

# Charitable Funds Committee

Wed 23 October 2024, 14:00 - 16:00

Virtual Via Teams



## Agenda

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### 14:00 - 14:05 **1. PRELIMINARY MATTERS**

5 min

#### **1.1. Welcome and Introductions**

*Ian Wells, Chair*

#### **1.2. Apologies for Absence**

*Information Ian Wells, Chair*

#### **1.3. Declarations of Interest**

*Information Ian Wells, Chair*

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### 14:05 - 14:10 **2. CONSENT AGENDA**

5 min

#### **2.1. Items for Approval**

##### **2.1.1. Unconfirmed Minutes of the Meeting held on 23 April 2024**

*Approval Cally Hamblyn, Assistant Director of Governance & Risk*

2.1.1. Draft Minutes Charitable Funds Committee 23 April 2024 (Public).pdf (4 pages)

##### **2.1.2. Unconfirmed In Committee Minutes of the Meeting held on 23 April 2024**

*Approval Cally Hamblyn, Assistant Director of Governance & Risk*

2.1.2. Draft IN Committee Minutes Charitable Funds 23 April 2024 (Public).pdf (2 pages)

##### **2.1.3. Unconfirmed Minutes of the Extra Ordinary Meeting held on 1 August 2024**

*Approval Cally Hamblyn, Assistant Director of Governance & Risk*

2.1.3. Draft IN Committee Minutes Charitable Funds Committee 1 August 2024 (Public).pdf (2 pages)

##### **2.1.4. Approval for listed contact for The Charity Commission - Verbal**

*Approval Abe Sampson, Head of Charity and Income Generation*

#### **2.2. Items for Noting**

##### **2.2.1. Committee Annual Cycle of Business 2024-25**

*Noting Cally Hamblyn, Assistant Director of Governance & Risk*

2.2.1. Charitable Funds Annual Cycle of Business 2024-2025.pdf (3 pages)

2.2.1.a. Appendix 1 Charitable Funds Committee Annual Cycle of Business CFC.pdf (2 pages)

##### **2.2.2. Charitable Funds Committee Annual Self-Assessment**

## 14:10 - 14:10 **3. UPDATE ON INVESTMENTS**

0 min

### **3.1. Investment Update from CCLA**

*Discussion* *CCLA*

Members will be presented with Slides/Report on the day of the Meeting

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## 14:10 - 14:10 **4. MAIN AGENDA**

0 min

### **4.1. Action Log and Matters Arising not contained within the Action Log**

*Information* *Ian Wells, Chair*

 4.1. Action Log Charitable Funds Committee 23 October 2024.pdf (4 pages)

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## 14:10 - 14:10 **5. Charitable Funds Expenditure Requests**

0 min

### **5.1. Charitable Funds Expenditure Requests**

#### **5.1.1. Expenditure Request - Art Managers Role**

*Discussion* *Abe Sampson, Head of Charity & Income Generation*


 5.1.1.a. ACW Arts Manager Post (3).pdf (9 pages)


 5.1.1.b. Arts Manager JD (2).pdf (9 pages)

#### **5.1.2. Expenditure Request - Glaucoma Ophthalmology Diagnostic Hub**

*Discussion* *Abe Sampson, Head of Charity & Income Generation & Zahra Rasheed, Advanced Clinical Optometrist & Optometric Advisor*

 5.1.2. Glaucoma Ophthalmology Diagnostic Hub.pdf (4 pages)

 5.1.2.a. Charitable Fund Expenditure Form (002).pdf (2 pages)

 5.1.2.b. Glaucoma Ophthalmology Diagnostic Hubs Business Case v0.5 Final.pdf (26 pages)

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## 14:10 - 15:45 **6. SUSTAINING OUR FUTURE**

95 min

### **6.1. Charitable Funds Communication and Engagement Update**

*Discussion* *Abe Sampson, Head of Charity & Income Generation*

 6.1a Charity Comms Engagement Report (002).pdf (3 pages)


 6.1b Appendix A Charity Comms and Engagement Activity Report (002).pdf (19 pages)

### **6.2. 2024-25 Charitable Funds Forward Development Plan**

*Discussion* *Abe Sampson, Head of Charity & Income Generation*

 6.2a. 2024-25 Charity Forward Plan (002).pdf (3 pages)

 6.2.a. APPENDIX A Charity Forward Plan (2).pdf (11 pages)

 6.2.b. APPENDIX B (2) Timeline Forward Plan Oct - Apr.pdf (1 pages)

### 6.3. Charitable Funds Update to 30 September 2024

*Discussion Owen James, Head of Corporate Finance*

- 📄 6.3. Charitable Fund Update to end Sept 2024.pdf (6 pages)
- 📄 6.3.a. Appendix A - low value and low use funds.pdf (3 pages)

### 6.4. Financial Control Procedure Update Report

*Endorsement Owen James, Head of Corporate Finance*

This item is for the Committee to Endorse for the Audit & Risk Committee to Approve.

- 📄 6.4. Financial Control Procedure Update.pdf (5 pages)
- 📄 6.4.a. Appendix A Amended Charitable Funds FCP October 2024.pdf (20 pages)
- 📄 6.4.b. Appendix B - Access to Charitable funds SoD - Tracked Changes.pdf (1 pages)

### 6.5. Audit Wales – CTMUHB Charitable Fund Audit Plan 2024

*Noting Owen James, Head of Corporate finance*

- 📄 6.5. CTMUHB Charitable Fund Audit Plan 2024.pdf (18 pages)

### 6.6. CTMUHB Charity Annual Report and Accounts: Audit Enquiries Letter to management and those charged with governance

*Noting Owen James, Head of Corporate Finance*

- 📄 6.6. Audit enquiries letter - CTMUHB Charity 2023-24.pdf (20 pages)

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## 15:45 - 15:55 7. OTHER MATTERS

10 min

### 7.1. Any Other Urgent Business

*Discussion Ian Wells, Chair*

### 7.2. Committee Highlight Report to Board

*Discussion Ian Wells, Chair*

### 7.3. How did we do in this meeting?

*Discussion Ian Wells, Chair*

### 7.4. Items to be discussed at In-Committee Meeting

There is no specific item to be discussed at In-committee on this occasion.

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## 15:55 - 16:00 8. CLOSE OF MEETING

5 min

*Ian Wells, Chair*

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board  
(CTMUHB) Charitable Funds Committee Meeting held on Thursday 23  
April 2024 as a virtual Meeting via Microsoft Teams**

**Members Present:**

Lynda Thomas	Independent Member (Trustee & Committee Chair)
Ian Wells	Independent Member (Trustee)
Helen Lentle	Independent Member (Trustee)
Kath Palmer	Independent Member (Trustee)

**In Attendance:**

Sally May	Executive Director of Finance
Owen James	Head of Corporate Finance
Simon Blackburn	Director of Communications, Engagement & Fundraising
Gareth Watts	Director of Corporate Governance / Board Secretary
Tyler Lewis	Corporate Governance Officer (Committee Secretariat)

**1. PRELIMINARY MATTERS**

**1.1 Welcome & Introductions**

L. Thomas, Committee Chair welcomed everyone to the meeting

**1.2 Apologies for Absence**

Apologies had been received from:

- Patsy Roseblade – Independent Member (Trustee)

**Declarations of Interest**

**1.3**

None had been reported.

**2. CONSENT AGENDA**

**2.1 Unconfirmed minutes of the meeting held on 26 October 2023**

Resolution The minutes were **APPROVED** as a true and accurate record.

## **2.1.2 Unconfirmed minutes of the In-Committee meeting held on 26 October 2023**

Resolution The Minutes of the In-Committee were **APPROVED** as a true and accurate record.

## **2.1.3 Charitable Funds Committee Annual Cycle of Business 2024-25**

Resolution The Annual Cycle of Business was **APPROVED**.

## **2.1.4 Ratification of Chairs Urgent Action – Stage 3 NHS Charities Together recovery grant**

G. Watts presented the report advising of the Chairs Urgent Action request seeking urgent support for approval of the expenditure of £157,503 which was to be made from the general purpose fund, and would be used to extend the service to 1 July 2025. The request was circulated on the 27 November 2023 following agreement with the Charitable Funds Committee Chair.

Resolution The Charitable Funds Committee **RATIFIED** the **APPROVAL** of the Chairs Urgent Action Request in relation to the Stage 3 NHS Charities Together Recovery Grant.

## **3. MAIN AGENDA**

### **3.1 Action Log and matters not contained within the Action Log**

I. Wells queried that certain actions / completed actions had been on the action log for a while. T. Lewis agreed to review and update the Action Log outside of the meeting.

Resolution Members **NOTED** the Action Log.

### **3.2 Charitable Funds Committee annual self-assessment**

Resolution The item had been deferred to the next Committee Meeting.

## **4. SUSTAINING OUR FUTURE**

### **4.1 Head of Charity & Income Generation Role**

S. Blackburn provided Members with a verbal update on the Head of Charity & Income Generation Role.

S. Blackburn informed the Committee that there would be a stakeholder session held on the April 26 2024, regarding the

vacancy. He advised that Members would be informed as soon as a candidate was appointed.

Resolution Members **NOTED** the update.

#### 4.2 General Charitable Fund Update

O. James presented the report that advised the Committee of the activity and balances on Charitable Funds as at 28 February 2024.

I. Wells enquired about the distinction between restricted and designated funds. O. James explained that designated funds offered flexibility in low fund movability, whilst restricted funds were more challenging to use. He advised that the Head of Charity and Income Generation would undertake a review of low value and low movement balances once in post.

K. Palmer queried the broad overview of different charitable funds, the possibility of supporting a more general fund, and the decision-making process and operations of fund holders. S. May explained that the funds have been historically established and amalgamated over time. She advised that funding was typically donated to specific areas, with concepts around general fund raising and assessing if the fund aligned with charitable objectives.

O. James explained that the fund holder acts as a representative of the charity for which they are named, and when establishing fund holders, they must adhere to a set of terms. He advised that fund holders were typically consultants of the service they interact with and that the fund holder has been delegated the authority to look after funds up to £50k.

S. Blackburn proposed an internal educational piece of work on management and fund holders for a universal understanding, and advised that the newly appointed Head of Charity and Income Generation would collaborate with the Finance team to promote this. He added that the Director of Finance and Procurement had agreed to develop a strategic approach for applying funds and would share the Financial Management Association guidance on NHS Charitable Funds with Members.

H. Lentle acknowledged that a strategic overview of the funds' utilisation would be useful; nonetheless, she asked for confirmation of the governance and the Committee's interactions with requests.

O. James advised that the Finance team handled a large number of fund requests, with smaller amounts going through Oracle for approval. He outlined that funds requiring consideration were escalated via the approval hierarchy if contentious and presented to the Charitable Funds Committee for approval. In addition, he

advised that the finance team were enhancing the interactivity on the request form to ensure fund requests clearly aligned with charity objectives.

H. Lentle queried how often the CCLA Fund Manager position and performance was reviewed. O. James advised that the Health Board regularly reviewed the CCLA's performance and received updates from them. He advised that CCLA was performing well in terms of managing the investments for the Health Board and continued to show good benchmark figures. S. May assured the Committee that CCLA were regularly reviewed, she advised that it met with the Health Boards' overall objectives.

Resolution Committee Members **NOTED** the update for Charitable Funds as at 28 February 2024.

- Action
- Head of Corporate Finance to share funds with Executive Leadership Team to request all funds within Directorates have appropriate fund holders assigned following Phase 2 reorganisation.
  - For there to be a review of low value and low movement balances once the recruitment of Head of Charity and Income Generation has taken place.
  - Director of Finance advised she would share the Financial Management Association Guidance on NHS Charitable Funds with Members.

## 5. ANY OTHER BUSINESS

No further areas of business were identified.

### 5.1 Highlight Report to Board

L. Thomas advised that the Corporate Governance Team would draft the Highlight Report for approval by the Chair and Executive Lead outside of the meeting.

### 5.2 How did we do in this meeting

Members were asked to send any questions to the Chair and the Corporate Governance Team should they wish to raise anything.

## 6. DATE AND TIME OF NEXT MEETING

Wednesday 23 October 2024 at 14:00PM

## 7. CLOSE OF MEETING

**Minutes of the Meeting of Cwm Taf Morgannwg University  
(CTMUHB) Charitable Funds IN Committee Held on Tuesday 23  
April 2024 as a virtual meeting via Microsoft Teams**

**Members Present:**

Lynda Thomas	Independent Member / Trustee
Ian Wells	Independent Member / Trustee
Helen Lentle	Independent Member / Trustee
Kath Palmer	Independent Member / Trustee
Sally May	Trustee/Executive Director of Finance

**In Attendance:**

Owen James	Head of Corporate Finance
Simon Blackburn	Director of Communications, Engagement & Fundraising
Gareth Watts	Director of Corporate Governance and Risk / Board Secretary
Tyler Lewis	Corporate Governance Officer

**1. PRELIMINARY MATTERS**

**1.1 Welcome & Introduction**

L. Thomas (Chair) Welcomed everyone to the meeting and explained that whilst we are committed to holding business in open session we also have items contained on an 'In-Committee' agenda today which are deemed business sensitive and therefore need to be discussed in closed session.

**1.2 Apologies for Absence**

- Patsy Roseblade – Independent Member / Trustee

**1.3 Declarations of Interest**

No declarations of interests had been notified prior to the meeting.

**CONSENT AGENDA**

**2.**

**2.1 Unconfirmed minutes of the IN Committee Meeting held on  
26 October 2023**

Resolution The minutes were **APPROVED.**

**3. MAIN AGENDA**

**3.1 IN Committee – CTM Decision on Legacy**

O. James presented the report that asked Members to Approve / Not Approve the request to make an ex-gratia payment.

Resolution The Charitable Funds Committee **APPROVED** the ex-gratia payment subject to a formal request being received and appropriate engagement with the Charity Commission as required.

**3. ANY OTHER URGENT BUSINESS**

There were no matters raised.

**4. CLOSE OF MEETING**



<b>Unapproved / Minutes of the Extra Ordinary Charitable Funds Committee – In- Committee</b>
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<b>Date and Time of Meeting</b>	1 <sup>st</sup> August 2024 9:00 – 10:00AM
<b>Venue</b>	Microsoft Teams

<b>Members Present</b>	Lynda Thomas	Independent Member – Committee Chair – Corporate Business (Trustee)
	Rachel Rowlands	Independent Member – Community (Trustee)
	Helen Lentle	Independent Member – Legal (Trustee)
	Dilys Jouvenat	Independent Member – Third Sector (Trustee)
	Sally May	Trustee / Executive Director of Finance
<b>In Attendance</b>	Abe Sampson	Head of Charity and Income Generation
	Owen James	Head of Corporate Finance (In part)
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Simon Blackburn	Director of Communications, Engagement & Fundraising (In part)
	Cally Hamblyn	Assistant Director of Governance & Risk
	Emma Walters	Head of Corporate Governance & Board Business (Secretariat)

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
<b>1.1</b>	<b>Welcome and Introductions</b>
	The Chair welcomed everyone to the meeting and explained that whilst we are committed to holding business in open session we also have items contained on an 'In-Committee' agenda today which are deemed sensitive due to potentially identifiable information and therefore need to be discussed in closed session.
<b>1.2</b>	<b>Apologies for Absence</b>
	Apologies were received from;



	<ul style="list-style-type: none"> <li>• Ian Wells – Independent Member</li> <li>• Patsy Roseblade – Independent Member</li> </ul> <p>Dilys Jouvenat and Rachel Rowlands attended the meeting in the absence of I Wells and P Roseblade.</p>
1.3	<b>Declarations of Interest</b>
	No declarations of interest had been notified prior to the meeting.
<b>2.</b>	<b>MAIN AGENDA</b>
2.1	<b>Charitable Fund Request to support repatriation</b>
	<p>A Sampson presented Members with the report that outlined the details of a highly emotive and sensitive charitable funds request regarding repatriation of a staff member.</p> <p>Following detailed discussion it was recognised that there were a number of questions raised by the Committee that required further clarification prior to a decision being made, primarily around contract of employment obligations. L Thomas concluded that given the Committee were unable to make a decision at this stage, she would welcome the views of the Chief Executive and agreed to discuss this further at a future meeting if required. A Sampson advised that he would ensure clarity was obtained on the Health Board’s contract of employment obligations and added that discussions held today would help to shape processes if future discussions were required on this type of matter.</p> <p>C Hamblyn advised that a commitment would be made following today’s meeting to provide Committee Members with the outcome of discussions held with Executive colleagues to determine whether a future Committee discussion is required.</p>
Resolution:	<ul style="list-style-type: none"> <li>• The Committee deferred a decision on this item until further clarity was sought on the responsibility of CTM as the employer to support this request.</li> <li>• Members committed to reconvening an urgent Committee meeting should all other routes of funding be exhausted and the request to Charitable Funds remain.</li> </ul>
Action:	A Sampson to progress discussions with the Executive Team to consider what options for support are available and the outcome of discussions with the Executive Team to be shared with Committee Members once available.
Post meeting update.	<p>The People Team were able to confirm that there is a legal obligation on CTMUHB as employer to repatriate overseas nurses recruited via the Internationally Educated Nurses (IEN) programme as part of their contractual arrangements and consequently, these expenses will be met from the Health Board’s core budgets.</p> <p>No further meeting of the Committee was required to be convened.</p>
<b>3.</b>	<b>COMMITTEE BUSINESS MATTERS</b>
3.1	<b>ANY OTHER BUSINESS</b>
	There were no matters raised.
<b>4.</b>	<b>DATE AND TIME OF NEXT MEETING</b>
	Wednesday 23 October 2024 at 14:00PM
<b>5.</b>	<b>CLOSE OF MEETING</b>



**Agenda Item**

2.2.1

**Charitable Funds Committee**

**Committee Annual Cycle of Business 2024-2025**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	23/10/2024
<b>Statws Cyhoeddi/ Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Tyler Lewis, Corporate Governance Officer
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

<b>Acronyms / Glossary of Terms</b>	
N/A	



## 1. Situation /Background

- 1.1 The Charitable Funds Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 23<sup>rd</sup> April 2024 to April 2025.

## 2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

## 3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Charitable Funds Committee Cycle of Business for further detail.

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b>	Not Applicable



<p>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / <b>Link to Domains of Quality</b> (<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</p>	<p>If more than one applies please list below:</p>
<p><b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b></p>	<p>Choose an item. If more than one applies please list below:</p>

Impact Assessment		
<p><b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?</p>	<p>Yes: <input type="checkbox"/></p> <p>Outcome:</p>	<p>No: <input checked="" type="checkbox"/></p> <p>If no, please include rationale below: Not required</p>
<p><b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</p>	<p>Yes: <input type="checkbox"/></p> <p>Outcome for Equality (delete as appropriate):</p>	<p>No: <input checked="" type="checkbox"/></p> <p>If no, please include rationale below: Not required</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p><b>Effaith Adnoddau</b> (Pobl /Ariannol) / <b>Resource Impact</b> (People / Financial)</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

## 5. Recommendation

5.1 The Charitable Funds Committee is asked to:

5.2 **NOTE** the Committee Cycle of Business.

# Charitable Funds Committee

## Cycle of Business (23<sup>rd</sup> April 2024 – 1<sup>st</sup> April 2025)

The Charitable Funds Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

The Cycle of Business covers the period 23<sup>rd</sup> April 2024 to 1<sup>st</sup> April 2025

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

**Charitable Funds Committee Cycle of Business (23<sup>rd</sup> April 2024 – 1<sup>st</sup> April 2025)**

Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025
Minutes of the previous meeting	Director of Corporate Governance	All regular meetings				√						√						√
Action Log	Director of Corporate Governance	All regular meetings				√						√						√
Committee Annual Cycle of Business	Director of Corporate Governance	All regular meetings				√						√						√
Committee Terms of Reference	Director of Corporate Governance	Annually																
Committee Annual Self-Assessment	Director of Corporate Governance	Annually				√						√						√
Charitable Funds Committee Annual Report and Accounts (to coincide with Annual Trustees meeting)	Audit Wales	Annually	√												√			
Annual Update from the Investment Fund Managers	Director of Finance	Annually										√						
Review of the Charity Objectives	Director of Finance	Annually				√						√						√
General Charitable Funds Update	Director of Finance	All regular meetings				√						√						√
Report from the Head of Charity & Income Generation	Director of Finance	All regular meetings																



**Agenda Item**

2.2.2

**Charitable Funds Committee**

**Outcome Report: Charitable Funds Committee Self-Assessment Effectiveness Survey**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	23/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

<b>Acronyms / Glossary of Terms</b>	
CFC	Charitable Funds Committee

## 1. Situation /Background

- 1.1 The Chair of the Charitable Funds Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, the Committee are required to undertake an annual self-assessment questionnaire in relation to Committee effectiveness.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relating to its activities and performance during 2024.
- 1.3 The survey was first issued in April 2024 and was shared with five members and three regular attendees. Members should note that only three responses were received to date. The Chair of the CFC has also since left the Health Board. The Committee has also only met twice during this period due to the nature and frequency of the Committee business.

## 2. Summary Report

- 2.1 The responses received raised no areas for improvement that require further action.
- 2.2 There was a general consensus that the Committee is operating effectively and undertakes its core business activity such as Terms of Reference review, cycle of business routinely received and updated and an Annual Committee Report produced.
- 2.3 In terms of **Committee business** respondents considered that the Committee was:
  - It was considered that the Committee are adequately supported by the meeting secretariat.
  - Feedback received through the survey supported that the Committee is chaired effectively.
  - There was clear consensus that the Committee had sufficient authority and resources to perform its role effectively.
  - There was a clear consensus that the Committee met sufficiently frequently to deal with planned matters and there was sufficient time allowed for questions and discussions.
  - The Committee were satisfied that the boundaries between this Committee and other Committees were clearly defined with appropriate cross-referral if required.
- 2.4 With regards the **Behaviour, Culture and Values** of the Committee, there were no concerns raised in relation to meeting behaviours and the culture



and values exhibited in the meetings. Positive responses in terms of the Committee being managed in a courteous and professional manner.

2.5 There were no training and development suggestions identified.

### 3. Key Risks / Matters for Escalation

3.1 This outcome report should be considered in the context that limited responses were received.

3.2 Members and attendees are encouraged to complete this self-assessment when issued again during 2024-2025.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Resilient Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Leadership
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) /</b>	No - Not Applicable
	If more than one applies please list below:



**Environmental  
/Sustainability Impact (5Rs)**

<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not applicable in the context of this report.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not applicable in the context of this report.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

**5. Recommendation**

5.1 The Committee are asked to **NOTE** this report.

**ACTIONS ARISING FROM PREVIOUS CHARITABLE FUNDS COMMITTEE MEETINGS**

Minute Ref.	Date	Agreed Action	Lead Director	Timescale	Status as at October 2024
2.1	01.08.2024	<b>Charitable Fund request to support repatriation</b> The Head of Charity and Income to progress discussions with the Executive Team to consider options for support and the outcome of discussion to be shared with Committee Members once available.	Head of Charity and Income	Completed.	<b>Complete</b> - The People Team were able to confirm that there is a legal obligation on CTMUHB as employer to repatriate overseas nurses recruited via the Internationally Educated Nurses (IEN) programme as part of their contractual arrangements and consequently, these expenses will be met from the Health Board's core budgets.
4.2	23.04.2024	<b>General Charitable Funds Update</b> Director of finance to share the Financial Management association guidance on NHS Charitable Funds with Members	Director of Finance / Head of Corporate Finance	Completed	<b>Complete</b> -Guidance shared at the CFC meeting on the 1 <sup>st</sup> August 2024 as agenda item 2.1b.
4.2	23.04.2024	<b>General Charitable Funds Update</b> Review of low value and low movement balances once recruitment of Head of Charity and Income Generation has taken place	Head of Corporate Finance	Completed	<b>Complete-</b> Captured within Agenda Item 6.3 Charitable Fund Update Report for the October 2024 meeting.

## Agenda Item 4.1

### ACTIONS ARISING FROM PREVIOUS CHARITABLE FUNDS COMMITTEE MEETINGS

Minute Ref.	Date	Agreed Action	Lead Director	Timescale	Status as at October 2024
2.2	11.08.21 07.04.22	<b>Review of Charity Objectives</b> Further iteration of the report to be presented to a future meeting which would need to reflect the Committee's greater need for clarification on the aims and objectives of the overall strategy over the next 12 months	Director of Communications, Engagement & Fundraising	January 2022 Now April 2022  July 2022  November 2022	<b>Propose to Close</b> as this action is part of the work programme that the Head of Charity & Income position is leading and will be a standing agenda item for the Committee moving forward. Update is captured in 6.2 in the October 2024 papers.

**ACTIONS ARISING FROM PREVIOUS CHARITABLE FUNDS COMMITTEE MEETINGS**

<b>COMPLETED ACTIONS</b>					
<b>Minute Ref.</b>	<b>Date</b>	<b>Agreed Action</b>	<b>Lead Director</b>	<b>Timescale</b>	<b>Status as at October 2024</b>
4.2	26.10.2023	<b>General Charitable Funds Update</b> Provide feedback when Charitable Funds applications were not supported and reiterate the need to ensure all requests are aligned to the Charity Objectives	Head of Corporate Finance		<b>Completed</b> Head of Corporate Finance – Updated Completion
3.1.2	07.04.22	<b>Action Log</b> More detailed update on the operation of education and training funds to be received at the next meeting.	Director of Finance	July 2022	<b>Completed</b> Update provided to Members under Any Other Business at the July meeting.
3.2.2	07.04.22	<b>General Charitable Funds Update</b> Progress report on the staff lottery to be received at the next meeting with an invitation extended to the Director for People	Head of Corporate Finance/Director for People	July 2022	<b>Completed</b> Update included in the Charity Resources report received at the July meeting.
3.3	10.11.22	<b>General Charitable Funds Update</b> Update to be included in the next report in relation to areas of spend regarding General Charitable Funds.	Head of Corporate Finance/Director for People	October 2023	<b>Completed</b> Included in update report

**ACTIONS ARISING FROM PREVIOUS CHARITABLE FUNDS COMMITTEE MEETINGS**

<b>COMPLETED ACTIONS Contd.</b>					
<b>Minute Ref.</b>	<b>Date</b>	<b>Agreed Action</b>	<b>Lead Director</b>	<b>Timescale</b>	<b>Status as at October 2024</b>
3.3	10.11.22	<b>General Charitable Funds Update</b> Update to be provided outside the meeting as what areas within Ysbyty Cwm Cynon the £16k funding had been utilised against.	Head of Corporate Finance/Director for People	October 2023	<b>Completed</b> Sent out via email
2.3	11.08.21	<b>General Charitable Funds Update</b> CCLA to be invited to a future meeting to discuss the investment process further. Wider discussion on investment to be held at the next meeting	Director of Finance	January 2022 Now April 2022  November 2022	<b>Completed</b> CCLA presented at the April 2022 meeting  A further presentation to be received at the November 2022 meeting given the current economic climate



**Agenda Item**

5.1.1

**Charitable Funds Committee**

**Arts & Health Capacity Building – Proposal for Arts  
Manager Post**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	23/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Abe Sampson, Head of Charity & Income Generation
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Abe Sampson, Head of Charity & Income Generation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Simon Blackburn, Director of Communications, Engagement & Fundraising

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	



## 1. Situation/Background

- 1.1 In 2018, following a Mapping report into the Arts & Health landscape in Wales, the Arts Council of Wales offered every Health Board in Wales partnership funding to engage an Arts & Health Coordinator. The aim was to explore how the arts could help support strategic priorities around health and wellbeing, benefitting patients, staff and communities. Following 3 years of initial investment, the Arts Council of Wales & the Welsh NHS Confederation commissioned an independent evaluation of the Capacity Building Programme. They wanted to understand the impact the Arts & Health posts were having across the Health Boards; the extent to which the roles were being successfully embedded within the NHS and how they could support further development around Arts & Health through this programme.
- 1.2 The evaluation revealed a range of good practice and identified the key factors that are needed to grow and sustain Arts Health & Wellbeing within NHS settings. It was clear from the evaluation that more time and further investment in staff was required to fully embed the Arts & Health roles as permanent posts and to build capacity so that the full potential of the arts to improve the health and wellbeing of patients, staff and communities can be realised.
- 1.3 The Arts Council of Wales is therefore inviting Health Boards to apply for a further phase of partnership funding support to advance Arts & Health in their region. This opportunity allows CTMUHB to apply for **£25,000 per year over a period of two years** to build Arts & Health capacity.
- 1.4 The application takes the form of a self-assessment against the Arts & Health Success Framework along with a brief proposal detailing a staffing plan, forward priorities and partnership commitment.
- 1.5 In order to access this funding, a contribution of resources is also expected from the applying organisation in order to demonstrate commitment to the opportunity to develop arts capacity.

## 2. Specific Matters for Consideration

- 2.1 Building on the Arts Council of Wales funding opportunity, the Charitable Funds Committee is asked to consider a request in principle to match fund a new Arts Manager post for CTMUHB for approximately £46,000.
- 2.2 This would be a fixed term post for a period of two years, which would be funded through a combination of the Arts Council of Wales' contribution of £25,000 per year and up to an additional £23,000 per year, from the Health Board's Charitable Funds to maximise impact.



