback and levels of satisfaction have not been requested recently but could be obtained at any time. Staff teams have bene hugely appreciative of the formal and informal psychological and emotional support provided by the team particularly during the challenging time of the pandemic and have requested such ongoing contact with the team which has prompted the request for a further psychological for staff and teams post which is in consideration.

16. PROVIDE DETAILS OF LESSONS LEARNT

To be able to identify the successes we have experienced as a service in the last 18months particularly and to be able to hold a vison for the service for the next 3-5 years which is something that has been discussed in the team in detail. To acknowledge the positive work with patients as there is a high amount of loss and distress that is witnessed. To celebrate the compassion but specialist and appropriately challenging service that we provide.

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WALES

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Prifysgol Felindre
Velindre University
NHS Trust

CHARITABLE FUNDS COMMITTEE

WALES WEEK IN LONDON

DATE OF MEETING

03/02/2022

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable - Public Report

PREPARED BY

Kylie McKee, Deputy Head of Fundraising

PRESENTED BY

Alaric Churchill, Interim Charity Director

EXECUTIVE SPONSOR APPROVED

Steve Ham, Chief Executive

REPORT PURPOSE

FOR APPROVAL

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

COMMITTEE OR GROUP

DATE

OUTCOME

(DD/MM/YYYY)

Choose an item.

ACRONYMS

VF

Velindre Fundraising

WWIL

Wales Week In London

1. SITUATION/BACKGROUND

Wales Week In London (WWIL) is an annual showcase of activities and events that celebrate and promote everything that is great about Wales over two weeks in February and March incorporating St David's Day.

The first Wales Week In London took place in 2017 where 56 different activities and events took place. In 2018 there were 81 and in 2019 there were over 100. In 2020 there were over 130 activities and events that helped showcase Wales across London.

In 2019, VF were the chosen charity partner for WWIL. This was the first time WWIL had adopted a charity for the programme.

VF hosted several high profile events over the two weeks, varying in price ranges as requested by WWIL organisers:

- **Wales V England Question of Sport** at London Welsh Rugby Football Club (RFC) featuring teams from Wales and England including Adam Jones, Joe Marler, Jamie Roberts and Michael Owen. Tickets were £40 each to include dinner. A raffle and auction was held during the evening. This event sold out.
- **A Captains Lunch with Sam Warburton** at Norton Rose Fulbright, Tower Bridge, hosted by Carolyn Hitt. Tickets were priced at £125 including a drinks reception, 3 course lunch cooked by Welsh Chef Tom Simmonds with wine. There was a raffle and auction held. This event sold out.
- **A Night Of Welsh Comedy Shorts** with Rhod Gilbert and friends at London Welsh Centre. Tickets were £20 to include popcorn.
- **Best of Wales Gala Ball** at Marriott Grosvenor Lane hosted by Carolyn Hitt and featuring appearances by Jonathan Davies, Harpist Catrin Finch and Manic Street Preachers front man James Dean Bradfield (James Dean Bradfield pulled out last minute due to illness) Tables of 10 were £1250 to include a champagne reception, 3 course dinner and entertainment. Ambassador Wayne Phillips sponsored the cost of this event.

Velindre staff also attended other events held during the programme, with some events supporting VF through raffles and donations.

VF were the chosen charity partner for 2020 and assisted London Welsh RFC with their bi-annual gala dinner at the club on the eve of England v Wales in Twickenham. VF sourced Shane Williams as the guest speaker and Gareth Charles to host the Question & Answer. The event raised £12,000 from the auction and raffle. VF contributed to the cost of the marquee at £5000.

VF also held a second Captains Lunch at Norton Rose Fulbright with Jonathan Davies, hosted by Sean Holley which also sold out.

Covid prevented any physical events taking place in 2021, but VF supported an online launch of WWIL opened by President Jonathan Davies.

VF have been chosen as the charity partner again for the 2022 programme which takes place from 20th February to 7th March.

Due to the ongoing Covid situation and the restrictions put in place in early January, VF have agreed with WWIL to host minimal events this year. The main event will be the Jonathan Davies Celebrity Golf Day at the Grove in London on 24th February, sponsored by Ambassador Wayne Phillips.

VF are also planning two seminars; one based around dealing with cancer in the workplace which will be aimed at HR personnel, and the other will highlight our plans for research and Innovation. Both of these events are subject to sponsorship and availability of VF staff to attend and present.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

The Jonathan Davies Celebrity Golf Day at The Grove

Based on 22 teams of 4 (maximum capacity)

Please note:

GOLF DAY: All green fees and food costs have been covered by the sponsor and are not included in the table below.

The golf day starts at 9am so Jonathan and some celebrities will need accommodation on the Wednesday night as well as the Thursday night in order to be at the event in time.

We will not know how many celebrities will be required to attend the event until the teams return their team sheets stating if they require a celebrity as part of their team, so the costs are estimated. If several celebrities are required, we will try and source them from the London area where possible to keep costs to a minimum.

SEMINARS: These will only go ahead if a sponsor is sought to cover the cost of the venue, refreshments and technical equipment required.

INCOME		
Team entry cost	22 x £600	£13,200
Raffle	220 x £10	£200
Auction	5 lots	£3000
TOTAL INCOME		£16,400
EXPENDITURE		

Travel for Jonathan and celebrities	Return to London x 5	£1000
Accommodation for Jonathan and other celebrities for 2 nights	£200 per room x 5	£2000
Accommodation for VF Staff	£120 per room x 4	£480
Travel for VF Staff	Return to London	£200
Microphones & PA system for after dinner event		£300
Framing of auction items	3 x £100	£300
TOTAL EXPENDITURE		£4280
TOTAL EVENT PROFIT		£12,120

Seminars

INCOME		
Tickets	100 x £25	£2500
TOTAL INCOME		£2500
EXPENDITURE		
Travel for VF staff	4 x £100	£400
TOTAL EXPENDITURE		£400
TOTAL EVENT PROFIT		£2,100

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 costs for the events held are being sponsored so there is no financial risk to the charity.
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4. RECOMMENDATION

The Charitable Funds Committee is asked to:

APPROVE VF being the chosen charity of WWIL for the fourth year running.

COMMIT to the events planned and approve expenditure for each event as outlined in section 3 of this report.