

# Public Charitable Funds Committee

Tue 20 February 2024, 11:00 - 13:10

Velindre University NHS Trust Headquarters



## Agenda

### 11:00 - 11:15 1.0.0 STANDARD BUSINESS

15 min

*Led by Professor Donna Mead, OBE, Chair*

#### 1.1.0 Apologies

*Led by Professor Donna Mead, OBE, Chair*

#### 1.2.0 In Attendance

*Led by Professor Donna Mead, OBE, Chair*

#### 1.3.0 Declarations of Interest

*Led by Professor Donna Mead, OBE, Chair*

#### 1.4.0 Draft Minutes from the meeting held on the 12 December 2024

*Led by Professor Donna Mead, OBE, Chair*

 1.4.0 Charitable Funds Committee Public Part A Minutes \_12.12.2023 MB Review dm.pdf (10 pages)

#### 1.5.0 Action Points

*Led by Matthew Bunce, Executive Director of Finance*

 1.5.0 Public Charitable Funds Committee Action log\_Updated for February 2024 meeting.pdf (3 pages)

#### 1.6.0 Matters Arising


*Led by Professor Donna Mead, OBE, Chair*

### 11:15 - 11:30 2.0.0 UPDATE FROM CHARITY DIRECTOR / FUNDRAISING UPDATE REPORT

15 min

*Led by Paul Wilkins, Charity Director*

 2.0.0a Feb24 Directors Report Part A.pdf (10 pages)

 2.0.0b Appendix 1 16.1.24 Velindre University NHS Trust Charity Event Terms and Conditions Final Clean (003).pdf (9 pages)

 2.0.0c Appendix 2 Event Assessment Document.pdf (2 pages)

#### 2.1.0 Annual Delivery Plan

*Led by Paul Wilkins, Charity Director*

 2.1.0 Annual Delivery Plan 2024 2025.pdf (14 pages)

### 11:30 - 11:40 3.0.0 FINANCE

10 min

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

### 3.1.0 Financial Update Paper

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

-  3.1 - CFC Finance Cover Paper Dec 23 - CFC Feb 23 - Final.pdf (7 pages)
-  3.1a - CFC Financial Paper Dec 23 - CFC Feb 23 - Final.pdf (13 pages)
-  3.1b - Cashflow Forecast as at 31 Dec 2023 - CFC Feb 23 - FINAL.pdf (1 pages)
-  3.1c - Summary of Commitments Dec 23 - CFC Feb 24.pdf (7 pages)

### 3.2.0 Suspension of Expenditure Recharges to the Charity

*Led by Steve Coliandris, Head of Financial Planning & Reporting*

-  3.2.0 - Suspension of Expenditure recharges to Charity for 2023-24.pdf (8 pages)

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### 11:40 - 11:50 4.0.0 BREAK

10 min

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### 11:50 - 12:00 5.0.0 BUSINESS CASE AND EXPENDITURE PROPOSALS

10 min

#### 5.1.0 VELINDRE CANCER CENTRE – Patient Engagement Management and Support(Volunteers, Velindre Voices)

*Led by Lisa Miller, Head of Patient Engagement*

-  5.1.0 Charitable Funds Business Case - Patient Engagement Services (Volunteer Services) - v0.5 - 12.02.2024.pdf (15 pages)

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### 12:00 - 13:00 6.0.0 BUSINESS CASE ANNUAL EVALUATIONS

60 min

#### 6.1.0 Implementing the Velindre Cancer R&D Ambitions - An Integrated Business Case

*Led by Sarah Townsend, Head of Research and Development and Kate Cleary, Research and Development Strategy Project Manager*

-  6.1.0 Annual Evaluation Integrated Bid 25.1.24.pdf (7 pages)

#### 6.2.0 Cardiff Cancer Research Hub: Commissioning an Investment Strategy

*Led by Kate Cleary, Research and Development Strategy Project Manager*

-  6.2.0 Annual Evaluation Cardiff Cancer Research Hub- Investment Strategy -16.1.24.pdf (3 pages)

#### 6.3.0 Scalp Cooling Machines for SACT Day Case Units

*Led by Rachel Hennessy, Interim Director Velindre Cancer Services*

-  6.3.0 Annual Evaluation Scalp Cooling Machines.pdf (3 pages)

#### 6.4.0 Patient & Carer Information & Support Services Manager

*Led by Michele Pengelly, Supportive Care Lead Nurse*

-  6.4.0 Annual Evaluation patient information manager January 2024.pdf (5 pages)

#### 6.5.0 Spiritual and Pastoral Care Services

*Led by Michele Pengelly, Supportive Care Lead Nurse*

-  6.5.0 Annual evaluation spiritual and pastoral care services January 2024.pdf (4 pages)

## 6.6.0 Wigs Services

*Led by Michele Pengelly, Supportive Care Lead Nurse*

 6.6.0 Annual Evaluation Wig service January 2024.pdf (5 pages)

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13:00 - 13:10  
10 min




## 7.0.0 CONSENT AGENDA

*Led by Professor Donna Mead, OBE, Chair*

### 7.1.0 Endorse For Board Approval

*Led by Professor Donna Mead, OBE, Chair*




#### 7.1.1 Charitable Funds Committee Terms of Reference

-  7.1.1a Charitable Funds Committee Terms of Reference Cover Paper.pdf (6 pages)
-  7.1.1b Appendix 1 Feb 2024 Review of CFC Terms of Reference - with track changes.pdf (9 pages)
-  7.1.1c Appendix 2 Feb 2024 Review of CFC Terms of Reference - Clean version.pdf (9 pages)

### 7.2.0 For Approval

#### 7.2.1 Cycle of Business

*Led by Lauren Fear, Director of Corporate Governance and Chief of Staff*

-  7.2.1a Charitable Funds Committee Cycle of Business January 2024 to March 2025.pdf (6 pages)
-  7.2.1b Appendix 1 Charitable Funds Committee Cycle of Business January 2024 to March 2025 - with track changes.pdf (3 pages)
-  7.2.1c Appendix 2 Charitable Funds Committee Cycle of Business January 2024 to March 2025 - Clean version.pdf (3 pages)

### 7.3.0 For Noting

*Led by Professor Donna Mead, OBE, Chair*




#### 7.3.1 Charitable Funds Investment Performance Review Sub Committee Highlight Report

*Led by Matthew Bunce, Executive Director of Finance*

-  7.3.1 Charitable Funds Investment Performance Review Sub-Committee 01 February 2024 Highlight Report.pdf (4 pages)

#### 7.3.2 Highlight report on Advancing Radiotherapy Fund (ARF)

*Led by Matthew Bunce, Executive Director of Finance*

-  7.3.2 CFC Highlight Report\_Advancing Radiotherapy Fund\_February 2024.pdf (8 pages)
  -  7.3.2a ARF Returned Funds Summary.pdf (2 pages)
  -  7.3.2b Advancing Radiotherapy Fund (ARF)\_Project Activity.pdf (6 pages)
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13:10 - 13:10  
0 min

## 8.0.0 ANY OTHER BUSINESS

Prior Agreement by the Chair Required

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13:10 - 13:10  
0 min

## 9.0.0 HIGHLIGHT REPORT

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

- For Escalation
- For Assurance
- For Advising

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**13:10 - 13:10 10.0.0 DATE AND TIME OF NEXT MEETING**

0 min

Tuesday 21 May 2024 at 10:00AM

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**13:10 - 13:10 11.0.0 CLOSE**

0 min

The Committee is asked to adopt the following resolution:

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

## MINUTES OF THE PUBLIC CHARITABLE FUNDS COMMITTEE (CFC)

### VELINDRE UNIVERSITY NHS TRUST HQ / TEAMS

**TUESDAY 12 DECEMBER 2023 AT 10:00AM**

<b>PRESENT:</b>	
Professor Donna Mead OBE	Chair
Hilary Jones	Independent Member (Left meeting 10:28am-10:47am)
Matthew Bunce	Executive Director of Finance
Steve Ham	Chief Executive Officer
<b>ATTENDEES:</b>	
Paul Wilkins	Charity Director
Barry Williams	Senior Finance Business Partner
Wayne Griffiths	Charity Ambassador
Rachel Hennessy	Interim Director of Velindre Cancer Services (Joined the meeting 10:27am. Left meeting 11:11am)
Alison Hedges	Business Support Officer / Committee Secretariat

<b>0.0.1 FUNDRAISING CASE STUDY – CRAIG MAXWELL, VIEW FROM A FUNDRAISER</b>	
<i>Led by Paul Wilkins, Charity Director</i> <i>Joined by Craig Maxwell, Charity Fundraiser</i>	
	<p>The Chair welcomed Craig Maxwell to the Committee who is Tenby-born and a former WRU Commercial Director. Craig Maxwell explained he has been diagnosed with terminal lung cancer. He is now on a trial drug to attempt to improve his condition.</p> <p>Craig Maxwell explained how Velindre Trust has helped give himself, his wife and children purpose and hope, and expressed the amazing support received from the Fundraising Team, with Kylie McKee becoming a friend of the family.</p> <p>Craig highlighted some elements of his journey:</p> <ul style="list-style-type: none"> <li>• Craig took part in the Charity bike ride July last year.</li> <li>• Took 78 days to be diagnosed with cancer, and following that Craig contacted Tom Crosby to express that 78 days was too long to wait. Tom Crosby agreed and confirmed that colleagues already had a plan to improve the speed of diagnosis through the QuikDNA (liquid biopsy) Project which would provide a genetic blood test that would enable earlier diagnosis. From this conversation Craig then had an idea on how he could help fundraise.</li> <li>• Craig aimed to raise £300,000. £160,000 was received from 16 companies donating £10,000 each. The remaining c£200,000 has been received through public fundraising within the charity.</li> <li>• Moondance donated £500,000. They suggested part of this donation be used to establish something as a legacy for Craig's children, but Craig suggested setting up a fund that could support cancer care across Wales, but using the Velindre Charity brand, so the Maxwell genomics fund is being set up. Craig and Paul Wilkins are going through the</li> </ul>

	<p>Terms of Reference for the management of the Fund to assure it aligns and is compliant with the Velindre Charity articles and Charity Commission regulations.</p> <ul style="list-style-type: none"> <li>• Craigs intention is to attempt to raise an additional £1 million within the next 12 months. Events planned to achieve this are: <ul style="list-style-type: none"> <li>- 780mile Wales coastal walk with celebrities during February 2024 which will run for 26 days from Chester to the Principality Stadium for the Wales versus France Game, and the Welsh Rugby Union are providing the match ball to accompany Craig on the walk.</li> <li>- Also a Principality Stadium event later in the year.</li> </ul> </li> </ul> <p>The Committee expressed that they were inspired by Craigs journey and the work he is doing to raise funds to support cancer care in Wales.</p> <p>Paul Wilkins assured the Committee that he is looking at publicity and making people more aware of the Velindre Charity and it's work and has started to review and make improvements to the website, commencing implementation of awareness raising through the Christmas Campaign.</p> <p>The Committee agreed it is important that people are aware of what is funded through the charity.</p> <p>Matthew Bunce suggested to Craig that it would be great to use his knowledge of sales and marketing developed in his Commercial role at WRU to help Velindre Charity do more work with the business community to raise funds for Velindre Charity.</p> <p>The Committee agreed with the leadership across Wales element of what Craig is doing and the fact it could give Velindre a presence across Wales as a fundraising opportunity for the whole of the cancer services in Wales.</p> <p>The Committee agreed with the need to upskill staff which is going to be at an all-Wales level and that there is something about bringing the network of people together. Have access to all the major corporates within Wales and research is a big thing.</p> <p>Hilary Jones in part as her role as Independent Member, but also to fundraise, expressed an interest in joining the coastal walk through Carmarthenshire. Craig confirmed the website to join the event is up and running in test mode and he agreed to circulate information next week to the sign-up page.</p> <p>The Committee acknowledged that the Patient Support Team provide an excellent service for patients through the help of the fundraising donations provided to the Trust and recognised that money is not only needed to enable discovering of new treatments but also need the funds that make patient experience the best it can be. The Committee also commended the members of staff at Velindre for the services they deliver and fundraising they do.</p>	
<b>1.0.0</b>	<p><b>STANDARD BUSINESS</b></p> <p><i>Led by Professor Donna Mead OBE, Chair</i></p>	
<b>1.1.0</b>	<p><b>Apologies</b></p> <p><i>Led by Professor Donna Mead OBE, Chair</i></p> <p>Apologies were noted from:</p> <ul style="list-style-type: none"> <li>• Martin Veale, Independent Member</li> </ul>	

	<ul style="list-style-type: none"> <li>• Emma Stephens, Head of Corporate Governance</li> <li>• Jacinta Abraham, Executive Medical Director</li> <li>• Nicola Williams, Executive Director of Nursing, AHPs &amp; Health Science</li> <li>• Cath O'Brien, Chief Operating Officer</li> <li>• Steve Coliandris, Head of Financial Planning and Reporting</li> <li>• David Cogan, Patient Liaison Representative</li> <li>•</li> </ul>	
<b>1.2.0</b>	<p><b>In Attendance</b>  <i>Led by Professor Donna Mead OBE, Chair</i></p> <p>The Chair welcomed:</p> <ul style="list-style-type: none"> <li>• Wayne Griffiths, Charity Ambassador (regular attendee) and noted the attendance of Craig Maxwell, Fundraiser.</li> </ul> <p>The Chair advised that several people would be joining throughout the meeting to present for Items 5.0.0, 6.0.0, 7.0.0 and 8.0.0.</p>	
<b>1.3.0</b>	<p><b>Declarations of Interest</b>  <i>Led by Professor Donna Mead OBE, Chair</i></p> <p>The Chair declared the following declaration of interest:</p> <p>In relation to Research Capacity Business Collaboration (RCBC) the Chair (Donna Mead) was the original grant holder and Director of that scheme. Going forward the Chair will not declare this again and will include this in the Trust wide Declarations of Interest.</p>	
<b>1.4.0</b>	<p><b>Draft Minutes from the meeting held on the 07 September 2023</b>  <i>Led by Professor Donna Mead, OBE, Chair</i></p> <p>The Charitable Funds Committee confirmed the Minutes of the meeting held on the <b>07 September 2023</b> were an accurate and true reflection of the meeting.</p>	
<b>1.5.0</b>	<p><b>Action Points</b>  <i>Led by Matthew Bunce, Executive Director of Finance</i></p> <p>Committee members confirmed there was sufficient information contained in the log to provide assurance that all actions identified as completed could be <b>closed</b>. The remaining <b>open</b> actions due were reviewed and following points <b>noted</b>:</p> <p><b><u>Actions from Committee Meeting held on 17/05/2022</u></b>  <b>2.4.0 Business Case Development Phase 2.</b>  This action still remains open, as the Finance team has still not replaced the Costing Accountant who would lead on this work. Existing principles of Full Economic Costing for Charity business case applications still exist and staff completing business cases are reminded of these by the Finance team. The next step will be a more detailed piece of work to identify a standard cost charge for overheads.</p> <p><b><u>Actions from Committee Meeting held on 20/09/2022</u></b>  <b>3.1.0 Event Proposal</b>  A list of all the planned events was provided to the Committee, which now needs to be translated into a project plan that includes Fundraising staff</p>	

	resource requirements which can be shared as a formal document with the Committee. It was noted that as well as Events all the other work of the Fundraising team also needed to be reflected in the comprehensive annual plan, including Health and Safety, risk management, management of legacies, campaigns etc. All information required to develop the project plan for the Fundraising Team is included in the current documents i.e., strategy and operational plan.	
<b>1.6.0</b>	<b>Matters Arising</b> <i>Led by Professor Donna Mead, OBE, Chair</i>  No matters arising.	
<b>2.0.0</b>	<b>UPDATE FROM CHARITY DIRECTOR / FUNDRAISING UPDATE</b> <i>Led by Paul Wilkins, Charity Director</i>	
	<p>Paul Wilkins took the Committee through the Fundraising Update paper and highlighted the recruitment to three posts within the Fundraising Team, that the new Team is working well together, but there are still some vacancies which recruitment is being progressed for. Originally the post in relation to social media was created, but as a new Fundraiser has experience in this field she has been now moved into this role and will be advertising for another Fundraiser. The Business Finance Manager vacancy was submitted to scrutiny panel for approval yesterday and should be advertised shortly. Head of Fundraising has agreed previously to work in a different role and is further reducing hours from 3 days to 2 days. The plan is to advertise for a full time Head of Fundraising which will be subject to normal competitive process, advertised internally in first instance and will then only be advertised externally if there is no internal appointment. The post is funded through existing budget, and there will then be a review of what the future structure needs to look like based on the Charity's new Strategy once fully developed.</p> <p>Paul highlighted the following:</p> <ul style="list-style-type: none"> <li>• Morocco Trek cancelled due to the impact of the earthquake and reset for July 2024.</li> <li>• Rhod Gilbert comedy event was very successful, just waiting for the final evaluation.</li> <li>• France bike ride successful, lessons to learn from some event delivery issues, currently undertaking an evaluation.</li> <li>• Key West bike ride is full and the Charity President is likely to take part.</li> <li>• Patagonia Trek now full, with a list of 20 reserves.</li> <li>• Wear Red campaign being arranged.</li> <li>• Christmas messages, thank you messages to staff and fundraisers, will run up to Christmas Eve. Will do an evaluation following this.</li> <li>• Legacies update £960,000, with a further £550,000 due this financial year and one legacy still subject to legal process remains open.</li> <li>• Terms and Conditions for the Challenge Events have been updated and are being reviewed by legal advisors to assess if they are fit for purpose. The Terms &amp; Conditions will be brought back to the Committee for approval when finalised.</li> <li>• All Charitable Funds Committee Policies have passed their review dates. These Policies remain extant and the CFC will go through a review cycle going forward.</li> </ul> <p>The Committee <b>DISCUSSED</b> and <b>NOTED</b> the report.</p>	



2.1.0	<p><b>NHS Charities Together Membership Changes</b>  <i>Led by Paul Wilkins, Charity Director</i></p> <p>Paul Wilkins informed the Committee that notification was received in the last quarter from NHS Charities Together that up until this point membership had been free but from April 2024 this will entail a cost. Majority of charities are staying on board. The cost of membership would be about £3,600.</p> <p>Paul Wilkins explained the benefits of membership include networking, regional meetings, access to funding, sharing policies, procedures and other useful information, and benchmarking, all of which provides learning and improvement opportunities. For this year he believed membership will give value for money and will benefit the new team. Membership will be reviewed over the next year.</p> <p>The Chair flagged the £110,000 grant recently received from NHS Charities Together and suggested that Velindre Trust Charity could approach Welsh Government and ask if they wanted to grant some money into NHS Charities Together ringfenced for Wales. Paul Wilkins responded that there is a question of whether the Velindre Charity approaches NHS charities Together or all Welsh NHS Charities do that? There would probably be more impact within Wales.</p> <p>The Chair raised that some Charitable Funds Committee members might benefit from some of the training and a session which addresses new regulation as far as Charities Commission is concerned, as well as the Fundraising Staff.</p> <p>The Charitable Funds Committee <b>SUPPORTED</b> membership if NHS Charities Together for one year and will review after one year.</p>	
3.0.0	<p><b>FINANCE</b>  <i>Led by Barry Williams, Senior Finance Business Partner and Steve Coliandris, Head of Financial Planning and Reporting</i></p>	
3.1.0	<p><b>FINANCIAL UPDATE PAPER</b></p> <p>Barry Williams took the Committee through the Financial update and highlighted the following key points to the Committee:</p> <p><b>Income, Expenditure, Funds &amp; Investment Performance:</b></p> <ul style="list-style-type: none"> <li>Income for period ending 31 October totalled c£2.978 million. Representing roughly a 72% increase.</li> <li>£525,000 of the overachievement is against unrestricted funds and primary driver of the overachievement is the £300,000 funding drawn down from Moondance for Advancing radiotherapy Cymru (ARC).</li> <li>Expenditure position is lower than planned at £1.296 million for period ending October. Roughly a 45% reduction against the original plan.</li> <li>Significant proportion of the slippage relates to the RD&amp;I Integrated bid of roughly £720,000 and slippage against the Advancing Radiotherapy Fund (ARF) of £247,000.</li> <li>Indicative forecast for overhead cost is £188,000, roughly a £52,000 reduction to the plan due to the in-year vacancy of the Charity Director post.</li> <li>Funds held at 31 October have increased to £10.004 million.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Expecting net income £377,000. Expecting an out turn fund balance £10.213 million.</li> <li>• The overall value of the investment portfolio has fallen by about 12.85%. The Fund investment strategy is designed to provide long term growth in value, so expect the Investment value to recover in the future.</li> <li>• Holding cash balances £4.442 million.</li> <li>• Onboarding with new Investment Managers is currently progressing and when complete will discuss potential cash management options. Expecting the return on cash held to be roughly 5%.</li> </ul> <p><b>Reserve Policy:</b></p> <ul style="list-style-type: none"> <li>• The Trust is currently over-achieving by about £4.593 million against the target reserve. This is expected to reduce over next few years as significant commitments made in relation to the RD&amp;I Infrastructure and ARC are implemented.</li> </ul> <p><b>Forecast Commitments:</b></p> <ul style="list-style-type: none"> <li>• Target reserve at March 2024 is expected to be about £2.356 million with an expected over performance of about 1.8 times that value. Should have a balance of about £4.2-4.3 million.</li> <li>• 2025/2026 reserve balance expected to shrink to £2.644 million.</li> <li>• £1.5 million reduced charge is expected to be drawn next financial year.</li> </ul> <p><b>Investments:</b></p> <p>The Committee were advised that the Charitable Investment Performance Review Sub Committee has discussed the investment performance in detail with its Advisors. The next meeting is due to be held in February 2024.</p> <p>Barry Williams highlighted that at the previous Charitable Funds Committee the new delegated financial limits were agreed and as part of that agreement a report of the value and description of items committed by the Chief Executive or Finance Director between each Committee meeting will be circulated to Members. This was circulated 11 December 2023, there was one order raised between the period for £5,600. Future Finance Reports will include details on commitments made by CEO and FD between Committees.</p> <p>The Charitable Funds Committee <b>NOTED</b> the contents of this finance report and in particular:</p> <ul style="list-style-type: none"> <li>• The financial performance of the Charity for the period ending 31st October.</li> <li>• The current position and performance of the Charity's investment portfolio as at 31st October 2023.</li> </ul>	
4.0.0	<b>BREAK - A break was scheduled on the agenda but this was omitted.</b>	
5.0.0	<b>BUSINESS CASE AND EXPENDITURE PROPOSALS</b>	
5.1.0	<p><b>Update on Implementing the Cancer R&amp;D Ambitions – An Integrated Business Case 2023-2026 –including an overview of recruitment and request for funding arrangements.</b></p> <p><i>Led by Kate Cleary, Research and Development Strategy Project Manager and Sarah Townsend, Head of Research and Development</i></p>	

	<p>The Chair welcomed Kate Cleary and Sarah Townsend to the meeting to present the Business Case.</p> <p>Kate Cleary took the Committee through the key aspects of the Business Case, explaining the this was an opportunity to speak about a specific post whilst also giving an overview on the recruitment position of all posts. Kate Cleary noted that since submitting the business case, the position compared to the plan is that there are currently sixteen positions appointed or filled, three are currently going through the recruitment process, five are not in the recruitment process and six are sessional commitments.</p> <p>Kate Cleary outlined the specific post that needed to be raised to the Committees attention, which was the Clinical PhD in Precision Oncology funded 50% by RD&amp;I bid and 50% Stepping Stone Fund. The timeframe of the bid doesn't align with the PhD which runs until October 2026, so it was proposed to front load 100% of the costs against the integrated bid funding with the Stepping Stone funding to cover 100% of costs to the later period up to the end of October 2026. The Committee agreed with the plan to draw money from the Charitable Funds first to cover all costs and then Stepping Stone Funds to make sure funds continue to the October 2026 deadline.</p> <p>The Charitable Funds Committee <b>APPROVED</b> the proposal.</p>	
<b>6.0.0</b>	<b>BUSINESS CASE ANNUAL EVALUATIONS</b>	
<b>6.1.0</b>	<p><b>2021-05 Building Capacity in Research through the establishment of a small grants scheme</b></p> <p><i>Led by Sarah Townsend, Head of Research and Development</i></p> <p>The Chair invited Sara Townsend to present the Business Case Annual Evaluation.</p> <p>Sarah Townend thanked the Charity for supporting the reactivation of the small grant scheme within the Trust, which proved to be invigorating. Sarah Townsend highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Had ten applications (excluding two withdrawals); six funded, three projects completed and one project is still ongoing. Staff involved have been encouraged by the success of the small grants scheme to apply for the Trusts Healthcare Cancer Research Fellowship Scheme also funded by the Charity through the RD&amp;I integrated bid.</li> <li>• The RD&amp;I Integrated bid will now fund another small grant scheme. The call for bids is going out in the new financial year. Forecast of spend at the end of the financial year for this round of bids is £29,000 for the project with the underspend supporting the continuity of the Research Assistant.</li> </ul> <p>The Chair raised her disappointment around the two applicants that withdrew their applications because it was not possible to be released from operational work commitments and she expressed the need to think about what could be done to facilitate staff to be released from work commitments.</p> <p>Sarah Townsend responded that there is a possibility of going back and discussing further with the Welsh Blood Service.</p> <p>The Chair highlighted the strong case for keeping the research support and stated concern over the loss of two opportunities to take some small pieces of research forward.</p> <p>Sarah Townsend responded that a call for bids will be going out in the new calendar year and successful applicants could start their projects potentially in</p>	

	<p>the new financial year and the two individuals that withdrew from this round could be considered amongst the new bids.</p> <p><b>**ACTION: The Committee requested the two applicants who were not able to take up the research opportunity due to workforce pressures should be asked to resubmit their bids to the Charity in the new financial year through the correct processes such as Senior Leadership Team (SLT) and Directors etc. Need to find support for these individuals in capacity issues. Sarah Townsend will reach out and support the applicants in re-submitting their applications.</b></p> <p><b>The Chair reiterated that with support from the SLT would like the two withdrawn projects considered and possibly resubmitted with helpful discussions within the departments and teams.</b></p> <p>The Committee <b>AGREED</b> to sign off the Business Case Annual Evaluation and <b>APPROVE</b>.</p>	Sarah Townsend
7.0.0	<b>CHARITABLE FUNDS APPROVED BUSINESS CASES – NON STARTER REVIEW</b>	
7.1.0	<p><b>2023-17 Business Case for Co-Funding (25%) of a Clinical Research Fellow (Brain Radiotherapy) from the Headfirst Appeal/Brain Research Sub Fund</b></p> <p><i>Led by Kate Cleary, Research and Development Strategy Project Manager</i></p> <p>The Chair invited Kate Cleary to present the Business Case Non Starter.</p> <p>Kate Cleary took the Committee through the report which was an update on one of the posts that was co-funded in the 25% RD&amp;I Integrated Bid and also co-funded by the 25% Headfirst Brain Research Sub Fund and 50% Wales Cancer Research Centre (WCRC), explaining that the post was not currently in the recruitment process, as it went out to advert twice but did not get to interview stage as no suitable candidates applied.</p> <p>Kate Cleary explained that James Powell has sent the job opportunity to the Royal College of Radiologist and has had people contact him who he has given further details but does not seem to have achieved anything further as none have expressed interest in applying. James Powell now may have to speak to other colleagues and review other avenues for the post to potentially be repurposed. Feedback is that the post is not attractive for clinical staff due to the time required in the laboratory, so James suggested that may need to convert the post to non-clinical such as a PhD which may lead to more interest.</p> <p>The Committee concluded that the request to the CFC was being made as the funding for this post has not been used within the timeframe and work is being undertaken to agree the best way to use the funds for a different post. Once a Job Description for a different post has been finalised this will come through the Charitable Funds Committee as a new funding request.</p> <p>The Charitable Funds Committee <b>APPROVED</b> the review.</p>	
8.0.0	<p><b>WIG SERVICE AND SOP PRESENTATION</b></p> <p><i>Led by Leigh Porter, Patient Information Support Manager</i></p>	
	<p>The Chair invited Leigh Porter to the meeting.</p> <p>Leigh Porter took the Committee through the slide presentation and highlighted the following key points:</p>	

	<ul style="list-style-type: none"> <li>• The £100 voucher can go toward an acrylic or real hair wig.</li> <li>• The Trust previously provided a service called Headstrong which saw patients one on one and hopefully through new volunteers this service can be restarted.</li> <li>• The All-Wales NHS wig contract will hopefully start 01 February 2024 and be in place to 31 January 2028.</li> <li>• There will be a Hair loss All-Wales Booklet given to patients along with the voucher.</li> <li>• There will be about 14 salons involved in the provision of wigs under the new All Wales contract.</li> <li>• Every Health Board and Velindre Trust (apart from one) have a consistent wig voucher value of £100 per patient.</li> </ul> <p>The Committee were assured that the new All Wales wig contract did enable a patient to get a suitable wig.</p> <p>The Committee agreed that for consistency with the rest of Wales the voucher the Trust offers patients should stay at £100 and endorsed the principles in the All-Wales contract.</p> <p>Wayne Griffiths suggested that the Forget Me Not Fund could help support the funding of patient wig vouchers.</p> <p>The Committee were assured that the new All Wales wig contract has gone through all the required procurement processes with the suppliers and has been evaluated on price and quality.</p> <p>The Charitable Funds Committee:  <b>AGREED</b> to sign-up to the All-Wales wig Contract.  <b>AGREED</b> with reference to the paper presented to the Committee previously by Steve Coliandris that this will be fully funded going forward from Charitable Funds so that VAT exemption will apply.</p>	
<b>9.0.0</b>	<b>CONSENT ITEMS</b> <i>Led by Professor Donna Mead OBE, Chair</i>	
<b>9.1.0</b>	<b>FOR APPROVAL</b> <i>Led by Professor Donna Mead, OBE, Chair</i> <b>Nil Items</b>	
<b>9.1.1</b>	<b>Charitable Funds Policy Review – Scheme of Delegation and Stages for the Purchasing and Authorisation of Goods and Services</b> <i>Led by Barry Williams, Senior Finance Business Partner</i> <p>Barry informed the Committee that the policy was taken through Velindre Charity Senior Leadership Group 24 November 2023 and highlighted the following changes:</p> <ul style="list-style-type: none"> <li>• Website URL updated and now links to the Charitable Fund and Endowments Internet Site.</li> <li>• The delegated authorisation limits have been amended.</li> <li>• There have been some style and narrative changes.</li> </ul> <p>The Charitable Funds Committee <b>APPROVED</b> the policy.</p>	

<b>9.2.0</b>	<b>CONSENT FOR NOTING</b> <i>Led by Professor Donna Mead, OBE, Chair</i>	
<b>9.2.1</b>	<b>Charitable Funds Investment Performance Review Sub Committee Highlight Report</b> <i>Led by Matthew Bunce, Executive Director of Finance</i>  The Charitable Funds Committee <b>NOTED</b> the discussions and updates from the Charitable Funds Investment Performance Review Sub Committee.	
<b>9.2.2</b>	<b>Noddfa Funds Report</b> <i>Led by Rachel Hennessy, Interim Director of Cancer Services</i>  Rachel Hennessy explained to the Committee that the Noddfa report was brought back as requested as the case that was submitted to NHS Charities Together (Captain Toms) for funding was successful.  Rachel informed the Committee there is a small working group being set up as part of the VCS accommodation changes to agree how best the funding is spent on Noddfa.  The Committee recognised funds awarded are in part for the Wellbeing Coordinator and the capital expenditure on equipment and furniture.  The Committee <b>NOTED</b> the report.	
<b>10.0.0</b>	<b>ANY OTHER BUSINESS</b> <i>Prior Agreement by the Chair Required</i>	
	None.	
<b>11.0.0</b>	<b>HIGHLIGHT REPORT</b>	
	A Highlight Report will be produced for the Trust Board.	
<b>12.0.0</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	Tuesday 20 February 2023 at 10:00am.	
<b>13.0.0</b>	<b>CLOSE</b>	
	The Committee was asked to adopt the following resolution: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).	

PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG					
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
Actions agreed at the 17 <sup>th</sup> May 2022 Committee					
2.4.0	<p><b>ACTION POINTS</b>  <b>Business Case Development - Phase 2</b>  Steve Coliandris and Matthew Bunce will review how to engage better with the service to support the business cases.</p> <p>Matthew Bunce to talk with Michael Stone, Costing Accountant and Jonathan Patmore in terms of the approach taken in RD&amp;I to ensure covering off costs and to highlight the impact.</p> <p>Steve Coliandris to review how to improve the financial performance and how embed with fundraising and looking at the Finance Manager supporting and being closer to the Business Case.</p>	Steve Coliandris / Matthew Bunce	<p><b>08/02/2024:</b>  The new Costing accountant has been appointed and has been tasked with this exercise, so the action is on course to be completed by the revised target date.</p> <p><b>Update 31/08/2023:</b>  Due to the Costing Accountant leaving the Trust this action's target completion date could not be met and propose a new completion date of March 2024.</p> <p><b>Update 08/06/2023:</b>  Phase 1 <b>closed</b> and removed from the action log. Phase 2 to remain <b>open</b> with target completion date September 2023.</p> <p><b>Update 21/03/2023</b>  Phase 2 – work ongoing to implement phase 2 which will consider the impact assessment in terms of the cost of the anticipated resources required to support it from other departments including any overheads with a running cost total by department maintained. This work will follow the implementation of Phase 1.</p> <p><b>Update 19/01/2023:</b>  Steve Coliandris and Matthew Bunce will review how to engage better with the service to support the financial costings / details required for business cases to the Charity, this work will be taken forward in two key phases:  <u>Phase 2 – (ongoing)</u> This will not be a specific cost included in each business case, however each case will be subject to an impact assessment in terms of the cost of the anticipated resources required to support it from other departments including any overheads with a running cost total by department maintained. This information will be used to inform the annual review of the Charity overheads and whether additional investment in support departments is required.  An update will be brought to the next Committee.</p> <p><b>Update 12/01/2023:</b>  A meeting took place in December 2022 to review and develop standards as well as develop the template for charity overheads.  The Team are starting with a phased approach, starting with 'Other Direct' costs, and then if this isn't sufficient a follow-on stage could look at apportioning indirect/overhead costs.</p> <p><b>Update 20/09/2022:</b>  Matthew Bunce confirmed he has had conversations with Michael Stone about a standard costing schedule and that they are looking at how to do this in terms of incorporating it into the Business Case Pro-forma or using as an aid memoir. Matt explained standing costs are included but it is</p>	March 2024 (September 2023)	OPEN





	PART A - CHARITABLE FUNDS COMMITTEE – ACTION LOG				
Minute ref	Action	Action Owner	Progress to Date	Target Completion Date	Status
Actions agreed at the 12 <sup>th</sup> December 2023 Committee					
6.1.0	<p><b>BUSINESS CASE ANNUAL EVALUATIONS</b>  <b>2021-05 Building Capacity in Research through the establishment of a small grants scheme</b></p> <p>The Committee requested the two applicants who were not able to take up the research opportunity due to workforce pressures should be asked to resubmit their bids to the Charity in the new financial year through the correct processes such as Senior Leadership Team (SLT) and Directors etc. Need to find support for these individuals in capacity issues.  Sarah Townsend will reach out and support the applicants in re-submitting their applications.  The Chair reiterated that with support from the SLT would like the two withdrawn projects considered and possibly resubmitted with helpful discussions within the departments and teams.</p>	Sarah Townsend			OPEN

## VELINDRE CHARITABLE FUND COMMITTEE (PART A)

### UPDATE FROM CHARITY DIRECTOR / FUNDRAISING UPDATE

<b>DATE OF MEETING</b>	20/02/2024
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	INFORMATION / NOTING AND APPROVAL FOR A SECOND PATAGONIA 2025 TREK
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Paul Wilkins, Charity Director
<b>PRESENTED BY</b>	Paul Wilkins, Charity Director
<b>APPROVED BY</b>	Matthew Bunce, Executive Director of Finance
<b>EXECUTIVE SUMMARY</b>	This report provides an update on the Fundraising activity, covering event updates and legacies for the charity.
<b>RECOMMENDATION / ACTIONS</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>REVIEW</b> and <b>DISCUSS</b> the content of this report.</li> <li>• <b>APPROVE</b> Updated Terms &amp; Conditions for Challenge Events <b>NOTE</b> the other updates.</li> </ul>



GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Charity Senior Leadership Group	26/11/2023
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b> The Velindre Charity Senior Leadership Group <b>ENDORSED</b> the revised Patagonia Trek fundraising proposal for Committee <b>APPROVAL</b> and <b>NOTED</b> the other updates.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ' <b>ASSURANCE</b> ', this section <b>must be completed</b> . N/A	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	Select Current Level of Assurance  <i>Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "How to Guide for Reporting to Trust Board and Committees" N/A</i>

APPENDICES	
1	Event Terms and Conditions
2	Event Assessment Tool

## 1. SITUATION

The Velindre Charitable Funds Committee (CFC) receives a Charity Director update setting out the Fundraising teams progress against the actions in the operational plan, status of events and ongoing legacies management.

## 2. **BACKGROUND**

The Velindre Charitable Funds Committee (CFC) receives a Charity Director report at each meeting to provide an update on various aspects of progress in delivering the operational plan.

## 3. **ASSESSMENT**

The Velindre Charitable Funds Committee (CFC) Directors Report will include some items to be approved by the Committee and some to discuss and note.

## 4. **SUMMARY OF MATTERS FOR CONSIDERATION**

### 4.1 **Charity Establishment**

The following table (Table 1) demonstrate the current staffing position as of the 29/01/2024. Each role has been RAG rated to demonstrate risks associate within the Charity team.

The greatest current risk applies to the band 5 Fundraising Officer posts. One role is uncovered through maternity leave (due to end August 2024) and the other role remains a vacancy. There is a resultant deficit of resource to support fundraisers, maintain adequate communication with ambassadors, fundraisers and build new relationships. This deficit has been exacerbated with current team requiring focus on our flagship fundraising event 'Wear Red' (Live date 2<sup>nd</sup> February 2024 to the 15<sup>th</sup> March 2024). The extended period of 'Wear Red' has been made possible by the passion and commitment of the managing director at Peter's Products and his decision to make a historic change of package cover for all of their flagship products, from the well established Peter's Green to a Velindre Red. This is supported by point of sale marketing at all major stores the products are sold. Particular positive feedback by Tesco to this undertaking should be noted.

In tandem, the team is also providing a high level of support and marketing to the Craig Maxwell Welsh Coast Path Cancer Challenge which has an overlapping 'Live Date' of 14<sup>th</sup> February 2024 to the 10<sup>th</sup> March 2024. Uptake on this event has been slow, but numbers of participants are now building. See section: **4.4**

The finance business manager role is current showing as an amber risk as it is still in the recruitment phase. An offer has been made and is subject to pre-employment checks being met including visa requirements. The recruitment phase of the post was incredibly positive, with four candidates being all appointable and I anticipate a move to green in due course.

The Head of Fundraising and Relationships role is current showing amber as it is currently in the recruitment phase, following very recent scrutiny approval. It is anticipated that this will move to a green, satisfactory position relatively quickly.

The final posts showing amber are the fundraising support officer and the fundraising support officer (Digital). It is likely that both posts are below banding requirements and will require appropriate investment. In addition, one post is currently bank. Not within the table, but a reasoned appointment would be the introduction of a graphic design post to enhance both the charity digital output and website management as well as managing the cancer centre's internal marketing and awareness portfolio. This post could reduce revenue costs for both the Charity and VCC.

**(Table 1) Current Position (29/02/2024)**

POST	GRADE	WTE	NARRATIVE	RAG RATING
Senior Fundraising Officer Overseas and Major Events	Band 7	0.6	0.2 reduction in hours from April 2024	
<b>FINANCE AND BUSINESS FUNCTIONS</b>				
POST	GRADE	WTE	NARRATIVE	RAG RATING
Finance Business Manager	Band 6	1	Offer made subject to pre-employment checks	
Fundraising Support Officer	Band 3	1.4	In Post	
<b>FUNDRAISING, RELATIONSHIPS, DONOR ENGAGEMENT AND RETENTION</b>				
POST	GRADE	WTE	NARRATIVE	RAG RATING
Head of Fundraising and Relationships	Band 7	1	Vacancy Approved for Recruitment	
Deputy Head of Fundraising	Band 6	1	In Post	
Fundraising Officer	Band 5	1	Maternity Leave	
Fundraising Officer	Band 5	1	Vacancy Approved for Recruitment	
Fundraising Support Officer	Band 3	1	In Post	
<b>DIGITAL PROMOTION, MARKETING AND FUNDRAISING</b>				
POST	GRADE	WTE	NARRATIVE	RAG RATING
Digital Fundraising Officer	Band 5	1	In Post	
Fundraising Support Officer (Digital)	Band 3	0.6	Bank – In Post	

The Velindre Charitable Funds Committee is asked to **DISCUSS AND APPROVE** the review of the 2024/25 establishment requirements.

## 4.2 Events Update

### 4.2.1 Morocco Trek Update

The rearranged date has been confirmed as 11<sup>th</sup> to 15<sup>th</sup> July 2024. The date coincides with the availability of our Patron and Trek leader Rhod Gilbert. Recruitment has been successful with 60 participants now recruited. The fundraising team are actively supporting trekkers to meet their fundraising requirements.

The Velindre Charitable Funds Committee is asked to **NOTE** this update.

### 4.2.2 Rhod's Hoof Cancer Where It Hurts Gig

Velindre await final invoice payment from Wales Millennium Centre following which a full evaluation can be prepared.

The Velindre Charitable Funds Committee is asked to **NOTE** this update.

### 4.2.3 France Bike Ride September 2023

Full Evaluation, of a very difficult trip, to follow, but indications are that the event has raised a NET profit in excess of £130,000.

The Velindre Charitable Funds Committee is asked to **NOTE** this update.

### 4.2.5 Wear RED for Wales and Velindre

Our flag ship campaign 'Wear Red' has gone live (2<sup>nd</sup> February 2024). Early indications suggest a good uptake, with over 1,000 t-shirts sold and the very first event raising in excess of £12,000. We can confirm that the campaign will have a protracted impact this year following Peter's Food Products undertaking a mass change of packaging on their main products. Each product will carry a QR code with a call to donate.



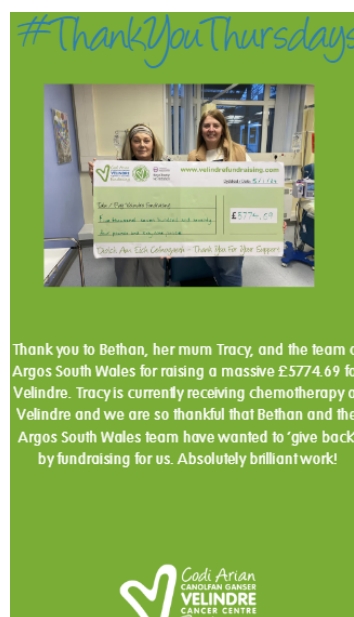
The Velindre Charitable Funds Committee is asked to **NOTE** this update.

#### 4.2.6 Christmas Appeal

This year we ran a unique campaign called **'Thanks to You!'** The campaign put a series of digital messages out showing some of the great things charitable monies have helped deliver. We also had a series of patients and relatives giving their own unique *Thanks to You* message back. The appeal was well received with many social media interactions.



An evaluation will follow, but an immediate change to social media approach has seen the introduction of 'Thank You Thursdays'.



The Velindre Charitable Funds Committee is asked to **NOTE** this update.



#### 4.3 Legacy Update

As of 31st January 2024, draft legacy income stands at £1,612,170. This figure is draft and subject to financial scrutiny.

##### *Ways of Working*

In respect of ways of working a new legacy filing system has been implemented within fundraising department, for ease of access and management by both the charity and finance colleagues.

The Velindre Charitable Funds Committee is asked to **NOTE** this update.

#### 4.4 Maxwell Family Fund

Agreement has been received from Dr Carys Morgan to become the registered Maxwell Family Fund holder and finance colleagues are now working on the formal set up of the fund. A £500k donation from Moondance has been received and a terms of reference has been shared with Craig Maxwell. After his comments are received, the draft ToR will be shared for internal comments and scrutiny.

The Craig Maxwell Welsh Coastal Path Challenge will run from the 4<sup>th</sup> February 2024 to the 10<sup>th</sup> March 2024. Uptake on this event has been slow, with particular difficulties in mid-Wales, although numbers of participants are now building. The sign up as of 7<sup>th</sup> February 2024 stands at **465**.

We have received an approach from the Director of Philanthropy at The Collier Community Foundation, based in Florida USA, as one of their fundholders would like to grant money to the fund. Work is ongoing to complete the application.

The Velindre Charitable Funds Committee is asked to **NOTE** this update.

#### 4.5 Updated Terms & Conditions for Challenge Events

Work has been completed to revise the existing Terms & Conditions (T&Cs) for challenge events. The revised T&Cs have been shared with colleagues at NWSSP Legal Services and are attached for approval. **Appendix 1**.

The Velindre Charitable Funds Committee is asked to **APPROVE** the use of the update Terms and Conditions.

#### 4.6 Event Assessment

An action outstanding for the previous Interim Charity Director was to compile an assessment criteria for events/activities. This has been completed and is contained within CFC05 as part of the agenda.

The Velindre Charitable Funds Committee is asked to **NOTE** this update.



#### 4.7 Other Charities at VCC

This meeting has taken place with SLT at VCC as well as an early meeting with MacMillan (Ann Tate and Jonathan Long), Viv Cooper and Non Gwilym. A follow up discussions will take place and information from MacMillan is being sought on:

- Funded posts (still funded) with contracts
- Funded posts (still funded) with no contracts
- Previously funded posts with contracts/agreements
- Previously funded posts without contracts/agreements
- Adopted Departments and staff, with details of Velindre sign off.
- Levels of funding provided to individuals/departments.

Upon receipt of this information a paper will be provided to EMB in conjunction with SLT and Comms to agree next steps.

The Velindre Charitable Funds Committee is asked to **NOTE** this update.

## 5 IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input checked="" type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a>	Choose an item



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Yes -select the relevant domain/domains from the list below. Please select all that apply												
	<table> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input type="checkbox"/>
	Safe	<input checked="" type="checkbox"/>											
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input type="checkbox"/>												
This action is by exception and with prior approval from the Chair. The provision to permit this urgent action is to allow for quick decisions to be made where it is not practicable to call a Board meeting and to avoid delays that could affect service delivery and quality.													
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	Not required												
	N/A.  Click or tap here to enter text												
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	Choose an item												
	If more than one Well-being Goal applies please list below:												
	N/A												
	If more than one wellbeing goal applies please list below:  Click or tap here to enter text												
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.												
	N/A												
<b>EQUALITY IMPACT ASSESSMENT</b> For more information: <a href="https://nhs.wales365.sharepoint.com/sites/VEL_intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_intranet/SitePages/E.aspx</a>	Not required - please outline why this is not required												
	There is no requirement for this report.												



<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
	N/A

## 6 RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	N/A
<b>WHAT IS THE CURRENT RISK SCORE</b>	N/A
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	N/A
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	N/A
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	Choose an item
	N/A
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

## **Velindre University NHS Trust Charity**

### **Terms and conditions for Events**

Thank you for your interest in participating in and completing an Event for Velindre Cancer Centre, your support is very much appreciated. We ask everyone who is involved in an Event for us to be aware of, and to comply with the following terms and conditions:

#### **1. Entry Forms and Fees:**

- a. All persons taking part in the Event (each a “Participant”) must be registered with Velindre University NHS Trust Charity to take part in the Event.
- b. Each Participant must complete and submit an entry form (“Entry Form”) whether participating as an individual or in a team.
- c. Team entries must include the names and addresses of all team members as part of the registration process and a non-refundable deposit must be paid for each Participant.
- d. Velindre University NHS Trust Charity is not responsible for technical, hardware or software failures of any kind, lost or unavailable network connections or failed, incomplete, garbled or delayed computer or internet transmissions or other errors or malfunctions of any kind that may affect your ability to register or make your deposit payment.
- e. Entry to the Event is subject to the payment of the notified fee (and any applicable VAT) payable to Velindre University NHS Trust Charity or to a third-party event organiser prior to participation in the Event (“Registration Fee”).
- f. Participants agree they must complete the registration process with the event organisers in order to secure their place. Participants agree they must comply with all conditions of the Event as set out by Velindre University NHS Trust Charity or by a third-party event organiser. If the Event is cancelled or postponed, Participants understand that where the Event is organised by Velindre University NHS Trust Charity, it will attempt to transfer their place to the following year. However, Participants acknowledge that this may not always be possible, and that a place is not guaranteed.

#### **2. Fundraising and Sponsorship**

- a. Participants agree that acceptance of a place in the Velindre University NHS Charity Event confirms their commitment to raise as much money as possible over the minimum pledge target for Velindre University NHS Trust Charity by their participation in the Event. It can take 8-10 weeks for a Gift Aid claim to be processed and for Velindre University NHS Trust Charity to receive the money from HMRC. For this reason, Participants agree Gift Aid will not count towards their fundraising target.
- b. All fundraising activity undertaken as part of the Event must be for the benefit of Velindre University NHS Trust Charity only and Participants agree that all funds raised as a result of their participation in the Event shall be raised using legal methods and in compliance with the advice given to Participants by the Velindre University NHS Trust Charity Team (“Event Information”). Event Information may be provided in any form including but not limited to

## Appendix 2

pre-event correspondence, guidance given on the day of the Event and information contained on the Website (which may be updated from time to time) or in the Event registration pack.

- c. Sponsor forms are available to Participants upon request and a dedicated online fundraising site will be created exclusively for each overseas challenge. Participants should collect digital funds via this trusted platform called 'JustGiving'.
- d. All funds raised for Velindre University NHS Trust Charity's work shall be held on trust by each Participant for Velindre University NHS Trust Charity and paid as soon as reasonably possible. The minimum sponsorship required of each Participant must be paid in full to Velindre University NHS Trust Charity no later than twelve weeks prior to departure of the UK ("Event Date"). The full pledge can be made either by cash, cheque, CAF or via an online giving provider. If a Participant is unable to fulfil their fundraising pledge by the agreed date, they must contact the Fundraising Team as soon as reasonably possible to discuss their options.
- e. Failure to pay in the full sponsorship requirement by the advertised deadline date could result in the Participant being withdrawn from the challenge with any outstanding costs being paid in full in accordance with clause 10(e).
- f. Participants agree that they will not bring Velindre University NHS Trust Charity's name into disrepute and will fundraise responsibly and legally. If a Participant has to pull out of the Event for any reason (including injury) they agree they will submit all sponsorship raised by the agreed date to Velindre University NHS Trust Charity, subject to informing their donors that they are no longer participating in the Event and that they may, if they wish, have their sponsorship money returned to them.

### 3. Age of Participants

A Participant must be aged 18 or over on the date of application or on the day of the Event, unless otherwise stated in the Event Information and/or Registration Form.

### 4. Health and Fitness

- a. All Participants take part in the Event at their own risk.
- b. Velindre University NHS Trust Charity understands that cancer patients are keen to support Velindre University NHS Trust Charity and many are fit enough to take part in our Events. However, Participants who have any doubt about their health or have a medical condition that could be affected by exercise should refrain from partaking in challenge Events.
- c. Velindre University NHS Trust Charity shall not be under any obligation whatsoever to process, analyse or otherwise take any action on any medical information disclosed to it either during or after the registration process for an Event.
- d. All Participants agree that, as far as they are aware, they are sufficiently fit and physically able to compete in the Event and, to the extent that it may be necessary, they have sought and relied upon any medical advice before the date of the Event. It is each Participant's own responsibility to assess their fitness and to ensure that they participate only if sufficiently fit.

## Appendix 2

Should any medical or physical condition arise prior to the Event which is likely to affect a Participant's ability to compete in the Event, the Participant should withdraw from the Event and notify Velindre University NHS Trust Charity Team as soon as possible.

- e. Velindre University NHS Trust Charity or the third-party event organiser may prevent any Participant from taking part in the Event (either before, at the start of or during the Event) if Velindre University NHS Trust Charity or any medical representative considers that a Participant should not participate in the Event for health and/or medical reasons.

### 5. Safety and Insurance

- a. Velindre University NHS Trust Charity shall take all reasonable steps to assess the safety and suitability of the Event location prior to the Event. Velindre University NHS Trust Charity shall also arrange for the availability of an appropriate number of first aid and medical personnel according to the nature of the Event.
- b. All Participants must ensure that any equipment or clothing used is in good condition and suitable for the Event.
- c. All Participants acknowledge and agree that some Events can be considered dangerous activities, such as cycling on the highway and treks at altitude. Whilst Velindre University NHS Trust Charity shall take steps to ensure that all Events take place in a safe manner, Participants acknowledge and agree that because Events often take place in public spaces, Velindre University NHS Trust and/or Velindre University NHS Trust Charity cannot be held liable for any damage to a Participant's property. Velindre University NHS Trust and/or Velindre University NHS Trust Charity accepts no liability for any injury to any Participant unless caused by Velindre University NHS Trust and/or Velindre University NHS Trust Charity's negligence.
- d. Velindre University NHS Trust Charity does not provide any insurance, whether life or medical or liability, for any illness, accident, injury, death, loss or damage that may arise in connection with the attendance at and/or participation in the Event. Participants shall be responsible for arranging their own suitable and adequate insurance protection to cover their participation in the Event, including without limitation cover:
  - i. for material loss/damage to any equipment they may use in the Event or personal property (including clothing);
  - ii. any loss or damage they may cause to a third party;
  - iii. sickness; or
  - iv. negligence of any party.
- e. Each Participant is responsible for his/her actions whilst attending or participating in the Event. This includes at the Event start point, during the Event and at the completion point. Velindre University NHS Trust Charity accepts no responsibility for the actions of a Participant nor for the consequences of such actions.

### 6. Participation and Participant Numbers

- a. For some Events, Participants will be allocated a time at which they can commence the Event. Each Participant agrees that this time cannot be changed unless Velindre University NHS Trust Charity in its absolute discretion agrees to a change. Any permitted change will be made before or on the day of the Event and in accordance with the restrictions contained in the Event Information.

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- b. Velindre University NHS Trust Charity reserves the right to reject at any time any Entry Form which is believed to be fraudulent or to disqualify any Participant who is ineligible to participate in the Event (or if participation in the Event should have been refused for any reason whatsoever); or who is believed to have not complied with these Terms and Conditions. Velindre University NHS Trust Charity shall not be liable in any way to a Participant who is disqualified or whose entry is rejected.

### 7. Liability

- a. Subject to clause 7(b), neither Velindre University NHS Trust Charity nor its agents or contractors shall be liable for:
  - i. any injury or accident causing loss or damage to a Participant or any third party where this is sustained as a result of a Participant taking part in the Event; or
  - ii. any loss or damage sustained by a Participant as a result of the cancellation of the Event by Velindre University NHS Trust Charity for any reason; any changes made to the Event by Velindre University NHS Trust Charity for safety or any other reasons; or any circumstances beyond the control of Velindre University NHS Trust Charity.
- b. Nothing in these Terms and Conditions shall limit or exclude Velindre University NHS Trust Charity's liability in respect of death or personal injury sustained as a direct result of:
  - i. The negligence, breach of statutory duty or fraudulent misrepresentation of Velindre University NHS Trust Charity, its agents or contractors; or
  - ii. A deliberate act or omission of Velindre University NHS Trust Charity, its agents or contractors.

For the avoidance of doubt, nothing in clause 7(b) shall exclude or limit Velindre University NHS Trust Charity's liability for any liability that cannot be excluded or limited by law.

- c. Subject to clause 11, Velindre University NHS Trust Charity shall not be liable for any loss or damage sustained by a Participant as a result of the cancellation of the Event by Velindre University NHS Trust Charity for any reason; any changes made to the Event by Velindre University NHS Trust Charity for safety reasons; or any circumstances beyond the control of Velindre University NHS Trust Charity.

### 10. Withdrawal and Refunds

- a. All Registration Fees are non-refundable and may not be deferred toward a future Event or contribute to the minimum sponsorship pledge.

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- b. A Participant may transfer their registration to another individual for that year's Event at the sole discretion of Velindre University NHS Trust Charity fundraising team. Any unapproved assignment, transfer or sale of a Participant's registration may result in delay and/or difficulty in the event of an emergency and such transfer, assignment or sale may result in disqualification of the Participant from the Event.
- c. No refund shall be given under any circumstances for purchases of travel tickets, T-shirts, hoodies or other merchandise save in accordance with the terms and conditions of purchase for items bought directly from Velindre University NHS Trust Charity or statutory consumer law.
- d. If a Participant withdraws prior to the advertised deadline date for withdrawals, the Participant will be liable to pay any costs incurred to Velindre University NHS Trust Charity for their place by that point. An invoice for these costs will be issued to the Participant and payment in full must be paid to Velindre University NHS Trust Charity within 30 days or by an alternative date mutually agreed in writing.
- e. If a Participant withdraws after the advertised deadline date for withdrawals, the Participant will be liable to pay the full cost of their challenge place to Velindre University NHS Trust Charity. An invoice for these costs will be issued to the Participant and payment in full must be paid to Velindre University NHS Trust Charity within 30 days or by an alternative date mutually agreed in writing.
- f. In exceptional circumstances, Participants are encouraged to actively communicate with the Velindre University NHS Trust Charity staff to discuss their options. In this event, each Participant will be treated on a case by case basis and the Velindre University NHS Trust Charity team will use their discretion to identify the most suitable and appropriate options.
- g. In relation to any outstanding invoices or challenge fees, it will be at the discretion of the Charitable Funds Committee as to whether further action is pursued.

### 11. Cancellation and Changes to the Event

- a. Velindre University NHS Trust Charity reserves the right to alter the Event Date, the start time or other details of the Event as required. If changes to the Event are made, Velindre University NHS Trust Charity shall update the Event Information on the Website and notify all Participants affected as soon as reasonably practicable.
- b. If the Participant is unable to attend the new Event Date, start time or the new destination is not suitable, Velindre University NHS Trust Charity will offer the Participant an alternative overseas challenge or their deposit to be refunded in full.
- c. Velindre University NHS Trust Charity will treat every Participant on a case by case basis and will use their discretion to discuss a number of options suitable for that individual. Participants must contact Velindre University NHS Trust Charity as soon as reasonably possible to inform them formally of their intentions to withdraw and discuss their options going forward.

### 12. Photographs and Publicity



## Appendix 2

- a. Consent: Velindre University NHS Trust Charity may request:
  - i. a Participant be individually photographed, and/or
  - ii. a Participant be featured in Velindre University NHS Trust Charity's marketing campaign. In the event that Velindre University NHS Trust Charity makes such a request it will seek the consent from the Participant.
- b. The Participant may at its sole discretion choose to grant Velindre University NHS Trust Charity consent. It is not a condition of the Event that such consent is granted. Velindre University NHS Trust Charity use of the Participant's photograph and/or personal information contained in a marketing feature will be in accordance with Velindre University NHS Trust Charity's Privacy Policy and can be viewed at [Privacy Policy | Velindre Fundraising](#).
- c. All Participants acknowledge and agree that no payment will be made to any Participant for the use of any photographs, images or films in which they may feature.