- 2.3 The proposal for this role to be a two-year fixed term post has been endorsed by the Arts Council of Wales following initial discussions in August and September 2024 to gauge suitability of the request prior to submission.
- 2.4 The final banding for this role has not yet been confirmed but it is anticipated that it will be a band 6 role. It should be noted that estimated costs are based on a middle of the band pay point but due to the nature of this role, it is likely that an appointment would be made from outside of the Health Board, which would mean the actual costs to the Health Board's Charitable Funds are less than £46,000.
- 2.5 The responsibilities of the Arts Manager would include that:
- The CTMUHB Arts Manager will be responsible for managing and continually improving the use of art across our estate to improve the wellbeing and experience of patients, staff, and visitors.
  - They will research, identify, and implement art projects and installations – across a broad range of mediums - that enhance the interior and exterior of our physical spaces, making CTMUHB sites more welcoming, engaging and more conducive to recovery.
  - The post holder will lead on programmes of work that embed the arts into capital and estates projects within the health board, using creative ways to integrate art and design into clinical and supporting environments.
  - They will also lead and manage a vibrant and diverse rolling programme of art projects and installations, developing and managing relationships with local (including staff), national and global artists.
- 2.6 Further information on the post can be found in the job description and person spec document included at Appendix A.
- 2.7 The anticipated outputs of this new Arts Manager post would include the following:
- **An Established Arts Strategy:** Development and implementation of a comprehensive arts & health strategy tailored for CTMUHB, integrating art into patient care and improving internal and external environments.
  - **Strengthened Partnerships:** A solid working relationship with the Arts Council of Wales and other partners, resulting in multiple collaborative arts projects across the health board.
  - **Successful Funding Bids:** Secured multiple funding bids for specific arts & health projects from external funders, with tangible benefits for patients, staff, and the community.

- **An Operational Arts Programme:** A fully operational and diverse programme of arts activities, installations, and exhibitions.
- **Positive Impact Stories:** Case studies and positive news stories showcasing the tangible benefits of arts on patient well-being, staff morale, and the broader community.
- **Broadened Engagement:** Increased awareness and participation in arts projects from both staff and community, with feedback integrated into ongoing projects.
- **Arts Forum:** An established multi-disciplinary arts forum, engaging stakeholders in the development and execution of arts initiatives across the health board.
- **Art in Capital Projects:** Integration of commissioned artists and art installations into capital development projects, improving the visual and emotional environment of healthcare spaces.
- **Ongoing Evaluation:** Regular evaluations of arts projects, using results to refine and enhance future projects, ensuring continual improvement and relevance and demonstrating the impact of the arts on patient and staff wellbeing.

2.8 A more strategic approach to arts in health engagement aligns with the following strategic priorities for both our Charity and CTMUHB:

- **Enhanced Patient Experience:** Integrating arts projects into healthcare environments has been shown to improve patient well-being, and reduce stress and anxiety (Coulter, A., Roberts, S., & Dixon, A., 2013). By creating calming environments and utilising engaging activities, the arts can make hospital stays more comfortable and supportive. The therapeutic benefits of developing CTMUHB's arts capacity would align with our Charity's aims to improve patient care beyond what is possible through core service provision.
- **Improved Staff Wellbeing and Morale:** Arts programmes can also boost staff morale, by reducing stress, and contributing to a positive work environment (Cohen, A. J., & Walmsley, R., 2021). Engaging staff in creative initiatives provides an outlet for expression and helps build a sense of community and pride within the health board.
- **Increased Community Engagement and Reputation:** A dedicated arts strategy would strengthen ties between the health board and local communities, enhancing its (and our Charity's) reputation as being innovative and compassionate. Showcasing public art exhibitions, partnerships, and creative initiatives can foster stronger connections with

patients, families, and external groups, which will be key to generating additional support for the CTM NHS Charity.

- **Demonstrating a Holistic Care Approach:** Incorporating arts as a part of healthcare aligns with a more holistic model of care that addresses emotional, mental, and physical well-being. This approach can contribute to better patient outcomes and more person-centred care (Staricoff, R. L., & Clift, S., 2011).
- **Increased Funding and Resources:** A focused arts lead would be instrumental in securing targeted project funding and external grants, allowing CTMUHB to capitalise on new opportunities for creative programming and infrastructure improvements without straining core resources.
- **Showcasing Innovation:** By developing a robust and forward-thinking arts strategy, CTMUHB could position itself as a leader among public health organisations across Wales in arts and health. This can attract new partners, enhance recruitment efforts, and lead to further innovative projects.
- **Further Cultural and Social Impact:** Art can help address social and cultural issues, such as isolation, mental health, and inclusion (Clift, S., & Camic, P. M., Eds., 2016). A dedicated arts strategy can support initiatives that bring these issues to the forefront, offering creative solutions and building a more inclusive healthcare environment.

2.9 A number of NHS Charities have implemented arts manager or coordinator roles to help implement, organise and maintain arts health and wellbeing initiatives across their Health Boards and Trusts (including Cardiff and Vale Health Charity, Guy's and St Thomas' Charity, Barts Charity, Imperial Health Charity, Mid Cheshire Hospitals Fund, Newcastle Hospitals Charity, among others).

2.10 The Cardiff and Vale Health Charity have developed a number of high-profile arts projects over the last five years through their strong integration of arts into the work of their charity, including the three-year Arts and Minds Initiative and the development of the Our Health Meadow project, which is the innovative development of the seven-acre outdoor space at Llandough Hospital into a unique health and wellbeing facility.

### 3. Key Risks / Matters for Escalation

3.1 If this proposal cannot be supported through the Charity, there is a risk that the additional funding opportunity presented by the Arts Council of Wales is lost – as this is conditional on match funding being secured.



- 3.2 There will be opportunities to review and evaluate the impact of the post at regular six-month intervals. This would be a stipulation of Arts Council of Wales funding and progress can be reported back to both ACW and the Charitable Funds Committee through agreed reporting requirements.
- 3.3 In addition to the previously noted outputs, the following key considerations will be measured across CTMUHB arts activity in order to understand the impact on arts in health activity on patient care:
- Improvements to patient experience (how programmes are providing distraction and time away from the ward environment, reduced loneliness, boredom and isolation)
  - Improved wellbeing – Through the reduction in agitated behaviour/more positive social interactions.
  - Improved patient outcomes – through increased recovery potential, improved cognitive stimulation and wellbeing, self-worth, and monitoring of other outcomes.
  - Do clinical teams/services value the impact of Arts in Healthcare?
- 3.4 Ensuring sustainability of the capacity and outputs that are developed through this new post is critical. As it is a two-year fixed term post, the focus of the Arts Manager would be to deliver a long-term strategy for Arts in Health activity which can be implemented and be viable without a dedicated Arts Manager, when the post comes to an end. This includes:
- creating a framework for the transition once the role comes to an end;
  - the development of lasting resources/toolkits that can be utilised across CTM UHB;
  - establishing partnerships (with local artists, arts organisations, and funders) that outlast the tenure of the post;
  - training and development of staff to help support implementation of key arts activities.
- 3.5 An established long-term strategy for key arts programmes that are integrated into core health board services would also help generate new opportunities to apply for additional external funding for arts activity with greater potential for success. These funding opportunities would include:
- Applying for grant funding from large trusts & foundations;
  - Exploring collaborations with corporate partners;
  - Leveraging existing charitable connections and cultivating relationships with new donors who are passionate about arts in health;
  - The launch of a public fundraising campaign specifically for arts and health initiatives.



- 3.6 The request to the Charitable Funds Committee is only to match fund and support the Arts Manager post for a fixed term of two years. There will be an opportunity for CTM UHB, the Charitable Funds Committee, and the Arts Council of Wales to undertake an informed review of the role and its impact, and the arts programme itself at the end of the project. However, there is no commitment of support beyond the two-year period from either the CFC or the ACW.
- 3.7 As an anticipated Band 6 role, there is an anticipated total cost for the project of approximately £96,000 expected over the two years. Of this, up to £46,000 is requested from the Charity.

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:  Creating Health
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:  Potential links across Growing Well, Ageing Well and Dying Well.
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Wales of Vibrant Culture & Thriving Welsh Language
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Enablers of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Culture and Valuing People
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Not Applicable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) /</b>	No - Not Applicable
	If more than one applies please list below:



**Environmental  
/Sustainability Impact (5Rs)**

**Impact Assessment**

**Ansawdd**

*Ydych chi wedi ymgymryd â  
Sgrinio Asesiad o'r Effaith ar  
Ansawdd? /*

**Quality**

*Have you undertaken a Quality  
Impact Assessment Screening?*

Yes:

No:

Outcome: POSITIVE

If no, please include  
rationale below:

As a result of this post,  
patient experience will  
be enhanced based on  
the impact of arts  
interventions on  
healthcare.

**Cydraddoldeb a'r Gymraeg**

*Ydych chi wedi ymgymryd â  
Sgrinio Asesiad o'r Effaith ar  
Gydraddoldeb a'r Gymraeg? /*

**Equality and Welsh Language**

*Have you undertaken an Equality  
and Welsh Language Impact  
Assessment Screening?*

Yes:

No:

Outcome for Equality  
(delete as appropriate):

If no, please include  
rationale below:

POSITIVE

Recruitment to this post  
will be accessible,  
appropriate and  
equitable for all, with  
equal opportunity for  
Welsh language  
speakers, through  
collaboration with the  
Cwm Taf Morgannwg  
People and Welsh  
language teams.

Outcome for Welsh  
Language (delete as  
appropriate):

POSITIVE

**Cyfreithiol / Legal**

There are no specific legal implications related to the  
activity outlined in this report.

**Enw da / Reputational**

There is no direct impact on the reputation of the  
Health Board as a result of the activity outlined in this  
report.

**Effaith Adnoddau**

Yes (Include further detail below)



*(Pobl /Ariannol) /*  
**Resource Impact**  
*(People / Financial)*

There are currently no funds available to support this role, therefore a submission to the Charitable Funds Committee has been made.

Previous Health Board Arts posts have been supported through Charitable Funds and Arts Council of Wales funding.

## 5. Recommendation

- 5.1 The Charitable Funds Committee is asked to **CONSIDER** and **APPROVE** the request for £46,000 of charitable funding to support the implementation of a new CTM UHB Arts Manager post for a two-year period.

## 6. Next Steps

- 6.1 The outcome will be communicated to the Arts Council of Wales and if supported, a staffing plan and project proposal will be submitted in order to access the £25,000 per year in match funding to support the role. Once confirmed, the post will proceed to recruitment.

### JOB DETAILS:

<b>Job Title</b>	Arts Coordinator
<b>Pay Band</b>	TBC (expectation 6/7)
<b>Hours of Work and Nature of Contract</b>	To be completed on recruitment
<b>Division/Directorate</b>	Communication, Engagement & Fundraising
<b>Department</b>	Corporate
<b>Base</b>	To be completed on recruitment

### ORGANISATIONAL ARRANGEMENTS:

<b>Managerially Accountable to:</b>	Simon Blackburn
<b>Reports to: Name Line Manager</b>	To be confirmed
<b>Professionally Responsible to:</b>	To be confirmed

#### Job Summary/Job Purpose:

The CTMUHB Arts Coordinator is responsible for managing and continually improving the use of art across our estate to improve the wellbeing and experience of patients, staff, and visitors.

They will research, identify, and implement art projects and installations – across a broad range of mediums - that enhance the interior and exterior of our physical spaces, making CTMUHB sites more welcoming, engaging and more conducive to recovery.

CAJE Reference

Arts Coordinator

The post holder will lead on programmes of work that embed art into capital and estates projects within the health board, using creative ways to integrate art and design into clinical and supporting environments.

They will lead and manage a vibrant and diverse rolling programme of art projects and installations, developing and managing relationships with local (including staff), national and global artists.

#### **DUTIES/RESPONSIBILITIES:**

- Develop and implement an arts strategy for CTMUHB, that sets out the ways in which the health board will use art to improve internal and external environments for patients, staff and visitors.
- Be the health board's primary contact with the Arts Council of Wales, working with the Council and partners to identify and embed best practice and capitalise upon opportunities for targeted project funding and collaborative working across Wales and beyond.
- Devise and submit funding bids for specific arts projects, ensuring the health board, it's patients, staff and the wider CTM population benefit from opportunities to resource the creative and effective use of arts
- Plan and manage a rolling programme of arts activities, installations, strategies and time sensitive work to ensure that targets are met, negotiating costs and timescales as necessary.
- Provide and receive complex information about the implementation of arts programmes within the health board and use persuasive, motivational, and negotiating skills to engage and influence staff, senior managers and project boards to further the development and profile of arts within CTMUHB.
- Present complex, sensitive or contentious information to large groups, including staff, senior managers, public groups, commissioned artists and those involved in the design of capital projects.
- Persuade project boards and staff of the importance of art projects, negotiating with and motivating staff to ensure successful delivery of projects,

CAJE Reference

Arts Coordinator

- Ensure art installations, activities and resources are installed and maintained to ensure their safety and compliance with relevant policies and health and safety legislation, and infection protection and prevention policies.
- Effectively manage multiple projects simultaneously, regularly reviewing project plans to ensure activities deliver against key objectives and targets, and within budget.
- Establish and coordinate a multi-disciplinary arts forum that enables staff and other stakeholders to be involved and engaged in arts within CTMUHB.
- Provide routine and as-needed reports, and present to committees as required in order to ensure effective oversight and governance of the arts at CTMUHB.
- Ensure the arts have a high and positive profile within CTMUHB and within other health board initiatives.
- Prepare and communicate sensitive information about performance and operational change to colleagues and large groups, including within formal settings.
- Develop and maintain links between the hospital, the wider arts community and other community partners through public exhibitions and events.
- Independently support and mentor staff, artists, students and volunteers, providing specialist training and support as required to staff at all levels. Supervise volunteers and oversee their delivery of projects and tasks.
- Deliver awareness programmes to broaden the understanding of the arts in healthcare and in CTMUHB.
- Work with estates, facilities, site management and other colleagues as necessary to embed the use of art support and commission artists linking into capital projects.
- Maintain working relationships with health board senior decision makers, including executive directors, the Board, site management teams and clinical leaders.
- Engage and appoint artists and artistic groups to undertake projects within the health board, ensuring appropriate governance is maintained.
- Provide verbal, visual and written presentations to colleagues, senior managers, community groups, making persuasive recommendations on proposed art programmes and developments as required.

CAJE Reference

Arts Coordinator

- Continually evaluate the effectiveness of art projects, and use learning and formal evaluations to inform future projects.
- Regularly undertake research activity, including surveys amongst internal and external audiences, to ensure the health board can respond to advances in the understanding of arts in healthcare settings and is informed by the experiences and opinions of audiences.
- Identify and participate in local and national arts and health projects that extend and improve the reputation of CTMUHB.
- Ensure art projects are accessible and compliant with the health board's statutory obligations, including those for Welsh language.
- Manage and interpret complex information and be involved in complex situations, interrogating and comparing a range of options in order to develop sustainable, effective and creative solutions.
- Work with the health board's communication team to promote arts through internal and external channels.
- Demonstrate specialist knowledge across range of procedures, underpinned by theory about the use of arts in healthcare settings.
- Research and write funding bids and business cases.
- Engage and enthuse internal and external audiences, including clinical teams, through presentations and attendance at meetings and committees.
- Work with patients, visitors and carers, and representative groups, to understand the impact of arts on their experience and take action and make recommendations accordingly.
- Develop and implement policies and propose changes to practices to improve and manage the profile of arts within the health board, within related projects and across the wider community.

CAJE Reference

Arts Coordinator

## PERSON SPECIFICATION

The knowledge to be measured is the minimum needed to carry out the full duties of the job to the required standards. Qualifications should be used to provide an indicator of the level of knowledge required. Training and experience is also a means of acquiring the knowledge required for a job such as on-the-job training, short courses and experience to an equivalent level of knowledge which should be specified.

NOTE: Please do not use the number of years experience as this is potentially discriminatory and these will be returned. It is essential that managers concentrate on the sorts of skills and qualities needed to fulfil the duties of the post.

ATTRIBUTES	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
<b>Qualifications and/or Knowledge</b>	<p>Educated to Degree level in an art related area or equivalent skills, knowledge and experience in the arts.</p> <p>Good knowledge of Microsoft Office Packages, i.e. Word, Excel, PowerPoint and Outlook.</p> <p>Staff management skills and HR knowledge.</p>	<p>Management/Leadership qualification.</p> <p>Postgraduate Qualification in relevant subject.</p>	<p>Application Form</p> <p>Pre-employment checks</p> <p>Interview</p> <p>References</p>
<b>Experience</b>	<p>Ability to cope with pressure and multitask.</p> <p>Ability to work independently and as part of a team.</p> <p>Ability to network and generate connections and collaborations between artists, organisations and the Health Board.</p> <p>Practical experience within the arts sector.</p> <p>Experience of managing and developing arts projects from start to finish.</p>	<p>Good knowledge of Health &amp; Safety Practices</p> <p>Previous experience of working with Estates/Capital Planning Teams within an NHS setting.</p> <p>Knowledge of Fire Regulations</p> <p>Experience of managing and developing arts projects.</p> <p>Experience of public art and commissioning.</p>	<p>Application Form</p> <p>Interview</p> <p>References</p>

CAJE Reference

Arts Coordinator

	<p>Experience of managing budgets.</p> <p>Experience of evaluating projects.</p> <p>Experience of working effectively in a multi-professional environment and leading multi-disciplinary groups of staff at all levels.</p>		
<b>Aptitude and Abilities</b>	<p>Ability to adapt knowledge of the creative arts to a unique healthcare environment.</p> <p>Excellent communication and organisational skills.</p> <p>Negotiation and interpersonal skills.</p> <p>Confidence in public speaking and delivering information to a wide range of stakeholders.</p> <p>Ability to undertake a positive leadership role and inspire confidence and co-operation.</p> <p>Project management skills with an ability to organize and reconfigure complex activities to meet goals and strategic goals.</p> <p>Ability to plan and organise a broad range of complex activities and make adjustments to plans, strategies or programmes of work.</p> <p>Abel to use a range of IT applications to create reports and maintain project information systems.</p>	Ability to speak Welsh.	Interview References

CAJE Reference

Arts Coordinator

<b>Values</b>	<p>Always putting patients first.</p> <p>Customer service focus.</p> <p>Demonstrates a passion for excellence.</p> <p>Takes pride in their work.</p>		<p>Application Form</p> <p>Interview</p> <p>References</p>
<b>Other</b>	<p>Ability to travel throughout the UHB locality in a timely manner.</p> <p>Flexible in approach to work to meet service needs.</p>	<p>Experience in the wider health and wellbeing sector.</p> <p>Local and national artistic/creative community scene.</p>	<p>Application Form</p> <p>Interview</p> <p>References</p>

**GENERAL REQUIREMENTS**

- **Values:** All employees of the Health Board are required to demonstrate and embed the Values and Behaviour Statements in order for them to become an integral part of the post holder’s working life and to embed the principles into the culture of the organisation.
- **Registered Health Professional:** All employees who are required to register with a professional body, to enable them to practice within their profession, are required to comply with their code of conduct and requirements of their professional registration.
- **Healthcare Support Workers:** Healthcare Support Workers make a valuable and important contribution to the delivery of high quality healthcare. The national Code of Conduct for NHS Wales describes the standards of conduct, behaviour and attitude required of all Healthcare Support Workers employed within NHS Wales. Health Care Support Workers are responsible, and have a duty of care, to ensure their conduct does not fall below the standards detailed in the Code and that no act or omission on their part harms the safety and wellbeing of service users and the public, whilst in their care.
- **Competence:** At no time should the post holder work outside their defined level of competence. If there are concerns regarding this, the post holder should immediately discuss them with their Manager/Supervisor. Employees have a responsibility to inform their Manager/Supervisor if they doubt their own competence to perform a duty.
- **Learning and Development:** All staff must undertake induction/orientation programmes at Corporate and Departmental level and must ensure that any statutory/mandatory training requirements are current and up to date. Where considered appropriate, staff are required to demonstrate evidence of continuing professional development.
- **Performance Appraisal:** We are committed to developing our staff and you are responsible for participating in an Annual Performance Development Review of the post.
- **Health & Safety:** All employees of the organisation have a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions. The post holder is required to

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co-operate with management to enable the organisation to meet its own legal duties and to report any hazardous situations or defective equipment. The post holder must adhere to the organisation's Risk Management, Health and Safety and associate policies.

- **Risk Management:** It is a standard element of the role and responsibility of all staff of the organisation that they fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards.
- **Welsh Language:** All employees must perform their duties in strict compliance with the requirements of their organization's Welsh Language Scheme and take every opportunity to promote the Welsh language in their dealings with the public.
- **Information Governance:** The post holder must at all times be aware of the importance of maintaining confidentiality and security of information gained during the course of their duties. This will in many cases include access to personal information relating to service users.
- **Data Protection Act 1998:** The post holder must treat all information, whether corporate, staff or patient information, in a discreet and confidential manner in accordance with the provisions of the Data Protection Act 1998 and Organisational Policy. Any breach of such confidentiality is considered a serious disciplinary offence, which is liable to dismissal and / or prosecution under current statutory legislation (Data Protection Act) and the HB Disciplinary Policy.
- **Records Management:** As an employee of this organisation, the post holder is legally responsible for all records that they gather, create or use as part of their work within the organisation (including patient health, staff health or injury, financial, personal and administrative), whether paper based or on computer. All such records are considered public records and the post holder has a legal duty of confidence to service users (even after an employee has left the organisation). The post holder should consult their manager if they have any doubt as to the correct management of records with which they work.
- **Equality and Human Rights:** The Public Sector Equality Duty in Wales places a positive duty on the HB to promote equality for people with protected characteristics, both as an employer and as a provider of public services. There are nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The HB is committed to ensuring that no job applicant or employee receives less favourable treatment of any of the above grounds. To this end, the organisation has an Equality Policy and it is for each employee to contribute to its success.
- **Dignity at Work:** The organisation condemns all forms of bullying and harassment and is actively seeking to promote a workplace where employees are treated fairly and with dignity and respect. All staff are requested to report any form of bullying and harassment to their Line Manager or to any Director of the organisation. Any inappropriate behaviour inside the workplace will not be tolerated and will be treated as a serious matter under the HB/Trust Disciplinary Policy.
- **DBS Disclosure Check:** In this role you will have \* direct / indirect contact with\* patients/service users/ children/vulnerable adults in the course of your normal duties. You will therefore be required to apply for a Criminal Record Bureau \*Standard / Enhance Disclosure Check as part of the HB/Trust's pre-employment check procedure. \*Delete as appropriate.  
The post holder does not require a DBS Disclosure Check. \*Delete as appropriate.
- **Safeguarding Children and Adults at Risk:** The organisation is committed to safeguarding children and adults at risk. All staff must therefore attend Safeguarding Children & Adult training and be aware of their responsibilities under the All Wales Procedures.

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- **Infection Control:** The organisation is committed to meet its obligations to minimise infections. All staff are responsible for protecting and safeguarding patients, service users, visitors and employees against the risk of acquiring healthcare associated infections. This responsibility includes being aware of the content of and consistently observing Health Board Infection Prevention & Control Policies and Procedures.
- **No Smoking:** To give all patients, visitors and staff the best chance to be healthy, all Health Board sites, including buildings and grounds, are smoke free.

**Flexibility Statement:** The duties of the post are outlined in this Job Description and Person Specification and may be changed by mutual agreement from time to time.

Signed: (Post Holder) \_\_\_\_\_ Date: \_\_\_\_\_

Signed: (Directorate Manager) \_\_\_\_\_ Date: \_\_\_\_\_

Signed: (Divisional Manager) \_\_\_\_\_ Date: \_\_\_\_\_

Date Job Description compiled: \_\_\_\_\_

Date for Review: \_\_\_\_\_

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**Agenda Item**

5.1.2

**Charitable Funds Committee**

**Glaucoma Ophthalmology Diagnostic Hub**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	23/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Zahra Rasheed, Advanced Clinical Optometrist & Optometric Advisor / Abe Sampson, Head of Charity & Income Generation
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Zahra Rasheed, Advanced Clinical Optometrist & Optometric Advisor
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
ECMG (Executive Capital Management Group)	Click or tap to enter a date.	Supported.

<b>Acronyms / Glossary of Terms</b>	

## 1. Situation/Background

- 1.1 The purpose of this paper is to present the Charitable Funds Committee with the request and business case for the funding of new high specification glaucoma diagnostic equipment at Maesteg Community Hospital.
- 1.2 The total cost for the equipment and the total contribution that is being requested from Charitable Funds is £67,603. As this request is above the £50,000 delegated approval threshold, this request requires the Committee's approval.

## 2. Specific Matters for Consideration

- 2.1 The application for funding and a business case for the work that this equipment will be supporting can be found at appendix A and B.
- 2.2 The proposal is to support the purchase of new high specification glaucoma diagnostic equipment - required to diagnose/manage new glaucoma patients in Glaucoma Diagnostic Hub at MCH.
- 2.3 Diagnostic imaging from this device will provide additional clinical value, sustainably increase clinic capacity/volume, reduce use of clinic consumables & reduce reliance on skilled professional workforce for this technician-delivered data capture (releasing senior staff for more complex care) and reduce risk of serious, avoidable patient harm due to appointment delays in the Ophthalmology Service.
- 2.4 If supported, this proposal will increase the volume and type of cases that can be safely assessed at this community site, improving the patient experience for further patients.

## 3. Key Risks / Matters for Escalation

- 3.1 There is approximately £127,000 available within the Maesteg General Purposes Fund, so this request would utilise just over 50% of that fund.
- 3.2 There will be a potential ongoing cost for maintenance of approximately £1,600 per year after the first 12 months. This would be funded through the service's core budget.

## 4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:



	Creating Health
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: POSITIVE	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:
	POSITIVE Recruitment to this post will be accessible, appropriate and	



	<p>equitable for all, with equal opportunity for Welsh language speakers, through collaboration with the Cwm Taf Morgannwg People and Welsh language teams.</p> <p>Outcome for Welsh Language (delete as appropriate):</p> <p>NEUTRAL</p>	
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	<p>Yes (Include further detail below)</p> <p>There is approximately £127,000 available in the Maesteg General Purpose Fund which could be utilised for this request.</p> <p>There are also potential additional revenue costs for maintenance/warranty of approximately £1,668.26 net after the first 12 months of purchase.</p>	

## 5. Recommendation

- 5.1 The Charitable Funds Committee is asked to **CONSIDER** and **APPROVE** the request for £67,603 of charitable funding to support the purchase of high specification glaucoma diagnostic equipment Glaucoma Diagnostic Hub at Maesteg Community Hospital.

## 6. Next Steps

- 6.1 The outcome will be communicated to the applicants and if successful, the project will proceed to the next stage of procurement.

**APPENDIX D**

**Charitable Fund Expenditure Authorisation Form**

TO BE ACCOMPANIED BY A COMPLETED NON STOCK REQUISITION)

**SECTION A (to be completed by designated officer)**

**NAME OF FUND:** \_ENDOW - YN61 - MAESTEG GENERAL PURPOSE \_\_ **FUND NO.** \_9351\_\_

**EXPENDITURE REQUESTED BY:** \_\_\_\_\_

**DESIGNATION:** \_\_DIRECTORATE MANAGER SPECIALIST SERVICES\_\_\_\_\_

**DESCRIPTION OF ITEM/EQUIPMENT TO BE PURCHASED:**

1x Tomography device with operational software, unit table, display monitor and installation/training.

**COST:**

TOTAL: £67,603.38

**REVENUE CONSEQUENCES:**

12 months warranty included.

After initial 12 months, 5 Year Standard Maintenance = £8,341.30 net (£1,668.26 net per year).

**WHY IS PURCHASE REQUIRED/WHAT USE WILL BE MADE:**

New high specification glaucoma diagnostic equipment - required to diagnose/manage new glaucoma patients in Glaucoma Diagnostic Hub at MCH. Diagnostic imaging from this device will provide additional clinical value, sustainably increase clinic capacity/volume, reduce use of clinic consumables & reduce reliance on skilled professional workforce for this technician-delivered data capture (releasing senior staff for more complex care) and reduce risk of serious, avoidable patient harm due to appointment delays in the Ophthalmology Service. It will increase the volume and type of cases that can be safely assessed at this community site, improving the patient experience for further patients.

**HOW IS IT PROPOSED TO FUND REVENUE CONSEQUENCES:**

Annual revenue costs will be applied against Ophthalmology cost centre 2050.

**IS THE PURCHASE VAT EXEMPT: YES**

If YES please attach a VAT Exemption Certificate duly completed. If in any doubt signify NOT SURE for Finance Department to process.

**(If money has been/will be specifically donated for the above give details of donations)**

\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** 23/9/24 \_\_\_\_\_

**SECTION B (To be completed by Finance Department)**

**BALANCE OF FUND BEFORE APPROVAL:** \_\_\_\_\_

**VERIFIED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EXPENDITURE AUTHORISED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## Cwm Taf Morgannwg University Health Board Business Case

<b>Title</b>	Pan-CTM Glaucoma Ophthalmic Diagnostic Hubs		
<b>Ref No.</b>		<b>Date Last Updated</b>	15/04/2024
<b>Sponsor</b>	Quality & Safety	<b>Co-Leads</b>	Glaucoma Consultant Glaucoma Consultant Ophthalmology Clinical Director Clinical Optometrist
<b>Clinical /Service Board or Department</b>	CD&T		

### 1. EXECUTIVE SUMMARY

Annual Revenue Requirement	Current Year (£)	Recurrent (£)
	<b>£173,058</b>	<b>£204,814</b>
<b>Capital Requirement (£)</b>	<b>£282,880</b>	

Glaucoma appointment capacity in CTMUHB is far below service demand, and there is an enormous backlog causing harmful patient delays, and preventing the HB from meeting national standards for service provision. Glaucoma is a progressive, irreversibly blinding eye disease that requires lifelong subspecialty care, and comprises 30% of Ophthalmology outpatient attendances across the UK<sup>9</sup>. Early diagnosis and timely treatment is critical for successful healthcare outcomes.

