Board of Trustee

22 September 2020, 09:00 to 10:00 Via Skype - Woodland House, Ground Floor - Coed Y Nant

Agenda

6.

Any Other Business

7.80	• • •		
1.	Welcome & Introductions		Charles Janczewski
1.1.	Apologies for Absence		
1.2.	Declarations of Interest		
1.3.	Minutes of the Trustee Meeting held on 23rd July 2020		
	1.3 Draft July Mins - BT.pdf	(9 pages)	
1.4.	Action Log		
	1.4 Action Log July 2020.pdf	(2 pages)	
1.5.	Chair's Action taken since last meeting		
2.	Items for Review and Assurance		
2.1.	Health Charity Current Financial Position		
			Christopher Lewis
	2.1 Financial Position August 2020.pdf	(6 pages)	
2.2.	Update on Dormant Funds		Christopher Lewis
			emistopher zewis
	2.2 Update on Dormant Funds Sept 2020.pdf	(3 pages)	
2.3.	Rookwood Legacy Update – verbal update		Abigail Harris
2.4.	Horatio's Garden Update		Fiona Jenkins
	2.4 Board trustees Horatio's Garden Update 22 Sept 20.pdf	(4 pages)	
3.	Items for Approval/Ratification		
	NO NEW ITEMS		
4.	Items for Noting and Information		
4.1.	Update on Income Generating Activities including: a) progre	ss made with	
	Gareth Bale monies and b) the raising of additional monies i	into general	Joanne Brandon
	reserves		
	4.1 a) Health Charity update on Bale Fund donation - FINAL.pdf	(4 pages)	
	4.1a) CFC-Covid-Funding-App-Form-over-25K COVID Rehab Sept 20v5.pdf	(13 pages)	
	4.1 b) Health Charity update on income generating activities - FINAL.pdf	(3 pages)	
5.	Review of the Meeting		Charles Janczewski
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7. Date and time of next Meeting: Tuesday 26th January 2021 10.00am – 11.00am Via Skype



Unconfirmed Minutes of the Board of Trustee Meeting Tuesday 23rd July – 09:30am – 12:00pm Via Skype

Present		
Charles Janczewski	CJ	Trustee & UHB Chair
Robert Chadwick	RC	Trustee & Executive Director of Finance
Steve Curry	SC	Trustee & Chief Operating Officer
Martin Driscoll	MD	Trustee & Executive Director of Workforce &
		Organisational Development
Susan Elsmore	SE	Trustee & Independent Member – Local Authority
Abigail Harris	AH	Trustee & Executive Director of Strategic Planning
Michael Imperato	MI	Trustee, UHB Vice Chair & Independent Member – Legal
Fiona Jenkins	FJ	Trustee & Executive Director of Therapies & Health Science
Fiona Kinghorn	FK	Trustee & Executive Director of Public Health
Sara Moseley	SM	Trustee & Independent Member – Third Sector
Len Richards	LR	Trustee & Chief Executive Officer
John Union	JU	Trustee & Independent Member - Finance
Ruth Walker	RW	Trustee & Executive Nurse Director
Dr Rhian Thomas	RT	Trustee & Independent Member – Capital and Estates
Akmal Hanuk	AH	Trustee & Independent Member - Community
In Attendance:		
Joanne Brandon	JB	Director of Communications
Nicola Foreman	NF	Director of Corporate Governance
Christopher Lewis	CL	Deputy Director of Finance
Secretariat:		
Laura Tolley	LT	Corporate Governance Officer
Apologies:	_	
Gary Baxter	GB	Trustee & Independent Member - University
Eileen Brandreth	EB	Trustee & Independent Member – ICT
Stuart Walker	SW	Trustee & Executive Medical Director

BT 20/07/001	Welcome & Introductions	Action
	The UHB Chair (UHB C) welcomed everyone to the public meeting verbally in English and Welsh.	
→	The UHB C reminded all present that this was a meeting of the Trustee, not the Board, so all decisions needed to be made in the interest of the Trustee, not the UHB.	
BT 20/07/002	Quorum	
303/4 (P) 10:36:4	The UHB C confirmed the meeting was quorate.	
BT 20/07/003	Apologies for Absence	

	Apologies for absence were noted.			
BT 20/07/004	Declarations of Interest			
	There were no declarations of interest.			
BT 20/07/005	Minutes of the Committee Meeting held on 26th May 2020			
	The Independent Member – Capital & Estates (IM-CE) advised she was present at the meeting held on 26 th May 2020.			
	Resolved – that:			
	(a) Subject to the above amendment, the Committee approved the minutes of the meeting held on 26 th May 2020.	LT		
BT 20/07/006	Action Log following the Meeting held on 26th May 2020			
	There were no actions.			
BT 20/07/007	Chairs Action taken since last meeting			
	There had been no Chairs actions taken since the last meeting.			
BT 20/07/008	BT 20/07/008 "How the Arts and Health Charity have #spreadthelove during COVID19"			
	The Director of Communications (DC) introduced the presentation and confirmed the following:			
	On the 23 rd March 2020 the Health Charity stopped all routine business in relation to running events and fundraising;			
	 Over £950,000.00 in donations had been received from the public in total since 23rd March 2020, the public have given generously to official NHS charities and NHS Charities Together, where £143,500.00 had been received; 			
	The Health Charity had received over 20,000 Easter eggs;			
	 The Health Charity distributed 200 treat bags to midwives, 61 treat boxes to patients and staff and 20 VE Celebration boxes for patients; 			
0\$1; 18,91,	Three staff havens had been set up, the Health Charity had spent 60 days covering the havens, distributed 16,000 bottles of water and over 70,000 portions of food had been delivered to staff.			
763/8/8/10.36.	The DC advised the Committee that the impact of the #spreadthelove campaign had resulted in 1,697 new social media followers, 717 posts on social media, 176 media articles and 5 TV news items which featured the Health Charity.			

The DC explained that the Nathan Wyburn artwork that the Health Charity commissioned made up of 200 faces of NHS workers had become the face of the COVID-19 pandemic and the image had been displayed across all hospitals across Wales.

The DC confirmed that the profile of the Health Charity had increased significantly within the UHB.

The UHB C commended the Health Charity team for the work undertaken during COVID-19 and asked that congratulations and gratitude from the Board of Trustee be passed on.

Resolved - that:

(a) the Board of Trustee noted the "How the Arts and Health Charity have #spreadthelove during COVID19"

BT 20/07/009

Health Charity Current Financial Position to include COVID-19 Income and Expenditure

The Deputy Finance Director introduced the report and confirmed that the year to date performance of the Health Charity had been very strong, however, the Health Charity had insufficient funding in general reserves for the financial commitments for 2020-21. The DFD informed the Board of Trustee the Health Charity had commitments of £1.5M in general reserves and were currently over committed by £300,000.00. The agenda item on dormant funds would advise that it could generate up to £600,000.00, however, it could also generate nothing if all fund holders provide expenditure plans. The DFD advised it was not unreasonable to expect another £1M into general reserves and the Board of Trustee should expect the fundraising team to generate an additional £300,000.00 into the general reserve fund.

The DFD added that the investment portfolio had decreased significantly in March due to COVID-19, however gains had started to be seen.

The UHB C queried if the over commitment included funds required for Horatio's Garden. In response, the DFD confirmed that the additional funds were not included in the over commitments. The UHB C advised that the Health Charity and Charitable Funds Committee needed to ensure funds were monitored effectively on an ongoing basis.

The Executive Nurse Director (END) advised the Board of Trustee as newly appointed Executive Lead for the Charitable Funds Committee, it was recognised that the monitoring of spend and progress was key for the Committee, therefore spending and commitments would be regularly reported to the Board of Trustee going forward.

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The Chief Executive Officer (CEO) added that the Health Charity needed to fundraise as much money as possible into the general reserve funds and requested the fundraising team look at ideas to support this.

Resolved - that:

- (a) the Board of Trustee noted the financial position of the Health Charity
- (b) the Board of Trustee noted the commitments against general reserves and possible mitigating actions against financial risks
- (c) the Board of Trustee recommended the Health Charity fundraising team raise an additional £300,000.00 into general reserves.