### 13. Data Protection

- a. Each Participant agrees that information provided to Velindre University NHS Trust Charity in connection with Events is true and accurate in all respects and may be used by Velindre University NHS Trust Charity in accordance with applicable data protection legislation.
- b. Velindre University NHS Trust Charity will use the information provided by Participants to manage the Event and the Participant's involvement in it. Velindre University NHS Trust Charity will keep the Participant up to date with Velindre University NHS Trust Charity activities or provide any other information in accordance with their stated preferences.
- c. Each Participant will agree to provide emergency contact information when registering for an Event, in addition to writing this information on their paper Participant Number where supplied.
- d. Velindre University NHS Trust Charity reserve the right to pass all information provided by a Participant to any first aid organisation or medical provider attending and assisting at an Event ("Medical Provider") for safety purposes. This is to enable the Medical Provider to:
  - i. administer first aid in the event that a Participant suffers illness or injury during the Event; and
  - ii. to contact the friends or relatives of a Participant, where necessary.
- e. Each Participant authorises any Medical Provider to administer first aid treatment or any medical treatment to the Participant or to transport the Participant in the event of any illness, accident or injury suffered by the Participant in connection with his/her participation in the Event.
- f. Each Participant agrees that any Medical Provider may provide Velindre University NHS Trust Charity with:
  - i. the names of any Participant that they treat during the Event together with details of the circumstances surrounding that treatment; and

## Appendix 2

- ii. the name of any Participant who notifies the Medical Provider that they are withdrawing from an Event due to ill health or otherwise.
- iii. an individual has the right to exercise their rights as a Data Subject under UK GDPR at any time. The Velindre University NHS Trust Charity Privacy Policy contains all relevant information to enable a Data Subject to exercise their rights and can be viewed at [Privacy Policy | Velindre Fundraising](#).

### 14. During the Event

- a. All Participants must abide by all rules relating to the Event set out in the Event Information and any instructions given by Velindre University NHS Trust Charity, their employees or agents before, during and after the Event. Failure to follow any such rules or instructions may result in Velindre University NHS Trust Charity refusing to allow the Participant to continue in the Event. Participants must retire at once from the Event if ordered to do so for any reason by Velindre University NHS Trust Charity, their employees or agents, any member of the Event's official staff, medical staff or any government authority.
- b. No illegal substances, performance enhancing substances or intoxicants of any kind are permitted to be brought to the Event venue or used by Participants either before or during participation in the Event. Velindre University NHS Trust Charity reserve the right to refuse attendance at, or participation in, the Event by any Participant who appears to have consumed or has in their possession any illegal substances, performance enhancing substances or intoxicants of any kind.

### 15. Completion Times

Certain Velindre University NHS Trust Charity events, particularly Challenge Events, may require Participants to reach certain points by specific times or require the Event to be completed in its entirety by a set time. If a Participant does not manage to keep up with any stage or completion time, Velindre University NHS Trust Charity reserves the right to refuse to allow the Participant to continue in the Event. If the Event has staging or completion times, these will be set out in the Event Information.

### 16. Fundraising Regulator

Velindre University NHS Trust Charity complies with the Codes of conduct and practices prescribed by the Fundraising Regulator. Participants must comply with all applicable laws and regulations relating to the Event and must only use lawful means to fundraise for Velindre University NHS Trust Charity and must not bring Velindre University NHS Trust Charity's name into disrepute.

### 17. Velindre logos

Participants must use official Velindre 'In Aid Of', and specific Challenge Event logos on all promotional materials in accordance with the brand guidelines issued by Velindre University NHS Trust Charity.

### 18. Velindre University Health NHS Trust's Reputation

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Participants must not do anything that may damage the name and/or reputation of Velindre University NHS Trust Charity. Participants will agree that they, in the event that Velindre University NHS Trust Charity reasonably believes that their participation in the Event may damage Velindre's name or reputation, will withdraw from the Event immediately. Any Participants displaying any anti-social behaviour towards other Participants, volunteers, staff, or members of the public will be asked to leave the Event immediately.

### 19. Events organised by a third-party event organiser

Where an Event is not organised by Velindre University NHS Trust Charity and by a third-party event organiser-the following conditions shall also apply:

- a. Participants agree it is their responsibility to read any terms and conditions issued by the third-party event organiser and comply with these.
- b. Participants understand that any applicable registration fee they pay is to the third-party event organiser and that their terms and conditions apply.
- c. Participants certify they are medically fit and understand that they take part in an Event at their own risk. Velindre University NHS Trust Charity will not be held responsible for any injury or illness related to a Participant's training or taking part in an Event.
- d. Participants acknowledge that Velindre University NHS Trust Charity is unable to provide insurance for fundraising activity. Participants are responsible for securing appropriate insurance cover if required for their fundraising activity.
- e. Participants acknowledge that all funds raised for Velindre University NHS Trust Charity are held on trust and they are legally obliged to ensure that Velindre University NHS Trust Charity receives the donated funds.
- f. If a Participant is unable to take part in an Event, they will notify the third-party event organiser and Velindre University NHS Trust Charity by email as soon as possible.
- g. Should a Participant need to defer their place it is their responsibility to liaise with the third-party event organiser to arrange this. This will be at their discretion and on their terms. Participants will let Velindre University NHS Trust Charity know, so the money raised will be counted towards the Participant's fundraising target for the following year and can continue to contact the Participant about their fundraising.
- h. Participants acknowledge that Velindre University NHS Trust Charity may need to share their name and email address with third-party event organisers and where necessary, with other third parties involved in the administration of an Event. When a third-party event organiser contacts Participants, they will complete their registration process and acknowledge this is required to confirm their entry. Participants acknowledge if they fail to do this before the specified time, a third-party event organiser may not allow Participants to take place in an Event and their place will be cancelled. The registration fee may also be non-refundable.

### 20. Acceptance of these Terms and Conditions

- a. By registering to participate in the Event, a Participant agrees to be bound by these Terms and Conditions.

## Appendix 2

- b. If any provisions in these Terms and Conditions, whether in full or in part, is held to be invalid or unenforceable, all other remaining provisions (in full or in part) shall continue to be valid and enforceable.
- c. Velindre University NHS Trust Charity may vary these Terms and Conditions from time to time and the up to date terms shall be available on the Website.
- d. These Terms and Conditions and any dispute or claim that arises out of or in connection with them is governed by and construed in accordance with English and Welsh law. The English and Welsh courts have exclusive jurisdiction to settle any dispute or claim that may arise out of or in connection with these Terms and Conditions.

EVENT ASSESSMENT	
Event:	
Event Ref No:	
Location:	
Date:	
<b>STRATEGY / IMTP / CHARITY DEVELOPMENT</b>	<b>EVIDENCE</b>
How will this event/activity support the Charity's ambition to be the 'Charity of Choice' in SEWales	
Does it fit Trust Aims & Objectives	
Does it fit Charity strategy and correlate with the IMTP	
Extent to Which the Charity Will Receive Added Value Publicity and Marketing	
Extent to Which the Event or Activity Supports and Engages a Wider Range of Fundraisers	
Key objectives of the event/activity	
<b>DELIVERABILITY</b>	<b>EVIDENCE</b>
Is there available staff resource to service the event/activity	
Is there available digital staff resource to promote the event/activity	
Is there a requirement for Patron/Ambassador Participation. If so, do they have availability	
Level of Risk Identified Within the Risk Assessment	
<b>HISTORIC EVENT/ACTIVITY EVIDENCE</b>	<b>EVIDENCE</b>
Previous Gross Income (excluding sponsorship)	
Previous Sponsorship Income	
Previous Other Income	
Previous Gross Expenditure (les staff costs)	
Previous staff hours and costs	
Previous ROI	
Were previous key objectives of the event/activity achieved	
<b>INCOME</b>	<b>ESTIMATE</b>
Estimated Direct Income from Event	
Estimated InDirect Income from Event	
Estimated Sponsorship Income	
Estimated Gross Income	
<b>EXPENDITURE</b>	<b>ESTIMATE</b>
Estimated Fundraising Staff Time and Costs	
Anticipated Marketing Costs above Staff Costs	
Estimated Venue Costs	
Estimated Overnight Costs	
Estimated Refreshment Costs	
Tax Implication (VAT)	
Estimated Total Costs	
<b>ROI</b>	<b>ESTIMATE</b>
Event / Activity Predicted ROI	

- Direct or indirect link between the event / activity income generated and investment in delivery of Trust IMTP Objectives
  - Extent to which the event or activity is aligned to delivery of the Charity Strategy, in particular developing new or expanding existing area of fundraising e.g regular giving / digital fundraising
- 3.1.0  
EVENT PROPOSAL
- Alaric Churchill to provide a set of Principles on what aids decision making in the Fundraising events process.
- Availability of Fundraising staff with the required skills & experience for the event or activity
  - Extent to which the event or activity supports and engages with a wide range of fundraisers, for example particularly supporting individual / small fundraisers

Event Plan									
Event: Event Ref No: Location: Date:									
PLANNING PHASE									
Task	Owner	Staff 1 Estimated Hours	Staff 2 Estimated Hours	Staff 3 Estimated Hours	Staff 1 Hourly Rate	Staff 2 Hourly Rate	Staff 3 Hourly Rate	Staff Costs	Phase Costs
Set goals and objectives		2	4	4.5	£58.67	£17.69	£21.80	£286.20	£492.29
Develop sponsorships								£0.00	
Guest List / Participant List Development								£0.00	
General Administrative Duties								£0.00	
Contract completion with suppliers, services			5	4	£25.60	£29.93	£14.11	£206.09	
Risk Assessments								£0.00	
Plan and Report Creation								£0.00	
Approve budget								£0.00	
								£0.00	
PROMOTION PHASE									
Task	Owner	Staff 1 Estimated Hours	Staff 2 Estimated Hours	Staff 3 Estimated Hours	Staff 1 Hourly Rate	Staff 2 Hourly Rate	Staff 3 Hourly Rate	Staff Costs	Phase Costs
Design and mail work		1			£14.11			£14.11	£239.97
Marketing planning			2			£29.93		£59.86	
Event Design Requirements								£0.00	
Create program		1						£0.00	
Create additional materials								£0.00	
				4			£41.50	£166.00	
EXECUTION PHASE									
Task	Owner	Staff 1 Estimated Hours	Staff 2 Estimated Hours	Staff 3 Estimated Hours	Staff 1 Hourly Rate	Staff 2 Hourly Rate	Staff 3 Hourly Rate	Staff Costs	Phase Costs
Coordinate with suppliers				8			£41.50	£332.00	£332.00
Manage set up								£0.00	
Set up of event								£0.00	
Set up of								£0.00	
Share wifi and password								£0.00	
Coordinate with security								£0.00	
								£0.00	
WRAP-UP PHASE									
Task	Owner	Staff 1 Estimated Hours	Staff 2 Estimated Hours	Staff 3 Estimated Hours	Staff 1 Hourly Rate	Staff 2 Hourly Rate	Staff 3 Hourly Rate	Staff Costs	Phase Costs
Followup with guests and audience				3			£17.69	£53.07	£509.57
Cleanup site								£0.00	
Pay service providers								£0.00	
Sign and close all open contracts								£0.00	
Post-mortem analysis				11			£41.50	£456.50	
								£0.00	
		Planning Phase	Promotion Phase	Execution Phase	Wrap-Up Phase	TOTAL ESTIMATED STAFF HOURS		TOTAL ESTIMATED STAFF COST	
		19.5	8	8	14	50		£1,573.83	

CHARITABLE FUNDS COMMITTEE

ANNUAL DELIVERY PLAN 2024/25

DATE OF MEETING	20/02/2024
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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	Paul Wilkins, Charity Director Andrew Morris, Head of Fundraising Steve Coliandris, Head of Financial Planning & Reporting
PRESENTED BY	Paul Wilkins, Charity Director
EXECUTIVE SPONSOR APPROVED	MATTHEW BUNCE, EXECUTIVE DIRECTOR OF FINANCE

REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Velindre Charity Senior Leadership Group	02/02/2024	Endorsed

ACRONYMS	

1. SITUATION/BACKGROUND
- 1.1 This is the Velindre University NHS Trust Charity Annual Delivery Plan detailing its activities and proposed income streams for 2024/25.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Annual Delivery Plan sets out Velindre University NHS Trust Charity key priorities and deliverables for 2024-25 to ensure that the Trust Charitable Funds are managed in accordance with the Charity's vision, mission, aims and objectives ref. **Appendix 1**.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The Delivery Plan sets outs the financial projections, targets and costs associated with planned fundraising activities for the reporting period.

4. RECOMMENDATION

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



## Appendix 1

# Velindre University NHS Trust Charity Annual Delivery Plan 2024-2025



## Velindre University NHS Trust Charity

### Annual Delivery Plan **2024-2025**

#### 1. INTRODUCTION

- 1.1 The purpose of this delivery plan is to outline the Velindre University NHS Trust Charity key priorities and deliverables for 2024-25 to ensure that charitable funds are managed in accordance with the Charity's vision, mission, aims and objectives.
- 1.2 The primary audience for the plan is our Trustee's, fund holders and staff.

#### 2. BACKGROUND

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

#### 3. CHARITY VISION, MISSION, AIMS & OBJECTIVES

##### 3.1 Our Vision:

- Invest in promoting Quality, Care and Excellence in the services provided by Velindre University NHS Trust.

##### 3.2 Our 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”.

### 3.3 Our Aims:

- The Charity will prioritise its work for the next five years to support Velindre Cancer Centre, focusing on providing a robust funding model for research development and innovation to benefit its patients, staff and families. Fundraising for the Welsh Blood Service will be linked to specific identified appeals and needs in this period.
- Develop a 5 year strategy for the Charity, with a sustainable fundraising focus to enable long term future successes
- The Strategy is driven by:
  - Investment of funds into research that drive forward positive patient outcomes
  - Service development to change the delivery of patient experience and wellbeing
  - Investment into large capital equipment purchases not achievable through traditional funding mechanisms
- The annual plan is the operational delivery of the Charity's Strategy

### 3.4 Our Objectives:

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

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

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

**Staff** - For the relief of sickness by promoting the efficient and effective performance and duties of Velindre University NHS Trust staff.

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

- The investigation of the causes of cancer and the prevention, cure, treatment and defeat of cancer in all its forms.
- The advancement of scientific and medical education and research in topics related to cancer.
- The furtherance of any other charitable purpose for the relief of persons diagnosed with cancer.
- To support research and development into new and novel uses of blood, blood components and cellular technology for the benefit of patients.
- Improve donor care through the development of research activity.

- Improve quality and safety of blood components and products.
- Support research to improve outcomes in transplantation.

## 4. SCOPE

This delivery plan covers the following key aspects:

- 4.1 Strategic Direction & Strategy for 2022-27
- 4.2 Governance Delivery Plan 2024-25
- 4.3 Fundraising Delivery Plan 2024-25
- 4.4 Financial Delivery Plan 2024-25

### 4.1 STRATEGIC DIRECTION & STRATEGY FOR 2023-27

- 4.1.1 Developing a new five-year strategy for the Charity covering the period 2024-29 is a key priority and is under development. This work is being led by the Charity Director. This Strategy will balance the ambition and strategic direction of the Charity recognising the context within which the Charity is operating resulting from the COVID 19 global pandemic, generational change to the use of hard cash and digital payment methods as well as a national cost of living crisis. The development of key new channels to market and data capabilities will be fundamental for the delivery of this comprehensive and exciting transformational opportunity, aiding our Charity's aspiration to become the 'Charity of Choice' in south east Wales.

### 4.2 GOVERNANCE DELIVERY PLAN

- 4.2.1 The Trust Board as Corporate Trustee is ultimately accountable for charitable funds donated to Velindre University NHS Trust. In order to facilitate the administration and management of these funds the Trust Board has established a Charitable Funds Committee to provide advice and recommendations to the Board
- 4.2.2 The Charitable Funds Committee manages, on behalf of the Trust Board, all aspects of control, investment and expenditure of the Trust's charitable funds. The Trustees have been appointed under s11 of the NHS and Community Care Act 1990.
- 4.2.3 The Charitable Funds Committee may delegate authority to commit expenditure but cannot delegate accountability.

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

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

4.2.6 Governance activity 2024-25 will include:

- **Review the Charitable Funds Committee Effectiveness**

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

- Terms of Reference Review
- Committee Cycle of Business Review and update for 2024-25
- Undertake the Annual Committee effectiveness survey.
- Compile a Committee Annual Report for the Trust Board reporting on the activity of the Charity during the previous year.

- **Monitor progress in respect of the Committee Business Cycle for 2024-25**

It is good practice for all Board/ Committees to have in place an agreed work plan for the year and Committee Business Cycle for 2024-25 will be monitored to ensure agreed activity is met. The oversight of the activities planned and enacted will be in the first instance by the Senior Leadership Group (SLG) of the Charity and then confirmed by the CFC.

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

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

#### 4.3 Fundraising in 2023/24

##### 4.3.1 Fundraising Activities

###### **Events organised on behalf of Velindre**

An area that had increased dramatically up until March 2020 when the pandemic impacted; Prior to this, fundraising activities were taking place every weekend of the year for Velindre, and on most week- nights. Each supporter completes an Online Event Registration Form, which provides Velindre Fundraising with the information required to provide the necessary level of support. Velindre Fundraising then contacts the supporter to offer advice, motivation and support, and develops the relationship. Supporters have initiated a number of highly successful virtual events. During the pandemic period, Velindre supporters and fundraisers reacted by creating some original online fundraising activities which raised considerable funds at a difficult time, and also helped to keep Velindre profile high. Latterly, the event Programme has started to recover but is still not at pre-pandemic levels and is of course hampered by a national cost of living crisis. The new 5 year strategy will look to complement event fundraising by opening new channels to market.

###### **In Memory**

It is an area, which historically for some has been unclear, as families have been known to mistakenly donate to other charities with a presence at Velindre Cancer Centre. Whilst for the main part this has been largely resolved, a policy decision is required on the presence of other charities on site, as well as the need to improve brand awareness amongst staff and supporters.

To enhance the Charity profile, there is regular communication twice a year with funeral directors, providing updates on income and how funds are being used. Direct contact with donors is far more difficult as GDPR prevents Funeral Directors passing on donor contact details to charities. In most instances receipts and thank you letters are sent to Funeral Directors in the hope that they will pass onto families. An approach to the form of fundraising will be considered within the strategy development phase.

###### **Legacies**

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

adopting a far more aggressive campaigning stance. This year an acceptable approach to the introduction of marketing legacy giving will be implemented.

### **Regular Givers**

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

### **Company adoptions**

A number of companies have chosen Velindre as their Charity of the Year, including Cardiff Airport and the Walters Group. An area that seen substantial improvement in a few years. Seven years ago there were a handful of small companies who had chosen to support Velindre. The increase in Velindre's profile has undoubtedly assisted when companies have committed to supporting Velindre instead of other charities. A long term fundraising relationship with Hugh James continues to flourish, and relationships and adoptions with Glamorgan Brewing and Peters Products are also highly successful. An approach to corporate sponsorship, adoption and official partnering will form part of the strategy.

### **Grant Giving Bodies & Trusts**

Velindre Fundraising has successfully applied NHS Together (formerly the Association of NHS Charities) and received grants totaling over £200,000. Velindre Fundraising has not yet been involved in a major capital project, where applications to Grant Giving Bodies and Trusts would form an essential part of any fundraising programme. If there are specific items that are required at the newly built Velindre Cancer Centre, there could be an opportunity to make applications.

### **Velindre Activities**

Whilst organising events can have a higher initial expenditure in comparison to other forms of fundraising activities, events have the benefit of considerably raising the Velindre's profile and attracting new supporters who will support the Charity in the long term. The increased profile also helps with Legacy promotion. The return on investment can be very rewarding, as part of an overall programme of diverse fundraising activities they play a crucial role in:

- Raising funds.
- Recruiting new supporters, ideally high worth, and ongoing future donors.
- Recruiting supporters who assist with Charity of the Year adoptions.

- Raising the profile of an activity, a particular appeal, and work of Velindre.
- Opportunity to highlight other areas of support such as regular giving and legacies
- Acknowledging the work of existing high worth individuals.

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

### **Young Velindre Ambassadors**

The Young Ambassadors programme has been relaunched, and a number of Young Ambassadors have designed and initiated their own fundraising programmes.

### **Wear Red for Wales and Velindre**

An inclusive mass participation activity encouraging schools and companies to Wear Red and donate £1 on the eve of the 6 Nations Rugby tournament.

### **Overseas Challenges**

- July 2024 Morocco trek with 60 participants (full)
- November Key West Bike Ride 2024 with 82 participants (full)
- November 2025 Patagonia 160<sup>th</sup> anniversary trek with 50 participants (full), opportunity for a second week,

### **Patrons and Ambassadors**

Velindre Fundraising Patrons make a highly significant contribution. 3 of the Patrons have been involved for over 15 years. The social media followers of some of the Patrons has been hugely beneficial in raising the profile. Velindre Patrons cover a wide spectrum and are amongst the leading figures in sport, music and entertainment. 1 President, 2 Vice Presidents, 11 Patrons and 40 Ambassadors, this is being reviewed in 2024.

### **Website, systems and procedures**

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



## Income Forecast 2024 / 2025

2024 / 25 Forecast	£K
Morocco trek	162
Key West Bike Ride	510
Cardiff Half Marathon	20
London Marathon	10
Castle 2 Castle	60
Wear Red	65
Jonathan Davies Golf	15
Charity of the Year	30
In Memory	50
CAFS	30
General donations	650
Facebook	00
Regular Givers	40
Tribute Funds	70
Supporters Events	200
Wedding Favours	10
Xmas Appeal	10
Young Ambassadors	15
Facebook Birthday Fund	0
Mile a Day in May	15
Rhian Rose Fund	30
Merchandise sales	5
Chick Knit	10
Crafters	10
Big Sea Swim	10
<b>Subtotal Fundraising and Donations</b>	<b>2027</b>
Legacies & Grants	1,500
<b>Subtotal Inc Legacies &amp; Grants</b>	<b>1,500</b>
<b>Grand Total</b>	<b>3527</b>

## **4.4 FINANCIAL DELIVERY PLAN 2024-25 NOT COMPLETED ANY OF THIS**

### **4.4.1 INTRODUCTION: FINANCIAL OUTLOOK**

Last year's annual delivery plan set out a level of income that was expected to be achieved for 2023-24 against the Charity's unrestricted fund at that point in time. This figure of £2.800m was based on the Charity still recovering from the pandemic and restoring the Charity to pre Covid income levels.

The Charity is expected far exceed expectations and raise c£4.500m against the unrestricted fund during 2023-24, which could lead to an overachievement of c£1.700m against the planned target of £2.800m for the period.

### **4.4.2 FINANCIAL PLAN**

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

The Information provided below outlines the current projected financial position of the charity for 2024-25.

### **4.4.3 CURRENT PROJECTION OF FUND BALANCES AS AT 31 MARCH 2025**

Table A below provides a summary of the forecast financial position for 2024-25 taking into account current existing commitments approved by the Charitable Funds Committee before considering additional income to be generated during the financial year.

Table A

Fund Category	Forecast Opening Balance as at 1 April 2024 £'000	Total Forecast Commitments & Transfers 31 March 2025 £'000	Forecast Final Balance(excl income) as at 31 March 2025 £'000
<b>Unrestricted</b>	<b>8,244</b>	<b>(6,728)</b>	<b>1,516</b>
<b>Unrestricted/ Designated Funds</b>			
Patients Funds	189	(4)	<b>185</b>
Staff Funds	86	(2)	<b>84</b>
Research Funds	3,784	(592)	<b>3,192</b>
<b>Sub Total</b>	<b>4,059</b>	<b>(598)</b>	<b>3,461</b>
Welsh Blood service	95	(2)	<b>93</b>
<b>Total Funds</b>	<b>12,398</b>	<b>(7,328)</b>	<b>5,070</b>
Investment Position	(158)	(339)	(497)
<b>Total</b>	<b>12,240</b>	<b>(7,667)</b>	<b>4,573</b>

\*Fundraising staff c£0.339m are expected to be funded from the investment income and gains during 2024-25.

The current total estimated commitments against the Charity for 2024-25 is **£7.667m**. This includes all existing grants/ bids which have been previously approved by the Charitable Funds Committee.

Included in the above commitments are:

- Pre-approved Grant Expenditure £5.236m
- Fundraising expenditure of £0.335m
- Fundraising staff £0.339m
- Overheads £0.207m
- General expenditure against the unrestricted general fund of £0.050m
- Release of funding back to the core Trust £1.500m

#### 4.4.4 INCOME TARGET 2024-25

The income target against the unrestricted fund will be set at £3.527m, which is in line with the approved Charity strategy which the Fundraising Team feel that is a challenging but realistic target.

c£0.674m of income can be expected to be generated against the unrestricted/ designated funds based on the previous year's performance and known income streams such as Moondance funding as illustrated in table B below.

**Table B**

Fund Category	Forecast Opening Balance as at 1 April 2024 £'000	Total Forecast Income 31 March 2024 £'000	Other Income Forecast Dividend /Investment Growth 31 March 2025 £'000	Total Forecast Commitments & Transfers 31 March 2025 £'000	Forecast Final Balance as at 31 March 2025 £'000
<b>Unrestricted</b>	<b>8,244</b>	<b>3,527</b>		<b>(6,728)</b>	<b>5,043</b>
<b>Unrestricted/ Designated Funds</b>					
Patients Funds	189	1		(4)	186
Staff Funds	86	1		(2)	85
Research Funds	3,784	674		(592)	3,866
<b>Sub Total</b>	<b>4,059</b>	<b>676</b>	<b>0</b>	<b>(598)</b>	<b>4,137</b>
Welsh Blood service	95	1		(2)	94
<b>Sub Total Funds</b>	<b>12,398</b>	<b>4,204</b>	<b>0</b>	<b>(7,328)</b>	<b>9,274</b>
Investment Funding	(158)		540	(339)	43
<b>Total</b>	<b>12,240</b>	<b>4,204</b>	<b>540</b>	<b>(7,667)</b>	<b>9,317</b>

Based on the current level of commitments, and assuming that income achieves the desired target, then the unrestricted reserve target for 2024-25 would be set at **£2.255m**, which accounts for a positive reserve variance of **£2,786m** against the forested unrestricted balance of £5.043m as at 31 March 2025.

## CHARITABLE FUNDS COMMITTEE

### FINANCIAL REPORT 1<sup>ST</sup> APRIL 2023 TO 31<sup>ST</sup> DECEMBER 2023

<b>DATE OF MEETING</b>	20/02/2024
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	INFORMATION / NOTING
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Barry Williams, Senior Finance Reporting and Business Partner Steve Coliandris, Head of Financial Planning & Reporting Manger
<b>PRESENTED BY</b>	Barry Williams, Senior Finance Reporting and Business Partner
<b>APPROVED BY</b>	Matthew Bunce, Executive Director of Finance
<b>EXECUTIVE SUMMARY</b>	The attached report outlines the financial position and performance for the period to the end of December 2023.
<b>RECOMMENDATION / ACTIONS</b>	<p>The Charitable Funds Committee is asked to <b>NOTE</b> the contents of this finance report and in particular:</p> <ul style="list-style-type: none"> <li>The financial performance of the Charity for the period ending 31<sup>st</sup> December 2023.</li> </ul>



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

	<ul style="list-style-type: none"><li>The current position and performance of the Charity's investment portfolio as at 31<sup>st</sup> December 2023.</li></ul>
--	---

## GOVERNANCE ROUTE

List the Name(s) of Committee / Group who have previously received and considered this report:

Date

Velindre Charity Senior Leadership Group

02/02/2023

## SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

PAPER WAS NOTED AT THE SLG

## 7 LEVELS OF ASSURANCE

If the purpose of the report is selected as '**ASSURANCE**', this section **must be completed**. N/A

ASSURANCE RATING ASSESSED  
BY BOARD DIRECTOR/SPONSOR

Select Current Level of Assurance

*Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "How to Guide for Reporting to Trust Board and Committees" N/A*

## APPENDICES

Appendix 1

Charity Finance Report for the Period April to December 2023.

## **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 31<sup>st</sup> December 2023. The information within the statements should provide the CFC with a clear picture of the financial position and performance of the charitable fund's accounts, which will allow for the committee to discuss, evaluate and make decisions on the best use of resources.
- 1.2 The report is a standing agenda item providing the CFC with a breakdown of the financial activity during the period. The report consists of the following sections and is further explored in the main finance report,
- Financial Report for the period ending 31<sup>st</sup> December 2023.
  - Balance Sheet as at 31<sup>st</sup> December 2023.
  - Current and future forecasted performance of the unrestricted fund.
  - Investment Growth Account as at 31<sup>st</sup> December 2023.
  - Reserve Policy as At 31<sup>st</sup> December 2023.
  - Cash Flow Forecast as at 31<sup>st</sup> December 2023.

## **2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION**

- 2.1 Key Issues to note are as follows:

### **Income**

Income received of £3.849m for the period ending December 2023 representing an overachievement against the planned target of £1.617m (£0.857m overachievement against unrestricted).

£0.300m received from the Moondance foundation to support the Advancing Radiotherapy Cymru project.

£1.409m of legacies received to date with notification received around several other legacies which are currently being negotiated for settlement. This includes one legacy of c. 1.000m.

Income performance is currently on par (0%) when compared to the same period last year.

## **Expenditure**

Significant underspend on project spend year to date the largest being within the R&D ambitions bid.

Spend in projects that have had delayed starts is largely expected to be deferred over future years (with committee approval).

## **Investments**

During the final quarter of 2023 markets started to recover which is evident in the recent performance of the investment portfolio which has started to rebound and is currently representing a £0.248m or 4.27% rise since the start of the financial year.

Whilst there are positive signs of recovery the portfolio is still down £(0.290)m (4.8%) since the political situation in Ukraine began back in February.

As part of the Investment Committee (1<sup>st</sup> February 2024) a paper was approved to transfer £3.500m into the investment liquidity management fund which will currently provide returns of c. 5%.

## **Reserve Policy**

Currently significantly overachieving against the reserve policy, however is expected to reduce in future years due to the level of investment made against the Charity.

## **Cash**

The charity is currently holding large cash sums within the bank which is now benefiting from greater returns from interest rates. As above the Charity will be utilising the Utility Management Fund going forward; this will require us to move funds from the charity bank account.

## **Reduced Charge to the Charity during 2022-23 & 2023-24**

During 2022/23 and 2023/24 the Trust has generated £3.000m of non-recurrent income from a number of sources including significantly higher levels of bank Interest income than normal, non-commitment of all its recurrent discretionary funding and unused recurrent emergency reserve and non-recurrent accountancy gains: It is assumed that the £1.500m will



now be drawn down in 2024/25 and 2025/26 rather than the current financial year.