The current service model in CTM is only able to provide 41% of the demand for glaucoma care, and this appointment demand is set to increase.

Demand & Capacity	Current Pan-CTM Glaucoma Service Model
Current Backlog (New & Follow-up Patients)	4639
Total Appointments Required Over Next 12 Months	12,605
Total Appointments Provided Over Past 12 Months	5200
<b>Annual Demand-Capacity Gap</b>	<b>7405 appointments</b>

The recognition of the changing needs of the population, the changing nature of ophthalmic care, and the post-pandemic challenges in providing Ophthalmology services has made the redesign of glaucoma pathways an urgent priority for CTMUHB. The main risks for the health board (HB) within the current service are:

1. Preventable, serious, permanent sight loss caused by the significant demand-capacity appointment gap.

2. Litigation costs due to avoidable harm, caused by lack of access to timely and effective glaucoma care.

Glaucoma waiting lists cannot be reduced without further investment in Ophthalmology workforce and equipment. The recommendation to the Senior Management Team is to **approve Option 4 - to set up a high-capacity virtual review glaucoma diagnostic hub at Ysbyty Cwm Cynon, and additionally increase capacity at existing hospital glaucoma clinics (Maesteg Community Hospital and Prince Charles Hospital).**

	YEAR 1	YEAR 2
Additional capacity with this proposal	5598 appointments	7372 appointments
% increase from current service provision	108%	142%

This will deliver >100% increase in glaucoma appointment capacity across the HB in the first year, and eliminate the new and follow-up backlog for this service in 11 months, whilst making optimal use of existing hospital assets and community-based Optometry. It will create a glaucoma service that is safe, clinically effective, cost-effective and sustainable in the long term, by creating recurrent, additional capacity to meet substantive demand. A high-level mitigation plan for the risks associated with this option has been included.

This proposal will ensure faster diagnosis, reduce waiting times for treatment, and reduce the number of appointments required for patients to attend. It will have positive impacts for our patients, as well as our workforce, and will improve patient experience and outcomes. It will elevate our service performance against national standards in the short term, whilst making CTMUHB's glaucoma and wider ophthalmology services more efficient and sustainable for the future. The primary proposal benefits are:

1. Sustainably maximising and increasing appointment capacity
2. Consolidation of consultant contact-time to high-risk cases and increased use of multi-disciplinary workforce
3. Reducing patient time spent in outpatient clinics

This proposal is supported by the HB's Ophthalmology clinical and managerial teams, and strategic evidence including:

- GIRFT's national guidelines and local recommendations for the CTM Glaucoma Service<sup>4</sup>
- NICE glaucoma care standards
- Royal College of Ophthalmologists' glaucoma commissioning guidelines and recovery strategies<sup>8,9</sup>
- CTMUHB's Planned Care Goals

## 2. INTRODUCTION & BACKGROUND

### 2.1 Project Purpose

Glaucoma is the most common cause of sight loss amongst working age people<sup>9</sup>. It results in progressive, irreversible sight loss if untreated, therefore early diagnosis and treatment is imperative.

Urgent service improvements are required to make the CTMUHB glaucoma service safe. There are currently over 4000 glaucoma patients awaiting either a follow-up appointment or first new appointment across the HB. There are long delays for these appointments with some patients

overdue their appointment by 6 years i.e. dangerously beyond national guidance. Delays in care for these patients increases the risk of severe and permanent vision loss, and as untreated conditions progress, clinical management becomes more challenging and costly for the HB. Since 2019, 29 serious clinical incidents have been reported due to appointment delays in the glaucoma service, many involving irreversible vision loss. Clinical incidents have been found to be under-reported in this service, so these reported incidents likely represent only a fraction of the actual clinical harm occurring. This progressive disease is asymptomatic in most cases until serious irreversible damage has occurred, so patients are unlikely to self-report deterioration whilst waiting to be appointed. The only way to identify deterioration is through prompt diagnostic testing.

Current glaucoma service capacity is insufficient to cope with demand, so transformative service changes are required. We are proposing the creation of an integrated, high-capacity, multi-functional diagnostic testing, virtual review pathway to tackle this problem. Maesteg Community Hospital (MCH) currently delivers this on a modest scale and is a successful proof of concept that should be escalated in capacity, as well as extrapolated to a further site at Ysbyty Cwm Cynon (YCC). This will require investment in equipment and workforce.

This proposal involves maximising our current resources by using community hospital infrastructure and clinical space and equipment that are currently under-utilised. It will take full advantage of the existing trained workforce and varied skill mix, with hubs staffed by band 3-4 ophthalmic technicians, and virtual clinical decision-making by specialist non-medical professionals, with specialist consultant input available. The proposed service will utilise improved technologies that allow unregistered healthcare staff to complete all required diagnostic tests, which previously would have required specialist qualified staff.

This ophthalmic virtual diagnostic clinic involves a two-stage process:

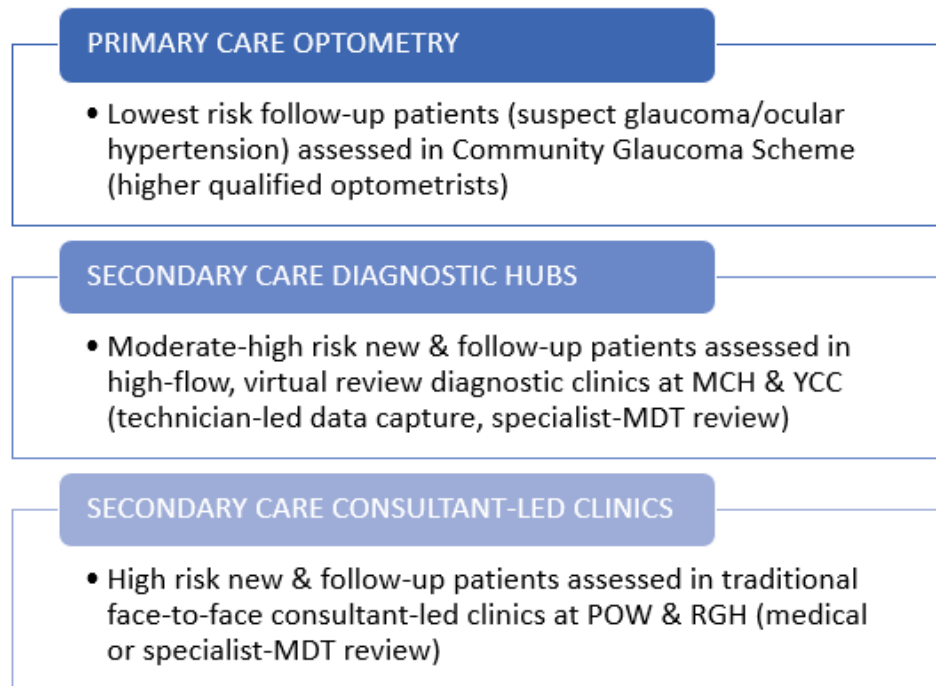
1. **Diagnostic assessment (face-to-face data capture)** - Trained ophthalmic technicians perform diagnostic tests on glaucoma patients following a standardised format (e.g. measuring visual acuity, eye pressure, visual fields, OCT retinal imaging).
2. **Diagnostic review (asynchronous virtual review)** - the acquired data and images are accessed by the clinician and are appraised remotely to produce a clinical management plan, without a face-to-face consultation with the patient.

Remote phone or video consultations are the default where a consultation is required after a virtual diagnostics-only attendance e.g. consultations for changes in medication or treatment plan, answering concerns or new symptoms, medication support and information provision etc.

This is a more efficient clinic model over traditional face-to-face consultations, allowing greater clinic volume/output per session, thus reducing the cost per patient episode for the service. It releases in-person hospital appointment capacity for those patients at greatest risk of vision loss/greatest need for intervention (e.g. surgery/laser). It is a proven, well-established, and safe method of modernising pathways to see larger numbers of patients<sup>4,8</sup>; more than 50% of NHS Eye Units across the UK deliver glaucoma services via virtual clinics (and 50% of those that don't yet use them are planning to)<sup>5</sup>. The existing MCH basic diagnostic hub has harnessed some potential, but even with further investment to increase capacity at this site, an additional (and high-flow) virtual diagnostic clinic hub is required, to cope with the significant and increasing demand/backlog of glaucoma appointments in CTMUHB.

This proposal has been developed with the direction and support of the CTMUHB Glaucoma Consultant Ophthalmologists and senior clinician team, the Clinical Service Group Manager, the Planned Care Care Group and is endorsed by the HB GIRFT Ophthalmology Steering Group. It aligns with the South East Wales Regional Ophthalmology Strategy, and will help the HB deliver

on targets set by the Wales Ophthalmic Planned Care Board. It constitutes a key step in a three-tier model for wider glaucoma service improvements across the HB:



Stratifying patient pathways by clinical risk, with standardised diagnostics and assessment in each, improves clinic efficiency, prudence and patient volume. This broad cross-sector service model for CTMUHB glaucoma involves using community primary care optometrists for case finding and ongoing low risk face-to-face care, community hospital diagnostic hubs for high flow, rapid throughput diagnosis and ongoing monitoring, with specialist hospital clinics reserved for the highest risk/complexity cases. This will provide a comprehensive, high quality and high capacity glaucoma service that provides the most benefit for local people across CTMUHB.

## 2.2 Project Aims

This proposal will deliver significant quality improvements to glaucoma, and wider CTM ophthalmology services, including:

- a redesigned and standardised glaucoma pathway that will increase quality of care, ensuring patients are seen according to the prudent healthcare agenda (by the right person, in the right place, and at the right time).
- ensuring that we can meet service standards so that patients receive care in a timely manner, meaning faster diagnosis, shorter waiting times, fewer repeat appointments for tests and less travelling for patients.
- reducing harmful appointment delays, reducing avoidable sight loss and improving the eye health of our patient population, as well as increasing our ability to look after a growing and ageing population
- risk stratification for new and follow up patients, better failsafe processes and regular recording of delays to follow up patients to reduce harm and provide more targeted follow-up care.
- a consultant-led MDT model of working that efficiently utilises skill mix across the workforce, allowing for improved supervision and opportunities for training and educational needs for medical and non-medical staff (across both primary and secondary care sectors) who wish to upskill. Thereby continuously improving the skills in the workforce to improve the service quality and care provided to our HB population.
- ensuring that local people across the HB continue to have access to high quality, safe and sustainable services to meet their ophthalmic needs

- optimising resourcing requirements to make best use of our existing resources, and reducing the use of WLI and outsourcing services.
- helping address the longer term clinical, operational and financial sustainability of Ophthalmology across CTMUHB.

### 2.3 Current Service Status & Shortfalls

CTM glaucoma services are currently delivered across 5 hospital sites. Cases are mostly stratified according to clinical complexity and geographical location, but further work to improve clinical coding and reduce inappropriate clinic booking is ongoing. Some low risk activity is delivered in community/primary care settings in North CTM, which will be further developed outside of this proposal. The broad service model is consultant-led, with multidisciplinary team (MDT) working in extended roles in both diagnostic capture (technicians) and clinical decision-making (orthoptists and optometrists). North CTM sites have not had a substantive glaucoma consultant ophthalmologist since 2016, which has significantly restricted the provision, development and resilience of the service since; this was compounded by the pandemic. This vacant post was only recently appointed in February 2024. FUNB backlogs, incoming new referrals and follow-up demand are greater in the North sites.

The existing virtual review diagnostic glaucoma clinic at MCH assesses both new and follow-up patients. With additional investment in more modern diagnostic equipment and trained staff at this site, appointment capacity can be further increased.

Site	Royal Glamorgan Hospital	Prince Charles Hospital	Ysbyty Cwm Rhondda	Ysbyty Cwm Cynon	Princess of Wales Hospital	Maesteg Community Hospital
Weekly Glaucoma Clinic Sessions	2	2	4-5	0	7	7
Clinical Case Complexity	Complex	<b>Moderate/Complex</b>	Low/Moderate	<b>Nil</b>	Moderate/Complex	<b>Low/Moderate</b>
Majority of clinician services delivered	Face to face	<b>Face to face</b>	Face to face	<b>Nil</b>	Face to face	<b>Virtual</b>
Glaucoma diagnostic testing	Yes	<b>Yes</b>	Yes	<b>No</b> <i>(basic equipment available &amp; networked)</i>	Yes	<b>Yes</b>
Estate room availability for additional glaucoma sessions	Nil	<b>Yes – minimal</b> <i>(but with investment, appointment capacity/ session can be increased)</i>	Yes - minimal	<b>Yes</b>	Yes - minimal	<b>Nil</b> <i>(but with investment, appointment capacity/ session can be increased)</i>

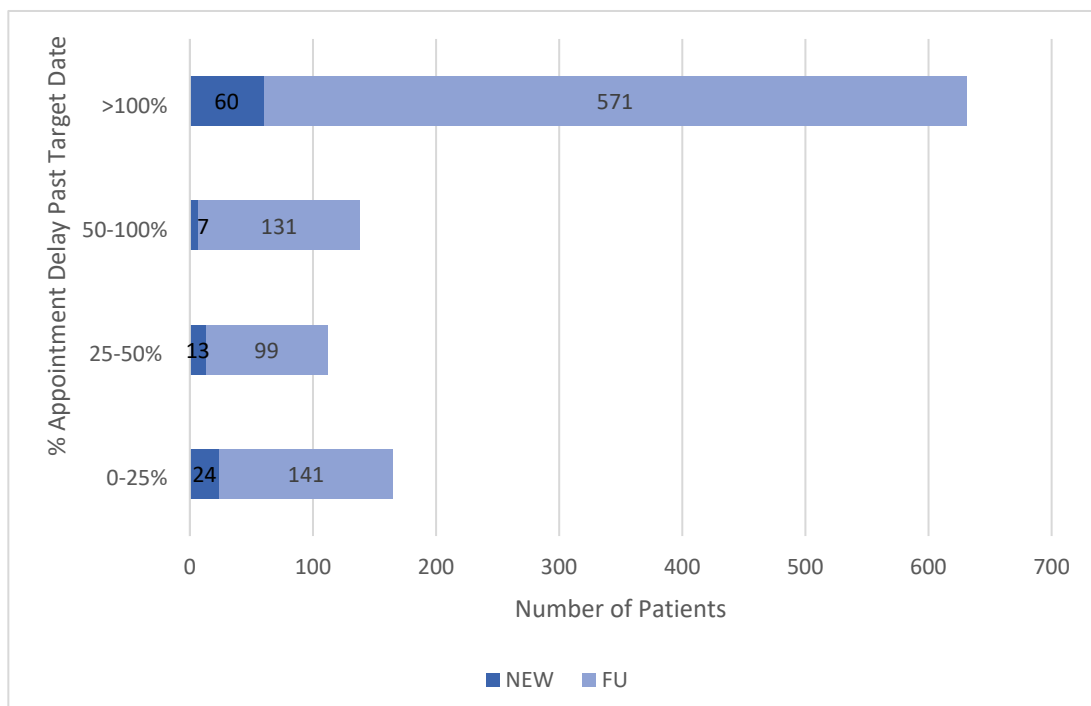
This proposal is contingent on applying the HB’s existing available workforce, equipment and estates resources. YCC is ideally suited for a new glaucoma diagnostic hub site as it has available clinic rooms, complete with basic ophthalmology equipment and IT connectivity in place, and is well-situated for the underserved North HB population. Glaucoma services were delivered at this site pre-pandemic, but have been unable to be reinstated due to staff and equipment shortages. PCH delivers some consultant-led glaucoma clinics, and with further investment in equipment/workforce, this provision can be increased.

**2.3 Current Service Demand & Capacity**

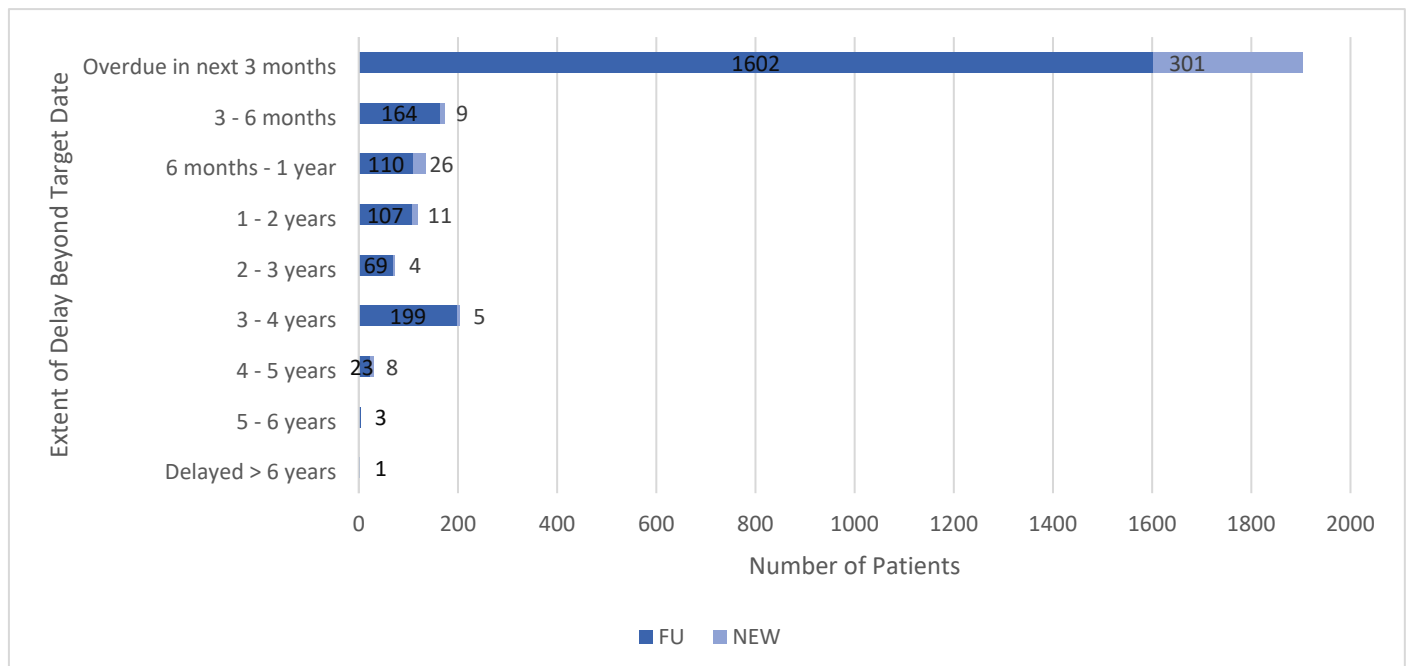
The data below was sourced from the HB Performance & Information: Follow Up Not Booked (FUNB) waiting lists, filtered by speciality (“Glaucoma”, “Glaucoma Community Scheme” and “ODTC Ophthalmology”) and is correct as of 01/02/2024.

	Number of Patients
<b>New Patient Backlog</b>	365
<b>New Patient Referral Rate (average/month)</b>	103
<b>New Appointment Capacity (per month)</b>	128
<b>Total Follow Up Patient Backlog</b>	4274
<b>Follow Up Appointment Capacity (per month)</b>	392
<b>Total New &amp; FU Patient Backlog</b>	<b>4639</b>

The size of the glaucoma patient backlog is significant, as is the severe extent of the delays, with 24% of both new and follow-up (FU) patients in these backlog lists waiting more than 100% past their target date. Recent outsourcing of new patient care has successfully reduced the new patient backlog by 76% (since November 2023) but this is only a short-term solution, so this cohort is set to increase rapidly without a sustainable increase in capacity. 12% of patients are waiting more than 2 years past their target date, with the longest FUNB delay at 349 weeks (>6 years) past target date. 21% of this FUNB are coded as having a next appointment booked, but the patient has then failed to attend. This is in keeping with the relatively high DNA rate across the glaucoma clinics, averaging at 15% across sites.



The majority of the severely delayed glaucoma FUNB patients are located in the North services, in congruence with the increased demand and reduced capacity in this area. The extent of these FUNB delays in the North (YCR, RGH & PCH) are shown below:



The 312 new and FU patients waiting more than 2 years past their target date present a high risk to the HB in terms of likelihood of missed disease progression, patient harm and potential litigation.

### 2.5 FUNB Backlog Elimination

In order to clear the current backlog across the HB,

365 (new patients) + 4274 (FU patients) = 4639 appointments, +15% DNA rate = **5335 appointments** are needed to clear the current backlog.

### 2.6 Ongoing Follow Up Demand

Modelling FU demand for glaucoma care is not linear. Looking at current follow-up intervals for patients on the glaucoma FUNB list, the median target interval equates to **2 FU appointments per year per patient**.

Considering this FU backlog of 4274 patients, and the typical service DNA rate of 15%, this would require 9830 FU appointments per year.

Assuming normal service delivery over 40 weeks, the current model has FU capacity of 3920 appointments per year. Therefore, there is a deficit of 5910 FU glaucoma appointments per year. This is a modest assumption - where delays have occurred and a patient's condition has deteriorated, they likely require more frequent follow-up appointments. Furthermore, this does not account for incoming new patients. Typically, 80% of our new glaucoma patients convert to long-term FU. The incoming new patient activity per year generates demand for an additional 989 FU appointments within that year.

## 2.7 Demand-Capacity Gap

	<b>Current Pan-CTM Glaucoma Service Model</b>
Current Backlog (New)	365
Current Backlog (Follow-up)	4274
Average Annual Demand (Follow-up appts) <i>[incl. 15% DNA rate]</i>	10,819
Average Annual Demand (New appts) <i>[incl. 15% DNA rate]</i>	1421
<b>Total Appointments Required Over Next 12 Months</b>	<b>12,660</b>
Average Capacity (New)	1280
Average Capacity (Follow-up)	3920
<b>Total Appointments Provided Over Past 12 Months</b>	<b>5200</b>
<b>Annual Demand-Capacity Gap</b>	<b>7460 appointments</b>

**Glaucoma service demand has clearly far outstripped capacity at a critical level**, and further investment and transformational pathway changes are required to deliver a safe service that can address the backlog and meet this demand.

## 3. DRIVERS FOR CHANGE

### 3.1 Service Performance

- Providing comprehensive glaucoma care at all sites is restrictive operationally, especially with current workforce challenges.
- Clinical risk stratification is incorporated in current waiting-list validation by clinicians, but with significantly long delays is not always accurate; prompt assessment is required to prioritise those with the greatest clinical need as well as best target follow-up care appropriately.
- Wales Ophthalmic Planned Care Board set a target of 85% of R1 risk factor patients to be seen within 25% of their target date<sup>2</sup>; due to the severe service constraints, only 18% of glaucoma R1s meet this target currently.
- Ophthalmology patients waiting more than 2 years to start treatment are a significant obstacle to the HB achieving its Planned Care Recovery Plan targets.
- Delays in care are not only harmful to patients, but restrict service capacity in other ways (greater workload for administrative and clinician staff in dealing with patient/external queries, trying to locate patients in systems without adequate failsafes, and difficulties identifying patients most at risk without contemporary clinical data).

### 3.2 Patient Safety & Quality of Care

- The vast majority of glaucoma patients are classified healthcare risk factor (HRF) R1 (risk of irreversible harm or adverse outcome if target date is missed).
- There are 29 open and ongoing harm reviews related to delays in glaucoma care, many of which involve severe harm and serious sight loss for HB patients.
- Diagnosis and treatment delays for this progressive, deteriorating disease create a more complex, challenging care burden for ophthalmic services, increasing follow-up appointments and surgical demand.

- Clinical incident reporting is underused in this specialty, due to intense service pressures. Quality improvement work and staff engagement is ongoing in this area, with an increase in serious incident reporting expected that will require the HB to demonstrate proactive mitigation.
- Glaucoma scores 16 on the risk register, with multifactorial areas of risk defined as:
  - Lack of capacity in OPD causing long waits for OPD appointments
  - Inability to investigate all retrospective ophthalmology incidents of no harm- severe harm
  - High volumes of follow up not booked
  - Glaucoma consultant shortage
- However the glaucoma consultants feel that a patient safety domain score of 5 (catastrophic “totally unacceptable level of treatment/service” and “gross failure to meet national standards”) with a likelihood score of 5 (almost certain) is more reflective of their current case mix. This gives a catastrophic risk scoring of 25, and work is ongoing to update the risk register.
- This proposal will deliver a mitigating plan to directly address this risk, by increasing glaucoma appointment capacity to close the current deficit and reduce waiting times for overdue follow up patients. As a result there will be fewer delays to care and the risk of sight loss occurring will decrease.

### 3.3 Financial Sustainability

- Detailed cost comparisons within CTMUHB are limited, but using previous costs analyses from UK Ophthalmology Departments, an assumption of significant cost savings when using a virtual review pathway can be made.

Clinical model	Annual glaucoma care costs per patient, as per 2019/20 national NHS tariffs ( <i>not including glaucoma medications</i> )
Face-to-face, medical-led	£365.00 <sup>3</sup>
Virtual, non-medical-led	£90.25 <sup>5</sup>

- Reducing risk of disease severity with prompt, high-quality care is not only important for patient safety and outcomes, but has been associated with a reduced total direct lifetime cost of glaucoma care per patient<sup>5</sup>.
- In addition to the human cost of preventable vision loss, there are costly litigation risks for the HB with delays in care. Currently 13 legacy glaucoma cases of confirmed severe harm that are likely suitable for redress settlements are awaiting processing. At least 10 of these cases are harm solely due to appointment delays in glaucoma clinics. The estimated settlement cost for a case of loss of sight in one eye, with reduced vision in the other, is approximately £145,000<sup>10</sup>; NHS redress settlements awarded for loss of vision due to delays in glaucoma care have been as high as £3.2million per patient<sup>1</sup>. Whilst it is difficult to forecast future redress amounts for the HB, it can be assumed that this will be proportional to the size of the glaucoma backlog, and extent of delay in access to care, both of which are significant and must be urgently addressed.
- Poor glaucoma healthcare outcomes i.e. higher rates of functional vision loss, are associated with greater social care and in/direct healthcare costs (e.g. falls, unemployment, informal and formal care provision, repeat primary care visits) for the HB.
- This proposed pathway will be delivered by harnessing the existing but as yet underused ophthalmic electronic patient record (EPR) OpenEyes, which has further cash-releasing

benefits, including less reliance on Medical Records (reduced staff, stationery and courier costs) and less reliance on Administrative Services (reduced staff and stationery costs).

- It will reduce system reliance on Waiting List Initiative clinics and outsourcing of glaucoma care, which are cost-prohibitive and a short-term stop-gap solution only, as opposed to this integrated, sustainable and scalable pathway which remains under hospital clinical governance.
- Lowest risk patients reviewed under the Community Glaucoma Scheme (funded by the primary care Welsh General Ophthalmic Services contract) are a notable cost-saving for the secondary care glaucoma service. Of the patients whose clinical status is known, low risk patients suitable for this community care are the smallest cohort, compared to moderate and high risk patients. Early diagnosis & intervention by improved access to care is associated with better glaucoma prognosis outcomes, i.e. greater likelihood of patients within low risk criteria that can be reviewed/retained in primary care in the future.

### 3.4 Patient Experience

- Appointment delays are emotionally and physically distressing for patients, so reduced delays are needed to improve the patient experience.
- 55 patient concerns & complaints relating to glaucoma appointment delays were received since April 2022 (26% of total Ophthalmology complaints).
- Currently the majority of glaucoma care is delivered in RGH and POW. The proposed diagnostic hubs will allow care to be provided closer to home in community hospitals, for more patients, aligning with the principles of “A Healthier Wales” and reducing time, distance and costs spent travelling for patients.
- Standardised care pathways can provide better patient experiences via effective and efficient clinic flow<sup>4,5</sup>, which is especially important for a patient cohort that is typically partially-sighted, elderly, with multiple co-morbidities. RGH glaucoma clinics in particular are associated with long waits in the department (due to overbooking, and estates and workforce challenges). This proposed pathway will reduce appointment duration and time waiting to be seen in the department.
- The pandemic demonstrated patients’ abilities to adapt to different forms of service delivery. A similar pathway model was successfully deployed to tackle the diabetic retinopathy (DR) backlog in CTMUHB. Patient Reported Experience Measures for this pathway show 97% of patients were satisfied with the virtual DR clinic, and 73% felt the virtual DR clinic was better than the face-to-face service.

### 3.5 Clinic Productivity

- Traditional, direct clinic delivery is not as efficient as virtually reviewing patients:

Clinic Template Output	Face-to-face Clinics	Virtual Review Clinics
Diagnostic Clinic (per technician)	6 patients	8 patients
Clinical Review (per clinician)	6-8 patients	12-16 patients

- Productivity gains will be enhanced by more prudent use of the existing skill mix, with release of higher band/senior medical staff for more complex work.
- The aforementioned increased convenience and reduced cost of attending appointments for patients may also positively impact DNA rates, further increasing productivity gains.