BT 20/07/010

Health Charity COVID-19 Income and Expenditure Process

The DC introduced the report and explained that during COVID-19 there were three distinct tranches of donations received which were identified as:

- 1. Covid-19 monies within "Make it Better Fund" received from the Just Giving platform and online donations received via the Health Charity's online website, #spreadthelove fundraising campaign and offline donations Total online and offline donations received: £133,997. These funds were not restricted and were in general reserves
- 2. NHS Charities Together A national umbrella body for NHS charities across the UK, supporting many NHS charities. Cardiff & Vale Health Charity has been a member for a number of years. £143,500 has been received to date and currently sits within general reserves. This grant had a criteria to enable swift implementation of spend on projects which enhances the well-being of NHS staff, and volunteers
- 3. Gareth Bale Family Donation personal donation from Gareth and Emma Bale £500,000. This donation has been ring-fenced in a separate fund. Mr & Mrs Bale expressed their wish for their donation to be spent specifically on University Hospital of Wales and have requested feedback on how the funds will be utilised.

The DC explained a fast track bid application form and process had been developed to reduce the length of time bids could be awarded and to provide the Board of Trustee that appropriate governance would occur.

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It was explained as a principle to assess bids any granting of monies would be provided on the basis of real need.

The UHB C commented it was positive to see a structured way forward for bids during the COVID-19 period.

The DFD commented that in his position as Deputy Finance Director, he advised financial restraint on the general reserves fund, given the current financial position.

The Independent Member – Trade Union (IM-TU) asked how outcomes of bids would be monitored? In response, the DC confirmed that at each Charitable Funds Committee a report is presented which outlines benefits and outcomes of bids.

Resolved - that:

- (a) the Board of Trustee discussed and considered the approach to support bids for COVID-19 donations;
- (b) the Board of Trustee supported the process, criteria and governance for COVID-19 donations.

BT 20/07/011

Gareth Bale Donation and Spending Plan Options

The END advised the Board of Trustee following a special Charitable Funds Committee Meeting it was agreed the Gareth Bale Donation would be discussed in an open environment with the Trustee to decide how to spend the significant donation. After Board of Trustee discussion it was agreed the following areas would be focussed on:

Staff Wellbeing – Providing ongoing treatments and support for staff as well as permanent areas for rest and reflection

- Bereavement Supporting families who have been bereaved during COVID-19, or those who had experienced significant illness during COVID-19;
- Link with the ARTS programme to discuss a permeant memorial, which could also be moved into UHW.

The Board of Trustee agreed the money needed to be spent wisely, with the majority of the donation being focussed on patients and staff.

The UHB C requested the Charitable Funds Committee address how suggestions could be converted into ideas.

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The Board of Trustee expressed sincere thanks to the Bale Family for such a generous donation.

Resolved – that:

	(a) the Board of Trustee discussed the Gareth Bale Donation and Spending Plan Options	
BT 20/07/012	Health Charity Events Planner	
	The DC informed the Board of Trustee that the Health Charity were asked to identify what fundraising could be undertaken during the COVID-19 pandemic. The Health Charity had received a significant amount of donations, however it was unknown if this would continue.	
	The DC advised the Board of Trustee that within the department there were no digital marketing expertise, which was a risk highlighted in the report.	
	The UHB C acknowledged how difficult fundraising was during this period.	
	The IM-CE asked in relation to the digital marketing position, if a secondment could be considered. In response, the DC advised this could be explored.	
	The IM-CE queried with relationships built with other third party organisations, what governance had been undertaken to ensure companies align with the UHB values. In response, the DC confirmed that organisation reputation was looked at before engagement.	
	Resolved – that:	
	(a) the Board of Trustee noted the Health Charity Events Planner.	
BT 20/07/013	Horatio's Garden Update – Timeframes and Costs	
	The END reminded the Board of Trustee that Horatio's Garden was an award winning National Charity to enhance physical and psychological wellbeing or spinal injury patients.	
	The UHB had committed to design and build Horiatio's Garden at University Hospital, Llandough (UHL), this would be the sixth garden in the UK and the first garden in Wales.	
087; 1878/// 107 107:36:44	The END advised the Board of Trustee that a commitment had been made through a letter of agreement signed by Maria Battle, former UHB Chair, to fund the neuro garden, which was aligned to Horatio's Garden. The UHB Charity had committed to fund 21% of this. The END explained this would be a significant commitment to the Charity, there had already been £500,000.00 committed to Horatio's Garden and further funding of	

£132,188 was being requested for the neuro garden, £9,418.00 per annum for the ongoing maintenance of the garden, in addition to considering undertaking a piece of work for a new entrance at UHL (via the Maternity Unit) providing a pocket forest for NHS staff which would cost £59,500.00, therefore the total to fund the 21% of the neuro garden would be £191,688.00 with an annual cost of £9,418.00 per annum for maintenance. The END advised the Board of Trustee were being asked to consider support this, recognising there was a letter of commitment to the neuro garden, but not the entrance. The END recommended a Senior Responsible Officer on behalf of the Board of Trustee to lead on this and Fiona Jenkins, Executive Director of Therapies & Health Sciences had agreed to take this position.

The IM-TU commented it would be controversial if the Board of Trustee did not support this.

The Independent Member – Finance (IM-F) supported the proposal but asked to what extend were the Board of Trustee satisfied that the Health Charity would not be asked for further commitments to the gardens. In response, the END advised the UHB would be very clear in response of our commitment that no further commitments would be made.

Resolved - that:

- (a) the Board of Trustee committed funding 21% of the Neuro Garden at a cost of £191,688.00 with an annual cost of £9,418.00 per annum for maintenance for 10 years;
- (b) the Board of Trustee agreed that no further commitments to Horatio's Garden and the Neuro Garden would be made.

BT 20/07/014

Health Charity Strategy 2019-24

The DC introduced the paper and confirmed the Health Charity Strategy was developed pre-COVID, it was aligned to Shaping our Future Wellbeing and stakeholders were engaged during the process.

The IM-CE asked the DC to elaborate more on inclusivity and how this was included in engagement. In response, the DC confirmed that when the strategy went out for engagement the team ensured a number of third parties were involved for inclusivity.

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Resolved - that:

(a) the Board of Trustee approved the Health Charity Strategy 2019-24.

BT 20/07/015

Charitable Funds Committee Annual Report 2019-20

	The Director of Corporate Governance (DCG) introduced the report and confirmed the Charitable Funds Committee Annual Report 2019-20 had approved at the Charitable Funds Committee and Board and it demonstrated the Terms of Reference and Work Plan had been met.	
	Resolved – that:	
	(a) the Board of Trustee approved the Charitable Funds Committee Annual Report 2019-20.	
BT 20/07/016	Staff Benefits Group Terms of Reference	
	The DCG introduced the report and recommended the Board of Trustee appoint Martin Driscoll, Executive Director of Workforce & Organisational Development as Chair of the Staff Benefits Group as it was important that someone who was involved with the Trustee was involved in the decision making process.	
	Resolved – that:	
	(a) the Board of Trustee approved the changes to the Staff Benefits Group Terms of Reference.	
BT 20/07/017	The Patrons Protocol	
	The DC introduced the report and confirmed it set out the process for the appointment of Health Charity Patrons and the process aligned to the UHB Values and Behaviours.	
	Resolved – that:	
	(a) the Board of Trustee approved the Patrons Protocol.	
BT 20/07/018	Rookwood Legacy	
	The DCG introduced the report and confirmed it detailed the legal advice around Rookwood Hospital.	
0\$/i.	The DCG informed the Board of Trustee that the land could be sold to the Local Authority, however, it would need to be taken to the Charity Commissioner with a strong business case and the land would need to be advertised on the open market to be legally compliant with the Charity Law to ensure the Charity received the best value for money.	
08/14/10/16/16/16/16/16/16/16/16/16/16/16/16/16/	The Executive Director of Strategic Planning (EDSP) informed the Board of Trustee that previously Cardiff Council had expressed interest in buying land unconditionally for expanding housing options with care, this would	