### 3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals: <ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a>	<b>Choose an item</b>
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe <input type="checkbox"/> Timely <input type="checkbox"/> Effective <input type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input type="checkbox"/> Patient Centred <input type="checkbox"/>
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	<b>Choose an item</b>
	N/A.  Click or tap here to enter text

<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	<b>Choose an item</b>
	If more than one Well-being Goal applies please list below:
	N/A
	If more than one wellbeing goal applies please list below:
	<b>Click or tap here to enter text</b>
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes - please Include further detail below, including funding stream
	Please refer to the finance report attached,
<b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhs.wales365.sharepoint.com/sites/VEL/1ntranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL/1ntranet/SitePages/E.aspx</a>	Not required - please outline why this is not required
	There is no requirement for this report.
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
	N/A

#### 4. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	N/A
<b>WHAT IS THE CURRENT RISK SCORE</b>	N/A
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	N/A



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	N/A
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	Choose an item
	N/A
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

## Velindre UNHS Trust Charitable Funds

### **VELINDRE UNIVERSITY NHS TRUST CHARTIABLE FUNDS** **Financial Position Report** **1<sup>st</sup> APRIL TO 31<sup>st</sup> DECEMBER 2023**

## 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 2023. The information within the statements should provide the CFC with a clear picture of the financial position and performance of the Charitable fund's accounts, which will allow for the committee to discuss, evaluate and make decisions on the best use of resources.

### 2. Income Summary 1<sup>st</sup> April to 31st December 2023

#### **Purpose:**

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

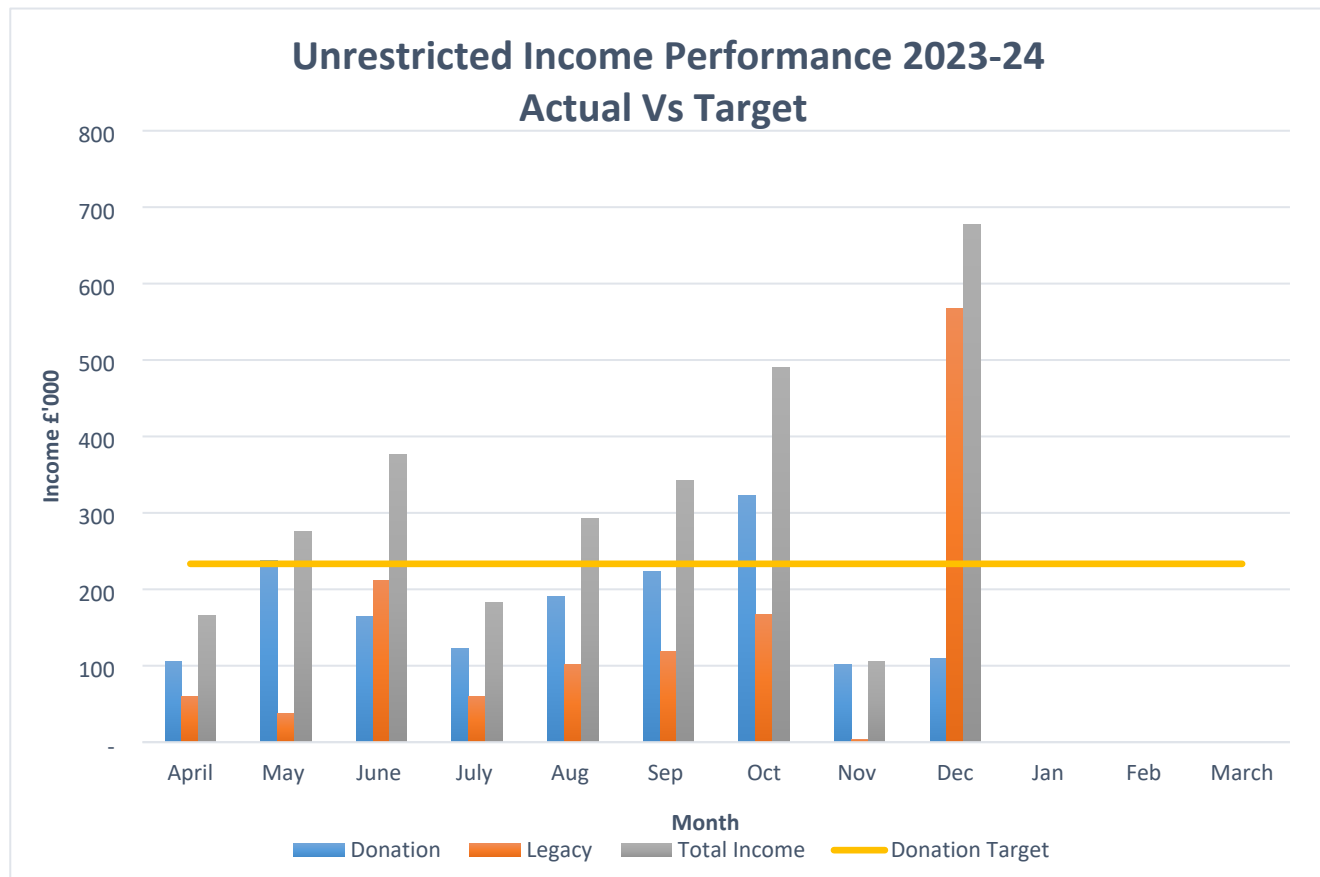
#### **Key Issues:**

- The annual delivery plan produced at the start of the year set out a level of income that was expected to be achieved during 2023/24 against the Charity's unrestricted fund. The target considered the Charity's fundraising activity during the period, along with a level of expectation for receiving both legacies and general donations.
- As at the end of December the Charity has received total income of £3.849m (£2.440m from fundraising and donations and £1.409m from legacies), which is consistent with the income performance as at the 31<sup>st</sup> December 2022 totaling £3.847m for the same period. Income performance to December is on par (0%) when compared with the same period during 2022-23.
- Performance against the unrestricted fund is showing an overachievement of £0.857m.
- During the period the Charity has benefited from receiving £0.300m from the Moondance foundation towards the Advancing Radiotherapy Cymru Project.
- The Charity has been notified about several other legacies which are currently being negotiated for settlement, this includes one legacy of c. 1.000m.
- The charity is currently holding large cash balances at the bank which is benefiting from greater returns from interest rates. Other options have been explored and as part of the Investment Committee (1st February 2024) a paper was approved to transfer £3.500m into the investment liquidity management fund which will currently provide greater returns of c. 5%.

## Velindre UNHS Trust Charitable Funds

Fund Category	Planned £'000	Actual £'000	Variance £'000	Last Year Income for the same period £'000
<b>Unrestricted</b>	<b>2,100</b>	<b>2,957</b>	<b>857</b>	<b>3,720</b>
<b>Unrestricted / Designated Funds</b>				
<b>Patients Funds</b>	1	68	67	(1)
<b>Staff Funds</b>	1	4	3	(2)
<b>Research Funds</b>	130	819	689	130
	<b>132</b>	<b>891</b>	<b>759</b>	<b>127</b>
<b>Welsh Blood service</b>	1	1	0	0
<b>Total Income</b>	<b>2,233</b>	<b>3,849</b>	<b>1,617</b>	<b>3,847</b>

The graph below provides the monthly income performance of the Charity's unrestricted fund against planned during 2023/24.



## Velindre UNHS Trust Charitable Funds

### 3. Expenditure Summary 1<sup>st</sup> April to 31st December 2023

#### 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 April 23 set out the level of commitments that were expected to be incurred against the Charity for 2023/24. The total estimated commitments against the Charity at that point in time was £7.448m and included all existing grants / bids previously approved by the Charitable Funds Committee (CFC) as well as expected fundraising charges and other general expenditure. The planned expenditure will increase over the period as new bids are approved by the CFC.
- The total expenditure for 2023/24 as at December is currently lower than planned by £1.652m. Variances in most cases relate to timing issues where several projects have either had a delay in starting or due to staff vacancies. Spend on projects that have had delayed starts is largely expected to be deferred over future years, and in most cases this will require committee approval.
- Significant year to date slippage relates to the R&D integrated bid c£0.871m and Advancing Radiotherapy Cymru c. £0.459m. In addition, the Charity is expecting a recharge of c. £0.500m in relation to fundraising events undertaken by Craig Maxwell.

Fund Category	Planned £'000	Actual £'000	Variance £'000	Last Year Expenditure for the £'000
Unrestricted	3,683	2,031	1,652	1,669
Unrestricted / Designated &				
Patients Funds	8	3	5	50
Staff Funds	4	3	1	0
Research Funds	855	241	614	298
	866	246	620	348
Welsh Blood service	19	5	14	0
Total Expenditure	4,567	2,282	2,286	2,017

#### Notes:

As previously agreed with the committee the cost of the fundraising staff is excluded from the table, with the expectation at this stage that the costs will be funded from the investment growth during 2023/24. Should investment growth not crystallise during the financial position a decision will be made as to whether the costs should be against the unrestricted general fund.

## Velindre UNHS Trust Charitable Funds

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

- The graphs on the attached appendices provide a comparison of actual expenditure against planned for each live Grant/Project since funding was approved (excluding Advancing Radiotherapy: Moondance, Lucas and Probert with the details provide below).
- The total spends against the Advancing Radiotherapy Fund as at 31<sup>st</sup> December submitted was £3.641m. The following table provides further details of committed expenditure against total income/funding available.

Expenditure	Total Income/ Funding £000	Total Actual Costs as at 31/10/2023 £000	Total Committed Expenditure £000	Remaining Uncommitted Balance £000
Moondance	3,000	2,488	2,942	58
Lucas Fund	825	523	583	242
H&N (Probert) Fund	1,304	631	862	442
<b>Total</b>	<b>5,129</b>	<b>3,641</b>	<b>4,387</b>	<b>742</b>

- Fundraising non-staff expenditure as of 31<sup>st</sup> December totals £0.338m.
- Overheads costs for 2023/24 are expected to be c£0.185m for 2023/24, which is a reduction of £0.046m from the £0.231m budget which was set at the planning stage due to the part vacancy of the Charity Director

Overhead costs relate to the governance and support costs required for the general management and running of the Charity. This includes the Charity Director, a proportion of the Governance Manager and Finance staff costs and the annual audit fees.



## Velindre UNHS Trust Charitable Funds

### 4. Fund Balance Movements 1<sup>st</sup> April to 31st December 2023

#### Purpose:

To monitor the movement in fund balances during the period.

#### Key Issues:

The level of fund balances on Velindre's unrestricted and restricted funds have increased during the period by £1.515m from £9.835m to £11.350m.

The outturn forecast balance of the charitable funds accounts as at the end of March 24 is expected to be c£12.398m which is based on the current level of anticipated income and expenditure commitments.

This represents a significant growth on the forecast balance previously reported, the main drivers of this are a reduction in the forecast expenditure, primarily related to a reduced charge from Velindre University NHS Trust (£1.500m 2023/24). In addition, as at 31<sup>st</sup> December 2023, the charity is also forecasting increased income performance combined with a reduction in expenditure forecasts against designated research funds which has contributed to the positive shift in balances.

The £1.5m that was ringfenced for the Trust during 2023/24 is now expected to be drawn during 2024/25. With a further reduced charge from Velindre University NHS Trust of £1.500m being drawn in 2025/26.

Fund Category	Actual Balance as at 31-Dec-23 £'000	Opening Balance as at 01-Apr-23 £'000	Forecast Total Income as at 31-Mar-24 £'000	Forecast Total Expenditure as at 31-Mar-24 £'000	Forecast Closing Balance as at 31-Mar-24 £'000
<b>Unrestricted</b>	<b>6,996</b>	<b>6,122</b>	<b>4,500</b>	<b>(2,378)</b>	<b>8,244</b>
<b>Unrestricted Designated/ Restricted Funds</b>					
<b>Patients Funds</b>	245	180	15	(7)	189
<b>Staff Funds</b>	84	83	5	(2)	86
<b>Research Funds</b>	3,930	3,352	1,414	(981)	3,784
	<b>4,259</b>	<b>3,615</b>	<b>1,434</b>	<b>(990)</b>	<b>4,059</b>
<b>Welsh Blood service</b>	95	99	1	(5)	95
<b>Total Funds (excl Investments)</b>	<b>11,350</b>	<b>9,835</b>	<b>5,935</b>	<b>(3,373)</b>	<b>12,398</b>

- The table above does not include the funds held as custodian for PHWT which has a balance of £65k as at the 31st December 2023.



## Velindre UNHS Trust Charitable Funds

### 5. Balance Sheet as at 31st December 2023

#### Purpose:

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

#### Key Issues:

During the final quarter of 2023 markets started to recover which is evident in the recent performance of the investment portfolio which has started to rebound, and is currently representing a £0.248m or 4.27% rise since the start of the financial year.

Whilst there are positive signs of recovery the portfolio is still down £(0.290)m (4.8%) since the political situation in Ukraine began back in February.

The Funds held on the Velindre UNHS Trust Charitable funds accounts as at 31st December 2023 is £11.347m with £11.282m representing Velindre's share and £0.065m being held as custodian for PHWT.

BALANCE SHEET AS AT 31 MARCH 2023	
<b>INVESTMENTS</b>	<b>£'000</b>
Cash	236
Cash Options	-
Fixed Income	2,382
Absolute Return	822
Commodities	264
Developed Market Equity	1,528
Emerging Market Equity	-
Real Estate & Infrastructure	315
Other	263
<b>Total Assets on Investments</b>	<b>5,810</b>
<b>CURRENT ASSETS</b>	<b>£'000</b>
<b>Total Cash and Bank</b>	<b>2,363</b>
Creditors	- 102
Debtors	1,671
<b>Total Current Assets</b>	<b>3,932</b>
<b>BREAKDOWN OF ASSETS</b>	<b>£'000</b>
Total assets on investment	5,810
Bank/Cash	3,932
<b>Total Breakdown of Assets</b>	<b>9,742</b>
<b>TOTAL FUNDS</b>	<b>£'000</b>
Total Funds Held	9,742
<b>Total Funds Held</b>	<b>9,742</b>

BALANCE SHEET AS AT 31 DEC 2023	
<b>INVESTMENTS</b>	<b>£'000</b>
Cash	111
Cash Options	384
Fixed Income	2,375
Absolute Return	680
Commodities	202
Developed Market Equity	1,660
Emerging Market Equity	-
Real Estate & Infrastructure	409
Other	238
<b>Total Assets on Investments</b>	<b>6,059</b>
<b>CURRENT ASSETS</b>	<b>£'000</b>
<b>Total Cash and Bank</b>	<b>5,345</b>
Creditors	- 69
Debtors	12
<b>Total Current Assets</b>	<b>5,288</b>
<b>BREAKDOWN OF ASSETS</b>	<b>£'000</b>
Total assets on investment	6,059
Bank/Cash	5,288
<b>Total Breakdown of Assets</b>	<b>11,347</b>
<b>TOTAL FUNDS</b>	<b>£'000</b>
Total Funds Held	11,347
<b>Total Funds Held</b>	<b>11,347</b>

## Velindre UNHS Trust Charitable Funds

### 6. Compliance with Reserve Policy

**Purpose:**

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

**Key Issues:**

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

In the light of the above, the unrestricted reserve target has been set based on the current commitments of **£0.759m** which is an over achievement of **£6.237m** when compared to the balance of **£6.996m** that was in the charitable funds accounts as at the 31st December 2023.

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

Reserves levels which are set too high tie up money which could and should be spent on charitable activity creating a trustee's 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; furthermore, it could be perceived by donors or funders to be holding money. If they are too low the future of the charity may be put at risk. Therefore, charities will require a reserves policy, which is robust and fit for purpose providing clear accountability.

## Velindre UNHS Trust Charitable Funds

### 7. Forecasted Balance of the Charity's Unrestricted Fund

#### Purpose:

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

#### Key Issues:

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

If income and the level of commitments remains as projected, then the Charity is expected to far exceed the reserve policy for the remainder of 2023/24, however the gap is expected to close in future years due to the level of commitments made against the Charity. The table does not consider any unapproved future commitments.

Summary of Commitments against the Charity's Unrestricted fund				
	Year 1	Year 2	Year 3	Year 4
	2023/24	2024/25	2025/26	2026/27
	£000	£000	£000	£000
<b>Opening Balance</b>	<b>6,122</b>	<b>8,244</b>	<b>5,043</b>	<b>3,293</b>
Forecast Donation Income (based on Annual Delivery/ Charity Strategy)	4,500	3,527	7,000	7,000
Prudent Income Growth			(2,000)	(2,000)
<b>Current Forecast Commitments</b>				
Fundraising Team*				
Fundraising Expenditure	550	335	600	600
Overheads*	130	129	155	160
General Expenditure & Charges	50	50	50	50
Long Standing Project Expenditure	1,074	1,198	1,236	0
Time Limited (Project/ Bid Expenditure)	2,074	3,516	3,209	752
Reduced recharge to Charity	(1,500)	1,500	1,500	
<b>Total Current Commitments</b>	<b>2,378</b>	<b>6,728</b>	<b>6,750</b>	<b>1,562</b>
<b>Closing Balance</b>	<b>8,244</b>	<b>5,043</b>	<b>3,293</b>	<b>6,731</b>
Target Reserve	2,243	2,250	521	
<b>Reserve Variance</b>	<b>6,001</b>	<b>2,793</b>	<b>2,772</b>	

## Velindre UNHS Trust Charitable Funds

### 8. Investment Growth held outside of Charitable Fund Allocation

**Purpose:**

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

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

**Key Issues:**

The investment position that is held outside of the fund balances as of 31st December 2023 is currently running at a negative (£0.065m) which is a positive movement of (£0.093m) from the (£0.158m) balance held at the 31<sup>st</sup> March 2023. This is due to the current performance of the investment portfolio and the increase in income returns from bank interest.

Investment gains and losses are volatile and therefore difficult to predict, however as the portfolio has partly recovered, we should expect to see further rebound in the short to medium term. It is anticipated at this stage that the fundraising team will continue to be funded from the investment growth during 2023/24, however it may be that part of these costs may need to be charged to the unrestricted fund.

**Due to the current performance the investment position which is held outside of the charitable funds allocation it is currently running at a negative (£0.065m); on the expectation of investment growth further rebounding, we're hopeful that we will return to a positive position before the end of the financial year. Any decision on recharges for the fundraising team and overheads will be made at the financial year end dependent on final balances.**

## Velindre UNHS Trust Charitable Funds

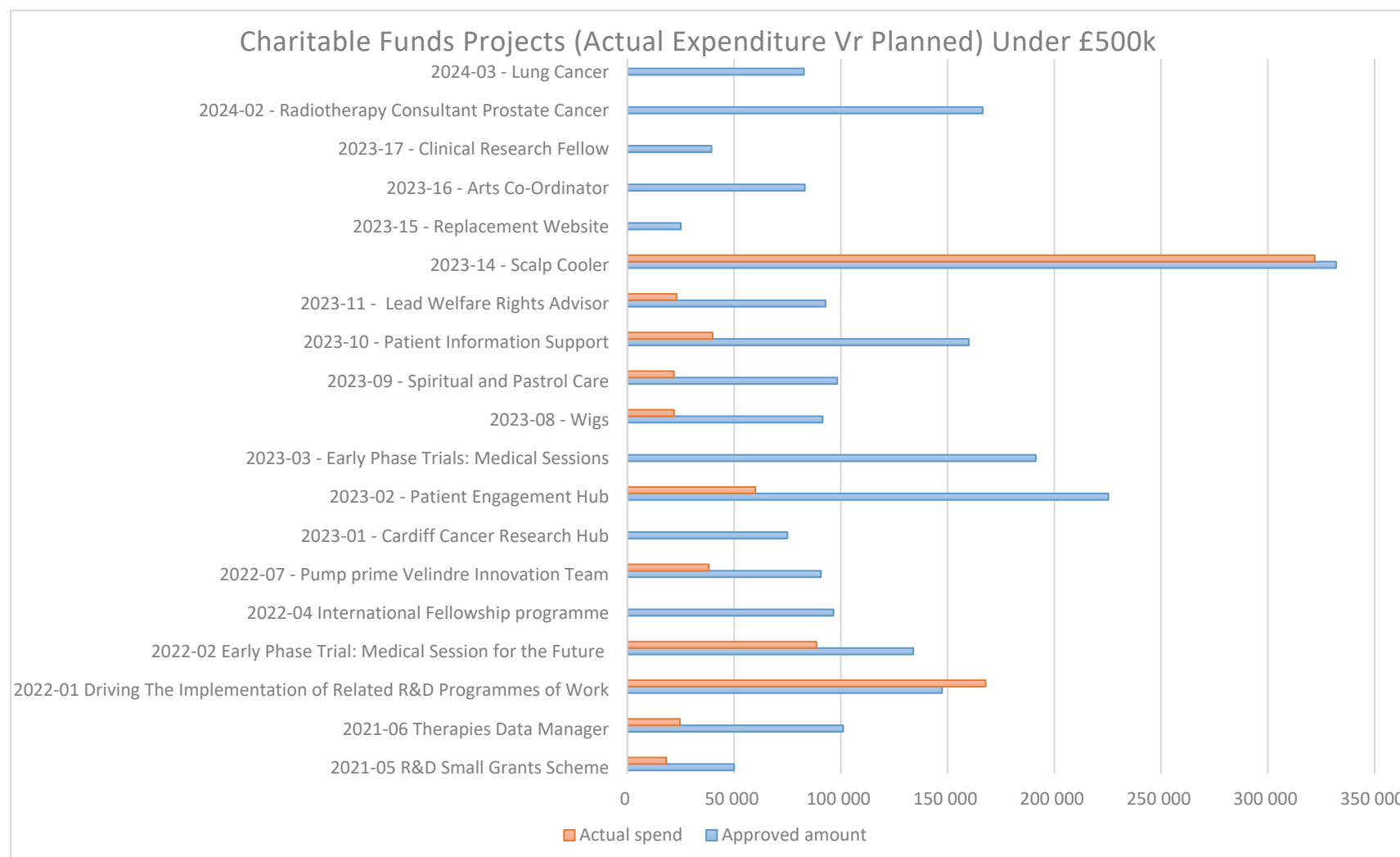
Current & Forecasted Investment Growth Position				
	Year 1	Year 2	Year 3	
	2023/24	2024/25	2025/26	
	£000	£000	£000	
<b>Opening Balance</b>	<b>(154)</b>	<b>0</b>	<b>0</b>	
Forecast Investment Income	133	133	133	
Forecast Bank Interest / Cash Options	100	155	155	
Forecast Gains /Losses & Management Fees	154	51	51	
<b>Actual / Forecast Commitments</b>				
Fundraising Team	(233)	(339)	(339)	
Overheads	0	0	0	
<b>Total Forecast Commitments</b>	<b>(233)</b>	<b>(339)</b>	<b>(339)</b>	
<b>Actual / Forecast Closing Balance</b>	<b>0</b>	<b>0</b>	<b>0</b>	

### 9. Recommendation

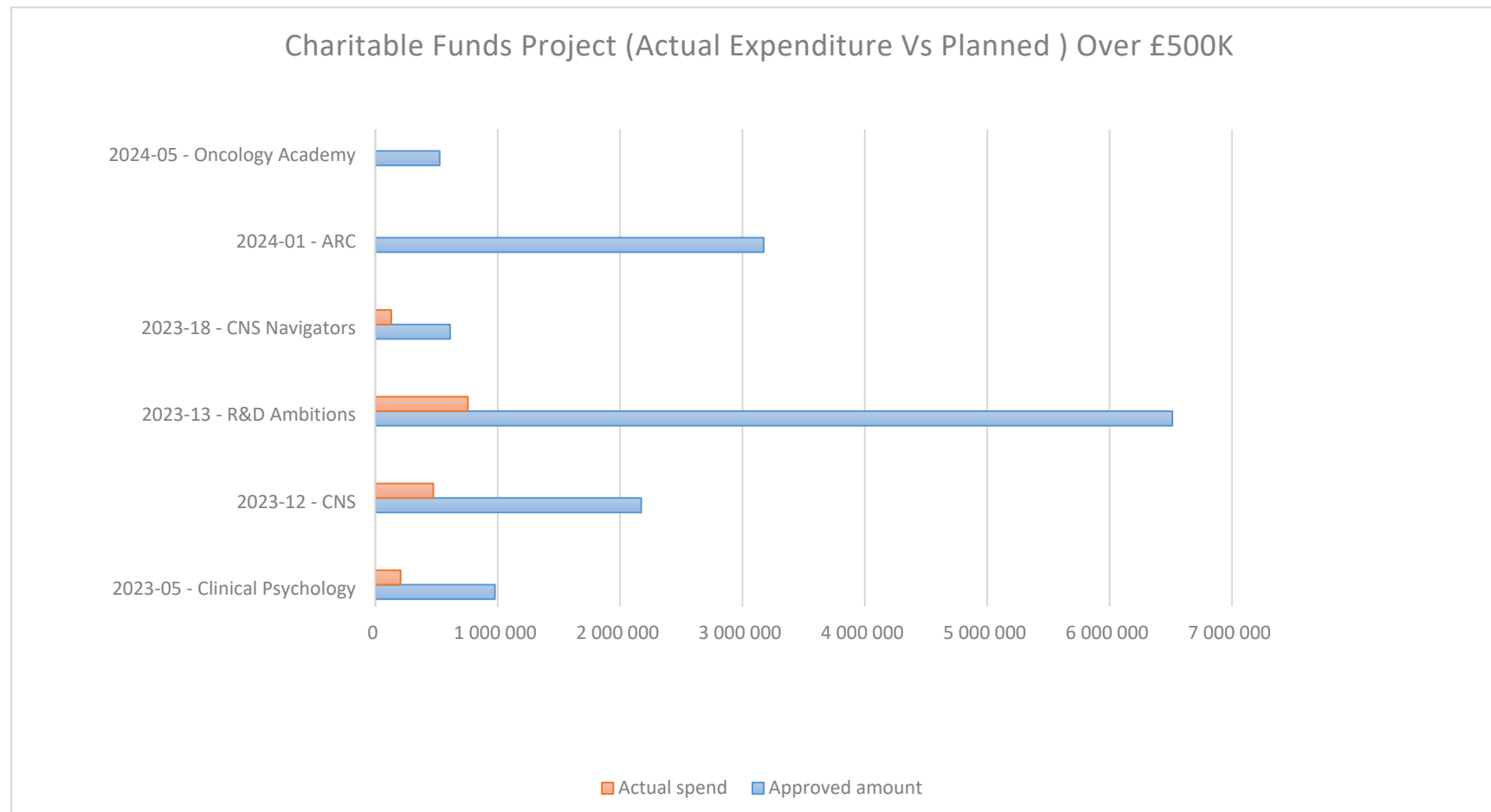
The CFC is asked to **Note** the contents of this Finance report and in particular:

- The financial performance of the Charity for the period 1<sup>st</sup> April to 31<sup>st</sup> December 2023.
- The position and performance of the Charity's investment portfolio as at the 31<sup>st</sup> December 2023.

## Velindre NHS Trust Charitable Funds



## Velindre NHS Trust Charitable Funds





VELINDRE UNHS TRUST												
2023/24 CHARITABLE FUNDS CASH FLOW FORECAST												
Opening Charitable Fund Balances												£
Investments (at Market Value as at 31st March 2023)												
Investments Portfolio												5,810,000
Debtors / Creditors												1,568,000
Actual Cash (Current & Deposit Accounts)												2,363,000
												9,741,000
Opening Bank Balance	April	May	June	July	August	September	October	November	December	January	February	March
	2,363,000	2,575,076	2,709,976	4,833,678	4,541,471	4,693,526	4,673,081	4,732,835	4,655,442	5,331,051	6,165,458	6,173,267
Income												
Donations, Fundraising & Legacies	244,016	417,022	704,594	268,415	421,381	392,662	610,331	235,018	685,058	908,000	200,000	1,300,000
Bank Interest	1,742	2,247	2,835	4,969	5,338	7,415	9,807	9,218	8,933	8,933	8,933	8,933
Donation Charges	(2,159)	(2,597)	(2,225)	(3,216)	(4,559)	(4,559)	(2,190)	(1,155)	(1,123)	(1,123)	(1,123)	(1,123)
Investment Movement												
Net Monthly Change In Income	243,599	416,672	705,204	270,168	422,160	395,518	617,948	243,081	692,868	915,810	207,810	1,307,810
Expenditure												
Commitments/ Credits (Inc BFWD from 2022/23)	(31,523)	(281,772)	1,418,498	(562,375)	(270,105)	(415,963)	(558,194)	(320,474)	(17,258)	(81,403)	(200,000)	(322,000)
Net Monthly Change In Expenditure	(31,523)	(281,772)	1,418,498	(562,375)	(270,105)	(415,963)	(558,194)	(320,474)	(17,258)	(81,403)	(200,000)	(322,000)
Closing Bank Balance (Deposit & Current Accounts)	2,575,076	2,709,976	4,833,678	4,541,471	4,693,526	4,673,081	4,732,835	4,655,442	5,331,051	6,165,458	6,173,267	7,159,077
	2,574,076.00	2,708,970.00	4,832,745.00	4,540,539.00	4,692,593	4,672,147	4,731,902	4654508	5,330,119			
	(1,000)	(1,006)	(933)	(932)	(933)	(933)	(932)	(934)	(932)			
Notes/ Risks/ Opportunities												
1. Income is based on forecast for 2023/24.												
2. Expenditure is based on current commitments/forecast for 2022/23 and unpaid creditor debtor balances from 22/23.												

