

Charitable Funds Committee

01 July 2020, 15:00 to 17:00
Via Skype and Board Room, Bronllys


Agenda

- 1. PRELIMINARY MATTERS**
 - 1.1. Welcome and apologies**


Owen James
 - 1.2. Declarations of interest**

All
 - 1.3. Minutes from the previous meeting for ratification**


Owen James

 CF_Item_1.3_Unconfirmed Minutes_3 Feb 2020.pdf (9 pages)
 - 1.4. Charitable Funds action log**


Owen James

 CF_Item_1.4_Action Log.pdf (3 pages)
- 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**
 - 2.1. Charity workplan 2020/21**


Decision
Abe Sampson

 CF_Item_2.1_Charity Workplan.pdf (15 pages)
 - 2.2. Updated Charitable Funds policy & guidance FCP**


Decision
Abe Sampson

 CF_Item_2.2_CF Policy & Guidance.pdf (17 pages)
 - 2.3. Just Giving - online donation platform review**

Decision
Abe Sampson

 CF_Item_2.3_Just Giving.pdf (7 pages)
 - 2.4. Expenditure approved under Delegated Authority since the last meeting**

Decision
Pete Hopgood

 CF_Item_2.4_Ratification of expenditure approved by those with relevant delegations Nov to Mar 20.pdf (5 pages)
 - 2.5. Applications to COVID response fund (for ratification)**

Decision
Abe Sampson

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CF_Item_2.5_Applications to COVID response fund.pdf

(29 pages)

2.6. Bids for Approval

Decision

Abe Sampson



CF_Item_2.6_Bids for Approval.pdf

(44 pages)

2.6.1. Powys End of Life Programme

Decision

Abe Sampson

2.6.2. ChatHealth messaging system

Decision

Abe Sampson

2.6.3. Digital Screens - Second stage implementation for patients and public

Decision

Abe Sampson

2.6.4. Training in subdermal contraceptives

Decision

Abe Sampson

2.6.5. PGCE training - Diabetes team

Decision

Abe Sampson

3. ITEMS FOR DISCUSSION

There are no items under this heading.

Discussion

4. ITEMS FOR INFORMATION

4.1. Charity activity report

Information

Abe Sampson



CF_Item_4.1_Charity Activity Report.pdf

(7 pages)

4.2. Charitable Funds income report

Information

Pete Hopgood



CF_Item_4.2_Charitable Funds Income Report Jun 20.pdf

(3 pages)

4.3. Charitable Funds financial summary report

Information

Pete Hopgood



CF_Item_4.3_CF Financial Summary Report 310320.pdf

(10 pages)

5. OTHER MATTERS

5.1. Any other urgent business

Owen James

5.2. Date of next meeting:

17th September 2020

Owen James

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UNCONFIRMED

**MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING
HELD ON TUESDAY 3 FEBRUARY 2020
IN THE BOARD ROOM, BRONLLYS HOSPITAL**

Present:

Owen James	Independent Member (Committee Chair)
Trish Buchan	Independent Member (Third Sector)
Mark Taylor	Independent Member (Estates)
Pete Hopgood	Director of Finance and IT
Alison Davies	Director of Nursing and Midwifery

In Attendance:

Sarah Pritchard	Head of Financial Services
Rani Mallison	Board Secretary
Stella Parry	Committee Secretary

Apologies

Vivienne Harpwood	Chair PTHB
Tony Thomas	Independent Member (Committee Vice Chair)
Julie Rowles	Director of Workforce, OD and Support Services
Katrina Rowlands	Assistant Director of Nursing and Midwifery

CF/19/48	WELCOME & APOLOGIES FOR ABSENCE The Chair welcomed members to the Committee. Apologies for absence were noted as recorded above.
CF/19/49	DECLARATIONS OF INTEREST The Chair INVITED any declarations of interest in relation to items on the agenda. Trish Buchan declared a potential conflict of interest regarding the Small Grants Scheme and Volunteer Officer as a trustee for PAVO. The Committee NOTED the declaration.
CF/19/50	MINUTES OF PREVIOUS MEETING HELD ON 15 October 2019

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	<p>The minutes of the meeting held on 15 October 2019 were RECEIVED and AGREED as being a true and accurate record, aside from the amendment below:</p> <p>CF/19/41: should state that interest is 'built on the fund' as oppose to 'fund built'.</p> <p>Trish Buchan noted that the Reserves Policy has been agreed and queried when this item would be formally reviewed in the work plan. Rani Mallison noted that the 2020/21 work plan is yet to be finalised and Sarah Pritchard confirmed that a proposal document will be brought to the Committee on 3rd March 2020.</p>
CF/19/51	<p>ACTION LOG</p> <p>The Committee RECEIVED and NOTED the Committee Action Log.</p>
ITEMS FOR APPROVAL, RATIFICATION OR DECISION	
CF/19/52	<p>PTHB CHARITY MANAGER, BUSINESS CASE AND JOB DESCRIPTION (FOR APPROVAL)</p> <p>Rani Mallison presented the job description and business case to the Committee for funding from the General Purpose Fund. The job has been banded as a Band 6 permanent role. It was noted that the job description has already been evaluated and approved by PTHB Workforce and the role will be employed directly through the Health Board, not the Charitable Fund.</p> <p>The members recognised the need for the post as a key role referenced in the Charitable Funds Strategy. Owen James expressed his support for the position however queried whether the Committee has the authority to fund the position. Rani Mallison confirmed that the Board have delegated authority to this Committee.</p> <p>Mark Taylor queried why a permanent appointment has been proposed when the Charitable Funds Strategy has been approved for one year. It was noted that the Interim Strategy is in place to develop a long term Charitable Funds Strategy that this position will inform. Trish Buchan noted the importance of having a designated position to ensure donated money is spent appropriately.</p> <p>Rani Mallison noted that Tony Thomas expressed his support prior to the Committee.</p>

	The Committee APPROVED the funding of the position.
CF/19/53	<p>BIDS TO CHARITABLE FUNDS (FOR APPROVAL)</p> <p>The Committee discussed the following Bids seeking approval from Charitable Funds:</p> <p>1. Children and Young People's Health Participation Officer</p> <p>A Children's Pledge has been jointly developed by Powys County Council and Powys Teaching Health Board (PTHB). This was formally presented to the PTHB Board and approved, having been supported by the Executive Committee. The bid requests £42,406 for 12 Months for the implementation of the Children's Pledge.</p> <p>Rani Mallsion raised that Tony Thomas has requested that it be noted he believes that the item should be core funded.</p> <p>Mark Taylor queried what happens after 12 months Alison Davies noted that it is a short period of time and is likely to result in set-up only.</p> <p>Pete Hopgood raised that the position will be need to be set up for tracking. Rani Mallsion noted that work is ongoing reviewing Charitable Funds funded positions and that Sarah Pritchard will be setting out clear parameters for funded roles.</p> <p>Concerns were raised that discontinuing the position after 12 months may leave patients lacking in confidence. It was also noted that there are a number of roles that have been denied funding and that the Committee should be mindful of how positions are prioritised.</p> <p>It was requested that the feedback is taken back to the team and that the bid be considered by the Executive team prior to returning to this Committee. Action: Director of Nursing</p> <p>The Committee DEFFERED the item pending the above actions.</p> <p>2. Volunteer Officer</p> <p>The Red Kite Volunteer Scheme has reached a stage where a dedicated member of staff is required to oversee the process in order to streamline the recruitment process, ensuring it is</p>

as smooth and timely as possible. The bid requests £4k for a six month trial period.

Trish Buchan raised concerns as to whether or not the scheme was likely to be a one off project to streamline and clarify processes or whether it is likely to become a recurring item. Concerns were raised regarding "Following this 6-month pilot scheme, PAVO will conduct a review and explore the expansion of the project to other areas within the Hospitals including Children's Centres, other ward areas, facilities etc. Additionally PAVO could look at structured volunteer development of activities in Day Hospitals."

Alison Davies agreed that there is a lack of clarity in the application as to whether or not there are further implications. It was AGREED that the comments would be feedback to the team.

The Committee DEFFERED the bid.

3. Psycho Sexual Training

Owen James welcomed the bid and the Committee was advised that the reason for requesting training to the Nationally Recognised Qualification was due to upcoming retirements due to leave a gap in service provision. It was confirmed that currently services are provided by an external agency who do not intend to replace the retiree. The funding will provide training for PTHB under the medical approach.

Trish Buchan queried whether the approach had an evidence base supported by NICE. It was noted that the approach is recognised by the NHS. Alison Davies queried the CPD element following completion of the qualification, it was confirmed that there would be follow up including basic awareness for wider staff.

Sarah Pritchard noted that the bid had previously been reviewed by the Committee and has now received Executive overview as requested.

The Committee APPROVED the bid.

4. Staff Excellence Awards

The bid was presented to the Committee who noted that the same bid had been received and approved in 2018/19 at a slightly higher cost. Rani Mallsion noted that the paper

	<p>required updating as the raffle although planned to go ahead, will not be compulsory.</p> <p>Mark Taylor queried whether recognition of the input by the Charitable Fund would be expressed at the event. Pete Hopgood confirmed that it can be ensured that this occurs.</p> <p>Action: Director of Finance and IT.</p> <p>Owen James noted that when considered by the Committee previously it was requested that the awards seek to become more self-sustaining and queried whether any progress had been made towards this. It was confirmed that that sponsorship had been considered alongside the Counter Fraud team however Counter Fraud were reluctant due to the potential for conflicts of interest. Rani Mallison concurred that sponsorship is difficult requiring case by case analysis.</p> <p>The Committee noted the positive impact the event has on staff welfare and recognised the events development and it was agreed that the bid was for a small amount considering the impact for staff.</p> <p>The Committee APPROVED the bid.</p> <p>5. Ystradgynlais Hospital Therapeutic Garden</p> <p>The proposed plans were provided to Committee members, it was noted that the plans have not been circulated as they contain potentially sensitive information. It was confirmed that PTHB Estates are supportive of the plans, tendered costs have been received and the Ystradgynlais Hospital League of Friends have committed £25k to the project as it is considered a priority.</p> <p>The bid intends to create a therapeutic garden area accessible to patients hospitalised for dementia, palliative care, rehabilitation etc. as well as the day hospital and Tawe ward. The area is planned to be a calm and restorative space for patients and their families.</p> <p>Alison Davies welcomed the bid and queried if there was a possibility for pets to have access to the garden. It was confirmed that this would be a possibility.</p> <p>It was confirmed that Estates have undertaken pre-surveys and confirmed that work can go ahead and that access will be available to the space via a carpark at the rear of the site.</p>
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	<p>Mark Taylor requested that the project keep in touch with the Charitable Funds Committee regarding potential overrun. Owen James reiterated this.</p> <p>The Committee APPROVED the bid.</p> <p>6. Tawe Ward Gardens</p> <p>The Committee was presented with plans, which are anticipated to take place alongside the Ystradgynlais Hospital Therapeutic Garden project in order to provide economies of scale. The Tawe Ward Gardens cover a small area and would serve the Tawe Ward (Mental Health).</p> <p>The Committee APPROVED the bid.</p>
CF/19/54	<p>EXPENDITURE APPROVED UNDER DELEGATED AUTHORITY SINCE THE LAST MEETING (FOR RATIFICATION)</p> <p>The Committee received an update from Sarah Pritchard, detailing expenditure approved by those with relevant delegations during October 2019, with a combined value of £3,661.</p> <p>The two items included in the report were:</p> <ul style="list-style-type: none"> • Camera IXUS 185 Digital Camera Bundle • Digital Dictaphone equipment and software. <p>The Committee RATIFIED the expenditure approved under delegated authority.</p>
CF/19/55	<p>SMALL GRANTS SCHEME UPDATE</p> <p>The Committee was presented with the Interim feedback from Round 1 of the Small Grants Scheme. It was reported that further feedback will be available regarding the proposition documents of Round 2.</p> <p>Following review of the objectives the Committee confirmed that the scheme could progress to Round 2.</p>

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	<p>Mark Thomas queried how an application is made, Sarah Pritchard confirmed that the applicant must be a member of PAVO however this is a simple process that incurs no charge.</p> <p>Owen James raised that he would feel comfortable in stepping back from the meetings now that the balances on funding have been checked. It was noted that a representative from the Health Board will have an overview of the schemes but will not need to attend to review all applications.</p> <p>Sarah Pritchard confirmed that Round 2 will open on the 27th February 2020 and that Powys County Council have been contacted to ensure avoidance of duplication.</p> <p>Sarah Pritchard raised that further bids will not be ruled out. Owen James summarised that the evaluation has been positive thus far. Trish Buchan queried the lack of publicity for the scheme, Owen James assured the Committee that this will be addressed alongside the branding of the Charitable Fund.</p>
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ITEMS FOR INFORMATION

CF/19/56	<p>CHARITABLE FUNDS INCOME REPORT</p> <p>The Committee RECEIVED the report, which provides an update on Income received for the period 1st October 2019 to 31st October 2019.</p> <p>There were no significant donations received by the charity in this period.</p>
CF/19/57	<p>CHARITABLE FUNDS INVESTMENT REPORT</p> <p>The Committee RECEIVED the Investment Fund Performance Quarterly Report for their information and NOTED:</p> <ul style="list-style-type: none"> • The performance of the CCLA investment portfolio for the quarter to 30th September 2019. • The Realised gain on investment at disposal of CCLA Investment on 17th October 2019 and its distribution to funds. <p>Pete Hopgood requested that the Committee suggest how realised gain is distributed and reinvested with Brewin Dolphin. It was noted that the guidance from the Charity Commission is that receipts of investment of a legacy should be invested back into that legacy. Owen James raised that it</p>

	<p>would be preferable that the funds remain as flexible as possible.</p> <p>The value of the longer term investments has increased from a value of £3,061,921 at 31st March 2019 to £3,304,930 at 30th September 2019. This is based on an historic investment value of £1.935M. It was confirmed that £2.8M will be invested with Brewin Dolphin and £0.6M will be retained for usage by the Health Board via Charitable Funds.</p> <p>In previous years £0.3M has been the average expenditure in previous year therefore retaining £0.6M will give PTHB the opportunity to offer more support without having to de-invest. Pete Hopgood noted that it is unlikely that the entire £0.6M will be spent in the first year.</p> <p>Owen James confirmed that this will be the final CCLA account report and welcomed the additional funding being made available as this was reflective the ambition for the Charitable Fund.</p>
CF/19/58	<p>CHARITABLE FUNDS EXPENDITURE PROFILE</p> <p>Pete Hopgood presented the report to the Committee and noted that the format has been updated to reflect the new format used in the finance Board report.</p> <p>The Committee NOTED that the report does not include the 3.4m gains discussed.</p> <p>Owen James requested that the General Funds by Value item of the report be presented in a graph as oppose to a pie chart and that the table that was included in the previous style of report be included in the new report in a larger format. Action: Director of Finance & IT.</p> <p>Pete Hopgood WELCOMED the feedback.</p>
CF/19/59	<p>MUMS MATTER EVALUATION REPORT</p> <p>The Committee RECEIVED the report and NOTED the hard work that has supported the project. Owen James raised that it was positive to receive feedback that the project has made a difference.</p> <p>Alison Davies raised that the project will be useful to share with HIW in the upcoming maternity service inspection.</p>
CF/19/60	<p>ANY OTHER URGENT BUSINESS</p>

	<p>Mark Taylor raised that during at the last meeting of the Strategy and Planning Committee the Medical Director presented the issue regarding scanning and the Big Four. It was queried if mobile scanning may be a possibility and whether this would be something the Charitable Fund could support. Pete Hopgood confirmed that a piece of work will need to be undertaken regarding this, then it can be considered whether Charitable Funds can assist. It was confirmed that this item will be brought back to the Committee to consider. Action: Board Secretary.</p> <p>Owen James requested feedback from Committee members regarding the date of the next meeting. It was noted that the next meeting is scheduled for 3rd March however due to the postponement of this Committee is unlikely to have many items for consideration. It was AGREED that a suitable date for the next meeting after 3rd March will be identified. Action: Board Secretary.</p> <p>Trish Buchan queried the progress of the refurbishment of the Bronllys Canteen. Sarah Pritchard confirmed that progress was underway with views being requested from Staff/Visitors.</p>
CF/19/61	<p>DATE OF NEXT MEETING</p> <p>TBA</p>

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Key:

Completed
Not yet due
Due
Overdue

CHARITABLE FUNDS COMMITTEE ACTION LOG (February 2020)

CF Minute	Meeting Date	Action	Responsible	Progress	Completed
CF/19/60 SCANNING AND THE BIG FOUR	3 February 2020	It was queried whether the Charitable Fund could support the procurement of mobile scanning equipment. This item would return to the Committee in due course.	Board Secretary		
CF/19/58 CHARITABLE FUNDS EXPENDITURE PROFILE REPORT	3 February 2020	It was requested that the General Funds by Value item of the report be presented in a graph as oppose to a pie chart and that the table that was included in the previous style of report be included in the new report in a larger format.	Director of Finance and IT	<u>Actioned in June 2020 committee update paper</u>	Complete

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CF/19/53 STAFF EXCELLENCE AWARD	3 February 2020	The Director of Finance and IT would seek confirmation that the support of the Charitable Fund would be formally recognised at the Staff Excellence Awards	Director of Finance and IT	<u>The Awards have been postponed but it will be ensured that the support from Charitable Funds will be formally recognised at the Awards</u>	
CF/19/53 CHILDREN AND YOUNG PEOPLES HEALTH PARTICIPATION OFFICER	3 February 2020	It was requested that the feedback provided by the Committee be fed back to the team and that the bid be considered by the Executive team prior to returning to this Committee	Director of Nursing		
CF/19/45 CHARITABLE FUNDS INVESTMENT REPORT	15 October 2019	Invitation to be extended to Brewin Dolphin to attend a Committee towards the end of the financial year	Board Secretary	<u>03 February 2020</u> Brewin Dolphin have been requested to attend the 3 rd March 2020 committee meeting	
CF/18/84 BID FOR APPROVAL FROM GENERAL FUND	15 November 2018	Evaluation of Condom Card Scheme to be prepared when 12 month trial completed	Director of Nursing	<u>03 February 2020</u> Carried forward until trial complete <u>5 December 2019</u> This trial is still underway and it is confirmed an evaluation report will be available for the March 2020 meeting	

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CF/18/41 MENTAL HEALTH CHARITABLE FUNDS EXPENDITURE PLAN	12 July 2018	Arrange for Committee member visit to locations supported by Charitable Funds (e.g. Ystradgynlais Day Room or Welshpool Palliative Care Unit)	Board Secretary	<u>03 February 2020</u> To be considered in the development of a Programme of Visibility for Board Members	
<u>ACTIONS PREVIOUSLY AGREED AS COMPLETED</u>					
CF/19/31 SMALL GRANTS SCHEME	11 June 2019	Evaluation of successful 2019 grants to be used to assess budget and criteria for 2020 award scheme	Director of Finance/IT & Head of Financial Services	<u>15 October 2019</u> To be discussed in Charitable Funds Development Session	
CF/19/27 BID FOR APPROVAL FROM GENERAL FUND	11 June 2019	SBAR for Waste & Recycling bid to be updated and approved by Committee Chair pre transfer of funds	Committee Chair & Head of Financial Services	<u>15 October 2019</u> Updated SBAR approved by Committee Chair on 14 October 2019	
CF/19/23 c CHARITABLE FUNDS STRATEGY/POLICY	11 June 2019	Update paper for recommendation to Board on 31 July 2019	Committee Chair & Head of Financial Services	<u>15 October 2019</u> Strategy & policy for 2019/20 approved by Board on 31 July	
CF/19/23 CHARITABLE FUNDS STRATEGY/POLICY	11 June 2019	Investigate options for future - incl. Charitable Funds Manager + strategy of proactive fundraising	Director of Finance/IT & Head of Financial Services	<u>15 October 2019</u> To be discussed in Charitable Funds Development Session	
CF/19/23 RESERVES POLICY	11 June 2019	Resolution required to approve Reserves Policy when 2018/19 Trustees Annual Report is presented	Director of Finance/IT	<u>15 October 2019</u> See agenda item 2.1	

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AGENDA ITEM: 2.1

Charitable Funds Committee		DATE OF MEETING: 1st July 2020
Subject :	Charity Workplan 2020/21	
Approved and Presented by:	Charity Manager	
Prepared by:	Charity Manager	
Considered by Executive Committee on:	N/A	
Other Committees and meetings considered at:	N/A	

PURPOSE:

To review and approve an annual workplan for the Charity.

RECOMMENDATION(S):

The Charitable Funds Committee is requested to review and APPROVE the following the documents:

- **PTHB Charity Workplan 2020/21**

Approval/Ratification/Decision¹	Discussion	Information
✓	x	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	✓
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¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

	2. Tackle the Big Four	✓
	3. Enable Joined up Care	✓
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	✓
	6. Put Digital First	✓
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper provides information on the following:

- **PTHB Charity Workplan 2020/21**

The workplan outlines key objectives for the Charity to prioritise during 2020/21 in line with Charitable Funds Committee's strategy and the Health Board's IMTP. It is also accompanied by an action plan to define how and when these objectives will be achieved.

DETAILED BACKGROUND AND ASSESSMENT:

The appointment of a Charity Manager has presented the PTHB Charity with an opportunity to establish a new operational workplan to act as a framework for the remainder of the year.

Details of this document can be found at **Appendix 1**.

NEXT STEPS:

Any updates or requested amends will be added to the workplan, which if approved will be regularly reviewed to track progress.

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial	✓			
Corporate	✓			
Operational	✓			
Reputational	✓			
Statement <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>				

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Appendix 1 – Charity Workplan 2020/21

ANNUAL CHARITY WORKPLAN 2020/21

June 2020

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Purpose

The following work programme has been created in order to establish a framework for the progression and development of the Health Board's Charity across 2020-21.

To date, the Charity has operated with no dedicated full-time members of staff. There is, therefore, capacity to expand its scope and reach with the introduction of a full-time Charity Manager as of April 2020.

The objectives outlined in this work plan have been set out in-line with the strategic objectives of the Powys Teaching Health Board's Integrated Medium Term Plan and its core values.

This work plan will aim to:

- Provide clarity on the Charity's purpose and remit for PTHB staff and members of the public.
- Outline key areas for development.
- Establish a strategic pathway for progression.
- Demonstrate the synergies between the objectives of the Charity and those of the PTHB as set out by the Integrated Medium-Term Plan (IMTP).

This plan will continue to be developed as the year progresses to ensure it remains responsive and effective.

Placing the Charity in context

In order to develop a work programme for the Powys Teaching Health Board Charity, the existing context of the organisation must be considered. Until April 2020, the Charity was operating with no full-time members of staff and under the guidance of supporting health board staff and the commitment of the Independent Members that form the Charitable Funds Committee. As such, the scope of the Charity and its objectives were limited by its resources.

The appointment of a full-time Charity Manager in April 2020 has afforded the opportunity to review and expand upon the existing objectives in line with the strategic aims of the Charitable Funds Committee and the Powys Teaching Health Board. This work plan takes into consideration the existing position of the Charity when establishing objectives, ensuring that the targets and milestones are realistic and achievable.