### 3.6 Post-Merger Service Discrepancies

- The existing glaucoma pathways operate with site-specific SOPs, and this is especially pronounced across the boundary change. Joined-up pathways will allow evidence-based clinical SOPs to be applied consistently and transparently, reducing clinical management variation and improving patient outcomes. It will also allow for an interchangeable workforce.
- Standardised, integrated care pathways promote better team-working<sup>4</sup>. This proposal will drive the harmonisation of glaucoma services and provide a truly pan-CTM service, which will in turn enable better workforce planning and future-proofing of services.
- There is imbalanced service provision across the boundary change, with the existing pathway at MCH delivering 60% additional capacity over the North sites, despite less appointment demand in this geographical area. A replicated service at YCC will reduce inequalities in accessing timely, prudent glaucoma care, and subsequent improved healthcare outcomes, for patients all across the HB.

### 3.7 Clinic Constraints

- There are severe resource limitations in the current service configuration, especially at RGH, including clinic rooms, trained staff, equipment and consumables. This limits the capacity of the service to meet the current and growing needs of the local population and creates challenges in meeting service standards. The proposed changes will allow better utilisation of community hubs with remote virtual reviews and management.
- Page 5 shows the number of weekly glaucoma clinics in the current service setup. Service activity can not be increased to meet the demand shortfall without investment in additional diagnostic equipment, consumables and workforce.
- Virtual-reviewing can be easily performed off-site, releasing clinic rooms for vital complex face-to-face care.

### 3.8 CTMUHB Population Needs

- On average, 80% of CTM new glaucoma patients convert to long-term follow-up. The typical glaucoma patient requires 40 follow-up visits in their lifetime<sup>9</sup>.
- Glaucoma affects people of all ages, but is more common in people aged 65 and over<sup>9</sup>. The population of this age group in CTMUHB is expected to rise by 17% by 2033<sup>7</sup>.
- UK-wide demand for glaucoma services is predicted to rise by 44% over the next 2 decades<sup>9</sup>. As technology improves more cases will be diagnosed, increasing the demand for services further.
- Transformative change is thus needed to provide a service that not only meets current demand, but is also scalable and anticipates our future local care needs.

### 3.9 CTMUHB Workforce Needs

- The Royal College of Ophthalmologists (RCOphth) has identified significant gaps in UK recruitment for ophthalmologists and ophthalmic workforce planning<sup>9</sup>. The HB has to date faced significant challenges in recruiting/retaining glaucoma specialists, which has significantly restricted service capacity and development.
- Upskilling and wider use of the non-medical workforce is an endorsed, evidence-based and cost-effective solution to meeting activity growth and providing service resilience where medical recruitment is challenging<sup>2,3,4,8</sup>. This proposal provides proactive and sustainable skill mixing that expands on existing MDT-working in extended roles; there is significant senior clinician buy-in across the team to support this.
- The hubs will create further opportunities for training medical trainees as well as MDT trainees, e.g. primary care optometrist training placements, promoting workforce sustainability.

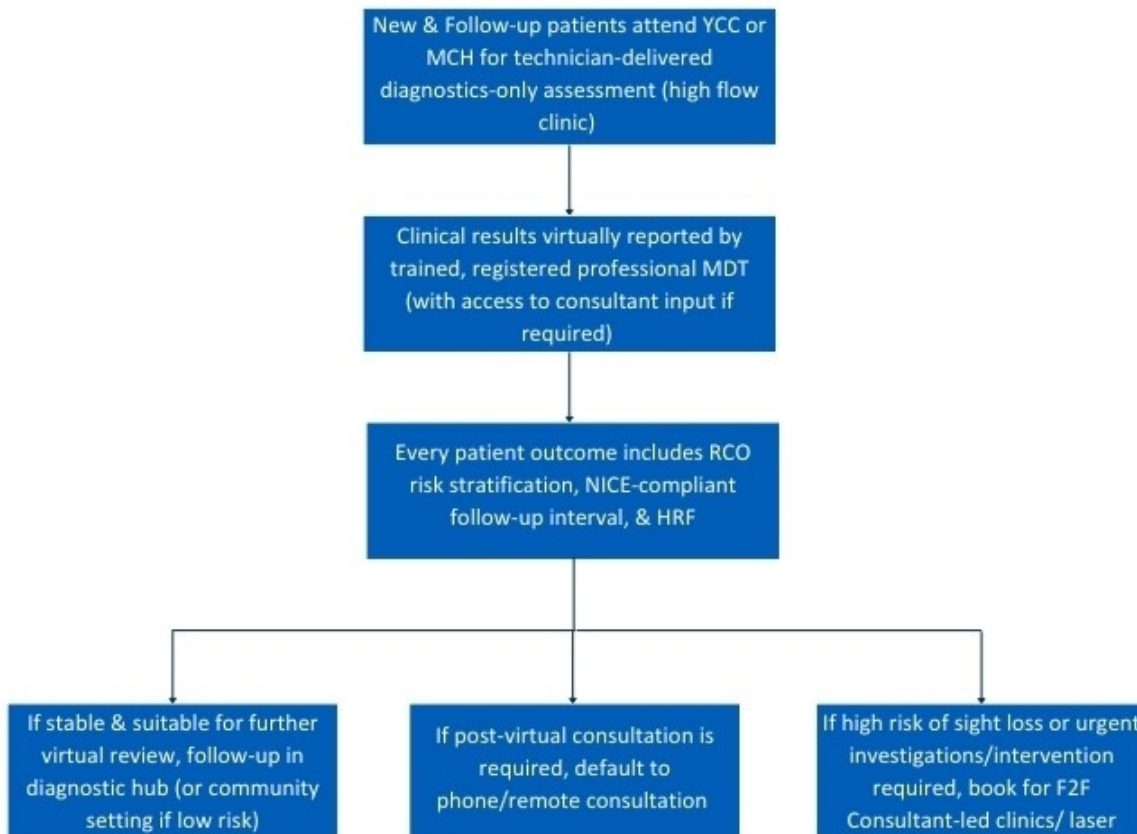
### 3.10 Digital Service Transformation

- Glaucoma care is highly reliant on diagnostic imaging for diagnosis/treatment decisions, with existing digital infrastructure in situ. OpenEyes ophthalmic EPR is already in use in glaucoma clinics at all sites, and would enable this clinic to operate as an effectively paperless pathway, with minimal administrative burden compared to other ophthalmology clinics. This is an opportunity for the HB to capitalise on its headstart investment in ophthalmic EPR implementation and further embed digitally-enabled system transformation, by harnessing existing resources.
- EPR allows for rapid clinic letter generation with tailored templates, reducing workload for clinicians and administrative staff.
- Wider use of the EPR would allow development of further features e.g. Prescribing interface, to further improve clinic efficiency and patient safety.

## 4. PROPOSED SOLUTION

### 4.1 Patient Pathway

The solution put forward here focuses on the use of an ophthalmic diagnostic hub at YCC, to mirror the existing asynchronous virtual review pathway at MCH, as below:



This requires resource investment in workforce and high-specification equipment at YCC, MCH and PCH, to generate additional activity beyond the current delivery setup detailed on page 5.

### 4.2 Required Equipment

Safe and efficient virtual review is only possible with accurate, gold-standard clinical data capture<sup>8</sup>. The Glaucoma Consultant team reviewed all available serviceable ophthalmic equipment currently held at all sites, against the diagnostic imaging and data points required for implementation of this pathway, focussing on best clinical practice and clinical efficiency. The current HB equipment is not sufficient to deliver an optimised service so further investment is

required to deliver this. The equipment requested here have been extensively researched and represent the best value choices in terms of quality, efficiency, cost, longevity, and multiple functional applications.

Diagnostic Instrument	Clinical Need
Device A	<ul style="list-style-type: none"> <li>• High-resolution imaging of anterior segment, necessary for comprehensive new patient exam</li> <li>• Non-contact diagnostic (reduced risk of corneal injury/cross-contamination, better patient experience)</li> <li>• Rapid measurement, improving patient experience (reduced discomfort) and saving staff time (gonioscopy len sterilisation not required), reducing appointment duration</li> <li>• Reduced financial cost of clinic consumables (topical anaesthetic eye drops, coupling fluid nor gonioscopy lens not required)</li> <li>• Reduced staff costs to operate as less skilled measurement than gonioscopy (suitable for Band 3 competency level)</li> <li>• Minimal staff training (as opposed to gonioscopy which requires experienced professional clinicians with specialist training)</li> <li>• More objective measurement than gonioscopy alone, separates data capture from clinical interpretation, allows for biomarker quantification and serial comparison</li> <li>• Able to visualize anterior segment in patients that do not tolerate gonioscopy</li> <li>• Cataract, corneal, laser and medical contact lens applications</li> </ul>
Device B	<ul style="list-style-type: none"> <li>• Non-contact measurement of intraocular pressure (reduced risk of corneal injury/cross-contamination, better patient experience).</li> <li>• Rapid measurement, improving patient experience (reduced discomfort) and saving staff time (easier patient positioning, tonometer sterilization not required), reducing appointment duration</li> <li>• Reduced financial cost of clinic consumables (topical anaesthetic/fluorescein eye drops, nor tonometry prism heads not required)</li> <li>• Reduced staff costs as less skilled measurement than Goldman tonometry (suitable for Band 3 competency level)</li> <li>• Minimal staff training (as opposed to Goldman tonometry, which requires dedicated training pathway and competency reassessment)</li> <li>• Additional clinical indicator – provides corneal hysteresis factor, to potentially aid earlier glaucoma progression detection and intervention</li> </ul>
Device C	<ul style="list-style-type: none"> <li>• Non-invasive diagnostic image capture combined with OCT and autofluorescence scans (combines workload of two instruments, saving costs, time and clinic space)</li> <li>• Ultra-widefield, high-resolution retinal image, providing additional clinical information to aid virtual decision-making (can reduce need for face-to-face follow-up compared to traditional fundus camera)</li> <li>• Dilation eye drops not required (reduced cost of consumables, faster appointment)</li> <li>• Medical retina applications</li> </ul>

### 4.3 Required Workforce

Additional recruitment of both registered (to virtually review) and unregistered (to carry out data capture) ophthalmic staffing is necessary to manage and coordinate both diagnostic hubs.

ESSENTIAL	LATER PHASES
1 WTE Band 3 Ophthalmic Technician	1 WTE Band 4 Failsafe Officer
1 WTE Band 4 Ophthalmic Technician	Additional 1 WTE Band 3 Ophthalmic Technician

1 WTE Band 8a non-medical Specialist Glaucoma Practitioner (nurse, orthoptist or optometrist with specialist glaucoma qualifications)	
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The Failsafe Officer is not immediately necessary for implementation, but will be required for vital safety and administrative oversight as clinic activity increases. Similarly, an additional Band 3 Technician in later phases will allow for service sustainability and pathway expansion at PCH.

External accreditation will be required (to be assessed at recruitment stage, or funding sourced externally). For the technicians, this will include Agored qualifications and for the MDT Glaucoma Practitioner, a minimum of the College of Optometrists' Higher Certificate in Glaucoma and Diploma in Independent Prescribing will be required.

Following schedule optimisation of the existing workforce, the following current staff and equipment resources have been ring-fenced for this proposal:

- 9 sessions of 2x furnished YCC clinic rooms (Examination and Visual Field rooms, with basic ophthalmic/ clinical equipment & IT setup)
- 0.5WTE Band 3 Technician (existing recurrent funding).

For certain sessions where a senior clinician is not available on-site, 2 technicians will be required to deliver a session at YCC, to optimise patient safety and clinic efficiency. Identification of suitable sessions at PCH is pending Outpatient facilities relocation.

Virtual review of the clinic activity generated by YCC as well as the additional activity at MCH will be fully incorporated within the job plan of the Glaucoma Practitioner requested. Virtual review of the additional activity at PCH will be assigned within the existing clinical workforce.

## 5. PROJECT OUTCOMES & DELIVERABLES

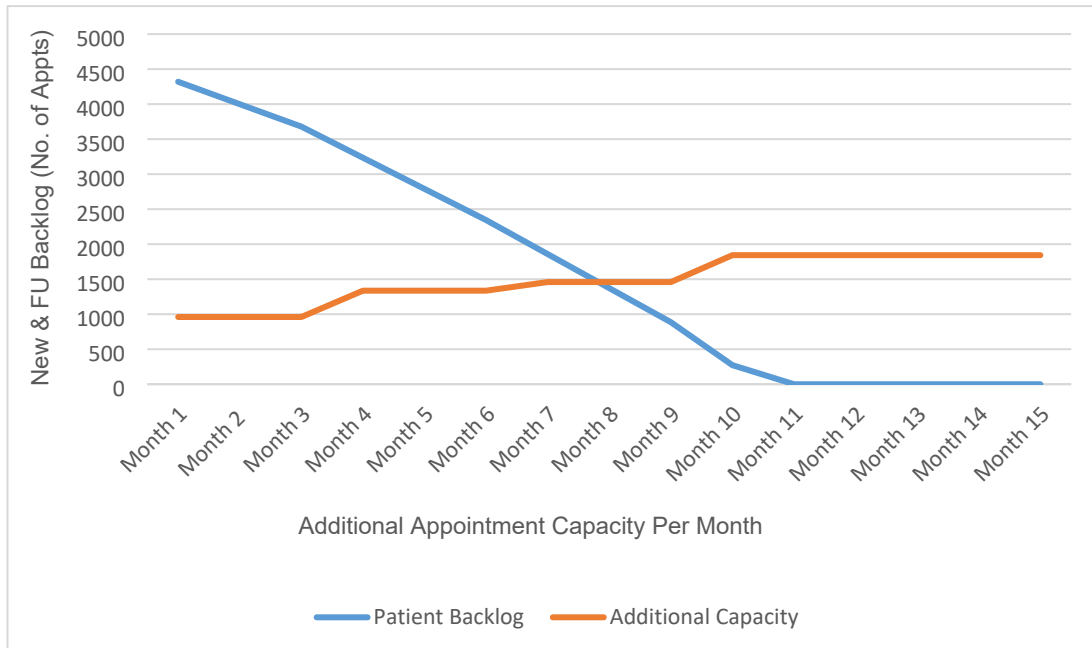
### 5.1 Additional Capacity Generated

Investment in optimised equipment at MCH and PCH to streamline patient flow, and creation of this diagnostic hub at YCC will generate significant sustainable additional capacity across the HB. Sustainable WG investment in Primary Care Optometry (via the WGOS contract) will allow for wider utilisation of the HB's Community Glaucoma Scheme, which represents a cost-saving to the HB; this additional glaucoma capacity will be developed outside of this proposal but is integrated below as it is reliant on the diagnostic hubs generating up-to-date clinical coding for long waiting patients.

Delivery Setting	Additional Appointment Capacity Over Current Service Model	
	Year 1	Year 2
Community Glaucoma Scheme	1920	1920
New Diagnostic Hub at YCC	2682	2936
Optimised Diagnostic Hub at MCH	612	980
Optimised Glaucoma Clinics at PCH	384	1536
<b>Total Additional Annual Capacity</b>	<b>5598</b>	<b>7372</b>

**This proposal will increase glaucoma appointment capacity by >100%.**

The impact of this additional phased appointment capacity on eliminating the current glaucoma backlog of new and FU patients is shown below:



Service capacity will continue to increase sustainably as the phases are implemented, steadily eliminating the FUNB backlog. 4639 appointments are needed to clear the current glaucoma backlog – **with investment in this proposal, the current backlog will be eliminated, and all of these patients will have an up-to-date clinical episode within 11 months.**

Post-implementation we will have a glaucoma service where:

- All glaucoma FUNB patients have had an up-to-date clinical episode
- All glaucoma patients will have a clinical condition risk code to plan the future arrangement of services
- At least 85% of glaucoma HRF R1 follow-up patients can be seen within 25% of their intended follow-up interval
- Appointment capacity is realistically able to cope with current demand
- The service standards align to national and local recommendations, best practice and priorities

As glaucoma is a chronic incurable condition requiring lifetime specialist care, the substantive demand for follow up appointments will continue to increase. This is difficult to forecast accurately until the current backlog is cleared. However, once pathways are established and training/recruitment is complete, Year 2 will yield a further 32% increase in appointment capacity over Year 1, which will help meet the increase in demand.

## 5.2 Project Deliverables

Deliverable by End of Year 1	Measurement/Assessment
0% of glaucoma patients waiting more than 105 weeks to commence treatment	Glaucoma referral to treatment times
85% of new glaucoma patients seen within 25% of target date	Grouped time delays of new patient backlog.
95% of R1 follow-up glaucoma patients seen within 25% of target date	Grouped time delays of FUNB.
Reduction in glaucoma harm delays, particularly severe harm incidents	Datix reporting & Harm Review Panel data Glaucoma service capacity removed from risk register
100% of glaucoma FUNB with up-to-date clinical severity classification	Clinical coding (based on NICE & RCOphth-compliant disease classification and Healthcare Risk Factor)
Increased clinic productivity in glaucoma hubs	High-flow clinic template at YCC & MCH
Reduction in multiple separate appointments for glaucoma diagnostic tests	Reduced appointment demand for single diagnostic glaucoma auxiliary tests e.g. Visual fields clinics
Increased glaucoma service resilience	Reduction in service reliance on locums, outsourcing and WLI clinics from current spend
High level of patient satisfaction	CIVICA PREM questionnaire (Patients complete post-appointment)
Reduction in time/distance travelled by patients for care	CIVICA PREM questionnaire (Patients complete post-appointment)
Optimise management of glaucoma patients according to NICE guidelines	Single pan-CTM set of glaucoma clinic SOPs to reduce variations in standard of care

## 6. RATIONALE & STRATEGIC CONTEXT

This proposal has been designed against the three strategic objectives of the National Planned Care Programme:

- Focusing on those with greatest clinical need - *ensuring hospital/consultant capacity is available to see higher-risk patients.*
- Increasing the capacity of the NHS - *the scheme will more than double current face-to-face capacity once fully-operational.*
- Transforming the traditional delivery of planned care services - *virtual diagnostic pathways are more cost effective than traditional face-to-face care and align with prudent healthcare principles.*

The proposed scheme meets the HB's Planned Care Goals as follows:

**MEASURE WHAT'S IMPORTANT**

Regular, ongoing audit of pathway & it's impact on new & follow-up patient capacity/backlog (see "Outcomes").



**1 EFFECTIVE REFERRAL**

Referrals for glaucoma appointments triaged as standard, allowing appropriate & prudent care setting selection, according to clinical risk, from the outset.

**2 ADVICE & GUIDANCE**

Remote consultations used to provide patients with bespoke advice & guidance.

Clinical letter to patient & GP after each episode advising of clinical status & management plan.

ECLo support embedded in patient pathway.

High quality patient information leaflets available at each site.

Pathway SOP specifies escalation routes for senior input, for both technicians and reviewers.

**3 TREAT ACCORDINGLY**

Enable more accurate & rapid diagnosis, ensuring patients requiring treatment receive it on time, whilst reducing rates of over-treatment through comprehensive diagnostics.

Reduce reliance on invasive testing methods.

**4 FOLLOW UP PRUDENTLY**

Prudent prioritisation of consultant/hospital resources for highest risk patients most at risk of active sight loss.

Pathway SOP includes standardised clinical discharge criteria to prevent unnecessary follow up, & specified follow-up plans (interval and clinic setting as per national guidance).

Furthermore, it meets the CTM2030 objectives as below:

CTM2030 Objective	Proposal Alignment
<b>Creating Health</b>	<ul style="list-style-type: none"> <li>• Providing equal access to timely, high quality glaucoma care across all clusters, reducing inequities across the HB</li> <li>• Reducing risk of irreversible, significant vision impairments via early diagnosis and prompt intervention as needed</li> <li>• Reducing risk of mental health &amp; financial difficulties associated with vision impairment, by reducing harmful appointment delays</li> </ul>
<b>Improving Care</b>	<ul style="list-style-type: none"> <li>• Enhancing the provision of high quality care, using high-specification diagnostics and imaging equipment</li> <li>• Increasing the prudence of care via improved use of multi-disciplinary team working</li> <li>• Improving the patient experience via timely care, better ophthalmic healthcare outcomes, more efficient clinic visits and reduced travel</li> </ul>
<b>Inspiring People</b>	<ul style="list-style-type: none"> <li>• Improving workforce engagement and satisfaction via clinician-led service improvements and investment in staff training</li> <li>• Reducing risk of treatment non-compliance &amp; improving patient education/access to support via timely appointments</li> </ul>
<b>Sustaining Our Future</b>	<ul style="list-style-type: none"> <li>• Reducing patient journeys for care (distance &amp; frequency of travel)</li> <li>• Reducing risk of poor quality of life in later life by prompt diagnosis &amp; intervention, improving glaucoma prognosis outcomes</li> <li>• Improving the sustainability &amp; resiliency of the glaucoma care pathway, to meet the challenges of an ageing population</li> <li>• Reducing environmental cost of clinic appointments by wider reliance on EPR/digital systems and reduced travel</li> <li>• Reducing financial cost of clinic appointments per patient, by increasing clinic output</li> </ul>

This proposal is in line with The King's Funds' recommendations for outpatient recovery by simultaneously eliminating the glaucoma new patient backlog, as well as addressing delayed glaucoma follow-ups, without disadvantaging either patient cohort.

The 2023 Getting It Right First Time (GIRFT) CTMUHB Glaucoma & Cataract Services Report made a number of recommendations for direct glaucoma service improvements in CTM, including specific recommendations to establish this diagnostic hub at YCC and to invest in this specific equipment and personnel (see Appendix A)<sup>4</sup>. A number of key strategic reports, including the Pyott Report (2017), and Health Inspectorate Wales' inspection in 2018 have also highlighted critical glaucoma service gaps in CTMUHB. Their recommendations to the HB align with national strategies, such as RCOphth's The Way Forward<sup>9</sup>, with commonalities focusing on:

- Upskilling and increasing the glaucoma MDT workforce for diagnosis and management
- High capacity virtual review pathways
- Robust, prudent pathways and continuously responding to the demand-capacity gap

This proposal will deliver on these strategic aims.

## **7. CLINICAL GOVERNANCE**

The substantive Glaucoma Consultant Ophthalmologists will oversee clinical leadership and governance for this pathway. The clinics will operate on a single pan-CTM set of SOPs, with a single set of standardised EPR templates.

The pathway setup will enable rapid access to senior clinical advice for issues or concerns, including unexpected medical or ophthalmic emergencies e.g. acute glaucoma. This improved access to senior decision-making and input when required for patient care, will enhance prudence and reduce repeat attendances.

## **8. FUTURE SCOPE**

### **8.1 Transferable Clinic Pathway**

Once the urgent glaucoma backlog is eliminated, the equipment and staffing (including training processes) can be used for multiple integrated pathways within ophthalmology workstreams including medical retina, hydroxychloroquine and corneal disease monitoring. Addressing backlogs in other ophthalmic services and developing robust booking coordinating systems via the Failsafe Officer will allow implementation of PIFU care where appropriate. Reducing the duration of face-to-face contact for patients will allow for future service resilience if a further pandemic-type event were to impact ophthalmic service delivery.

### **8.2 Workforce Planning**

The clinic setup and pathway lends itself to longer working days (provided there is workforce growth) and insourcing. Virtual reviewing allows for flexible working options for clinicians, which can drive workforce satisfaction and offset attrition, which is especially pertinent with current skilled workforce shortages predicted to increase.

## 9. PROJECT IMPLEMENTATION, RESOURCES & COSTS

### 9.1 Implementation Stages

	PHASE 1	PHASE 2	PHASE 3	PHASE 4
<b>Timeframe</b>	Q3	Q4	Q1	Year 2
<b>Hospital Site</b>	YCC	YCC & MCH	YCC & MCH	YCC, MCH & PCH
<b>Impact</b>	<b>ESSENTIAL</b>	<b>ESSENTIAL</b>	<b>ESSENTIAL</b>	<b>DESIRABLE</b>
<b>Additional Workforce Required</b>	1 WTE Band 8a specialist Glaucoma practitioner  1 WTE Band 3 ophthalmic technician	1 WTE Band 4 ophthalmic technician	1 WTE Band 4 Failsafe Officer	1 WTE Band 3 ophthalmic technician
<b>Additional Equipment Required</b>	Device B Device A	Device B	Device A Device C	Device B
<b>Costs</b>				
	<b>TOTAL = £183,050</b>	<b>TOTAL = £50,955</b>	<b>TOTAL = £205,625</b>	<b>TOTAL = £46,714</b>
<b>Running Total</b>	£183,050	£234,005	£439,630	£486,344
<b>Operational Objectives</b>	<ul style="list-style-type: none"> <li>Deliver 5 sessions/week at YCC</li> <li>Output will initially be slower due to training</li> </ul>	<ul style="list-style-type: none"> <li>Robust cross cover, operational oversight &amp; line management of staff, allows for increased sessions to full capacity (8/week)</li> <li>Partial increase in MCH capacity</li> </ul>	<ul style="list-style-type: none"> <li>YCC &amp; MCH both operating at full capacity</li> <li>Look at expanding to other specialities (virtual DR, MR and HCQ)</li> </ul>	<ul style="list-style-type: none"> <li>Sustainable service</li> <li>Increased clinic template in PCH through additional technician-led diagnostics for further long-term capacity</li> </ul>
<b>Case Mix</b>	New & follow-up patients	New & follow-up patients	New & follow-up patients	New & follow-up patients
<b>Additional Hospital Appt Capacity</b>	480	856	979	1363

### 9.2 Proposed Capital Equipment Costs

	Qty (Total)	Phase 1	Phase 2	Phase 3	Yr 1 Total	Phase 4	Yr 2 Total	Total Costs
<b>Equipment Costs</b>		£79,286	£16,308	£170,978	£266,572	£16,308	£16,308	£282,880

### 9.3 Staff & Ongoing Non-Staff Costs

	Band	WTE	Phase 1	Phase 2	Phase 3	Yr 1 Total	Phase 4	Yr 2 Total	Total Costs
Specialist Glaucoma Practitioner	8a	1	£73,358			£73,358			£73,358
Lead Ophthalmic Technician	4	1		£34,647		£34,647			£34,647
Failsafe Officer	4	1			£34,647	£34,647			£34,647
Ophthalmic Technician	3	1	£30,406			£30,406			£30,406
Additional Ophthalmic Technician	3	1					£30,406	£30,406	£30,406
Device B calibration (Annual)							£1,350	£1,350	£1,350
<b>Recurring Costs</b>			£103,764	£34,647	£34,647	£173,058	£31,756	£31,756	£204,814
<b>Overall Total Costs</b>			£183,050	£50,955	£205,625	<b>£439,630</b>	£48,064	<b>£48,064</b>	<b>£487,694</b>

The total staffing and equipment costs required to deliver the essential initial 3 Phases of this proposal is **£414,610**.

- Administrative support from Medical Records Department to support this activity would equate to 72 hours/week
- No additional Estates or IT resources will be required for setup, beyond current commitments.
- Despite increased appointment activity, consumables costs are not expected to rise due to efficiencies of newer technologies (reducing need for diagnostic drugs and disposable equipment)
- Equipment costings are inclusive of VAT, installation and staff training costs.
- These costings have had Finance oversight.

**The total Cost for Staffing and Equipment of this Proposed Service is £487,694.**

### 10. PROJECT DELIVERY PLAN

Action	Milestone Period	Leads Responsible	Monitoring Forum
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1. Identify SRO, finalise JDs, SOPs & EQIA	Project start	Glaucoma Consultants, Head of Optometry	GIRFT Steering Group (GSG)
2. Recruitment of Phase 1 staff and Purchase Phase 1 equipment	Month 2	CSG Manager	Bimonthly Directorate meeting
3. Complete risk stratification of FUNB patients	Month 3	Support Manager	Bimonthly Directorate meeting
4. Equipment Installation & Staff Training, Setup clinic template & book patients	Month 4	Glaucoma Consultants, Support Manager	Bimonthly Directorate meeting
5. Redeploy existing technician, Implement Phase 1 activity (5 sessions at YCC/week)	Month 6	Support Manager, Head of Optometry	Eye Care Collaborative Group (ECCG), GSG
6. Recruitment of Phase 2 staff, Purchase Phase 2 equipment, plan Phase 4 activity	Month 6	CSG Manager	Bimonthly Directorate meeting
7. Commence audit	Month 7	Glaucoma Consultants	GSG
8. Implement Phase 2 activity, Recruitment of Phase 3 staff, Purchase Phase 3 equipment	Month 9	CSG Manager	GSG
9. Implement Phase 3 activity	Month 12	Support Manager, Head of Optometry	GSG
10. Implement Phase 4 activity	Month 15	Support Manager, Head of Optometry	GSG, ECCG
11. Post-project evaluation	Month 18	Glaucoma Consultants	Clinical Audit, ECCG

## 11. OPTIONS APPRAISAL

- 1) **Status Quo** – business as usual is not a feasible option given the scale of the capacity problem in the glaucoma and wider ophthalmology services, and the degree of clinical risk in the system with harmful delays.
- 2) **Increase capacity at existing main sites** – hospital capacity is constrained by a number of factors including limited physical clinic space and shortages of staff to process patients in clinic. Face-to-face clinics are roughly half as efficient as virtual review clinics. Expanding face-to-face hospital capacity (even if it was possible) would not be a cost-effective approach. Many patients do not require face-to-face review so this would not be a prudent use of resources.
- 3) **Implement Phase 1 & 2 only** – this will only eliminate 35% of the current backlog. It will create some additional ongoing capacity but this will be insufficient to cope with the increasing demand and will not adequately reduce risks to HB patients.

**4) Implement Phases 1-4** – this will eliminate 100% of the current backlog by month 11, with continued sustainable capacity to meet ongoing demand. Implementing this option will significantly reduce service risks and avoidable patient harm delays, improving patient outcomes. It will enhance wider ophthalmic service provision and resilience, and allow for faster multi-workstream use e.g. clearing medical retina backlog.