Actual
Projected

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

TOTAL	Forecast Based Upon
6,386,497	Actual Income Forecast 23/24 less / add legacy debtors
79,301	
(27,152)	Average
6,438,646	
(1,685,875)	Expenditure forecast for 23/24 plus bfwd debtors / creditors
(1,685,875)	

7,115,771

## CHARITABLE FUNDS COMMITTEE

### Summary of Commitments against the Charity's Unrestricted fund

DATE OF MEETING	20/02/2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Barry Williams, Senior Finance Reporting and Business Partner Steve Coliandris, Head of Financial Planning & Reporting Manger
PRESENTED BY	Barry Williams, Senior Finance Reporting and Business Partner
APPROVED BY	Matthew Bunce, Executive Director of Finance
EXECUTIVE SUMMARY	The attached report outlines the financial position and performance for the period to the end of July 2023.
RECOMMENDATION / ACTIONS	1.1 The CFC is asked to <b>NOTE and CONSIDER</b> the impact of approving the business cases that has been presented today would have on the unrestricted fund balance.



	1.2	Based on an assumed level of forecast income and current commitments the Charity is in a position to financially support the business cases should the CFC decide to approve the bid that have been submitted to the meeting today.
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## GOVERNANCE ROUTE

List the Name(s) of Committee / Group who have previously received and considered this report:

Date

Velindre Charity Senior Leadership Group

02/02/2024

## SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

An oral update of the financial position was provided at the meeting which was noted by the group.

## 7 LEVELS OF ASSURANCE

If the purpose of the report is selected as '**ASSURANCE**', this section **must be completed**. N/A

ASSURANCE RATING ASSESSED  
BY BOARD DIRECTOR/SPONSOR

Select Current Level of Assurance

*Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "**How to Guide for Reporting to Trust Board and Committees**" N/A*

## APPENDICES

## 2. SITUATION/ BACKGROUND

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

### **3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION**

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

Summary of Commitments against the Charity's Unrestricted fund				
	Year 1 2023/24 £000	Year 2 2024/25 £000	Year 3 2025/26 £000	Year 4 2026/27 £000
<b>Opening Balance</b>	<b>6,122</b>	<b>8,244</b>	<b>5,041</b>	<b>3,276</b>
Forecast Donation Income (based on Annual Delivery/ Charity Strategy)	4,500	3,527	7,000	7,000
Prudent Income Growth			(2,000)	(2,000)
<b>Current Forecast Commitments</b>				
Fundraising Team*				
Fundraising Expenditure	550	335	600	600
Overheads*	130	129	155	160
General Expenditure & Charges	50	50	50	50
Long Standing Project Expenditure	1,074	1,198	1,236	0
Time Limited (Project/ Bid Expenditure)	2,074	3,516	3,209	752
Reduced recharge to Charity	(1,500)	1,500	1,500	
<b>Total Current Commitments</b>	<b>2,378</b>	<b>6,728</b>	<b>6,750</b>	<b>1,562</b>
<b>Closing Balance</b>	<b>8,244</b>	<b>5,043</b>	<b>3,291</b>	<b>6,714</b>
<b><u>Business case proposals</u></b>				
Patient Engagement Support		2	15	15
<b>Total Business case Proposals</b>	<b>0</b>	<b>2</b>	<b>15</b>	<b>15</b>
<b>Total Proposed Commitments</b>	<b>2,378</b>	<b>6,730</b>	<b>6,765</b>	<b>1,577</b>
<b>Revised Closing Balance</b>	<b>8,244</b>	<b>5,041</b>	<b>3,276</b>	<b>6,699</b>
Target Reserve	2,243	2,255	526	0
<b>Reserve Variance</b>	<b>6,000</b>	<b>2,786</b>	<b>2,750</b>	<b>6,699</b>

## Notes

- Forecast income is based on the latest forecast position for 2023/24, and future anticipated charity income strategy, however adjusted to support prudent income growth due to the financial climate (e.g. Energy and high levels of inflation).
- The table assumes that the fundraising team will continue be funded from investment gains.

- The table assumes that the full ask for the R&D infrastructure ambitions bid will be required in future years. If not, further funds will be released for investment.
- The table reflects a reduced recharge to the charity to be drawn down in future years.

Based on the current level of commitments and anticipated income the business cases that has been submitted for approval at the meeting today can be funded should the committee choose to support the case.

#### 4. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals: <ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a>	<b>Choose an item</b>
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe <input type="checkbox"/> Timely <input type="checkbox"/> Effective <input type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input type="checkbox"/> Patient Centred <input type="checkbox"/>



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	Choose an item
	N/A.  Click or tap here to enter text
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	Choose an item
	If more than one Well-being Goal applies please list below:
	N/A
	If more than one wellbeing goal applies please list below:  Click or tap here to enter text
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes - please Include further detail below, including funding stream
	Please refer to the funding schedule within this paper
<b>EQUALITY IMPACT ASSESSMENT</b> For more information: <a href="https://nhswales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx">https://nhswales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx</a>	Not required - please outline why this is not required
	There is no requirement for this report.
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
	N/A

## 5. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	N/A
<b>WHAT IS THE CURRENT RISK SCORE</b>	N/A
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	N/A
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	N/A
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	Choose an item
	N/A
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	



## CHARITABLE FUNDS COMMITTEE

### SUSPENSION OF EXPENDITURE RECHARGES TO CHARITY FOR 2023/24

<b>DATE OF MEETING</b>	02/02/2024
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Choose an item
<b>REPORT PURPOSE</b>	DISCUSSION
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Steve Coliandris, Head of Financial Planning & Reporting Manger
<b>PRESENTED BY</b>	Steve Coliandris, Head of Financial Planning & Reporting Manger
<b>APPROVED BY</b>	Matthew Bunce, Executive Director of Finance
<b>EXECUTIVE SUMMARY</b>	<p>Like in 2022-23 the Trust has accumulated £1.5m of non-recurrent income during 2023/24 from several sources including significantly higher levels of bank interest and over performance of plasma and private patient income.</p> <p>The extraordinary non recurrent income generated in 2023-24 has enabled c£1.5m of expenditure to be suspended for service activities which has approved Charitable Funds support. These costs will be managed within Velindre NHS Trust core funding from non-recurrent income received in year, and therefore £1.5m of funding earmarked to support the cancer</p>



	services remaining within the Charity. This impact has been factored into the Trust's overall Financial Plan.
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<b>RECOMMENDATION / ACTIONS</b>	CFC asked to <b>Approve</b> for the suspension in 2023-24 of c£1.5m of expenditure recharge to the Charity for cancer service and Research activities (c£0.750m relating to Research and c£0.750m relating to Patient Services) which has approved Charitable Funds support. These costs will be managed within Velindre NHS Trust core budgets from non-recurrent income gained over the period.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Charitable Funds Senior Leadership Group	02/02/2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ' <b>ASSURANCE</b> ', this section <b>must be completed</b> . N/A	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	<b>Select Current Level of Assurance</b>  <i>Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "<b>How to Guide for Reporting to Trust Board and Committees</b>" N/A</i>

APPENDICES
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## 1. SITUATION/ BACKGROUND

- 1.1.1 Like in 2022-23 the Trust has accumulated £1.5m of non-recurrent income during 2023/24 from several sources including significantly higher levels of bank interest and over performance of plasma and private patient income.
- 1.1.2 The trustees hold the charity funds on trust to apply the income at their discretion, so far as is permissible by the charity's purposes and objects, unless they are restricted funds which can only be spent within the terms of the restriction. As an NHS charity the objects are NHS wide and for the benefit of NHS patients and public benefit.
- 1.1.3 The Charity can use charitable funds to supplement or subsidise the Trust services where it is within its objects, in the interests of the charity and its beneficiaries and there is clear justification for doing so.
- 1.1.4 Relief of statutory funding: There is a common misconception that the charity cannot fund any aspects of the health service which the NHS is obliged to provide. This is not the case (as already noted in paragraph 1.1.3 above). It is established in law that charities can fund such aspects of the NHS; the question which trustees need to ask themselves, however, in each case, is whether this is an appropriate use (or the most effective use in the circumstances) of the charity's funds.
- 1.1.5 The Charity funding supports the supplementation of cancer services, the administration of the Fund and investment in Research and Development. Given the c£1.5m of extraordinary non-recurrent income generated it is proposed that the level of Trust expenditure funded by the Charity in 2023-24 is again reduced by c£1.5m.
- 1.1.6 The Trust is not legally required to charge expenditure to the Charity it has approved funding for nor is the Charity legally required to fund those agreed charges. The trustees have assessed it's not the most effective use of the Charity's funds in 2023-24 to support all the agreed recharges given the circumstances of the c£1.5m available via non recurrent income.

## 1.2 BACKGROUND

- 1.2.1 Velindre Charitable Fund Raising and the Velindre Cancer Centre has a long history of partnership funding in support of high quality and safe care services. The utilisation of charitable funds enables advancement in Cancer care, supplementation of service delivery and enhances the patient experience and outcomes.
- 1.2.2 During 2023-24 the Trust has generated c£1.5m of non-recurrent income from several sources including significantly higher levels of bank interest income and overperformance of plasma income.
- 1.2.3 The extraordinary non recurrent income of c£1.5m can be used to non-recurrently fund Trust expenditure for services approved by Charitable Funds Committee to be recharged to the Charity.

## **2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION**

- 2.1.1 The Charitable Funds Director, Fundraising Team and overhead charges will be fully recharged to the Charity as these are deemed direct costs of running the charity.
- 2.1.2 The Charity purpose is to invest in promoting quality, care and excellence in services provided by Velindre University NHS Trust. The Charity does this by supporting 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.
- 2.1.3 During 2023-24 the Charity will provide the Trust with charitable funding of c£3m from the general purpose fund which will contribute towards the costs of providing both Patient Services c £1.563m and Research £1.517m as detailed in the table below.
- 2.1.4 The areas of expenditure recharge to the charity to be suspended in 2023-24 will be c£0.750m (50%) for Patient Services and c£0.750m (50%) for Research in line with the approved forecast Charitable funding support to the Trust for 2023-24.



Unique Proposal Number	Proposed Title	Fund Number	Support Category	Total Forecast Spend 2023/24 £000	% Support
2023-02	Pilot Patient Engagement Hub	6000	Patient	68	2.20%
2023-05	Clinical Psychology & Counselling Service and the Complementary Therapy Service	6000	Patient	293	9.51%
2023-08	Wigs	6000	Patient	29	0.94%
2023-09	Spiritual and Pastoral Care Services	6000	Patient	29	0.93%
2023-10	Patient & Carer Information & support services Manager	6000	Patient	54	1.74%
2023-11	Lead Welfare Rights Advisor	6000	Patient	31	1.00%
2023-12	Clinical Nurse Specialist CNS Team Cont..	6000	Patient	639	20.74%
2023-14	Scalp Cooling Machines for SACT Day Case Units	6000	Patient	226	7.34%
2023-16	Arts Co-ordinator Role	6000	Patient	13	0.42%
2023-18	CNS - Navigators	6000	Patient	182	5.91%
2022-07	Pump Priming Velindre's Innovation Team	6000	RD&I	50	1.62%
2023-01	Cardiff Cancer Research Hub: Commissioning an Investment Strategy	6000	RD&I	63	2.03%
2023-13	Implementing the Velindre Cancer R&D Ambitions - An Integrated Business Case	6000	RD&I	1,405	45.60%
<b>Total</b>				<b>3,080</b>	<b>100.00%</b>

Support Category	Forecast Spend 2023/24 £000	% Support
Patient	1,563	50.75%
RD&I	1,517	49.25%
<b>Total</b>	<b>3,080</b>	<b>100.00%</b>

### 3. IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>
If yes - please select all relevant goals: <ul style="list-style-type: none"> <li>Outstanding for quality, safety and experience <input checked="" type="checkbox"/></li> <li>An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/></li> </ul>



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CYMRU  
**NHS**  
WALES

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Prifysgol Felindre  
Velindre University  
NHS Trust

<ul style="list-style-type: none"> <li>• A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/></li> </ul>												
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a>	Choose an item											
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Yes -select the relevant domain/domains from the list below. Please select all that apply											
	<table> <tr> <td>Safe</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Timely</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Effective</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equitable</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Efficient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Patient Centred</td> <td><input type="checkbox"/></td> </tr> </table>	Safe	<input type="checkbox"/>	Timely	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Equitable	<input type="checkbox"/>	Efficient	<input type="checkbox"/>	Patient Centred
Safe	<input type="checkbox"/>											
Timely	<input type="checkbox"/>											
Effective	<input type="checkbox"/>											
Equitable	<input type="checkbox"/>											
Efficient	<input type="checkbox"/>											
Patient Centred	<input type="checkbox"/>											
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	Choose an item											
	N/A.  Click or tap here to enter text											
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	Choose an item											
	If more than one Well-being Goal applies please list below:											

	N/A
	If more than one wellbeing goal applies please list below:
	<b>Click or tap here to enter text</b>
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes - please Include further detail below, including funding stream
	The extraordinary non recurrent income generated in 2023-24 has enabled c£1.5m of expenditure being suspended for service activities which has approved Charitable Funds support. These costs will be managed within Velindre NHS Trust core funding from non-recurrent income received in year, and therefore £1.5m of funding earmarked to support the cancer services remaining within the Charity. This impact has been factored into the Trust's overall Financial Plan.
<b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhswales365.sharepoint.com/sites/VEL/Intranet/SitePages/E.aspx">https://nhswales365.sharepoint.com/sites/VEL/Intranet/SitePages/E.aspx</a>	Not required - please outline why this is not required
	There is no requirement for this report.
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
	The Trust is not legally required to charge expenditure to the Charity it has approved funding for nor is the Charity legally required to fund those agreed charges. The trustees have assessed it's not the most effective use of the Charity's funds in 2023-4 to support all the agreed recharges given the circumstances of the c£1.5m available from non-recurrent income

#### 4. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.



ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	N/A
WHAT IS THE CURRENT RISK SCORE	N/A
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	N/A
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	N/A
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
	N/A
All risks must be evidenced and consistent with those recorded in Datix	





## CHARITABLE FUNDS COMMITTEE

### VELINDRE CANCER CENTRE – Patient Engagement Management and Support (Volunteers, Velindre Voices)

DATE OF MEETING

20<sup>th</sup> February 2024

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE  
REASON

Not Applicable – Public Report

REPORT PURPOSE

For Approval

IS THIS REPORT GOING TO THE  
MEETING BY EXCEPTION?

Not Applicable

PREPARED BY

Lisa Miller, Head of Patient Engagement

PRESENTED BY

Lisa Miller, Head of Patient Engagement

APPROVED BY

Rachel Hennessy

EXECUTIVE SUMMARY

Business case funding application to support the introduction and ongoing implementation of the Trust Volunteer Programme at Velindre Cancer Centre.

RECOMMENDATION / ACTIONS

The Charitable Funds Committee are asked to **APPROVE** funding for £45,000 for the period of 3 years.



GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Senior Leadership Team	08.02.2024
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
<p><b>VCC SLT</b> SUPPORTIVE IN PRINCIPLE AND WELCOME OPPORTUNITY FOR VOLUNTEERS TO COME BACK AND WORK WITH US.</p> <p><u>IN RELATION TO:</u> THE ASK FOR £15 PER YEAR – REQUEST FOR COMPARATIVE TO PRE COVID-INVESTMENT WOULD BE HELPFUL. EXIT STRATEGY – NEEDS CLARIFICATION AS MULTIPLE INTERPRETATION OF THE PROPOSAL. THE SLT ARE RECOMMEND A BENEFIT OF A DEDICATED FUNDING STREAM THAT LIES WITHIN CHARITY FUNDING.</p>	
<b>7 LEVELS OF ASSURANCE</b>	
If the purpose of the report is selected as ' <b>ASSURANCE</b> ', this section <b>must be</b> completed.	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	<p>Select Current Level of Assurance</p> <p><i>Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "How to Guide for Reporting to Trust Board and Committees"</i></p>
<b>APPENDICES</b>	



## 1. SITUATION/ BACKGROUND

Please see attached business case.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Please see attached business case.

## 3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"><li>Outstanding for quality, safety and experience</li></ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>A beacon for research, development and innovation in our stated areas of priority</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>An established 'University' Trust which provides highly valued knowledge for learning for all.</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>A sustainable organisation that plays its part in creating a better future for people across the globe</li></ul>	<input checked="" type="checkbox"/>
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	<b>Partnership Engagement</b> <b>Working/Stakeholder</b>
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Yes -select the relevant domain/domains from the list below. Please select all that apply

	Safe	<input type="checkbox"/>
	Timely	<input type="checkbox"/>
	Effective	<input type="checkbox"/>
	Equitable	<input type="checkbox"/>
	Efficient	<input type="checkbox"/>
	Patient Centred	✓
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	<b>Goal 5</b> Bring communities and generations together through involvement in the planning and delivery of our services.	
	If more than one Well-being Goal applies please list below:	
	If more than one wellbeing goal applies please list below: <b>Click or tap here to enter text</b>	
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes - please Include further detail below, including funding stream	
	Please refer to the business case	
<b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a>		
	There is no requirement for this report.	
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	No	
	<b>Click or tap here to enter text</b>	



#### 4. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

## BUSINESS CASE FOR SUBMISSION TO THE CHARITABLE FUNDS COMMITTEE

THIS BUSINESS CASE HAS TO BE COMPLETED FOR PROJECTS / GRANTS / BIDS WITH EXPENDITURE OVER £25,000

(For Support, please contact: [Barry.Williams2@wales.nhs.uk](mailto:Barry.Williams2@wales.nhs.uk) or [Carol.Tahir@wales.nhs.uk](mailto:Carol.Tahir@wales.nhs.uk)).

Or access the Trust intranet page for an example of best practice  
[https://nhswales365.sharepoint.com/sites/VEL\\_Intranet/SitePages/HA.aspx](https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/HA.aspx)

### SECTION 1

<b>1. BUSINESS CASE TITLE</b>
VELINDRE CANCER CENTRE VOLUNTEER MANAGEMENT AND SUPPORT
<b>2. PLEASE INDICATE THE STRATEGY LINK THAT ALIGNS WITH THIS BUSINESS CASE PROPOSAL</b>
Patient / Donor Support
<b>3. BUSINESS CASE PREPARED BY</b>
Lisa Miller, Head of Patient Engagement
<b>4. BUSINESS CASE SPONSORED BY</b>
Lauren Fear, Director of Corporate Governance/Chief of Staff
<b>5. SMT / SLT SPONSOR (RESPONSIBLE OFFICER)</b> Ensure SMT /SLT approval is sought before submitting to the Charitable Funds Committee
Not applicable.
<b>6. UNIQUE BUSINESS CASE REFERENCE NUMBER</b> (Request from Corporate Finance/ HQ, contact Carol Tahir or Barry Williams )
<b>7. BUSINESS CASE TOTAL EXPENDITURE</b>
£45,000
<b>8. TERM OF PROPOSAL (MAXIMUM 3 YEARS)</b>
3 years



## 9. FUND NAME & NUMBER

Access the Trust intranet page for details

[https://nhswales365.sharepoint.com/sites/VEL\\_Intranet/SitePages/HA.aspx](https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/HA.aspx)

6100 – Patients General Purposes Fund

6001 – General Fund

## 10. FUND BALANCE & CURRENT COMMITMENTS

(Corporate Finance/ HQ will complete this section)

Fund	Actual Balance as at 31.12.2023 £000	Opening Balance 01/04/2023	Forecasted Income 2023/24 £000	Current Commitments 2023/24 £000	Forecasted Balance 31/03/2024 £000
6100	13	13	0	0	13
6000	8,244	6,122	4,500	-2,378	8,244

Expected to utilize the £0.013m balance under Patients General Purposes funds before utilizing the general fund, pending any designated donations the fund balance under 6100 would fund c. 87% of the costs expected in 2024/25 with the remaining 13% being picked up by the General Fund. 2025/26 & 2026/27 are expected to be funded from the general fund.

## 11. FUND HOLDER APPROVAL

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

Access the Trust intranet page for fund holder details

[https://nhswales365.sharepoint.com/sites/VEL\\_Intranet/SitePages/HA.aspx](https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/HA.aspx)

Rachel Hennessey

## 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 business case has been developed to seek funding to provide support patient engagement activities at Velindre Cancer Centre (VCC) and is seeking £15,000 per annum. Patient engagement encompasses VCC Volunteer Management, Young Ambassadors and Velindre Voices.

## Background

Velindre University NHS Trust's (VUNHST) Patient Engagement Strategy sets out a plan for the ambition, mechanisms and structures that will enable the delivery, including plans for a revision of the Patient Liaison Group (PLG) and managing the work carried out by our volunteers.

VCC were one of the first NHS organisations to establish a PLG in 2000 and has always had a strong volunteer service with around 80 volunteers before the COVID-19 pandemic.

The establishment of Velindre Voices has provided a wider opportunity for people to give their time to provide feedback, attend focus groups, be members of the Patient Liaison Group etc. Therefore, they are also volunteers. The same can be said of the Young Ambassadors. **Therefore for the purposes of this report volunteers will be used to describe all areas of the patient engagement activity outlined above.**

There are many benefits of volunteering in Velindre University NHS Trust, to patients, visitors, staff and the volunteers themselves.

- Volunteering can contribute to supporting people into paid employment by developing and enhancing transferable skills.
- Volunteering can contribute to an improvement in the volunteer's confidence and self-esteem.
- Volunteering can support staff and patient experience.

Historically, any costs associated with the volunteers were funded from the income generated from the Hospital shop with annual recognition/social events funded by the Charity Fund.

Benchmarking across NHS Wales has shown that charitable funding is used to support volunteer services in Health Boards, and that the types of expenditure detailed below are consistent with their usage.

The funding would be used for the following types of expenditure.

- **Travel expenses** – all volunteers will be offered the opportunity for reimbursement of expenses which is in line with the WCVA best practice and the Trust's draft Volunteer Framework. At the present time, this active offer of reimbursement is more important given the current economic climate and improves equality of access to volunteering. A local procedure would be developed outlining the process, allowances etc. It is common practice that volunteers are reimbursed the same rates as NHS staff.



- **Uniforms** – all volunteers will be required to wear a polo shirt or tabard in other for them to be easily identifiable, support infection control, branding of the service etc.
- **Drink and Lunch Vouchers** – the provision of a drink and/or lunch is given as an act of appreciation for volunteers that give their time freely. Criteria would be set to determine who could receive a drinks and/or lunch voucher. The draft Trust Framework identifies this criteria linked to volunteering time given etc. Vouchers would be provided with the actual spend drawn down by the Operational Services team.
- **Social and Recognition events** – one of the key benefits of a volunteering service is the positive impact upon the wider society improving concerns such as isolation, feeling of purpose, offering experience for career development etc. There would be a regular timetable of social events including recognition awards such as long service, celebrations of Volunteers Week etc. This is one of the main ways in which the Trust can thank those that give the gift of their time to improve the experience for patients and staff.
- **Marketing Materials** – In order for the service to attract volunteers that reflect the population it serves there is a need to develop a range of materials, for example in a range of languages, easy read, audio etc.

#### 15. LIST OF OPTIONS AND PREFERRED OPTION?

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

1. **Do Nothing** – This option would require revenue funding for volunteers to claim expenses. There would be no branding, provision of uniforms, or recognition events. Efforts would be made to seek sponsorship from companies for uniforms etc. This would have a significant impact on the effectiveness of the service and its ability to improve the patient experience. If this was the agreed option the Trust would need to significantly reduce its ambitions outlined in the draft Trust Volunteer Framework.
2. **Revenue Funding** – This option would require the Trust to provide an ongoing revenue budget to support the activities of the volunteer service. This may provide a sustainable option to funding the service but current financial pressures within the Trust and NHS Wales mean this would be difficult to prioritise amongst other pressures such as waiting lists.
3. **Provide reduced amount of funding** – may require revenue funding for core requirements eg travel expenses. An assessment would need to be undertaken on the impact of what could be achieved with the funding provided. Additional business cases may be developed for social and recognition events but would does restrict the service in its ambitions and likely to lead to additional time added to pursuing such funding.
4. **Approve business case in full** – funding would obviously only be drawn down on actual spend so whilst £15,000 per annum is requested it may be less than this amount. Approving a maximum spend would allow the service to have flexibility and speed of



access to meet the ambitions of the Trust Volunteer Service. Expenditure would be monitored and the requirement for years 2 and 3 reduced if possible.

#### 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 [https://nhswales365.sharepoint.com/sites/VEL\\_Intranet/SitePages/HA.aspx](https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/HA.aspx)

This proposal fits perfectly with the Velindre University NHS Trust Charity's vision, mission, aims and objectives as its sole purpose it to provide a leading volunteer service that has shown that it improves the experience of patients and staff. The research into the benefits for individuals, organisations, NHS Wales and society as a whole is substantial. It meets the Trust's ambition to provide world-class care and support by providing volunteers that can support the workforce in delivering care.

NB – The Trust could agree to establish a dedicated fund for the Volunteer Service that could be actively promoted for those wishing to make donations.

### 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. Attract, recruit and develop volunteer roles that add value to patients and their families. should I put a target in here?	Development of key performance indicators, eg number of hours, number of roles
2. Ensure there are a range of equitable opportunities to ensure the service reflects the population that VCC service.	EQIA, Equality Monitoring
3. Demonstrate the impact upon patient and staff experience.	Annual survey.
4. Demonstrate the impact that volunteering has on the volunteer themselves.	Volunteer Stories, Survey

\*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.

Evidence demonstrates the positive human, economic, social and cultural value that volunteering brings. Volunteering provides value, not only to organisations and their recipients but also to the wider society.

Volunteering supports personal growth, reduces isolation, improved health and wellbeing and, for some, an increased sense of belonging and identity, as recognised as fundamental within the Wellbeing of Future Generations (Wales) Act 2015.

The 'Wales Council Voluntary Action (WCVA) Code of Practice for Involving Volunteers' also recognises the impact volunteering has on wellbeing at individual, local and national level. This Framework is underpinned not only by this guidance but also aligns perfectly to the Velindre University NHS Trust's Strategy 'Destination 2033'.

#### 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

Money will be used to underpin the return of the Velindre Volunteer programme by covering the managed costs of expense claims, food vouchers and other areas that will enable us to support individuals with low income or from deprived, seldom heard communities. Without these offerings, the accessibility and equality aspect of the programme would need to be questioned.

Expenditure will be used to engage volunteers in several training events and social activities to ensure their mental health and wellbeing is always prioritised. Nurturing relationships with volunteers will, in turn, provide exceptional commitment and performance in supporting our staff across multiple departments.

#### 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

N/A

#### 21. RISK ASSESSMENT

Please Indicate how the project will manage both strategic and operational risks identified as part of the risk assessment. You should refer to risks which initiate the need for change, those which need



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WALES

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Prifysgol Felindre  
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NHS Trust

to be managed in implementing the project and the risks identified with not proceeding with the project.

There are no known risks.

## 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 draft Trust Volunteering Framework clearly identifies the responsibilities for those services utilising volunteers. It stipulates the level of induction and training required to meet obligations under health and safety, information governance etc.

## 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

N/A

## SECTION 5 – FUNDING REQUIREMENTS

### 25. FUNDING REQUIREMENTS

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

Description	Staff Expenditure	Non Staff Expenditure	Capital Expenditure	Total Expenditure
Non Staff Costs				£ -
Other Non Staff Costs		£ 45,000.00		£ 45,000.00
	£ -	£ 45,000.00	£ -	£ 45,000.00

**26. PROPOSED FUNDING CASHFLOW**

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

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





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Velindre University  
NHS Trust

It is believed that funding could be sought via a dedicated charitable funds in line with those established for Site Specialist Teams (SST's).

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

- Development and monitoring of key performance indicators.
- Patient and staff experience feedback.
- Volunteer stories and experience feedback.

**30. FOLLOWING APPROVAL BY SMT AND CHARITY SLG THE BUSINESS CASE WILL NEED TO BE PRESENTED TO THE CHARITABLE FUNDS COMMITTEE. PLEASE STATE BELOW WHO WILL PRESENT THIS BUSINESS CASE**

Lisa Miller, Head of Patient Engagement

**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 [https://nhswales365.sharepoint.com/sites/VEL\\_Intranet/SitePages/HA.aspx](https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/HA.aspx)

**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
Implementing the Cancer R&D Ambitions – An Integrated Business Case 2023-2026	2023-13
3. BUSINESS CASE PREPARED BY	4. BUSINESS CASE SPONSORED BY
<p>Mererid Evans, Velindre Cancer R&amp;D Strategy Clinical Lead</p> <p>Rob Jones, Associate Medical Director for RD&amp;I, VUNHST</p> <p>Libby Batt, Velindre Cancer R&amp;D Strategy Lead</p> <p>Sarah Townsend, Head of R&amp;D VUNHST</p> <p>Jonathan Patmore, RD&amp;I Finance Manager VUNHST</p> <p>David Osborne, Head of Finance Business Partnering, VUNHST</p> <p>Kate Cleary, Velindre Cancer R&amp;D Strategy Project Support Manager</p> <p>Christopher Cotterill-Jones, Research Delivery Manager, VUNHST</p> <p>Jane Hopkinson, Velindre Professor of Nursing and Interdisciplinary Cancer Care</p> <p>Anthony Byrne, Velindre Lead for Cancer Palliative and Supportive Care research</p>	Jacinta Abraham, Executive Medical Director
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
19/01/2023	<i>Sent out of committee following a conversation between the Head of R&amp;D, Director of Finance and the Chair.</i>
7. BRIEF SUMMARY OF THE BUSINESS CASE	
<p>The Trust has developed and endorsed Cancer R&amp;D Ambitions for the next 10 years (2021-31) that builds on existing excellence and embraces new areas of research. Over the next 3 years, our focus will be to expand and balance the cancer research portfolio to increase recruitment into research studies led or supported by Velindre.</p> <p>Our clinical trial portfolio will include Late Phase and higher-risk Early Phase and Advanced Therapy Medicinal Product (ATMP) clinical trials. In addition, we will further develop the research portfolio to include different types of excellent research including, Translational ('bench to bedside') research, Health Care Research (led by multi-professional groups), and Palliative and Supportive Care research that support patients when they need it most.</p> <p>There is a requirement to enhance research capacity, capability, and leadership at Velindre, and to seek out research partnerships, that bring access to matched funding, shared skills and resources, infrastructure, and research income.</p>	



In developing this business case to charitable funds, we have taken an integrated approach to ensure all funding requests are aligned with national and our organisation's strategies. We have conducted a business and workforce planning exercise where we have reviewed and justified each post. This includes both existing posts (currently funded) and new posts related to the new areas of research.