Perhaps the most influential factor on this work plan has been the disruption and impact of the COVID-19 pandemic in 2020. Naturally, the pandemic

has greatly impacted operations and restricted engagement with stakeholders but it has also emerged as a major priority for the Charity to address through the distribution of funds.

Understanding the third sector landscape

It is also important to understand the wider landscape within which the Charity will operate. This will allow the Charity to more accurately set targets and better benchmark itself against the progress and performance of other comparable organisations.

Where possible the Charity will look to take a lead from the most influential and impactful third sector organisations from across the UK, particularly those in the field of healthcare and medical support.

More locally, the Charity will also look to the other health board charities in Wales for a steer on relevant issues and to coordinate campaigns and communications for the widest possible impact.

Maintaining a strong relationship and open dialogue with the aforementioned organisations can ensure the Charity is as knowledgeable, responsive and effective as possible within its field.

Key objectives

The following objectives have been chosen in order to outline a clear and consistent identity for the Charity, build a profile and increase its impact through greater engagement, and ensure it remains sustainable.

- 1) Ensure strategy, planning and governance are efficient and effective.
 - a) Review all Charity governance and bidding arrangements to implement operational efficiencies.
 - b) Establish clear Charity guidelines and policy for PTHB staff and independent members.
 - c) Develop a new Stakeholder Engagement Strategy and Operational Framework for the Charity.
 - d) Scale and adapt the Charity whilst ensuring its long-term viability and sustainability.
- 2) Develop a timely and effective charitable response to health and wellbeing issues across Powys, such as the COVID-19 pandemic.
 - a) Proactively engage with staff and patients to facilitate new charitable funding proposals.

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- b) Collaborate with third sector partners on fundraising and awareness raising campaigns.
 - c) Implement a new support programme for staff, volunteers and patients who are impacted by COVID-19.
 - d) Generate relevant engagement opportunities to allow the public to connect with the Charity.
- 3) Create and implement an engaging communication strategy.
- a) Create a new brand identity for the Charity with input from key stakeholders (PTHB staff, third sector partners, service users, beneficiaries and local residents).
 - b) Establish a public fundraising presence and generate new fundraising opportunities for the Charity.
 - c) Produce effective and engaging campaigns to widen the Charity's reach and engage new audiences.
- 4) Develop and coordinate a comprehensive stakeholder network.
- a) Build on existing regional partnerships in order to further the Charity's strategic objectives.
 - b) Form new partnerships with key stakeholders which support the implementation of the Charity's strategic objectives.
 - c) Manage the Charity's engagement network (staff, volunteers and public).

Delivery and monitoring

These objectives have been divided into key performance indicators (KPIs) which are listed in the attached workplan – **Appendix A**. The workplan provides clarification on the actions required, responsible lead and the associated timescales. It also identifies key issues addressed by actions once implemented.

Delivery of the Annual Charity Plan will be overseen and monitored by the Charitable Funds Committee, included as a key programme of work to support the Committee and Health Board in achieving both wellbeing and charitable objectives.

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Appendix A – PTHB Charity Workplan 2020/21

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
1. STRATEGY, POLICY & GOVERNANCE			
Establish clear Charity guidelines and policy for PTHB staff.	<ul style="list-style-type: none"> Produce an updated organisational Charity policy for PTHB staff members to be reviewed annually. 	Q1 2020/21	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Head of Financial Services
Review all Charity governance and bidding arrangements to implement operational efficiencies.	<ul style="list-style-type: none"> Survey PTHB staff and Independent Members for feedback. Produce an updated Terms of Reference for the Charity. 	Q2 2020/21	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Charitable Funds Committee
Develop a new Stakeholder Engagement Strategy and Operational Framework for the Charity.	<ul style="list-style-type: none"> Produce a first annual workplan to support the Charity's day to day operation. Produce a three-year Stakeholder Engagement Strategy (2020-23). 	Q1 2020/21 Q2 2020/21	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Charitable Funds Committee

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
Scale and adapt the Charity whilst ensuring its long-term viability and sustainability.	<ul style="list-style-type: none"> Develop an accompanying resource plan to the Stakeholder Engagement Strategy to outline spend and recruitment over three years. 	Q2 2020/21	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Charitable Funds Committee ➤ Head of Financial Services
2. CHARITABLE RESPONSE			
Proactively engage with staff and patients to facilitate new charitable funding proposals.	<ul style="list-style-type: none"> Collaborate with WOD and other departments to identify key staff requirements during COVID-19. Run at least 3 separate surveys for staff, patients and community members to help inform fund priorities. Evaluation of existing funding streams and the COVID-19 funding stream with a view to widening access to Charitable Funds. 	<p>Q1 2020/21</p> <p>Q2 2020/21</p> <p>Q2 2020/21</p>	<ul style="list-style-type: none"> ➤ Communications Team ➤ WOD

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
	<ul style="list-style-type: none"> Process at least 80 funding proposals in 2020/21. 	Q4 2020/21	
Collaborate with third sector partners on fundraising and awareness raising campaigns.	<ul style="list-style-type: none"> Become members of NHS Charities Together to participate in the national COVID-19 fundraising appeal and widen the Charity's network. Participate in and promote an All Wales NHS Fundraising campaign. Establish at least joint 2 joint campaigns with third sector partners 	<p>Q1 2020/21</p> <p>Q1 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Communications Team ➤ Third sector partners
Implement a new support programme for staff, volunteers and patients who are impacted by COVID-19.	<ul style="list-style-type: none"> Launch a new funding stream to support staff, volunteers and patients impacted by COVID-19. Expand the scheme to incorporate community groups and third sector partners. 	<p>Q1 2020/21</p> <p>Q2 2020/21</p>	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Head of Financial Services ➤ Charitable Funds Committee

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
	<ul style="list-style-type: none"> Deliver an effective COVID recovery support scheme. Achieve a spend of at least £100,000 against COVID related support schemes and proposals. 	<p>Q3 2020/21</p> <p>Q4 2020/21</p>	
Generate relevant engagement opportunities to allow the public to connect with the Charity.	<ul style="list-style-type: none"> Recognise public and staff contributions during COVID-19 through written acknowledgments and a legacy project tied to the Charity's new brand. Create a series of supporter guides and fundraising packs. Promote monthly fundraising opportunities. 	<p>Q3 2020/21</p> <p>Q3 2020/21</p> <p>Q4 2020/21</p>	➤ Communications Team
3. BRAND, IDENTITY & COMMUNICATION			

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
Create a new brand identity for the Charity with input from key stakeholders (PTHB staff, third sector partners, service users, beneficiaries and local residents).	<ul style="list-style-type: none"> Establish a baseline by researching staff, patient & community views on the Charity. Collaborate with marketing and creative support to create a new brand with opportunities for supporters and stakeholders to contribute. Launch the brand alongside a new website for the Charity. 	<p>Q2 2020/21</p> <p>Q3 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Charitable Funds Committee ➤ Key External Partners
Establish a public fundraising presence and generate new fundraising opportunities for the Charity.	<ul style="list-style-type: none"> Establish an online donation option for donors and the public (Just Giving). Launch a new donation campaign on the online platform. Reach a target of at least 20 unique fundraisers across the year for the PTHB Charity (external fundraisers). Ensure the Charity is able to raise at least £100,000 across all donations and grants (excluding legacies). 	<p>Q1 2020/21</p> <p>Q3 2020/21</p> <p>Q4 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Communications Team ➤ Community Fundraisers

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
Produce effective and engaging campaigns to widen the Charity's reach and engage new audiences.	<ul style="list-style-type: none"> Launch at least 4 Charity campaigns throughout the year. Publish and distribute at least 12 separate Charity press releases to local and national media. 	<p>Q4 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Communications Team
4. STAKEHOLDER DEVELOPMENT			
Build on existing health board and regional partnerships in order to further the Charity's strategic objectives.	<ul style="list-style-type: none"> Develop a strategic partnership to contribute to all future capital projects to enhance provision for patients and staff. Continue to evaluate and develop the existing 'small grants scheme' with PAVO. 	<p>Q3 2020/21</p> <p>Q3 2020/21</p>	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Charitable Funds Committee
Form new partnerships with key stakeholders which support the implementation of the Charity's strategic objectives.	<ul style="list-style-type: none"> Launch a 'Work for Good' profile to allow businesses to donate and contribute to the Charity. 	Q1 2020/21	<ul style="list-style-type: none"> ➤ Charitable Funds Committee

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
	<ul style="list-style-type: none"> Establish at least 4 working partnerships with third sector partners and businesses Achieve COTY (Charity of the Year) status with a local business. 	<p>Q3 2020/21</p> <p>Q4 2020/21</p>	
Build and manage the Charity's engagement network (staff, volunteers and public).	<ul style="list-style-type: none"> Create new social media channels for the Charity. Update the Charity's information and presence on the PTHB website. Establish a bi-monthly Charity newsletter and mailing list Reach a total of over 30,000 total impressions across social media platforms Reach a total of over 1,000 engagements (a rate of 3.3%) across social media platforms 	<p>Q1 2020/21</p> <p>Q1 2020/21</p> <p>Q3 2020/21</p> <p>Q4 2020/21</p> <p>Q4 2020/21</p>	➤ Communications Team

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
	<ul style="list-style-type: none"> Reach a total of over 450 followers across social media platforms 	Q4 2020/21	

AGENDA ITEM: 2.2

Charitable Funds Committee		DATE OF MEETING: 1 st July 2020
Subject :	Charitable Funds Policy & Guidance	
Approved and Presented by:	Charity Manager	
Prepared by:	Charity Manager	
Considered by Executive Committee on:	Not considered at time of reporting	
Other Committees and meetings considered at:	N/A	

PURPOSE:

To present an updated version of the Charitable Funds Policy and Guidance document for PTHB staff.

RECOMMENDATION(S):

The Charitable Funds Committee is requested to APPROVE the following document update:

- **Charitable Funds Policy & guidance for PTHB Staff**

Approval/Ratification/Decision ¹	Discussion	Information
✓	x	x

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:		
	1. Provide Early Help and Support	✓
	2. Tackle the Big Four	✓
	3. Enable Joined up Care	✓
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	✓
	6. Put Digital First	✓
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

With major changes to the operation of the Charity in recent weeks, the existing policy and guidance document for staff was out of date. This document has been updated to reflect updated priorities, new procedures and points of contact.

The full policy can be found at Appendix 1.

DETAILED BACKGROUND AND ASSESSMENT:

The policy and guidance document is an update of the existing staff policy and guidance document that can be found on the PTHB Intranet, last reviewed in 2017.

NEXT STEPS:

Any amends will be incorporated into the document which will then be published on the staff intranet.

Party Stella
06/26/2020 13:22:22

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
<p style="text-align: center;">Statement</p> <p><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial	✓			
Corporate	✓			
Operational	✓			
Reputational	✓			
<p style="text-align: center;">Statement</p> <p><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>				

Appendix 1

FCP 007

CHARITABLE FUNDS POLICY AND GUIDANCE FOR STAFF

Date	Version	Review Date
Feb 2004	1	Feb 2007
May 2008	2	May 2011
Oct 2011	3	Oct 2014
Jan 2014	4 - Considerable change to include guidance for Staff to support Charitable Funds Strategy adopted Nov 2012.	Jan 2017
Jun 2020	5	-
Responsible Officer		
Approved by		

Report Distribution: Fifth Issue

	Date Sent	Reviewed	Adopted
Approval by Charitable Funds Committee			
Internal Audit			
External Audit			
Board of Directors			
Approval by Charitable Funds Committee			

PROPRIETARY INFORMATION

This document contains proprietary information belonging to the Powys (t) Health Board. Please do not produce all or any part of this document without written permission from the Board.

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06/26/2020 13:20:22

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1. Introduction

Definition of Charitable Funds

Charitable funds in the NHS originate from a variety of different sources including donations, legacies and through fund raising and may be for a specific or general purpose.

In order to be deemed charitable, funds held by the Health Board must have purposes which are for the general public good. The Health Board Deed for Powys Teaching Local Health Board Charitable Fund also allows charitable monies to be applied for purposes relating to the National Health Service and therefore funds are used for the benefit of patients and staff.

There are three main types of charitable funds recognised in law, including:-

- (a) Endowment Funds – where the 'lump sum' donation remains the same and only the interest is available for use;
- (b) Restricted Funds – where the donation has been made for a specific purpose, and
- (c) Unrestricted Funds – where the donation was general and as such is available for any charitable purpose.

Powys Teaching Health Board Charity

Powys Teaching Local Health Board Charitable Fund was formally created on the 28th May 2004 by a 'Deed of Arrangement' and replaced the Powys Health Care NHS Trust Charitable Fund, which had been in existence since 26th July 1996, following the transfer of charitable funds from Dyfed Powys Health Authority.

The Charity has an umbrella Charity registration under which funds are registered together under a single 'main' registration number.

Charitable funds donated to the charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990.

The Teaching Local Health Board is the Corporate Trustee of the Charitable Funds governed by the law applicable to Local Health Boards, principally the Trustee Act 2000 and also the law applicable to Charities, which is governed by the Charities Act 2006.

The Board devolves responsibility for the on-going management of the charity to the Charitable Funds committee who administer the funds on behalf of the Corporate Trustee.

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Our Strategic Aims

Wherever possible, the Charity will strive to support the work of the tHB in the following ways:

- Continue to support health improvements which enable people to live healthy lives and respond to particular health needs in ways that will influence and reflect local and national health policy;
- Play a key role in the development of world class health care for Powys;
- Ensure that wherever possible the Charity's investment in local health care brings benefit to the wider NHS and beyond;
- Use all the Charity's existing and future assets and strengths to further its priorities.

The current key priorities for the Charity are:

- ✓ To ensure strategy, planning and governance are both effective and efficient.
- ✓ To develop a timely and effective charitable response to health and wellbeing issues across Powys.
- ✓ To create and implement an engaging communication strategy.
- ✓ To develop and coordinate a comprehensive stakeholder network.

Activities

Charitable funds are typically used for, but are not limited to, the following purposes:

Patients Expenditure:	Purchase of items of equipment, provision of services facilities not normally purchased or paid for by or in addition to the normal NHS provision.
Staff Expenditure:	a) Motivation of staff by improving staff facilities and by providing services that improve staff wellbeing b) Education of staff by providing education over and above what would normally be provided by the NHS.

As laid down within Charity Commission Guidance all expenditure must fulfil a 'public benefit' criteria i.e. should provide benefit to as wide a group of people as possible.

2. Stewardship of Funds

Principles that Apply

Charitable funds must be applied for the purposes set out in the Health Board Deed as highlighted above and for no other purposes. The following principles apply:

- (a) the income and property of the charity must be applied with fairness and to persons who are properly qualified to benefit from it
- (b) the Trustee must act reasonably and prudently in all matters relating to the charity and must always bear in mind the interests of the charity
- (c) personal views or prejudices must not affect conduct
- (d) the same degree of care in dealing with the administration of the charity should be exercised as would be exercised in managing Health Board's other affairs

Changes to the Charity

The Corporate Trustee and/or its representatives have a legal duty to notify the Charity Commission of any changes in the registered particulars of the umbrella charity.

Investment Strategy

The overall aim in investing the Health Board's charitable funds is to maximise total return whilst balancing risks and the requirement for income. The first priority, however, must be the use of funds for the benefit of Powys.

The Trustee will annually review the investment strategy, taking advice as appropriate.

The Health Board's charitable funds can be invested in a number of different forms of investment and the balance between each will depend on the following, although cash holdings will usually be preferred for short term commitments:

- (a) the anticipated expenditure flows and therefore the need for liquidity;
- (b) the forecast returns from different investment instruments as advised by the Health Board's investment advisers in the light of current stock market trends;
- (c) other requirements such as the ethical policy (point below refers), and
- (d) the need to balance the interests of present and future beneficiaries.

The charity has a responsibility to ensure that it has sufficient monies held to meet all its commitments and obligations. Although the intention of the charity is to utilise funds in a timely manner there are instances where balances can be accumulated, and it is important that these balances are considered for placement on capital investment to ensure the best income return for the monies. All balances in investment and short-term accounts will be monitored by the Trustee.

Ethical Policy

The Trustee has its longer-term capital invested in an investment fund which excludes all companies with any involvement in the production of landmines or cluster bombs and companies with a significant involvement in tobacco, the production of pornography, and online gambling.

Attitude to Risk

The Trustee has adopted a cautious approach to risk, based on the overall investment aim to at least maintain the real value of funds held, given the overall objective of expediting the beneficial expenditure of funds. The Charity operates under the same standard Financial Instructions (SFI's) and financial control procedures that are applied to the tHB's main operations. Income and Expenditure is monitored for each individual fund to ensure that spending and firm financial commitments remain within available fund limits.

3. Fund Distribution and Expenditure

Spending of Funds

The Trustee has a duty to spend charitable funds (with the exception of endowment funds) and not to allow them to accumulate unreasonably.

This expenditure must be in accordance with the explicit wishes of the donor. All Fund Managers are to be reminded of their duty to spend funds on a regular basis.

The Trustee recognises, however, that for large items a certain amount of accumulation is required. Fund Managers will therefore be permitted to accumulate charitable funds for specific large-scale items and this intention should be clearly stated on the Annual Plans approved at local level.

Each charitable fund (with the exception of the capital element of endowment funds) should have an expenditure plan detailing how the fund is to be spent and over what timescale. All Fund Managers must have expenditure plans for the funds under their control and will be expected to actively pursue those plans. Items funded or purchased with charitable funds should enhance those provided through basic NHS care.

General Criteria for Expenditure

Expenditure should relate to one or more of the following criteria:

- (a) the health of the population
- (b) the benefit of patients and/or carers
- (c) the benefit of staff in delivering their service
- (d) the Health Board's core values
- (e) the Health Board's strategic goals

Priorities for Expenditure

With the exception of restricted funds, charitable funds expenditure is to be in line with one or more of the following priorities:

- (a) the enhancement of facilities for patients, carers or staff, where this would be in addition to the statutory provision ordinarily afforded by the NHS;
- (b) the purchase or replacement of equipment, where this would be

- in addition to or in advance of the statutory provision otherwise afforded by the NHS, and
- (c) for the training and development of staff employed by the Health Board, where this would be in addition to the mandatory provision ordinarily afforded by the NHS;
- (d) development of service provision via research and development or pilot Schemes;
- (e) prevention or awareness raising work that can positively impact local health and wellbeing.

Spending priorities are to be reviewed annually by the Trustee.

Authorisation of Expenditure

Full authorisation must be obtained for all charitable funds expenditure before any commitment is made. This will be through distinct delegated levels and will be local to the expenditure to enable flexibility.

The 'request for use of donated monies' form must be completed for all such requests and all criteria on the form met, before authorisation is sought from the Locality Management Team.

The correct level of authorisation must be sought for the amount of expenditure requested, as detailed in the Standing Financial Instructions and Scheme of Delegation.

Fund Opening

Requests to open new funds should be made to the Charity manager and Finance Department using the correct procedure, and must include the purpose of the fund, detailed spending plans and the source of donations. Funds can only be opened on the agreement of Trustee's at the next Charitable Funds meeting.

Before any such request is made careful consideration must be given as to whether an existing charitable fund could hold any new monies received. New funds should only be opened if there is no suitable existing charitable fund.

4. Governance of Charitable Funds

It is vital that there is absolute clarity of the responsibility for the management and control of charitable funds as this underpins the charitable funds governance framework. Trustees should ensure that there are written rules and procedures covering the formal conduct of the charity's business. These will be set out in the form of Standing Orders, Standing Financial Instructions and procedure or guidance notes, in addition to any Scheme of Delegation. These documents will provide the detailed methodology under which the charity will operate and ensure that all those that have a role to play are clear as to their responsibilities.

Responsibilities of Trustee/Board

The Board is the corporate trustee for Powys tHB's Charitable Funds; that is board

members are jointly responsible for the management of all charitable funds.

As the Board is the trustee it must retain direct control of key decision making. In particular it must set the strategy and policy for the charitable funds and set the budget. Within this framework the Charitable Funds Committee (and others involved in managing the funds) can be permitted to make day to day spending decisions, all of which should be reported back to the trustee (the Board).

Responsibilities of the Board include setting the:

- Purpose and scope of the charity, as set out in the respective governing documents of those charitable funds.
- Spending priorities set for the charitable funds for the current financial year.
- Agreed criteria for deciding whether or not to spend the charitable funds to meet any particular funding request.
- Delegation arrangements for the charitable funds.
- Accounting and reporting arrangements that enable the Board to oversee and monitor the spending of the charitable funds.

The Charity Commission in its guidance to the NHS recommends reviewing the number of individual funds and applying for funds to be consolidated where appropriate in order to assist Trustees in meeting their responsibilities.

Although aimed at Trustee's this is pertinent to all tHB staff involved with the receipt and expenditure of charitable funds.

Responsibilities of the Charitable Funds Committee

The Board has appointed the Charitable Funds Committee (CFC) as its agents in the administration of Charitable Funds through ensuring robust controls and effective management of those monies.

Its main responsibilities are to:

- Oversee the management of charitable funds in accordance with the budget, priorities and spending criteria as determined by the Board
- Ensure that the requirements of the Trustee Act 2000, Charities Act 1993 and Charities Act 2006 are followed
- Appoint an investment manager (where appropriate), ensure that Powys tHB policies and procedures for investments are followed and receive investment reports from the Director of Finance for ratification
- Oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions
- Monitor the progress of charitable fund income and expenditure plans
- Monitor and review Powys tHB's scheme of delegation to fund managers and to ensure that financial procedures reflect delegated expenditure limits

Responsibilities of the Director of Finance

The Director of Finance has specific responsibilities as by virtue of holding that office, is also the Treasurer of Powys tHB's charitable funds. Specific responsibilities are outlined within the Standing Orders as follows:-

- Administration of all charitable funds
- Identify any new charity that may be created and to formulate the trusts of any such charity
- Provide guidelines on donations, legacies and bequests, fundraising and trading income
- Ensure appropriate banking services
- Prepare reports to the Board including the annual accounts

Consideration and approval of policies as determined by the Board.

Responsibilities of the Charity Manager

The Charity Manager has been appointed by the Trustee and Charitable Funds Committee in order to manage the day to day operation and administration of the Charity in line with its strategic priorities. The Charity Manager provides management and oversight for all of the Charity's expenditure, income generation and communication activities.

The main responsibilities of the Charity Manager include:

- Providing clear leadership and direction for the Charity
- Working with the Charitable Funds Committee to ensure good governance
- Increasing the Charity's profile, reach and influence
- Overseeing fundraising activity and managing income streams
- Ensuring appropriate financial governance of the Charity

Responsibilities of Fund Managers

Additional administration of charitable funds is undertaken by fund managers who have the following responsibilities:-

- Prepare spending plans within the framework established by Trustees
- Receipt all new donations via local cashiering services
- Actively look for needs that can be met by charitable funds
- Regularly report back spending decisions to the Charitable Funds Committee

Fund managers should be as independent as possible from the management of NHS budgets which might influence their spending plans on the funds within their management. The Charity's Scheme of Delegation should be prepared on the basis.

The Charity Commission has produced guidance on a management framework which not only sets out what is "expected" but also what is "questionable".

5. Fundraising & promotion

Currently, the Charity is working to develop its fundraising presence, having relied upon the generosity of patients, their relatives and other donors for much of its income. Any fundraising ideas or plans from staff or community members should be directed through the Charity Manager, who will be able to advise and support.