	Resolved – that: (a) the Board of Trustee agreed and noted the legal advice of Ms Lloyd copied at Appendix 2; (b) the Board of Trustee agreed to proceed with the recommended	
	courses of action detailed at points i to iv above; (c) the Board of Trustee agreed that Rookwood would be put up for sale on the open market.	
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BT 20/07/019	Any Other Business	
BT 20/07/019	Any Other Business Resolved – that:	
BT 20/07/019		
BT 20/07/019	Resolved – that:	
	Resolved – that: (a) There was no other business to discuss.	
	Resolved – that: (a) There was no other business to discuss. Items to bring to the attention of the Board	
	Resolved – that: (a) There was no other business to discuss. Items to bring to the attention of the Board Resolved – that:	
BT 20/07/020	Resolved – that: (a) There was no other business to discuss. Items to bring to the attention of the Board Resolved – that: (a) There were no items to being to the attention of the Board	



(Public) Action Log Following Board of Trustee Meeting held on 23rd July 2020

MINUTE REF	SUBJECT	AGREED ACTION	LEAD	DATE	STATUS/COMMENT				
Actions Completed									
BT 20/05/009	Delegated Funds	A paper be brought back on the position of Delegated Funds	Christopher Lewis	23/07/20	Complete				
BT 20/05/009	Health Charity Projections	A paper be brought back on the Health Charity income projection plans during COVID-19	Ruth Walker	23/07/20	Complete				
Actions In Proc	gress								
BT 20/07/009	Health Charity Current Financial Position	Requested that spending and commitments would be regularly reported to the Board of Trustee going forward.	Christopher Lewis	22/09/20	On Agenda for 22/09/2020 Item 2.1				
BT 20/07/018	Rookwood Legacy	Update from Senior Responsible Officer on interest generated from Rookwood being placed on open market for Sale.	Abigail Harris	22/09/20	On Agenda for 22/09/2020 Item 2.3				



BT 20/07/009	Health Charity Current Financial Position	Recommended the Health Charity fundraising team raise an additional £300,000.00 into general reserves.	Joanne Brandon	Sep 2020	To be reported to and progress monitored by the Charitable Funds Committee and Board of Trustee to be kept updated. On Board of Trustee Agenda for 22/09/2020, item 4.1 Included on September Charitable Funds Committee Agenda, item 3.1
BT 20/07/011	Gareth Bale Donation and Spending Plan Options	Charitable Funds Committee to address how suggestions for spending the donation could be converted into ideas.	Nicola Foreman	Nov 2020	Update to Board of Trustee to be included on November agenda.

Report Title:	Charitable Funds Financial Position Report for the Period Ended 31st August 2020						
Meeting:	Board of Truste	Board of Trustee Meeting Meeting Date: 22nd September 2020					
Status:	For Discussion	Y For Intermation					
Lead Executive:	Executive Director of Finance						
Report Author (Title):	Deputy Director of Finance						

Background and current situation:

The Charitable Funds Committee has responsibility in overseeing the financial management and stewardship of the charitable funds. The financial update report aims to:

- Provide information on the year to date financial performance of the Charity to the period 31st August 2020;
- Assess the forecast financial position of the Charity against commitments already made.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

There are two key issues to bring to the attention of the Committee. These are:

- The year to date financial performance has been very strong due to the value of donations received during the COVID 19 pandemic;
- The Charity has made significant financial commitments and the recent fall in its value of
 investments has meant that it currently has insufficient resources in its general reserves
 in order to meet that commitment. The charity fundraising team covering their costs
 charged to general reserves and the application of dormant funds are two ways to
 mitigate against this risk and this has been agreed by the Board of Trustee.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

Financial Performance for the 5 months ended 31st August 2020

The year to date financial position of the charity is summarized in the following table.

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Table 1: Financial position of the Charity for the period to 31st August 2020

	Unrestricted	Restricted	Endowment	Total
	Funds	Funds	Funds	Funds
	£'000	£'000	£'000	£'000
Fund Balances brought forward April 2020	4,532	1,913	2,512	8,957
Total Income Resources	1,096	107		1,203
Total Resources Expended	-504	-80		-584
Net Incoming/(Outgoing) Resources	592	27		619
Gains / (Losses) on Investment Assets	345	86		431
Net Movement in Funds	937	113	0	1,050
Fund Balances carried forward August 2020	5,469	2,026	2,512	10,007

The above table shows the Charity generated £1.203m of income and spent £0.584m in the five month period to the end of August 2020. This has resulted in net income of £0.619m. In addition, the charity also had market value gains on its investments of £0.431m for the period compared to the March 2020 valuation. The combined effect of these results is a net increase in fund balances for the period to August 2020 of £1.050m to £10.007m.

An analysis of the income received by the charity for the first five months of the year, is contained in the following table. This also shows the comparison of income received for the same period over the previous 2 years.

Table 2: Schedule of Income for the 5 month period April to August 2020

Income	Unrestricted	Restricted	Total	19/20	18/19
	£000	£000	£000	£000	£000
Legacies	1		1	22	197
Donations	1063	1	1064	154	196
Staff Lottery		83	83	80	80
Appeals		23	23	97	125
Dividend Income	32		32	55	54
Total Income	1,096	107	1,203	408	652

This shows a substantial increase in donations with some significant acts of generosity. During the same period the Charity spent £0.072m against the 'Make it Better' fund. It should be noted that the Charity has also received notification from the NHS Charities association of possible additional grants (estimates) to the value of £0.655m.

Whilst lockdown is easing, social distancing rules still exist and therefore these are likely to adversely impact upon normal fund raising activities for the foreseeable future.

The net worth of the Charity is contained in Table 3.



Table 3: Summary Balance Sheet as at 31st August 2020

	Opening	Closing
	Balance	Balance
	£000	£000
	01.04.20	31.08.20
Fixed Assets	7,975	8,406
Net Current	982	1,601
Assets /Liabilities		
Total Net Assets	8,957	10,007
Unrestricted Funds	4,532	5,469
Restricted Funds	1,913	2,026
Endowment Funds	2,512	2,512
Total Funds	8,957	10,007

Of the closing fixed asset balance, £2.476m relates to Rookwood Hospital with the balance of £5.930m relating to the investment portfolio. Of the net current assets closing balance of £1.601m, some £1.663m is supported with cash with the balance being net current liabilities of £0.062m. The fund balances have increased by £1.050m in the period to £10.007m

The following graph shows the investment portfolio's performance commencing from March 2019 to August 2020.

Table 4: Summary of Investment Portfolios Performance



The investment portfolio started the financial year with a market value of £5.499m. The value has increased to £5.930m at the end of August 2020, therefore resulting in a market value gain for the period of £0.431m.

In summary the value of the Charitable Funds has increased by £1.050m in the current year to £10.002m. This increase represents net income of £0.619m and market value gains of £0.431m.



Forecast Financial Position of the Charity

Whilst the charity has a net worth of £10.007m, it is structured around undelegated and delegated funds where financial responsibility has been delegated to named fund holders and Heads of Service.

Within these funds are general reserves with a value of £0.980m made up of the following:

- Consolidated general reserve fund balance of £0.549m;
- Year to date investment gains of £0.431m.

Against these general reserves the Charity has approved a number of bids which has resulted in significant financial commitments. These are assessed at being circa £1.249m and are summarized below.

Table 5: Outstanding commitments against General Reserves

Commitments	£'000	Comment
Horatio's Garden	500	No spend to date
UHB Transport Solutions	99	Reduced for additional year-end Creditor £252k and spend to date of £31k.
Employee Wellbeing	264	Inlcudes option 3 approval for two years
Fundraising Costs	194	£106k in year included in I/E and £194k further commitment
Neurological Gardens	192	New Commitment
Total	1,249	

This means that general reserves are overcommitted by circa £0.269m. A key driver for this was the sharp loss in the Charities Investment portfolio which took place in March 2020 when the value dropped by almost £0.9m. Whilst the stock market has rallied since then with gains of £0.431m to the end of August, there are concerns that a second COVID 19 wave could well adversely impact upon the stock market and the gains that has been made this year.

The following actions have been agreed to mitigate this over commitment on general reserves:

Utilisation of Dormant Funds: The Trustees agreed at their meeting of the 23rd July 2020 to change the policy on unrestricted dormant funds so that they could be used to support general reserves. This could potentially generate an upper limit value of £0.6m, however this is very much dependent upon the number of fund holders who don't produce credible expenditure plans. An update on implementation of this plan is provided in a separate paper.