**Option 4 is the recommended option to be taken forward.**

**12. PROJECT RISKS**

<b>Risk Description</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Mitigating Actions</b>	<b>Monitoring Forum</b>
Insufficient virtual review capacity	Low	Potential patient harm without timely clinical review	<ul style="list-style-type: none"> <li>The inclusion of a Glaucoma Practitioner in Phase 1 to accommodate the virtual review workload generated in this phase (job plan will cover YCC caseload &amp; additional MCH activity)</li> <li>Review of job plans of current employed staff to identify suitable sessions for virtual review</li> <li>All new medical and optometric staff job plans to include virtual review sessions</li> </ul>	Ophthalmology Directorate meetings
Inability to recruit specialist clinical staff to undertake reviews	Low	Unable to deliver proposed additional capacity	<ul style="list-style-type: none"> <li>This risk is mitigated by utilising either medical or non-medical staff for reviews</li> </ul>	Ophthalmology Directorate meetings
Reduced personal interaction with decision-making clinician	Low	May lead to worse patient experience and more appointments	<ul style="list-style-type: none"> <li>Annual staff training cycles</li> <li>Defined escalation/red-flag routes for senior input</li> <li>Regular patient education forum sessions</li> <li>ECLO &amp; clinician signposting in clinic letter for queries/concerns</li> </ul>	Clinical audit meetings

National ophthalmic EPR changeover	Medium	Disruption/ slower clinics, additional staff training, additional Medical Records & Admin costs	<ul style="list-style-type: none"> <li>This service is not dependent on EPR and can continue to operate using paper-based notes</li> </ul>	ECCG
Potentially unequal accessibility, if clinic exclusion criteria includes very restricted mobility, reduced mental capacity etc.	Medium	Vulnerable patient groups may wait longer for appointments than other groups	<ul style="list-style-type: none"> <li>Full EQIA to be completed following finalised clinic SOP</li> <li>Waiting time for F2F appointments (more suitable for certain patients) will reduce with this additional capacity</li> </ul>	ECCG
Operational pressures may detract from service management oversight in project implementation and achieving deliverables	Medium	If capacity is temporarily increased to improve waiting times and clear backlog, but is then removed in the future, the waiting times and backlog will increase again, as the level of ongoing demand will not decrease.	<ul style="list-style-type: none"> <li>Designated project SRO</li> <li>Regular, transparent communication with management, clinical leads and planning directorate.</li> </ul>	Ophthalmology Directorate meetings

### 13. QUALITY IMPACTS OF SERVICE

#### 13.1 Equality Impact

A comprehensive equality impact assessment will be completed on proposal approval, as per HB policy.

#### 13.2 Risk Register Management

Delivering this proposal would assist the HB in de-escalating the following risks on the organisational risk register:

- Sustainability of a safe and effective Ophthalmology service
- Failure to meet the demand for patient care at all points of the patient journey

The current risk score of 16 actually underestimates the risk in the glaucoma service, and as previously stated, this is likely to be updated to 25 on the risk register, based on current service pressures. With the additional capacity and backlog elimination achieved via this proposal, it is estimated that by the end of Year 1, the consequence domain would reduce to 2-3 (minor to moderate) with a likelihood score of 2; giving a risk scoring of 4-6.

### 14. CONCLUSION

The proposed changes to the CTMUHB glaucoma services outlined in this proposal meet all relevant best practice guidelines for glaucoma service commissioning, and fulfil the specific action plans derived from a number of independent clinical reviews of CTMUHB glaucoma service shortfalls. We have combined these external recommendations with our internal service status and asset assessments to create an efficient, sustainable opportunity for the HB to elevate glaucoma service provision and reduce avoidable patient harm in both the short and long-term.

**The recommended solution is to invest in workforce and diagnostic equipment, to establish a high-capacity virtual review diagnostic hub at Ysbyty Cwm Cynon, with additional increased capacity at the existing diagnostic hub at Maesteg Community Hospital.**

This proposed option will eliminate the current glaucoma patient backlog in a relatively short period, and create ongoing appointment capacity to reduce harmful patient delays and improve service performance against national standards. The redesigned clinic pathway will improve the patient and staff experience, and provide cross-sector training opportunities across the ophthalmic MDT. This cost-effective solution supports financial sustainability of the wider Ophthalmology Department, by maximising the use of existing estates, equipment assets and workforce efficiency, as well as the newly commissioned Primary Care Optometry (WGOS) contract.

**15. APPROVAL**

Name: .....  
 Clinical / Service Board Director or Departmental Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Business Case Approval Group	
Decision	Date

Name: .....  
 Chair Business Case Approval Group

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDICES**

**APPENDIX A - GIRFT RECOMMENDATIONS**

The 2023 GIRFT CTMUHB Glaucoma and Cataract Services report included 55 specific recommendations for the HB to improved glaucoma and cataract services to national standards<sup>4</sup>. At least 10 of these will be delivered by implementing this proposal.

No.	GIRFT Recommendation for CTMUHB Glaucoma Services	Alignment with/Delivery via this proposal
1.	Appoint more glaucoma consultants including substantive consultant to support the services in the North and build protected service improvement and clinical leadership time into their job plans.	✓
4.	<p>A single unified clinical and administrative service needs to be developed.</p> <p>Standardise the processes and paperwork across PoW and RGH for cataract and glaucoma, building on the good practices at Bridgend to incorporate the other recommendations for cataract and glaucoma.</p>	✓
5.	Review the line management structure and explore whether a MDT ophthalmic and surgical team across all areas (outpatient, day case, theatres, pre-op, imaging) dedicated to ophthalmology will work better. If not, plan joint training and clinical meetings etc to mitigate risks and drive cohesion. Consider whether to use staff more flexibly across these different areas e.g. using clinical nurse practitioners in theatre or daycare.	✓
31.	Undertake a whole MDT workforce review, pushing everyone to the top of their license. Recruit other registered professionals beyond nurses for extended and clinical decision-making roles especially hospital optometrists and expand this cohort, and move other tasks from them to more HCSWs and technicians where possible	✓
48.	To implement technician-delivered diagnostics followed by asynchronous virtual review conducted by the multidisciplinary glaucoma team across the health board, including North sites.	✓
49.	Complete the business case of Device B machine to enable the implementation of technician delivered diagnostics.	✓
50.	<p>ODTC centres to increase the volume of new and lower risk follow up patients assessed including:</p> <p>To achieve the full operational capacity of the ODTCs - circa 100 patients per month (currently 40 follow ups per month).</p> <p>To review the diagnostic steps / processes to reduce individual patient assessment time and increase capacity.</p> <p>To identify via clinical risk stratification the follow up patients who can be assessed through OCDT and virtual pathways rather than in the consultant led hospital clinics.</p> <p>To develop infrastructure/resource to enable this.</p>	✓
51.	Develop and implement the new pathways for glaucoma services currently in consultation and provide enough consultant input for their development	✓
53.	<p>Undertake a full capacity review across the health board and develop a strategic workforce development plan to deliver it including:</p> <p>Urgent review of consultant and supporting optometrists and orthoptist levels in hospital to support workload.</p> <p>Undertake a skill set review and develop hospital-based optometrists, orthoptists, nursing staff and technicians to ensure that these clinicians</p>	✓

	<p>are able to confidently work at the top of their license. This may include registered staff having a higher certificate or diploma (level 3) to support clinical decision making.</p> <p>Ensure any banding issues are addressed so that existing skill sets and qualifications are used to the fullest.</p> <p>Work with optometrists in primary care to support them to work at the top of their skills base, to maximise the activity and ability to reduce the demand on secondary care and to reduce risk to patients.</p> <p>Autonomous clinical decision making to be developed whilst maintaining consultant oversight.</p>	
54.	Appoint a dedicated failsafe officer and have a documented process/SOP with an escalation process for glaucoma and other high risk ophthalmic disease.	✓

## APPENDIX B – REFERENCES

1. Association of Optometrists (2019) *Health services: Glaucoma patient who went blind receives £3.2m compensation*. Available at: [aop.org.uk](http://aop.org.uk) [Accessed: 11th March 2024]
2. Austin, M (2020) *WOPCB: Wales Integrated Clinical Pathway for Glaucoma and Ocular Hypertension*. Internal WOPCB report. Unpublished.
3. Fu DJ, Ademisoye E, Shih V, McNaught AI, Khawaja AP (2023) Burden of glaucoma in the United Kingdom: a multicenter analysis of United Kingdom Glaucoma services. *Ophthalmology Glaucoma*. **6**: 106–15.
4. Getting It Right First Time (2023) *Review of Ophthalmology - Cataract and Glaucoma Services: CTMUHB*. Internal GIRFT report. Unpublished.
5. Gunn, P.J.G., Marks, J.R., Au, L. et al (2022). Virtual clinics for glaucoma care – Patients’ and clinicians’ experiences and perceptions: a qualitative evaluation. *Eye* **36**, 209–218
6. NICE (2018) *Overview: Ora G3 to measure corneal hysteresis: Advice, Medtech Innovation Briefing*. Available at: [nice.org.uk](http://nice.org.uk) [Accessed: 02 April 2024].
7. Public Health Wales Observatory (2011) *Population Projections: Demography*. Available at: [statswales.wales.gov.uk](http://statswales.wales.gov.uk) [Accessed 11th March 2024].
8. Royal College of Ophthalmologists (2016) *Standards for Virtual Clinics in Glaucoma Care in the NHS Hospital Eye Service*. Available at: [rcophth.ac.uk](http://rcophth.ac.uk) [Accessed 18th December 2023]
9. Royal College of Ophthalmologists (2021) *The Way Forward: Glaucoma*. Available at: [rcophth.ac.uk](http://rcophth.ac.uk) [Accessed 18th December 2023]
10. Wright Hassall (2024) *Compensation for Loss of Sight or Hearing*. Available at: [wrighthassall.co.uk](http://wrighthassall.co.uk) [Accessed: 11th March 2024]



**Agenda Item**

6.1

**Charitable Funds Committee**

**Cwm Taf Morgannwg NHS Charity –  
Communications and Engagement Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	23/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Abe Sampson, Head of Charity & Income Generation
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Abe Sampson, Head of Charity & Income Generation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Simon Blackburn, Director of Communications, Engagement & Fundraising

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	



## 1. Situation / Background

- 1.1 This report provides the Charitable Funds Committee (CFC) with an overview of Charity communications and engagement activity between June – September 2024.
- 1.2 The report is intended to provide the CFC with a summary of activity, key achievements and impact of the Charity and charitable funds, in line with its strategic priorities and objectives.
- 1.3 The activity report is captured as Appendix A to this report.

## 2. Specific Matters for Consideration

- 2.1 The Head of Charity & Income Generation started in post on 12 June 2024, as a new role for CTMUHB, with the ambition to develop and raise the profile of the health board’s Charity. As such, much of the focus of activity during this period has been around stakeholder engagement and mapping, development of key processes, and integration of the Charity into existing CTMUHB networks and forums.
- 2.2 A forward look ahead at key priorities and planned activity for the remainder of 2024/25 has been compiled into a separate report for the CFC.

## 3. Key Risks / Matters for Escalation

- 3.1 There are no key risks to draw to the attention of the Committee.

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below: Potential links across all strategic goals.
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below: Potential links across all strategic areas.
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Not Applicable
	If more than one applies please list below: Potential links across all Wellbeing Goals.
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</b>	Not Applicable
	If more than one applies please list below:



<a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	
<b>Dolen i Feysydd Ansawdd</b> (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Not Applicable If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: POSITIVE	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): POSITIVE	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	The Charity's new proactive approach to communication and engagement around charitable activity will have a positive reputational impact.	
<b>Effaith Adnoddau</b> (Pobl /Ariannol) / <b>Resource Impact</b> (People / Financial)	Yes (Include further detail below)	
	Charity activity and projects will have resource & financial implications, which will be outlined individually or in separate Committee reports.	

## 5. Recommendation

5.1 The Charitable Funds Committee is asked to **NOTE** and **DISCUSS** the content of the report on Charity activity for June – September 2024.

## 6. Next Steps

6.1 Any feedback received on the report and its format will be implemented for future Committee meetings.

# CTM NHS Charity Activity Report

June 2024 - September 2024



**Oct 23, 2024**

**Charitable Funds  
Committee**

## Overview

From June to September, our Cwm Taf Morgannwg NHS Charity, still in its early stages, has made significant strides in laying the foundation for a future of developing meaningful support and delivering impactful health and wellbeing enhancements.

With the Head of Charity & Income Generation starting in post on 12 June 2024, the Charity has been able to expand its reach through more active communication and engagement with its stakeholders.

During the period, our focus has been building awareness, learning from stakeholders, and improving visibility and access to the Charity. This activity highlight report captures our early successes and outlines the progress we've made in establishing ourselves as a vital source of health and wellbeing support for patients, staff, and the wider community.

## Communications & Engagement

The primary communications and engagement focus has been to build awareness and visibility of the Charity to start to build our community of supporters. As part of this work, it has been essential to learn the charity values and priorities that our stakeholders (NHS staff, patients, donors) believe are most important within CTM.

Our engagement has included direct meetings with over 115 staff members from 44 different teams and services across our CTM UHB sites. There have also been direct meetings with a further 53 individuals from 25 external and community organisations (charities and other partners) up to September. In addition to this, a further 120 CTM UHB staff members were reintroduced to our Charity during an All Staff Q&A session on 17 July.

From discussions with our various Charity stakeholders, several common themes and priorities have already emerged. The Charity will continue to work on engagement to develop these into its vision and brand identity but these themes help to provide a steer on local priorities for further discussions.

### **Charity Identity and Branding**

There is a need for a clear identity and brand for the Charity, ensuring it is relevant and representative of local communities. Stakeholders have indicated that there's a desire to avoid defaulting to generic terms, imagery, and names, instead creating something more meaningful for the communities we serve. This is also linked to the need for better awareness and a more cohesive strategy to raise the charity's profile and communicate its impact. Integrity, compassion, and transparency were all highlighted as key values that should be reflected in the Charity's brand identity.

### **Funding Priorities and Clarity**

A recurring theme was also the need for clarity regarding what can and cannot be funded by the charity. There's often confusion around access to and eligibility for charitable funds, particularly concerning equipment, patient

experience projects, and research. Stakeholders outlined the potential for clearer guidance, workshops and training, and better communication about available opportunities. Some of the pressing health issues identified as priorities for CTM over the next decade included obesity, diabetes, dementia, an aging population, and the effects of poverty on health.

### **Strategic Development and Governance**

There is a strong focus on the need for a clear Charity vision and objectives which are also aligned with the CTM 2030 plan. Stakeholders emphasised the importance of transparency, governance, and demonstrating the impact of charitable funds to encourage more participation and donations.

### **Physical Spaces**

The need for better wellbeing resources and improvements to hospital spaces was an area that many connected to the Charity, such as multifaith spaces for overseas staff, innovative signage for hospital wards, the creation of dementia-friendly spaces, more comfortable spaces for patients. Donors will also often give and want to see the impact of their funding - enhancements to physical spaces are one of the best ways to demonstrate this impact through highly visible and lasting changes.

### **Staff Wellbeing and Support**

There was a significant focus on support for staff, particularly in terms of wellbeing and providing resources. This includes staff education, mental health support, physical resources like wellbeing areas, and the empowerment of staff to access and utilise charitable funds. There's a need for clarity in how funds can be accessed by staff and an emphasis on staff awareness and participation.

### **Community Engagement and Support**

Stakeholders highlighted the importance of engaging with our communities. This includes identifying local priorities, integrating community feedback into decision making where possible, and building lasting relationships with local organisations and community leaders. Various stakeholders see the potential in appealing to community support for fundraising and collaborative projects.

## Equity and Inclusion

Challenges of integration and ensuring equitable access to funds and support across different CTM sites was highlighted. There's also a desire to ensure that all areas and communities feel included and represented, particularly in terms of how funding is distributed and the support offered.

## Sustainability and Long-term Projects

Sustainability was also a key theme noted, with discussions around how to integrate green initiatives and longer-term research and development projects into our Charity activity. Potential projects could highlight the focus on sustainability and wider determinants of health, including environmental impact. These initiatives should be visible, have clear benefits, and align with the charity's commitment to maximising the impact of donations.

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## Updating Our Online Presence

In July, we launched a new public facing website page for the Charity to help connect our Charity to CTM UHB, provide key information on how we support staff and patients, and the correct process for donations. This webpage will continue to be updated with key information and resources, with a long-term view to move towards the Charity's own website and channels once our brand has been established. Updates have also been made to the Charity's Just Giving page, to enable easier set up of fundraising challenges for the benefit of our Charity.

A new Sharepoint intranet site for the CTM NHS Charity is also being developed as part of a CTM UHB wide upgrade of the staff intranet. This is expected to launch later in October/early November as of the time of writing. This will help to support staff with any charity information they may need regarding donations, fundraising or applying for funds. It will also connect staff with the wider impact of the Charity and be an essential engagement tool moving forwards.



## The Gift of Kindness CTM UHB Festive Charity Campaign

In order to help raise awareness of our Charity, and capitalise on the, the Charity has helped to shape the CTM UHB festive campaign, 'The Gift of Kindness'. The campaign aims to unite staff, patients, and the wider community in a collective effort to support charitable causes during the Christmas season.

The campaign will showcase the incredible impact that charitable giving can have on healthcare services through initiatives from our Charity as well as other local charity partners supporting CTM UHB, but central to this campaign will be the Cwm Taf Morgannwg NHS Charity. The campaign encourages individuals to give back in various ways, from donations and volunteering to simple acts of kindness, fostering a strong sense of community and generosity that reflects the spirit of the season.

By participating in fundraising events, donating to specific causes, or engaging in community-driven initiatives, supporters can directly contribute to improving patient care and supporting staff across the health board. Launching on November 13th (World Kindness Day), the Gift of Kindness campaign will run until Christmas Day, aiming to inspire staff, patients, and the community to come together in support of local charities to make a lasting difference this festive season.



Giving Back Together

## Fundraising

The lifeblood of any charity, fundraising is an effective measure of an organisation's reach, relevance and ambition. Our Charity must strengthen and diversify its income streams in order to ensure it is sustainable and able to achieve its ambition. To do this takes time, and requires an initial commitment of time and resources to develop fundraising pathways, potential donors, in addition to the key work around engagement and demonstrating impact noted elsewhere.

Fortunately, our Charity has the opportunity to tap into the extraordinary community goodwill and support for the NHS, where many people want to give back. Therefore, our focus is currently on making it as easy as possible to donate and fundraise for the NHS in CTM and establishing the links between our services and hospitals, and the CTM NHS Charity. A selection of the initiatives our Charity has helped to shape are included below, including a partnership with Johnsons Workwear, who have since revealed that they will be supporting the Snowdrop centre and our Charity as their Charity of the Year for 2025, marking our very first corporate partnership.

Other significant donations during the period include a generous legacy donation of £50,000 received for Y Bwthyn Newydd in July. The family of the donor have been approached to capture the story behind this donation and the impact it will make through a case study, which we hope to share in the coming months.

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## Staff Climb Wales' Highest Peaks for Cwm Taf Morgannwg NHS Charity

CTM UHB staff from Royal Glamorgan Hospital (RGH) and Ysbyty Cwm Rhondda (YCR) raised over £2,000 for the Cwm Taf Morgannwg NHS Charity and local patients, by hiking the three highest mountain peaks in Wales this summer.

A sixteen-strong team, made up of colleagues from Estates, HSDU and friends of staff, were inspired by a desire to keep fit, and give something back to the NHS. The group decided to take on the national Welsh Three Peaks Challenge on 27th July.

Beginning the challenge in Bannau Brycheiniog at 4.45am, the team began their ascent of Pen Y Fan at 4.45am, before travelling on to climb Cadair Idris, and finally conquering Yr Wyddfa in Eryri National Park. Battling the elements, they were able to finish the challenge by 8pm in the evening and arrive safely back at Llanberis.

The money they raised will go to the [Cwm Taf Morgannwg NHS Charity](#), the official charity for all Cwm Taf Morgannwg University Health Board staff and patients, and will benefit patients on YCR wards and RGH children's ward. The team hit their initial target of £1,000 in just four days, with the total raised now sitting at just over £2,500.

Jason Rual, Operations Estates Manager said:

**“It was a really enjoyable experience, although for two days later it felt like I was climbing Pen Y Fan again every time I went upstairs. But those aches were well worth it for such a deserving cause. I have to thank the team for all the hard work they put into this walk, our driver Ian Welsh who got us to every climb and home again safely, and everyone who has generously donated through Just Giving.”**



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## Snowdrop Breast Centre receives generous donation from local business

Johnsons Workwear in Treforest has raised over £700 in support of their colleague and the Snowdrop Breast Centre. Treforest stockroom team member Lynda Weaver Jones was diagnosed with breast cancer towards the end of 2023 and completed her chemotherapy treatment at the beginning of September. In October, she will begin radiotherapy and will continue to be supported by the Snowdrop Breast Centre.

To demonstrate their support, Treforest Plant colleagues at [Johnsons Workwear](#) nominated Snowdrop for their Local Communities Award for July – September 2024, worth £500. In August, they also held a coffee morning, where staff made cakes and sweet treats, held a raffle, and hosted a dinner time bingo session to raise a further £260.

On Tuesday 10 September, Lynda and her husband Richard, along with colleagues Jayne and Steve, met the Snowdrop team and enjoyed a tour of the [newly redecorated unit](#).

This was also an opportunity for Steve Jones, General Manager at Johnsons Workwear, to present the cheque which was gratefully received by the unit. Steve commented:

***“I really enjoyed our visit to the centre – it is great to see what it means to someone who requires support from the superb facility and teams at Snowdrop – even more when it’s one of our team, meaning we can actually see how much it is appreciated.”***



## Bowel Butties Coffee Morning Fundraiser

In September, the Royal Glamorgan Hospital Stoma & Colorectal Care Team hosted a highly successful fundraising coffee morning at the newly opened YMa Centre in Pontypridd, raising over £700 in support of stoma and colorectal patients. The event brought together CTM UHB staff, patients and their families, and organisations supporting stoma care for a morning of coffee, cake, and conversation, all in the name of a positive cause.

Living with a stoma can present daily challenges, and the Stoma & Colorectal Care Team, in partnership with local stoma patient support group Rhondda Buddies, has been organising these coffee mornings for years to create a supportive, informal environment where patients and their families can feel less isolated.

The event also featured Macmillan Cancer Support, Tenovus Cancer Care, and Coalfields Regeneration Trust, who attended to support with additional resources and advice. A number of stoma care companies showcased the latest products, allowing patients to explore new appliances that can make their daily lives easier.

Helen Wilson, Macmillan Colorectal Clinical Nurse Specialist, said:

**"These coffee mornings are vital, not just for fundraising, but for building a support network for our patients. Living with a stoma can be challenging, so having the chance to meet others in similar situations and learn about new products and services can be life-changing. The funds raised will go directly towards buying equipment that will improve the care we provide, making hospital stays more comfortable for our patients. Thank you to**

**everyone who supported the event and particularly our venue, the YMa, for hosting and making us all feel welcome."**

In addition to the coffee morning, the team recently launched a new fundraising initiative called "Bowel Butties", to further support the Stoma Care Team at the Royal Glamorgan Hospital. The campaign will raise funds to enhance patient care and services for those living with a stoma.



## Grants & Impact

Demonstrating the impact of charity funds is vital to strengthening donor engagement by showcasing our accountability and transparency, boosting our Charity's reputation, and hopefully, inspiring future donations.

There are many projects that are funded through our Charity at CTM UHB each year and a key piece of work for our Charity is the implementation of a standardised process to effectively measure and capture that impact, in line with our strategic priorities.

The following highlights demonstrate some of the ways our Charity's support has been making a difference across Cwm Taf Morgannwg over the last few months.

## Patients' vision for Snowdrop Breast Centre becomes a reality

A charity-funded art project supported by staff, patients and the local community to help Cwm Taf Morgannwg breast cancer patients was completed earlier this year.

The Snowdrop Breast Centre is a centralised, dedicated breast diagnostic unit for Cwm Taf Morgannwg University Health Board, which enables a one-stop diagnostic service for breast patients. Patients, staff and art and design professionals have collaborated on this project to provide calm, optimistic, friendly and inclusive spaces, as well as supporting orientation of the building.

The artwork – consisting of paintings, wall murals, new furniture, and floor signs – stretches throughout the building within clinical and non-clinical rooms. The theme is hope for the future, new beginnings, local nature and the world outside the unit. In addition to contributing to the colour and artwork selection, patients helped to choose the colour of patient gowns.

A patient shared:

**“The difference is amazing. It is far more welcoming and the artwork is a nice visual distraction to help take your mind off why you are there. In particular, the hand-painted walls in the small changing rooms were beautiful especially in what is a constricting space. It also helped to make it feel less clinical. I also liked the photos of the staff in the reception area as this helped to know who was who.”**

The project was a community-wide effort, with the initial funding to support refurbishment of the centre raised by the Giving to Pink fundraising group, which is a fundraising appeal of our [Cwm Taf Morgannwg NHS Charity](#).

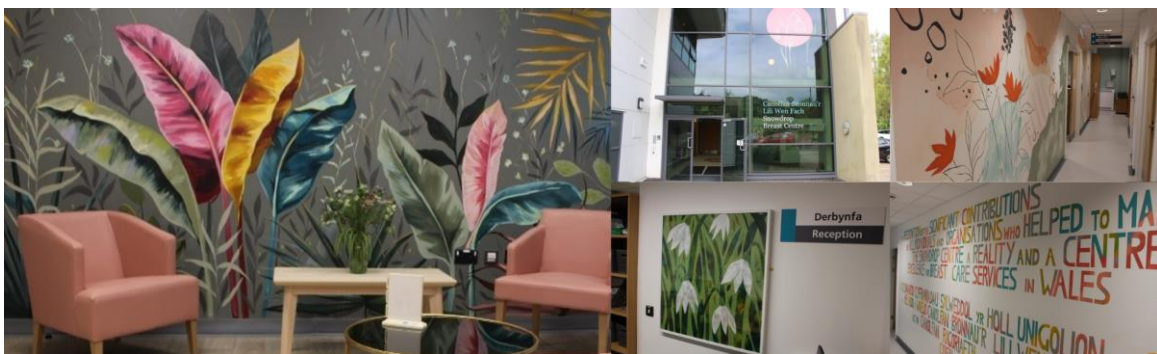
A number of local artists and community organisations contributed to the space:

- [Interiors Bridgend](#)
- [Precision Painting Service](#)
- [Jessica O'Sullivan Photography](#)
- [Rhian Eleri Art](#)

- Huxley & Mabel
- Puma Floors
- Xclusive Window Films
- Graham Davies Photography

Ms Zoe Barber, Consultant Oncoplastic Breast Surgeon and Clinical Services Specialty Director for Breast Services at CTM UHB, said:

**“At a time which can be incredibly anxious and uncertain for our service users, it was so important to create a welcoming, comfortable and reassuring space. Patients told us that they wanted somewhere that didn’t feel too clinical and that’s what we’ve tried to provide. The entire team has worked incredibly hard together to achieve this dream and I’d like to thank everyone involved for their hard work commitment.”**




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### **Charity Funded Psychology Programme Awarded Additional Funding**

The Critical Care Psychology team has been delivering an impactful series of interventions on complex psychological traumas thanks to the support of a series of Assistant Psychologist roles, funded through NHS charity grant funding.

This work has been supported by the Stage 3 Recovery Grant Programme awarded to our Charity by the membership body NHS Charities Together. In July 2023, £255,205 was secured for the project following the development of a successful funding application.

Between July 2023 and March 2024, the team made over 1,026 inpatient

contacts across our three acute hospital sites. Of these, 849 (83%) were made by the Assistant Psychologists directly employed through charity funding. Facilitating the majority of inpatients contacts allows the clinical psychologists of the team to support the more complex elements of the care pathway, providing a more accessible service for all.

Over 102 CTM UHB staff members were trained in supporting patients suffering from psychological distress through a training package developed by the Assistant Psychologists, with 252 staff trained in total by the service (this includes doctors, ICU nurses, ward nurses, and major trauma team).

The team were also successful in a further funding application for additional support from NHS Charities Together of £30,795, which was confirmed in August. This additional funding will help to support the fixed term appointment of an additional clinical psychologist post to support the most complex and advanced traumas.



## CTM ar y Maes - Eisteddfod 2024

The participation and engagement of CTM UHB services at the Eisteddfod in August was supported by CTM NHS Charity with funding of £13,000 to support stand costs, marketing materials, consumables and the development of a reusable community outreach tool for CTM (our Tree of Life) which will help support community engagement beyond the Eisteddfod itself.

The Charity's support allowed CTM UHB to deliver an enhanced presence at the first Eisteddfod in our region in over 70 years, with representation from a diverse array of services across the week in Pontypridd. The additional resources provided a platform for celebrating and promoting the health board

and our Charity's commitment to offering and supporting care and treatment through the medium of Welsh and Welsh language recruitment and retention.