## 8. PROJECT TERM – e.g. one year

The funding period is for 3 years, 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2026 and this report gives feedback on activities from 1 March - 31 December 2023.

## 9. PLEASE INDICATE THE STAGE OF THE PROJECT THIS EVALUATION RELATES TO: (please tick)

Year 1	<b>y</b>
Year 2	
Year 3	
End of project evaluation	

## 10. EXPENDITURE:

### a) What was the value of the funding request?

CFC funding request over the three year period (to 2025/26) was up to £6,513m (higher level) and down to £4,484m (lower level). The different levels were dependent on cost savings and income from several sources and we will continue to work closely with finance to determine the level of expenditure.

The funding profile over the three years, along with the actual costs incurred as at December 2023 are as follows, using the higher level in the forecast:

	CFC Funding Approved	Actual Spend to M9	Forecast Spend	Forecast Variance
Year	£k	£k	£k	£k
2023/24	1,903	1,054	1,405	498
2024/25	2,217	-	2,715	-498
2025/26	2,393	-	2,393	-
Total	<b>6,513</b>	<b>1,054</b>	<b>6,513</b>	<b>0</b>

### b) Is expenditure on target? If no, explain why?

The table above illustrates that 55% of the 2023/24 CFC funding has been spent as at December 2023 when the higher funding level is used. This is lower than the costs that would be expected to be incurred at this stage of the financial year. However, there are other factors identified within the bid that would reduce the call on charity (such as vacancy factors and time taking to recruit) and using this lower level, the spend is 70% as at December 2023. This variance against profiled budget is due to the reasons listed in section 11.

Having said this, more of the funding allocation will be utilised by the end of March 2024. We will work closely with the finance team to use the funding flexibly throughout the remaining funding period to meet the original objectives within the bid.

**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?**

The intention is still that the bid will meet the aims originally stated within the bid but there are factors that may impact on timeframe of the intended outcomes. Such as:

- It has taken time to recruit new posts and by the time they are properly inducted and embedded in their roles, it will have a knock-on effect on the timeframe of the objectives set out in the bid.
- Included within the bid was sessional time for research with the aim to enhance research capacity, capability, and leadership at Velindre. Whilst there are specific individuals who want to take this opportunity, people are not able to be released from their clinical commitments to have dedicated time to undertake research. These sessional times represent key leadership roles within research that would drive momentum in achieving the objectives. (See points 6 and 7 in Appendix A)
- A small number of posts have had to be reprofiled due to positions not attracting candidates. The roles will therefore have amended objectives which will still align with the overall ambition of the bid (See points 3 and 4 for the specific posts that have had to be changed in Appendix A)

**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.**

We are making progress towards the objectives stated within the bid and highlights of progress made towards specific objectives are listed below:

Original Business Case Objective	Achieved (Y/N)*	Explain how Achieved
Expand the Early Phase Drug-Radiotherapy Combination Clinical Trials	Y	We have started to increase the activity in this area including the head-and-neck ADEPT study which has been recently opened. This looks at the combination of a DDRI drug which improves the sensitivity of the cancer to radiotherapy.
Seek research ringfenced time for a small number clinicians, that are generating significant commercial income	Y	5 sessions appointed but only 2 could be used due to lack of clinical capacity for backfill.
Communicate the cancer portfolio and the Trust's RD&I impact	Y	Following the appointment of the RD&I Communications and Engagement Officer, there has been an increase of R&D news stories on the intranet and Trust website. There have also been news stories developed in collaboration with external media which has generated patients enquiring about that specific trial.
Establish a Velindre Healthcare Cancer Research and Innovation (R&I) Centre of Excellence	Y	The Velindre Healthcare Cancer Research Fellowship Scheme is up and running. A staff member has been awarded a Velindre Healthcare Cancer Research Fellowship to study for a PhD. Three staff members have been successful in their applications for a Velindre "Introduction to Research" award. The Velindre Fellows are supported by the Velindre Healthcare Cancer Research Support Team from Cardiff University, comprising of 3 Senior Lecturers,

		<p>Professor of Interdisciplinary Cancer Care, and an administrator.</p> <p>The inaugural meeting of the Velindre Healthcare Cancer Research Community was held with representatives across Velindre Cancer Centre. It will be a forum for seeking peer support, exploring research ideas and finding research collaborators.</p>
Assess how Velindre patients develop and utilize their knowledge about their condition, contextualise treatment decisions, effectively co-producing care and treatment plans aligned with their priorities	Y	Non-clinical Research Fellow post has been appointed and will start in January 2024. Clinical Research Fellow started in October: honorary contract with Cardiff Uni in process and initial work programme agreed. Both of these posts will be working on this objective.
Open and recruit to complex palliative care pain control, cancer associated thrombosis and hydration at the end of life	Y	Newly funded Clinical Research fellow supporting recruitment of patients to the Serenity Study which explores patient decision making around thrombosis management in advanced cancer.
Provision of opportunities to gain higher degrees (MDs and PhDs) for research interested trainees.	Y	One Clinical Research Fellow (RT Genomics & Immunology) started in July and Clinical PhD (Lung) in Precision Oncology started in October. The CRF (ATMP) post will start beginning of March. All posts have clinical days on the Hub and are a key part of the workforce.
Maximising radiotherapy research opportunities @VCC	Y	<p>Work has been done with Cardiff University to grow pre-clinical and translational radiotherapy research in supporting small animal radiation research platform (further details in the objective below).</p> <p>The radiotherapy-lead SABRE study is currently in set-up and is commercially sponsored which is a first for radiotherapy.</p>
Seeking partnerships with Universities Pharma, IRS provider, 3rd Sector to build research opportunities	Y	Funding has been secured from the Advanced Radiotherapy Fund for a small animal radiation research technician as part of plans in partnership with CU to improve the preclinical pathway. This supports the Cardiff University equipment bid to MRC, for £650,000 to purchase the SARRP machine (Xstrahl)
Develop a new role of RT Research Data manager that works to support RT research radiographers	Y	Role has been appointed and will start in January, working closely with the R&D Data Managers to ensure synergy of working practice and a sustainable resource for radiotherapy activity.
Bring precision immuno-therapeutics generated in Wales (T cell-based therapies and precision immuno-virotherapies) precision immuno- through to clinical trials for patients in Wales	Y	An advert for the Clinical Academic: Cancer Immunology will be going out shortly and will be co-funded with Cardiff University.
Cardiff Cancer Research Hub		
Provide enhanced access to high risk trials Early Phase Clinical Trials and ATMPs	Y	2 studies opened 2023, 1 has now closed. Currently 1 open study, 3 in set up (1 haem complex phase 3, 2 oncology ATMPs), 4 potential and have expressed an interest in doing (including a FIC, TILs)

Open one solid tumour non-cellular advanced therapy trial (e.g. an oncolytic virus) and one cellular advanced therapy trial annually.	Y	Opened MOAT in 2023, although didn't treat a patient. Have a vaccine trial in set up now to open in Jul 2024
Generate commercial investment through grant income and commercial trial income - re-investing the income provide sustainability of existing posts, and expansion of the workforce and infrastructure	Y	Moorhouse, an external management consultancy firm, have developed the Cardiff Cancer Research Hub's Strategic Investment Case (SIC), engaging with colleagues from VCC, CAVUHB and CU. The SIC provides an overview of the strategic, economic, commercial, financial and management case for the Hub and provides an estimate of the level of pump-priming investment required to mobilise the Hub, and where this investment could be sought.
Ensure the research team early phase trial and ATMPs are suitably trained, competent and adhere to Standard Operational Procedures	Y	To upskill the workforce, key milestones have been achieved: <ul style="list-style-type: none"> <li>• Development of ATMP &amp; Translational Research Training Package</li> <li>• Cross-site, multi-discipline CCRH nurse training and mentorship programme</li> <li>• Attendance at cell and gene therapy study days</li> <li>• Benchmarking exercise (see below)</li> </ul>
Ensure development of the new service is informed by other successful UK Cancer Centres delivering similar services	Y	A cohort of medics, nurses and pharmacists from VCC and CAVUHB visited Cell Therapy centres in Newcastle, Christie and Guys. They brought back knowledge and built links with colleagues in the centres.

**\*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.**

N/A

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

*Implementing the Cancer R&D Ambitions – An Integrated Business Case 2023-2026* is an ambitious business case that expands the Trust's portfolio of high impact, quality trials and studies run by well-respected, multidisciplinary professionals. The Trust is investing in different types of healthcare professionals which will enhance research capacity, capability, and leadership within the organisation. This will contribute to the long term sustainability of research in the Trust and will be instrumental in further embedding research in the organisation. All of this means that we are able to offer more research opportunities to our patients and will contribute to shaping the cancer treatments of the future.

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

The bid was ambitious and its broad reach was commended by Charitable funds. It has brought different areas of research together and funded specific research that had not been funded before. This has all been warmly welcomed by colleagues and the wider research community. There has been a real commitment to bringing in these posts as quickly as possible so they can start making a difference to our research capacity and capability.

## 16. PROVIDE DETAILS OF LESSONS LEARNT

Consideration should be given to the following:

- Whilst posts hosted by Cardiff University are essential for partnership working they are more expensive due to higher pension contributions
- Non staff costs need to be factored into the bid costings
- On call costs need to be included into the salaries

All of these above points will incur higher costs than originally quoted and we will be working closely with the finance team to ensure costs remain within funding envelope.

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## Appendix A

Ref	Post – original	Changes	Notes
1	Research Pharmacist, 8a, 0.6 WTE, HCRW funding	Research Pharmacist, 8b, 1 WTE, funding from Charitable funds	Reprofiled to better suit needs of department. As per Scrutiny Business Case reference 11798
2	Pharmacy Technician, 5, 1 WTE, HCRW funding	Pharmacy Technician, 4, 1 WTE, funding from Charitable funds	Reprofiled to better suit needs of department.
3	Science PhD match funding contribution (IPOCH)	Interdisciplinary Precision Oncology Cardiff Hub (IPOCH)/Velindre SARRP based MPhil project	Original post was not recruited to so there is a proposal that these funds are reprofiled to fund a MPhil (by research) studentship for 24/25 academic year which would strengthen a SARRP bid that is currently being submitted. Costs are still TBC but will be within the funds allocated for this post.
4	Clinical Research Fellow: Brain RT, 0.25 *this post also funded by Headfirst Charity 25% and WCRC 50%	Post to be reprofiled – decision TBC	Been out to advert twice and shared with Royal College of Radiologists with no suitably qualified candidates.
5	0.5 WTE Velindre Professor of Healthcare Cancer Research for 3 Yrs 0.2-0.4 WTE Band 8 Post-Doctoral Fellowship in Cancer Care (0.2 Yr. 1, 0.4 Yrs. 2&3)	0.3wte Senior Lecturers, start date 1 <sup>st</sup> July 2023. 0.2wte Professor (three years starting 1 <sup>st</sup> July 2023) 0.4wte Administrator (GR 3 university grade), start date 27 <sup>th</sup> November 2023	The changes in posts are still within the funds allocated for this post as set out in the SLA between Velindre Cancer Centre and School of Healthcare Sciences, Cardiff University. <b>These posts have been set up to run until 30 June 2026 so a no cost extension is requested</b>

<b>6</b>	Cardiff Cancer Research Hub, Research Nurse, Band 6	Cardiff Cancer Research Hub, Research Nurse, Band 7	This request for the research Nurse for the Hub as per the clinical delivery model in Velindre and C&V
<b>7</b>	Research Leadership (Commercial) Sessions 0.5	Only 2 sessions have been appointed (Simon Waters & Nick Morley)	The remaining consultants advised that they have no capacity to take up the sessions
<b>8</b>	Cancer Palliative & Supportive Care Research, Clinical Research Time, 0.2		Nicky Hughes is checking this as she understands that Nicky Pease & Mark Taubert do not have the capacity for these sessions

## APPROVED BUSINESS CASES – ANNUAL EVALUATION REPORT

1. BUSINESS CASE TITLE	2. BUSINESS CASE REFERENCE NUMBER
Cardiff Cancer Research Hub: Commissioning An Investment Strategy	2023-01
3. BUSINESS CASE PREPARED BY	4. BUSINESS CASE SPONSORED BY
Kate Cleary, Project Support Manager for Velindre Cancer R&D Strategy	Jacinta Abraham, Executive Medical Director
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
17.5.22 – original ask of £25,000 19.1.23 – additional ask, totalling £75,000	<i>If RD&amp;I Sub-Committee approval was not required please state “not applicable” in this section</i>
7. BRIEF SUMMARY OF THE BUSINESS CASE	
<p>This proposal was a request to Velindre Charitable funds to fund third party support to develop a Strategic Investment Case (SIC) for the Cardiff Cancer Research Hub, a partnership between Velindre, Cardiff and Vale UHB and Cardiff University. The Hub includes a number of external partners and will require a mixed model of funding approach. It will be essential that a Strategic Investment Case is developed that will enable best long-term sustainability for the Hub. The Hub planned outcomes includes:</p> <ul style="list-style-type: none"> <li>• more research access for patients</li> <li>• enhanced research collaborations</li> <li>• facilitating cancer research to be developed and led from Cardiff.</li> <li>• increased research reputation</li> <li>• attract research income through commercial trials and research grants</li> <li>• grow future cancer research leaders</li> </ul> <p>Ultimately such outcomes will generate research knowledge that will benefit cancer patients now and in the future.</p>	
8. PROJECT TERM – e.g. one year	
One off cost	
9. PLEASE INDICATE THE STAGE OF THE PROJECT THIS EVALUATION RELATES TO: (please tick)	
Year 1	
Year 2	
Year 3	
End of project evaluation	<b>y</b>
10. EXPENDITURE:	
<p>a) What was the value of the funding request? The Velindre Charitable Funds Committee approved funding for the work as £50,000 (inc. VAT) grant and £25,000 repayable investment (inc. VAT), which equated to a total of £75,000 (inc VAT). The remaining source of funding was £75,000 (inc VAT) was provided</p>	

from Velindre Trust's reserves. Therefore, the total budget for the work was £150,000 including VAT with £25,000 (inc VAT) to be repaid to the Charity at a later stage.

b) Is expenditure on target? If no, explain why? Y  
Actual costs were £122k as VAT was reclaimable.

**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?**

N/a

**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
1. Patient Outcomes via research performance activity data	N/a	At this early stage of the project's lifecycle, we wouldn't be able to demonstrate outcomes for the staff and patients. However the positive delivery of the SIC does mean that we are more likely to achieve these objectives.
2. Staff Outcomes via numbers of researchers developed	N/a	
3. The development of an Income strategy available to all partners will set out opportunities to improve research Income via the Hub	Y	A third party supported the development of the Strategic Investment Case which provides an overview of the strategic, economic, commercial, financial and management case for the Hub and provides an estimate of the level of pump-priming investment required to mobilise the Hub, and where this investment could be sought.

**\*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.**

N/a

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

The Cardiff Cancer Research Hub will bring new cancer treatments to Wales and new collaborative cancer research opportunities. Velindre University NHS Trust, Cardiff and Vale UHB and Cardiff University are committed to bring the Hub to reality and see the real value that this partnership will bring to Wales. The Strategic Investment Case is a key milestone for the Hub that starts to navigate how it could be successfully delivered and outlines its long term funding model.

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

An unforeseen outcome of this piece of work has been that it has created further momentum around the Cardiff Cancer Research Hub. We commissioned a third party support to help the three organisations to develop the case and they conducted a series of workshops and individuals sessions with key individuals across the three partners and beyond. These conversations contributed to the detail incorporated with the Strategic Investment Case and also accelerated the drive, commitment and enthusiasm across the three



organisations. Feedback from all the people who were involved with this exercise were always positive and recognised that having an external organisation raising issues and investigating the options meant that conversations could flow easily.

#### **16. PROVIDE DETAILS OF LESSONS LEARNT**

The amount requested in the original business case was for £25,000 and we realised that this amount was too low: all quotes submitted via the procurement process were far higher given the scope of work. This did create a significant delay in the work going ahead: the original funds were approved in May 2022 but the work was commissioned to start almost a year later in April 2023.

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## APPROVED BUSINESS CASES – ANNUAL EVALUATION REPORT

<b>1. BUSINESS CASE TITLE</b>	<b>2. BUSINESS CASE REFERENCE NUMBER</b>
Scalp Cooling Machines for SACT Day Case Units	2023-14
<b>3. BUSINESS CASE PREPARED BY</b>	<b>4. BUSINESS CASE SPONSORED BY</b>
Rebecca Membury & Bethan Tranter	Cath O'Brien
Evaluation completed by Anna Burgess, SACT Lead Nurse	
<b>5. DATE APPROVED BY CFC</b>	<b>6. DATE APPROVED BY RD&amp;I SUB-COMMITTEE</b>
19 January 2023	N/A
<b>7. BRIEF SUMMARY OF THE BUSINESS CASE</b>	
Approval of x19 Paxman Scalp cooling systems & Maintenance Agreements	
<b>8. PROJECT TERM – e.g. one year</b>	
3 years	
<b>9. PLEASE INDICATE THE STAGE OF THE PROJECT THIS EVALUATION RELATES TO: (please tick)</b>	
Year 1	<input checked="" type="checkbox"/>
Year 2	<input type="checkbox"/>
Year 3	<input type="checkbox"/>
End of project evaluation	<input type="checkbox"/>
<b>10. EXPENDITURE:</b>	
a) What was the value of the funding request? £285,628-for 3 years	
b) Is expenditure on target? If no, explain why? N/A	
Yes on target £226k spent in the first year as anticipated	
<b>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?</b>	
<p><i>e.g. delays in recruitment process</i></p> <p>N/A-Already BAU offering Scalp Cooling as a supportive therapy.  There were delays in the procurement processes due to non-engagement of one of the potential suppliers and processes were undertaken to ensure compliance with the Procurement tender process. This delayed the process from the initial agreement date of June 2023 to August 2023.  Since Aug 2023 the project has been delivered and the practice of offering scalp cooling to suitable patients continue to be embedded as business as usual  VCC SACT services will continue to routinely offer scalp cooling with this system to suitable patients for the duration of the project</p>	

**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

*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.*

Continued supportive care for patients receiving IV SACT therapy. Cold Cap Utilisation can be captured through BI data.

Continued Gold standard supportive services offered by the VUNHST in line with other leading cancer Centres utilising up to date evidence-based practice.

Ensuring patient choice and experience is of a high priority alongside SACT.

**\*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.**

N/A

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

This Grant has ensured that Velindre Cancer Centre can offer a supportive treatment that supports patient with a known SACT related toxicity of alopecia from losing their hair. This ensures the service where possible can continue to offer patients choice throughout their treatment pathway.

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

Velindre Cancer Centre is a specialist Oncology treating centre. The centre is classed as a specialist area offering SACT treatment intravenous and oral administration and ensures best supportive medications and treatments are provided to support patients with toxicity management. Appropriate access to supportive treatments such as scalp cooling for patients receiving IV SACT therapy should be considered gold standard and ensures patient centred care. The impact of not offering the treatment could be detrimental to patient mental health and wellbeing and their overall experience of Velindre Cancer Centre. Additionally, there is a reputational risk to the Trust as we will need to advise patients and third party Organisations, such as the Llais, that we no longer offer this treatment.

**16. PROVIDE DETAILS OF LESSONS LEARNT**

N/A

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## APPROVED BUSINESS CASES – ANNUAL EVALUATION REPORT

1. BUSINESS CASE TITLE	2. BUSINESS CASE REFERENCE NUMBER
Proposal for Continuation of Staff Funded by Charitable funds: Patient Information and support services Manager	2023-10
3. BUSINESS CASE PREPARED BY	4. BUSINESS CASE SPONSORED BY
Michele Pengelly Supportive care lead nurse	Rachel Hennessy Interim Director Cancer Services
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
	Not Applicable
7. BRIEF SUMMARY OF THE BUSINESS CASE	
<p>The patient information manager role is a long-established service at Velindre Cancer Centre (VCC) providing information and support services for patients and families and 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 since 2021 sits in the Integrated Care Directorate, clinical psychology department. This role leads the information service at VCC and 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	<input checked="" type="checkbox"/>
Year 2	<input type="checkbox"/>
Year 3	<input type="checkbox"/>
End of project evaluation	<input type="checkbox"/>
10. EXPENDITURE:	
a) What was the value of the funding request? <b>£159,925</b>	
b) Is expenditure on target? If no, explain why? Yes £40k spent as at 31 <sup>st</sup> December 2023	
c) <b>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?</b>	
<p>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 is presented to the Clinical psychology services manager who since 2021 is the new senior manager for the supportive care team, as part of the</p>	

supportive care service report. In June 2023, monthly data from the service (as part of the supportive care team report) is now submitted to the Integrated Care Operational Group (ICOG).

**d) 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>Objective 1.</p> <p><i>“Ensure the people affected by cancer will have their information, needs, and support addressed effectively.</i></p>	Y	<ul style="list-style-type: none"> <li>• Works closely with clinical teams, including the clinical nurse specialists and Macmillan navigators to provide information and support following holistic needs assessments.</li> <li>• 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.</li> <li>• A member of the VCC Vulnerable person forum</li> <li>• A key MDT member of many internal and external groups – deputy chair of the VCC Patient Dignity group</li> <li>• The role has a positive impact on patient and Carer experience at VCC including patient dignity, loneliness.</li> </ul>
<p>Objective 2.</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>		<ul style="list-style-type: none"> <li>• The role of the information Manager has grown significantly since the original business case and objectives to the CFC. There has been a significant increase in SACT treatments including immunotherapy, clinical trials, and combined use of immunotherapy and chemotherapy. This means that there has been an increase in the need to write and produce patient information leaflets, supporting clinicians to deliver this information in different formats. VCC now has around <b>180</b> different treatment regimens, including radiotherapy as they are using Macmillan information.</li> </ul> <p>In addition, the information and supportive care services manager is:</p>

		<ul style="list-style-type: none"> <li>• A key member of the MDT facilitating carer's assessments, befriending services, 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.</li> <li>• 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.</li> <li>• A key MDT member of many internal and external groups The Patient Dignity group and Memory Mates group.</li> <li>• Provides education and training provided for new staff and students.</li> <li>• Produces a body of evidence for meeting health and care standards 4.2, 3.2.</li> </ul>
<p>Objective 3.</p> <p>Ensure that VCC information is of a high standard and quality aiming to be delivered in a format that meets the specific needs of the individual patient and carer before, during and after treatment.</p>		<ul style="list-style-type: none"> <li>• Works closely with clinical teams, including the clinical nurse specialists and Macmillan navigators to provide information and support following holistic needs assessments.</li> <li>• In 2023 the CFC requested the completion of an EQIA, this was completed and submitted in May 2023</li> </ul> <div data-bbox="938 1413 997 1478" data-label="Image"> </div> <p>Integrated Impact Assessment Patient :</p> <ul style="list-style-type: none"> <li>• Implemented a new service at Velindre Cancer Centre to improve the availability of interpreter services to improve accessibility and reduce delays in accessing the physical services of an interpreter. The Interpreter on Wheels service provides audio interpretation and British sign language 24 hours a day, seven days a week. It includes an iPad on a stand which can be wheeled anywhere in the building. Using the Cloud WIFI, it accesses audio and video relay interpretation. A simple touch screen means that patients can get support in up to 240 languages. The new Interpreter on</li> </ul>

		<p>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> <ul style="list-style-type: none"> <li>• Works closely with VUNHST communication team.</li> </ul>
<p>Objective 4</p> <p>Promote coproduction working closely with local communities and support groups inviting them into the outpatient department, the feedback from patients on these services has been very positive.</p>		<ul style="list-style-type: none"> <li>• The Information service links closely with user groups, other appropriate agencies (for example carers UK, Age UK), and support groups at both a local and national level to help identify informational needs/gaps and then develop innovative user approved materials and programmes. These collaborative partnerships have had a positive impact on VCC 's relationships with community groups and ensures the patient and carer remains central to information development. An excellent example of this is the work with the ray of Light carers group, the Matthew Walklin's Make a Smile Foundation".</li> <li>• 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 "RiTA". 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.</li> </ul>

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

**e) 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, this has not been possible during the restrictions of the covid-19 pandemic where VCC has not had any volunteers onsite. However, in 2024 as we welcome volunteers back to the cancer centre, a programme of events is being planned and our third sector partners invited back to the cancer centre.

**f) 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 cancer services including high quality patient information, support for carers and people with sensory loss, memory concerns and learning disabilities. Dignified, equitable and compassionate care is central to the services provided.

**g) 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 an Employee Excellence award for Equality and Diversity in 2023

Leigh-Anne also 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.

Feedback on VCC Facebook page from one of the VCC nurses stated that *“Leigh-Anne Porter is an amazing person and a very well thought of member of staff in Velindre. Nothing is ever too much trouble for Leigh. She is definitely someone to turn to for support and guidance as a member of staff. She is amazing with all the patients and their families. Thank you, Leigh, for being such an amazing person and inspiration to all”*

**h) 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
Spiritual and Pastoral Care Services (previously Chaplaincy Service)	2023-09
3. BUSINESS CASE PREPARED BY	4. BUSINESS CASE SPONSORED BY
Michele Pengelly supportive care lead nurse	Rachel Hennessy, Interim Director of cancer services
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
	Not Applicable
7. BRIEF SUMMARY OF THE BUSINESS CASE	
<p>The Spiritual and pastoral care service (previously known as chaplaincy) at VCC has continued to be proactive 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"> <li>• 15 hours per week of dedicated Chaplaincy cover at VCC.</li> <li>• A 24/7 emergency call out service to VCC with access to multi-faith services and including humanist service.</li> <li>• A multi-faith prayer room is open with 24-hour access for patient, families and staff.</li> <li>• 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</li> </ul>	
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:	
<p>a) What was the value of the funding request? <b>£98,325</b> £21k spent as at 31<sup>st</sup> December.</p>	
<p>b) Is expenditure on target? If no, explain why? Report from Velindre finance department January 2024 is that the expenditure is on target.</p>	

**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 time frame providing an update and evidence on the service. The annual report is 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 June 2023, monthly data from the service (as part of the supportive care team report) is now submitted to the Integrated Care Operational Group (ICOG).

**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>1. There is clear evidence to support the need to continue to commit to the ongoing funding invaluable service to patients, families/carers to ensure that VCC continues to meet the requirements of the “Standards for spiritual care services in the NHS in Wales.”</p> <p>The spiritual and pastoral care service aligns with:</p> <ul style="list-style-type: none"> <li><b>The VCC specific aims in Charitable Funds (Trustee) annual Report 2017 – 2018</b></li> </ul> <p>Improve outcomes for cancer patients. Specifically aims 2,3 and 5:</p> <p>Improve conditions and support for cancer patients and their families that are treated by Velindre Cancer Centre.</p> <p>Ensure that cancer patients</p>	Y	<ul style="list-style-type: none"> <li>The multi-faith prayer room is open with 24-hour access for patient, families and staff.</li> <li>The Chaplain attends Velindre 2 days a week with the aim of continuing to offer support to patients, families and staff.</li> <li>The out of hours service has been accessed outside of these weekly visits.</li> <li>The Hospital chaplain is an important part of VCC MDT the supportive care team, the patient dignity group and the palliative care Site Specific Team.</li> <li>The chaplain uses a Spiritual care assessment tool so that patients are assessed, and an individual plan of care devised to meet their identified needs.</li> <li>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 patients going through crisis in their lives due to their illnesses.</li> <li>Staff support has also continued with the Chaplain supporting a number of staff going through crisis in their own lives, this can be in their work or personal life.</li> <li>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.</li> <li>The Chaplain has also been asked to conduct funerals of patients who have died</li> </ul>

<p>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>at VCC with no next of kin or person to take responsibility for the funeral service.</p> <ul style="list-style-type: none"> <li>• The Chaplain has supported staff in 2023 when a VCC colleague has died, providing a book of remembrance for staff to write important memories. The books were then given to family members.</li> <li>• The Chaplain signposts patients and families to community support and support in other hospitals/hospices once the patient is transferred.</li> <li>• 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.</li> <li>• The Chaplain has also issued patient information leaflets on “finding stillness and peace through the use of mindfulness,” and on “understanding grief” which are available in the prayer room.</li> <li>• The chaplain collaborated with the Cardiff City veterans to help facilitate a Christmas Carol and prayer service for patients and staff.</li> <li>• The Chaplain is meeting and collaborating with the Maggie’s centre staff to look at ways supporting to “hard to reach” groups utilising connections with community faith leaders. A meeting will be held in March inviting faith leaders to an open time with the aim to strengthen some links.</li> <li>• Provides training and education for staff and students.</li> <li>• Currently in the process of putting together a QR code sticker that take people to a chaplaincy referral form. This will automatically send a referral to the generic inbox.</li> <li>• In June 2023, monthly activity data from the service (as part of the supportive care team report) is now submitted to the Integrated Care Operational Group (ICOG).</li> </ul>
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**\*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.**

The lead chaplain has been very keen to arrange drop-in sessions for staff to be set up on a regular basis, acknowledging that there has been an increase in staff contacts over the past year. However, the clinical psychology service is also facilitating staff support and well-being so important that these two services work

cohesively rather than in isolation. To address this a meeting has been arranged with the lead clinical psychologist and the lead chaplain in February 2024.

**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 and the invaluable support of our fundraisers helps us to deliver this care.

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

Monthly data (as part of the supportive care team report) submitted to the Integrated Care Operational Group (ICOG) from June 2023-December 2023: Number of patients/families supported by spiritual and pastoral care service 15 hours/week = 102, number of staff = 64.

In July 2023, the chaplain came to the ward to meet with a patient and his partner. The patient had just been given bad news about his prognosis and had asked two things, one was to make his will and the other was to have a wedding blessing. The patient and his partner only wanted a small intimate service on the ward, which was respected, and the couple reported how thankful they were that this important care need was met.

**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 to improve the information and dignified care and support for VCC patients and their families.