Fundraising plans should align with the Charity's vision, objectives and ethical considerations. Fundraisers must ensure that the methods and activities used to raise funds do not bring the Health Board into disrepute.

Progress on all fundraising projects should be reported to the Charitable Funds Committee on a regular basis.

The Charity is also aiming to build its profile amongst staff and patients as an opportunity to add value to tHB services by raising the presence of its contributions. All uses of charitable funds should recognise the contribution of the Charity and this should be a consideration in any proposals. The Charity will coordinate with funded projects to maximise impact in this regard.

6. Review

The Trustee will continue to review this policy on an annual basis.

Abe Sampson
Charity Manager

APPENDIX 1.1

PTHB Charity

Guidance for Staff on Charitable Funds

Receiving Charitable Donations

The preferred method of receiving donations is via the Charity's official Just Giving page (<https://www.justgiving.com/PTHBcharity>) and potential donors should be guided towards this in the first instance. It is understood, however, that some donors will prefer to donate in person via cash or cheque.

All physical donations must be directed from service area to the Cashiers' Office (local administration departments). This ensures a receipt can be issued by the Cashier. All cheque payments should be made payable to 'Powys Teaching Local Health Board Charitable Fund'.

Cashiers should notify the Charity Manager of any donations received. The Cashier should also ensure that without prior agreement from the Corporate Trustees that individual donations do not create new charitable funds. The Cashier should ensure that it is clear the designated fund the monies are to be deposited within, and also retain a copy of all correspondence received with the donations. Donors should be encouraged to complete the form contained within the charitable funds leaflet, so that there is written communication of their intentions.

Service areas have been informed that wherever possible donors must be encouraged to personally take their donations to the Cashiers Office and money should not be taken at ward/department level. This procedure is designed to enhance control over donations by eliminating cash received at ward level.

The charity actively encourages the use of 'gift aid' when receiving donations, there is a form contained within the charitable funds leaflet for this purpose, and it should be encouraged wherever possible for the donor to complete this gift aid declaration.

Charitable Funds Expenditure

There is often a lack of clarity about what expenditure is appropriate from charitable Funds, which this section aims to address. Most NHS charities have been established to enhance statutory provision rather than to provide what might be regarded as basic public services. There has been concern over several years that the dual role of statutory service provider and corporate trustee of charitable funds creates a conflict of interest for an NHS body when deciding how to apply the charitable funds.

There are in fact very few services provided within the NHS that must exclusively be

funded by the public sector. It is therefore legitimate for Charitable funds to be used for any health care activity as long as:-

- Expenditure meets the charitable fund purpose
- There is an open and transparent decision-making process and independent of decisions to use NHS monies
- There is public benefit arising from the expenditure
- Trustees always act in the interest of the charity and its beneficiaries
- Decisions are in line with the trustees duty of care and duty to act prudently
- Collaborative Projects with key partners achieve a charitable fund purpose

There are a number of areas that often cause confusion and guidance is provided against a number of specific examples.

Medical Equipment. Pieces of medical equipment can be demonstrated to have the most far reaching public benefit and donors often provide an indication that they wish for their donation to be utilised for a designated piece of equipment.

This can be through two main criteria:

Explicit donation: This is straightforward where the donor explicitly requests the donation be used for purchase of a piece of equipment. At the time of donation the request should be assessed to ensure that it is able to be fulfilled (i.e. is a piece of equipment that is recognised within the tHB's equipment policy)

Prioritisation by Fund Manager: At times an accumulation of donations may be considered to buy a larger item to gain maximum benefit. When a piece of equipment is prioritised by tHB for approval, it must be ensured that it is not a 'core' item of equipment (i.e. an item of equipment that is clearly identified as standard and should be provided by the tHB in its service provision). Items of equipment should only be considered through charitable funds where there is a clear enhanced function to that normally offered by 'core' equipment or where it a piece of equipment to aid the development or extension of a service to ensure patients are treated as close to home as possible, with minimal stress and intervention.

All purchases of medical equipment must follow the tHB's medical devices authorisation and procurement process as laid down in the medical devices policy.

Staff training and education. This is permitted expenditure on the basis it will have the result of making staff more effective in their roles to deliver health care and thus, meet the public benefit test. However, as indicated above, any monies received for this purpose should not be restricted to the provision of training for a limited number of individuals. Costs charged to the Charity must never be excessive and the duty of prudence must be exercised at all times. For example, first class travel is not permitted and any meals or refreshments should be comparable with those that would be provided if funded by the NHS. This includes a restriction on the purchase of alcoholic beverages. Where training and education costs are to be reimbursed by the Charity it is necessary to confirm in the application how benefit to the wider public can be demonstrated in addition to the benefit to the individual receiving the training.

Staff social functions. For staff functions, such as Christmas parties and social functions it is extremely difficult to meet the public benefit test and at best the links are tenuous. The trustees have determined that expenditure should not be incurred on such costs.

Staff recreational/welfare facilities. Having good staff facilities will ensure that staff are better cared for, fitter and healthier with the result of enhanced performance and motivation. This is permitted expenditure.

Personally incurred expenditure. Expenditure incurred personally will not be reimbursed unless it is with the prior approval of the fund manager.

Refusing Charitable Funds

There are instances where it is not appropriate to accept monies for charitable purposes. The main examples of where monies should be refused are:-

- **Placing Powys tHB under an inappropriate obligation.** Such an example may include the donation of land on which to build a new health facility. The acceptance of land would oblige Powys tHB to commit capital and revenue monies on the facility which may not be in the best interest of Powys tHB or the public. Another example is where the donor requires Powys tHB to provide preferential treatment to parties specified by the donor.
- **Conditions are too onerous.** For example, there may be very prescriptive monitoring and reporting conditions which would outweigh the benefit of the monies.
- **Funds cannot be used as directed.** Sometimes, monies are bequeathed for a service that is not provided by Powys tHB. For example, if Powys tHB were left monies for a service the tHB does not currently provide (eg MRI scans) , it would not be appropriate to accept these as the service is not provided and therefore the Charity cannot discharge its responsibility in accordance with the donor's wishes.
- **Conflict of interest.** It would not be acceptable to receive monies from a source which creates a real or perceived conflict of interest with the objectives or policies of Powys tHB. Examples might include monies from the tobacco industry or baby milk manufacturers. Donations for the purpose of social function that infers alcohol consumption. Advice should be sought from the finance department if in doubt as to what might constitute a conflict of interest.
- **Named individuals.** Monies cannot be accepted where they are limited for the benefit of specific individuals as this would not pass the public benefit test. An example is a donation by a pharmaceutical company to cover the training and development costs for a limited number of staff. There must be no suggestion that charitable funds are being used to circumvent Powys tHB's gifts, hospitality and sponsorship policy and should not be accepted if any restrictions on the funds could be interpreted in this manner.
- **Social Functions.** For staff functions, such as Christmas parties it is

extremely difficult to meet the public benefit test and at best the links are tenuous. The trustees have determined that expenditure should not be incurred on such costs. Therefore, the proposed donation should be declined but the donator requested as to whether there would be an alternative purpose they would like to make the donation for (e.g. health and wellbeing initiatives for staff or enhanced environment for patients and staff)

Charitable Funds Communications

Wherever possible the Charity wishes to publicise its successes and patient/population benefits received at local level by the use of charitable funds on a regular and consistent basis. The method for this will be developed with Locality/Department management teams and if staff have any suggestions on how this can be achieved they are requested to channel these through the Charity Manager.

Contact Point for Advice

If you have any questions about this document or any other aspects of the Charity, then please contact Abe Sampson, Charity Manager - abe.sampson@wales.nhs.uk



Agenda item: 2.3

Charitable Funds Committee		Date of Meeting: 1st July 2020
Subject :	Just Giving – online donation platform review	
Approved and Presented by:	Charity Manager	
Prepared by:	Charity Manager	
Other Committees and meetings considered at:	None	

PURPOSE:

The purpose of this paper is for the committee to review and approve the use of Just Giving as the Charity's primary online donation platform.

RECOMMENDATION(S):

The Charitable Funds Committee is requested to APPROVE the provision of funds for the following:

- The continued use of the Just Giving platform with the cost of an upgraded membership plan for a period of 12 months.

Approval/Ratification/Decision¹	Discussion	Information
✓	x	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✗
	3. Tackle the Big Four	✗
	4. Enable Joined up Care	✗
	5. Develop Workforce Futures	✗
	6. Promote Innovative Environments	✗
	7. Put Digital First	✓
	8. Transforming in Partnership	✗
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The purpose of this paper is to request the approval of funding for the following:

- **A 'Grow' Just Giving charity membership for an initial period of 12 months - £216 (£15/month + VAT)**

DETAILED BACKGROUND AND ASSESSMENT:

Until May 2020 the Charity had no readily accessible way for members of the public to make an online donation. Several donors made requests for an online option for donations as they had set up their own online fundraisers. Following this, a basic Charity Just Giving account was set up, which has to date raised over £450.

Just Giving is the most popular UK fundraising platform and has been the platform of choice for charities and members of the public fundraising during the COVID-19 pandemic. Having a presence on this specific platform provides access to a wider network of potential fundraisers and donors. The largest donations are still likely to come via BACS to avoid platform fees but Just Giving will be the ideal platform for small to medium donations and community fundraisers, which are a key growth area for the Charity.

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Currently, the Charity is on the START plan which offers very limited options in terms of promotion, and no options for donor management, engagement or reports & breakdowns of donations. The aim of this paper is to request an upgrade to the GROW plan, which would provide that functionality along with website integration for donations.

A more detailed breakdown of the differences between the plans and information on the platform fees that Just Giving charges can be found at **Appendix 1**.

The cost of the GROW is £15/month, potentially growing to £39/month but only if the Charity reaches a threshold of £15,000 raised through the platform. The cost is taken on a month by month basis and there is no long-term commitment. The costs outlined in this paper reflect 12 months at £15/month + VAT. After this time, the platform will be reviewed again.

NEXT STEPS:

If approved, the Charity Manager will progress with upgrading the platform. Use of the platform will then be reviewed after a period of 12 months to decide whether to continue with Just Giving.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			

Statement

Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken



Welsh Language	✓								
Risk Assessment:									
	Level of risk identified <table border="1"> <tr> <td>None</td> <td>Low</td> <td>Moderate</td> <td>High</td> </tr> </table>				None	Low	Moderate	High	Statement <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>
None	Low	Moderate	High						
Clinical	✓								
Financial		✓							
Corporate	✓								
Operational	✓								
Reputational	✓								
Risks Identified									
Financial: Although there is a small financial investment associated with this paper, the financial risk is negligible due to the low cost of the service and the ability to cancel the service at any time should it not be required or no longer meet the Charity's expectations.									

Appendix 1 – Just Giving GROW membership details and information on fees

[Upgrading, leaving and rejoining](#) / What's the difference between the GROW and START plans? (UK only)

We have 2 main membership options available for UK charities to start on, GROW account and our START account.

The START plan is only available for new charities who have not had a full account with JustGiving in the last 12 months.

 Free No monthly membership	 £15/month + VAT For charities raising up to £15,000 a year	£39/month + VAT For charities raising more than £15,000 a year
No joining fees. No annual commitment 0% platform fee on donations 5% Gift Aid processing service fee (optional service) Standard payment processing fees		

This table shows a breakdown of what's included in the 2 packages:

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INDIVIDUAL GIVING

Donate button	✓	✓
Donate box	✓	✓
Regular giving	✓	✓

FUNDRAISING

Campaign Pages	✓	✓
Fundraising Pages	✓	✓
In Memory Pages	✓	✓
Fundraise button	✗	✓
ACTIVE Works and Eventbrite integration	✗	✓
APIs	✗	✓

DATA & REPORTING

Opt ins	✗	✓
Donation, Fundraising Page and payment reports	✗	✓
Supporter quick search	✗	✓
Raiser's Edge, thankQ, Salesforce and Donorflex integration	✗	✓

BRANDING & CONTENT

Charity profile	Basic	Advanced
Customised Fundraising Pages	✗	✓

PAYMENTS & ADMIN

Donations + Gift Aid	Weekly (if raised £100+)	Weekly (if raised £100+)
Gift Aid reclaim	✓	✓

SUPPORT

Online and Email	✓	✓
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Understanding our fees / What are your fees? (UK Only)

We are committed to providing a cost-effective service to our charity partners and as such we do not charge a platform fee on any individual donations made to charities. Instead we give donors the option to make a voluntary contribution to the cost of maintaining our platform should they wish.

We charge a 5% fee for our Gift Aid service and this is taken from the amount of Gift Aid claimed on a donation. Charities are able to opt out of this service by contacting us.

Across JustGiving, our payment processing fee is 1.9% + £0.20. This accounts for the varying costs of processing different payment types (e.g. PayPal, credit cards, and debit cards).

If the donation is made in another currency, then the processing fee is 2.90% + £0.20


How does it work on an average donation?

If someone donates £30.00 to their friend's fundraising page or directly to your charity. We simply deduct a payment processing fee and send the rest to your charity according to our payment schedule.

If the donor decides to add Gift Aid onto their donation then we collect this 25% Gift Aid on your charities' behalf. We then deduct a 5% Gift Aid processing service fee and automatically send the rest over to your charity.

So for every £30.00 donated that is eligible for Gift Aid, your charity gets £36.36.

Here's how it works in a bit more detail:



Donation	+ £30.00
Platform fee @ 0%	- £0.00
Card-processing fee @ 1.9% + £0.20	- £0.77
25% Gift Aid	+ £7.50
5% service fee on Gift Aid claim	- £0.38
Total donation to charity..... £36.36	

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Agenda item: 2.4

Charitable Funds Committee		Date of Meeting: 1st July 2020
Subject :	RATIFICATION OF EXPENDITURE APPROVED BY THOSE WITH RELEVANT DELEGATIONS	
Approved and Presented by:	Head of Financial Services	
Prepared by:	Head of Financial Services	
Other Committees and meetings considered at:	None	

PURPOSE:

To receive for information items of expenditure approved by those with relevant delegations during November 2019 to March 2020

RECOMMENDATION(S):

The Charitable Funds Committee is requested to NOTE items with a combined value of £31,297 attached that have been approved for expenditure during November 2019 to March 2020.

Approval/Ratification/Decision¹	Discussion	Information
✓		

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	x
	3. Tackle the Big Four	x
	4. Enable Joined up Care	x
	5. Develop Workforce Futures	x
	6. Promote Innovative Environments	x
	7. Put Digital First	x
	8. Transforming in Partnership	x
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

All items of expenditure from Charitable Funds must not be committed prior to the approval of expenditure from either the Charitable Funds Committee or the Locality / Directorate Managers delegated with this responsibility in line with the Charitable Funds Strategy and Policy document.

DETAILED BACKGROUND AND ASSESSMENT:

It is a requirement that all items of expenditure are notified to the committee for information at its next available committee meeting. Items with a combined value of £31,197 attached have been approved for expenditure during November 2019 to March 2020.

This listing is provided at Appendix A.

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Delegated managers are Assistant Directors/Executive Directors in line with the Charitable Funds revised Financial Control Procedure approved at the June 2019 meeting.

NEXT STEPS:

There are no next steps required as a result of this paper.

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Appendix A

Powys Teaching Health Board
Charitable Funds
Items Approved November 2019 to March 2020

Fund	Item	Reason for purchase	£	Approved
<u>Items Approved November 2019</u>				
Patients Home and Comforts - LWH	Large Bags for DN's	To improve patients care, as DN will be able to carry dressings and equipments	182	J Crowl
General Purposes	Hybrid mattresses	To enable enhanced comfort for Patients	1,528	J Crowl
AMI Legacy	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	350	J Crowl
Palliative Care	Conference	Palliative Care staff development	65	J Crowl
Brecon Epynt	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	150	J Crowl
General Purposes - MAC	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	200	J Crowl
General Purposes - LND	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	200	J Crowl
Newtown General Purposes	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	200	J Crowl
General Purposes - VMW	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	200	J Crowl
General Purposes - LND	Picture frames	Art prints donated to the day Hospital, frame needed	105	J Crowl
Newtown General Purposes	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	75	J Crowl
General Purposes - BRO	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	150	J Crowl
General Purposes - VMW	4 x Hybrid Mattresses Maldwyn ward	Hybrid nature of equipment will allow patients to be less disturbed during mattress changes which will enhance patient experience	10,284	J Crowl
General Purposes - BWM	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	170	J Crowl
Claerwen Ward	Day room furnitures	To improve patients confort and interactivity, movements.	989	J Crowl
Claerwen Ward	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	350	J Crowl
General Purposes - VMW	Printer & Ink	To enable photo of wounds to be printed for referrals to clinicians of neighbouring services, who do not have access to the Datix Database	134	J Crowl
Palliative Care	Medical Monitoring equipment	To enable palliative care nurses to carry out enhanced observations when visiting patients in own home	107	A Davies
<u>Items Approved December 2019</u>				
Clywedog Ward - Llandrindod	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	100	V Deakins
General Purposes Knighton	Christmas Festivities	Expenditure for decorations, food and presents for patients at christmas	250	L Sanders
General Purposes - Bronllys	Memory Boxes/crafts	Cristmas Memory boxes/crafts for patients on llewellyn ward and Day hospital, to aim at Alzheimer/dementia patient to encorage cognitive stimulation.	275	V Deakins
Newtown General Purposes - Newtown	CD radio	Old radio reach the end of its life. Needs anew one for atmosphere in waiting room, as well as protecting privacy behing reception	100	V Deakins
Palliative Care	Masterclass in Palliative Care	Course about Symptom Control and improve knowledge and skills	100	V Deakins
General Purposes - Brecon	Artwork displays of messages on walls to encourage Healthy behaviour changes within physiotherapy department	To engage more with the public as per "Making Every Contact Count", to provide wellbeing and early help and support.	2,500	M Fowler
General Purposes - Llandrindod	Artwork displays of messages on walls to encourage Healthy behaviour changes within physiotherapy department	To engage more with the public as per "Making Every Contact Count", to provide wellbeing and early help and support.	2,500	M Fowler
Claerwen Ward - Llandrindod	Hybrid Mattresses	To enable enhanced comfort for Patients	1,470	J Crowl

Powys Teaching Health Board
Charitable Funds
Items Approved November 2019 to March 2020

Fund	Item	Reason for purchase	£	Approved
<u>Items Approved January 2020</u>				
Welshpool - General Purposes	Heavy Duty Tabletop Folding Display	To use for educational purpose/awareness/improve knowledge for internal/external stakeholders	161	J Crawl
Welshpool - General Purposes	Scale Seca WMS 875	Enhanced Scale for a prognostic indicator for chronic respiratory conditions	124	J Crawl
Welshpool - General Purposes	Stopwatch for test	Needed for accurate assessment for a,bulatory oxugen test	18	J Crawl
Machynlleth - General Purposes	Sara Stedy	To enable enhanced mobility and independence for Patients	984	J Crawl
Palliative Care	Conference	Professional Development	132	A Davies
Llandrindod - General Purposes	Examination Lighting LED lamp	Specific donation received for this purchase	271	J Crawl
<u>Items Approved February 2020</u>				
No Delegated Approvals				
<u>Items Approved March 2020</u>				
Llandrindod - General Purposes	2 x Patient Monitors Fukuda Denshi DSL-8001R	To provide additional equipment for nursing interventions of patients in MIU	5,611	J Crawl
Machynlleth - General Purposes	Hybrid cushions	To enable enhanced comfort for Patients	762	J Crawl
Machynlleth - General Purposes	High trolley	Enhanced movable storage facility for outpatients department	499	J Crawl
TOTAL NOVEMBER 2019 TO MARCH 2020			31,297	

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AGENDA ITEM: 2.5

Charitable Funds Committee		DATE OF MEETING: 1st July 2020
Subject :	Applications to the COVID Response Fund (for ratification)	
Approved and Presented by:	Charity Manager	
Prepared by:	Charity Manager	
Considered by Executive Committee on:	N/A	
Other Committees and meetings considered at:	N/A	

PURPOSE:

To receive for information ratification bids approved under delegated authority by the COVID-19 GOLD group under the COVID Response Fund, established via grant funding from NHS Charities Together.

RECOMMENDATION(S):

The Charitable Funds Committee is requested to NOTE items with a combined value of £18,518 attached that have been approved for expenditure under delegated authority as part of the COVID Response Fund up to 24th June 2020.

Approval/Ratification/Decision¹	Discussion	Information
✓	x	x

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	x
	2. Tackle the Big Four	x
	3. Enable Joined up Care	✓
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	✓
	6. Put Digital First	✓
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The purpose of this paper is for the Charitable Funds Committee to RATIFY the following proposals that have been approved by the COVID-19 GOLD Group as part of the COVID Response Fund:

- **Provisions for Wellbeing Hubs - £4,955**
- **Online support services for Nurses - £5,000**
- **Outdoor furniture at Welshpool Hospital - £430**
- **Cardiac home monitoring equipment - £2,538**
- **Blood pressure monitors - £240**
- **Outdoor furniture for Llansantffraid - £100**
- **Wellbeing packs for Health Visiting staff and patients - £4,990**
- **Electronic tablet device cover - £25**
- **Staff wellbeing facilities - £240**

DETAILED BACKGROUND AND ASSESSMENT:

In April 2020, the PTHB Charity became members of NHS Charities Together, benefitting from their national COVID fundraising appeal. As part of the appeal, the PTHB Charity has received an initial allotment of £49,500 of funding to distribute in order to support staff and patients impacted by COVID-19. The grant is the first in a series that will continue to be distributed throughout the year, focusing on different areas of support.

In order to distribute the funds effectively, new guidelines and a new application process were outlined and implemented, with all proposals to the fund being reviewed and approved on a weekly basis by the COVID-19 GOLD Group.

All items of expenditure must not be committed prior to the approval from either the GOLD Group or those delegated with this responsibility in line with the COVID Response Fund Guidelines.

Items over £5,000 must also receive approval from the Charitable Funds Committee as it is above the delegated limit set by the Committee.

Details of the proposals approved under delegated authority can be found at **Appendix 1-9**.