The event was overall a resounding success for CTM UHB and highlights included:

- Exceptional engagement: Over 100 CTMUHB staff from diverse disciplines interacted with thousands of visitors across the week. On a single afternoon, they distributed 700 oral health care packs for children and 250 dementia/memory loss leaflets!
- Social media buzz: The #CTMArYMaes campaign reached an impressive 118,000 people on Facebook and 8,000 on Instagram.
- Community insights: A creative "tree of life" activity gathered valuable feedback on what supports health and wellbeing, directly informing future strategic plans.
- Welsh language revival: The event significantly boosted staff confidence in using Welsh.
- Interdepartmental collaboration: Staff from various teams worked together seamlessly, creating new connections and learning about different services within CTMUHB.
- Future workforce inspiration: Interactive activities and career discussions engaged children and families, planting seeds for future healthcare professionals.
- Public appreciation: The enthusiasm and gratitude from visitors highlighted how valued CTMUHB is in the community, with almost no negative feedback or interactions over the entire festival.
- Legacy building: The experience has left a lasting impact on CTMUHB's approach to community engagement, Welsh language use, and strategic planning which will be carried forward through the newly established strategic engagement forum.
- Staff empowerment: CTM UHB staff reported feeling proud, energised, and more connected to both the community and their colleagues.
- Partner praise: GetFit.Wales commended the "fantastic" collaboration (which promoted physical activity and collected valuable user feedback),

emphasising the positive impact on the local community.



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## Big Team Challenge 2024 - Impact Highlights

Supported with a contribution from the remainder of our Covid wellbeing funding, the participation of staff in the Big Team Challenge 2024 was a huge success for CTM UHB.

Over 700 staff members forming 153 teams took part in the initiative to support staff wellbeing through this walking challenge. Together they walked a collective 141,600 miles over six weeks! Here are some of the standout impacts:

- 67% of participants increased their physical activity, with a whopping 86% who initially exercised less than 1 hour per week showing improvements.
- 87% felt likely to maintain their new activity levels, and 76% are motivated to push even further.
- The challenge wasn't just physical—91% reported a positive impact on emotional wellbeing, with half describing the impact as "very positive."
- Beyond fitness, the challenge also planted 139 trees (1 for every 5 participants).

CTM UHB staff participants on the challenge:

- **"We felt motivated as a team and pulled together. We now have a stronger work bond from this, which is fab in work! We even met up outside of work to get our steps up."**
- **"The challenge really brought the team together. We had a colleague retire part way through, and this challenge really helped us stay in touch and support the transition into retired life!"**

- **“Boosted team morale and gave us confidence to talk to other members of other teams that we wouldn’t normally talk to.”**
- **“It has been very beneficial for me personally. I’m quite fit anyway, but it has encouraged me to get outside more frequently, and it's something I want to continue.”**
- **“Even when I was ‘too busy’ or tired, I was determined to meet my daily target. The competitiveness of the challenge was a great motivator.”**
- **“Just want to say thank you! I was recently diagnosed with lymphedema and was struggling to walk even 4,000 steps a day. Now I can do 12,000 steps a day, and my leg swelling has improved. I feel fitter and know I’ve lost weight.”**
- **“I’ve seen an improvement in both my physical and psychological health. The challenge kept me on track with my weight loss, my sleep pattern has improved, and I generally feel better.”**
- **“I now know I can do 10,000 steps a day even in bad weather! I hope you do this again, as I really enjoyed it.”**
- **“I feel more self-esteem by keeping up with my younger colleagues.”**

With our Charity now firmly established, for 2025 there’s an opportunity to build on initiatives like the BTC to develop a staff wide fundraising challenge which can both boost staff health and support our Charity.



## Governance

Engagement touchpoints with a wide variety of teams and services across CTM UHB has helped to shape some new guidance and processes to help the Charity be as effective as possible and help staff to understand what is and is not appropriate and relevant for the Charity support.

There is still additional work to be done but there some examples that have already been implemented or are being developed, such as the current review of our fund manager structure. This has been developed from feedback and engagement with staff members and fund managers in order to ensure funds remain accessible, and help us ensure accountability and forward planning from those who are leading on the day-to-day management of those funds.

As part of the new proposed structure, there would be a simplified approach to reduce the number of designated fund managers, in line with our care group service model, and provide a clear delegation process for any turnover of staff (which currently has a significant impact on funds).

### **Development of New Staff Resources & Guidance**

A number of staff teams have already benefitted from updated guidance on fundraising, processing and accepting donations, and the process of how to develop a successful Charitable Funds proposal.

There is still a clear need for further work but the launch of a new Sharepoint site for the Charity will be critical as it will be the key repository for support and offer the opportunity to automate certain processes.

The Charity will also work to offer training and advice through both virtual and in-person sessions, beginning in 2025 once the focus on strategic development is complete.

### **Wider Integration of the Charity into Strategic Forums**

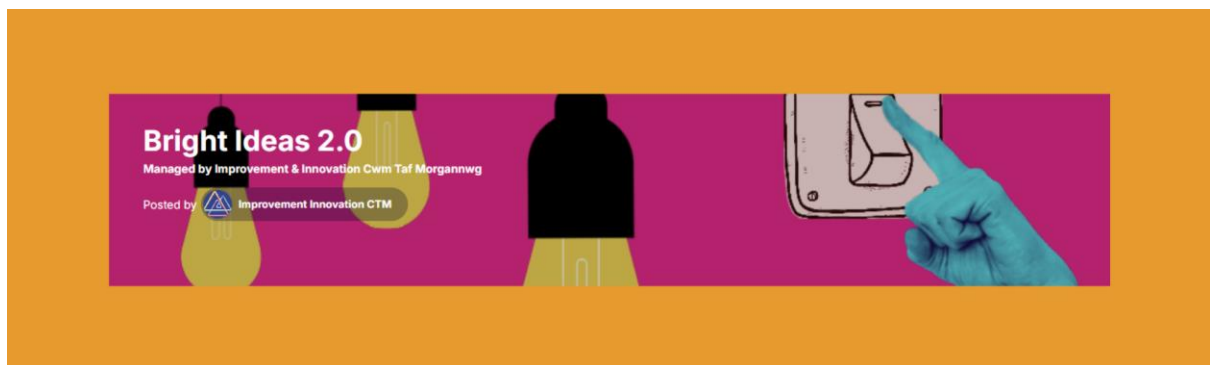
Our Charity has now been integrated into several new and existing forums across CTM UHB. This includes the Improvement Project Review Group, the

new CTM UHB Strategic Engagement Forum, the People's Experience Forum and the CTM 2030 Leaders Network.

Led by Improvement Innovation CTM, the IPR group sees improvement ideas submitted through the Simply Do Ideas digital platform by staff from across the organisation. These are reviewed by a cross-service team to help make them a reality and has already led to new opportunities for potential improvement projects such as a partnership with the RGH Children's Ward to improve key wellbeing areas and create a new sensory wellbeing space for those with additional learning needs.

The Strategic Engagement Forum provides opportunities for additional fundraising and engagement through collaboration on CTM-wide campaigns. The SEF was formed from the learning of the health board's participation in the Eisteddfod (which was supported by our Charity) has been instrumental in developing the festive 'Gift of Kindness' campaign.

The CTM 2030 Leaders Network will also help our Charity to establish new partnerships with local organisations, promote awareness of its work, and seek input on campaigns and developments (such as our Charity vision and brand identity).



ctm.charity@wales.nhs.uk  
ctmuhb.nhs.wales/about-us/our-charity  
justgiving.com/ctuhb  
registered charity no. 1047965

**Cwm Taf Morgannwg  
Elusen GIG | NHS Charity**



**Agenda Item**

6.2

**Charitable Funds Committee**

**Cwm Taf Morgannwg NHS Charity –  
2024-25 Forward Plan**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	23/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Abe Sampson, Head of Charity & Income Generation
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Abe Sampson, Head of Charity & Income Generation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Simon Blackburn, Director of Communications, Engagement & Fundraising

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	



**1. Situation / Background**

1.1 The purpose of the accompanying report is to provide the Charitable Funds Committee (CFC) with an overview of key priorities and a forward plan of activity and progress for October 2024 – April 2025.

**2. Specific Matters for Consideration**

2.1 The main outstanding priorities for the Cwm Taf Morgannwg NHS Charity include the development and launch of a new vision and brand identity, the implementation of new fundraising opportunities, and the further development of a robust impact evaluation programme.

2.2 Priorities have been outlined across the key themes of communication and engagement, fundraising, grants & impact and governance.

2.3 A timeline of key activities for the period has also been included following the forward plan. See Appendices A and B.

**3. Key Risks / Matters for Escalation**

3.1 The CFC should note that it will take time to successfully embed the above strategic priorities and see their full benefits but they are critical for the long-term goals and sustainability of the Charity.

3.2 The Charity should also remain flexible to respond to any emerging opportunities which may take precedence over the aforementioned priorities (particularly any time-sensitive fundraising opportunities).

**4. Assessment**

<b>Objectives / Strategy</b>	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below: Potential links across all strategic goals.
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below: Potential links across all strategic areas.
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: Potential links across all Wellbeing Goals.
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</b>	Not Applicable
	If more than one applies please list below:



<a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Not Applicable If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: POSITIVE	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): POSITIVE	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	The continued development of the CTM NHS Charity and its	
<b>Effaith Adnoddau</b> ( <i>Pobl /Ariannol</i> ) / <b>Resource Impact</b> ( <i>People / Financial</i> )	Yes (Include further detail below)	
	Charity activity and projects will have resource & financial implications, which will be outlined individually or in separate Committee reports.	

## 5. Recommendation

5.1 The Charitable Funds Committee is asked to **NOTE** and **DISCUSS** the forward development plan for the Charity.

## 6. Next Steps

6.1 Feedback from Committee members will be implemented into the forward plan and planned Charity activity through the remainder of the 2024-25 financial year.

A blue banner with a heart and hands graphic. The text 'CTM NHS Charity Forward Plan' is in white, bold font. Below it, 'October 2024 - April 2025' is in a smaller white font. The background features a faint image of hands holding a heart.

# CTM NHS Charity Forward Plan

October 2024 - April 2025

As we embark on this exciting new chapter in the development of our CTM NHS Charity, we are focused on building a foundation rooted in community support, innovation, and compassionate care. Over the next six months, our priorities are to strengthen partnerships, launch impactful fundraising initiatives, and enhance our ability to deliver meaningful support for patients, staff, and the wider community.

In these crucial early months, we are laying the groundwork for what we hope will become one of Wales' most impactful NHS charities. Our forward look plan covers the next six months, focusing on engaging our stakeholders and local communities, continuing to support the health and well-being of our patients and staff, and developing new opportunities to expand our reach and impact. This period is about building strong foundations to enable future success.

With a clear mission to support the well-being of NHS patients, their families, and staff across Cwm Taf Morgannwg, our Charity is aiming for growth in its profile over the next six months, which is a period of opportunity. This forward plan serves as our guide for the immediate priorities and focus across the areas of communications & engagement, fundraising, grants & impact, and governance.

## Communications & Engagement

### Priorities identified for the remainder of 2024/25

	Activity	Progress	Key Dates
1	Development and launch of a new Charity brand identity.	<ul style="list-style-type: none"> <li>• The Charity's brand identity is fundamental to its success and will materially impact all Charity comms &amp; engagement work, so developing and launching that is a priority. Alongside new branding, the Charity is working to establish a long-term vision (which will help to inform brand style, tone and messaging) and stakeholder engagement work is currently building towards these aims.</li> <li>• Key insights into the values and priorities of staff members have already been gathered, with an overview included in the Charity activity report. Further surveys and development work will be undertaken with our stakeholders using examples from other NHS charities to help shape discussion and focus feedback.</li> <li>• In January, the Charity will look to build on the initial six months of feedback and consultation and start to work on the development of the brand with external marketing support, with a view to presenting an initial proposal for</li> </ul>	<p><b>Jan 2025</b> - Complete initial stage of consultation and engagement, begin brand development with external support.</p> <p><b>April 2024</b> - Presentation of proposed new branding and plan for launch.</p>

		<p>the brand and launch in April. The Charity will establish an advisory board of stakeholders to support this work.</p>	
2	<p>Improve the visibility and accessibility of the Charity for staff.</p>	<ul style="list-style-type: none"> <li>• The Charity has utilised internal communications channels such as staff update, staff Q&amp;A, and the staff Facebook group to date and will continue to develop new content to engage staff through these channels over the next six months.</li> <li>• The Eisteddfod presented a good opportunity to engage with different staff teams and share information, and the Charity will explore any other relevant forums or events to do the same where there is capacity. However, the ability to engage staff in person, will remain limited until physical charity marketing materials are developed (along with the branding).</li> <li>• The introduction of the new Sharepoint site, along with the introduction of Viva Engage, will also provide improved opportunities to engage staff digitally with the Charity.</li> <li>• There will also be new opportunities to raise staff awareness around the planned festive campaign and with the completion and implementation of several charity funded projects.</li> </ul>	<p><b>Nov 2024</b> - Launch of new Charity Sharepoint site</p> <p><b>Late 2024</b> - Viva Engage launch.</p>

Improve the visibility and accessibility of the Charity for the public.

- The 'Gift of Kindness' festive campaign has been developed as a key public touchpoint for the Charity, drawing attention to the ways in which our Charity can be supported.
- Key case studies are being developed with the critical care psychology team, PCH Urgent Care team, RGH Children's Ward, YCC elderly patient team, as part of Charity funded projects to demonstrate the impact of public donations and NHS charities for the public. This content will be rolled out across the next six months to help raise awareness of our Charity's impact.
- A critical future step for the Charity will be the implementation of its own social media channels, and website. There are plans to develop and implement the social channels with the new Charity branding, while a website will be developed following that in a staged process. This is in order to maximise efficiency and ensure there is a clear plan for their use and the rollout of content.

**Nov-Dec 2024** - Gift of Kindness Festive Charity Campaign

## Fundraising

### Priorities identified for the remainder of 2024/25

	Activity	Progress	Key Dates
1	Implementation of a new Charity Fundraising strategy	<ul style="list-style-type: none"> <li>• Generating additional unrestricted income is essential as the Charity's general purpose funds are decreasing, providing less flexibility over the projects and activity that can be supported. The Charity's fundraising strategy will be ultimately be informed by the collective vision for the Charity and its key strategic priorities, as well the needs determined by the evaluation of pilot fundraising projects.</li> <li>• Initial work to implement a new fundraising approach has already begun with the current focus on onboarding opportunities for new fundraisers (across all services), key grants that are targeted at NHS Charities, and a staff lottery.</li> <li>• At present, the Charity is supporting all active fundraising opportunities that CTM UHB teams are developing, with an aim to prioritise securing unrestricted and general purpose income through all fundraising initiatives where possible.</li> </ul>	<p><b>Jan 2025</b> - Fundraising review following early stage fundraising campaigns in late 2024 outlined below.</p> <p><b>Feb 2025</b> - Coordination with People team on the development of a 'Workforce Wellbeing' grant funding application (NHS Charities Together).</p>

2	<p>Creation of new CTM NHS Charity fundraising opportunities.</p>	<ul style="list-style-type: none"> <li>• The Charity is in the process of helping to shape the CTM UHB festive campaign 'The Gift of Kindness', which is a new style of fundraising campaign for the Charity. Christmas fundraising campaigns will become a regular fixture moving forwards to capitalise on the opportunity.</li> <li>• Johnsons Workwear have revealed that they will be choosing to support the Snowdrop Centre and our Charity as their nominated Charity of the Year for 2025. This will be the first formal corporate fundraising partnership for the Charity, which will generate additional income through 2025.</li> <li>• Discussions are also underway with other Welsh NHS Charities to explore the potential of a joint, all Wales fundraising campaign in the summer of 2025 (for the NHS birthday). These discussions are expected to be further developed in February at an all-Wales Regional NHS Charities meeting.</li> </ul>	<p><b>November 2024</b> - Festive fundraising campaign launch</p> <p><b>December 2024</b> - Launch of COTY partnership</p> <p><b>February 2025</b> - Development of all Wales fundraising opportunity.</p>
3	<p>Development of a staff lottery scheme for the Charity.</p>	<ul style="list-style-type: none"> <li>• A staff lottery has the potential to be a highly effective generator of sustainable unrestricted funding once established.</li> <li>• Successful lottery schemes have been implemented at two other similar HB charities in Wales, and many others across the UK. Input on their schemes will be sought to help support our scoping for a scheme at CTM.</li> </ul>	<p><b>Dec-January 2025</b> - Development of staff lottery plan for CTM UHB.</p>

- An outlined approach will then be drafted for a CTM UHB scheme. An update on staff lotteries will return to the CFC in January 2025.

## Grants & Impact

### Priorities identified for the remainder of 2024/25

	Activity	Progress	Key Dates
1	Implementation of an standardised evaluation programme for all Charity funded projects.	<ul style="list-style-type: none"> <li>• A standard template evaluation has been developed for any new Charity funded projects, but further work is required to ensure this is implemented across all relevant funds. This will continue to be updated over time.</li> <li>• Where practical or necessary, the Charity will work towards bespoke evaluations, particularly with projects which have a multi-year horizon.</li> <li>• Securing qualitative data, beneficiary/staff/patient impact stories and photo/video content is also key aim of our new evaluation process.</li> </ul>	<p><b>Dec 2024</b> - Changes to fund structures and development of targeted plans with fund leads.</p> <p><b>Feb 2025</b> - Updated evaluation and impact criteria based on the new Charity vision.</p>

2

Development of project evaluations and case studies with previous/ongoing Charity projects.

- Several news stories and social media posts have already been developed, with a balance between those that are Charity-led and those where we are able to integrate awareness of the Charity.
- A goal for late 2024 is to produce a key suite of materials/case study around the impact of public donations, and how our NHS Charity makes a difference. This would be tied into our festive campaign and be a more significant and produced suite of content vs other case studies, and will support the future rollout of our new Charity brand.

**Ongoing** - Rollout and promotion of new Charity case studies.

## Governance

### Priorities identified for the remainder of 2024/25

	Activity	Progress	Key Dates
1	Development of a clear, long-term Charity vision.	<ul style="list-style-type: none"><li>• The 'vision' will help us to articulate the goals and aims of the Charity, provide steer on the long-term goals that we are working towards, and help to determine how we will be working towards that vision.</li><li>• Further engagement is needed with key stakeholders (Board/CFC/Donors/Fund Managers/Staff) between October and January to further develop this. This will be undertaken through a combination of guided workshops, surveys, and development sessions which build on existing feedback.</li></ul>	<p><b>Oct 2024-Jan 2025</b> - continued engagement with stakeholders.</p> <p><b>February 2025</b> - ready to launch new CTM NHS Charity vision.</p>

2	<p>Additional support, training, and guidance for Charity stakeholders (including Board Members, Fund Managers, Fundraisers, Project Leads).</p>	<ul style="list-style-type: none"> <li>• Additional guidance has been development for the new Charity Sharepoint intranet site. This will launch with general guidance for donations, fundraising, and applying for funding, with further bespoke guidance to be created and updated once the site is live. The first planned update, will be guidance for Fund Managers once our new processes have been confirmed later in the year.</li> <li>• Based on feedback from the resources that are developed for Sharepoint, the Charity will work towards new training/awareness sessions on the Charity in line with its new vision/strategic priorities launch.</li> </ul>	<p><b>Nov 2024</b> - Launch of new Charity Sharepoint intranet site.</p> <p><b>Dec 2024</b> - Rollout of fund manager restructure and additional guidance for fund managers.</p> <p><b>Early 2025</b> - Training/awareness sessions for staff on Charitable Funds.</p>
3	<p>Explore opportunities to review existing designation of funds and</p>	<ul style="list-style-type: none"> <li>• With the most recent updates to the Charities Act 2022, the Charity Commission has streamlined the process of unrestricting and un-designating funds which are difficult to utilise.</li> <li>• Other Welsh NHS Charities have explored this process with success over the past 12 months, commissioning external guidance to reduce the number of individual funds and undesignate funding to provide greater flexibility with its use and allow for wider support. This could help to mitigate against lower general purpose funds.</li> </ul>	<p><b>Mar 2025</b> - Review feedback from other NHS charities and explore initial feasibility.</p>

# ROADMAP





**Agenda Item**

6.3

**Charitable Funds Committee**

**Charitable Funds Update to 30<sup>th</sup> September 2024**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	23/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Owen James – Head of Corporate Finance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Owen James – Head of Corporate Finance
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
NHSCT	NHS Charities Together

## 1. Situation / Background

To advise the Charitable Funds Committee of the activity and balances on charitable funds as at 30 September 2024. This report also provides further analysis over their use by both fund type and directorate.

This report also provides an update on the grants received/due to be received from NHS Charities Together (NHSCT).

An update is provided on the investment performance within this report and is to go alongside the update provided by CCLA.

This report provides an update from 1st April 2024 to 30<sup>th</sup> September 2024.

This report provides details on the contract performance against the CTMUHB's Investment Strategy as noted within section 2 of this report and the distribution of the unrealised gain in excess of the 20% of the market value of the investments.

## 2. Specific Matters for Consideration

### 2.1 Balances Held by the Charitable Fund

Balances held by the Charitable Fund as at 30<sup>th</sup> September 2024 are summarised in Appendix A analysed by fund type and location.

The balance at the end of September 2024 was £3.992m. In the financial year to end of September 2024 there have been donations/legacies/grants of £335k and £239k has been utilised, meaning an in-year increase in funds of £96k.

Funds are categorised under Directorates, at the April 2024 Charitable Funds Committee it was highlighted that not all funds has updated fundholders and a review would be undertaken. The Head of Corporate Finance and new Head of Charity and Income Generation have reviewed this and a new proposed approval hierarchy is being proposed, where all funds will reflect a similar approval hierarchy to revenue funds, where a Care Group Director will be responsible for the funds under its Directorate and delegate the authorisation of the approval of funds to appropriate officers within the fund. In the absence of a Care Group Director, the Executive Director will be assigned as the fund holder.

The advantage of this is that even when there are staff moves/vacancies there will always be an assigned fund holder for every fund. An updated Financial Control Procedure is being brought to this Committee for endorsement to the Audit & Risk Committee for approval.

**ACTION:** Once approved by Audit & Risk Committee, funds will be assigned to Care Group Director and Head of Charity & Income Generation will link

in to ensure all training & guidance on administration of funds is fully understood.

## 2.2 Low value and low use funds

Appendix A details the funds with a value of under £1,000 and funds which have not been used during financial year.

There are 36 funds with a value of under £1,000 with a total value of only £16,664. It is proposed that, where deemed appropriate, these funds are reviewed and transferred into appropriate existing funds. This will need to be undertaken in line with Charity Commission guidelines.

A significant number of funds have had no expenditure in the last six months, and a number of these have not been utilised for a significant period. Overall there are 100 funds that have no expenditure to date this financial year, the balances on these funds are significant at £1,002k. Fund updates are shared on a regular basis with fund holders, and a review of funds has been shared with Operational Management Board by the Head of Corporate Finance to ensure that there is appropriate reporting of funds to enable efficient utilisation.

**ACTION:** Head of Charity & Income Generation to link in with fund holders on best use of funds moving forward.

## 2.3 Investment Update and Investment Strategy

The investment strategy for CTM NHS Charitable Fund is as follows:

*"The charity will invest funds not required for immediate expenditure in suitable investments approved by the Audit Committee, in conjunction with guidance from its investment advisors. The aim of the investment strategy is to deliver a positive real return of at least CPI + 1% with a minimum of risk.*

*The level of risk inherent in the investment portfolio shall have volatility (maximum drawdown\*) of less than 20% over a 5 year period.*

*The charity will strive to maximise income from investment dividends and interest, which will be used to fund administration costs and protect funds from inflation.*

*Increases in capital values will be used to build up a reserve to protect the funds from any subsequent fall in capital values, and therefore individual fund balances.*

*Should the reserve exceed 20% of the overall investment, any excess will be distributed to a general purpose reserve, subject to Charitable Fund Committee approval (distribution can be made to individual balances if otherwise agreed by the Charitable Fund Committee). Any falls in capital value will be taken to the general purpose reserve in the first instance, therefore protecting other individual fund balances from the impact of any falls in value.*

*The investment strategy will be reviewed on an annual basis, with particular regard to the level of risk and returns expected.*

*\*maximum drawdown represents the largest drop in the value of an asset class from its peak to its lowest point over a period."*

Balances are held in two places, with investments being held in CCLA and remaining cash balances being held in the ring-fenced Barclays bank account.

As at 30<sup>th</sup> June 2024 the investment balances are as follows:

#### CCLA

The number of units held has remained the same at 978,820.98.

The market value at 30 September 2024 is £3.027m, this is a very small decrease of £5k since reported at the last Committee. The monetary value of the cash invested in CCLA is £2.1m as such a surplus of £0.927m (44%) has been achieved cumulatively.

As per the investment strategy, should the reserve exceed 20% of the overall investment, any excess will be distributed to fund balances, subject to Charitable Fund Committee approval.

#### Barclays Bank

The current balance as at 30 September 2024 is £1.491m. As part of the new charity management arrangements, an assessment will be made on the level of cash that is required over the next two to three years and what could be invested over the longer term.

### **3. Key Risks / Matters for Escalation**

#### **3.1 Excess reserves (unrealised gains) over 20%**

As per the investment strategy, any gains that exceed 20% are distributed to the general purpose reserve, unless otherwise agreed by the Charitable Fund Committee.



As at 30 June 2024 £497k of the £927k surplus has been realised, meaning £430k remains unrealised. This is only marginally above the excess reserves by £10k, so propose to not release at this stage. If the unrealised gains falls below that of the realised gains, we may need to look at ring-fencing a proportion of the general purpose reserve back to mitigate any further falls in the capital value.

Monetary value invested (£'000)	Capital value (£'000)	Surplus (£'000)	Realised Gains (£'000)	Unrealised Gains (£'000)	Gains @ 20% of monetary value (£'000)	Excess reserves (£'000)
2,100	3,029	929	497	430	420	10

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Not Applicable
	The Charity links to ALL of CTMUHB Strategic Goals
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	The Charity links to ALL of CTMUHB Strategic Areas
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Person Centred
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  N/A
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  N/A
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Charitable funds are required to be managed in accordance with charity legislation and requirements of the Charity Commissioner.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	If Charitable Funds are not utilised in line with the objectives of the Charity, this could cause a reputational risk for the organisation.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	To advise the Charitable Funds Committee of the activity and balances on charitable funds as at 28 February 2024	

## 5. Recommendation

**5.1** To **NOTE** the update for Charitable Funds as at 30 September 2024, including grants from NHSCT.

**5.2** To **NOTE** update on investment balances and reserves

## 6. Next Steps

6.1 **ACTION:** Once approved by Audit & Risk Committee, funds will be assigned to Care Group Director and Head of Charity & Income Generation will link in to ensure all training & guidance on administration of funds is fully understood.

6.2 **ACTION:** Head of Charity & Income Generation to link in with fund holders on best use of funds moving forward.

A	<b>Low Value Funds - fund balances below £1,000 as at 30.09.2024</b>
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Directorate	Fund No and Name	Current Fund Value
Primary & Community Care	9374 Glanrhyd General Purpose	0.31
Children & Families	9516 SALT-Paediatric	4.65
Diagnostics, Therapies & Specialities	9363 East Radiology/Endoscopy at social	16.29
Children & Families	9349 East CHS Speech Therapy Fund	28.91
Planned Care	9994 SAS FUND FOR CTMHB	300.00
Diagnostics, Therapies & Specialities	9362 East Breast Radiology Fund	72.23
Unscheduled Care	9488 STC IN G(I)M Educational Fund	83.97
Primary & Community Care	9891 Merthyr & Cynon Valley Equipment Fund	177.06
Diagnostics, Therapies & Specialities	9318 POW Pharmacy	198.92
Diagnostics, Therapies & Specialities	9364 East Pharmacy Development Fund	264.55
Unscheduled Care	9313 POW ECG Fund	285.08
Primary & Community Care	9850 Primary Care Fund (Care of the Elderly)	304.10
Children & Families	9874 Merthyr & Cynon Paediatric Fund	304.54
Corporates	9485 Post graduate Medical Education	310.91
Mental Health & LD	9373 Coity Clinic Adult General Endowment	332.62
Mental Health & LD	9358 Older People Services Coity Clinic	368.83
Planned Care	9506 G I Research	458.94
Mental Health & LD	9422 Psychiatric Postgrad Fund	462.69
Mental Health & LD	9423 Post Graduate Education	468.52
Planned Care	9304 POW Theatres Fund	500.80
Unscheduled Care	9679 Stroke Unit	549.17
Planned Care	9341 Neath Port Talbot Mastectomy Fund	575.60
Primary & Community Care	9604 Day Hospital	594.73
Mental Health & LD	9359 Glanrhyd Angelton Clinic Fund	220.78
Planned Care	9322 POW Upper GI	676.53
Primary & Community Care	9352 East Palliative Care	689.57
Diagnostics, Therapies & Specialities	9680 Nutrition & Dietetics	710.00
Diagnostics, Therapies & Specialities	9350 POW Physiotherapy Dept	751.00
General Purpose	9650 Taff Ely General Purposes	887.19
Planned Care	9306 POW Day Surgery	867.75
Children & Families	9339 East Paediatric CF Fund	783.91
Mental Health & LD	9357 Glanrhyd Dr R Colgate Research	802.32
Diagnostics, Therapies & Specialities	9368 Paediatric Physiotherapy	817.57
Children & Families	9519 G.U.M. Clinic	907.29
LHB Wide	9993 CTMUHB BAME NETWORK	924.00
Unscheduled Care	9824 General Purposes Outpatients Fund	962.27
		<b>16,663.60</b>

B	<b>Low Activity Funds - no expenditure against fund in financial year other than management charges.</b>
---	--

Directorate	Fund No and Name	Current Fund Value
Corporates	9301 East Trust Medical Postgraduate	1,074.62
Planned Care	9303 POW Intensive Care	33,618.05
Planned Care	9304 POW Theatres Fund	500.80
Planned Care	9305 Acute Pain Management Fund	1,681.99
Planned Care	9307 East Ophthalmology Day Surgery Fund	2,344.27
Planned Care	9308 POW Breast Cancer Fund	9,093.41
Unscheduled Care	9310 East Cardiac Fund	9,126.22
Unscheduled Care	9311 East Chest Fund	5,948.78
Unscheduled Care	9313 POW ECG Fund	285.08
Mental Health & LD	9315 POW Cardiac Rehabilitation Fund	7,745.61
Unscheduled Care	9316 East Cardiac Catheter Laboratory	1,221.96
Unscheduled Care	9317 Sarah Boulton Memorial GUCh Fund	13,030.86
Diagnostics, Therapies & Specialities	9318 POW Pharmacy	198.92
Planned Care	9319 POW Ward 7 and Ward 8	2,261.10
Planned Care	9321 POW Urology	50,882.72
Planned Care	9322 POW Upper GI	676.53

Unscheduled Care	9323 POW A&E Fund	13,387.47
Unscheduled Care	9324 East Dermatology	17,829.76
Unscheduled Care	9325 POW Diabetic Adults	231,291.16
Unscheduled Care	9326 POW Ward 5 and Ward 6	9,648.81
Unscheduled Care	9327 POW Ward 2 and Ward 10	4,416.60
Unscheduled Care	9329 POW Gastroenterology	15,523.94
Unscheduled Care	9330 East Respiratory Fund	1,585.65
Planned Care	9331 East Anticoagulation Fund	2,647.02
Children & Families	9334 East Children's Ward	9,756.88
Planned Care	9335 East Obs & Gynae	1,139.56
Planned Care	9338 East OD & T Fund	1,767.46
Children & Families	9339 East Paediatric CF Fund	783.91
Children & Families	9340 Paediatric Endocrine Fund	6,394.25
Planned Care	9341 Neath Port Talbot Mastectomy Fund	575.60
Planned Care	9342 POW ENT Fund	3,664.40
Planned Care	9343 POW Orthopaedic Ward	1,883.96
Planned Care	9344 POW Ophthalmology Fund	5,632.62
Planned Care	9345 East Ophthalmology Glaucoma Fund	7,015.53
Mental Health & LD	9346 East Health Psychology Tinnitus	6,496.16
Unscheduled Care	9348 POW Medical Day Unit	1,474.50
Children & Families	9349 East CHS Speech Therapy Fund	28.91
Diagnostics, Therapies & Specialities	9350 POW Physiotherapy Dept	751.00
Primary & Community Care	9351 Maesteg General Purposes	127,064.04
Primary & Community Care	9352 East Palliative Care	689.57
Corporates	9355 POW Chapel	1,630.39
Mental Health & LD	9357 Glanrhyd Dr R Colgate Research	802.32
Mental Health & LD	9358 Older People Services Coity Clinic	368.83
Diagnostics, Therapies & Specialities	9362 East Breast Radiology Fund	72.23
Diagnostics, Therapies & Specialities	9363 East Radiology/Endoscopy at social	16.29
Diagnostics, Therapies & Specialities	9364 East Pharmacy Development Fund	264.55
Children & Families	9365 West Maternity	1,031.17
Unscheduled Care	9367 East Stroke & Vascular	2,826.06
Diagnostics, Therapies & Specialities	9368 Paediatric Physiotherapy	817.57
Diagnostics, Therapies & Specialities	9369 Occupational Therapy	2,058.51
General Purpose	9370 East Community General Purposes	1,572.30
Mental Health & LD	9373 Coity Clinic Adult General Endowment	332.62
Primary & Community Care	9374 Glanrhyd General Purpose	0.31
Mental Health & LD	9375 Glanrhyd CDAT Fund	2,409.78
Children & Families	9421 CAMHS Endowment Fund	8,702.41
Mental Health & LD	9422 Psychiatric Postgrad Fund	462.69
Mental Health & LD	9423 Post Graduate Education	468.52
General Purpose - RGH	9450 General Purpose Fund - RGH	55,704.63
Chief Operating Officer	9453 Quality Department Fund	1,299.35
Unscheduled Care	9455 Medical Unit Wards Fund	34,557.69
Planned Care	9459 Research & Education(Gen Surg)	1,117.63
Unscheduled Care	9464 Diabetic Research & Development	44,458.27
Planned Care	9465 Vascular Surgery Research & Dev	2,227.79
Children & Families	9469 Women's Wards	2,882.90
Unscheduled Care	9470 Cardiac Rehabilitation	1,733.59
Planned Care	9479 Breast Care Support Programme	5,635.61
Unscheduled Care	9483 Endoscopy	1,708.68
Corporates	9485 Post graduate Medical Education	310.91
Unscheduled Care	9488 STC IN G(I)M Educational Fund	83.97
Planned Care	9492 Anaesthetic Educational Fund	7,519.24
Planned Care	9494 Urology Research	13,060.66
Planned Care	9497 Surgical Directorate Wards Fund - RGH	1,927.85
Unscheduled Care	9499 Cardiology Research	16,621.67
Diagnostics, Therapies & Specialities	9501 General Purposes Physiotherapy Account	2,396.00
Diagnostics, Therapies & Specialities	9505 Radiologist Special Study & Res.	4,369.30
Planned Care	9506 G I Research	458.94
Unscheduled Care	9508 Rheumatology Research	27,102.09
Planned Care	9510 Ophthalmology	2,091.43
Children & Families	9516 SALT-Paediatric	4.65
Children & Families	9519 G.U.M. Clinic	907.29
Planned Care	9521 Maxillo Facial Unit	19,427.66

Corporates	9529 Post graduate Medical Education - Pfizer	9,125.29
Primary & Community Care	9604 Day Hospital	594.73
Unscheduled Care	9679 Stroke Unit	549.17
Diagnostics, Therapies & Specialities	9680 Nutrition & Dietetics	710.00
Primary & Community Care	9681 Ward B2 (Ynyscynon Ward)	1,419.26
General Purpose	9730 Rhondda General Purposes	6,716.92
LHB Wide	9731 Community Nursing Equipment	1,397.56
Primary & Community Care	9750 Ward A1 (Formerly Maerdy Ward)	9,795.22
Unscheduled Care	9809 Rheumatology Research Fund	11,169.80
Planned Care	9822 Restricted Colorectal Res & Ed Fund Coloplast	9,468.38
Unscheduled Care	9824 General Purposes Outpatients Fund	962.27
Planned Care	9834 Dental Post Graduate Fund	8,158.15
Primary & Community Care	9850 Primary Care Fund (Care of the Elderly)	304.10
Children & Families	9874 Merthyr & Cynon Paediatric Fund	304.54
LHB Wide	9883 Rosslyn Chidgey	4,841.15
General Purpose	9886 Enablement Fund	50,000.00
Primary & Community Care	9888 District Nurses Fund	3,095.57
Primary & Community Care	9891 Merthyr & Cynon Valley Equipment Fund	177.06
LHB Wide	9993 CTMUHB BAME NETWORK	924.00
		<b>1,002,297.20</b>



**Agenda Item**

6.4

**Charitable Funds Committee**

**Financial Control Procedure Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	23/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Owen James – Head of Corporate Finance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Owen James – Head of Corporate Finance
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance

<b>Pwrpas yr Adroddiad / Report Purpose</b>	Endorse for Audit & Risk Committee Approval
---	---

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
FCP	Financial Control Procedure

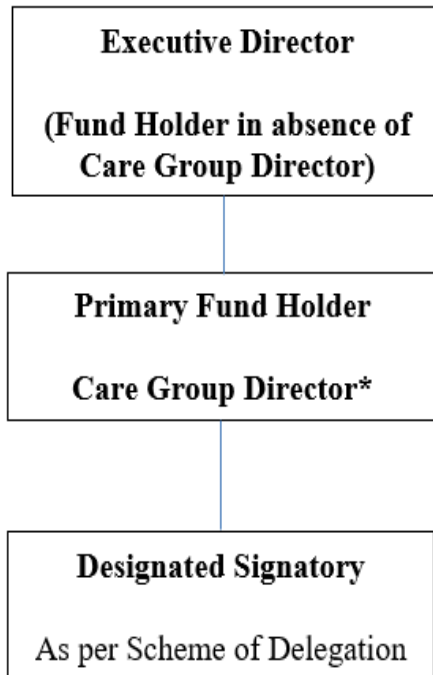


## 1. Situation / Background

- 1.1 The Charitable Fund Financial Control Procedure (FCP) details the principles underlying the Cwm Taf Morgannwg University Health Board's system for operating Charitable Funds.
- 1.2 As previously reported to the Charitable Funds Committee, there are significant issues with ensuring that every fund has a delegated fund holder. Following review with the Head of Charity and Income Generation it was recognised there was little contingency when a current fund holder moved or left the organisation, regularly leaving funds without a fund holder.
- 1.3 In order to increase the level of governance and control, it is proposed an approval hierarchy is implemented, where if a fund holder departs there is appropriate cover for administering and managing the fund in line with the FCP.

## 2. Specific Matters for Consideration

- 2.1 The updated FCP is included at Appendix A. This includes a proposal to bring in an approval hierarchy for funds, where the primary fund holder will be the appropriate Care Group Director (where the fund is general / CTMUHB wide the fund holder will be the Chief Executive. Where the Care Group Director is vacant / unavailable the fund will be delegated to the relevant Executive Director.
- 2.2 Fund holders can assign designated signatories to funds, who can authorise expenditure within the delegated limits set out within the Scheme of Delegation.
- 2.3 The benefits of bringing in this approval hierarchy include the following:
  - Provides a consistent level of authorisation for management and administration of all funds
  - Provides additional cover for when fund holders move roles / leave the Health Board.
  - Allows the approval hierarchy on Oracle to be set up in a consistent and clear way.
  - Allows funds to be reviewed in a strategic manner when coming under a Care Group Director.
  - Funds are structured in line with the Health Boards Care Group structure.
- 2.4 The approval hierarchy structure will be as below:



\*For General / LHB Wide Funds the Fund Holder will be the Chief Executive unless otherwise delegated.

2.5 If approved the Head of Corporate Finance and Head of Charity and Income Generation will review where all funds will sit and update the approval hierarchy accordingly.

### 3. Key Risks / Matters for Escalation

3.1 The Charitable Fund Committee is asked to endorse approval of the updated FCP which includes the new approval hierarchy. The FCP will then require final approval by Audit & Risk Committee in line with the Standing Orders.

3.2 To ensure consistency with the FCP, the Scheme of Delegation will be updated as per Appendix B, and this will need to be approved by the Board.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Not Applicable
	The Charity links to ALL of CTMUHB Strategic Goals
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	The Charity links to ALL of CTMUHB Strategic Areas



<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> ( <a href="#">futuregenerations.wales</a> )	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i> ) / <b>Link to Enablers of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Person Centred
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
<b>Cydraddoldeb</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / <b>Equality</b> Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Charitable funds are required to be managed in accordance with charity legislation and requirements of the Charity Commissioner.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	If Charitable Funds are not utilised in line with the objectives of the Charity, this could cause a reputational risk for the organisation.	
<b>Effaith Adnoddau</b> ( <i>Pobl /Ariannol</i> ) / <b>Resource Impact</b> ( <i>People / Financial</i> )	Yes (Include further detail below)	



## 5. Recommendation

- 5.1 To **ENDORSE FOR APPROVAL at the Audit & Risk Committee** the amended Charitable Funds Financial Control Procedure
- 5.2 To **ENDORSE FOR BOARD APPROVAL** the update of the Scheme of Delegation at Appendix B.

## 6. Next Steps

- 6.1 **ACTION:** If endorsed for approval the amended Financial Control Procedure and Scheme of Delegation will be taken to next available Audit & Risk Committee and the next Board for approval.



## **FINANCIAL CONTROL PROCEDURE: CHARITABLE FUNDS**

<b>Initiated by:</b>	Executive Director of Finance
<b>Approved by:</b>	Audit & Risk Committee
<b>Date approved:</b>	TBC
<b>Operational Date:</b>	TBC
<b>Version:</b>	v. 4
<b>Date for review:</b>	TBC
<b>Distribution:</b>	Executive Directors/Trustees Fundholders

**Freedom of Information Status:** Open

This policy has been subject to a full equality impact assessment.

## **CONTENTS**

- 1 Introduction
- 2 Creation of New Charitable Funds
- 3 Fund holders and approvals
- 4 Donations and Legacies
- 5 Fundraising and Gift Aid
6. Order, Receipt and Payment of Goods & Services
7. Reporting
8. Bank Accounts
9. Investments & Administration Costs
10. Equality Impact Assessment

## **Appendices**

- |             |   |
|-------------|---|
| Appendix A: | Request for New Charitable Fund to be Set Up                        |
| Appendix B: | Receipt for an Individual Donation                                  |
| Appendix C: | Gift Aid Declaration  |
| Appendix D: | Cwm Taf University Health Board Fund Expenditure Authorisation Form |
| Appendix E: | Request for expenditure reimbursement                               |
| Appendix F: | VAT Exemption Certificate   |

## **1.0 INTRODUCTION**

- 1.1 This procedure details the principles underlying the Cwm Taf Morgannwg University Health Board's system for operating Charitable Funds in order to enable the funds to be properly controlled and accounted for. Charitable Funds arise when monies are received in the form of donations, gifts, grants and legacies. The funds are governed by the laws affecting Trustees and Charities.
- 1.2 The receipt, recording, and the management of all charitable funds shall be in accordance with the Cwm Taf Morgannwg University Health Board's Standing Financial Instructions, Standing Orders and other relevant Financial Control Procedures. Expenditure against any Fund shall be conditional upon:
- a. The item being within the objects of the appropriate fund.
  - b. Delegated limits of approval as determined by the Health Board's Scheme of Delegation

The Cwm Taf Morgannwg UHB is the Corporate Trustee for all of the charitable funds. The individual board members act as the Trustees of the funds.

- 1.3 Charitable funds are subject to certain legal controls and conditions and they must be accounted separately from revenue funds. The conditions normally relate to the fund uses and stem from the terms of the original donation or legacy. All funds must be registered with the Charities Commission which has responsibility to ensure any conditions are complied with.

## **2.0 Creation of New Charitable Funds**

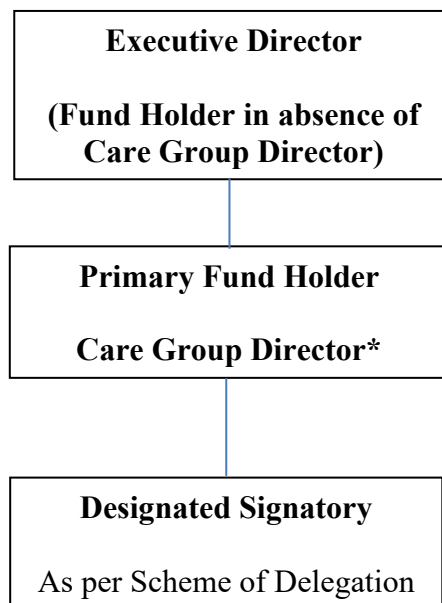
- 2.1 Where possible the setting up of new funds should be avoided, and the monies received will be allocated to existing funds. If there are no suitable funds to meet the donor's wishes, a request to set up a new fund will be submitted to the Chief Executive (CEO) or Director of Finance who will need to approve accordingly.
- 2.2 The application to the CEO/Director of Finance should be made in writing via the completion of a form (see Appendix A). This should contain the objective/purpose of the fund, source of donation, the type of purchases that the fund would be used to support, and the proposed delegated fund holders who are

responsible for managing the fund and approve expenditure within the Scheme of Delegation.

- 2.3 The fund name and number will be allocated by the Senior Finance Officer (Charitable Funds), who will inform the requesting officer accordingly.
- 2.4 The fund holders should ensure that they possess full documentation for each of the funds under their control.

### 3.0 Fund Holders and Approval Hierarchy

- 3.1 All funds require a designated fund holder and to ensure there is always an appropriate fund holder, funds will be assigned in line with the following hierarchy:



\*For General / LHB Wide Funds the Fund Holder will be the Chief Executive unless otherwise delegated.

- 3.2 A fund can have a number of designated signatories who can authorise expenditure within the delegated limits detailed in the Scheme of Delegation. Authorisation limits for Charitable Funds are shown in the table below:

**Access to Charitable funds**

Delegated authority	Approve expenditure from charitable funds
(i) Approval and setting up of designated fund signatories for new funds.	(i) Director of Finance
(ii) Approval of changes to fund signatories	(ii) Head of Finance/Assistant Director of Finance
All expenditure requests for Charitable funds	To be submitted to Senior Finance Officer - Charitable Funds for initial review and subject to confirmation that sufficient funds are available
Up to £5,000 <sup>1</sup>	Designated fund signatories (must be Head of Department or equivalent)
Up to £15k <sup>1</sup>	Directorate Manager
Up to £30k <sup>1</sup>	Care Group Director / Deputy COO or Relevant Director
Up to £50k <sup>1</sup>	Executive Director
Over £50k or Contentious expenditure	Charitable Funds Committee

<sup>1</sup> Contentious expenditure will require approval by Charitable Fund Committee - "contentious" refers to the appropriateness of the expenditure either due to its nature or its compatibility with fund objectives and will be determined by the Senior Finance Officer - Charitable Funds during initial review.

3.3 Fund holders and designated signatories will receive appropriate training and understand the objectives of the Charity.

3.4 Fund holders will be responsible for ensuring funds are utilised in an efficient and timely manner and in line with the objectives of the Charity.

#### **4.0 Donations and Legacies**

4.1 Prior to the acceptance of any large donations or any legacy, the Head of Corporate Finance shall assess whether the wishes of the donor can be met. If for any reason the terms cannot be satisfied, then the donation/legacy should be declined. All situations where monies are refused will be with the written authorisation of the CEO. In the case of legacies, legal advice may need to be sought.

4.2 Before large donations/legacies for the purchase of a specific item(s) of equipment/service are accepted, the Head of Corporate Finance, with assistance from capital finance colleagues, shall ascertain whether the use of the donation would generate any revenue costs and if these are within the UHB's approved operational plans.

- 4.3 The Senior Finance Officer shall assess whether monies received from third parties such as drug companies or other sponsors, should be treated as charitable donations or classified as trading activities, in compliance with the Charity Commission rules.
- 4.4 *All donations must be receipted* via the ORACLE financial cash receipting system. All receipts for charitable funds will be banked in the Charitable Fund Current Account.
- 4.5 Where practicable donors will be asked to complete and sign a receipt form with a duplicate being signed and retained by the donor. This form will remove any subsequent misunderstanding or confusion as to the wishes of the donor. The forms will be held at Hospital ward level and within Hospital General Offices.
- 4.6 Monies should be paid into General offices rather than to individuals at ward level. Where this is unavoidable the person in charge should receipt the monies and pay the monies into the General Office at the earliest opportunity. The money should be held in a secure location prior to payment into the General Office.
- 4.7 The receipt should be completed with details of the donation, e.g. which fund to credit, name of donor, and amount. The coding of the C&D Sheet must be completed at source.
- 4.8 Where hospital sites have access to the ORACLE Financial System, input shall be done by the Collecting Officer prior to the forwarding of the relevant documentation to the Senior Finance Officer (Charitable Funds).
- 4.9 For areas without access to the ORACLE Financial System the relevant C&D Sheets must be submitted, at regular intervals, to the Senior Finance Officer (Charitable Funds).
- 4.10 The donations will be recorded into the Charitable Fund accounting system by the Senior Finance Officer.
- 4.11 The control over receipt of cash in respect of legacies is the same as that applied to normal donations. However, greater attention must be paid to such bequests, since they may involve large amounts of money and in some cases property.
- 4.12 All correspondence relating to legacies should be sent **immediately** to the Senior Finance Officer (Charitable Funds), who will then take the appropriate action.

- 4.13 Donors should be encouraged where practicable to donate via the Health Board's Just Giving site and, for qualifying donations, to make use of Gift Aid provisions (see 4.7 below).

## **5.0 Fundraising and Gift Aid**

- 5.1 Where external parties propose to undertake fund raising activities on behalf of the Health Board they must be assessed for suitability.
- 5.2 Details of fundraising activities shall be notified to the Senior Finance Officer (Charitable Funds) so that appropriate accounting records can be maintained. The Senior Finance Officer will supply the fund holder with information on records that need to be completed on income and expenditure for all activities.
- 5.3 Fundraisers shall be encouraged to use the Health Board's Just Giving website to receive donations, and publicise their appeal.
- 5.4 Cwm Taf Morgannwg UHB is registered with HMRC for Gift Aid. A HMRC number and an account number is maintained, and these details can be provided by the Senior Finance Officer on request.
- 5.5 A Gift Aid declaration has to be made and signed by the donor to benefit the Charity. A copy of the required declaration is attached as Appendix C. After completion, the form should be sent to the Senior Finance Officer who shall collate and obtain reimbursement from the HMRC.
- 5.6 Alternatively, donors using the Just Giving site may apply for Gift Aid directly through declaring the appropriate information and accepting the relevant conditions.
- 5.7 **It is important that only UK Income Tax and/or Capital Gains Tax payers are able to claim Gift Aid. All conditions that must be satisfied to qualify for Gift Aid are stated on the declaration form and Just Giving site. It is the donor's responsibility to read these conditions and declare accordingly.**

## **6.0 ORDER, RECEIPT AND PAYMENT OF GOODS & SERVICES**

### **6.1 Requisitions & Requests for Reimbursement**

- 6.1.1 For all expenditure from a Charitable Fund an electronic requisition on Oracle should be approved by the fund holder or designated signatory authorised by the fund holder. The requisition shall be forwarded to the Charitable Funds Officer, where the fund balance will be checked (also taking into account any unpaid orders). If there is found to be "insufficient funds" then the requisition must be return to the fund holder stating the reason. Under no circumstances shall a requisition be drawn which would cause the fund to become overdrawn.
- 6.1.2 If sufficient funds are available and the expenditure is within the authorised limit and deemed "non-contentious" (i.e. it is appropriate and compatible with fund objectives), the requisition is forwarded to the Procurement Department for processing of the order. If deemed contentious, this will be discussed in the Charitable Funds committee for approval.
- 6.1.3 All requisitions have to be approved in line with the Scheme of Delegation.
- 6.1.4 Requisitions must be accompanied by a Charitable Fund Expenditure Authorisation Form (Appendix D). This shall include details of any revenue consequences that may arise from the purchase and how those revenue costs are to be funded.
- 6.1.5 Requests for reimbursement (Appendix E) shall be processed in the same way as requisitions, and in accordance with the Scheme of Delegation.
- 6.1.6 The Senior Finance Officer is responsible for identifying any purchases that are eligible for VAT Exemption, and complete a VAT exemption certificate (Appendix F). This will be authorised by the Head of Finance and forwarded, along with the requisition, to the Procurement Department. The requisition should be clearly marked "VAT EXEMPT".

## 6.2 **Ordering**

- 6.2.1 Ordering of all items will be carried out by the Shared Services Procurement Department following receipt of a properly authorised requisition.
- 6.2.2 When a capital purchase is made from Charitable Funds, the Charitable Funds Officers shall liaise with the Capital Finance

team to ensure the expenditure is correctly accounted for on the UHB's fixed asset system and Capital Resource Limit.

- 6.2.3 Statements of Need (SoN) may be requested when purchasing medical equipment to be considered by the Clinical Engineering Department as part of their responsibilities around safety and compatibility of medical equipment.

### **6.3 Payment for orders raised on ORACLE**

- 6.3.1 For orders that have been raised on the ORACLE system the Requesting officer must ensure that goods or services are received when the order is satisfied.
- 6.3.2 The payment for goods relating to Charitable Fund orders carrying ORACLE order numbers are paid in accordance with the UHB's Financial Control Procedure for Creditor Payments.
- 6.3.3 Once all the above procedures have been adhered to, a cheque can be raised against the Charitable Fund Account for signing by an authorised signatory in accordance with the bank mandate. All cheques to the value of £20,000 or more must be countersigned by an authorised second signatory.

### **6.4 Direct reimbursement for expenditure not on ORACLE**

- 6.4.1 The Cash section within the Finance Department shall process any payments, through raising of cheques or Bacs Transfers, for authorised requests for reimbursement (Appendix E).
- 6.4.2 The Charitable Funds Officer ~~Senior Finance Officer~~ shall be notified of cheque numbers for payments of this nature, which shall be kept on file.
- 6.4.3 Cheques shall be signed in accordance with the bank mandate and as described in para 5.3 above.

## **7.0 REPORTING**

### **7.1 Fund Balances**

- 7.1.1 At the end of each month, all fund holders shall be provided with a statement of charitable fund balances in order to facilitate management control over their funds. Any anomalies should be reported immediately to the Senior

Finance Officer, who will investigate as appropriate and make any necessary corrections.

7.1.2 Funds with nil or small unused balances should be closed or merged. The Senior Finance Officer shall discuss accordingly with the fund holder and obtain approval for such actions.

7.1.3 Fund holders are obliged to ensure that Charitable Funds are used for the purpose intended at the time of donation. Funds should not be allowed to accumulate indefinitely and should be spent as soon as is practicable. The Senior Finance Officer shall periodically request spending plans for particular funds for reporting to Charitable Funds Committee.

## **7.2 Management and Statutory Reporting**

7.2.1 The Charitable Funds Committee has delegated powers to oversee Charitable Fund matters on behalf of the Trustees. The Head of Finance shall report to each Charitable Funds Committee the level of fund balances held, investment performance (see section 7 below) and other governance issues that may be of interest to Trustees in the management of their charitable funds.

7.2.2 A set of annual accounts and an annual report must be prepared at the end of each financial year, externally audited or examined as appropriate in accordance with prescribed thresholds, and approved by Trustees. A full meeting of the Trustees shall be convened once a year to approve the accounts and annual report.

7.2.3 The Annual Accounts and Report must be filed with the Charity Commissioner prior to the 31 January following year-end.

## **8.0 BANK ACCOUNTS**

### **8.1 Current Account**

8.1.1 The Charitable Fund's Current Account balance is monitored daily in order to determine whether outstanding commitments can be satisfied and/or whether cash is available when required.

8.1.2 The Current Account balance should be kept to a minimum. Any surplus cash available should be swept across to an interest bearing Deposit Account in order to generate interest income.

8.1.3 All receipts are deposited in the current account and cheques are drawn against this account. All cheques must be signed, and the account operated, in accordance with the bank mandate.

## 8.2 **Interest Bearing Deposit Account**

8.2.1 Such an account can be used for transfers of cash from the current account to gain interest income. When funds are required to meet outgoing commitments, an appropriate cash transfer can be swept back into the current account.

## 8.3 **Reconciliation of Bank Accounts**

8.3.1 At the close of each month, a reconciliation of the bank accounts will be undertaken by the Senior Finance Officer and reviewed by the Financial Accountant. Any reconciling items should be cleared by the following month, or an explanation provided if this was not possible.

## 9.0 **INVESTMENTS & ADMINISTRATION COSTS**

### 9.1 **Investments**

9.1.1 Trustees are expected to maximise the investment return on the funds entrusted to them, whilst minimising the risk to the funds themselves.

9.1.2 Funds may be invested in equities, bonds, property etc as directed by Trustees, having due regard to their responsibilities around risk, in order to maximise returns.

9.1.3 The Trustees may appoint investment agents to advise on, and manage investments as required. The Audit Committee shall monitor performance of investment agents and the underlying investments on behalf of the Trustees, and may require the appointed agent to attend meetings as required for this purpose.

9.1.4 In determining the nature of investments to be held, the Audit Committee shall consider any ethical issues that may arise from such investments.

9.1.5 The Trustees will agree an investment policy to act as a guide for making any investments, considering the level of returns expected and the level of risk to be tolerated. This policy will

be reviewed periodically and any changes will require Audit Committee approval.

9.1.6 The Head of Corporate Finance, on behalf of the Director of Finance, shall review investments held against the agreed policy and advise on increasing or reducing the level of investment held as appropriate. Any change to the nature of investments will be guided by advice from the appointed agents. The Audit & Risk Committee shall be requested to approve any change to either the level or nature of investments held.

9.1.7 The placing of investments, or withdrawal of any investment, shall be authorised by the CEO and Director of Finance.

9.1.8 The value of the investments held shall be regularly reviewed by the Head of Corporate Finance, and any increases or fall in values will be charged against a charitable fund revaluation account.

9.1.9 At the end of each financial year, a valuation will be received from the investment agents and accounted for appropriately within the Annual Accounts. A negative revaluation reserve balance at the end of the financial year will need to be apportioned against underlying funds.

9.1.10 A positive revaluation reserve will be carried forward to the following year. This reserve may be distributed across underlying funds should it reach the level prescribed within the investment policy. Any distribution of this capital surplus will require approval by the Director of Finance and Charitable Funds Committee.

## 9.2 **Investment Income**

9.2.1 Interest and dividend income will be apportioned to individual funds based on the average fund balance during the period.

9.2.2 Interest and dividends due at the end of each financial year shall be accrued and included in the above apportionment.

## 9.3 **Administration Costs**

9.3.1 Where relevant, each fund will be charged an annual administration fee, which will be a share of the total cost of managing the Charitable Funds for that year. The charge will be based on an estimate of the number of hours spent on the

Charitable funds by UHB staff and will include a charge for the proportion of the annual statutory audit fee and any other administrative costs incurred. The apportionment of administration costs over individual funds shall be on the same basis as the apportionment of investment income. Where the funds are unrestricted the recharge for the administration fee and investment income can be charged to an LHB wide general purpose fund. A schedule of the annual administration cost to be charged to charitable funds shall be prepared by the Senior Finance Officer and approved by the CEO.