Fundraising Costs: The Trustee's agreed that the fundraising team would aim to cover their costs of circa £0.3m which are charged to general reserves

Whilst the levels of income generated in the first five months has been exceptional, there is a large degree of uncertainty going forward as to what future income levels will look like. NHS Charities Association have indicated that a possible additional £0.655m may be available in future months, although this is not confirmed at this stage. If that was to materialise income levels for the full year could be similar to normal levels, limiting the impact of the reduced income streams from fundraising events.

Recommendation:

The Charitable Funds Committee is asked to:

- **NOTE** the financial position of the charity;
- NOTE the latest income position;
- NOTE the commitments against general reserves and actions being taken to mitigate these financial risks.

This repo	Shaping our Future Wellbeing Strategic Objectives This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report									
1. Reduce	healt	h inequalities					ve a planned car mand and capac	•		
2. Deliver people	outco	mes that mat	ter to		7.	Ве	a great place to	work	c and learn	
		onsibility for in d wellbeing	nprov	ing		del se	ork better togethe liver care and su ctors, making be ople and technol	ppor st us	t across care	
	on he	s that deliver to ealth our citize oect		е		sus	duce harm, wast stainably making sources available	best	t use of the	х
care sys	stem t	anned (emerg that provides ght place, firs	the rio	ght		inn pro	cel at teaching, rovation and imploved imploved an environrovation thrives	rover	ment and	
Fi	ve W						ppment Principle for more informa		onsidered	
Prevention		Long term	X	Integration	n		Collaboration		Involvement	
Equality and Health Impact Assessment Completed: Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.										





Report Title:	Update on Dormant Funds								
Meeting:	Board of Truste	Board of Trustee Meeting Board of Trustee Meeting Date: 22 nd September 2020							
Status:	For Discussion	For For For For Information v							
Lead Executive:	Executive Direc	Executive Director of Finance							
Report Author (Title):	Deputy Director	of Finance							

Background and current situation:

The Trustee at its July 2020 meeting approved the implementation of a policy that any unrestricted funds that have been dormant for two full financial year are transferred to general reserves. It was recognised that this could be met with some resistance and the Trustee agreed a sensitive implementation plan aimed to avoid unintended consequences.

It was also agreed that all restricted fund holders that have dormant funds be requested for expenditure plans.

This paper provides an update on implementation of this policy change.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The charity has made significant commitments against its general reserves which, subject to future income and expenditure, are currently over committed. It is envisaged that the introduction of this policy will:

- Address the current issue of delegated funds being dormant;
- Generate a transfer of funds to general reserves that can be applied and mitigate against over commitments:
- Put in place a mechanism that automatically avoids delegated funds from becoming dormant for a long period of time.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

The agreed implementation plan is as follows:

- The Charitable Funds Financial Control Procedure is updated to reflect the recommendation;
- The charity informs all fundholders and Heads of Service of the agreed policy on unrestricted dormant funds and forwards a copy of the updated Financial Control Procedure:
- The charity contacts those fundholders and Heads of Service who are effected to inform them that this policy will come into force unless they submit an expenditure plan by a set date;





 The charity contacts the fund holders and Heads of Service where restricted funds have become dormant and request them to submit expenditure plans so that they can be utilized in accordance with the donors intended purpose.

The financial control procedure has been revised to include the policy on dormant funds. It is envisaged that by the time of the Trustee meeting that fundholders and Heads of Service will be advised of these changes and of their requirements with a response date for expenditure plans by the end of October 2020. Progress against this will be confirmed the meeting.

The financial impact on general reserves will then be determined and shared with the Charitable Funds Committee and Board of Trustee.

Recommendation:

The Trustee is asked to:

NOTE the progress being made in implementing the agreed policy on dormant funds.





7	Shaping our Future Wellbeing Strategic Objectives This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report										
1.	Reduce	healt	h inequalities		X	6.	На	ve a planned ca mand and capa			
2.	Deliver of people	outco	mes that matt	ter to	X	7.	Ве	a great place to	work	and learn	х
3.		•	onsibility for in d wellbeing	nprovir	ng	8.	del sed	ork better togeth liver care and su ctors, making be ople and techno	uppor est us	t across care	x
4.	•	on he	s that deliver t ealth our citize pect		X	9.	Reduce harm, waste and variation sustainably making best use of the x resources available to us			x	
5.	care sys	stem t	anned (emero that provides t ght place, firs	the rigi		10.	inn pro	cel at teaching, lovation and impovide an environ lovation thrives	rover	ment and	x
	Fi	ve Wa	_					pment Princip for more inform	•	onsidered	
Pre	Prevention x Long term x Int				Integratio	n		Collaboration	х	Involvement	x
Equality and Health Impact Assessment Completed: Not Applicable											

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Report Title:	Horatio's Garden update								
Meeting:	Charitable Funds	Charitable Funds Boardof Trustees Committee Meeting Date: 22nd Sept 2020							
Status:	For Discussion	For Assurance	√ For Approval						
Lead Executive:	Fiona Jenkins E	xecutive Director	Therapies ar	nd Health Sci	ience				
Report Author (Title):									

Background and current situation:

An update on the current position with Horatio's Garden was taken to the Charitable Funds Committee on 1st September 2020.

Horatio's Garden is an award winning National Charity building specialist garden environments to enhance physical and psychological wellbeing or spinal injury patients, this will be a first for patients and the Health Board in Wales and is considered an exemplar in its field.

The UHB had committed to design and build Horatio's Garden at University Hospital, Llandough (UHL), this would be the sixth garden in the UK and the first garden in Wales. It was reiterated at the Board of Trustee on 23rd July that:

- A commitment was made through a letter of agreement between the former UHB Chair and Horatio's Garden, to fund the neuro garden alongside the spinal garden /Horatio's Garden.
- The UHB had committed to fund 21% of the costs associated with the neuro garden.
- This is would be a significant commitment to the Health Charity, on top of £500,000.00 already committed to Horatio's Garden.
- Further funding of £132,188 was being requested for the neuro garden

- Additionally £9,418.00 per annum for the ongoing maintenance of the garden
- In addition to considering undertaking a piece of work for a new entrance at UHL (via the Maternity Unit) providing a pocket forest for NHS staff which would cost £59,500.00.
- A total cost to fund the 21% of the neuro garden would be £191,688.00 with an annual cost of £9,418.00 per annum for maintenance up to a maximum of 10 years.
- It was acknowledged that current costs were aligned to a pre-determined building schedule at UHL to enable the unit to open in spring 2021.

Fiona Jenkins, Executive Director of Therapies & Health has been appointed as Senior Responsible Officer on behalf of the Board of Trustee, to lead on and update the Trustees and CFC as appropriate, ensuring scrutiny and good governance.

The SRO wrote to Olivia Chapple on 11 August 2020 with an update on the outcome of the Board of Trustee meeting, outlining the costs and key decisions of the Board including the position regarding no additional funds. This letter was well received and was subsequently followed up with a virtual meeting on 18th August. Olivia Chapple has requested an agreement for lease with early access for the tenant's works relating to the garden area at UHL between the UHB and Horatio's Garden, which has been the tradition with other Horatio garden projects. The Corporate Governance team and Director of the Charity are working to complete this. She has also raised concern relating to the pocket garden design and issues raised by the Capital Estates team.

Monthly meetings have been scheduled by the SRO to oversee progress with the project working with Capital Estates, Specialist Services Clinical Board and the Director of the Health Charity. The next meeting is on 11th September and issues relating to Capital Estates concerns will be discussed.