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## APPROVED BUSINESS CASES – ANNUAL EVALUATION REPORT

1. BUSINESS CASE TITLE	2. BUSINESS CASE REFERENCE NUMBER
Funding of Wig vouchers provided to VCC patients affected by hair loss	2023-08
3.	4. BUSINESS CASE SPONSORED BY
Michele Pengelly Supportive care lead nurse	Rachel Hennessy Interim Director of Cancer Services
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
	Not applicable
7. BRIEF SUMMARY OF THE BUSINESS CASE	
<p>This hair loss service is available to any VCC patient who is likely to lose their hair through treatment for cancer and the aim is to provide options and choices for patients in addition to financial support towards the cost of a wig. For patients who elect to have a wig, they are eligible to receive a subsidy of £100 towards the purchase from a framework of suppliers. In line with other Health Boards, provision is restricted to one wig for those who will have a temporary hair loss i.e., those on chemotherapy and a maximum of two per year for those who may have a permanent hair loss as a result of chronic alopecia or through cranial radiotherapy.</p> <p>Hair loss as result of systemic anti-cancer treatment and cranial radiotherapy is sadly a common side effect for our patients. Some patients may not lose their hair at all, whilst others will notice their hair becoming thinner and fall out, for those who do lose their hair, the psychological and emotional impact can be enormous. Cancer treatment may often leave reminders of what they have been through, and hair loss is one such reminder. Many people see their hair as an important part of their personality and identity and loss of hair can affect relationships with those around them and may lead to lack of confidence and inhibit ability and desire to socialise. It is important for VCC to offer a bespoke service, as far as possible, to help support the dignity and well-being of our patients.</p> <p>This is an invaluable service to offer VCC patients who are facing a life changing event. The impact on self-esteem and confidence cannot be underestimated. The service lead is the patient and carer information and support services manager as part of the supportive care team.</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:	
<p>a) What was the value of the funding request?</p> <p><b>£91,443</b></p>	



b) Is expenditure on target? If no, explain why?

Yes

£22k spent as at end of December 2023.

**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 is 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 June 2023, monthly data from the service (as part of the supportive care team report) is now submitted to the Integrated Care Operational Group (ICOG).

**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>1. Patient Dignity</p> <p>This service aligns with:</p> <ul style="list-style-type: none"><li><b>The VCC specific aims in Velindre NHS Trust Charity Trustee Report 2016 – 2017 to:</b></li></ul> <p><i>“Improve conditions and support for cancer patients and their families that are treated by Velindre Cancer Centre”.</i></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>	Y	<p>The impact of this important service on patient well-being, dignity and person-centred care should not be under-estimated.</p> <p>This service provides evidence for Health and Care standard 4.1 Patient Dignity.</p> <p>The patient and carer information and support services manager has ensured that:</p> <ul style="list-style-type: none"><li>All departments, including outreach who supply wig vouchers have a sufficient supply</li><li>To receipt on Oracle for all wigs</li><li>To make sure that all hair loss booklets are kept up to date.</li><li>To make sure supplier details are kept up to date.</li><li>Answer all enquiries from suppliers.</li><li>Answer all enquiries on wigs and hair loss from patients/carers/family.</li><li>Any calls, patient contact who haven't received a voucher, to make sure one is sent or given.</li><li>Any correspondence from procurement to do with wigs.</li><li>Represents VCC on the All-Wales Wig Tender working group.</li><li>Following the All Wales working group, a meeting with VCC finance it has been agreed that from April 2024, wig vouchers will be pre-printed in triplicate and numbered (copy for the patient, copy for</li></ul>

		<p>the Patient Information Manager and third copy to remain in book). Vouchers are to be treated as 'Controlled Stationery' as they have a cash value.</p> <p>In addition to the provision of the £100 wig voucher, the hair-loss service offers:</p> <ul style="list-style-type: none"> <li>• Access to online "Headstrong service: this is an important service to offer patients who are facing a life changing event. The impact on self-esteem and confidence cannot be underestimated. Headstrong work hard with the patients establishing a positive body image and wearing a wig does not suit all patients. We offer a range of free headscarves.</li> <li>• The patient and carer information and support services manager attends outpatients, the ward and SACT units to support patients facing hair loss and to ensure the patients are informed and aware of the service and resources provided. Staff are also informed about this service on induction and the cancer foundations training.</li> <li>• Information and access to the Look Good Feel Better service hosted by Maggie's Cardiff which provides an opportunity for patients to meet others in an informal group setting.</li> <li>• An information leaflet on hair-loss which includes information on managing this side-effect of treatment and where to use the wig voucher. The leaflet was reviewed in January 2022</li> <li>• In December 2023, a presentation to VCC CFC, led to an agreement that from April 2024, the £100 wig voucher will now be going totally through Charitable Funds which means it will be VAT exempt and not charged to our patients. They will receive a full allocation of £100 rather than it being diluted with VAT included.</li> </ul>
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**\*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.**

We have not been able to host the headstrong service as a face-to-face service since the Covid-19 pandemic as it is facilitated by volunteers who are not currently onsite at VCC. The patient and carer information



manager has offered links to an online YouTube clip explaining the service and demonstrating different ways to wear the headscarves and we provide free scarves to patient. This will be reviewed in 2024 with the proposal for volunteers to be back at VCC later this year.

**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 at the heart of what we do. The support of our fundraising donors enables us to offer a free voucher towards the cost of a wig to patients affected by the devastating impact of hair loss from their cancer treatment. Dignified, equitable and compassionate care is central to the services provided and the invaluable support of our fundraisers helps us to deliver this care

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

The first ever all Wales Framework Agreement for the provision and fitting of Wigs (contract reference CLI-OJEU-45823) is to be awarded in January 2024. The contract has been shaped with a clear focus on the needs and experience of the patient. A Working Group comprising of Clinical and Patient Leads across all participating Health Boards and Trusts was established, the project being led by Melanie Foote-Jones, Senior Category Manager (NWSSP Clinical Sourcing Procurement Team). The Group ensured that the parameters contained within the tender provided assurance of the standard of wig provision and fitting, with a number of questions within the Technical Specification being scored by the group themselves. In person visits to all bidding salons were conducted, this to determine key requirements such as cleanliness, ambience and environment, accessibility, wig range and location. Equality within the wig provision was addressed. The Group were able to share and identify best practice and will continue to provide key input during the life of the contract.

The supportive care lead nurse Michele Pengelly and Patient and carer information and support services manager Leigh Porter represented VCC on the group and played an active part ensuring the needs of their patients were considered and conducted in person salon audits (with a patient) at 2 salons in Cardiff. The Working Group are currently engaging with the NHS executive to agree resources within that team to support a continued focus on patient experience. The Working Group identified the need for patient feedback and an online questionnaire has been proposed as the best means of securing this. The full ratification paper (Contract Proposal Report) can be shared with the Charitable Funds Committee if required.

VCC patients will also have access to local patient feedback mechanisms such as CIVICA.

**16. PROVIDE DETAILS OF LESSONS LEARNT**

In 2014, the administration of "Wig" service transferred to the Patient and Carer Information and support services manager and became part of the supportive care team, previously it had been a "stand alone service" in the outpatient department. This has been an important development and lesson in holistic care as there is now a more integrated and collaborative role which includes linking in with existing support services, third sector partnerships and financial support to improve the dignified care and support for VCC patients experiencing hair-loss. This is no longer simply about giving a voucher but recognising the needs of the individual and other support they may require. The Information manager and supportive care lead nurse have been part of the working group for the first ever all Wales Framework Agreement for the provision and fitting of Wigs.

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## CHARITABLE FUNDS COMMITTEE

### CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE

<b>DATE OF MEETING</b>	20/02/2024
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	ENDORSE FOR APPROVAL
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Lauren Fear, Director of Corporate Governance & Chief of Staff
<b>PRESENTED BY</b>	Lauren Fear, Director of Corporate Governance & Chief of Staff
<b>APPROVED BY</b>	Matthew Bunce, Executive Director of Finance
<b>EXECUTIVE SUMMARY</b>	In accordance with the Charitable Funds Committee Cycle of Business, the latest version of the Charitable Funds Committee Terms of Reference have been brought to the Committee for review.
<b>RECOMMENDATION / ACTIONS</b>	The Charitable Funds Committee is asked to <b>ENDORSE FOR APPROVAL</b> the Charitable Funds Committee Terms of Reference for Trust Board Approval.



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

## GOVERNANCE ROUTE

List the Name(s) of Committee / Group who have previously received and considered this report:

Date

Velindre Charity Senior Leadership Group

02/02/2024

The Velindre Charity Senior Leadership Group reviewed the Charitable Funds Committee Terms of Reference in readiness to be Endorsed for Approval at the Charitable Funds Committee.

## 7 LEVELS OF ASSURANCE

If the purpose of the report is selected as '**ASSURANCE**', this section **must be completed**.

ASSURANCE RATING ASSESSED  
BY BOARD DIRECTOR/SPONSOR

Select Current Level of Assurance

## APPENDICES

Appendix 1

Charitable Funds Terms of Reference – with track changes

Appendix 2

Charitable Funds Committee Terms of Reference – Clean version

### 1. SITUATION

In accordance with the Charitable Funds Committee Cycle of Business, the latest version of the Charitable Funds Committee Terms of Reference have been brought to the Committee for review.

### 2. BACKGROUND

### 3. ASSESSMENT

#### 4. SUMMARY OF MATTERS FOR CONSIDERATION

The Charitable Funds Committee Terms of Reference have updated as appropriate since the previous version but today is opened to the Charitable Funds Committee members for any comments or recommended changes.

#### 5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals: <ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input checked="" type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a>	Choose an item
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

	<p>Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore, ending good governance within the Trust can support quality care.</p>
<p><b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></p>	<p><b>Choose an item</b></p>
	<p>Click or tap here to enter text.</p> <p>Not applicable</p>
<p><b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b></p>	<p><b>Choose an item</b></p>
	<p>If more than one Well-being Goal applies please list below:</p>
	<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated</p>
	<p>If more than one wellbeing goal applies please list below:</p> <p><b>Click or tap here to enter text</b></p>
<p><b>FINANCIAL IMPLICATIONS / IMPACT</b></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
	<p><b>Source of Funding:</b> <b>Choose an item</b></p> <p>Please explain if 'other' source of funding selected: <b>Click or tap here to enter text</b></p> <p><b>Type of Funding:</b></p>



	<p><b>Choose an item</b></p> <p><b>Scale of Change</b> Please detail the value of revenue and/or capital impact: <b>Click or tap here to enter text</b></p> <p><b>Type of Change</b> <b>Choose an item</b> Please explain if 'other' source of funding selected: <b>Click or tap here to enter text</b></p>
<p><b>EQUALITY IMPACT ASSESSMENT</b> For more information: <a href="https://nhswales365.sharepoint.com/sites/VEL/_layouts/15/Forms/Details.aspx?ID=1">https://nhswales365.sharepoint.com/sites/VEL/_layouts/15/Forms/Details.aspx?ID=1</a></p>	<p>Not required - please outline why this is not required</p>
	<p><i>Not applicable</i></p>
<p><b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p><b>Click or tap here to enter text</b></p>

## 6. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

<p><b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b></p>	<p>No</p>
<p><b>WHAT IS THE RISK?</b></p>	<p><i>[Please insert detail here in 3 succinct points].</i></p>
<p><b>WHAT IS THE CURRENT RISK SCORE</b></p>	<p>Insert Datix current risk score</p>



HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
	<i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
All risks must be evidenced and consistent with those recorded in Datix	



# Charitable Funds Committee

## Terms of Reference & Operating Arrangements

Reviewed:	March 2024 <del>4</del>
Approved:	
Next Review due:	March 2025 <del>5</del>

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## 1. INTRODUCTION

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

## 2. CONSTITUTION

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

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## 3. SCOPE AND DUTIES

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

- 3.6 To monitor and review the Trust's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.
- 3.7 To ensure that funds are being utilised appropriately in accordance with both the instructions and wishes of the donor, and to ensure that fund balances are maintained in accordance with the Reserves Policy.

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

- 4.1 The Executive Director of Finance has prime responsibility for the Trust's Charitable Funds as defined in the Trust's Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Executive Director of Finance are:
- Administration of all existing Charitable Funds.
  - To identify any new charity that may be created (of which the Trust would also be Trustee). Ensuring that all legal requirements are followed in the creation of any new charity in order to formalise the governing arrangements.
  - Provide guidelines with response to donations, legacies and bequests, fundraising and trading income.
  - Responsibility for the management of investment of funds held on trust.
  - Ensure appropriate banking services are available to the Trust.
  - Prepare reports to the Trust Board including the Annual Accounts and Annual Report.

#### **5. AUTHORITY**

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

Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance.

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

5.2 The Committee is authorised by the Board to:

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

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

5.4 **Sub Committees**

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

The Charitable Funds Committee is also supported by the **Velindre Charity Senior Leadership Group**, whose purpose on behalf of the [Trust Board as Corporate Trustee](#) is to support the development of the strategic direction [and](#) take forward strategic delivery of

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[the Velindre University NHS Trust Charity](#), and operational management of all Charitable Funds held within the Trust.

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

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

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

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

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patients in Wales, reducing variation and inequalities in provision. The ARC Academy will place Wales at the very forefront of UK radiotherapy training and development and will facilitate recruitment and retention of the highest quality staff to work in Wales. In addition, ARC will fund research for the benefit of patients receiving radiotherapy in Wales.

ARC will prioritise, but not limit its activity to, the following key areas:

- Expanding patient access to the SABR service
- Expanding the stereotactic radiosurgery service
- Training the multi-disciplinary radiotherapy workforce across Wales, supporting innovation and service developments within the radiotherapy treatment pathway across Wales.
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## 6. MEMBERSHIP

### Members

6.1 A minimum of four members, comprising:

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

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### Attendees

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

- Charity Director
- Chief Operating Officer
- Executive Director of Nursing, AHPs & Health Science
- Director Velindre Cancer Service (or their deputy)
- Director of Welsh Blood Service (or their deputy)
- Investment Manager/Advisor
- Patient Representative
- Senior Finance Business Partner
- Deputy Director of Finance
- Head of Financial Planning & Reporting
- Head of Fundraising
- Head of Corporate Governance (Charity Governance Lead)
- Head of Communications

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By invitation,

The Committee Chair may invite:

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

#### Secretariat

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

#### Member Appointments

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

#### Support to Committee Members

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

Development & Workforce.

## 7. COMMITTEE MEETINGS

### Quorum

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

### Frequency of meetings

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

### Withdrawal of individuals in attendance

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

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

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

## 9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the Board in its capacity as corporate Trustee. This may include, where appropriate, a separate meeting with the Board.
- 9.2 The Committee Chair shall report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year.

Commented [MB(DoF1)]: Not sure this is good Governance - Donna essentially has to agree with herself. My view is that the Chair of CFC should be the Trust Chair so there is at least some independence

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9.3 The Director of Corporate Governance and Chief of Staff, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

**10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

- Quorum

Cross referenced with the Trust Standing Orders.

**11. REVIEW**

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

**12. CHAIR'S ACTION ON URGENT MATTERS**

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

12.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

**Commented [MB(DoF2)]:** This isn't possible as there are not two other independent members only 1. I've changed to after consulting with two other members

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# Charitable Funds Committee

## Terms of Reference & Operating Arrangements

Reviewed:	March 2024
Approved:	
Next Review due:	March 2025

## 1. INTRODUCTION

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The Charitable Funds Committee is also supported by the **Velindre Charity Senior Leadership Group**, whose purpose on behalf of the Trust Board as Corporate Trustee is to support the development of the strategic direction and take forward strategic delivery of

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## **6. MEMBERSHIP**

### **Members**

6.1 A minimum of four members, comprising:

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

### **Attendees**

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

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- Executive Director of Nursing, AHPs & Health Science
- Director Velindre Cancer Service (or their deputy)
- Director of Welsh Blood Service (or their deputy)
- Investment Manager/Advisor
- Patient Representative
- Senior Finance Business Partner
- Deputy Director of Finance
- Head of Financial Planning & Reporting
- Head of Fundraising
- Head of Corporate Governance (Charity Governance Lead)
- Head of Communications

By invitation,

The Committee Chair may invite:

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

## Secretariat

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

## Member Appointments

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

## Support to Committee Members

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



## **7. COMMITTEE MEETINGS**

### **Quorum**

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

### **Frequency of meetings**

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

### **Withdrawal of individuals in attendance**

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

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

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

## **9. REPORTING AND ASSURANCE ARRANGEMENTS**

- 9.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the Board in its capacity as corporate Trustee. This may include, where appropriate, a separate meeting with the Board.
- 9.2 The Committee Chair shall report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year.

- 9.3 The Director of Corporate Governance and Chief of Staff, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

- Quorum

Cross referenced with the Trust Standing Orders.

## **11. REVIEW**

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

## **12. CHAIR'S ACTION ON URGENT MATTERS**

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

## CHARITABLE FUNDS COMMITTEE

### CHARITABLE FUNDS COMMITTEE CYCLE OF BUSINESS

<b>DATE OF MEETING</b>	20/02/2024
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	APPROVAL
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Alison Hedges, Business Support Officer
<b>PRESENTED BY</b>	Lauren Fear, Director of Corporate Governance & Chief of Staff
<b>APPROVED BY</b>	Matthew Bunce, Executive Director of Finance
<b>EXECUTIVE SUMMARY</b>	<p>1.1 The Committee should, on an annual basis receive a cycle of business which identifies the reports which will be regularly presented for consideration.</p> <p>1.2 The annual cycle is one of the key components in ensuring the Committee is effectively carrying out its role.</p>



<b>RECOMMENDATION / ACTIONS</b>	The Charitable Funds Committee is asked to <b>APPROVE</b> the Committee Cycle of Business.
---------------------------------	--

<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
<b>Velindre Charity Senior Leadership Group</b>	<b>02/02/2024</b>
The Velindre Charity Senior Leadership Group reviewed the Charitable Funds Committee Cycle of Business and Endorsed for Approval at the Charitable Funds Committee.	

<b>7 LEVELS OF ASSURANCE</b>	
If the purpose of the report is selected as ' <b>ASSURANCE</b> ', this section <b>must be completed</b> .	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	Select Current Level of Assurance

<b>APPENDICES</b>	
Appendix 1	Charitable Funds Committee Cycle of Business January 2024 to March 2025 – with track changes
Appendix 2	Charitable Funds Committee Cycle of Business January 2024 to March 2025 – Clean version

## 2. SITUATION

The Committee should, on an annual basis receive a cycle of business which identifies the reports which will be regularly presented for consideration.

## 3. BACKGROUND

The annual cycle is one of the key components in ensuring the Committee is effectively carrying out its role.

#### 4. ASSESSMENT

All activity incorporated within the attached cycle of business has been planned for receipt by the Committee at intervals that comply with;

- Committee reporting periods and work plans;
- External reporting requirements;
- Standing Orders and Standing Financial Instructions

#### 5. SUMMARY OF MATTERS FOR CONSIDERATION

- 5.1 The Committee Cycle of Business covers the period January 2024 to March 2025.
- 5.2 Please refer to Appendix 1 – Charitable Funds Committee Cycle of Business January 2024 to March 2025 for further detail.

#### 6. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
• Outstanding for quality, safety and experience	<input checked="" type="checkbox"/>
• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations	<input checked="" type="checkbox"/>
• A beacon for research, development and innovation in our stated areas of priority	<input checked="" type="checkbox"/>
• An established 'University' Trust which provides highly valued knowledge for learning for all.	<input checked="" type="checkbox"/>
• A sustainable organisation that plays its part in creating a better future for people across the globe	<input checked="" type="checkbox"/>



<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a>	Choose an item												
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Yes -select the relevant domain/domains from the list below. Please select all that apply												
	<table border="0"> <tr> <td>Safe</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Timely</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Effective</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Equitable</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Efficient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patient Centred</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
	Safe	<input checked="" type="checkbox"/>											
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore, ending good governance within the Trust can support quality care.													
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	Choose an item												
	Click or tap here to enter text.  Not applicable												
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	Choose an item												
	If more than one Well-being Goal applies please list below:												
	The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated												
	If more than one wellbeing goal applies please list below:												



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

	Click or tap here to enter text
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.
	<b>Source of Funding:</b> Choose an item  Please explain if 'other' source of funding selected: Click or tap here to enter text  <b>Type of Funding:</b> Choose an item  <b>Scale of Change</b> Please detail the value of revenue and/or capital impact: Click or tap here to enter text  <b>Type of Change</b> Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text
<b>EQUALITY IMPACT ASSESSMENT</b> For more information: <a href="https://nhs.wales365.sharepoint.com/sites/VEL/Intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL/Intranet/SitePages/E.aspx</a>	Not required - please outline why this is not required
	<i>Not applicable</i>
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

## 7. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	<i>[Please insert detail here in 3 succinct points].</i>
<b>WHAT IS THE CURRENT RISK SCORE</b>	Insert Datix current risk score
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	Insert Date
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	Choose an item
	<i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	



Item	Lead	Frequency	January 2024 (Accounts & Annual Report) – cancelled as Annual Accounts not certified	February 2024	March 2024 (Accounts & Annual Report)	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025 (Accounts & Annual Report)	February 2025	March 2025
Integrated Governance & Risk Management Activity																	
Charity Risk Register	Charity Director	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Charity Risk Assessment Review	Charity Director	Annually	n/a	n/a	n/a		✓				n/a			n/a	n/a		n/a
Governance Update Report (incorporating Complaints & Policies & Procedures)	Head of Corporate Governance	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Terms of Reference Review	Charity Director	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Committee Annual Report	Head of Corporate Governance	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Committee Effectiveness Survey	Head of Corporate Governance	Annually	n/a	n/a	n/a		n/a				✓			n/a	n/a		n/a
Review of the Vision, Mission, Aims and Objectives	Charity Director	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Committee Cycle of Business	Head of Corporate Governance	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Update Reports from Advancing Radiotherapy Fund Board and Advancing Radiotherapy Cymru Board, and other similar groups as appropriate	Executive Director of Finance	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓

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Highlight report from the Investment Performance Review Sub Committee	Head of Financial Planning & Reporting	Bi-Annually	n/a	✓	n/a		n/a				n/a			✓	n/a		n/a
Item	Lead	Frequency	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
Integrated Governance & Risk Management Activity - Continued																	
Annual Meeting of Trustees – (Capturing Trustee Training, Education and Awareness requirements)	Charity Director	Annually	n/a	n/a	n/a		n/a				✓			n/a	n/a		n/a
Charitable Funds (Trustee) Annual Report	Charity Director	Annually	✓ Final	n/a	✓ Final		n/a				n/a			✓ Draft	✓ Final		n/a
Business Case Evaluation Reports	Charity Director	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Strategy & Performance																	
Strategy / Annual Delivery Plan	Charity Director	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Annual Return to Charity Commission	Charity Director	Annually	✓	n/a	✓		n/a				n/a			n/a	✓		n/a
Financial Report & Summary of Commitments	Head of Financial Planning & Reporting	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Annual Audit Letter / ISA 260	Head of Financial Planning & Reporting	Annually	✓	n/a	✓		n/a				n/a			n/a	✓		n/a
Approval of Annual Audit Plan	Head of Financial Planning & Reporting	Annually	n/a	n/a	n/a		✓				n/a			n/a	n/a		n/a

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Item	Lead	Frequency	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
Business Case and Expenditure Proposals																	
Business Cases	Head of Financial Planning & Reporting / Divisional Leads	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Fundraising Expenditure Proposals	Charity Director / Head of Fundraising	All Meetings as required.	n/a	✓	n/a		✓				✓			✓	n/a		✓
Fundraising Activity																	
Charity Director Update Report	Charity Director	All Meetings	✓	✓	✓		✓				✓			✓	n/a		✓
Fundraising Update Report	Charity Director / Head of Fundraising	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Patron and Ambassador Review and Nominations	Charity Director / Head of Fundraising	Annually	n/a	n/a	n/a		n/a				✓			n/a	n/a		n/a
Fundraising Event Evaluations	Charity Director / Head of Fundraising	All Meetings – As required.	n/a	✓	n/a		✓				✓			✓	n/a		✓
View from a Fundraiser	Charity Director	Every Other Meeting	n/a	n/a	n/a		✓				n/a			✓	n/a		n/a

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Item	Lead	Frequency	January 2024 (Accounts & Annual Report) – cancelled as Annual Accounts not certified	February 2024	March 2024 (Accounts & Annual Report)	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025 (Accounts & Annual Report)	February 2025	March 2025
Integrated Governance & Risk Management Activity																	
Charity Risk Register	Charity Director	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Charity Risk Assessment Review	Charity Director	Annually	n/a	n/a	n/a		✓				n/a			n/a	n/a		n/a
Governance Update Report (incorporating Complaints & Policies & Procedures)	Head of Corporate Governance	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Terms of Reference Review	Charity Director	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Committee Annual Report	Head of Corporate Governance	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Committee Effectiveness Survey	Head of Corporate Governance	Annually	n/a	n/a	n/a		n/a				✓			n/a	n/a		n/a
Review of the Vision, Mission, Aims and Objectives	Charity Director	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Committee Cycle of Business	Head of Corporate Governance	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Update Reports from Advancing Radiotherapy Fund Board and Advancing Radiotherapy Cymru Board, and other similar groups as appropriate	Executive Director of Finance	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓

Highlight report from the Investment Performance Review Sub Committee	Head of Financial Planning & Reporting	Bi-Annually	n/a	✓	n/a		n/a				n/a			✓	n/a		n/a
Item	Lead	Frequency	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
Integrated Governance & Risk Management Activity - Continued																	
Annual Meeting of Trustees – (Capturing Trustee Training, Education and Awareness requirements)	Charity Director	Annually	n/a	n/a	n/a		n/a				✓			n/a	n/a		n/a
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Business Case Evaluation Reports	Charity Director	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Strategy & Performance																	
Strategy / Annual Delivery Plan	Charity Director	Annually	n/a	✓	n/a		n/a				n/a			n/a	n/a		✓
Annual Return to Charity Commission	Charity Director	Annually	✓	n/a	✓		n/a				n/a			n/a	✓		n/a
Financial Report & Summary of Commitments	Head of Financial Planning & Reporting	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Annual Audit Letter / ISA 260	Head of Financial Planning & Reporting	Annually	✓	n/a	✓		n/a				n/a			n/a	✓		n/a
Approval of Annual Audit Plan	Head of Financial Planning & Reporting	Annually	n/a	n/a	n/a		✓				n/a			n/a	n/a		n/a

Item	Lead	Frequency	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
Business Case and Expenditure Proposals																	
Business Cases	Head of Financial Planning & Reporting / Divisional Leads	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Fundraising Expenditure Proposals	Charity Director / Head of Fundraising	All Meetings as required.	n/a	✓	n/a		✓				✓			✓	n/a		✓
Fundraising Activity																	
Charity Director Update Report	Charity Director	All Meetings	✓	✓	✓		✓				✓			✓	n/a		✓
Fundraising Update Report	Charity Director / Head of Fundraising	All Meetings	n/a	✓	n/a		✓				✓			✓	n/a		✓
Patron and Ambassador Review and Nominations	Charity Director / Head of Fundraising	Annually	n/a	n/a	n/a		n/a				✓			n/a	n/a		n/a
Fundraising Event Evaluations	Charity Director / Head of Fundraising	All Meetings – As required.	n/a	✓	n/a		✓				✓			✓	n/a		✓
View from a Fundraiser	Charity Director	Every Other Meeting	n/a	n/a	n/a		✓				n/a			✓	n/a		n/a

## CHARITABLE FUNDS COMMITTEE

### CHARITABLE FUNDS INVESTMENT PERFORMANCE REVIEW SUB-COMMITTEE HIGHLIGHT REPORT

DATE OF MEETING	01/02/2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Alison Hedges, Business Support Officer
PRESENTED BY	Hilary Jones, Acting Chair
EXECUTIVE SPONSOR APPROVED	Matthew Bunce, Executive Director of Finance
REPORT PURPOSE	FOR NOTING
ACRONYMS	
~	~

#### 1. PURPOSE

This paper has been prepared to provide the Charitable Funds Committee with details of the key issues and items considered by the Charitable Funds Investment Performance Review Sub-Committee at its meetings held on the 01 February 2024.

Key highlights from the meeting are reported in Section 2.

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

## 2. HIGHLIGHT REPORT

The following areas were highlighted for reporting to the Charitable Funds Committee (CFC) from the meetings of the Charitable Funds Investment Performance Review Sub-Committee held on the 01 February 2024:

<b>ALERT / ESCALATE</b>	There was nothing to be escalated.
<b>ADVISE</b>	In attendance for the first time was the Charitable funds new Investment managers LGT Wealth Management (previously Abrdn)
<b>ASSURE</b>	The Committee has been receiving Environmental, Social and Governance (ESG) reports for the investment funds within its portfolio using the VigeoEIRIS assessment provided by its former Investment Advisors Brewin Dolphin. It was acknowledged that the Charity needed the ESG reports and scores to be provided by LGT for the investments it made on its behalf so it could continue to assure itself around the long term holistic sustainability of the companies it is investing in. The Committee also noted that following a recent press article the Trust has been asked by External Stakeholders, to provide assurance in terms of policy standards relating to any ESG Score information that is shared publicly. Once onboarding is complete, LGT will be providing reports on ESG going forward. Whilst the previous investment managers Brewin Dolphin mainly invested in Funds, under LGT the portfolio will be invested in individual companies and an ESG score can be more easily assigned to each company than to Funds which are made up of a number of companies. LGT will also be able to provide information on carbon footprint and carbon exposures.
<b>INFORM</b>	<p><b>LIQUIDITY MANAGEMENT REVIEW</b></p> <p>The Committee were informed that the charity is in a healthy position. Last year was the charity's best performance in terms of income generation, at circa £5million in total, and this year there is the potential for this to be even better.</p> <p>There will also potentially be a reduced charge against expenditure during 2023-24 which will be agreed by CFC. There is currently £5.3million in the bank as at 31st December and forecast position could be circa £6million by the end of the financial year.</p> <p>The Committee were informed of the option to invest in liquidity funds which are short term instruments with a variety of different organisations able to offer higher yields than putting in a term deposit account. Liquidity funds collect higher yielding short term interest payments to those that hold the funds and is a very established fund. LGT would hold the liquidity account on behalf of the charity and could either put interest back into the liquidity funds or into the portfolio.</p> <p>The Committee noted the benefits to liquidity funds, including the ability for funds to be released back to the Charity the same day, but should allow for a 48 hour turn around, that the funds have a AAA rated score by credit agencies, , and are very secure and</p>





very low risk. The net amount would be c5% which is significantly higher than what the Charity gets from the bank (3.2% on a 35 day).