## **10.0 EQUALITY IMPACT ASSESSMENT**

10.1 Following assessment, this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands: Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human Rights.

**APPENDIX A**

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**REQUEST FOR A NEW CHARITABLE FUND TO BE SET UP**

PROPOSED FUND NAME

SOURCE OF FUNDS:

INITIAL FUND

BALANCE

EXPECTED LEVEL OF FUTURE RECEIPTS

DEPARTMENT/WARD

Purpose of Fund

Patient benefit

Staff benefits

((Please tick relevant box(es))

Equipment benefit

Brief Description (Fund Objectives):

FUND HOLDER

Personnel who can authorise expenditure (Signatories)

Name

Title

Signature

PLEASE RETURN COMPLETED FORM TO FINANCE  
DEPARTMENT  
ADMIN BLOCK, DEWI SANT HOSPITAL

Approved .....  
(Director of Finance)

Fund No .....

Finance Signature .....



**APPENDIX C**



*giftaid it*

**Gift Aid Declaration**

Name of charity: **Cwm Taf University Health Board**

Please treat as Gift Aid donations:

The enclosed gift of £ \_\_\_\_\_

**Donor's details**

Title: \_\_\_\_\_ Initial(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Home address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs), that I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

**Please notify Cwm Taf ULHB if you:**

1. Want to cancel this declaration.
2. Change your name or home address.
3. No longer pay sufficient tax on your income and/or capital gains.

If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

*Cwm Taf NHS General Charitable Fund, C/O Finance Department, Dewi Sant Hospital,  
Albert Road, Pontypridd, RCT CF37 1LB  
Registered Charity number 1049765*

**APPENDIX D**

**Charitable Fund Expenditure Authorisation Form**

TO BE ACCOMPANIED BY A COMPLETED NON STOCK REQUISITION)

**SECTION A (to be completed by designated officer)**

**NAME OF FUND:** \_\_\_\_\_ **FUND NO.** \_\_\_\_\_

**EXPENDITURE REQUESTED BY:** \_\_\_\_\_

**DESIGNATION:** \_\_\_\_\_

**DESCRIPTION OF ITEM/EQUIPMENT TO BE PURCHASED:**

\_\_\_\_\_

**COST:** \_\_\_\_\_

**REVENUE CONSEQUENCES:** \_\_\_\_\_

\_\_\_\_\_

**WHY IS PURCHASE REQUIRED/WHAT USE WILL BE MADE:**

\_\_\_\_\_

**HOW IS IT PROPOSED TO FUND REVENUE CONSEQUENCES:**

\_\_\_\_\_

**IS THE PURCHASE VAT EXEMPT: YES/NO/NOT SURE**

(Please delete where appropriate). If YES please attach a VAT Exemption Certificate duly completed. If in any doubt signify NOT SURE for Finance Department to process.

**(If money has been/will be specifically donated for the above give details of donations)**

\_\_\_\_\_

\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION B (To be completed by Finance Department)**

**BALANCE OF FUND BEFORE APPROVAL:** \_\_\_\_\_

**VERIFIED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EXPENDITURE AUTHORISED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPENDIX E**

<b>CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD</b>	
<b>Request for reimbursement from a Charitable Fund</b>	
<b>SECTION A (to be completed by designated officer)</b>	
<b>HOSPITAL:</b>	_____
<b>NAME OF FUND:</b>	_____ <b>FUND NO:</b> _____
<b>REQUESTED BY:</b>	<b>DEPARTMENT:</b> _____
<b>AMOUNT REQUIRED:</b>	_____
(a receipt must be produced where appropriate)	
<b>CHEQUE PAYEE:</b>	_____
<b>ADDRESS:</b>	_____
<b>REASON:</b>	_____ _____ _____
<b>SIGNED:</b>	<b>DATE:</b> _____
AUTHORISED SIGNATORY	
<b>SECTION B (to be completed by Finance Department)</b>	
<b>BALANCE OF FUND BEFORE APPROVAL:</b>	_____
<b>VERIFIED BY:</b>	_____ <b>DATE:</b> _____
<b>EXPENDITURE AUTHORISED BY:</b>	_____ <b>DATE:</b> _____

**APPENDIX F**

**VAT EXEMPTION CERTIFICATE**

I hereby certify that the goods to which this order relates is being purchased with the funds of:

Cwm Taf NHS General Charitable Fund

and/or with voluntary contributions donated by the public and will be donated to (Name of Hospital):

.....

Which I believe are:

medical equipment       sterilising equipment     

scientific equipment       laboratory equipment     

computer equipment       refrigeration equipment     

video equipment     

parts or accessories of the equipment indicated above     

repairs or maintenance of the equipment indicated above     

For use solely in: medical research, diagnosis, training or treatment.

I have read the guidance in the Customs and Excise VAT Notice 701/6 and apply for zero-rating of the supply under Group 15, items 5 or 6 of the zero rate Schedule to the VAT Act 1994.

Signed: .....

Trustee.....(Status in Charity)

Date: .....

## Access to Charitable funds

Delegated authority	Approve expenditure from charitable funds
(i) Approval and setting up of designated fund signatories for new funds.  (ii) Approval of changes to fund signatories	(i) Director of Finance  (ii) Head of Finance/Assistant Director of Finance
All expenditure requests for Charitable funds	To be submitted to Senior Finance Officer - Charitable Funds for initial review and subject to confirmation that sufficient funds are available
Up to <b>£5,000</b> <sup>1</sup>	Designated fund signatories (must be Head of Department or equivalent)
<b>Up to £15k</b> <sup>1</sup>	Directorate Manager
<b>Up to £30k</b> <sup>1</sup>	Care Group Director / Deputy COO or Relevant Director
<b>Up to £50k</b> <sup>1</sup>	Executive Director
<b>Over £50k or Contentious expenditure</b>	Charitable Funds Committee

<sup>1</sup> Contentious expenditure will require approval by Charitable Fund Committee - “contentious” refers to the appropriateness of the expenditure either due to its nature or its compatibility with fund objectives and will be determined by the Senior Finance Officer - Charitable Funds during initial review.

# Cwm Taf Morgannwg University Health Board Charitable Fund – Audit Plan 2024

Audit year: 2023-24

Date issued: July 2024

Document reference: 4397A2024



This document has been prepared as part of work performed in accordance with statutory functions. Further information can be found in our [Statement of Responsibilities](#).

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

# About Audit Wales

## Our aims and ambitions

### Assure



the people of  
Wales that public  
money is well  
managed

### Explain



how public  
money is being  
used to meet  
people's needs

### Inspire



and empower  
the Welsh  
public sector to  
improve



Fully exploit  
our unique  
perspective,  
expertise and  
depth of insight



Strengthen our  
position as an  
authoritative,  
trusted and  
independent  
voice



Increase our  
visibility,  
influence and  
relevance



Be a model  
organisation for  
the public sector  
in Wales and  
beyond

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# Introduction

This Audit Plan specifies my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice.

It sets out the work my team intends undertaking to address the audit risks identified and other key areas of focus during 2024.

It also sets out my estimated audit fee, details of my audit team and key dates for delivering my audit team's activities and planned outputs.

I have not commenced my planning work. I have therefore based some of the matters set out in this plan on my past audit work. Once I have completed this year's audit planning, I will provide you with an updated plan if necessary. For example, if additional content is required for exhibits 1 and 2.



**Adrian Crompton**

Auditor General for  
Wales

## Audit of financial statements

I am required to issue a report on Cwm Taf Morgannwg University Local Health Board Charity's (the Charity's) financial statements which includes an opinion on their 'truth and fairness'. In preparing such a report, I will:

- give an opinion on your financial statements; and
- assess whether the Trustee's Annual Report presented with the financial statements are prepared in line with guidance and consistent with the financial statements.

I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material is set out later in this plan.

If any limitations arise that affect my audit work, I will raise them with management and the Trustee Members as those charged with governance.

# Your audit at a glance



## My financial statements audit will concentrate on your risks and other areas of focus

My audit planning has identified the following risks:

The current significant financial statement risks include:

- management's override of the controls in place; and

Other areas of audit focus include:

- the accuracy and completeness of the related party disclosures;
- the use of a financial ledger trial-balance to support the preparation and audit of the financial statements;
- the accounting classification of the sources of charitable income; and
- the valuation basis and calculation of the year-end investments.



## Materiality

Materiality	£13,380
Reporting thresholds (triviality):	
Main materiality	£669
Related parties	£250

# Materiality



## Materiality £13,380

My aim is to identify and correct material misstatements, that is, those that might cause the user of the financial statements into being misled.

Materiality is calculated using:

- an estimate, being the 2022-23 gross expenditure of £669,000 (this will be updated on receipt of the draft 2023-24 financial statements); and
- a materiality percentage of 2%.

I report to those charged with governance any misstatements above a trivial level (set at 5% of materiality, including for the lower materiality explained below).



## Areas of specific interest

There is one area of the financial statements, the related party disclosures, that we judge may be of more importance to the user of the statements. We therefore set a lower materiality of £5,000 for the disclosures.

# Significant financial statement risks

I have not commenced my planning work. Therefore, the matters set out in exhibits 1 and 2 are drawn from my past audit work. Once I have completed my audit planning, I will provide you with updated Exhibits 1 and 2 if necessary.

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other ISAs. The ISAs require us to focus more attention on these significant risks.

## Exhibit 1: significant financial statement risks

Significant risk	Our planned response
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	I will: <ul style="list-style-type: none"><li>• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li><li>• review accounting estimates for biases;</li><li>• evaluate the rationale for any significant transactions outside the normal course of business;</li><li>• and I may add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.</li></ul>

# Other areas of focus

I set out other identified risks of material misstatement which, whilst not determined to be significant risks as above, I would like to bring to your attention.

## Exhibit 2: other areas of focus

Audit risk	Our planned response
<p>I judge related party disclosures to be material by nature, with a far lower level of materiality. These disclosures are therefore inherently prone to material misstatement, and there is the risk that related party disclosures are materially incomplete and/or inaccurate.</p>	<p>I will:</p> <ul style="list-style-type: none"> <li>• make enquiries of management to understand the process in place to identify required related party disclosures;</li> <li>• review all the related-party declaration forms, and ensure that all of them have been received;</li> <li>• examine the evidenced checks by finance officers, of the declarations to the financial ledger, and to the financial statements; and</li> <li>• consider relevant Companies House records.</li> </ul>
<p>The Charity does not provide a standalone trial-balance, derived from the financial ledger, to support all key figures disclosed within the draft accounts submitted for audit. I made a recommendation for improvement, which management accepted and agreed to implement for 2023-24.</p>	<p>I will confirm whether management has prepared and used a trial balance to support the financial statements; and if it is in place, it will be central to my audit work.</p>
<p>Last year, I found that a material value of grant income had been incorrectly disclosed as donated income. The relevant corrections were made; and I reported a recommendation for improvement, which management accepted and agreed to implement for 2023-24.</p>	<p>I will review management's actions; and examine the classification of the 2023-24 income.</p>
<p>Last year I found that management had applied the 'mid' price, rather than the</p>	<p>I will review the basis and accuracy of the year-end value of the Charity's</p>

required 'bid' price, in calculating the year-end valuation of the Charity's investments. I made a recommendation for improvement, which management did not accept because the difference was immaterial for 2022-23, and they believe is likely to be in future years.

investments; and the financial difference between applying the mid and bid prices as at 31 March 2024.

# Audit timetable

I set out below key dates for delivery of my accounts audit work and planned outputs.

## Exhibit 3: key dates for delivery of planned outputs

Planned output	Work undertaken	Report finalised
2024 Audit Plan	To be confirmed. We anticipate starting our planning in late November.	Issued in July. An updated audit plan will be provided later in the year, if necessary.
Audit of financial statements work: <ul style="list-style-type: none"><li>• Audit of Financial Statements Report</li><li>• Opinion on the Financial Statements</li></ul>	To be confirmed.  To be confirmed, we anticipate starting the audit in late November.	-  January 2025.  January 2025.

# Fee and audit team

In January 2024 we published our [Fee Scheme](#) for the 2024-25 year as approved by the Senedd Finance Committee. My fee rates for 2024-25 have increased by an average of 6.4% as a result of unavoidable inflationary pressures and the ongoing need to invest in audit quality.

I estimate that your audit fee will be £30,590, being an 6.4% increase on last year's fee of £28,750. As the audit progresses, there may be significant changes to my planned audit work, and therefore my fee. I shall make no changes to my fee estimate without first discussing them with the Executive Director of Finance.

My fee estimate is based on the following assumptions:

- the draft financial statements are provided in good time, to the quality expected and have been subject to the appropriate management review;
- all the information provided to support the financial statements is relevant and clearly referenced to the ledger and financial statements;
- timely and appropriate access to documents is provided to enable my team to deliver my audit in an efficient manner;
- the relevant officers will be available during the audit;
- you have all the necessary controls and checks in place to enable the Health Board's Chief Executive and the Trustee Chair to provide all the assurances that I require in the Letter of Representation addressed to me; and
- Internal Audit's planned programme of work is complete, and management has responded to any issues that could affect the financial statements.

The main members of my team, together with their contact details, are summarised in **Exhibit 5**.

**Exhibit 5: my local audit team**

Name	Role	Contact details
Anthony Veale	Audit Director	<a href="mailto:anthony.veale@audit.wales">anthony.veale@audit.wales</a> 02920 320585
Mark Jones	Audit Manager	<a href="mailto:mark.jones@audit.wales">mark.jones@audit.wales</a> 02920 320631
To be confirmed.	Audit Lead	To be confirmed.

I can confirm that my team members are all independent of the Charity and officers. I will update you of any new circumstances that arise during the audit.

# Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by QAD\* and our Chair, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2023](#).

## Our People



The first line of assurance is formed by our staff and management who are individually and collectively responsible for achieving the standards of audit quality to which we aspire.

- Selection of right team
- Use of specialists
- Supervisions and review

## Arrangements for achieving audit quality



The second line of assurance is formed by the policies, tools, learning & development, guidance, and leadership we provide to our staff to support them in achieving those standards of audit quality.

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support

## Independent assurance



The third line of assurance is formed by those activities that provide independent assurance over the effectiveness of the first two lines of assurance.






- EQCRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

\* QAD is the quality monitoring arm of ICAEW.

# Supporting you

Audit Wales has developed a range of resources to support the scrutiny of Welsh public bodies and to support those bodies in continuing to improve the services they provide to the people of Wales.

## Visit our website to find:

	our <b><u>Good Practice</u></b> work where we share emerging practice and insights from our audit work in support of our objectives to assure, to explain and to inspire.
	our <b><u>newsletter</u></b> which provides you with regular updates on our public service audit work, good practice, and events.
	our <b><u>publications</u></b> which cover our audit work completed at public bodies.
	information on our <b><u>forward performance audit work programme 2023-2026</u></b> which is shaped by stakeholder engagement activity and our picture of public services analysis.
	various <b><u>data tools</u></b> and <b><u>infographics</u></b> to help you better understand public spending trends including a range of other insights into the scrutiny of public service delivery.

You can find out more about Audit Wales in our [Annual Plan 2024-25](#) and [Our Strategy 2022-27](#).





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We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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Director of Finance  
Cwm Taf Morgannwg  
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Albert Road  
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12 September 2024

Dear Sally,

### Charity Annual Report and Accounts: audit enquiries to management and those charged with governance

The Auditor General's Statement of Responsibilities sets out that he is responsible for obtaining reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. It also sets out the respective responsibilities of auditors, management and those charged with governance.

This letter and the enclosed tables formally seek the documented consideration and understanding on a number of governance areas, which impact on our audit of the Health Board's Charity's financial statements.

There is a section for management; a section for 'those charged with governance' (the Trustee Members); and a section with background information.

The responses will inform our understanding of the Charity and its business processes; and support our work in providing an audit opinion on your 2023-24 financial statements.

The completed tables should be formally considered and communicated to us, on behalf of both management and those charged with governance, by 12 November 2024.

I have copied this letter to Mark Thomas, Owen James, Gareth Watts and Cally Hamblyn.

Yours sincerely,



**Mark Jones**  
**Audit Manager**

## Enquiries of management

<b>General enquiries (including financial reporting) of management</b>	
<b>Question</b>	<b>Response</b>
1. Are there significant matters and/or events that have occurred since April 2023 that could influence our audit approach or the Charity's financial statements?	No significant matters or events have occurred which could influence the audit approach.
2. What are your general views on the Charity's risk assessment process relating to financial reporting?	There is a strong control environment in place for the charitable funds and the risk of material misstatement in the financial statements is considered to be low.
3. Are you aware of significant transactions that are outside the normal trading activities of the Charity's business?	Not aware of any transactions outside normal trading activities
4. Are you aware of any transactions, events or changes in circumstances that would cause	Not aware of any impairments of the Charity's non-current assets.

## General enquiries (including financial reporting) of management

Question	Response
impairments of non-current assets of the Charity's non-current assets?	
5. Are you aware of any transactions, events and conditions (or changes in these) that may give rise to recognition or disclosure of significant accounting estimates that require significant judgement? If so, how have the accounting estimates been made, what is the nature of the data used and what degree of estimate uncertainty is inherent in the estimate?	No, there are small values of debtor/creditor accruals at year end.
6. Does the Charity have any new estimates in respect of the 2023-24 year of account?	No
7. Have there been any issues that may impact the preparation of the 2023-24 financial statements?	No, the financial accountant who previously assisted in preparing the accounts left at the beginning of 2023/24, but the interim accountant has followed the same processes and

## General enquiries (including financial reporting) of management

Question	Response
	accounts are reviewed in full by the Head of Corporate Finance.
8. Do you have knowledge of events or conditions beyond the period of the going concern assessment that may cast significant doubt on the Charity's ability to continue as a going concern?	No knowledge of any events that would cast doubt on going concern.
9. Are there any issues around the use of service organisations or common functions, including uncorrected misstatements from service organisations? This would include the NHS Wales Shared Services Partnership.	<p>There is little use of other service organisations or common functions in the Charity.</p> <p>Payments are made through the Accounts Payable function of Shared Services, but no issues noted about these.</p>
10. Have there been any new contingencies arising in respect of 2023-24 that require disclosure? Please provide information on	None

### General enquiries (including financial reporting) of management

Question	Response
the status of any disclosed contingencies from the prior year.	

### Enquiries of management - in relation to fraud

Question	Response
11. What is management's assessment of the risk that the financial statements may be materially misstated due to fraud? What is the nature, extent and frequency of management's assessment?	There is a strong control environment in place for the charitable funds and the risk of material misstatement in the financial statements is considered to be low.
12. Do you have knowledge of any actual, suspected or alleged fraud affecting the Charity?	No knowledge of fraud affecting the Charity

## Enquiries of management - in relation to fraud

Question	Response
13. What is management's process for identifying and responding to the risks of fraud in the Charity, including any specific risks of fraud that management has identified or that have been brought to its attention?	<p>The Finance teams (Charitable Funds and Cashiers) are vigilant of any suspected frauds and aware of the processes in place to report any such instances.</p> <p>The Finance teams are experienced and have good working relationships with the fund holders &amp; the general office colleagues.</p> <p>The Counter Fraud Bribery and Corruption Policy outlines the role of the Director of Finance and the action required in response to instances of economic crime.</p>
14. What classes of transactions, account balances and disclosures, within the financial statements, have you identified as most at risk of fraud?	<p>Inappropriate use of funds is likely to be the highest risk. However all requests for expenditure are taken through finance for review and sign off, therefore this risk is largely mitigated.</p>
15. Are you aware of any whistleblowing or complaints by potential whistleblowers? If so, what has been the Charity's response?	<p>None</p>

## Enquiries of management - in relation to fraud

Question	Response
16. What is management's communication to those charged with governance (the Trustee Members) regarding their processes for identifying and responding to risks of fraud?	<p>Any instances of suspected fraud are reported to the Local Counter Fraud Team (LCF) for further investigations. The LCF will report to the relevant governance team and the Audit &amp; Risk Committee in line with their reporting processes.</p> <p>The Counter Fraud Bribery and Corruption Policy outlines the response plan in relation to a reported suspicions of fraud..</p>
17. What is management's communication to employees regarding their views on business practices and ethical behaviour?	<p>At an operational level, the Financial Control Procedures and a Scheme of Delegation are in place to provide guidance in relation to day to day matters.</p> <p>Further considerations will be given in respect of communicating expectations of ethical governance and standards of conduct and behaviour to all relevant stakeholders.</p>

### Enquiries of management - in relation to fraud

Question	Response
	<p>The Standards of Behaviour Policy and Standing Orders for CTMHB outline the code of conduct and standards of behaviour expected by all employees of the organisation.</p> <p>The Values and Behaviours of CTMUB have also been launched within the organisation.</p>
18. For the Charity's service organisations, have you reported any fraud or potential fraud to any affected parties?	No

### Enquiries of management – in relation to laws and regulations

Question	Response
19. What are the policies and procedures in place to identify applicable legal and	The Charity complies with the charity commission guidance and Charity SORP and follow Charity law.

## Enquiries of management – in relation to laws and regulations

Question	Response
regulatory requirements to ensure compliance?	<p>The Charitable Funds Finance Team attends the All Wales Charitable Funds Technical Accounting Group (TAG) which is represented by all other Welsh Health Boards/ Trusts and the Welsh Government.</p> <p>Any changes in relevant laws and regulations are considered here and appropriate action is planned.</p> <p>The main All Wales TAG receives the reports from the Charitable Funds TAG for further considerations and approval.</p> <p>If there were any changes in legislation affecting the Charitable Funds the Board</p> <p>Briefings would be an appropriate forum to bring this to the attention of all Trustees as well as the Charitable Funds Committee as appropriate.</p> <p>CTMUHB has also now appointed a Head of Charity and Income Generation who commenced in June 2024.</p>

## Enquiries of management – in relation to laws and regulations

Question	Response
20. Have there been any new applicable legal and regulatory requirements introduced since April 2023?	Amendments to the Charities Act 2022 came into force on both <u>14 June 2023</u> and the <u>7 March 2024</u> . These do not materially impact any Charity activity or the financial statements for 2023-24.
21. Are you aware of any instances of non-compliance with laws or regulations? Has the Charity received any notice of any such known of possible instances of non-compliance?	No
22. Have there been any examinations or inquiries performed by licensing, tax, or other authorities/regulators?	None
23. Has there been any significant communications with regulators?	None

## Enquiries of management – in relation to laws and regulations

Question	Response
24. For the Charity's service organisations, have you reported any non-compliance with laws and regulations?	None

## Enquiries of management in relation to related parties

Question	Response
<p>25. Have there been any changes to related parties from the prior year? If so, what is the identity of the related parties and the nature of those relationships?</p>	<p>On an annual basis Declarations of Interest are sought and completed by all Board Members (Corporate Trustees). These are recorded on the Declarations of Interest Register reported to the Audit &amp; Risk Committee and published on CTMUHB's public facing website The interests are reviewed as part of the annual accounts process and attributed to relevant Charitable Funds transactions and balances.</p> <p>Any in year amendments are reported to the Audit &amp; Risk Committee and captured in the Declarations of Interest Register as appropriate.</p> <p>Any changes would be as per CTM main financial statements.</p>
<p>26. What transactions have been entered into with related parties during the period? What is the purpose of these transactions?</p>	<p>As per CTM financial statements, however further checks would be made against transactions within the Charitable Funds.</p>
<p>27. What controls are in place to identify, account for and disclose related parties?</p>	<p>As per CTM financial statements, however further checks would be made against transactions within the Charitable Funds.</p>

28. What controls are in place to authorise and approve significant transactions and arrangements:

- with related parties; and
- outside the normal course of business?

All transactions are approved in line with the Scheme of Delegation.

Further controls in respect of identification and disclosures of the related party transactions are as noted above

## Enquiries of those charged with governance

Enquiries of those charged with governance	
Question	Response
29. Do you have any knowledge of actual, suspected, or alleged fraud affecting the entity?	None to our knowledge
30. What is your assessment of the risk of fraud within the entity, including those risks that are specific to the Charity's business sector?	Our assessment is the risk is low
31. How do you exercise oversight of: <ul style="list-style-type: none"><li>• management's processes for identifying and responding to the risk of fraud in the Charity; and</li><li>• the controls to manage these risks?</li></ul>	<p>Reports are taken to the Charitable Funds Committee on a regular basis, highlighting updates to the Charitable Funds, requests for expenditure, update on investment strategy and balances.</p> <p>Escalation of risks are reported to the Charitable Funds Committee.</p>

## Enquiries of those charged with governance

Question	Response
	<p>A Committee Highlight Report is produced following each meeting for submission to CTM Public Board meetings outlining any activity discussed during Committee meetings under the headings of alert &amp; escalate, Advise, Assure and Inform.</p> <p>Terms of reference of the Committee ensure that trustees are aware of their delegated responsibilities and these are reviewed on an annual basis</p> <p>Trustees receive adequate training on their responsibilities to the Charity.</p>
32. Are you aware of any non-compliance with laws and regulations that may be expected to have a fundamental effect on the operations of the Charity?	None that we are aware of.
33. Are there any matters which you consider require particular attention during the audit?	None that we are aware of.

## Enquiries of those charged with governance

Question	Response
34. Are you aware of any instances of non-compliance with relevant laws and regulations?	None that we are aware of.
35. What is the process for identifying and responding to the risks of fraud?	<p>The Finance teams (Charitable Funds and Cashiers) are vigilant of any suspected frauds and aware of the processes in place to report any such instances.</p> <p>The Finance teams are experienced and have good working relationships with the fund holders &amp; the general office colleagues.</p> <p>The Counter Fraud Bribery and Corruption Policy outlines the role of the Director of Finance and the action required in response to instances of economic crime.</p> <p>Risks are escalated to the Charitable Funds Committee</p>
36. Are there any other matters which you consider require particular attention during the audit?	None

## Enquiries of those charged with governance

Question	Response
37. Are there any other matters which you consider may influence the audit of the financial statements?	None
38. Are you aware of any significant communications with regulators?	None
39. What arrangements are in place to oversee the effectiveness of internal control?	<p>On an annual basis Declarations of Interest are sought and completed by all Board Members (Corporate Trustees). These are recorded on the Declarations of Interest Register reported to the Audit &amp; Risk Committee. The interests are reviewed as part of the annual accounts process.</p> <p>The trustees receive and approve the charitable funds annual report and the financial statements annually which includes reference to the Declarations of Interest process and returns.</p>

## **Background information**

### **Matters in relation to fraud**

International Standard for Auditing (UK) and Ireland) 240 covers auditors' responsibilities relating to fraud in an audit of financial statements.

The primary responsibility to prevent and detect fraud rests with both management, and 'those charged with governance', being the Trustee Members. Management, with the Trustee Members, should ensure there is a strong emphasis on fraud prevention and deterrence and create a culture of honest and ethical behaviour, reinforced by active oversight by the Members.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error. We are required to maintain professional scepticism throughout the audit, considering the potential for management override of controls.

### **What are we required to do?**

As part of our risk assessment procedures, we are required to consider the risks of material misstatement due to fraud. This includes understanding the arrangements management has put in place in respect of fraud risks. The ISA views fraud as either:

- the intentional misappropriation of assets; or
- the intentional manipulation or misstatement of the financial statements.

We also need to understand how the Members exercise oversight of management's processes. We are also required to make enquiries of both management and the Members as to their knowledge of any actual, suspected, or alleged fraud and for identifying and responding to the risks of fraud and the internal controls established to mitigate them.

## Matters in relation to laws and regulations

International Standard for Auditing (UK and Ireland) 250 covers auditors' responsibilities to consider the impact of laws and regulations in an audit of financial statements.

Management, with the oversight of those charged with governance, (the Trustee Members), is responsible for ensuring that the Fund's operations are conducted in accordance with laws and regulations, including compliance with those that determine the reported amounts and disclosures in the financial statements.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error, taking into account the appropriate legal and regulatory framework. The ISA distinguishes two different categories of laws and regulations:

- laws and regulations that have a direct effect on determining material amounts and disclosures in the financial statements; and
- other laws and regulations where compliance may be fundamental to the continuance of operations, or to avoid material penalties.

### What are we required to do?

As part of our risk assessment procedures, we are required to make inquiries of management and the Members as to whether the Fund is in compliance with relevant laws and regulations. Where we become aware of information of non-compliance or suspected non-compliance, we need to gain an understanding of the non-compliance and the possible effect on the financial statements.

## **Matters in relation to related parties**

International Standard for Auditing (UK and Ireland) 550 covers auditors' responsibilities relating to related party relationships and transactions.

The nature of related party relationships and transactions may, in some circumstances, give rise to higher risks of material misstatement of the financial statements than transactions with unrelated parties.

Because related parties are not independent of each other, many financial reporting frameworks establish specific accounting and disclosure requirements for related party relationships, transactions, and balances to enable users of the financial statements to understand their nature and actual or potential effects on the financial statements. An understanding of the Charity's related party relationships and transactions is relevant to the auditor's evaluation of whether one or more fraud risk factors are present as required by ISA (UK and Ireland) 240, because fraud may be more easily committed through related parties.

### **What are we required to do?**

As part of our risk assessment procedures, we are required to perform audit procedures to identify, assess and respond to the risks of material misstatement arising from the Charity's failure to appropriately account for or disclose related party relationships, transactions or balances in accordance with the requirements of the framework.