It is the intention of Hortaio's Garden to tender the project this month. Although timescales are tight, no slippage in completion is expected.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:



- Garden planning running to timescales
- Need to complete the agreement for lease and ensure synergy and consensus between Capital Estates and Horatio's garden to enable tender to progress to time.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

Fundraising by charity delivering income expected despite COVID period

Recommendation:

The Charitable Funds Board of Trustees is asked to:

NOTE: The contents of the report, and be assured that plans are on track.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

	70.010		. – (– /	, ioi tillo roport	
1.	Reduce health inequalities		6.	Have a planned care system where demand and capacity are in balance	
2.	Deliver outcomes that matter to people	V	7.	Be a great place to work and learn	V
3.	All take responsibility for improving our health and wellbeing	V	8.	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4.	Offer services that deliver the population health our citizens are entitled to expect		9.	Reduce harm, waste and variation sustainably making best use of the resources available to us	
5.	Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10.	Excel at teaching, research, innovation and improvement and provide an environment where	

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	innovation thrives									
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information										
Prevention √	Long term		Integration	V	Collaboration	V	Involvement	1		
Equality and Health Impact Assessment Completed:	No									

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Report Title:	Health Charity – update on Bale Fund – Covid-19 Donation								
Meeting:	(Public) Board of Trustee Meeting	(Public) Board of Trustee Meeting Meeting 22.09.20							
Status:	For For Value of Approval	For Inf	ormation						
Lead Executive:	Ruth Walker, Exective Director of Nursing								
Report Author (Title):	Joanne Brandon, Director of Communication, Engagement	Joanne Brandon, Director of Communication, Arts, Health Charity and							

Background and current situation:

The purpose of this paper is to provide an update on the position regarding the **Bale Family Donation** of £500,000 which was received by the Health Charity on 7th April 2020. This donation has been ring-fenced in a separate fund as Mr & Mrs Bale expressed their wish for it to be spent specifically on University Hospital of Wales and have requested feedback on how the funds will be utilised.

The Bale Fund was discussed at the Special CFC Meeting on the 08/07, and subsequently at the Board of Trustees on 23/07.

The Trustees decision was that the following areas should be focused on:

- **Staff Wellbeing** providing ongoing treatment and support for staff as well as permanent areas for rest and reflection.
- **Bereavement** Supporting Families who have been bereaved during Covid-19, or those who have experienced significant illness during Covid-19.
- Link with the Arts Programme to discuss a permanent memorial which could also be moved into UHW.

The Board of Trustees also supported the process, criteria and governance for applications for COVID-19 monies which was implemented by the Health Charity on 13th August 2020.

- To date, the following suggestions have tentatively been put forward for consideration:
- Cycle wellbeing hub and facilities
- Critical Care Area ??
- Wellbeing space and staff haven
- Innovation Centre / Space
- Memorial space for staff who died from COVID 19
- Inclusion/education post
- We anticipate a formal applications for the "Keeping Me Well" initiative to be received shortly which will be processed for consideration alongside any further bids received.

A meeting has been convened on 16.09.20 to discuss suggestions for the use of the Bale money, following which a report will be provided to the Charitable Funds Committee, to include the following UHB personnel:-

Joanne Brandon - Director of Communication, Arts, Health Charity and Engagement



Angela Hughes - Assistant Director Patient Experience

Simone Joslyn - Head of Arts and Health Charity

Geoff Walsh - Director of Capital, Estates and Planning

Marie Davies - Deputy Director of Strategic Service Planning

Nicky Bevan - Head of Employee Health and Wellbeing Services

Lee Davies - Operational Planning Director

Robyn Davies - Head Of Clinical Innovation

Rachel Gidman – Assistant Director of Organisational Development

Edward Hunt - Programme Director - Redevelopment

Jonathan Gray – Director of Transformation

Following this meeting, a report will be provided to the Charitable Funds Committee on received bids, how they are aligned to the eligibility criteria and provide recommendations for their consideration.

Additionally, Appendix 1 provides further information on the allocation of other Covid-19 monies in August/September and how this has been equitably allocated in line with the compliance criteria with Health Charity objectives and the Trustees wishes, as agreed in the meeting held on 23 July 2020.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The Bale donation was received on 7th April 2020. The Health Charity is keen to ensure that the decision on the spend of this Fund is made in a timely manner, in line with the specific wishes of the Bale Family and aligned to the recommendations and criteria advised by the Board of Trustees.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

- Assurance of efficient fund management process, in line with governance requirements.
- Robust eligibility criteria aligned to the Health Charity Strategy and the Board of Trustees agreed principles for allocation of Bale Funds.
- Risk of insufficient funding to meet demands.

Recommendation:

The Board of Trustees is asked to note the contents of the report and approve the plan for the next stages of the Bale Fund applications and expenditure process.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

Reduce health inequalities	6. Have a planned care system where demand and capacity are in balance
Deliver outcomes that matter to people	7. Be a great place to work and learn
All take responsibility for improving our health and wellbeing	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology
Offer services that deliver the population health our citizens are entitled to expect	Reduce harm, waste and variation sustainably making best use of the resources available to us

CARING FOR PEOPLE KEEPING PEOPLE WELL



care system	planned (emergenthat provides the right place, first t	e right	inr pro	cel at teaching, novation and imp ovide an environ novation thrives	provement and		
Five \	Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information						
Prevention	Long term	Integration	1	Collaboration	Involvement		
Equality and Health Impact Assessment Completed:	Yes / No / Not If "yes" please report when p	provide copy of	of the a	ssessment. This	s will be linked to the	e	



Appendix 1. Bale Monies/ Covid Funding paper - Trustees Meeting - Sept '20

Covid Monies allocation Aug/Sept 2020

Make It Better Fund (inc. #spreadthelove/justgiving donations)

Bids Approved:	Clinical Board	Amount
Adult Speech & Language Therapy	CD&T	£ 398.49
Staff wellbeing - CRI		
Children's Rights training video	Women & Children	£5,000.00
Garden furniture- Elizabeth Ward, St David's Hospital	Medicine	£1,431.70
South and East Cardiff Locality Team staff room	PCIC	£5,426.92
Cynnwys Therapy Service	Mental Health	£1,776.52
Maternity Postnatal Ward, IT support	Women & Children	£5,614.70
Palliative care Z Beds	PCIC	£5,598.00
Dental sterilisation and disinfectant unit Staff room furniture	Surgery	£1,716.00
	TOTAL	£26,962.33

NHS Charities Together Fund

Bids Approved:	Clinical Board	Amount
Hafan y Coed Ward Based Gyms	Mental Health	£ 15,412.00
CAMHS Accommodation	Women & Children	£ 24,176.00
Maternity Virtual Conferencing	Women & Children	£2,998.80
Water stations- St Davids, Rookwood, UHL and CRI	Various	£23,439.73
Nail Care – UHL	Medicine	£438.00
Skype Room- Hafan y Coed	Mental Health	£1,974.99
Concourse mezzanine floor	Executives	£15,000
	TOTAL	£83,439.52



- 1. COVID Rehabilitation: Keeping Me Well and Recovery from COVID
- 2. Please state the overall amount you are requesting: £590,410 £500K from the Bale family donation and the balance from a further submission to NHS charities COVID donations
- **3.** Please state the duration of the project/bid: up to 3 Years for website and 18 months for the Bale COVID rehabilitation multidisciplinary programme
- 4. Please provide an overall summary of what your bid is about and what it will achieve?

Background

We are aware that Gareth Bale and family have donated £500K to the Charity to support COVID and UHW. This submission meets their donation requirements, focussing on the concept of rehabilitation, based out of UHW, which as well as being a core element of elite sport, is much needed by our patients and staff who have experienced COVID-19.

In developing the elements for the service that needs developing we identified that £500K would not meet all the requirements, therefore the outstanding balance will be requested from other charitable donations such as the NHS charities funding.

COVID rehabilitation is based on strong clinical evidence, and the need has arisen during the pandemic, and was not part of our core services before this. Our submission is aligned with all three of the Health Charity 2020-25 strategic objectives:

- 1. It supports the health and wellbeing of our population and an initiative that enhances the public health of our patients and staff through an innovative healthcare experience (a bespoke on line resource, with public health content as well as COVID rehabilitation)
- 2. It supports the health, wellbeing and welfare of our staff who have had COVID-19, and is aligned with Occupational Health services to support staff to lead healthier lives.
- 3. It creates the best possible environment for sustainable healthcare, reducing travel requirements for advice/treatment, and maintains social distance, as well as making the best use of technology, thereby supporting the aims of the Health Charity.