NEXT STEPS:

None as a result of this paper.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
<p style="text-align: center;">Statement</p> <p><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				

Sexual Orientation	✓				
Marriage and civil partnership	✓				
Welsh Language	✓				
Risk Assessment:					
	Level of risk identified				<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
	None	Low	Moderate	High	
Clinical	✓				
Financial	✓				
Corporate	✓				
Operational	✓				
Reputational	✓				

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Approved items from COVID
Response Fund for Ratification

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Charitable Funds Committee
01/07/2020
Agenda Item: 2.5

Appendix 1 – Provisions for Wellbeing Hubs

PTHB Charitable Funds COVID-19 Response

Please choose which category this request falls under:

Improving staff wellbeing	<input checked="" type="checkbox"/>
Improving patient wellbeing	<input checked="" type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

Who will benefit from this funding? (max 150 words)

PTHB Staff in all 10 hospital sites which consist of Ward based staff, Facilities – porters, catering, domestics, Admin and Estates – works etc

• Ystradgynlais	• Knighton
• Brecon	• Llanidloes
• Bronllys	• Newtown
• Glan Irfon	• Welshpool
• Llandrindod-Wells	• Machynlleth

and 18 smaller outreach centres where a lot of our Mental Health (MH) / Learning Disabilities (LD)/ Specialist nurses (SN)/ Health Visitors (HV)/Patient Services (PS) /Community and District nurses (DN)Psychology / Womens and Children services(W&C) are based

• Antur Gwy (CAMHS)	• Antur Gwy Annexe (HVs)	• Llanfyllin HC (DNs)
• Ty Illtyd (CAMHS)	• Hay MC (DNs)	• Llanfair HC (DNs)
• Ty Henry Vaughn (DNs)	• Talgarth MC (DNs)	• Montgomery HC (DNs)
• Hazels (MH)	• Crickhowell MC (DNs)	• Ynys-Y-Plant (CAMHS/W&C)
• Merlins (MH)	• Training Building Welshpool (MH/SNs/DNs)	• Presteigne GP practice
• Waterloo road (PS/W &C)	• Parc Street Clinic (LD, Psychology, LPMHSS))	• Brohafren (MHAS and LD)

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Approved items from COVID
Response Fund for Ratification

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Charitable Funds Committee
01/07/2020
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How will this funding enhance service provision? (max 150 words)

Wellbeing Hubs have been established on each of the 10 main sites that aim to provide a location for staff to take a wellbeing break and access up to date information. This has been supported by Charitable Funds, who have provided large display screens to send out key messages; WOD and Chat2Change, who are helping manage the individual hubs and have also provided 'Thought Boards' to capture any questions, comments or concerns; and Trade Union partners who have funded an initial stock of refreshments.

The idea of a place for staff to access wellbeing information and be able to take a break during the COVID-19 situation is particularly important, especially in terms of supporting staff, who have to be present in their place of work, to take time out from their work environment. One District Nurse commented.... *'I would never do this normally but enjoyed being away from the stress of the office.'* She further commented about how being able to take time out was improving the way in which she cared for patients.

The aim of this bid is to secure **£5000** to be able to continue the provision of biscuits and refreshments for the 10 main sites and to extend the provision to the 18 outreach centres during COVID-19 operations.

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Approved items from COVID
Response Fund for Ratification

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Charitable Funds Committee
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What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)

10 HOSPITAL WELLBEING HUBS			
	Unit price	Quantity required	Total Cost per month
BISCUITS INDIVIDUAL ASSORTED MINI PACKS (CASE 100)	8.06	40	322.40
STILL WATER ROUND BOTTLE 500ML (CASE24)	3.23	50	161.50
TEA BAGS (PACK 1000)	1.78	10	17.80
SUGAR PORTIONS WHITE (BOX 1000)	2.69	10	26.90
TIN COFFEE 750g	6.89	10	68.90
Milk (Box of 120)portions	2.61	40	104.40
Disposable cups (pack of 25)	0.64	40	25.60
Squash 1 litre bottles(lemon/orange)	0.43	40	17.20
Total cost for one month			744.70
ALL PTHB OUTREACH CENTRES			
	Unit price	Quantity required	Total cost per month
BISCUITS INDIVIDUAL ASSORTED MINI PACKS (CASE 100)	8.06	9	72.54
STILL WATER ROUND BOTTLE 500ML (CASE24)	3.23	9	29.07
TEA BAGS (PACK 1000)	1.78	9	16.02
SUGAR PORTIONS WHITE (BOX 1000)	2.69	9	24.21
TIN COFFEE 750g	6.89	9	62.01
Milk (Box of 120)portions	2.61	9	23.49
Disposable cups (pack of 25)	0.64	18	11.52
Squash 1 litre bottles(lemon/orange)	0.43	18	7.74
Total cost per month			246.6
Option 1: £5000 Stocking main hospital sites only			7 Months (£5208)
Option 2 (preferred Option): £5000 to stock main and outreach sites			5 Months (£4955)

Contact details

Name: Sarah Powell Assistant Director Organisational Development

Email address: sarah.powell6@wales.nhs.uk

Phone number: 01874 712572

Delivery address (if applicable):

Declaration	
I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document.	<input checked="" type="checkbox"/>
I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found here .	<input checked="" type="checkbox"/>
I confirm that this funding will only be used for the purposes specified in this application.	<input checked="" type="checkbox"/>
Applicant	
Name: Sarah Powell	Role: AD Organisational Development
Signature:	Date: 28/05/2020
Authorising manager/executive	
Name: Julie Rowles	Role: Exec Dir. WOD
Signature:	Date: 28/05/2020

Please email this completed form to abe.sampson@wales.nhs.uk

Party Stella
06/26/2020 13:20:46

Appendix 2 – Leadership support services for nurses and midwives

PTHB Charitable Funds COVID-19 Response

Please choose which category this request falls under:

Improving staff wellbeing	<input checked="" type="checkbox"/>
Improving patient wellbeing	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

Who will benefit from this funding? (max 150 words)

Powys Senior Leadership team and frontline nurses and midwives have been responding to the demands and flexing services to respond to COVID-19 pandemic.

The Florence Nightingale Foundation (FNF) is offering specific support the additional and extraordinary leadership responsibilities of staff at all levels of the organisation and enable them to continue to guide their clients, staff and the service during and after this crisis.



20200415

Nightingale Frontline

Nursing and midwifery professionals are at the heart of responding to COVID-19 today, tomorrow and in the coming weeks ahead. It is recognised this is undoubtedly the most challenging, difficult and pressurised time in generations for teams working in health and social care settings across Powys. Interventions to help maintain a balanced and positive mental health will be very important during this crisis.

It will also be important to ensure workforce can also focus on the future. Nightingale Frontline will support nurses and midwives to continue to lead and support the NHS now and be inspired to lead beyond this crisis.

How will this funding enhance service provision? (max 150 words)

The Florence Nightingale Foundation is uniquely positioned to offer this intervention as a result of its reputable and trusted relationships with the NHS. The quality of its co-consulting facilitation is renowned, and the systems and process are in place to enable rapid delivery and significant benefits to the workforce.

FNF will provide remote group on-line leadership support for nurses and midwives initially for six months. Co-consulting technique will be used to promote reflective and safe environments. This will enable healthcare staff to process the emotional consequences of practicing in these exceptional circumstances and help them to identify strategies for self-care.

Aims and Objectives of the FNF support

To support the additional and extraordinary leadership responsibilities of staff at all levels of the organisation and enable them to continue to guide their patients, staff and the service during and after this crisis.

The objectives will be :

- 1) Provide an on-line platform to deliver group leadership support in real time
- 2) Provide a psychologically safe space for nurses and midwives to explore leadership challenges, issues and concerns raised
- 3) Enable the identification of strategies for self-development and self-care in response to the immediate and future challenges
- 4) Enable nurses and midwives to articulate a narrative which demonstrates their leadership development and contribution to the Covid-19 response.

Who will provide the leadership support?

Leadership support will be provided by:

- FNF Associate Facilitators
- Senior nurses and midwives working as volunteers and recruited from the FNF Alumni Network

Those Powys Nurses and Midwives who will benefit from the Nightingale NHS Leadership Support Service?

- Heads of Nursing and Midwifery forum
- Senior leaders for Nursing and Midwifery workforce
- Ward/team leaders / Band 7 Leaders
- Newly Registered Nurses/Midwives
- Nurses/midwives returning to practice following retirement or non-clinical roles
- Nurses/midwives managing caseloads remotely

What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)

The funding for the FNF is available (see briefing) and to access the funds requires Executive Nurse Directors to contact their "hospital charity" and request £5,000 to support this service.

FNF will then invoice the Chief Nurse, with this letter attached for reference. NHS organisations, not members of NHS Charities Together, are able to apply for this funding directly from NHS Charities Together. Once the funding has been received the service will then be immediately available for staff to book a leadership support session on-line.

The FNF Associate Facilitators will provide up to 4 x 3 hour group sessions per day, each day, for 7 months reaching in excess of 12,480 NHS staff so will be able to meet the capacity for Powys workforce

The FNF UK Senior Nurse and Midwife network in excess of 100 members, will provide leadership support pro-bono. They will each provide 1 half day session to groups of 6 healthcare workers for 6 months, totalling 78,000 staff

Reflective feedback – I have participated in a "free" session with FNF and included my reflection on how valuable the action learning session was in my role as a Senior Leader.



2020-05-22-Florence
Nightingale Foundatio

Contact details

Name: Julie Richards

Email address: julie.richards9@wales.nhs.uk

Phone number: 07920727557

Delivery address (if applicable): N/A

Declaration

I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document.



I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found [here](#).



I confirm that this funding will only be used for the purposes specified in this application.



Applicant	
Name: Julie Richards	Role: W&C Clinical Director Head of Midwifery and Sexual Health
Signature: 	Date: 28 th May 2020
Authorising manager/executive	
Name: Alison Davies	Role: Director of Nursing and Midwifery
Signature: Alison Davies	Date: 1 st June 2020

Please email this completed form to abe.sampson@wales.nhs.uk

Party Stella
06/26/2020 13:20:14

Approved items from COVID
Response Fund for Ratification

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Charitable Funds Committee
01/07/2020
Agenda Item: 2.5

Appendix 3 – Outdoor furniture for Welshpool Hospital staff

PTHB Charitable Funds COVID-19 Response	
Please choose which category this request falls under:	
Improving staff wellbeing	<input checked="" type="checkbox"/>
Improving patient wellbeing	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>
<p>Who will benefit from this funding? (max 150 words)</p> <p>Based at Welshpool Hospital site, Training building are a group of community based clinical staff: Palliative care team, Respiratory team and Mental health team. As we have no staff room area and cannot access the wellbeing room at the main hospital site we would like to propose use of the outdoor area by being able to have an outdoor table, some chairs, parasol and base to use to take our breaks/lunch break. This would enable us to have some rest and wellbeing time after visiting patients in the community.</p>	
<p>How will this funding enhance service provision? (max 150 words)</p> <p>This would ensure that the clinical staff have access to an area to take breaks where we can get away from the office, in an outdoor space for wellbeing. It would help the staff mental health during this current period and into the future would be a provision that would be regularly used.</p>	
<p>What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)</p>	

Party Stella
06/26/2020 13:29:48

Approved items from COVID
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Outdoor table and six chairs- Rowlinson Plumley FSC 6-seater Hardwood Garden Dining Set. £331.80

Garden Furniture Cover-£26.97

Parasol (Kingfisher 2.4m wooden parasol) and Base Kingfisher 9kg cast iron parasol base.- £68.69

TOTAL: £427.46

Contact details

Name: Sharon Nutting

Email address: Sharon.nutting@wales.nhs.uk

Phone number: 07515124376

Delivery address (if applicable): Training Building, Welshpool Hospital, Powys. SY21 7DU

Declaration

I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document. ☒

I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found [here](#). ☒

I confirm that this funding will only be used for the purposes specified in this application. ☒

Applicant

Name: Sharon Nutting

Role: Community Respiratory Nurse

Signature: Sharon Nutting

Date: 27/05/2020

Authorising manager/executive

Name:

Nigel Broad

Role:

Senior Nurse South West Powys

Signature:

Nigel Broad

Date:

01/06/2020

Please email this completed form to abe.sampson@wales.nhs.uk

Party Stella
06/26/2020 13:29:42

Approved items from COVID
Response Fund for Ratification

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Charitable Funds Committee
01/07/2020
Agenda Item: 2.5

Appendix 4 – Cardiac home monitoring equipment

PTHB Charitable Funds COVID-19 Response	
Please choose which category this request falls under:	
Improving staff wellbeing	<input type="checkbox"/>
Improving patient wellbeing	<input checked="" type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>
Who will benefit from this funding? (max 150 words) <p>The Cardiac Nurse Specialist service in Powys provides a vital support for people with cardiac conditions who have been referred by multidisciplinary colleagues in Tertiary, Secondary and Primary Care, including Consultant Cardiologists, Heart Failure and Cardiac Specialist Nurses, General Practitioners and Practice Nurses in primary care, as well as colleagues from Allied Health, Social Services and the Voluntary Sector. Our team monitor, manage and support people recovering following acute cardiac episodes such as Myocardial Infarction, Acute Coronary Syndrome and Cardiac Surgery, as well as Heart Failure, Arrhythmias and other Cardiac conditions.</p> <p>Historically the service has been delivered through either telephone support, home visits or nurse led clinics. We enable clients recovering from a cardiac event to achieve their optimal health potential and empower them to choose and adopt the appropriate long-term lifestyle changes. Offering individualised programmes/management plans to facilitate physical (exercise), psychological (education) and emotional recovery (relaxation) and enable patients to achieve and maintain better health, along national guidelines. Resulting in improvements in diet, reductions in fasting blood sugar, measures of obesity, blood pressure and blood lipids, reduction in smoking and/or alcohol consumption, improvements and an increase in physical activity, and reduction in anxiety and/or depression.</p> <p>We also monitor people with chronic cardiac conditions such as heart failure and atrial fibrillation living in Powys. Heart Failure is a progressive condition with people surviving to develop advanced symptoms due to evidence based non-pharmacological and pharmacological management, which has improved outcomes. However, this has resulted in more complex heart failure care and management from diagnosis to end of life palliative management.</p> <p>Management of cardiac patients includes a clinical assessment, titration of medication, symptom recognition and management, clinical chest and heart examination and auscultation, but also simpler procedures such as the observation of blood pressure, pulse, and oximetry and heart rhythm.</p>	

How will this funding enhance service provision? (max 150 words)

This funding would allow people to have provision of equipment at home so that their BP, pulse, oximetry and heart rhythm can be monitored and reviewed by us following discharge from the acute sector, during titration of medication and for ongoing long-term support. It will allow self- management and empowerment of the patient for symptom recognition and management.

Since the start of the Covid 19 pandemic, clinics have continued on a telephone basis, with a small number of home visits taken place. Having the knowledge of peoples' home recording of blood pressure, pulse, oximetry; and where indicated heart rhythm would be an invaluable asset for our team. It will provide a comprehensive picture of the persons observations and allow the clinician to adjust and titrate medication accordingly having an accurate baseline from which to work. This will greatly assist the well-being of the clinicians who are working in new ways to support the cardiac service during the Covid 19 pandemic.

There are currently approximately 1,000 patients with a cardiac condition on the caseload of the Cardiac Nurse Specialists across the north, mid and south of Powys. It is unrealistic to expect more equipment and as we continue perhaps with less non-face to face contact with our patients a small number of pieces of equipment to lend out to allow patients to home monitor would be invaluable to the service.

What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)

Blood pressure monitors- Omron, M7 Intelli IT model. (Code BPMON/M7i on best buys list) x 15, 5 for each area of North Mid and South Powys

Supplier- White medical, Cost £60.00 per machine

ECG mobile monitor- Alive Cor Kardia Mobile ECG x 4, 1 each to attach to smart phones of CNS

Supplier PMS (instruments) LTD, cost- £82.50 each plus VAT

Oximetry Monitors x 15, 5 for each area. Model- creative PC 60E Finger pulse oximeter

Supplier-Proact Medical LTD, cost- £69.00 each plus VAT

Contact details

Name: Sian Jones

Email address: sian.jones14@wales.nhs.uk	
Phone number: 01597 827485 mobile- 07773 477137	
Delivery address (if applicable): Glan Irfon Health and Social Care Centre, Pendre, Builth Wells, Powys, LD2 3DG	
Declaration	
I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document.	<input checked="" type="checkbox"/>
I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found here .	<input checked="" type="checkbox"/>
I confirm that this funding will only be used for the purposes specified in this application.	<input checked="" type="checkbox"/>
Applicant	
Name: Sian Jones	Role: Cardiac Nurse Specialist
Signature: <i>Sian Jones</i>	Date: 02.06.2020
Authorising manager/executive	
Name:	Role:
Signature:	Date:

Please email this completed form to abe.sampson@wales.nhs.uk

Party Stella
06/26/2020 13:29:48

Appendix 5 – Blood pressure monitors

PTHB Charitable Funds COVID-19 Response

Please choose which category this request falls under:

Improving staff wellbeing	<input type="checkbox"/>
Improving patient wellbeing	<input checked="" type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

Who will benefit from this funding? (max 150 words)

Parkinson's disease (PD) is a chronic and progressive neurological condition, and optimising symptom control involves ongoing review and medication management. The medications use in PD, most notably levodopa, works as a peripheral vasodilator which means that it can lower blood pressure. Sitting and standing blood pressure is therefore monitored at every face to face consultation, as it can help to identify issues and proactively manage falls risks. The ability for the blood pressure to be monitored prior to considering changes to medication would be particularly important where there are any concerns or history of low blood pressure especially on change of posture (i.e. sitting to standing).

How will this funding enhance service provision? (max 150 words)

Provision of BP monitoring equipment through this funding would enable remote monitoring to better inform treatment planning during the current restrictions with limited opportunities for face to face consultations.

Since the start of the current pandemic restrictions, this service has continued with all clinics across mid and south Powys moving to telephone consultations, with only minimal number of home visits in accordance with recommendations. The Parkinson's clinics are not in the first phase of clinics to restart and therefore to continue with safe and effective remote service provision, an important consideration will be ways of working that enables the potential to monitor BP more easily. The opportunity to provide BP monitoring equipment would be an invaluable asset to provide another perspective to the remote consultation, facilitating adjustment and titration

of medication.

What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)

Blood pressure monitors -0meron, M7 Intelli IT (code BPMON/M71 on best buys list) **x 4** one for each area where I provide clinics across mid and south Powys.

Supplier – White medical, cost £60 per machine (standard cuff, wipeable and reusable)

Contact details

Name: Jane Price

Email address: jane.price3@wales.nhs.uk

Phone number:01874712595

Delivery address (if applicable):

Declaration

I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document.	<input checked="" type="checkbox"/>
I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found here .	<input checked="" type="checkbox"/>
I confirm that this funding will only be used for the purposes specified in this application.	<input checked="" type="checkbox"/>

Applicant

Name: Jane Price **Role:** Parkinson's nurse advanced practitioner


Signature: Jane Price **Date:** 3/06/2020

Authorising manager/executive

Name: Nigel Broad

Role: CSM

Signature:

N. M. 

Date: 3rd June 2020

Please email this completed form to abe.sampson@wales.nhs.uk

Party Stella
06/26/2020 13:20:14

Approved items from COVID
Response Fund for Ratification

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Charitable Funds Committee
01/07/2020
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Appendix 6 – Outdoor furniture for staff wellbeing

PTHB Charitable Funds COVID-19 Response

Please choose which category this request falls under:

Improving staff wellbeing	<input checked="" type="checkbox"/>
Improving patient wellbeing	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

Who will benefit from this funding? (max 150 words)

We hope that if we were to be given funding we would be able to improve the mental, emotional and physical well-being of our Community Nursing team who are working very hard at present to visit the most vulnerable in our community whilst ensuring we adhere to all of the Health Board's policies and protocols. We hope the funding will support us to routinely obtain our fifteen-minute well-being break, whilst enjoying fresh air close to our office which we feel is so important during this unprecedented time.

How will this funding enhance service provision? (max 150 words)

We hope to purchase an outdoor table and chairs in order that we could eat lunch safely and comfortably at the rear of our office building. We hope this will encourage staff to take time away from their desks and computers. It will give them opportunity to enjoy fresh air and outside space; which we are lucky to have. This will promote good morale within our team, whilst assuring staff that we appreciate their efforts and support their entitlement to a wellbeing break. The office environment can be intense; particularly when phone lines are busy and staff are attempting to access computers; therefore, opportunity to leave the office, whilst not leaving the premises would be welcomed. During the COVID-19 pandemic we have carefully instigated social distancing measures in our office and having a table and chairs outside would further support our ability to have our lunch 'social distant' from others.

What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)

We have researched a table and four chairs and have found a suitable set from Argos;

Argos Home Atlantic 4 Seater Metal Patio Set – Black and Silver (651/1548)

Cost: £100

This set also has a parasol, which would be useful in the summer to shade from the sun.

Contact details

Name: Rebecca Baldwin

Email address: Rebecca.Baldwin@wales.nhs.uk

Phone number: 01691 648161

Delivery address (if applicable): Llansantffraid Medical Centre, Llansantffraid, SY22 6AU

Declaration

I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document.	<input checked="" type="checkbox"/>
--	-------------------------------------

I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found here .	<input checked="" type="checkbox"/>
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I confirm that this funding will only be used for the purposes specified in this application.	<input checked="" type="checkbox"/>
---	-------------------------------------

Applicant

Name: Rebecca Baldwin

Role: Community Staff Nurse

Signature: R. Baldwin

Date: 13/06/2020

Authorising manager/executive

Name:

Role:

Signature:

Date:

Please email this completed form to abe.sampson@wales.nhs.uk

Party Stella
06/26/2020 13:20:42

Approved items from COVID
Response Fund for Ratification

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Charitable Funds Committee
01/07/2020
Agenda Item: 2.5

Appendix 7 – Wellbeing packs for Powys Health Visiting Staff and Patients

PTHB Charitable Funds COVID-19 Response

Please choose which category this request falls under:

Improving staff wellbeing	<input checked="" type="checkbox"/>
Improving patient wellbeing	<input checked="" type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

Who will benefit from this funding? (max 150 words)

- 1. All Powys Health Visiting staff. Many of the team have struggled with the threat and reality of redeployment. The remainder of staff have had to quickly adapt to a new way of working, to cover a skeleton service during the pandemic. Specialist Community Public Health nurses and all staff members have had an overwhelming feeling of being undervalued, underutilised and frustrated during this time.**
- 2. All babies and mothers with babies born during 'lockdown'. These families have had a very limited, remotely provided Health Visiting service. When families have been contacted they have consistently expressed feelings of anxiety, and usually suffering from a lack of professional, and family support due to the current situation.**

How will this funding enhance service provision? (max 150 words)

We are washing and sanitising our hands more now. This excess use of water and chemicals can lead to dry, cracked and painful skin, leading to possible infection, so hand cream is vitally important.

As well as nourishing our hands physically, the application of hand cream may be considered an opportunity for a moment of mindfulness. During the pandemic staff and clients will have had stressful times to deal with, and having a moment to concentrate on moisturising your hands provides a chance to ease mental health by introducing a wellness technique.

The benefits of infant massage are widely recognised by health and social care staff. The opportunity to enhance the parent/ baby interaction, ease discomfort, and promote relaxation may be seen as a timely antidote to the

stressful times that many families have experienced, as well as providing an ideal opportunity for health visitors to reconnect with the families on their caseloads

What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)

I would like each member of the Health Visiting Team, including Managers, Health Visitors, Nursery nurses, and administration staff, to be supplied with one pot of organic, locally produced handcream. This would be provided along with a message regarding the importance of our physical and mental well-being.

$61 \times £6.40 = £390.40$

I would like each family that has had a 'lockdown baby' to be provided with a pack, containing hand cream plus baby massage oil, packaged ready to gift. Supplied locally and made from organic materials.

$315 \times £14.60 = £4,599$

Total cost = £4,989.40

Cream and oil based on pricing supplied by Earthbound organics, Craffryn Farm, Powys

Contact details

Name: Heather Lewis

Email address: heather.lewis2@wales.nhs.uk

Phone number: 07812679034

Delivery address (if applicable): Community Offices, Waterloo Road, Llandrindod Wells

Declaration

I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document.



I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found [here](#).