The Committee **DISCUSSED** and **REVIEWED** the current level of cash balances that is currently held in the Charity's bank account and based on the future anticipated cash flow and the advice provided by investment managers at the meeting, **APPROVED** and **AGREED** to invest the £3.5million in liquidity management funds.

#### **UPDATE ON TRANSFER OF INVESTMENT PORTFOLIO FROM BREWIN DOLPHIN TO ABRDN BREWIN DOLPHIN**

The Committee were advised £2.9million had been transferred into LGT account and most of the portfolio would be transferred by Friday 02 February 2024. The portfolio would then be shaped on Monday 05 February 2024.

The Committee noted that it will take time to transfer the full £3.5million as funds will need to be drawn from the 35-day holding account.

The Committee were assured the portfolio will be reviewed gradually and will be directly invested in stocks and maybe bond funds to gain access to global bonds. Quality companies will be used and the Charity will be able to see where revenue and growth is coming from, in sectors where the economy is growing such as investing in water management companies will be key going forward given climate change. This will be a way of investing in companies that are both sound environmentally and socially. The Committee noted that this positive message will be communicated to the Board and the wider Stakeholders.

#### **INVESTMENT ADVISORS UPDATE - DIRECTION AND OUT LOOK**

The Committee agreed the core responsible investment screens and an alcohol restriction will be applied. No investment will be made in oil, gas and fossil fuel companies at this present time to ensure LGT follow the current policy; however the Investment Policy and investment restrictions such as in oil, gas and fossil fuels should be reviewed by the CFC and Board annually.

The Committee discussed and decided:

- The Investment policy should be reviewed annually, in particular to review the restrictions in light s of current ESR scores and other evidence regarding the long-term sustainable strategies of each company in the Charity investment portfolio. This review would be through the Investment Performance sub-committee with recommendations to the CFC and hen to Board for Approval of any changes.
- When the decision is made on how much money is to be moved from Liquidity Funds into the investment portfolio, as this is cash not previously invested in company stocks this cash could be used as an opportunity if CFC decided to widen its investment options with new sectors added to the portfolio. The Committee agreed to discuss the Charity Investment Policy with the CFC and Board to seek their views and ask whether they would find it helpful for

	<p>Miranda Richards, Fund Manager from LGT to have a discussion with the Board on the issues.</p> <p>The Committee were informed about the path of the economy over the last three years;</p> <ul style="list-style-type: none"> <li>• 2022 markets were looking at how high interest rates would have to go, to quash inflation.</li> <li>• 2023 was about how long they had to stay there.</li> <li>• 2024 is about how fast they come down and why they come down.</li> </ul> <p>There is a need to invest mindfully and carefully and feed into markets appropriately.</p> <p>The Committee were advised . that a portfolio invested in a similar way to how the Charity will be managed has performed well over the three months to December 2023; up 7.4% and over a year up 10.8%. That strategy outperforms CPI plus 3.5% benchmark by 4% in the last quarter, and during year generated 3% income.</p>
<b>APPENDICES</b>	<b>NONE</b>

### 3. RECOMMENDATION

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

## CHARITABLE FUNDS COMMITTEE

### Advancing Radiotherapy Fund (ARF) Highlight Report

<b>DATE OF MEETING</b>	20/02/2024
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	INFORMATION / NOTING
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	LIBBY CRUMPTON, ADVANCING RADIOOTHERAPY FUND PROJECT MANAGER,
<b>PRESENTED BY</b>	MATTHEW BUNCE, DIRECTOR OF FINANCE
<b>APPROVED BY</b>	Matthew Bunce, Executive Director of Finance
<b>EXECUTIVE SUMMARY</b>	THIS REPORT SUMMARISES ADVANCING RADIOOTHERAPY FUND ACTIVITY OVER THE PAST 12-18 MONTHS. IT WILL COVER SPECIFIC PROJECTS FUNDED BY ARF, THEIR PROGRESS, OUTPUT, ISSUES AND OVERALL ARF FINANCIAL STATUS.
<b>RECOMMENDATION / ACTIONS</b>	This report is intended to update the committee on activity, in lieu of regular report submission due to a period of maternity leave by the project manager. There are no actions requested of the



	committee other than any feedback or questions the committee wish to give.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
See comment below	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
The report in this format has not been to any other groups or committees. Information within the report has gone to the ARF Board and some to the RD&I Sub-Committee over the past 12-18 months, since July 2022.	
This report has been reviewed Dr James Powell, ARF Clinical Lead.	

7 LEVELS OF ASSURANCE	
N/A	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance

APPENDICES	
Appendix 1	Returned Funds Summary
Appendix 2	ARF Project Activity

## 1. SITUATION

Due to a period of maternity leave by the ARF project manager, there has been a gap in report submission to the CFC. This paper is intended to give an update on activity within the ARF covering the last 12-18 months, bringing the committee up to date, following the most recent ARF Board meeting held on 24<sup>th</sup> January 2024.

## 2. BACKGROUND

The ARF was established and first met in February 2015 (formerly the Moondance Programme), managing specific funds with oversight from the CFC. An initial award of £1.5 million was received by the Trust from The Moondance Foundation to support the

implementation of stereotactic radiotherapy treatment at the centre, the development of research and development infrastructure, develop, and train the centre workforce in the latest treatment technique and provide patients access to state-of-the-art radiotherapy treatments. This award was matched funded by CFC. A further two donations were received by the Probert and Lucas families, bring the total fund to £5 million.

The Board currently includes the following membership:

- Chair Prof Donna Mead OBE, Trust Chair
- Deputy Chair Matthew Bunce, Executive Director of Finance
- Prof Andrew Westwell, Independent Member
- Hilary Jones, Independent Member
- Prof Tom Crosby OBE, Programme Clinical Lead and Consultant Oncologist
- Prof John Staffurth, Consultant Oncologist
- Dr Carys Morgan, Clinical Director, and Consultant Oncologist
- Prof Mererid Evans, Consultant Oncologist
- Kathy Ikin, Head of Radiation Services
- Rachel Hennessy, Interim Director of Cancer Services
- Dr James Powell, ARF RD&I Clinical Lead and Consultant Oncologist
- Paul Wilkins, Charity Director
- Elizabeth Crumpton, ARF Project Manager

In attendance are Hannah Fox ARF Administrator and Bradley Snape, Finance Officer.

The Board are supported by a virtual Advisory Group drawn from different areas / specialisms within the Trust including clinical, operational, and financial. Comments from the group are supplied to the Board for every application for funding, to take into consideration.

The Board meet quarterly and provide highlight reports to the CFC and where relevant, the RD&I Sub-committee.

### **3. FINANCIAL ASSESSMENT**

A review of all project finances including both open and closed projects, was undertaken at the end of 2023 by the ARF Project Manager.

Findings were reviewed with Trust Finance colleagues and a summary provided to the Board for review in January 2024, please refer to *Appendix 1, Returned Funds Summary*.

This summary was compiled to give the Board an understanding of where unused project funds had been identified and returned to the Moondance, Lucas and Probert funds, revising the overall ARF uncommitted spend.

The following tables are included in Appendix 1 and show the revised balance for each of the three funds within ARF.

<b>Remaining Uncommitted Balance, 31<sup>st</sup> December 2023</b>	<b>Estimated revised Uncommitted balance 24<sup>th</sup> January 2024</b>
Moondance £1,000	Moondance £58,000
Lucas £174,000	Lucas £242,000
Probert £336,000	Probert £442,000
<b>Total ARF balance £511,000</b>	<b>Total ARF balance £742,000</b>

There are currently three business cases pending a formal Board decision: SARRP (£150,000), Consultant Radiologist Research sessions (£106,866) and ARF Clinical Lead Sessions (£31,540).

These have support in principle pending further information or revisions requested by the Board and or review by the RD&I Sub-committee. These requests total £288,406 with the money coming from a mixture of the three funds and would leave an uncommitted balance of £453,594 if all are approved.

#### **4. SUMMARY OF MATTERS FOR CONSIDERATION**

Project activity over the last 12-18 months (since July 2022) is outlined in *Appendix 2, ARF Project Activity* for CFC review. Posters, abstracts, and other publishable output are available for CFC review if required.

Other points of note include:

- Prof Mererid Evans stepped down as clinical lead for ARF with Dr James Powell commencing in the role from June 2022. The Board acknowledged

and thanked Prof Evans for leadership and support in delivering ARF ambitions. Dr Powell continues to provide clinical leadership and support in the delivery of projects funded through ARF, with dedicated time to work with the ARF Project Manager, meeting with project leads/teams on a regular basis, promotion of the fund and associated works, highlighting outcomes both internally and externally and continuing to support the development of radiotherapy services within VCC.

- Dr Powell has been key in the development of the Advancing Radiotherapy Cymru (ARC) bid to The Moondance Foundation (and the Trusts Charitable Funds Committee for matched funding), securing £3 million supporting this programme of radiotherapy-based activity across Wales. As ARC and its implementation continue to be developed, these sessions allow dedicated time to support this.
- As funds continue to be committed to varying projects, the future of ARF, remaining funds and oversight of funded projects will require review by the Board and stakeholders. This was discussed at the January 2024 Board meeting and is an item for all Board members' consideration.
- An event celebrating and promoting the work of ARF was suggested at the recent Board meeting, with a proposal to be submitted for consideration at the April 2024 Board meeting.

## 5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:	
YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
• Outstanding for quality, safety and experience	<input checked="" type="checkbox"/>
• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations	<input checked="" type="checkbox"/>
• A beacon for research, development and innovation in our stated areas of priority	<input checked="" type="checkbox"/>
• An established 'University' Trust which provides highly valued knowledge for learning for all.	<input checked="" type="checkbox"/>
• A sustainable organisation that plays its part in creating a better future for people across the globe	<input type="checkbox"/>



<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	<b>Choose an item</b> ARF work is connected to Demand and Capacity and Future Direction of Travel.												
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.												
	<table><tr><td>Safe</td><td><input type="checkbox"/></td></tr><tr><td>Timely</td><td><input type="checkbox"/></td></tr><tr><td>Effective</td><td><input type="checkbox"/></td></tr><tr><td>Equitable</td><td><input type="checkbox"/></td></tr><tr><td>Efficient</td><td><input type="checkbox"/></td></tr><tr><td>Patient Centred</td><td><input type="checkbox"/></td></tr></table>	Safe	<input type="checkbox"/>	Timely	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Equitable	<input type="checkbox"/>	Efficient	<input type="checkbox"/>	Patient Centred	<input type="checkbox"/>
	Safe	<input type="checkbox"/>											
Timely	<input type="checkbox"/>												
Effective	<input type="checkbox"/>												
Equitable	<input type="checkbox"/>												
Efficient	<input type="checkbox"/>												
Patient Centred	<input type="checkbox"/>												
<p>The Key Quality &amp; Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p><b>Click or tap here to enter text</b></p>													
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> <i>For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></i>	Not yet completed (Include further detail below why)												
	An ARF specific assessment has not yet been completed but can be done for the next CFC / submitted highlight report.												
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health												
	If more than one Well-being Goal applies please list below:												





GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

	<p>If more than one wellbeing goal applies please list below:</p> <p>A Globally Responsible Wales</p>
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	<p>Yes - please Include further detail below, including funding stream</p> <p>There is no additional resource requested in this report, but reference to funds already allocated to the ARF by CFC</p> <p>A 'returned funds summary' has been included as Appendix 1, a further detailed Financial Briefing Paper can be supplied to the CFC if required. This is compiled by Trust Finance colleagues at three-month intervals ahead of ARF Board meetings, detailing ARF expenditure, and forecasts a summary of which is included in the CFC Finance Paper.</p> <p><b>Source of Funding:</b> Charitable Funds</p> <p>Please explain if 'other' source of funding selected: <a href="#">Click or tap here to enter text</a></p> <p><b>Type of Funding:</b> <a href="#">Choose an item</a></p> <p><b>Scale of Change</b> Please detail the value of revenue and/or capital impact: <a href="#">Click or tap here to enter text</a></p> <p><b>Type of Change</b> <a href="#">Choose an item</a> Please explain if 'other' source of funding selected: <a href="#">Click or tap here to enter text</a></p>
<b>EQUALITY IMPACT ASSESSMENT</b>	<p>Not required - please outline why this is not required</p>



For more information: <a href="https://nhswales365.sharepoint.com/sites/VEL_intranet/SitePages/E.aspx">https://nhswales365.sharepoint.com/sites/VEL_intranet/SitePages/E.aspx</a>	There are currently no equality issues identified. As a funding body the ARF Board review all applications on merit, maintaining contact will all projects / leads. Equality Impact Assessments will be undertake for the new or change to service by the lead seeking the funding.
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
	<b>Click or tap here to enter text</b>
	There are no issues outlined within this report. Each funded project has a multi-disciplinary approach to ensure compliance of any legal obligations pertinent to their specific project.

## 6. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	<i>[Please insert detail here in 3 succinct points].</i>
<b>WHAT IS THE CURRENT RISK SCORE</b>	Insert Datix current risk score
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	Insert Date
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	Choose an item
	<i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

## **Advancing Radiotherapy Fund Returned Funds Summary:**

Libby Crumpton, Advancing Radiotherapy Project Manager

### **Background**

This summary has been compiled to give the Board an understanding of where unused project funds have been identified and returned to the Moondance, Lucas and Probert funds. There are further amounts that may be returned to the funds, pending confirmation with project leads and finance colleagues.

### **Moondance Fund**

- Circa £57,000 is to be returned from several projects where there was an underspend: Advancing Radiotherapy Clinical Fellow, CEDAR biopsy costs, Radiology Support for Stereotactic Radiotherapy Development, Implementation and Delivery, ARF Project Manager maternity pay costs.

### **Lucas Fund**

- Circa £68,000 to be returned from Research Radiographers, Clinical Research Fellow in Oncological Imaging and Prostate Hypofractionation.

### **Probert Fund**

- Circa £106,000 to be returned from the Patient Support Unit award. Money from the Same Day Emergency Care fund (SDEC) was used in place of charity resources.

<b>Remaining Uncommitted Balance, 31<sup>st</sup> December</b>
Moondance £1,000
Lucas £174,000
Probert £336,000
<b>Total ARF balance £511,000</b>

<b>Estimated Revised Uncommitted balance 24<sup>th</sup> January 2024</b>
Moondance £58,000
Lucas £242,000
Probert £442,000
<b>Total ARF balance £742,000</b>

- There is an underspend of circa £47,000 in Automated Planning. The team would like to utilize some of this to co-fund a project with Varian to trial the implementation of EdgeVcc within Eclipse for prostate cancer. Should the funds be returned to Moondance and the team reapply, outlining the above proposal?

**Lucas Fund Potential Return**

- A further £15,000 is expected to be available due to an underspend in Immunobiology.

**Probert Fund Potential Return**

- A further £10,000 is expected to be available to return once final salary invoices are received for Novel Virotherapy and PATHOS Consultant sessions.

For reference there are currently three business cases pending a Board decision, SARRP (£150,000), Consultant Radiologist sessions (£106,866) and ARF Clinical Lead Sessions (£31,540), totalling £288,406.

## **Advancing Radiotherapy Fund (ARF): Project Activity**

### **Background**

This summary has been compiled to give the Charitable Funds Committee an understanding and summary of activity within the ARF programme over the last 12-18 months, since July 2022. For those projects that have closed during this period, project closure reports will be completed and submitted to the ARF Board plus the CFC via highlight reports by the July ARF Board meeting.

### **Moondance Fund**

**1, PEARL** (study of PET based adaptive radiotherapy in HPV driven oropharyngeal cancer) PEARL is a multi centre trial for which Velindre Cancer Centre (VCC) is the sponsor, other trial centres include Swansea, Bristol, Guys and St Thomas in London and the Beatson Cancer Centre, Glasgow.

The PEARL team have experienced several delays in delivery of the trial and patient recruitment: unexpected long-term sickness of the Beatson principal investigator delayed the set-up of the centre: the PET replacement programme at PETIC halted recruitment in Velindre Cancer Centre (VCC), Swansea and Bristol over the summer months in 2023: recruitment in Guys and St Thomas was lower than anticipated due to competition from the PATHOS study (of which VCC is involved in): as well as the lasting impact of the Covid pandemic and suspension of trial activity.

Due to the above issues a new patient recruitment target of 36 or more was set by the trial Independent Data Monitoring Committee (IDMC) instead of the original 50.

The PhD element of PEARL was to review saliva samples, however due to the associated risks involved to site staff due to Covid 19, this aspect was removed from the study.

Financial reprofiling has guaranteed recruitment could continue up to the end of 2023 / early 2024, supporting the revised recruitment target with post-trial activity forecast to end July 2026.

The power of the study has been reviewed with a trial statistician to accommodate lower recruitment numbers than originally planned. Analysis and write-up will be required on completion of the trial and there is the opportunity for a sub-study analysis involving Radiomics and ATLAAS. Publication is expected in 2026.

- Following Trial Steering Committee feedback an interim analysis of the dosimetric advantage of PEARL has been performed showing a significant dose reduction to swallowing structures in the first 10 patients recruited to PEARL.
- Dosimetric sub study was presented at ESTRO May 2023.

### **2, Non-Medical Outlining (NMO) / Clinical Technologists**

The team led by Lucy Wills; Treatment Planning Supervisor have developed a Physics resource able to delineate radiotherapy targets. The project is helping to alleviate shortfalls in the clinical oncology workforce and is increasing service resilience for timely radiotherapy target definition, which impacts on the ability to prepare radiotherapy

treatments within timeframes described in the Single Cancer Pathway. Wider benefits of interprofessional working and education have arisen within the project.

Two trainees have gained competence in two sites of disease. The remaining four, owing to either part time working or having a wider range of existing duties were better suited to training in a single disease site. One team member has completed their master's dissertation on the use of DirectOrgans™ artificially intelligent system for prostate CTV delineation. This completes all project objectives.

Current systems of prioritisation mean that outlining support is occasionally scaled back so that the NMOs can contribute to the planning of clinical treatment plans (planning the dose distribution following target definition). This occurs since the back fill post within the project plan remained vacant and may reoccur going forward. The challenge remains seeking to ensure we can embed the work into the establishment, by gaining centre / Trust support for ongoing resource to continue the work and enable the widely desired scaling up within the trust.

The team have since recruited a Band 5 treatment planning post to help to support release of trained personnel to continue the service. This will utilize the remainder of the original award from ARF not yet used, owing to vacant periods of the back fill post. The team are hoping to secure support from the Trust for ongoing resilient funding of the service. A final project report will be prepared in the coming weeks and submitted to the ARF Board and CFC.

### **3, Automated Planning**

This project aimed to develop and implement an automated planning solution (EdgeVcc) across three areas of work: introduce automation in the PEARL trial: a PhD student to evaluate use of artificial intelligence (AI) in automation: implement for 30% of VCC patients.

Covid and physics staffing capacity made the implementation of this a challenge, however the team have managed to successfully implement automated planning for: lung, anus, rectum, prostate, extended hypofractionation (EHRT) prostate, prostate bed and PEARL head and neck. These sites represent ~30% of all planned patients, meeting the project target.

- Implementation of EHRT removed a treatment planning bottleneck in the number EHRT patients that could be planned.
- Multicentre evaluation of EdgeVcc submitted to Radiation Oncology and was accepted pending minor revisions.
- Collaboration with Newcastle started for the centre to implement and evaluate our automated solutions. To date a range of local studies have demonstrated automation leads not only to improved planning efficiency but also substantially improved quality.
- The project has led to four spin-off research projects (two being for doctoral studies): three investigating the use of AI to assess quality in RTTQA and one assessing the impact of AI delineation accuracy on plan quality. From these projects three abstracts have been accepted at ESTRO.
- Furthermore, in collaboration with Swansea the team completed an MSc project to use automated planning to audit prostate radiotherapy plan quality across South Wales. An £100k PhD application was submitted to CRW to extend this audit work across the UK.

A final project report will be prepared in the coming weeks and submitted to the ARF Board and CFC.

#### 4, Molecular Radiotherapy (MRT) Implementation

Teri Crooker commenced the role of Nuclear Medicine Scientist at VCC in February 2023 for a one year period, to develop and advance the Molecular Therapy service in readiness for longer term commissioned funding. Teri is leading the nuclear medicine side of building the Peptide Receptor Radionuclide Therapy (PRRT) service.

Following the issuing of the service specification by WHSCC, the VCC response was submitted and an onsite visit by WHSCC was undertaken. Positive feedback was received with some remedial requirements needed. A further meeting and response have been issued. The service is now awaiting the final agreement from WHSCC. In readiness the team have received onsite training at Bristol and preparation of documents is underway to cover standard operating procedure; radiation risk assessment; emergency procedures and hospital transfer. Terri's role and associated costs will be picked up by the service after ARF funding ends around April 2024.

**5, The ARF Project Manager and Administrator** continue to be funded by ARF for a fixed period, ending March 2024. Funding is available within the ARF Board approved applications associated with these roles, to continue the contract term if required. This is being reviewed by ARF Board members. These roles continue to support the development of funding applications, ensuring they progress through required governance / centre management requirements, working with service leads, supporting funded projects and their teams, and working with finance colleagues to ensure accurate charging and reporting of ARF funds.

#### Lucas Fund

##### 1, Consultant Radiologist Research Sessions

The original award from the Lucas Fund was for 0.5 WTE for three years (2019-2021) but the receipt of further successful grant applications meant that the duration of ARF funding was until March 2024. The sessions have allowed Dr Kieran Foley time to develop initial research ideas, form collaborations, and work with leading groups to submit funding applications. He also became Clinical Senior Lecturer in Division of Cancer & Genetics at Cardiff University (short term contract for 0.2 WTE).

Specific to advancing radiotherapy, several measures of success have been achieved. The ASPIRE study, aiming to automate oesophageal cancer radiotherapy planning, was completed. Although results were suboptimal, a platform for further AI research in radiotherapy has been created. The TIGER study has recorded common locations of lymph node metastases in oesophagogastric cancer, which is important considering the poor accuracy of radiological staging investigations for lymph nodes, therefore pre-test knowledge of metastatic distribution is important for patient selection for radiotherapy. The VALUE study aims to understand how EUS is being used in the UK, and crucially radiotherapy planning is included, so the study will gather important information about how centres plan radiotherapy. Further, the introduction of PET-CT in Wales for gastric cancer staging has relevance for treatment planning when we consider using radiotherapy in future for these patients.

Other achievements include but are not limited to:

- Joined the NIHR Imaging Workforce group which is a multi-disciplinary group of researchers promoting imaging research around the UK.
- Elected Research Officer for the British Society of Gastrointestinal and Abdominal Radiology (BSGAR; 2020-2024)



- Member of Trial Management Group for DECIPHER trial (Chief Investigator Prof Lizzy Smyth; Developing ctDNA guided adjuvant therapy for oesophagogastric cancer (DECIPHER), a single arm phase II trial of trastuzumab deruxtecan in patients with gastroesophageal adenocarcinoma who are ctDNA and HER2 positive.) Commencing 2023/24.
- Collaboration with Oesophageal Cancer Clinical and Molecular Stratification (OCCAMS) consortium. Discovered SMAD4 and KCNQ3 mutations are significantly associated with the risk of regional lymph node metastases. Manuscript accepted in BBA – Molecular Cell Research.
- Has published 25 papers in 4.5 years during funding term, 15 as either first or senior author.

Dr Foley has applied for further ARF funding to continue dedicated research sessions: He states: *'Demand for medical imaging hugely outweighs the capacity for reporting. Research often suffers first when clinical services are so stretched. Therefore, I am extremely grateful to the Advancing Radiotherapy Fund for continually supporting these Radiology research sessions.'* A decision by the Board is pending.

## 2, Clinical Research Fellow in Oncological Imaging

A Radiology SpR was originally funded for 0.5 WTE for two years, to be supervised by Dr Kieran Foley, Consultant Radiologist. Unfortunately, due to extended sickness and bereavement leave, the aims of the Fellowship had to be changed to accommodate a phased return to work. Despite this, peer-reviewed publications were achieved, an invitation to present work at the British Institute of Radiology Conference (2023), high-quality data was collected comparing lengths of disease on different imaging modalities in oesophageal cancer, which has significant relevance to patient selection for radiotherapy planning. Data continues to be analysed by the Fellow who has returned to training.

## 3, Immunobiology of Radiotherapy

This is an observational study looking at the immunological effects of stereotactic ablative radiotherapy in patients with oligometastatic and primary cancer. Patients have had blood samples taken at five timepoints. At Cardiff University laboratory peripheral mononuclear blood cells have been isolated and plasma stored. T-cell responses to viral and tumour-associated antigens have been measured with ELISpot technique. Flow cytometry has been undertaken to assess T-cell subtypes and changes to the T-cell checkpoints, PD-1 and LAG3. Neutrophil to lymphocyte ratios were also measured at every time point.

Update from October 2022: Early results indicate that for some patients SABR radiotherapy may be immunosuppressive, further analysis is needed to interrogate findings in related to radiotherapy dose, tumour volume and type etc. If this provisional result is substantiated, then our focus will be to look for where biologically is the best place to add in an immune intervention e.g., checkpoint inhibitor.

Update from April 2023: 32 patients were enrolled on the study between June 2021 to September 2022 and had a median follow up of 10 months (IQR 7.5-14) following their radiotherapy. 135 bloods samples have been processed in the lab. The flow cytometry and ex-vivo ELISpot data has now been analysed with further work needed on cultured ELISpots analysis. We are seeing trends towards a lower progression-free survival for patients who have a significant rise in their neutrophil to lymphocyte ratio and have observed different changes in T regulatory cells



proportions in this group compared to patients with a lower rise or no increase. The results have been presented this March at CReSt radiotherapy meeting (March 23) and National Oncology Trainee Collaborative.

Update from October 2023: Analysis of the data has revealed that an alteration in neutrophil to lymphocyte ratio during radiotherapy is associated with radiotherapy-induced suppression of T cell responses and a poor prognosis. These important new findings are currently being prepared for publication. A new grant proposal for follow-on work using some of these findings as our preliminary data is being developed.

## **Probert Fund**

### **1, Development of Novel Virotherapy**

This project aims to assess head and neck cancer as a candidate for oncolytic adenovirotherapy, and to optimise radiotherapy-virotherapy combinations. The team also aim to investigate the impact of combining oncolytic viruses with immunostimulatory molecules called ImmTACs. ImmTAC potential is currently hindered by immunosuppressive tumour microenvironments (TME) and are limited to HLA.A2+ve cells, leaving >50% of the population resistant. We plan to overcome these limitations by using oncolytic viruses Ad5 and our precision virotherapy Ad5<sub>NULL</sub>-A20 to force expression of peptide-HLA.A2 complexes and ImmTACs.

Progress to date:

- 24 proposed viruses have been made, purified and QC'ed by microBCA and Nanosight tracking
- Production and secretion of ImmTACs by virally infected cells has been confirmed by Western blot
- Successful patient samples have been characterised by flow cytometry and immunohistochemistry (IHC)
- Ad receptor expression in HNC has been assessed via IHC of tissue microarrays (TMAs)
- Optimal radiation-virotherapy combinations have been investigated in head and neck cancer cell lines
- Optimised viral load for future co-culture experiments focussing on immune cell activation
- HNC cell lines and organoids have been HLA.A typed for downstream experiments

The Covid pandemic had a significant impact on the project, as the student leading the project is an immunosuppressed individual but interruption in study reduced the impact on the projects progress. The team also experienced problems with equipment needed for the experiments (new equipment being delayed/arriving faulty as well as existing equipment breaking). Repairs are scheduled and the team have permission to use alternative equipment in other labs on-site to minimize delays.

### **2, PATHOS Clinical Research Fellowship**

PATHOS is an international, multi-centre study of which ARF contribute toward the costs of a Clinical Fellow, Dr Emma Higgins working on a swallowing sub study: Development of Radiotherapy Predictive Models for Swallowing Dysfunction.

HPV positive oropharyngeal cancers are increasing in incidence, occur in fit young patients and are associated with a good prognosis. It follows therefore that reduction of swallowing toxicity, which can greatly impact on long term quality of life in surviving patients is of paramount importance. The head and neck team perform international Radiotherapy Quality Assurance (RTQA) for the PATHOS trial and have available the Radiotherapy Trial Quality

Assurance (RTTQA) dataset and swallowing sub-study data. This can be used to develop accurate predictive models for dysphagia/swallowing dysfunction using robust, prospectively collected objective and subjective swallowing outcomes, which can be correlated with carefully collected dosimetric data for the swallowing organs at risk.

- Data has been collected on over 1000 patients.
- There is ongoing research work to develop the predictive radiotherapy model.
- Using the cohort to externally validated existing radiotherapy predictive models of swallowing dysfunction.
- Working towards further abstract submissions for upcoming conferences e.g. ESTRO and American Head and Neck Society (ANHS)
- Poster presentation at BAHNO (May 2022)- “Radiotherapy Quality Assurance in the PATHOS trial: A Retrospective Review of Target Volumes of On-Trial Patients”
- Oral presentation RCR22 (14<sup>th</sup> Oct 2022)- “Does Variation in Swallowing Organs at Risk Delineation Impact on Predicted Swallowing Dysfunction for PATHOS Trial patients”
- Accepted for Mini Oral presentation ESTRO May 2023 “Compliance to the PATHOS swallowing OAR atlas and impact on predicted dysphagia for trial patients”.

Dr Higgins is currently finishing her MD and returning to clinical practice. A second clinical fellow will be recruited in summer 2024 to continue working with PATHOS.

Posters, abstracts, and other publishable output are available for CFC review.