COVID-19, is caused by novel coronavirus SARS-CoV-2, has led to a pandemic that is increasing the burden of disease and disability across the UK. Our knowledge of the range of impairments and disabilities is still evolving and we do not know the long-term sequelae of the condition. In March it was assumed that it was a respiratory illness, however, it affects almost every organ in the body with emerging evidence that shows many of those survivors are likely to have significant on-going health problems, including breathing difficulties, enduring tiredness, reduced nuscle function, impaired ability to perform vital everyday tasks and mental health problems such as Post Traumatic Stress Disorder, anxiety and depression.



In Cardiff and Vale we are seeing increasing numbers of patients with post COVID rehabilitation needs being referred to outpatient and community therapy services, this is above and beyond what our core service would normally expect and what we had planned for, and types of multidisciplinary treatment models that we do not currently provide.

Due to the nature of the condition there is not one rehabilitation pathway that these patients can access and they are often requiring support from therapists / clinicians across a number of pathways. Patients that are frail or have neurological involvement have access to coordinated multi-disciplinary community rehabilitation but other patients particularly those reporting chronic fatigue like symptoms cannot access coordinated and patient centred rehabilitation. We know from studies of patients who had Sars, in the 2003 epidemic, almost half the survivors went on to have chronic fatigue or other long lasting symptoms. If people are unable to access timely and coordinated rehabilitation there is a risk of chronicity, high rates of anxiety and depression and people failing to recover fully from the virus which will inevitably increase the burden on existing core NHS services.

Over the past few months we have had to change the way we provide rehabilitation at pace. We have moved our services to virtual consultations where possible, developed remote resources and worked with Executive Director of Therapies and Health Science to develop the COVID Rehabilitation Model.

http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Cardiff%20and%20Vale%20Covid%20Rehab%20model%20May%202020.pdf

As a multi-disciplinary team of AHPs we identified the need to develop a trusted source of rehabilitation information and resources available on-line. With administrative staff we have begun to develop 'Keeping Me Well' (https://keepingmewell.com), a website designed to support people identified within the health board's COVID-19 Rehabilitation Model as having a mix of rehabilitation needs arising from the pandemic to be able to manage elements of their rehabilitation independently. We want to further develop this to be an interactive platform that will leave a legacy beyond the pandemic.

Extending across the four cohorts identified within the COVID rehabilitation model, the interactive digital platform will benefit the spectrum of members of the public, patients and health board employees that have been affected by the pandemic, from those with significant rehab needs following a stay on intensive care or in hospital with COVID-19 and those who have been ill with the virus at home, to those who have different rehabilitation needs as a result of the virus. This could be people who have had their treatment or care delayed or postponed, those



who have opted not to access available care due to anxieties related to COVID-19, or those whose condition may have deteriorated as a result of having shielded or self-isolated.

The initial development of the website has been undertaken by Cardiff and Vale UHB staff whose capacity to contribute to the project has been over and above their substantive roles and has been afforded by interruptions to their services during the COVID-19 pandemic. With services now resuming and under significant demand, the availability of this resource and therefore the project team's ability to produce the website within the desired timescale and to the necessary quality is diminishing. Additional technical skills are needed to make the website interactive, and work to ensure it supports those with limited digital skills and IT access.

This inability to rapidly develop the website into an interactive rehabilitation resource is to the detriment of a large number of people across the cohorts identified in the COVID-19 Rehabilitation Model requiring rehabilitation urgently. As the resource is intended to intrinsically link with and compliment the implementation of the proposed multi-disciplinary team to support patients with complex co-morbidities as a result of COVID-19, failure to establish the resource at the earliest opportunity would result in the team signposting service users to an incomplete, inadequate resource.

We also recognise that we are not providing a coordinated COVID rehabilitation service as described in the model. There is good support for medical management of patients post COVID, but not access to multi-disciplinary team coordinated care. There is considerable evidence that coordinated rehabilitation provided by an MDT delivered at the right intensity delivers better outcomes and therefore we should aim to deliver this for Cardiff and Vale, we propose to call this "The Bale COVID rehabilitation service".

We are aware that colleagues in NHS England have been developing plans for both a virtual and physical COVID rehabilitation model which is expected to be delivered later in 2020. Our proposal would enable us to rapidly develop this service for go – live in Q3 20-21.

The approach of combining a coordinated care delivered by face to face and virtual consultations supported by an online package is something that we should aspire to deliver and is also supported by emerging clinical evidence and a recommendation from a recent BMJ paper (http://dx.doi.org/10.1136/bmj.m3026). This is also commented by the Royal College of General Practitioners.

Welsh Government has also set out an Evaluation Framework that supports health boards, local authority and third sector services to understand demand for and evaluate the impact of rehabilitation in the 4 populations affected by the Covid-19 pandemic. The Evaluation



Framework aligns with the National Clinical Framework and the principles of Value Based Healthcare. A coordinated COVID rehabilitation team will support capturing outcome data and enable us to both provide the treatment needed and evaluate its impact.

https://gov.wales/evaluating-impact-rehabilitation-services-post-covid-19

There has been an assessment of the demand of COVID rehabilitation in all settings. Currently there are:

- 1. 200 patients that have been identified through outpatient respiratory consultations as requiring rehabilitation post COVID
- 2. Currently an average of 10 additional patients per week identified through primary care and secondary care outpatient services as requiring rehabilitation post COVID
- 3. Within the current secondary care setting there are significant numbers of patients with prolonged lengths of stay beyond 14 days who will require focussed rehabilitation
- 4. Staff presenting to Occupation Health with ongoing symptoms particularly fatigue and anxiety post COVID impacting on their ability to return to work

There are significant gaps within our core inpatient, outpatient and community based rehabilitation service, which have not been scaled to deliver the amount, intensity and multiprofessional services we need for COVID rehabilitation.

We are also mindful that we have many staff who have been impacted by COVID-19 and who also have rehabilitation needs that are currently not fulfilled. Occupational health services have developed their wellbeing services significantly during COVID, but do not provide multidisciplinary rehabilitation services. This model would complement the Occupational Health offer for staff.

We are beginning to see increasing demand across all therapy services particularly from patients who have not been hospitalised as a result of COVID. In a research letter in the JAMA *Carfi et al*, reported that patients followed up 60 days after first symptoms reported high levels of fatigue, breathlessness and joint pain we are seeing similar trends anecdotally in Cardiff and Vale. There is currently no service in Cardiff and Vale for Chronic Fatigue Syndrome and there is no access psychological support unless you have a condition that is supported by specialist commissioning or have a mental health diagnosis. With significant numbers of patients reporting symptoms of anxiety, post-traumatic stress disorder and chronic fatigue timely access to psychological interventions and therapy is crucial.

Proposal

We are applying to the charitable fund, Gareth Bale family donation, (and a follow on second submission to NHS Charities funding) to:



- 1. Support the development of the 'Keeping Me Well' interactive digital resource to benefit the CAVUHB staff and patients
- 2. Establish the Bale COVID rehabilitation team based at UHW to deliver early rehabilitation, and coordinate a community based rehabilitation to support patients with COVID via virtual, face to face and support them to self-manage their recovery post COVID. The two elements complement each other as the website material that patients will be able to interact with will support a "stepped care" approach to rehabilitation.

Alongside the Bale COVID rehabilitation team and the interactive digital platform development, a supplementary communications and engagement campaign will run to raise awareness and support engagement with the resource, with a particular focus upon digitally excluded and seldom heard groups. This is aimed to support both patients and staff in their COVID rehabilitation.

During the preliminary development of the website, the project team has tested multiple initial structural iterations of the website based on continual review and learning from the COVID-19 pandemic, and has honed an effective editorial approach to ensure that content representative of a range of allied health professions is presented in a manner that is easily consumed and puts visitors to the website first, so they are able to independently interact with the content and manage elements of their own rehabilitation. It is recommended that the expertise that has been developed among this project team should be maintained with the continual development of the resource, to include user involvement of the website which is intended to be used as a therapeutic intervention, as well as a source of trusted rehabilitation information and interactive resources, freely available.