I confirm that this funding will only be used for the purposes specified in this application.		<input checked="checked" type="checkbox"/>
Applicant		
Name: Heather Lewis	Role: Flying Start Health Visitor	
Signature: HL	Date: 2.6.2020	
Authorising manager/executive		
Name:	Role:	
Signature:	Date:	

Please email this completed form to abe.sampson@wales.nhs.uk

Party Stella
06/26/2020 13:20:14

Approved items from COVID
Response Fund for Ratification

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Agenda Item: 2.5

Appendix 8 – Electronic Tablet Cover

PTHB Charitable Funds COVID-19 Response	
Please choose which category this request falls under:	
Improving staff wellbeing	<input type="checkbox"/>
Improving patient wellbeing	<input checked="" type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>
Who will benefit from this funding? (max 150 words)	
A bereaved family have kindly donated a new Samsung tablet to aid patients communication with their family. To improve the longevity of the tablet it would be beneficial for the tablet to have a robust cover	
How will this funding enhance service provision? (max 150 words)	
Promote health and wellbeing by encouraging patient to have communication with loved ones who can not attend the ward	
What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)	

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06/26/2020 13:29:48

Approved items from COVID
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Samsung Tab A 8 Kids Tablet Case - Orange

£24.99 * 1 Argos

Child product that is wipeable and can be dropped however colour is appropriate for all age group

Contact details

Name: Clare Robbins

Email address: Clare.robbins@wales.nhs.uk

Phone number: 01938 558936

Delivery address (if applicable): Maldwyn Ward, Welshpool Hospital. Salop Road. Welshpool. Powys SY21 7DU

Declaration

I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document. ☒

I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found [here](#). ☒

I confirm that this funding will only be used for the purposes specified in this application. ☒

Applicant

Name: Clare Robbins

Role: Senior Sister

Signature:



Date: 17/06/2020

Authorising manager/executive

Name: Judy Lloyd

Role: North CSM

Signature:



Date: 22/06/2020

Please email this completed form to abe.sampson@wales.nhs.uk

Appendix 9 – Staff wellbeing facilities

PTHB Charitable Funds COVID-19 Response	
Please choose which category this request falls under:	
Improving staff wellbeing	<input checked="" type="checkbox"/>
Improving patient wellbeing	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>
Who will benefit from this funding? (max 150 words)	
<p>Dementia Home Treatment Team.</p> <p>My team have worked hard throughout the COVID19 crisis, continuing to provide face to face support for people living with dementia in their own homes.</p> <p>Our team is expanding and we have outgrown our current offices. We will be moving to new premises shortly which currently have no facilities for staff breaks - to make a cup of tea, prepare lunch or to store our food safely.</p>	
How will this funding enhance service provision? (max 150 words)	
<p>This funding will enable us to set up a small staff break area.</p> <p>This would mean that my team would be able to take a well-earned break from their duties and relax / recharge their batteries away from their desks while enjoying a cup of decent coffee, preparing their lunch, and knowing that their food is stored safely</p> <p>This would help to improve the well being and morale of staff, boost productivity and promote an atmosphere conducive to effective team-working.</p>	
What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)	

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Bush Under Counter Fridge M5585UCF - £129.99
 Russell Hobbs Microwave RHM17333 - £49.99
 Russell Hobbs 20680 Buckingham Filter Coffee Machine (2x £29.99) - £ 59.98

All currently available in Argos – total = £ 239.96

Contact details

Name: Anna Voss

Email address: anna.voss@wales.nhs.uk

Phone number: 01874 615739

Delivery address (if applicable): DHTT, Ty Cloc, Bronllys Hospital, Bronllys, Powys, LD3 0LU

Declaration

I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document. ☒

I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found [here](#). ☒

I confirm that this funding will only be used for the purposes specified in this application. ☒

Applicant

Name: Anna Voss

Role: Team Leader

Signature: Anna Voss

Date: 22.06.2020

Authorising manager/executive

Name: Sharan Sharman

Role: Older People's Mental Health Manager

Signature: Sharan Sharman

Date: 22.06.2020

Please email this completed form to abe.sampson@wales.nhs.uk

Party Stella
06/26/2020 13:29

AGENDA ITEM: 2.6

Charitable Funds Committee		DATE OF MEETING: 1 st July 2020
Subject :	Bids for Approval	
Approved and Presented by:	Charity Manager	
Prepared by:	Charity Manager	
Considered by Executive Committee on:	Not considered at time of reporting	
Other Committees and meetings considered at:	N/A	

PURPOSE:

Receive items for approval from the Powys General Fund and items over £10,000 in value.

RECOMMENDATION(S):

The Charitable Funds Committee is requested to APPROVE the provision of funds for the following:

- **End of Life Programme**
- **Implementation of ChatHealth System**
- **Digital screen implementation (second stage)**
- **Training in subdermal contraceptives**
- **PGCE Diabetes Training**

Approval/Ratification/Decision¹

Discussion

Information

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

✓	x	x
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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	x
	2. Tackle the Big Four	x
	3. Enable Joined up Care	✓
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	✓
	6. Put Digital First	✓
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper is to request the Charitable Funds Committee approve the funding of the following:

- End of Life Programme – £86,350
- ChatHealth System - £16,144
- Digital screen implementation (second stage) – £78,000
- Training in subdermal contraceptives – £4,215
- PGCE Diabetes Training – £9,000

DETAILED BACKGROUND AND ASSESSMENT:

All items of expenditure from Charitable Funds must not be committed prior to the approval of expenditure from either the Charitable Funds Committee or the Assistant /Directorate Managers delegated with this responsibility in line with the Charitable Funds Strategy and Policy document. Items requesting funding from the Powys General Purposes Fund can only be approved by the Charitable Funds Committee.

Items over £10,000 from local funds and £5,000 from the COVID Response Fund must also receive approval from the Charitable Funds Committee as it is above the delegated limit set by the Committee.

Details of the bids to the Mid & South Powys Community & Palliative Services Legacy Fund can be found at Appendix 1.

Details of the bids to the COVID Response Fund can be found at Appendix 2.

Details of the bids to the Powys General Purposes Fund are included at Appendix 3-5.

NEXT STEPS:

None as a result of this paper.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified		Statement	

	None	Low	Moderate	High	<i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>
Clinical	✓				
Financial	✓				
Corporate	✓				
Operational	✓				
Reputational	✓				

Party: Stella
 06/26/2020 13:48:46

Appendix 1 – End of Life Programme

PTHB Charitable Funds SBAR Form

Please choose who will benefit from this proposal (select all that apply):

PTHB Staff and Volunteers	<input checked="" type="checkbox"/>
PTHB Patients	<input checked="" type="checkbox"/>
Community	<input checked="" type="checkbox"/>
Other (specify below)	<input type="checkbox"/>

Situation – Provide a brief summary of the proposal and outline what it aims to address. (max 200 words)

Powys Teaching Health Board (PTHB) provides End of Life Care (EOLC) in its community hospitals, care homes and in people's homes. Each death presents us with 'one chance to get it right' for patients and their families. Dame Cicely Saunders said 'how people die remains in the memory of those who live on' and therefore how each death is managed is the foundation on which people grieve.

In recent years, Palliative Care Suites have been built at some of our community hospitals which provide a better physical environment for palliative patients. This has highlighted that there is even more we can do to add value to the social, emotional, and spiritual care given to patients and families.

Covid-19 has presented challenges to how we deliver EOLC, highlighted the importance of communication skills, and shown that staff need more support both personally and professionally to manage the emotional impact of their work.

By developing a co-ordinated programme to focus on EOLC within PTHB, we can bring together the many strands, to ensure we deliver outstanding, holistic, personalised EOLC which is empowering for staff as well as patients and families, across the whole of Powys.

Background – Outline any relevant information that will provide context, including any previous proposals or projects. (max 750 words)

This bid for charitable funds to support an EOLC improvement project has been developed as a direct response to several drivers within PTHB, these include:

- The National Audit of Care at the End of Life (NACEL) identified areas of EOLC within PTHB that are in need of improvement (see assessment section for full details)
- The Bereavement Project within PTHB has highlighted the need for improvements within EOLC and the impact of EOLC on the experience of the bereaved. The close link between quality of EOLC and bereavement has been emphasised with the current Covid-19 pandemic
- The PTHB 'My Life, My Wishes' advance care plan for Powys highlights the need for excellence in EOLC and the need for patients who wish to plan for EOLC to be supported with their decision-making process
- Local hospital 'League of Friends' organisations have previously fundraised and been instrumental in creating Palliative Care Suites in Llanidloes, Brecon, Llandrindod, Welshpool, Knighton, and Bronllys hospitals. All our community hospitals regularly provide EOLC.

In November 2019, 5 ward sisters and palliative link nurses from our community hospitals visited Royal Shrewsbury Hospital to learn about the SWAN scheme and how the hospital has approached improving the experience of EOL patients. Innovations within Shrewsbury include:

- Provision of parking permits
- Bags containing comfort packs and information
- Improvements to physical environment including mortuary spaces
- Pet passports
- Refreshment vouchers
- 'Taste for pleasure' scheme which encourages relatives to be involved in mouth care using fluids of choice for dying patients

PTHB Ward staff and palliative link nurses were inspired by what could be achieved for EOLC within our community hospitals.

Our hospice partners, Severn Hospice, St David's Hospice, and St Michael's Hospice all provide specialist community support and inpatient beds for complex palliative care patients from Powys. They are increasingly focusing on community support and some have reduced their number of inpatient beds to reflect this shift in health care.

Work is ongoing within PTHB to be able to keep more complex patients within Powys, for example by improving our ability to manage oncological / palliative emergencies through the development of evidence based clinical guidance. Currently in development are guidelines for the management of malignant hypercalcaemia, and a standard operating procedure for the use of

wide bore naso-gastric drainage tubes for patients in malignant bowel obstruction.

In line with All Wales Policy, we have been encouraging staff to make greater use of the Care Decisions Document for the last days of Life, and this can be incorporated into the EOLC project.

In 2019 PTHB launched 'My Life, My Wishes,' the advance care plan for Powys - which is encouraging people to think about, discuss, and record their wishes for EOLC. As we open up and normalise the conversation about death and dying, patients and family's expectations around what is possible at EOL increases and we need to strive to meet their expectations. 'My Life, My Wishes' has become a 'Bevan Exemplar' project because of its innovative approach to involving the general public and third sector colleagues in becoming Advance Care Planning Champions. It is really important to recognise that although dying often happens within Health Board settings, it belongs to the community, and we will continue to involve PAVO and community organisations in developing and delivering this bid.

Patients generally want to be cared for close to loved ones, and community hospitals provide an excellent blend of palliative care, close to home. The 'Start Well, Live Well, Age Well' priorities for Powys could also include 'Die Well', and keeping more complex EOLC patients in Powys, is part of us delivering this vision well.

The End of Life Board for Wales commissioned a national report in 2019 which identified that bereavement was an issue that needs more strategic attention and support. There are [plans](#) to develop a national framework for bereavement in 2021-22. By focusing on the experience of bereaved people today, currently complicated by the ongoing Covid-19 pandemic, we can ensure that everyone has access to bereavement support when they need it.

There is work ongoing with the mental health teams around bereavement from suicide, and within the Maternity and Childrens' Directorate about support with miscarriage, and maternal loss.

Communication skills helpful during bereavement are fully transferable to other kinds of loss, and this project will contribute to improving PTHB workforce's general emotional literacy around loss and bereavement, with contributions in other settings as well. The implementation of the '6 Steps' programme to improve palliative and bereavement care in nursing and care homes has also raised the bar in Powys for EOLC provision.

In 2019 PTHB successfully bid for a £30,000 grant from Helpforce / Marie Curie to create a palliative care volunteering scheme. It is planned that this will get underway later this year and will be able to dovetail into this renewed focus on EOLC. The renewed focus on volunteering within PTHB may give opportunities for complementary therapists to further add value to this improvement project.

There is a growing recognition within PTHB that traditional models of

'Spiritual Care' do not meet everyone's needs, and that spiritual care is an important component of holistic care. This may be the focus of a future project, but it is hoped that this project may lay some practical foundations for engaging with this in the experience of our EOL patients.

The Covid-19 pandemic has also increased focus on staff wellbeing and emotional resilience. Issues around 'burnout' and 'compassion fatigue' amongst staff has had an increasing national profile, and the Workforce and Organisational Development team have been looking at ways of better supporting staff. EOL situations can be distressing for staff, especially when in small rural communities, patients and relatives are often personally known to staff. Increased emotional literacy and communication skills amongst staff benefits both staff cohesion, resilience, and patient care. Staff are often highly motivated to provide excellent EOLC across all settings, and have expressed a desire to have more resources and support to do this. Pride in what we can deliver for our patients will no doubt increase both staff wellbeing and emotional resilience, which in turn will improve patient care and experience.

Assessment – Please provide a detailed assessment of the available evidence with a view to addressing the problem. (max 750 words)

On average, nearly 250 people a year die in our community hospitals, 92% of them expected (WPAS). Evidence for the experience of family and friends for EOLC is largely anecdotal (thank you cards, donations to local charitable funds or other organisations). Improving how we gather data on EOLC is key to this project, so future improvements can be informed.

For the last 3 years PTHB has participated in the National Audit for Care at the End of Life (NACEL) audit. PTHB does not routinely gather data from friends and families post death so the information gathered was limited to the audit of clinical casenotes. Analysis from the NACEL audit 2018 identified that we were doing well at identifying dying patients and informing relatives that patients are dying. However, the audit also identified that improvements can be achieved in several areas:

- **Communication Skills**
 - DNACPR discussions
 - Assessing emotional and spiritual needs
- **Spiritual support**
 - Prayer rooms
 - Ensuring that patients have access to spiritual care support irrespective of religious beliefs
 - Referral to chaplaincy
- **Bereavement support**
 - Leaflets

- Signposting
- Access to counselling
- **Provision of comfort care packs for relatives/carers**
- **End of Life Care training not included in induction programme or mandatory training**
- **Absence of a non-executive director responsible for the oversight of the national guidance on learning from deaths agenda progress** (expected to be addressed through the medical examiner rollout)

The All Wales Care Decisions Document for the Last Days of Life aims to support the provision of evidence based, best practice in terms of symptom control and holistic care at EOL. Nationally 65% of reported deaths use the Care Decisions Tool, within Powys last year it was used in 50% of reported deaths across all settings. The momentum of the project will help to embed using the tool as evidence based best practice, and the Individual Care Review form included in the document which is analysed nationally, will add to our understanding of dying in Powys.

Similar projects to this in Royal Shrewsbury Hospital and in other acute hospitals have shown improvements to relative's perception of EOLC. It has also improved perceptions of staff around providing EOLC. The [SWAN](#) scheme has won awards in other hospitals for the improvements they have demonstrated in patient and relative experience. This will be the first time a project like this has been created in community hospitals.

There is a need for greater strategic focus on EOLC experiences in PTHB, as well as taking practical steps for frontline staff to improve patient and relative experience very quickly. This project will also allow for greater evaluation and monitoring of patient and relative experiences which will inform future innovations and improvements.

Recommendation – Detail your recommendation for the Charitable Funds Committee along with plans for evaluating the proposal and sustainability. (max 750 words)

The recommendation is for a multi-faceted holistic EOLC improvement project which will add value to EOL experiences for patients, families, and staff across PTHB. Front line staff will be supported and empowered to deliver outstanding and individualised EOLC, supported by the Specialist Palliative Care Team (SPCT).

The project will focus on community hospitals, but it is hoped the learning and resources will support improving EOLC in other settings over time.

A steering group comprising representatives from 3 community hospitals, SPCT, senior nursing colleagues, finance, PAVO, communication and engagement, workforce and organisational development, and staff wellbeing will oversee the implementation of the project.

This charitable funding bid is for an 18-month project, which allows for the uncertainty created by the Covid-19 pandemic, and will allow for the EOL charitable fund to be established to sustain the project for the longer term.

Reporting back to the committee will be at 6 months, 12 months, and a final evaluation after 18 months.

The bid would support the following areas:

- Training in communication skills around loss and bereavement for 300 frontline staff (details and training partner to be confirmed, ideally similar to training offered by Cruse (details available [here](#)), to be tailored to needs of PTHB and to go through standard procurement procedures, and building on the Sage and Thyme work)
- Engagement project to support development of Powys EOL brand so it becomes e.g. 'Swan scheme at Llanidloes Hospital' and branding is consistent across literature, bags, and signage, but sites don't lose their local distinctiveness. This would include development of a PTHB EOLC Palliative fund which the Health Board Charity have agreed to proactively support, with fundraising campaigns to raise awareness and encourage donations, with the aim of the EOLC improvement project becoming self-funding
- Filming and distribution of virtual tours of palliative care facilities to empower patients and relatives to make informed choices regarding preferred place of care and preferred place of death
- Provision of literature for patients and families, including - 'Signs and symptoms of dying', 'What to do after someone has died' and 'Living with grief and Loss.
- Budget of £3,000-£5000 for each community hospital ward to select items to improve the physical and emotional environment for EOL patients (especially those without palliative care suites who can choose items to create 'pop-up' EOL rooms). To include, mood lighting, music technology, leaflet racks, artwork, kitchen appliances for relatives etc.
- Creation of 300 care bags for relatives to include tissues, small box to put jewellery and lock of hair in, information, non-plastic property bags, condolence card from ward staff etc.
- Memorial books for each ward and support if staff wish to organise annual memorial events e.g. tea for relatives, memorial service
- Development of pet visiting policy to allow animals to visit patients (at discretion of ward sister with awareness of infection control considerations)
- Development of a feedback form for families after a death (used in all settings) to provide opportunity for people to reflect on their experience, and to provide information on how PTHB can improve EOLC
- Work with our existing chaplains and hospice partners to look at the spiritual care provision in our community hospitals, and ensure that referral routes are easy, and staff are aware of support available
- Consideration of the experience of children and young people, and

adults with additional needs, in visiting EOL patients

Evaluation

Currently, we only have anecdotal evidence from relatives and staff that the quality of EOLC we provide to families is good. Dissatisfaction is mostly expressed through engagement with the patient experience team. Getting better information from families about the quality of their experience and how it could have been improved is crucial to guide the continuing focus of the project.

An integral part of the EOLC improvement project would be audit of EOLC. Initially, a baseline audit of the current service provision for EOLC within PTHB would be required; this would involve collecting information from bereaved Powys residents, and also PTHB staff in relation to experiences in receiving / providing EOLC within PTHB. This audit data would provide valuable feedback with regards to what we are currently doing well, and also identify areas in need of improvement. Should the baseline data highlight areas in need of improvement not yet identified the EOLC improvement project could provide an ability to address these issues also. Baseline data will also be invaluable in being able to measure the impact of the EOLC improvement project in the longer term.

The provision of standardised information leaflets after an expected death would provide the opportunity for a post bereavement feedback form.

This feedback will also inform the report to the charitable committee at six, twelve, and eighteen months.

Sustainability

Currently many people supported by the SPCT and community hospital staff donate money to national cancer charities or hospices in memory of their loved one. This project gives an opportunity to create a designated charitable fund for EOLC in PTHB which overtime could become self-sustaining, helping to add value to the EOL experiences of our population, and celebrate the excellent EOLC provided within PTHB.

Future training costs and resources beyond this 18-month project would be met from donations to this designated fund. Welsh Government has just announced a further £1million to support EOL care across Wales, and this money could be used to fund staff time to support this project and other innovations in EOLC.

Resources - Try to provide a detailed breakdown of the budget and resources required, including quantities and cost per item.

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Bids for Approval

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Charitable Funds Committee
01/07/2020
Agenda Item: 2.6

Training in communication skills around loss and bereavement for 300 PTHB Staff at approx. £70 per person for 2.5-hour interactive seminar (in person if social distancing allows), plus procurement costs	£24,150
Budget of £3,000 - £5,000 for each community hospital to select items for improvements to their EOL facility (can include pop up EOLC rooms for those who do not have designated palliative care suites)	£40,000
Engagement – external design support for PTHB EOL 'brand' and associated costs	£3,000
Printing materials, including but not limited to 'Signs and Symptoms of Dying', 'What to do after someone dies', 'Grief and Loss', 'Pet Passports', Feedback forms with freepost return. Printing costs to include small folder to contain information and feedback form	£7,000
Filming of virtual tours and distribution at 9 PTHB sites	£4,500
300 comfort packs for relatives, including non-plastic property bags for returning patient property after death, small box for jewellery / hair lock, tissues, etc.	£3,500
Memorial books	£200
Contingency for unexpected developments and opportunities	£4,000
TOTAL	£86,350
N.B. any unspent resource will be put back into the new EOL care fund	
Contact details	
Name: Charity Garnett / Louise Hymers	

Email address: charity.garnett@wales.nhs.uk / louise.hymers@wales.nhs.uk	
Phone number: 07468766589	
Delivery address (if applicable):	
Declaration	
I have read the PTHB Charitable Funds staff guidance document.	<input checked="" type="checkbox"/>
I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found here .	<input checked="" type="checkbox"/>
I confirm that this funding will only be used for the purposes specified in this application.	<input checked="" type="checkbox"/>
Applicant	
Name:	Role:
Signature:	Date:
Approving manager/executive	
Name:	Role:
Signature:	Date:

Please email this completed form to abe.sampson@wales.nhs.uk

Appendix 1.1 –project timeline

Project Output or Milestone	Actions	Start Date	End Date	Resources
Communication skills training programme	Develop programme and secure training partner	07/20	09/20	WOD 3 rd sector partners
	Deliver online/in-person training programme, range of dates and times for 300 people	09/20	05/21	
Improvements for community hospitals EOL facilities	Collaboratively identify equipment or improvements required and procure.	07/20	09/20	Ward sisters, league of friends, link nurses, Estates
	Installation and integration of equipment	09/20	06/21	Estates, ward sisters
Develop consistent brand for project	Engagement exercise and development with Comms team	07/20	09/20	Steering group, Comms and engagement team, external designers
Literature available for patients and relatives on wards and in other settings	Finalise design and agree printing	08/20		Comms team, ?external printers.
	Distribute literature to all a ward areas and ensure they can be reordered.	09/20	09/20	SPCT, printing, ward sisters.
Improvements to community hospitals EOL environment	Ward teams to identify priorities	08/20	08/20	Ward sisters, SPCT input

	Procurement and installation	09/20	03/21	Ward teams, SPCT, estates
	Publicity and celebration	09/20	03/21	Comms and engagement
Creation and distribution of 300 care bags including patient property bags, info packs and tissues etc.	Sourcing, packing and distributing bags. Organising places for storage on each ward	09/20	11/20	Steering group, SPCT, ward sisters
Development of virtual tours for patients/relatives considering admission	Filming short videos in each location. Distribution and accessibility	09/20	03/21	Ward staff, ICT, comms team, tech buddies?
Feedback and evaluation	Development of feedback form	08/20	09/20	Q and S team, patient experience team, SPCT
	System for monitoring and reporting on patient experience	09/20	ongoing	SPCT, Q and S team

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Appendix 1.2 –Current palliative care facilities at community hospitals

Community Hospital	Palliative Care Suite?	Name?	Beds	Relative resources	Issues	Initial requests
Llanidloes	Yes	The Garden Rooms	2	Shared relative's room with kitchen. Access to garden		
Machynlleth	No		0		Plan to include palliative care suite in future redevelopment of hospital	
Newtown	No		0		Places for relative to stay.	
Welshpool	Yes	the garden suite'	1	Relatives room with two recliner chairs and adjoining bathroom - access to garden.		Artwork , opening window (room only has a door)
Ystradgynlais	No		0		Has some money available for a palliative care suite (in discussion with charitable funds)	
Brecon	Yes		2	shared relatives	Patient access to garden	Microwave for relative,

				room, sofa bed, refreshment station,		artwork
Bronllys	Yes	Myned d View'	1	Sofa, refreshment station, doors to garden	Patient access to garden	
Llandrindod	Yes		1	Kitchen, comfortable chairs		
Knighton	Yes		1	Kitchen Comfortable chairs	Hospital currently closed	
Glan Irfon, Builth Wells	No		0		Not routinely providing EOL care	

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Appendix 2 – ChatHealth Service

PTHB Charitable Funds COVID-19 Response

Please choose which category this request falls under:

Improving staff wellbeing	<input checked="" type="checkbox"/>
Improving patient wellbeing	<input checked="" type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

Who will benefit from this funding? (max 150 words)

Funding is being requested to implement the Chat health secure text messaging platform that provides confidential help and advice to service users.

Chat health would increase accessibility of the PTHB School Nursing service to children, young people and parents throughout Powys. The service would limit barriers to accessing health information associated with rurality and current closures. Electively home educated, non-school attendees or those attending Further Education or Pupil Referral Units, will benefit through enabling access to the school nursing service otherwise unavailable. Advice regarding topical issues such as emotional health and wellbeing could be accessed when most needed.

The Chat health system is a web based portal which is centrally managed by a team rather than individual resulting in a shared responsibility, increased transparency and service sustainability. Improved accessibility would also benefit the inter and intra professional teams through improved joined up working and reduce unnecessary referrals to other services.

How will this funding enhance service provision? (max 150 words)

Covid-19 is having a profound impact on the nations mental health, 83% of children and young people agreed their mental health has become worse, with 26% saying they could no longer access mental health support (Young Minds, 2020). In the absence of face to face contact, online and digital services to facilitate ongoing and existing support has been highlighted as important by young people (Young Minds, 2020).

Restrictions and social distancing measures have limited social connections in some cases creating concerns about family finances and dangerous home environments and finances, with young people feeling isolated (Young Minds, 2020).

Chat health would increase reach to these vulnerable groups, and enable the health board to deliver more care with the same resource improving timeliness and efficiency of services. Monthly reports provided by Chat health would demonstrate the top contact types e.g. stress/anxiety, sexual health, appointment requests, also facilitating measurability and auditing processes.

What items are you requesting? Try to provide a detailed breakdown of the funding required, including quantities and cost per item. (max 100 words)

The request is for the first years costs of implementing the Chat health service, as below;

ChatHealth Set up costs (Capital)	£6,000.00
ChatHealth Annual licence x12 (Revenue)	£7,344.00
SMS costs	£800.00
Marketing costs (Revenue)	£2,000.00
Total	£16,144.00

This includes:

- Set up of the ChatHealth system
- Training for 12 staff members holding a license
- An introduction session before go live to all staff within the service and stakeholders
- Full project management throughout implementation
- Example marketing costs, SOP's, templates, guidance for staff, audit tools, user guides.
- Full support after go live from 9 till 5 weekdays excluding bank and public holidays
- Client relationship management
- Monthly data reports - for example - messages sent & received, conversations open & closed, busiest hour, busiest day, busiest month and type of contact.
- Any internal marketing costs that the organisation will incur such as developing a poster, printing of materials etc.
- SMS costs for messages being sent out to service users


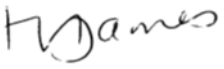
Contact details

Name: Rebecca Hamley-Locke

Email address: Rebecca.Hamley-Locke@wales.nhs.uk

Phone number: 07967 803 130

Delivery address (if applicable):

Declaration	
I have read the PTHB Charitable Funds COVID-19 response fund criteria and guidance document.	<input checked="" type="checkbox"/>
I have read the FCP (INTERIM) – COVID 19 Decision Making & Financial Governance document found here .	<input checked="" type="checkbox"/>
I confirm that this funding will only be used for the purposes specified in this application.	<input checked="" type="checkbox"/>
Applicant	
Name: R.Hamley-Locke	Role: School Nurse Team Leader
Signature: 	Date: 02/06/2020
Authorising manager/executive	
Name: Helen James	Role: Assistant Director Women and Children
Signature: 	Date: 03/06/2020

Please email this completed form to abe.sampson@wales.nhs.uk

Appendix 2.1 - ChatHealth Business Case

1. Executive Summary:

Communications culture is changing and we recognise the prolific growth in the use of messaging as an alternative to voice calls and other forms of communication. We live in an increasingly digital world. On a daily basis people use technology and digital platforms to manage their lives, both personally and professionally: online banking, internet shopping, to communicate with family and friends and now to access health professionals. In their Communications Market Report 2017, Ofcom recognised “in today’s connected world, people increasingly expect to be able to access online services whenever they want and wherever they are” (Ofcom, Communications Market Report: Telecoms and Networks, 2017, page 131).

We are keen for our services to be accessible and for service users to be able to contact us in the most convenient and timely way. We recognise that service users and staff value messaging as a communications medium and that robust guidance is needed to ensure all communication happens safely and securely. We know that risks occur when a member of staff shares their mobile phone number with a service user so we wanted to mitigate that risk by using a shared safe and accessible platform. Risk includes the member of staff going off sick or going on holiday and leaving the phone in their desk drawer switched off. It could also lead to service users contacting the staff out of hours or in the middle of the night.

We also need to reach vulnerable groups of people that may not or cannot attend clinics for face to face appointments, offer support to those that may not have previously sought it and to help staff work more efficiently whilst offering service users greater flexibility in the way they interact with health professionals.

Whilst looking at options for this service we felt that it would be too costly to create a digital system from scratch. Leicestershire Partnership NHS Trust created a safe and secure messaging system in 2013 for young people aged 11-19 which has since grown across the UK and now has a parent’s line for parents of 0-19’s. This is known as ChatHealth.

Prior to launching the text messaging service, staff at Leicestershire Partnership NHS Trust carried out co-design work with service users around the issue of digital access to healthcare. Those service users fed back that some young people sometimes feel less comfortable accessing healthcare face to face and would rather use something that stays anonymous and confidential. For that reason, it is clearly important to offer choice to service users about the ways they can access services, to thoroughly evaluate changes to service delivery and to gain feedback from staff and service users on a regular basis.

There are also a number of national expectations to introduce digital channels into healthcare delivery, such as the five year NHS digital strategy document published by the National Information

Bureau, “Personalised Health and Care 2020, Using Data and Technology to Transform Outcomes for Patients and Citizens” and the Framework for Commissioning in Nursing published by NHS England.

This business case describes the benefits of deploying ChatHealth into our service for both young people and parents and carers and is to obtain financial approval to commence with this project.

2. Introduction and Overview:

ChatHealth is a confidential help and advice tool which enables safe and secure messaging between healthcare professionals and service users. It enables staff to provide support to service users who are making contact via SMS messaging. (App-based instant messaging is also soon to be added.) It is not a 24/7 service and has bounce back messages stating this in and out of hours. It is an anonymous and confidential service although service users can be identified where there are safeguarding issues. It is a web application only available on the N3 network and works on a named user license basis so is fully auditable. It is provided as software as a service (SaaS) and the ChatHealth support team will facilitate implementation and provide full training.

It has been very successful and has now been rolled out across the UK to many different Trusts and organisations. It is a unique system and there isn't any other digital system available like ChatHealth. It is quick and easy to use, increases reach to service users, extends the service provision and is an efficient way for staff to work. Health visiting teams have found they can typically have four times as many contacts through ChatHealth than face to face clinics. It has been assessed and accepted into the NHS Digital library, has had the seal of approval from NICE, has also won numerous awards such as the NHS England's innovation challenge prize (See Appendix A) and it has been accepted into the Academic Health Science Network's prestigious atlas of high impact innovations for health and care. It has been adopted into over 41 organisations around the U.K. with over 1500 health professionals using the service. Over 2 million young people have access to ChatHealth and parents and carers of over one million children too. Over 97% of feedback from parents/carers has been 4 or 5 stars.

Use of the ChatHealth application will improve reach, timeliness and efficiency of services. It is more age appropriate for younger service users and encourages access from underserved groups who otherwise might not engage about difficult and sensitive issues. Typically 40% of messages from young people are about emotional/mental health and wellbeing and they find it easier to ask difficult or sensitive questions. The highest contact type from parents/carers is worried well queries.

3. Assessment of benefits:

ChatHealth enables the safe setting up of a large scale messaging service with typically a 1,000 contacts per year in public health/school nursing services and around 3,500 in health visiting services. We can reach more people with the same resources. The key to success is promotion and getting the mobile number advertised for ChatHealth. With ChatHealth, business cards can be sent as well as direct letters to home schooled children. Business cards can also be given to young people in the schools for example. Stickers can be put in red books and posters can be displayed in GP Practices, nurseries, schools and community centres. It can accessed either from their own homes rather than coming into the schools to see the public health/school nurse or health visiting clinics and they feel more confident to open up as ChatHealth is anonymous if they want it to be. They can access this system in a matter of seconds by sending a text rather than waiting to see a health care professional

or being referred so its quick and easy access for them and it removes barriers of geography and transport. You can ask for feedback on ChatHealth at the end of a conversation to see how you are helping them and what ways you can improve.

The ChatHealth system will be available anytime but they will only get a response from a health professional during opening hours. An initial bounce back message is received which sign posts to local information and informs the service user that they will get a response within 24 hours. For out of hours they will get a different bounce back which will have information about what to do in an emergency and will sign post to alternative sources of help. These bounce backs can be localised and edited by ourselves but a template is supplied. It's use may allow easier and more regular contact between public health/school nurses and pupils, health visitors and parents/carers which may prevent problems escalating and the need for more costly interventions. ChatHealth has led to the public health/school nurse and health visitor services being used by people who may not have previously used it across a broader range of issues. Generally only 3% of contacts get escalated to targeted input. See the case study in Appendix A from Cambridge Community Services NHS Trust.

Another safety measure developed by ChatHealth is that the tool sends staff notifications when new messages arrive. The tool also has team-based inboxes so it is an open and transparent system therefore enabling shared responsibility of messaging conversations, helping to ensure no messages are missed.

Immediate outcomes expected for benefit of children and families:

1. Improved and more convenient access to the SCPHN and School Nursing service.
2. Children & young people can contact public health/school nurses during the school holidays.
3. Improved response to need which will lead to earlier intervention.
4. Improved, quick and easy access to health advice and support for children, young people and their families.
5. Swift response to text messages within the core hours of service delivery.
6. User friendly/age appropriate resources that are localised.
7. Targeted provision for more vulnerable young people and adults that may find it difficult to access services.
8. Extends service provision to service users that may have not previously accessed the service.
9. Transcripts of the messages can be copied over to the EPR where a service user has been identified, enriching the patient record. Anonymous transcripts can be downloaded as pdf's and stored in a secure drive.

How will the outcomes be measured?

Measuring outcomes will be achieved by the following:-

1. Feedback from staff – with actions and remedies to issues raised.
2. Feedback from service users – with actions and remedies to issues raised.
3. The number of face to face contacts achieved against comparative data
4. The data spreadsheets received from the ChatHealth team showing messages received, messages sent, conversations opened and closed, busiest week, day and hour and contact types.

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5. Contact types can be recorded against each conversation enabling us to understand what the issues are and be able to target those areas appropriately.
6. Annual audit of the ChatHealth messages and how the staff responded.

Expected impact of the project in the first year on sustainable delivery:

- Short term impact: increased accessibility of the public health/school nursing service, quicker response therefore making good use of staff time. Staff will be able to manage greater number of enquiries within existing resources whilst making it easier to offer more timely face to face discussions for those who would most benefit. Increase in first time users and contact with adolescent boys and men. (Adoption and spread of innovation in the NHS – Kings Fund 2018).
- Long-term impact: improved service delivery by swifter response evidence by feedback from users, mechanism for staff to manage their availability and their caseload and to share cases within teams. Nurses report that record keeping is efficient using the transcribing feature within the system.

Describe how the outcomes of the project in terms of impact/change for the benefit of children and families will be sustained in future contract years.

The audit program will continue for each year of the contract, resolving any issues as they are identified. The monthly data reports will be ongoing throughout the life of the contract.

1. Wider reach of access for children, young people, and parents/carers to the universal service for information, advice, being able to reach four times as many young people and parents/carers as doing a face to face session. Messaging is quick and easy to use.
2. A convenient and anonymous way for young people/parents and carers to seek help leading to earlier intervention with a broader range of queries. Typically 95% of contacts are anonymous with young people, asking questions they may not have previously asked.
3. Strengthens and complements the universal face to face support offered by Public Health/School Nurses through a digital offer which could be integrated with other services such as Health Visiting, CAMHS, Speech and Language Therapy, nutrition and dietetics.
4. Improved access to healthcare for more children and teenagers/parents and carers who would be reluctant to engage directly with health professionals.
5. Reaches underserved teens with 1 in 5 male users compared to 1 in 10 face to face contacts.
6. Increased contact from fathers as historically this has been limited.
7. Improved safety for both staff and service users.

8. Reduces unnecessary GP appointments.
9. Reduces telephone calls/answer phone messages to busy SN lines.

At the moment there is a major risk of messages going unanswered out-of-hours, losing audit trails and holding sensitive information on handsets. The benefit of using ChatHealth significantly outweighs the cost. All information will be stored securely and there is a full audit trail. It notifies staff when action is needed and it allows health professionals to manage messages as a team without giving out numbers for personal handsets.

4. Cost / Benefits Assessment/Financial Case

ChatHealth delivers more care with the same resource. One public health/school nursing team runs its messaging service with 0.5WTE staff from within existing capacity, at a combined cost (salary and product licensing) of £10k less a WTE post. The nurse running the service supports their entire population of 85,000 pupils and delivers 50 contacts p.c.m. These low-cost additional contacts eliminate unnecessary face-to-face contact (more resource intensive, more costly to taxpayers). They say it would take four more staff to deliver the same number of additional contacts face-to-face, costing £150k. Teams which establish a new mix of face-to-face/messaging care could deliver much more contacts for far less cost. If 100 public health/school nursing teams in England simply switched to having one nurse staffing a messaging service, there would be an immediate annual NHS saving of £1m and 60K additional contacts. This table shows an example comparison over the first year:

4 public health nurses delivering 50 face to face contacts a month	vs	One public health nurse 37.5k plus 1 st yr of ChatHealth costs 17.7k delivering 50 ChatHealth contacts a month
COSTS 150K		COSTS 55.2K

Year one funded could be through capital expenditure. There is no VAT to pay for NHS organisations. ChatHealth is easy to procure and is also available through G-Cloud, often is below procurement threshold for three competitive quotes, no complicated contractual arrangements and has a standard notice period. This next table shows you the costs of the setup, annual licenses costs, SMS costs and marketing costs for ChatHealth as applicable to Powys Teaching Health Board. The setup is a one off charge. Licenses can be increased anytime during the contract and the licensing scale is attached in the Appendix A. The yearly costs have been broken down to show potential costs over a 5 year period.

ChatHealth	2020/21	2021/22	2022/23	2023/24	2024/25
ChatHealth Set up costs (Capital)	£6,000.00	£0.00	£0.00	£0.00	£0.00

ChatHealth					
Annual licence x12 (Revenue)	£7,344.00	£7,344.00	£7,344.00	£7,344.00	£7,344.00
SMS costs	£800.00	£800.00	£800.00	£800.00	£800.00
Marketing costs (Revenue)	£2,000.00	£2,000.00	£2,000.00	£2,000.00	£2,000.00
Total	£16,144.00	£10,144.00	£10,144.00	£10,144.00	£10,144.00

This includes:

- Full set up of the ChatHealth system
- Training for all 12 staff members that hold a license for the cost of training 10 staff members.
- An introduction session before go live to all staff within the service and stakeholders
- Full project management throughout implementation
- Example marketing costs, SOP's, templates, guidance for staff, audit tools, user guides.
- Full support after go live from 9 till 5 weekdays excluding bank and public holidays
- Client relationship management
- Monthly data reports - for example - messages sent & received, conversations open & closed, busiest hour, busiest day, busiest month and type of contact.
- Any internal marketing costs that the organisation will incur such as developing a poster, printing of materials etc.
- SMS costs for messages being sent out to service users

5. Option appraisal – Recommended option/Commercial Case:

The recommended option is to implement ChatHealth which has been tried and tested in over 41 organisations around the UK with over 1,500 staff users, over 2 million young people having access and many more parents and carers. This will enable us to provide high quality services and be able to competitively tender for existing and possibly new services. It has been evaluated by NICE guidelines and is on the NHS Digital apps library.

If we do not implement this service we could fail to competitively compete for future tenders and possibly lose the existing service that we hold. Other apps that have 'staffed services' would threaten our existing workforce by introducing third party staff to run our service through these apps. Many of these staffed apps are run by volunteers and not fully trained health professionals and are often nationwide rather than local, meaning they don't always have access to localised information and services. Many apps do not have a safely managed infrastructure like ChatHealth and are therefore

open to data breaches or data loss. There would be no control over information security and nothing would be recorded against the EPR.

6. Key assumptions and dependencies:

One of the key dependencies would include marketing the ChatHealth service once we are live. The key to success is marketing so if the service does not advertise the number to its service users appropriately, messages will not be received. Using outside services such as immunisation teams, schools and GP's to assist with the marketing will have a direct impact on the service. Promotion needs to happen on a regular basis to keep young people engaged. Health professionals would need to hand out business cards and promote within assemblies and school fairs as a base line. Promotional material will need to be developed, printed and distributed across the area. If a school is not happy for us to promote within the school we would need to look at alternative ways to get the message to those young people. Immunisation teams could be supplied with the materials to hand out to parents and carers when they attend.

SMS costs are subject to change dependent on usage. If a huge amount of messages arrive in the inbox there may be a need to top up the credit above the agreed £800.00.

Key assumptions would include those outside services being agreeable to help promote ChatHealth and also the health professionals promoting the service.

7. Resource requirements and costs/Management Case:

With a ChatHealth deployment, innovation does not have to be an operational risk or burden. That risk will be mitigated through the supported deployment process. ChatHealth is a supported delivery that ensures certainty of a successful implementation and also long term success. The ChatHealth team has a long successful history of many deployments across the U.K. and provides a raft of documents to support the process. There is a governance framework which short cuts adopting organisations to deliver best practice and first time success. What the adopting organisation needs to bring to the table is a change lead, management input for calls, training venue which meets pre-requisites, a small amount of IT support, marketing support and a budget. A full implementation project plan is provided and a project manager guides the adopting organisation throughout the deployment process. No new equipment is required as the service can access the system over the N3 network with existing laptops or desktop PC's.

The costs of the system would not increase if the implementation slipped but there would be a manpower cost to salaries for the change lead so it is important to stick to the timelines. Staff will need 2 hours training on ChatHealth and the change lead would be needed for roughly 3 whole days during the course of the implementation period. This is a minimal cost to the service. Minimal IT input is required.

There are no other costs or resources required to implement this service.

8. Timescales:

Detailed timeline of the project

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The project will have the ChatHealth team to support the set up and there will be ongoing technical support. Implementation takes around 12 weeks.

ChatHealth implementation:

1. Set up/sign off contract/quote with provider and sign contract.
2. Attend kick off call and assist with configuration of software which includes example templates, attributes, bounce back messages and SOPs documentation to support the project delivery and assurance process such as guidance for staff and stakeholder communications materials.
3. Attend various conference calls to discuss clinical, marketing and IT work streams.
4. Site visits by ChatHealth team to deliver a staff training session and an introduction session.
5. The implementation of ChatHealth will be supported by a Client Relationship Manager, clinical lead and product customer support officer from LPT.
6. Go live of ChatHealth service.
7. Invoice for first year will be due.
8. Communication and promotion of ChatHealth to parents/carers, children, and young people and wider stakeholders.

Post go-live:

1. Ongoing monthly reports provided by the ChatHealth team.
2. Annual staff view surveys sent out by the ChatHealth team.
3. Ongoing after sales support from the ChatHealth team including national calls with the clinical lead.
4. Staff to constantly promote the service to users.
5. Staff to attend internal monthly meeting to discuss ChatHealth and messages received/sent to improve skill sets.
6. ChatHealth CRM to hold quarterly reviews with service.
7. Up to 5 license holders to be trained up to super users of the system to help administrate.
8. Regular audits to be done with the use of the ChatHealth audit tool.

9. Conclusions and Recommendation:

With safety and security assured, health professionals can now provide industrial scale messaging enquiries services supporting young people's and parents and carers mental health. It improves access, widens the choice and increases the reach to healthcare services using digital platforms, is innovative, age appropriate and helps with earlier intervention. It is also an efficient way of working for our staff providing a wide range of health advice.

We recommend that ChatHealth is purchased for our service to improve access to services in our area and to raise the profile of our health professionals. This will be an additional way for our service users to access our services alongside face to face clinics. If our public health nursing team does not improve access using digital solutions we will not be able to successfully compete for tenders or we could fail to meet our service specifications and KPI's.

10. Appendices:

1. The ChatHealth licensing scale is attached below:



Adobe Acrobat
Document

2. Patient Experience Network Case Study: <http://patientexperiencenetwork.org/case-studies/showcases-the-overall-winner-at-this-years-pen-national-awards/>
3. Staff case study from CCS NHS Trust



Adobe Acrobat
Document

4. NICE evaluation can be requested from the ChatHealth team.
5. Some of the many feedback quotes from service users:

‘Responded so quickly and answered all questions thoroughly. I felt anxious this morning but now I'm happy with the advice I've been given and know when to seek additional help. It has prevented an unnecessary appointment at the GP today. Very valuable service!’

‘I love this service. It's great to be able to text in as I can ask questions I'm not comfortable raising on the phone or in person. Especially little problems that I wouldn't normally ask. It just gives me peace of mind.’

‘Quick response, easy to use and efficient. I would use this service again and recommend to others that would find it useful. Thank you.’

‘I am a million per cent satisfies, thank you, 5/5. You did more than enough, thank you.’

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Appendix 3- SBAR on Digital Screens Second Phase

Prepared by Tin Mellerick-Wheeler, Communications Manager, 18 May 2020

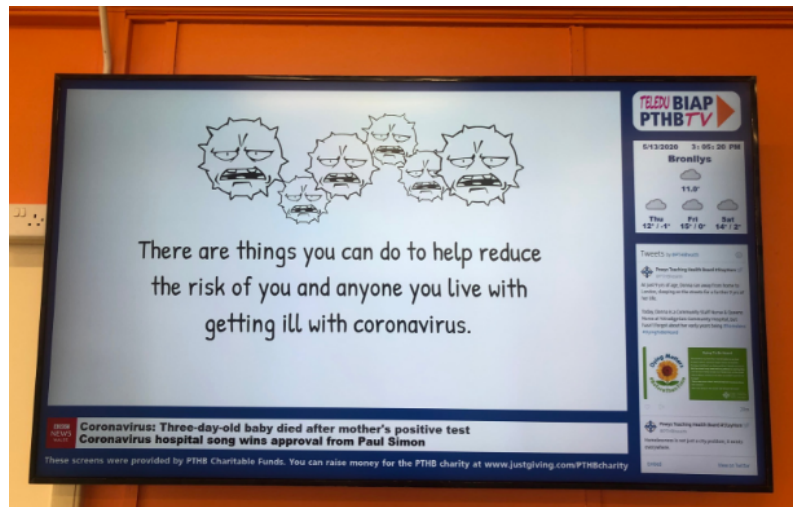
Situation

Delivery of fast-paced messaging to staff and public is difficult across an area the size of Powys. Not all staff have regular access to channels such as email, intranet and social media.

Following the agreement for phase one of this project, 11 staff-facing digital screens have been installed, one per hospital, plus Glan Irfon and one screen in the Executive Offices in Glasbury House.

As we prepare for hospitals to re-open to visitors and outpatients, the ability to display messaging and guidance to the public will be essential to ensure we are able to operate as efficiently as possible while maintaining COVID-19 social distancing precautions where at all possible.

This SBAR proposes that we consider phase two investment in public facing screens across all PTHB locations.



Background

Digital Display screens are used across other health boards and other industries as a standard way to reach people with the latest messages.

The current COVID-19 pandemic has highlighted the benefit a comprehensive suite of such screens would have brought, reducing the need for posters to be printed and distributed across the county, keeping staff updated in a timely fashion and ensuring that out-of-date material is not being displayed.

Phase one saw a screen installed in the canteen, staff room or other strategic location to reach as many staff members as possible. At the time of writing this paper, the screens have been in place for less than a week and have already been instrumental in delivering urgent messaging to staff.

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The initial paper described phase two as being waiting area based screens for consideration in May 2020. The fast-paced nature of the current pandemic situation has highlighted an additional need for hospital entrance signage and therefore this second proposal again has two parts – one for entrances and one for waiting areas.

Assessment

Installation of public facing screens before we re-open hospital services will greatly enhance our ability to help guide and inform patients and visitors to our sites during the on-going COVID-19 pandemic. They will then have considerable on-going benefit in the long run to deliver public health messaging and informational updates across the health board.

Patient journey [subject to project approval]

Patients arriving at our sites will be looking for signage, given the changes during COVID they will be expecting things to be different even though many will have attended previously.

All visitors to the hospital will pass by a display screen at the entrance. They will not spend much time in sight of these screens so the messages will need to be big and bold. Giving clear signposting and of course meet our bilingual requirements (a mock-up screen is shown here).

We do not have figures for the total number of people who pass through the entrances to our hospitals but it will by definition be considerably higher than the number of outpatient visits identified below.

Many visitors will then be going to outpatient and MIU waiting areas where they will generally sit for a while waiting for their appointment. These patients, and the companions that often accompany them, will have an extended period of time where we can expose them to longer and more detailed messages on a range of public health topics. These would include videos (with bilingual subtitles), slides, BBC news and social media in a similar format to the staff screens.

More than 175,000 outpatient appointments took place in Powys hospitals and centres last year. Many of these



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patients will also have been accompanied by a companion and therefore it is a reasonable estimate to suggest that there would be more than 250,000 opportunities to view these screens.

The north of the county has previously invested in a small number of free-standing displays (which require a USB stick to be inserted to make any updates) which have highlighted both the benefits of digital signage, while also confirming why a centrally controlled system would be far more appropriate and easier to manage.

It is hoped that rather than these units becoming obsolete, phase two would be able to retro-fit them with an upgrade to incorporate them into the corporate signage network.

Screen implementation has been divided into two categories – entrance screens and waiting area screens. It is suggested that both are taken forward at this time, however if budgets do not allow for this then there are benefits to either option and a number of alternatives have been suggested below.

Option 1: Phased Deployment, prioritising entrances

Initial phase: Install 19 screens at entrances to all major PTHB sites across Powys. Circa **£42,000 (3 year costs)**

- One public screen per site entrance in Powys as identified below. Screens to be free-standing to give the best visibility while ensuring they do not interfere with access. Re-use the four existing screens in the north, upgrading to use PingHD software and be centrally controlled.

Future phase: Install 18 screens in all major waiting areas in PTHB sites across Powys. Circa **£32,000 (3 year costs)**

- One wall-mounted public screen per outpatient waiting room/area as identified below.

Option 2: Pilot in Llandrindod Wells

- Funding for a waiting room area screen in Llandrindod Wells which would be implemented alongside an existing totem screen unit in order to pilot the system. **Cost circa £2,000.**

Deployment considerations include:

- **Costs and procurement** – the cost of these screens ranges from £750 to repurpose a single existing totem unit, to £78,000 to buy and install screens at all waiting areas and entrance areas. Available budget is of course a key consideration. Subject to approval, a formal procurement process will be initiated.
- **Procurement** to be based on PingHD software as an essential item in order to integrate with our existing network of staff-facing screens.
- Installation – **Estates** has confirmed that they are able to carry out the installation work in their current COVID-19 work schedule. An allowance of up to £2,000 in the above figure (assuming the full 40 screens of option 1) has been included for any external contractors as needed. This is an estimate based on phase 1 where half the screens needed electrical work costing £200 per screen)
- Very little involvement is required from **ICT**, and they have confirmed that they are able to support the project with connection to the public WiFi network. The screens will provide an opportunity to reach more staff with information and guidance to support the implementation of Teams and the wider Powys.Connect deployment. An ICT Governance business case is being developed but should be non-complex as this is a simple one-way communication system using the public WiFi.
- **Engagement and Communication Team** will oversee the project and has identified that they have capacity to do so.

Recommendation

Charitable funds are asked to consider the proposal for digital screens implementation in public Facing Areas.

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Costed proposal

All screen prices include 3 year's software and brackets where applicable

Option 1:

Entrance areas initial phase

Entrances			
Brecon Hospital	Entrance 1	totem	£2,750.00
	Entrance 2	totem	£2,750.00
Newtown Hospital	Out patients entrance	re-used totem	£750.00
	Physio entrance	re-used totem	£750.00
Llandrindod Wells Hospital	down stairs entrance	totem	£2,750.00
	MIU/physio entrance	totem	£2,750.00
	MH ward entrance	totem	£2,750.00
Welshpool Hospital	main entrance	re-used totem	£750.00
	Renal entrance	Re-used totem	£750.00
Bronllys Hospital	Outpatients entrance	totem	£2,750.00
Ystradgynlais Hospital	Entrance	totem	£2,750.00
Glan Irfon	Entrance	totem	£2,750.00
Llanidloes Hospital	Front entrance	Re-used totem	£750.00
	Outpatient entrance?	totem	£2,750.00
	Day hospital entrance	totem	£2,750.00
	Ward back entrance	totem	£2,750.00
Knighton Hospital	main entrance	totem	£2,750.00
Machynlleth Hospital	main entrance	re-used totem	£750.00
Ynys Y Plant	main entrance	totem	£2,750.00
			£40,250.00
Electrical works			£2,000
Total			£42,250

Waiting areas future phase

Waiting areas			
Brecon Hospital	MIU	55in Wall	£1,640.00

	Out patients	55in Wall	£1,640.00
	MLU	55in Wall	£1,640.00
	Children centre	55in Wall	£1,640.00
Newtown Hospital	OP waiting area	55in Wall	£1,640.00
Llandrindod Wells Hospital	MIU	55in Wall	£1,640.00
	Out patients1	55in Wall	£1,640.00
	Out patients2	55in Wall	£1,640.00
	MLU	55in Wall	£1,640.00
Welshpool Hospital	MIU	55in Wall	£1,640.00
	MLU	55in Wall	£1,640.00
Bronllys Hospital	NA	55in Wall	£1,640.00
Ystradgynlais Hospital	MIU	55in Wall	£1,640.00
Glan Irfon	waiting area	55in Wall	£1,640.00
Llanidloes Hospital	waiting room	55in Wall	£1,640.00
Knighton Hospital	OP waiting area	55in Wall	£1,640.00
Machynlleth Hospital	OP Waiting area	55in Wall	£1,640.00
Ynys Y Plant	waiting room	55in Wall	£1,640.00
			£29,520.00
Electrical works			£2,000.00
Total			£31,520.00

Option 2: Pilot in Llandrindod Wells (using an existing totem screen for entrance area)

Waiting areas			
Llandrindod Wells Hospital	Waiting room screen	55in Wall	£1,640.00
Electrical works			£100.00
Total			£1,740.00

Resources needed

Project element	Department	detail	Time requirement	Named lead
Project Management	Engagement and Communication Team (E&CT)	Provide overall project management	1 week over project	Tin Mellerick-Wheeler

IT accounts	ICT Team	Set up wifi accounts	1-2 hours	Joshua Thomas
Identification of locations	E&CT and Estates	Identify locations for install on plans	2 hours	Tin Mellerick-Wheeler and Steve Watkins
Installation of brackets for screens	Estates	Fit wall bracket to identified wall and ensure power source in area	Average 1 hr per screen	Steve Watkins
Fit screens	E&CT	Mount screens once they arrive and plug in	4 days including travel.	Tin Mellerick-Wheeler
Ongoing management of the system	E&CT	Produce and distribute content	Most content will already be being produced for other channels. There will be a small increase over current activity.	Tin Mellerick-Wheeler and E&CT

Appendix 4 – Training in subdermal contraceptives

Charitable Funds – Request for Approval to commit Charitable Funds Expenditure

APPLICATION FOR CHARITABLE FUNDS APPROVAL
For completion by person requesting funding:
Location: Pan Powys
Hospital / Clinic: Women's and Children's Services
Requested By: Sally Irving, Sexual Health Clinical Lead
Fund Account No/Description: Funding to enable practitioners to obtain a nationally recognised qualification in the insertion of subdermal contraceptive implants to enable the provision of postnatal long acting reversible contraception.
Date: 26 th May 2020
<p>Demonstrate how this request will improve the patient and patient support environment within the tHB and complies with the Charitable Funds Strategy (Please include a statement on need and expected impact):</p> <p>Access to long acting reversible contraception in the postnatal period can be problematic for women and often requires multiple visits to their GP at a time when they are adjusting to the demands of a new baby and recovering from the birth. Many women may not access the contraceptive method of their choice until after 6 weeks postpartum and thus be at risk of an unplanned pregnancy.</p> <p>Short pregnancy intervals have been determined to increase the risks of adverse perinatal outcomes including low birth weight, premature delivery and in women who have undergone caesarean birth increased incidence of uterine rupture. Due to these findings clinical and public health advice recommends a pregnancy interval of greater than 18 months.</p> <p>In order to reduce this risk national guidance from NICE, RCOG and RCM recommend that maternity service are able to effectively counsel and provide women with their chosen method of contraception within 7 days of birth and prior to discharge from maternity services.</p>

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Currently Powys maternity services are able to initiate short and medium term contraceptive methods to the women on their caseloads in the form of progestogen only pills and the depo provera contraceptive injection. It is widely accepted that the contraceptive implant is the most effective method of contraception available, is suitable for use in the immediate postnatal period and will offer protection against pregnancy for the following three years.

Research undertaken in Scotland on the development of contraceptive Midwife Champions who are trained to provide contraceptive implants has proved to be well received by both staff and clients alike. This role increases the methods of contraception which the midwives can provide directly to include implant fitting at a location of the client's choice without the need for GP appointments.

It is proposed that this model of service provision is adopted in Powys. This is in line with Powys Sexual Health improvement plan and most important during COVID19 this arrangement would aim to increase the number of clients accessing LARC provision to >20%. Current data suggests that presently only 5% of our eligible population are accessing LARC and all LARC fittings are undertaken within primary care. This has an associated financial cost to the Health Board thus provision by the midwifery service would result in cost savings.

In order to ensure that this service is provided safely and effectively it is vital that the practitioners undertake rigorous and nationally recognized training as stipulated by the Faculty of Reproductive Health. The training package requires completing practical training followed by a period of clinical supervision to ensure competence in the procedure. Completion of this results in the practitioner holding a FSRH Letter of Competence-Sub dermal Implants (LOC-SDI) which is registered by the FSRH.

Due to the rurality of Powys it is anticipated that 5 midwifery practitioners will be required to undertake this enhanced training to ensure that there is equitable access throughout the county.

Description of item requested (please attach supporting documentation eg EDOF form/quotes:

The training of 5 midwives in the completion of the nationally recognised FSRH LOC-SDI to ensure safe and effective delivery of a postnatal contraceptive implant insertion service throughout Powys.

The training pathway can be accessed via

<https://www.fsrh.org/education-and-training/letter-of-competence-subdermal-implants-loc-sdi-insertion-only/>

Estimated Cost (If known):

Electronic Knowledge Assessment (required prior to commencing training) £75.00 x5

Clinical Training £400 x5

Letter of competence registration fee £368 x5

Total cost: £4215.00

Has assistance been obtained from the Procurement Department

Ongoing Revenue Costs (if Applicable)

For completion by Fund Manager:

Comments on Proposal:

The proposal is line with Powys Sexual Health improvement plan to increase the provision of long acting contraception as part of the postnatal provision which is line with IMTP and Maternity Vision priorities.

There is clear benefit for pregnancy spacing is advantageous for both Maternal and Infant health and wellbeing

The Maternity service has already proven the benefits of Midwives having Faculty of Reproductive Health training from previous charitable funding which has been invaluable to ensure access to contraception during the COVID19 period

Julie Richards

Head of Midwifery and Sexual Health



Signed:

Date: 27th May 2020

For completion by appropriate Director/Locality Manager (or designated deputy):

Funding request supported (delete as appropriate)

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Signed:



Date: 28.05.2020

When completed by all parties please forward to:

Charitable Funds, Finance Department, Bronllys Hospital

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Appendix 5 – Diabetes Service PGCE Training

Charitable Funds – Request for Approval to commit Charitable Funds Expenditure

APPLICATION FOR CHARITABLE FUNDS APPROVAL
For completion by person requesting funding:
Location: North Powys Diabetes Service
Hospital / Clinic: Montgomery County Infirmary, Llanfair Road, Newtown, Powys SY16 2DW
Requested By: Ceri Peate, Diabetes Specialist Nurse
Fund Account No/Description: General Fund
Date: 3/6/20
Demonstrate how this request will improve the patient and patient support environment within the tHB and complies with the Charitable Funds Strategy (Please include a statement on need and expected impact): I am applying for funding to undertake the Post Graduate Certificate in Education course because I strongly feel that education and training is the fundamental core approach to equipping people with diabetes and healthcare workers with the tools to make a difference, whether it be improving health, or teaching staff with up to date knowledge and skills. This can make a life changing difference to a vast number of people in society. Diabetes costs the NHS in Wales £500 million each year which equates to 10% of the NHS wales' budget, and it is anticipated by analysing current trends that 300,000 people in Wales may have Diabetes by 2025 (Welsh Government 2017). This evidence highlights the importance of equipping the Diabetes Nurse with the appropriate skills to become a competent teacher. My previous roles in healthcare settings have always demanded that I utilise the skills of an educator, initially as a Dental Health Educator, then as a Chronic Kidney Disease Specialist nurse and currently as a Diabetes Specialist Nurse.

Support through education and teaching is the core of both maintaining and improving the health and well-being of all our patients, and equipping our colleagues with the tools to deliver a sustainable level of care for their client caseload. It has never been a better time for me to become an expert teacher and educator to deliver diabetes education to the highest level in a variety of formats, whether that be incorporating a one to one, group, virtual or web-based approach. I am a very conscientious and driven individual and would like the opportunity to take my role to the next level, and I believe that by undertaking this course, the new skills I will develop will enhance the delivery of the current diabetes service in the short and long-term.

We regularly hold link nurse study days 3 times a year where approximately 20 staff HCP attend each session. We also educate GPs, district nurses, practice nurses in organised study days, and organise study days in nursing and residential homes to educate carers about diabetes management. This has a large impact on the HCP population as we do promote 'train the trainer' in some cases so the impact is very large. I think we are exposed to educating between 150 to 200 face to face HCP annually but obviously this may change now and this is where using new ways of learning using technology will be utilised to teach HCP and patients.

With regards to patients, we have a caseload of 400 patients that we manage but again we hold structured education sessions for patients in groups and one to one teaching sessions in clinic. We also support patients through emailing, skypeing and telephone support. The teaching element is continuous, and that every conversation with a patient, carer or HCP has an element of learning in it. I see on average 20 patients a week face to face and have telephone appointments with 40 patients per week. This calculated over an average of 40 weeks is the number of patients that I am educating in diabetes management, and therefore teaching and educating in diabetes management. I hope this gives you some idea of the enormous challenges we face in the battle with diabetes.

My passion to undertake the Post Graduate Certificate in Education course has only grown as my career has progressed. Possessing

new skills will enable me to support people with diabetes and colleagues to a higher level. Never has the realisation of the importance of teaching been more powerful than at this current time managing vulnerable people with diabetes and COVID-19. Moreover, the need to support healthcare professionals from doctors to healthcare support workers to family carers covering a wide rural area of North Powys in hospital, community and social service establishments.

Description of item requested (please attach supporting documentation eg EDOF form/quotes:

Professional Graduation Certificate in Education course (part-time over two years) at Glyndwr University, Wrexham, Denbighshire.

The link for the course prospectus is:

<https://www.prospects.ac.uk/universities/wrexham-glyndwr-university-3910/courses/postgraduate-certificate-in-education-pcet-45053>

Estimated Cost (If known):

£4,500 per annum (over two years)

Total cost: £9,000

Has assistance been obtained from the Procurement Department

Ongoing Revenue Costs (if Applicable)

For completion by Fund Manager:

Comments on Proposal:

I fully support the application that, once completed, will enhance service delivery.

Sue Pearce

Senior Manager Unscheduled care

Signed:

Date: 19/6/20

Party Stella
06/26/2020 13:46
Bids for Approval

For completion by appropriate Director/Locality Manager (or designated deputy):

Funding request supported (delete as appropriate)

Signed:

Date: 28.05.2020

When completed by all parties please forward to:

Charitable Funds, Finance Department, Bronllys Hospital

Party Stella
06/26/2020 13:46:46

Bids for Approval

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Charitable Funds Committee
01/07/2020
Agenda Item: 2.6



AGENDA ITEM: 4.1

Charitable Funds Committee		DATE OF MEETING: 1st July 2020
Subject :	Charity Activity Report	
Approved and Presented by:	Charity Manager	
Prepared by:	Charity Manager	
Considered by Executive Committee on:	N/A	
Other Committees and meetings considered at:	N/A	

PURPOSE:

To present a summary of key Charity engagement activity.

RECOMMENDATION(S):

The Charitable Funds Committee is requested to NOTE the summary of engagement activity between the

Approval/Ratification/Decision¹	Discussion	Information
x	x	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic		
-----------	--	--

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

Objectives:	1. Provide Early Help and Support	✓
	2. Tackle the Big Four	✓
	3. Enable Joined up Care	✓
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	✓
	6. Put Digital First	✓
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

Over the past two months, the Charity has been a part of several fundraising campaigns both local and national:

- **NHS Charities Together national COVID-19 appeal**
- **All Wales NHS charities fundraiser**
- **Brecon RFC / Newton RFC / Llanidloes RFC challenge fundraisers**
- **Over 150 separate donations of food, amenities and resources for PTHB staff from community members.**

The Charity has also launched new online platforms to engage with stakeholders including:

- **A Twitter account (@PTHBCharity)**
- **A Just Giving page**
- **A Work for Good profile**

A new funding stream for staff was also launched in May, to be distributed as part of the response to COVID-19 via funding from NHS Charities Together. This funding stream will continue to expand in the coming weeks and months with additional funds to distribute.

A more detailed summary of activity can be found at Appendix 1.

DETAILED BACKGROUND AND ASSESSMENT:

The report at Appendix 1 has been compiled to summarise the key progress areas for the PTHB Charity during the period.

NEXT STEPS:

There are no next steps as a result of this paper.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial	✓			
Corporate	✓			
Operational	✓			
Reputational	✓			
Statement <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>				

Appendix 1

Charity Activity Report (April – June 2020)

Fundraising & Donations

The past few months have seen a large uptake of interest in supporting and donating to PTHB and the PTHB Charity. With COVID-19 impacting the NHS and particularly, frontline staff, there have been hundreds of fundraisers established to support the various NHS Charities. The largest and most successful of these has been established by the membership body, NHS Charities Together. Their COVID-19 fundraiser has raised over £125 million, which will be distributed between over 200 NHS Charities across the UK.

In April, the PTHB Charity became a member of NHS Charities Together, receiving two grants to date for a combined £49,500. This grant funding is to be distributed amongst staff and patients as part of the first phase of COVID response funding. Further donations and phases will be distributed in the coming weeks and months with a view to supporting community and third sector organisations as well as recovery initiatives.

In the same timeframe, the Charity has also been part of an all-Wales NHS Fundraisers organised by the Swansea Bay Health Board Charity, which has raised over £150,000 to be distributed evenly between 9 NHS Charities in Wales. PTHB staff members and the local community have also established several smaller Just Giving fundraisers which are still ongoing. The campaign has been an excellent opportunity to establish a working relationship with the other Health Board charities in Wales, particularly those in Cardiff, Swansea and North Wales who have all developed new brands in the past 2-3 years.

The Charity has received the following significant donations/grants from organisations and members of the public:

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Date	Donation amount	Donor	Information
29 th April	£32,000	NHS Charities Together	The first grant received from NHSCT, to be used as part of the first phase response to COVID aimed at supporting staff and patients.
6 th May	£17,500	NHS Charities Together	The second instalment of the above funding.
21 st May	£2,600	Newtown Rugby Club	Part of a two person cycling challenge fundraiser that was supported by the club in May and June.
22 nd May	£7,850	All Wales NHS Charity Fundraiser	First instalment from the fundraiser setup by the Swansea Health Board Charity.
28 th May	£11,500	Brecon RFC	This donation was the first part of a two-stage fundraiser by Brecon RFC. The club have secured sponsorship from community members through a 'name the ewe' competition and shearing event. The second donation is due to be received at the end of June.
1 st June	£1,000	Hafren Lodge & North Wales Masonic Charity	Donation received after a lodge member received treatment from the palliative care team.
10 th June	£9,870	All Wales NHS Charity Fundraiser	The second instalment from the fundraiser.
15 th June	£235	PayPal Giving Fund	Part of the company's wider efforts to support the NHS and its charities.

22 nd June	£1,445	Llanidloes RFC	Raised as part of a club running distance challenge to hit 1,400 miles and raise £1,400 in 14 days.
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In addition to the above donations, there have been well-over 150 donations and contributions made to staff at various hospital sites from local and national business, organisations and community members. These donations have ranged from food and supplies to training, staff discounts and other amenities. Each donor is being recognised for their support by the charity and will continue to be recognised over the coming weeks as there are additional opportunities to celebrate their contributions.

Communications & Engagement

Developing the Charity's communication channels (both internal and external) has been a key priority between April and June.

The PTHB Charity now has the following online accounts with more to be developed as the year progresses:

- A new Twitter handle to engage with the public and staff launched on the 18th May (@PTHBCharity). The account currently has 88 followers and its content reached over 3,000 people through its engagements in its first month.
- A Just Giving page (<https://www.justgiving.com/PTHBcharity>) to process online donations and allow community members to establish digital fundraisers. This is also soon to be upgraded and integrated with the Charity's PTHB website pages as the preferred method of processing smaller donations.
- A Work for Good profile (<https://workforgood.co.uk/about/charities/view/powys-teaching-health-board-charity/>) which will allow business and organisations to engage with and donate to the Charity. This will be gradually promoted as the year progresses.

A press release was issued locally for the launch of the Charity's Just Giving webpage and picked up by the County Times on the 22nd May, which helped to boost engagement with ongoing fundraisers for the Charity.

Another press release to coincide with end of Brecon RFC's fundraising efforts and final funding handover will also be issued more widely at the end of June.

A new *COVID Response Fund* funding stream was launched for staff on the 26th May in order to utilise the NHS Charities Together funding. Since launching the scheme there has been an excellent response from staff, with a galvanised interest in applying for charitable funding. As of the end of June, 10 proposals have already been approved or supported by the fund with many more applications in the development process. The renewed interest in Charitable Funds through the scheme has also led to the submission of additional proposals for the General Fund and development meetings to discuss future proposals. The scheme has also served as a good pilot for future charity funding initiatives and its evaluation will help to inform a Stakeholder Engagement Strategy.

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Agenda item: 4.2

Charitable Funds Committee		Date of Meeting: 1st July 2020
Subject :	CHARITABLE FUNDS INCOME REPORT	
Approved and Presented by:	Head of Financial Services	
Prepared by:	Head of Financial Services	
Other Committees and meetings considered at:	None	

PURPOSE:

Update on Income received for the period 1st November 2019 to 31st May 2020

RECOMMENDATION(S):

The Charitable Funds Committee is requested to note there has been four significant receipts between the period 1st November 2019 to 31st May 2020

Approval/Ratification/Decision¹	Discussion	Information
		✓

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✗
	3. Tackle the Big Four	✗
	4. Enable Joined up Care	✗
	5. Develop Workforce Futures	✗
	6. Promote Innovative Environments	✗
	7. Put Digital First	✗
	8. Transforming in Partnership	✗
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

There has been 4 significant receipts between the period 1st November 2019 to 31st May 2020. They are as follows:

- NHS Charities Together - £49,500
- Legacy to Welshpool Hospital General Purposes Fund - £10,000
- NHS Wales Charities (via Swansea Bay UHB) - £17,720.40
- Brecon RFC - £11,350

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Future receipts:

The THB Charity has been notified that it is a half share beneficiary in a will for the General Purposes Fund at Machynlleth Hospital. The estate includes a property that is currently being marketed for sale. NWSSP Property Services have been supporting the THB in respect of advice on the sale of the property and in mid April 2020 an offer on the property had been accepted by both beneficiaries. It is likely that this process will have been impacted by Covid and an update has been requested from the solicitor administering the estate. An update is yet to be received. Once sale timelines and values are known with certainty a further paper will be provided to the committee.

DETAILED BACKGROUND AND ASSESSMENT:

If there are any significant donations received by the charity this is reported to the Committee for noting. The threshold for reporting donations received to Committee, is £5,000 and above.

NEXT STEPS:

There are no next steps required as a result of this paper.

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Powys THB Finance Department

Charitable Funds Financial Summary

Charitable Funds Committee

Period End March 2020 (Q4)
FY 2019/2020

Date Meeting: 1st July 2020

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06/26/2020 13:33:46



Subject:	CHARITABLE FUNDS FINANCIAL SUMMARY AT END MARCH 2020
Approved & Presented by:	Pete Hopgood, Interim Director of Finance
Prepared by:	Sarah Pritchard, Head of Financial Services
Other Committees and meetings considered at:	Board

PURPOSE:
This paper provides the Committee with an update Expenditure Profile of the Charitable Funds for the period from 1st April 2019 to 31 st March 2020.
RECOMMENDATION:
It is recommended that the Committee: <ul style="list-style-type: none">• DISCUSS and NOTE financial summary.• NOTE the current level of income received and expenditure of funds from 1st April 2019 to 31st March 2020.• NOTE any actions or recommendations linked to the financial position of the funds.

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	• Focus on Wellbeing	✓
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• Put Digital First	✗
	• Transforming in Partnership	✗
Health and Care Standards:	• Staying Healthy	✓
	• Safe Care	✓
	• Effective Care	✓
	• Dignified Care	✓
	• Timely Care	✓
	• Individual Care	✓
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✓



Approval/Ratification/Decision	Discussion	Information
	✓	



Balance Total Charitable Funds		
Financial KPIs :	Value £'000	Trend Compared 31/03/19
Reported Closing Balance Period Ending 31st March 2020	3,395	↑
Movement in Closing Balance Compared Period Ending 31st March 2019 - Negative = reduction balance / Positive = increase in balance	1,232	↑

Income & Expenditure Movements	
Area	Value £'000
Total Expenditure: Period April 2019 to March 2020	394
Total Income: Period April 2019 to Smarch 2020	1,627
Increase or (Decrease) In Fund Balance	1,232

Summary

- The opening balance at the 1st April 2019 was £2.2 m during the Financial Year 2019/20 this increased overall by £1.232m.
- Therefore the total income received in the period exceeded the total expenditure for the same period by £1.232m.
- A breakdown of this between General Funds and Legacy funds can be found on the next page.
- **Note – above figures include realised investment gain.**

Balance General Funds		
Financial KPIs :	Value £'000	Trend Compared 31/03/19
Reported Closing Balance Period Ending 31st March 2020	1,871	
Movement in Closing Balance Compared Period Ending 31st March 2019 - Negative = reduction balance / Positive = increase in balance	936	

Balance Legacy Funds		
Financial KPIs :	Value £'000	Trend
Reported Closing Balance Period Ending 31st March 2020	1,525	
Movement in Closing Balance Compared Period Ending 31st March 2019 - Negative = reduction balance / Positive = increase in balance	296	

Income & Expenditure Movements: General Funds	
Area	Value £'000
Total Expenditure: Period April 2019 to March 2020	245
Total Income: Period April 2019 to Smarch 2020	1,181
Increase or (Decrease) In Fund Balance	936

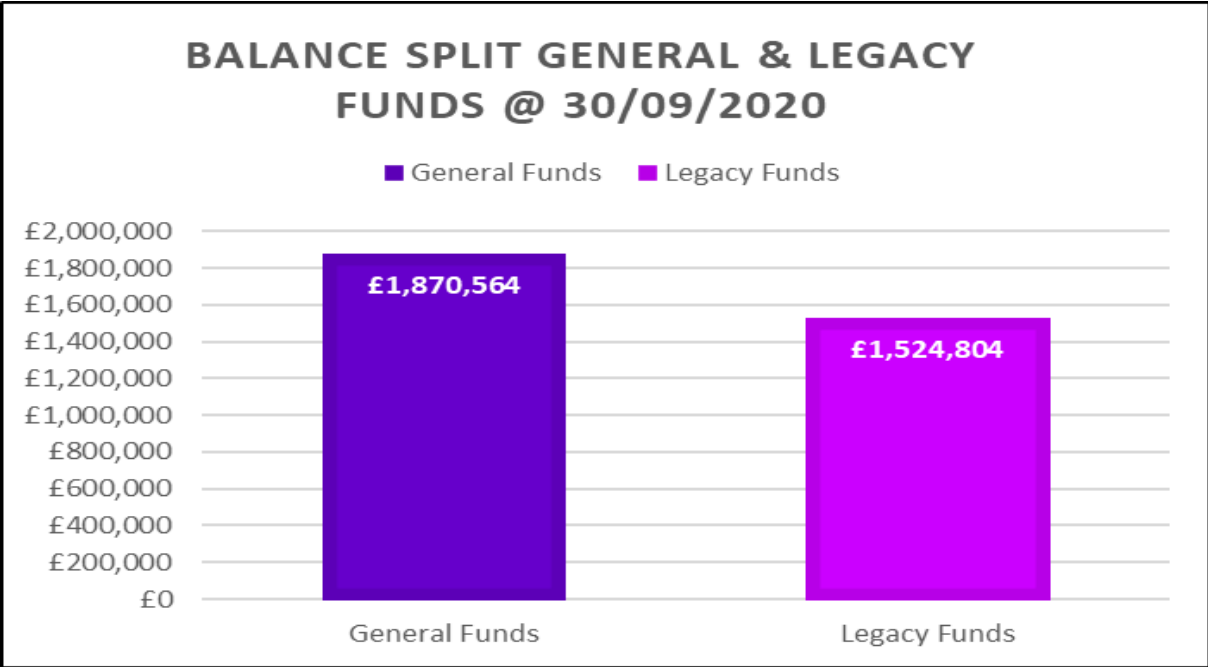
Income & Expenditure Movements: Legacy Funds	
Area	Value £'000
Total Expenditure: Period April 2019 to March 2020	149
Total Income: Period April 2019 to Smarch 2020	446
Increase or (Decrease) In Fund Balance	296

Expenditure Profile for 2019/20	Fund Balance 1st April 2019 £	Income Received 1st April 2019 to 31 March 2020 £	Payments Made 1st April 2019 to 31 March 2020 £	Balance 31 March 2020 £		Balance 1st April 2019 Spent %	Fund Increase (+ve)/ Decrease (-ve) since 1st April 2019 %
Funds over 100K							
Welshpool General Purposes	£198,708	£5,448	£26,280	£177,876		13.23%	-10.48%
Mental Health General Purposes	£0	£353,626	£0	£353,626		0.00%	0.00%
Funds between 50 - 100k							
Brecon General Purposes	£64,389	£67,550	£90,813	£41,126		141.04%	-36.13%
Knighton General Purposes	£73,020	£773	£1,755	£72,038		2.40%	-1.35%
Llandrindod General Purposes	£60,545	£1,654	£7,459	£54,740		12.32%	-9.59%
Ystradgynlais General Purposes	£70,154	£5,752	£413	£75,493		0.59%	7.61%
Funds between 25-50k							
Newtown General Purposes	£30,891	£5,199	£17,696	£18,395		57.28%	-40.45%
Ystradgynlais Geriatric Ward	£46,890	£5,698	£0	£52,588		0.00%	12.15%
Funds Under 25K							
Brecon	£27,422	£4,660	£9,479	£22,602		34.57%	-17.58%
Bronllys	£26,854	£758	£4,281	£23,332		15.94%	-13.12%
Builth	£2,873	£0	£650	£2,223		22.62%	-22.62%
Llandrindod	£20,107	£7,351	£8,041	£19,417		39.99%	-3.43%
Knighton	£2,300	£1,103	£215	£3,188		9.35%	38.63%
Llanidloes	£6,120	£270	£4,001	£2,389		65.38%	-60.97%
Machynlleth	£12,362	£7,832	£7,839	£12,355		63.41%	-0.06%
Newtown	£24,527	£3,619	£500	£27,646		2.04%	12.71%
Welshpool	£49,605	£60	£667	£48,998		1.34%	-1.22%
Ystradgynlais	£17,027	£750	£0	£17,777		0.00%	4.40%
Women & Children's	£4,668	£0	£0	£4,668		0.00%	0.00%
Mental Health	£15,072	£950	£3,393	£12,629		22.51%	-16.21%
POWYS WIDE							
Powys General Purposes	£136,570	£700,824	£57,322	£780,073		41.97%	471.19%
Nursing Directorate	£1,397	£0	£0	£1,397		0.00%	0.00%
Palliative Care Fund	£37,126	£7,133	£3,925	£40,334		10.57%	8.64%
District Speech Therapy	£126	£0	£0	£126		0.00%	0.00%
Diabetes Services	£5,826	£0	£295	£5,531		5.06%	-5.06%
Total	£934,578	£1,181,010	£245,025	£1,870,564		26.22%	100.15%

Expenditure Profile for 2019/20	Fund Balance 1st April 2019 £	Income Received 1st April 2019 to 31 March 2020 £	Payments Made 1st April 2019 to 31 March 2020 £	Balance 31 March 2020 £	Balance 1st April 2019 Spent %	Fund Increase (+ve)/ Decrease (-ve) since 1st April 2019 %
Brecon Training Legacy	£2,127	£0	£0	£2,127	0.00%	0.00%
AMI Legacy	£208,827	£0	£14,074	£194,753	6.74%	-6.74%
Hazels Legacy	£272,190	£0	£550	£271,640	0.20%	-0.20%
Mid & South Powys Community & Palliative Services	£745,195	£445,568	£134,479	£1,056,285	18.05%	41.75%
Total	£1,228,339	£445,568	£149,103	£1,524,804	12.14%	24.14%

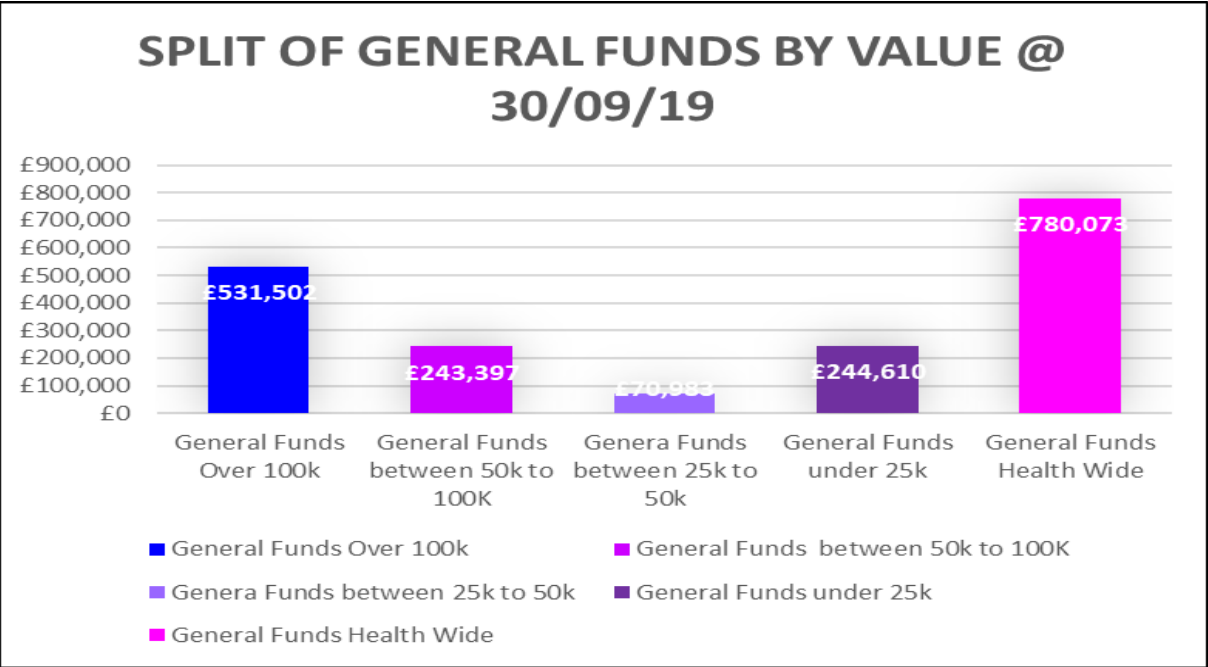
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Balances Legacy and General Funds

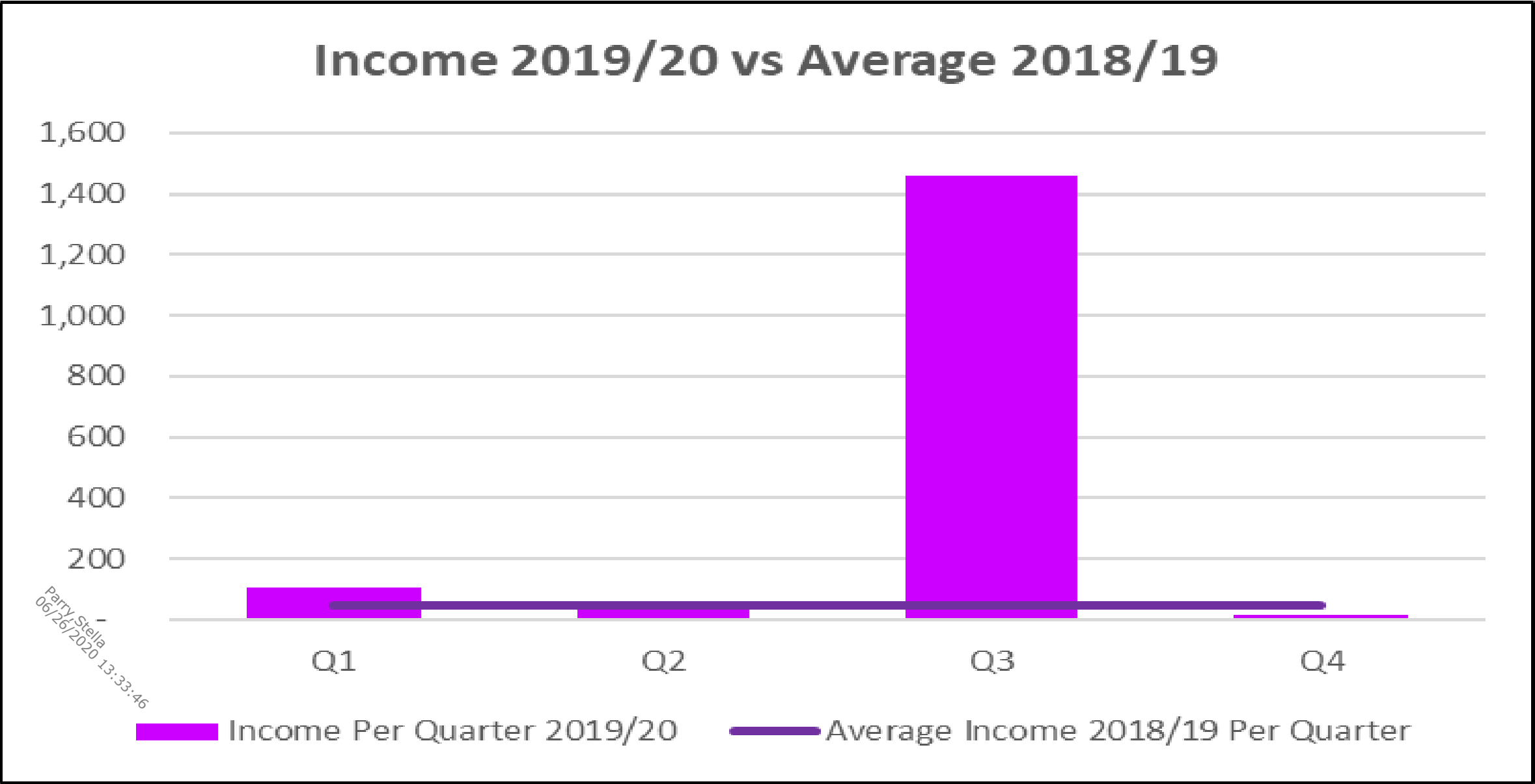


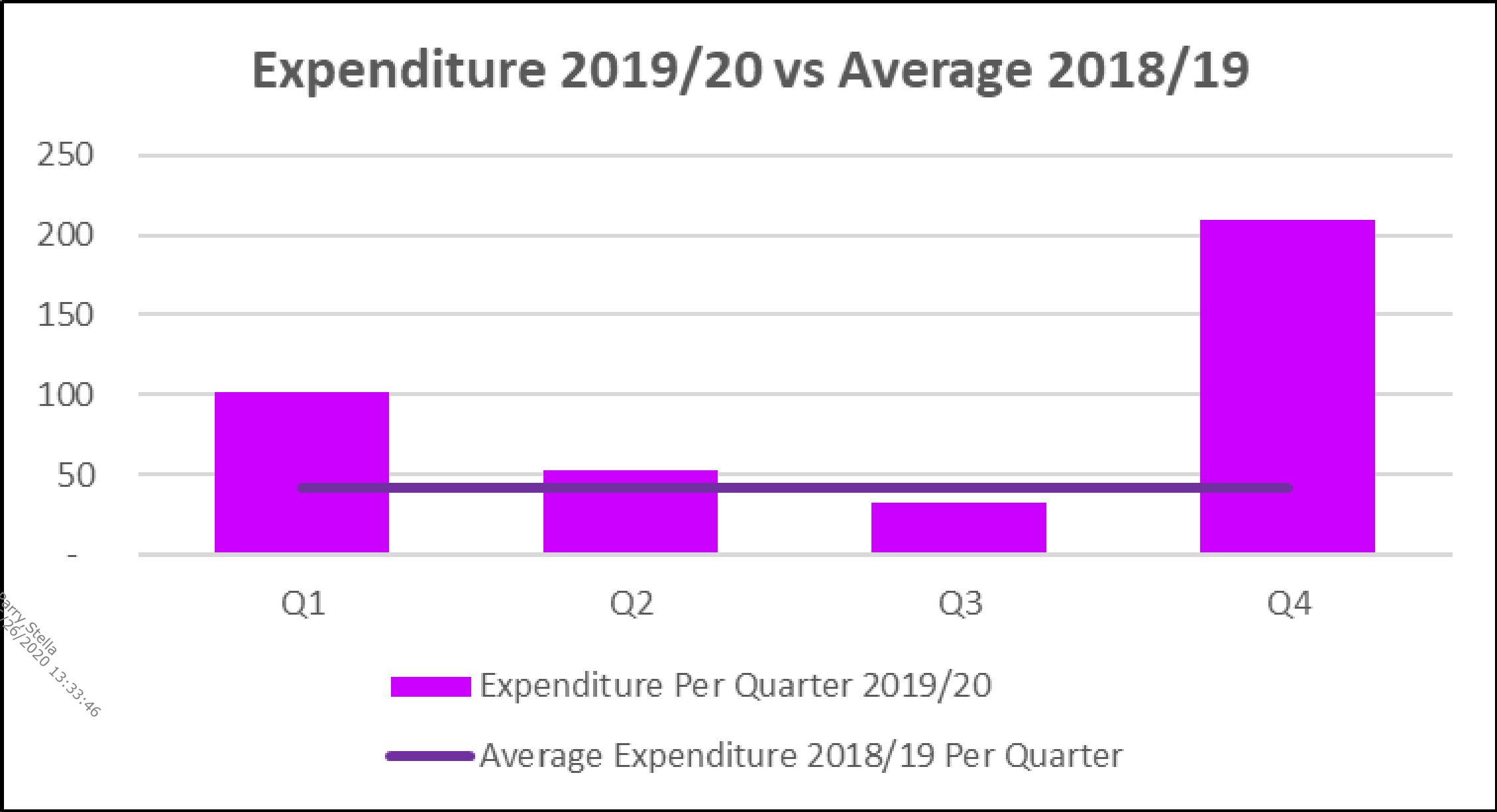
Type Fund	Values
General Funds	£1,870,564
Legacy Funds	£1,524,804
Total	£3,395,368

General Funds Split into Value of Fund



Type Fund	Values
General Funds Over 100k	£531,502
General Funds between 50k to 100K	£243,397
General Funds between 25k to 50k	£70,983
General Funds under 25k	£244,610
General Funds Health Wide	£780,073
Total	£1,870,564





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- GENERAL FUNDS = From an amount of £934,578 held within General Purposes or designated funds at the 1st April 2019, income of £148,819 has been received and £85,724 of expenditure has been paid. This equates to 9.17% of funds held at 1st April 2019 have actually been spent.
- LEGACY FUNDS = From an amount of £1,228,339 of funds held within legacies at the 1st April 2019, £0 income has been received and £ 67,375 of expenditure has been paid. This equates to 5.49% of funds held at 1st April 2019 have actually been spent.
- The above figures now include the gain on investment, which is reflected in the graph on page 7 as the increase in the Quarter 3 income figure.

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