To achieve awareness of and engagement with the resource, both on a widespread level but also among targeted groups of seldom heard communities - including those from BAME heritage - a communications and engagement campaign is required. In addition to a multi-channel targeted communications campaign, this will include engagement with groups and contacts specified by the Health Board's Equality Manager through a variety of engagement activity, such as focus groups, presentations or question and answer sessions as deemed appropriate. To complement this, it is recommended that there is provision of a number of digital hardware devices that do not require user Wi-Fi, which would be used to facilitate engagement with the Keeping Me Well website among digitally excluded groups. This would be delivered through a combination of the devices being loaned to patients and/or staff identified as both requiring access to the website as past of their care but without having access to the necessary equipment/Wi-Fi, as well as the



implementation of regular drop-in sessions that such people would be invited or encouraged to attend.

The Bale COVID Rehabilitation team intervention model for these patients will be individualised due to the variable complexity of the patient group. However it is known that the following components are required:

- Be a single point of access and expertise for all COVID patients requiring rehabilitation across the pathway;
- Development of a Rehabilitation Prescription tool to support coordination of individuals rehabilitation, audit the need and capture outcomes for COVID patients to support the requirements of the Welsh Government evaluation;
- Implement MDT for patient triage, assessment and management;
- Provide initial virtual assessment for all accepted patients supporting environmental impact
- Development delivery of a rehabilitation programme (face to face and virtual) to support people recover from COVID in the community or in secondary care;
- Develop a co-produced online resource to support recovery;
- Co-ordinate the care of all COVID patients with rehabilitation needs in Cardiff and Vale;
- Co-ordinate the collection of agreed outcomes;
- Develop links with Third Sector and Independently Living services to support patients to
 utilise community assets rather than a reliance on health services. This will also support
 the longer term community resilience promoting local exercise, leisure, environmental
 and sporting activities and community enhancement.

Resources

Due to the multi-disciplinary nature of the content, an editorial group comprising representatives of the MDT, communications officer and web developer is required to ensure that content is consistent throughout the digital resource, with each area represented appropriately. There will be an initial intensive focus on building and developing the website at pace, before its interactive content is fine-tuned, updated and managed on an ongoing basis, based both on feedback from users and incremental changes to advice and treatment for longer term recovery from COVID-19.

A video production specialist or agency will be required to produce a series of videos that will support visitors to the website to undertake a variety of tasks to help manage their own rehabilitation and ultimately keep themselves well. This will include graded exercise videos targeting a broad range of areas of the body that participants can progress through on their rehabilitation journey towards their rehabilitation goals, as well as content supporting patients around other areas of their rehabilitation needs, such as mental wellbeing, respiratory issues,



managing pain, and advice for preparing for treatment that has been delayed as a result of the COVID-19 pandemic.

Further videos will be produced featuring celebrity endorsement of the Keeping Me Well site, which will motivate and encourage visitors to engage with the content of the site as part of their rehabilitation journey. We would welcome endorsement of the web site by our celebrity benefactor if that would be acceptable to him, as well as by the health charity.

The resources will be phased, to give early impact to develop the website and commence the Bale MDT rehabilitation group. As online content develops, and the backlog of people needing rehabilitation is worked through, it is anticipated that the need for the MDT will decline in year two, as well as the impact of the impending vaccination programme which will reduce future demand.

The website is designed to have ongoing impact beyond the COVID pandemic, as rehabilitation content will be applicable for use for other rehabilitation needs – as set out in the UHB rehabilitation strategy in keeping with Shaping our Future Wellbeing.

Costings

Please note that these costs are estimates based on known current market values and have been reviewed by the UHB finance team.

Both the website and the MDT costs are co-dependent as there needs to be AHP input to web site development for production of the clinical content, including video clips and assessment of the evidence base.

Costings for the web site maintenance will be for longer than the MDT group, as it is essential that the interactive digital content remains up to date with administration oversight.

10:36.

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/ebsite development:		
Resource	Function	Cost
Website hosting and domain renewal 3 years	Ensure ongoing availability of website	£1,000
Ad hoc website improvement, redevelopment, technical support	Technical support for issues or development needs for the website	£3,000
Video agency	Production of website video content	£20,000
Communications and engagement campaign	Achieve awareness and engagement among target groups including BAME groups	£10,000
Digital hardware devices/Wi-Fi solutions	Facilitate engagement among digitally excluded groups	£38,450
Welsh translation (50,000 words at £70/1,000 words)	Ensure compliance with Welsh Language standards	£3,500
TOTAL		£75,950





Clinical and Communications Teams to be based at UHW. The clinical team will deliver rehabilitation and provide the clinical expertise to the development of the Website:

Post	Funding Required	Year 20/21	Year 21/22	Year 22/23
		Cost for 6 Months	Cost for 12 months	Cost for 12 months
AHP Lead	1 WTE Band 8a	29,726	59,451	
AHP Lead	0.2 WTE Band 8a			11,890
Dietician	0.5 WTE Band 7	12,975	25,949	
Occupational Therapist	0.6 WTE Band 7	15,569	31,139	
Physiotherapist	0.6 WT6 Band 7	15,569	31,139	
Psychologist	0.6 WTE Band 8a	17,835	35,671	
Speech and Language Therapist	0.5 WTE Band 7	12,975	25,949	
Podiatry	0.1 WTE Band 7	2,595		
Rehabilitation Support Worker	1 WTE Band 4	14,254	28,507	
Psychology assistant	0.5 WTE Band 5	8,502	17,004	
Administrator	0.7 WTE Band 2	8,251	16,501	
Senior Communications Officer	0.4 WTE Band 6	8,462	16,924	16,924
Communications Administative Officer			11,403	11,403
Website Developer	1 WTE Band 5	17,004		
Total:		169,416	304,826	40,217
3 Year Total:				514,460

5.	What are the breakdown of total funds requested:	
(a)	Direct Costs:	£37,500
(b)	Staff:	£514,460
(c)	Consumables:	
(d)	Equipment:	£38,450
(e)	Travel:	
(f)	Other:	



	•	•
(g) Indirect Costs:		

	The bid must further a Charitable Purpose / Purposes your bid fits	e purpo	se/purposes. Please tick (√) which Charita	ıble
(a)	The prevention or relief of poverty	х	(g) The advancement of amateur sport	х
(b)	The advancement of education	х	(h) The advancement of human rights, conflict resolution or reconciliation, or the promotion of religious or racial harmony or equality or diversity	x
(c)	The advancement of religion		(h) The advancement of environmental protection or improvement	х
(d)	The advancement of health or saving of lives	x	(j) The relief of those in need because of youth, age, ill health, disability, financial hardship	x
(e)	The advancement of citizenship or community development	х	(k) The advancement of animal welfare	
(f)	The advancement of the arts, culture, heritage or science		(I) The promotion of the efficiency of the armed forces of the Crown or of the efficiency of the police, fire and rescue services or ambulance services	

	8.	The bid must relate to the National Health Service. Please tick (\checkmark) from the below your bid relates to the National Health Service:	/ how
	(a)	Promotion of a health service designed to secure improvement:-	
	(b)		
		- in the physical and mental health of people in Wales	х
		- in prevention, diagnosis and treatment of illness	х
	(c)	And must provide:	
		- Hospital accommodation	
37.		- Such other services or facilities for the care of pregnant women, women who	
19	2011	are breast feeding and young children as they consider are appropriate as part	
ĺ	05/8/6	of the health service	
	70.3	- Other accommodation for the purpose of any service provided under the Act	
	۶. د.	e.g. GP Surgery	



-	Medical, dental, ophthalmic, nursing and ambulance services	
-	Such other services of facilities for the prevention of illness, the care of persons suffering from illness	х
		х
-	Services or facilities as are required for the diagnosis and treatment of illness	

9. Please explain how your bid is wholly/mainly for the service provided by Cardiff and Vale UHB?

The Bale rehabilitation team will be based at UHW to support early rehabilitation of patients recovering from COVID, supporting their timely discharge home and continued rehabilitation at home. The interactive website is being developed to support people living in Cardiff and Vale and UHB and our employees to either recover from COVID or to support them to make healthy lifestyle choices to keep themselves well.

10. Please explain what your strategy is when the project/funding comes to an end? (e.g. if you bid is to fund the employment of a member of staff what will happen to that member of staff when the funding expires)

The proposal aims to develop a digital resource to support long term the rehabilitation of people recovering from COVID. With the increased understanding and improvement in first line interventions and the development of a vaccine it is expected that the patient numbers requiring intensive rehabilitation will reduce overtime and therefore the need for a designated team will no longer be required. Patients can therefore be managed in existing teams, signposted to expert patient groups and third sector run services including community leisure centre facilities, NERS groups, local amateur sports groups, conservation groups, walking groups etc.

People will be supported to access the digital resources, reaching out to communities to aid digital inclusion. We have experience of reaching digitally excluded populations in community rehabilitation, and will draw on experience and patient feedback to further extend this.

The workforce plan provides AHP input to aid development of the clinical content of the website as well as for treatment. Roles will be offered for fixed term secondments to the clinical posts with the agreement to return to their substantive roles at the end of the secondment, by which time the web site content should be running at maintenance rather than development, and the treatment element absorbed into core services as demand reduces and online education is maximised.

Likewise with the administration and development for the www.keepingmewell.com
web site, after the funding runs out this should be supported as a maintenance function by core services.



The funding will be initially used to put pace into the development of the web site, to make it interactive, and to establish the Bale MDT COVID rehabilitation service. If additional funding beyond the initial £500k is not provided the Bale COVID rehabilitation service will be scaled back and wound up sooner, and the work to develop the communications strategy and wider engagement with the population will also be scaled back, along with further website development.

11. Please explain the expected outcomes/benefits of the project and how will these be measured? (please note you will be expected to report to the Charitable Funds Committee on an appropriate basis to demonstrate either the outputs of the project or that your project is being delivered as planned)

Outcome / Benefit	Measure
Completion of a co-produced Keeping me Well	Patient Feedback / Stories
Website	Number of patients supported by Website
	Number of people accessing the website
Development of a co-produced COVID community	Patient Feedback / Stories
rehabilitation model of care and digital resources	PROMS and PREMS
to deliver	Number of Patient referred / accepted /
	discharged
	Number of sessions delivered
Completion of the Welsh Government Evaluation	Compliant with WG Framework
Framework for COVID Rehabilitation	
Patients at UHW receiving the right intensity of	Patient Feedback / Stories
rehabilitation to support timely discharge	PROMS and PREMS
	Number of Patient referred / accepted /
	discharged
	Number of treatment sessions delivered
	Length of stay
C&VUHB Staff accessing rehabilitation post COVID	Sickness absence rates for post COVID
as required to support returning to work	staff
	a pre and post measure

Please note that if your bid is approved you will be required to present an outcome report to the Charitable Funds Committee when requested.

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12. Please explain how your bid meets the Public perception test? (Can you see any reason why your bid would damage the reputation of the Charity to make this expenditure from Charitable Funds?)

This proposal aims to support the needs of Cardiff and Vale population, patients and staff who have been effected by COVID and there is no reason why it would damage the reputation of the Charity, indeed charitable support for this application is intended to enhance the reputation of the Charity and its benefactor, - their endorsement for the website and the COVID rehabilitation service would be very welcomed.

Emma Cooke Head of Physiotherapy Services



Luke Fox Senior Digital Communications Officer

Bid approved by: Fiona Jenkins Position: Executive Director of Therapies and Healthcare Scientists



(Please note that your bid should be approved by either Clinical Board Director or Executive Director)

Date: 7th September 2020.....



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Report Title:	Health Charity - update on Income Generating Activities (the raising of additional monies into General Reserves)								
Meeting:	(Public) Board o	of Trustee Meeting	Meeting Date:	22.09.20					
Status:	For Discussion	For Assurance	√ For Approval	For Information					
Lead Executive:	Ruth Walker, Exective Director of Nursing								
Report Author (Title):	Joanne Brandon, Director of Communication, Arts, Health Charity and Engagement								

Background and current situation:

In the Board of Trustees Meeting held on 23rd July 2020, the Trustee's agreed that the fundraising team would aim to cover their costs of circa £0.3m which are charged to general reserves. It was suggested that this could be achieved by:

- Recharging staff time against fundraising appeals;
- Legacies income;
- Contribution from the Make It Better fund.

Discussions are currently ongoing between the Finance Dept and the Health Charity to progress these requirements.

The Director of Communications has been asked to provide an update on income generating activities.

Fundraising opportunities have been pragmatically re-framed to support patients and staff adversely affected by the global pandemic, and the curtailment of many activities due to Welsh Government and National Government imposed limitations on public gatherings and activities

Whilst social distancing rules still exist, this continues to adversely impact upon normal fund raising activities. However the fundraising team continues to actively promote the health charity both internally and externally and encourage and promote fundraising by arranging virtual and/or socially distanced events.

Some recent fundraising examples include:

Allensbank Allotment – Fundraising for the NHS - £326.02
Aimee Claire Designs – sales of Rainbow T-shirts - £1,030
Cardiff Bus Dress Down Day - £240.10
Breathe Music Live DJ Sets - £445
Cai Floyd Spink Cycle challenge - £1,800
Rhiwbina Football Club - £1500
Jonathan Davies Cycling challenge - £2,170

Many more individual fundraisers are being supported to raise funds for the Health Charity, although it should be noted that some of these are for specific appeals, e.g. Irene Hicks donated



a further £4,000 to the Breast Centre Appeal in July.

The Health Charity Team also continues to actively increase income generation by:

- Promotion of the Staff Lottery
- Increasing its engagement with business partners and supporters by arranging virtual events and securing sponsorship and prizes
- Supporting fundraisers with sales of products, for which the Health Charity receives a % of profits, i.e.
 - Nathan Wyburn T-shirts
 - Len Nokes (CCFC Team Doctor) Book "Only Time Will Tell"
 - Dan Peterson Dragons Heart Hospital Artwork
 - James Sommerin Cookery Book
- Virtual Events including:
 - Dog Show £284
 - Three Peaks £1,845

Rearranging of cancelled events in 2021 and the active promotion of these. These have been enthusiastically received to date and it is anticipated may bring in new supporters and fundraisers, who are keen to engage with the Health Charity and continue to support the Health Board post Covid-19.

An example of this is engagement with our supporters to register in advance for a Health Charity place in the Cardiff Half Marathon October 2021.

September sees the launch of a legacy awareness raising campaign to encourage staff and supporters of the Health Board to "leave a Gift in your Will", which includes:

- production of an information booklet
- mailshot to all donors and fundraisers
- engagement with local solicitors and legal services offering free Wills to staff (for discussion at the next Staff Benefits Group – 17.09.20)
- updated website pages, including stories of how past Legacies have greatly supported patient services and staff wellbeing
- raising awareness via social media and Staff Connects

Whilst any potential Legacy donations arising from this campaign will not raise immediate funds, it is anticipated that this will increase both our own staff and the general public's awareness of how leaving a Gift in Will to the Health Board can support services in the future.

The launch of this campaign has been planned to coincide with Remember a Charity Week, 7 -13 September 2020.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The caveats imposed as a result of Covid-19 are a pragmatic response to an unpredictable and unknown situation for the UHB, the Health Charity and the communities of Cardiff and Vale. I support the approach of the fundraising team to continue to find alternative ways to raise income and to work with the Finance Team in the recharging of staff costs against the relevant



fundraising appeals.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

The risk to delivery of the income generation of the Health Charity is the unpredictability of responding to a global pandemic and the impact this has upon staffing and the delivery of its objectives.

Recommendation:

The Board of Trustees is asked to accept this report as assurance of the Health Charity's ongoing commitment to actively planning alternative fundraising opportunities and income streams post-Covid-19.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1.	Reduce health inequalities	6.	Have a planned care system where demand and capacity are in balance	
2.	Deliver outcomes that matter to people	7.	Be a great place to work and learn	
3.	All take responsibility for improving our health and wellbeing	8.	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4.	Offer services that deliver the population health our citizens are entitled to expect	9.	Reduce harm, waste and variation sustainably making best use of the resources available to us	
5.	Have an unplanned (emergency) care system that provides the right care, in the right place, first time	10.	Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information

Collaboration

				J							
Equality an	d										
Health Impa	act	Yes / No / N	ot Ap	plicable							
Assessmen	ıt	If "yes" pleas	se pro	ovide copy of	the a	ssessment.	This v	vill Ł	e linked	to the	

Integration



I ong term

report when published.

Involvement

Prevention

Completed: