



CYFARFOD O'R YMDDIRIEDOLWR CORFFORAETHOL
MEETING OF THE CORPORATE TRUSTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Expenditure Request: Arts and Health – Capacity Building
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Louise O'Connor, Assistant Director (Legal and Patient Support) Kathryn Lambert, Arts in Health Coordinator

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out a proposal to build capacity within the Arts and Health Team to deliver upon the vision set out in Hywel Dda University Health Boards (HDdUHB) Arts and Health Charter that was approved by the HDdUHB Board on 25 January 2024, to integrate the arts into the work of the Health Board, making it an integral part of how we deliver health and wellbeing services.

This proposal outlines our approach to sustainably build the capacity of our Arts and Health Team, making a difference for our patients, service users, families, carers and staff across Carmarthenshire, Ceredigion and Pembrokeshire in order to:

- deliver our health and wellbeing services in a person-centred and creative way
- build on and contribute to the growing evidence base that shows that the arts have a powerful role to play in preventing ill-health, improving wellbeing, treating ill-health, helping people live well with illness, promoting healing and recovery and encouraging healthy behaviours
- capitalise on the positive outcomes the arts and health work has delivered to date
- continue to build upon the momentum, interest and energy generated right now, whilst there is so much opportunity, untapped potential and non-utilised resource for the arts and health agenda locally, nationally and globally

The aim is to sustainably build capacity through strengthening our Arts and Health Team with one new appointment of a Project Support Officer to deliver on a range of important projects and to secure additional resource into the Health Board, to directly benefit our patients and staff.

Arts and Health Charter

Our Arts and Health Charter sets out an ambitious vision to 'put creativity at the heart of health and wellbeing' and outlines a commitment to 'integrating the arts into the work of the Health Board, to improve health and wellbeing and promote healing and recovery' through a set of Arts and Health Principles and Pledges.

It has been co-created following extensive engagement with staff; public; patients; partners; the arts sector and HDdUHB Arts and Health Steering Group and is a first for Wales, if not the United Kingdom.

The Charter outlines how we will use the arts to help us (*reach beyond the service the NHS currently provides*) to improve the people experience, reduce health inequality; encourage healthy behaviours and support the most vulnerable people in our society.

Building Capacity to Sustainably Deliver

We plan to launch HDdUHB's Arts and Health Charter publicly in May 2024, and outline how we are going to deliver against the 10-year vision through the delivery of an annual strategic plan and an associated Sustainable Funding Plan for Arts and Health.

As part of this work, we need to increase the capacity of our Arts and Health Team to ensure that there is a team of effective, skilled and creative staff responsible for Arts and Health at Hywel Dda with the skills, experience and capacity to deliver high quality projects for patient, staff and community benefit.

We believe that an investment in our Arts and Health Teams' capacity, will help us to '*Grow a sustainable arts and health service*' for the people of Hywel Dda in line with our Arts and Health Principles and Pledges and will ensure that we capitalise on the power of the arts for our patients and unlock untapped resource for HDdUHB.

Funding Proposal

A restructure of the current team has been agreed. The current Arts and Health Coordinator role will become Head of Arts and Health (following job evaluation) to lead this work funded by the Patient Experience Team and we would like to increase the capacity of the Arts and Health Team by appointing one new full-time role to manage projects within the programme.

We are seeking charitable funds to appoint a full time Arts and Health Project Support Officer (APSO) at Band 6 (against a tapered 4-year financial model) to join the HDdUHB Arts and Health Team. The new post will report to Kathryn Lambert, Head of Arts and Health (currently Arts in Health Coordinator) to deliver this important work.

This new APSO post will develop, deliver and evaluate high quality arts and health projects for patients, staff and communities within HDdUHB and secure income from a wide range of funders for projects.

We are also requesting charitable funding to cover support costs (travel and technology) and to provide an annual Patient Programme budget for the first three years at £25,000 per annum to dedicate to arts and health projects for our patients and allow opportunity for us to provide match funding which is a requirement for most funders.

Business Case for Support and Exit Strategy

Based on the current success of the Arts and Health Team, and with the appointment of one new full-time role, over the next four years we believe that we will be able to secure funding for arts and health projects as per the Sustainable Funding Plan, making the post fully funded by 2028. The financial information below demonstrates how this will work.

Capacity Building funding from the Arts Council of Wales of £25,000 per year will be allocated to the post for the first two years. This funding is confirmed for 2024/25 and expected for 2025/26 as per our strategic partnership and the Arts Council of Wales' national commitment to build capacity for arts and health to grow within each Health Board in Wales over the next two years. This funding is only available to support posts within the Arts and Health Team.

By Year 4 we anticipate that we will be in a position to cover the costs of the Project Support Officer role through external funds such as NHS funding, trust and foundations and community grant income. We believe that this is sustainable beyond Year 4, following four years of raising the profile, and delivering high quality arts and health projects which demonstrate the value of integrating the arts into our health and wellbeing services on our patients, staff and communities.

We are asking for:

Year 1 (2024/25) - £47,589

Year 2 (2025/26) - £48,173

Year 3 (2026/27) - £77,303

Year 4 (2027/28) - £25,000

Why it is needed and why are we requesting charitable funds?

Our Arts and Health Charter shows an above and beyond approach to patient care at HDdUHB. It is based on the growing body of evidence that shows that the arts have a powerful role to play in preventing ill-health, improving wellbeing, treating ill-health, helping people live well with illness, promoting healing and recovery and encouraging healthy behaviours.

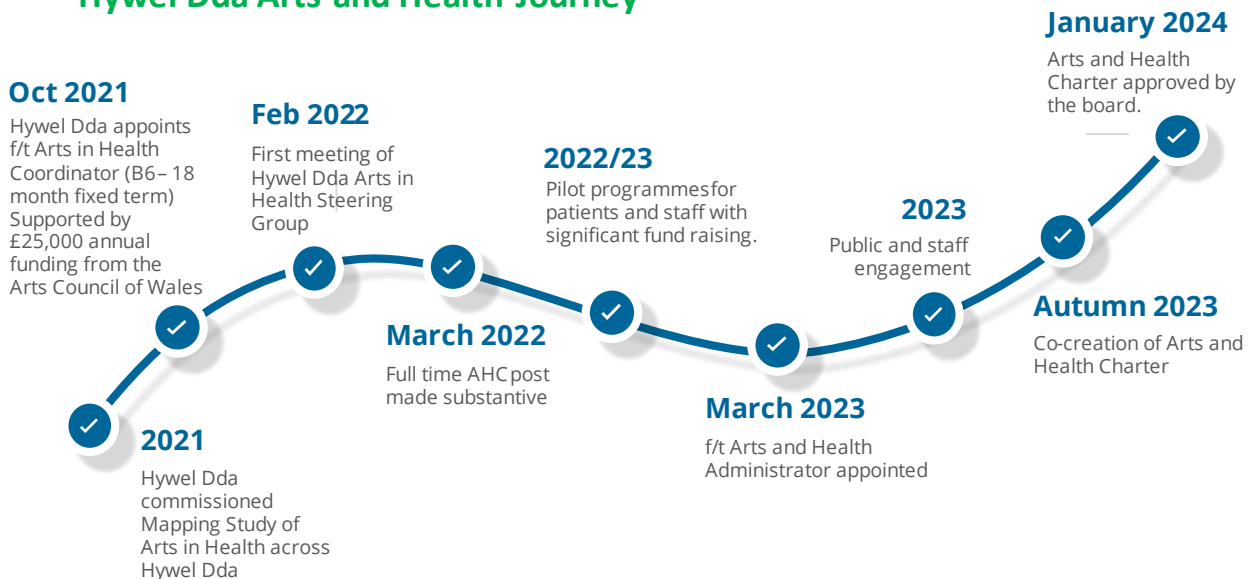
Our Arts and Health programmes provides Arts and Health services and activities that go above and beyond what the NHS can normally provide.

Due to the acute financial pressures on the NHS and HDdUHB's current financial position, there is no other source of funding that exists to support this role. There is opportunity to access significant financial resource from external sources that will directly benefit our patients and communities that we are currently unable to fully access due to limited capacity to deliver upon the projects.

Cefndir / Background

How did we get here?

Hywel Dda Arts and Health Journey



What has been achieved?

Since the appointment of the Arts in Health Coordinator in October 2021, we have made enormous progress in our arts and health journey and have begun to demonstrate how much the integration of the arts into health and wellbeing services can positively impact on patient and staff wellbeing and outcomes and deliver value-based health care.

We have:

- Delivered a wide range of pilot programmes of arts and health for patients, staff and communities
- **Secured over £364,000** of external funding bringing a wide range of income sources into HDdUHB to support arts and health provision
- Awarded runner up for Arts Boost (Children and Adolescent Mental Health Services) in the National Patient Experience awards in the Commissioning for Patient Experience category
- Led on the delivery of a Creative Prescribing Discovery Programme, a partnership with the Public Health Team locally and nationally, with Health Education and Improvement Wales (HEIW) and six arts partners to run a programme to discover how best to integrate arts on prescription into social prescribing practice across HDdUHB
- Worked closely with our Research and Innovation and Value Based Healthcare Teams and TriTech to deliver four Evaluation Reports adding to the growing evidence base for arts and health
- Worked with external partners, including Welsh Government (WG) to support policy development for Arts in Health in Wales as members of the WG cross party group on Arts and Health and the national team of Arts in Health Coordinators across Wales
- Developed and delivered over 2 years of creative activities for staff wellbeing

- Commissioned and launched a tour of '[A Dose of Art](#)', an extraordinary artwork by renowned Welsh portrait artists Nathan Wyburn across all 4 acute hospital sites with posters for all Community Hospitals
- Established and led numerous project steering groups including an Arts and Health Research and Innovation Group to help guide and steer projects appropriately
- Published an [Arts and Health Annual Report](#)

We have also been able to develop and deliver a number of high-quality programmes for patients. We have:

- Delivered two years of Arts Boost, a collaborative project designed to improve mental health, and reduce feelings of distress through arts engagement for children and young people who are known to the Specialist Children and Adolescent Mental Health Service (S-CAMHS). As part of the success of this work we are now supporting the national effort to create a similar programme for children and young people right across Wales. We are now open to referrals for our third year
- Brought in therapeutic live music provision across Intensive Therapy Units (ITU) in partnership with ITU Teams and Music in Hospitals and Care
- Piloted interactive singing, visual art and movement for HDdUHB in-patients with dementia across eight healthcare settings across HDdUHB in partnership with Older Adult Mental Health and Adult Health teams with over 40 members of healthcare staff who care for our patients with dementia.
- Piloted a Cluster-funded Dance on Prescription Programme across the Tywi Taf Together Cluster and published a case study and Evaluation Report on Wales Arts health and Wellbeing Network Knowledge Bank [DanceWell Evaluation Report | Wales Arts Health & Well-being Network \(wahwn.cymru\)](#)
- Engaged with staff and patients and helped to shape a shared vision for the role of artwork within the Bronglais Cancer Treatment Unit Capital Project and developed a Public Art plan for the project.

Health Board Strategic Objectives

HDdUHB has a strategic vision 'Together we are building kind and healthy places to live and work in Mid and West Wales'.

Our Arts and Health Charter outlines how integrating the arts into the work of the Health Board can help us deliver upon our strategic objectives.

It identifies how the integration of arts into healthcare can make a difference for patients, service users, families, carers and staff in Carmarthenshire, Ceredigion and Pembrokeshire by providing the following outcomes:

- People will have better quality of care and patient experience
- People will feel better, happier and lead more joyful lives
- People have more support with staying well
- People will have more control over their own health and wellbeing

The Arts and Health Charter brings to life the health board values of fairness, dignity and respect for all, caring, kindness and compassion.

HDdUHB Arts and Health Charter

Putting creativity at the heart of health and wellbeing



Integrating the arts into the work of the health board to improve health and wellbeing and promote healing and recovery.

[Hywel Dda's Arts and Health Charter](#)

How did we develop the Arts and Health Charter?

HDdUHB's Arts and Health Charter has been co-created following extensive engagement with staff; patients; public; artists and partners over 12 months between September 2022 – September 2023. A full engagement report is available. HDdUHB Arts and Health Team, who are based within the Patient Experience Team are responsible for it.

Arts and Health Coordinator, Kathryn Lambert and Louise O'Connor, Assistant Director (Legal, and Patient Experience) worked with Head of Planning, Daniel Warm to develop a draft charter which was co-created with the HDdUHB Arts and Health Steering Group, which has heads of services represented to the Stakeholder Reference Group and approved by the Quality, Safety and Experience Committee, prior to ratification by Board in January 2024.

Above and Beyond

Our Arts and Health Charter will provide an above and beyond approach to integrating the arts into the work of the Health Board.

This work aligns with the aims of the Charity by:

- Making a difference for patients, service users, families, carers and staff in Carmarthenshire, Ceredigion and Pembrokeshire.

- Building on the most up-to-date evidence base that shows that integrating the arts into healthcare can have positive impact for our patients, staff and communities
- Improving the patient and staff experience
- Providing extra patient comforts and enhanced care
- Help the Health Board to understand the value of arts and health and its potential to contribute to reducing pressure on the NHS, for example by trying to capture the evidence of impact on:
 - Improving outcomes for our patients (reducing beds/improving recovery potential/offering people a choice/non clinical intervention/improving mental health and wellbeing)
 - Through the preventions agenda (reducing visits to GPs, increasing behavioural change to living healthier lifestyles, reducing the cycle of returning patients)
 - Contributing to staff retention and patient care
 - Improving the patient experience (reducing loneliness and boredom and increasing social inclusion means reduced distress, anxiety and aggression – helping to deliver on the Dementia-Friendly Hospitals Charter)

Supporting the aims of the Health Board by:

- Helping the Health Board achieve its vision to build kind and healthy places to live and will align with HDdUHB priorities:
 - A Healthier Mid and West Wales – Starting Well, Living Well, Ageing Well
 - Integrated Medium-Term Plan and strategic objective 1 “Putting people at the heart of everything we do”
 - Bringing to life the Health Board Values
 - Help the Health Board to meet the Wellbeing goals of Objective 4: A Healthier Wales and Objective 6: A Wales of Vibrant Culture and Thriving Welsh Language
- Build sufficient evidence for Health Boards to better value the impact of arts and health on the outcomes of our patients
- Contribute to the national arts and health agenda – sharing learning with others and influencing national policy and programmes

National and Local Objectives Involved

HDdUHB Arts and Health Charter has grown out of a national approach to put the arts at the heart of service transformation through a [Memorandum of Understanding](#) between the Welsh NHS Confederation and the Arts Council of Wales. It is an exciting and rapidly growing area of practice with a burgeoning national Arts and Health movement.

The national agenda is taking place within the context of a growing body of evidence from within Wales, the United Kingdom and globally, including research from the World Health Organisation, that recognises the benefits of arts and culture in improving health and wellbeing.

The work is also driven by HDdUHB’s commitment to the Future Generations Act for Wales and its commitment to consider the impact of our decisions on the social, economic, environmental and cultural aspects of Wales. The Charter will also help the health board to meet the Wellbeing goals of Objective 4: A Healthier Wales and Objective 6: A Wales of Vibrant Culture and Thriving Welsh Language.

Our national partners, the Arts Council of Wales, fully endorse the Arts and Health Charter and have highlighted that it is a first for Wales. There are other strategies in development in other Health Boards but comment about the type of public pledge that this Charter brings as follows:

“Thanks so much for sharing your Arts and Health charter with us. It’s amazing! As far as we are aware, this is a first in the NHS (certainly in Wales) so you are breaking new ground here in making a public pledge to integrate the arts into the work of the Health Board to improve health and wellbeing. It’s great to see the Charter articulate such a strong and clear commitment to Arts and Health through a set of principles, pledges and intended outcomes that have emerged through your careful consultation. It sets out a confident and clear way ahead to frame your more detailed programme of work. We think this is exemplary and will inspire others working in this field in Wales. Huge congratulations to you and all your colleagues on developing the Charter. It’s inspiring to see the progress and lead you are taking in this field at Hywel Dda University Health Board. Bravo!”

Sally Lewis, Head of Arts and Health at the Arts Council of Wales

Arts Council of Wales – Success Framework – For Arts and Health

Growth of the Arts and Health Team at Hywel Dda is also guided by the Success Framework for Arts and Health recently published by the Arts Council of Wales (2023) in which it states the need for effective, skilled and creative staff responsible for Arts Health & Wellbeing.

The framework identifies a set of success criteria for the team which includes:

- The roles are permanent NHS posts, enabling staff to deliver the strategy and plan ahead with confidence
- There is at least one full-time equivalent post within the Arts and Health Team at Band 7
- The Arts and Health Team is well-connected across HDdUHB. The Arts and Health Team has strong relationships with key teams across HDdUHB, including Communications Teams, Finance Teams, Data Teams, Innovation and Improvement Teams, Executive Leaders, patient representatives, and service managers.
- Effective project management is in place. The team works efficiently, coherently and in an organised way both with internal and external partners.
- Care and creativity the team is characterised by a relational, caring and creative approach to developing projects that meet the needs of patients.



Success Framework

Factors needed to grow and sustain Arts Health and Wellbeing within NHS settings

Asesiad / Assessment

A Strategic Plan for Arts and Health

Our initial focus is guided by our new Arts and Health Principles and Pledges, whereby we have identified our immediate priorities and projects for each pledge.

We will work through our Arts and Health Steering Group, to be chaired by the HDdUHB Vice Chair Eleanor Marks, who is a keen ambassador for the arts, as a Fellow of the Royal Society for the Encouragement of Arts, Manufacturers and Commerce (RSA), to deliver upon the 10-year vision. The Head of Hywel Dda Health Charities is a member of this Steering Group, alongside Heads of Service across the organisation.

Our aim is to make a difference for patients, service users, families, carers and staff in Carmarthenshire, Ceredigion and Pembrokeshire through a series of high-quality arts and health projects.

Immediate Priorities:

- Develop and deliver a series of high-quality person-centred arts and health projects, with a project at each of the 4 key life stages (Starting well, living well, ageing well and dying well)
- Work Together through a range of collaborative approaches to help grow the HDdUHB Arts and Health movement
- Develop an Improving Healthcare Environments Plan to create more welcoming surroundings for patients, families and staff - building learning, public art development processes and policies across HDdUHB
- Contribute to the growing evidence base of the impact of Arts and Health through the development of an Arts and Health Evaluation Plan and a series of arts and health evaluation, innovation and research projects
- Develop a fully accessible arts and health programme that builds on the evidence base that the arts have the capacity to tackle health inequality, incorporating the lived experience in everything we do
- Build a set of Arts and Health Resources for all healthcare staff to use, making arts in health and wellbeing everyone's business and developing best practice and signposting

to training and resources and empowering others to help themselves and sustainably responding to the scale of the need

- Establish the groundwork for the development of a sustainable Arts and Health Service to improve the health and wellbeing of our patients, communities and staff
- Nurture, support and develop local arts sector and talent to grow in line with the service

A Sustainable Funding Plan for Arts and Health

Since October 2021, the Arts and Health Team has achieved over **£362,000** of external funding income with one member of staff. We believe that we can increase this impact by appointing one new member of staff to concentrate on the delivery of patient focused projects, evaluating programmes and projects sufficiently well enough to demonstrate the impact of the work and build a social return on investment approach.

With additional capacity, we will:

- secure funding for arts and health projects as per the Sustainable Funding Plan making the post fully funded by external funding by 2028
- focus on the development and delivery of larger programmes of work and large-scale funding bids
- evaluate and improve the Health Board's understanding of the impact of arts and health projects on service provision and value based health care
- using the programme budget as match to draw down larger funding applications thereby doubling or even tripling its value
- guide external partners to design arts and health schemes that meet the needs of our patients and people bringing in other funds to the sector
- generate interest and investment in arts and health across Hywel Dda for the benefit of our patients, communities and staff

HDdUHB's Arts and Health Sustainable Funding Plan will identify a diverse range of approaches to funding Arts and Health provision including but not limited to:

- NHS Funding
- Hywel Dda Health Charities
- Arts Council of Wales
- Other charitable funding (for example, National Lottery, Shared Prosperity Funding, Heritage Funding, Community Funds, Children in Need, Levelling Up Funding, Regional Investment Funding)
- Trusts and Foundations
- Commercial partners and sponsorship
- Partnership work across health, local authority and third sector including the arts sector
- A percentage for art approach and policy for capital projects.
- Research funding
- Art Donations and volunteering

Current Capacity

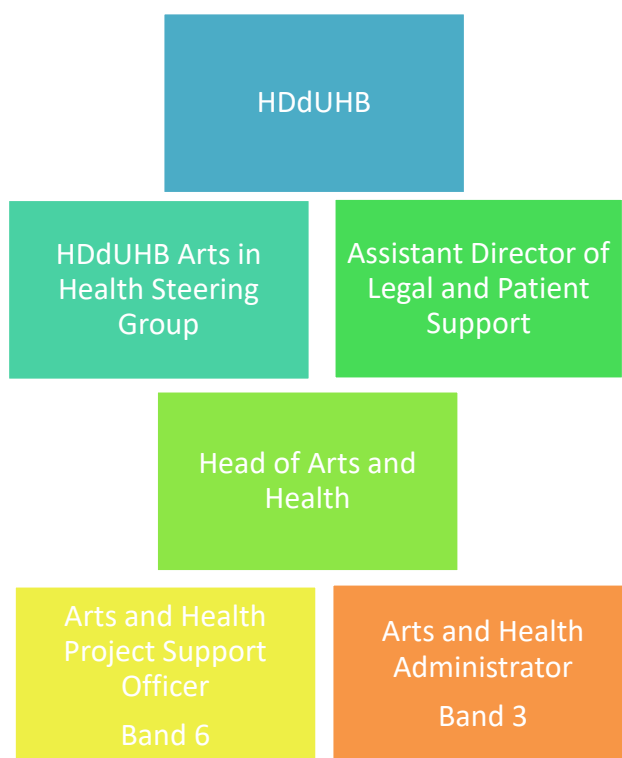
The current Arts in Health Team are based within the Patient Experience Team, and report to the Interim Director Nursing, Quality and Patient Experience.

Funding from the Patient Experience Directorate now funds the 2 posts who make up the team working right across the Health Board:

- Full Time Arts and Health Coordinator at Band 6 – Kathryn Lambert
- Full Time Arts and Health Administrator at Band 3 – Gabrielle Walters

Building Capacity

A restructure of the current team has been agreed. The current Arts and Health Coordinator role will become Head of Arts and Health, following job evaluation, to lead this work, funded by the patient experience team and we would like to increase the capacity of the Arts and Health Team by appointing one new full time role to manage projects within the programme as per the proposed staffing structure below:



Proposed Staffing Structure

Head of Arts and Health (substantive – paid for by HDdUHB – Band 7)

The main purpose of the role is to promote and encourage the use of Arts and Health across HDdUHB to make a positive contribution to the wellbeing of our patients and service users, their families and our staff.

The Head of Arts and Health will work with services across the organisation to develop, embed and implement an Arts and Health Charter and Annual Strategic Plans for Arts and Health and associated Sustainable Funding Plan to integrate the arts into the work of the Health Board.

Key areas of responsibility:

- Lead the development and implementation of the HDdUHB Arts and Health Charter

- Provide strategic and operational leadership for Arts and Health across Hywel Dda
- Manage a portfolio of arts projects that deliver measurable patient benefit and service improvement
- Engage with service areas across the organisation to identify areas to implement arts activity within a range of different environments
- Communicate evidence of the benefits of arts to patients, staff and other stakeholders
- Lead evaluations and research projects to build the evidence of benefits
- Facilitate collaborative working with stakeholders and external bodies
- Liaise with HDdUHB partner organisations such as universities and the third sector to facilitate the development of innovative arts projects
- Work with external partners, including WG to support policy development for Arts and Health in Wales
- Provide reports and for the Arts and Health Steering Group and Board
- Secure funding as per the Sustainable Funding Plan for Arts and Health

Arts and Health Project Support Officer (the proposed new post – Band 6)

The main purpose of the role is to support the Head of Arts and Health to deliver the Strategic Plan for Arts and Health and associated Sustainable Funding Plan, embedding and progressing a consistent programme of quality and evidence-based participatory arts projects in primary, secondary and community health care settings.

Key to the role will be the ongoing identification and enabling of opportunities to maintain positive, welcoming, nurturing and energising environments for delivering healthcare that reflect the cultures and communities that we serve. This will include ensuring that staff are supported and confident in using arts & creativity in the workplace.

The postholder will take a lead on a number of supporting work streams, demonstrating a professional project management approach that involves considerable responsibility for coordinating projects and activities across the Gwent Region, in conjunction with Aneurin Bevan University Health Board, local authority and third sector staff, external stakeholders, corporate partners and the population of Gwent.

Key areas of responsibility:

- Support the design, development and operational delivery of arts and health programmes across the organisation, from small scale one-off projects to larger Health Board-wide projects
- Oversee the project management for the delivery of work programmes which may include the agreement of objectives, resources, risk management, monitoring, milestones, evaluation and measures of success.
- Develop strong and productive working relationships with arts providers across Carmarthenshire, Ceredigion and Pembrokeshire to maximise opportunities for partnership working learning and collaboration for mutual benefit.
- Undertake fundraising to generate income for arts and health projects.

Arts and Health Administrator (substantive)

This post provides general administrative support to the Arts and Health Team, as well as provide support in co-ordinating activities across the spectrum of arts and health, including patient, staff well-being, community and capital schemes.

Financial Model, Budget, Costs and Rationale

Over the last two years, and based on the current rate of success, need and interest, we have already moved from supporting 50% of a temporary Arts and Health Coordinator role to funding two full time substantive posts in the Arts and Health Team, who are based in the Patient Experience Team.

This is a reflection of the fast-growing arts and health movement at HDdUHB and the overwhelming need, interest and opportunity to integrate the arts into the work of the health board to improve health and wellbeing and promote healing and recovery.

It is also as a result of the significant external funding being raised for arts and health activity, over £362,000 since appointment in October 2021, and the wider opportunities that have been uncovered including opportunities missed due to capacity, to draw in more funding for this work.

Current Financial Costs and Future Projections:

At present we have two posts within the Arts and Health Team funded by the Patient Experience Team and we are bringing in circa £15,000 per month of external funding, totalling £181,000 per annum, we believe that with increased capacity we can achieve much more.

Funding Request

	Year 1 2024/25	Year 2 2025/26	Year 3 2026/27	Year 4 2027/28	Year 5 2028/29	Totals
Income						
Charitable Ask	£ 47,589	£ 48,173	£ 77,303	£25,000	0	£198,065
Arts Council of Wales	25000	25000	0	0	0	£ 50,000
External funding	0	0	0	£55,400	£82,640	£223,920
Sub Total	£ 72,589	£ 73,173	£ 77,303	£80,400	£ 82,640	£ 471,985
	Year 1 2024/25	Year 2 2025/26	Year 3 2026/27	Year 4 2027/28	Year 5 2028/29	Total
Expenditure						
Arts and Health PSO (B6)	£ 44,789	£ 46,133	£ 50,143	£tbc	£tbc	
Travel	£ 1,800	£ 2,040	£ 2,160	£ 2,400	£ 2,640	£13,920
Laptop computer, bag and desktop monitor	£ 1,000					£ 1,000

Activities budget for patients	£ 25,000	£ 25,000	£ 25,000	£25,000	£ 25,000	£150,000
Sub Total	£ 72,589	£ 73,173	£ 77,303	£80,400	£ 82,640	

Arts and Health PSO (Project Support Officer) Role

This application is a request for Hywel Dda Health Charities to contribute to the costs of the new PSO post over the next four years.

Staff Travel and Support Costs

This charitable funds request includes a budget for support costs for the role including travel and the purchase of a laptop to enable the new post to operate. The post holder will be a hybrid worker, working right across the HDdUHB footprint with a suitable mileage base to be sought depending on the location of the successful candidate.

Programme Budget

We are also requesting an annual Patient Programme budget for the next three years at £25,000 per annum for arts and health projects for our patients. This funding will be dedicated to our most needed projects and invested into Arts and Health Projects to help us to reduce health inequality and support the most vulnerable people in our society.

We are asking for a flexible pot of money to proactively and reactively use as and when required in order to respond to patient and staff needs.

We will also use this funding as match funding for other applications (with the plan of possibly tripling it by bringing in other income, for example, £3,000 will be allocated for Arts Boost 3 which will help us to secure the £28,000 of funding from the Arts Council of Wales and Baring Foundation, who like to see HDdUHB or Hywel Dda Health Charities are contributing to this work).

Evaluation

We see evaluation as a priority and will contribute to the growing evidence base of the impact of Arts and Health through a series of arts and health evaluation and research projects.

The Arts and Health Team will be responsible for developing and delivering an evaluation plan for Arts and Health for the Capacity Building Project and the wider Arts and Health Charter to monitor, understand and evidence the impact of this work.

We are currently working with HDdUHB Research TriTech Research and Innovation, Value-Based Healthcare, Service Change Colleagues and clinical teams and partners to try to understand the impact of arts and health at HDdUHB on our patients, staff, communities and systems.

We have established an Arts and Health Research and Innovation Group (made up of health colleagues but also higher education partners and arts partners) who are keen to help. We are also collecting advice and feedback from our research colleagues on next steps for evaluation.

Our Arts and Health Evaluation Model will:

- Monitor the impact of the new post to understand its value and know if its reached its targets
- Understand and evidence the impact of the arts interventions on our patients, staff and communities
- Inform what and how we go about monitoring and collecting data and feedback and findings
- Include the artist/patient/lived experience/staff voice – adding value to qualitative feedback
- Respond to the recommendations for Evaluation in our recent research reports
- Engage key stakeholders early to ensure that pilot evaluations capture the data required to support business cases for future implementation and roll-out.
- Allocate sufficient resources to support effective and complete data collection and monitoring.
- Use knowledge gained to improve future implementations and highlight potential areas where health board processes can be reviewed and revised to facilitate important and valuable external collaboration.
- Foster cross-sector collaboration across the health board
- Explore the barriers to data capture and effective evidencing
- Establish more consistent measures of data capture or by identifying at least one measure that could be used across multiple activities to increase the size of available data sets
- Secure funding for larger research and evaluation activity
- Find ways to upscale provision – to validate findings
- Add to the growing evidence base for arts and health contributing to national regional and local conversations and dialogue
- Help to inform the health boards understanding of the value of arts and health to the health board in terms of the Benefits Framework and SROI.
- Share our findings with others

We will:

- Explore the barriers to data capture and effective evidencing
- Explore more consistent measures of data capture or by identifying at least one measure that could be used across multiple activities to increase the size of available data sets.
- Utilising accepted measures and tools (GAS/PROMS/PREMS/patient experience surveys) and agreeing some streamlined
- Collect staff and patient feedback
- Patient Stories (utilising Most Significant Change Method/film/case studies/[Short Warwick-Edinburgh Mental Wellbeing Scale](#))
- Conduct Focus groups and interviews
- Undertake Surveys/Reports
- Collate and analyse Artist diaries/feedback and reflection
- Use of observation techniques
- Create Evaluation Techniques

It is proposed that the following charitable fund is used to support this request:

- T600 Support for Life Response Fund (balance: £1,398,953 as of 31 January 2024)

This funding application complies with the charitable fund eligibility criteria as outlined within the main body of the report.

This proposal outlines a clear exit strategy for Charitable Funds support.

This proposal and associated Sustainable Funding Plan show that securing charitable funding right now, whilst there is so much opportunity, untapped potential and non-utilised resource for the arts and health agenda locally, nationally and globally will help us to achieve the best outcomes for our patients and staff.

Charitable funding will help the Arts and Health Team to capitalise on the potential of the arts to improve wellbeing and outcomes for our patients, staff and communities and to demonstrate the impact to the Health Board and other funders.

We will lever in other funding as a result of this investment, support arts and health policy development in Wales and demonstrate how integrating the arts into healthcare can not only improve health and wellbeing but also contribute to reducing pressure on the NHS.

Argymhelliad / Recommendation

The Corporate Trustee is asked to:

- **NOTE** the Arts and Health Capacity Building Plan
- **CONSIDER** and **APPROVE** the application for £198,065 of charitable funding to support the cost of the for the additional Project Support Officer post as part of the overall capacity building of the Arts and Health programme for the next four years

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<p>The Arts and Health work is built on a growing body of evidence which shows the benefits of the arts in healthcare.</p> <p>Hywel Dda have commissioned a film for health professionals which tells this story here: https://heiw.nhs.wales/news/the-benefits-of-art-in-healthcare/</p> <p>There is a growing body of local, national and global evidence.</p>
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	<p>Hywel Dda University Health Board Quality, Safety and Experience Committee Stakeholder Reference Group Arts and Health Steering Group Staff Psychological Wellbeing Service Co-production - Working with a wide range of staff and artists Charitable Funds Committee</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No current funds available to support a project of this nature hence a submission being made to the Charitable Funds Committee.
Ansawdd / Gofal Claf: Quality / Patient Care:	Patient experience will be enhanced as a result of the programme with overall care improved based on the accepted evidence base that demonstrates the arts have powerful role to play in preventing ill-health, improving wellbeing, treating ill-health, helping people live well with illness, promoting healing and recovery and encouraging healthy behaviours.
Gweithlu: Workforce:	Staff wellbeing will be improved through the access to creative activities that enable staff to have 'more good days at work' and to encourage staff to bring their whole selves to work (including their creativity).

Risg: Risk:	A risk assessment will be undertaken to ensure that any potential risks are mitigated before the establishment of the project and lessons learnt from the pilot programmes. Project Teams are established to ensure the management of risk throughout.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable - as the programme directly benefits patients and NHS staff there is no likelihood of public or patient opposition.
Gyfrinachedd: Privacy:	<p>We will follow HDdUHB Privacy Policy to ensure that we protect all data and identities at all times.</p> <p>We will not share any data with any external agencies without express permission.</p> <p>We will always ensure that we gain consent from all involved for any photography/video or documentation and feedback.</p>
Cydraddoldeb: Equality:	The programme will ensure that access is appropriate and equitable for all, through working closely with HDdUHB Diversity and Inclusion Team and Staff Networks.

CYFARFOD O'R YMDDIRIEDOLWR CORFFORAETHOL
MEETING OF THE CORPORATE TRUSTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Approval of Revised Plans to Deliver a Newly Refurbished Chemotherapy Day Unit at Bronglais General Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, County Director Ceredigion Rachel Stuart, Capital Planning Project Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper presents a revised plan to deliver a newly refurbished Chemotherapy Day Unit (CDU) at Bronglais General Hospital (BGH).

The original proposal was presented and agreed at a Hywel Dda University Health Board (HDdUHB) Board Meeting held on 26th September 2019 to house a new CDU within Y Banwy ward, this included approval of funding from HDdUHB's Discretionary Capital Programme (DCP) providing a contribution of 20% of the project cost. However, at the beginning of the coronavirus pandemic, Y Banwy was successfully used as an 18 bedded area for coronavirus patients and the evidence suggested that keeping this facility would be a considerable advantage for any future pandemics. Therefore, an alternative option was explored for the CDU to remain within a refurbished Leri Day building footprint using the income from a capital fundraising appeal, as well as additional contributions from HDdUHB charitable funds and the pre-committed DCP funds. This was approved by the Executive Team (ET) on 24th March 2021, Charitable Funds Committee (CFC) on the 30th June 2021 and HDdUHB Board meeting on 29th July 2021.

In December 2023 a tender return was received indicating a shortfall of £1,105,084.85. The Project Group have carried out an assessment of various available options to enable them to continue to deliver the project.

This paper seeks that the Corporate Trustees:

- notes the Executive Team and Charitable Funds Committee approval to proceed with the Preferred Option – A Revised Floor Plan that fulfils the project brief and has been clinically approved.
- consider the content of this report and provide approval to proceed with the Preferred Option – A Revised Floor Plan and endorses the maximum contribution of the additional charitable funds to bridge the preferred options shortfall of £389,468.91 from the Support for Life Responses Fund (T600).

Cefndir / Background

It has long been recognised that the physical environment of the current CDU at BGH, currently located within part of the Leri Ward on the ground floor of the hospital, is not fit for purpose. Whilst

the excellent clinical teams involved deliver the very best care possible, the current environment is in need of modernising to allow the very best of care to be given. As a result, an internal project group has been formed to explore the options to develop a new CDU within BGH to ensure that a safe, local and fit for the future solution is implemented for the delivery of chemotherapy and associated medicines for our patients.

The case for change remains as follows:

- An “Oncology Services Review 2015” undertaken by HDdUHB highlighted that the physical environment of the BGH CDU was unsatisfactory for both patients and staff in the unit.
- A Haemato-Oncology and Lung Cancer Peer Review 2016 highlighted that the CDU area was functionally unsuitable and there had been documented issues around patient confidentiality, dignity, privacy and safety.

The BGH CDU Project Group was established in 2017 to ensure a safe, local and fit for the future solution for the delivery of chemotherapy (and associated medicines) for Ceredigion patients.

At the CFC meeting held on 20th September 2019, Members approved and agreed the development of a fundraising appeal under the umbrella of Hywel Dda Health Charities for a new CDU at BGH, subject to confirmation of the availability of the proposed location for the development, following the pilot of the shared care model with Y Banwy and Enlli Ward.

The HDdUHB Public Board meeting held on 26th September 2019 agreed the proposal/ business case for the Y Banwy Option. The Business Case proposed that a fundraising appeal be developed under the umbrella of Hywel Dda Health Charities to meet the shortfall in funds required for the CDU development.

Since March 2020, Y Banwy ward at BGH has been used successfully for coronavirus patients, with evidence suggesting that retaining this facility would be of considerable benefit for any future service flexibility. Alternative plans have, therefore, been developed for the CDU to remain at its current location.

At the CFC meeting held on 15th September 2020, a verbal update was provided by Mandy Rayani, Director of Nursing, Quality & Patient Experience, reminding members that the fundraising appeal had been approved at a CFC meeting on 20th September 2019, subject to the availability of a suitable location. The appeal was due to be launched in April 2020; however, was subsequently put on hold until a suitable location for the unit was identified following the pandemic, with an update to be provided when further plans are in place.

At the BGH CDU Project Group Meeting held on 24th September 2020, plans were presented to retain the CDU on an extensively refurbished Leri Day Unit, with the former Renal Unit being used as a decant facility.

At the HDdUHB ET meeting on 24th March 2021, an update report on the revised re-location plans, funding assumptions and timelines were presented. The outcome of that meeting was to hold a formal charitable funds and Discretionary Capital Programme (DCP) discussion around funding the current projected shortfall.

At the CFC meeting held on 30th June 2021, the Committee approved the development of a fundraising appeal for a new CDU at BGH to meet a confirmed £0.5m shortfall with the remainder of funds in place based on the current DAF projection, subject to the development being approved at the July.

2021 HDdUHB Public Board meeting. The CFC also endorsed and recommended for approval by the Corporate Trustee, an additional contribution of £671,301.09 from HDdUHB charitable funds for development.

On the 29th July 2021 HDdUHB Public Board gave approval to proceed in developing the revised option. On the 28th November 2023 the CFC endorsed the contribution of £912,989.00 from the Bronglais Chemo Appeal fund (T392) to the capital scheme for the new CDU as well as any future donations to the appeal fund.

Asesiad / Assessment

Project Objective.

The objective of the newly refurbished CDU at BGH is to ensure that the population of Ceredigion and the neighbouring counties of Powys and Gwynedd are treated in a modern and welcoming environment to match the outstanding care they receive from staff. The project's expected benefit outcomes are:

- A significantly improved environment for patients, offering comfort in more modern surroundings;
- Additional facilities such as counselling rooms and private spaces to ensure the ability to deliver privacy and dignity to patients and their families;
- A fit-for-the-future environment to deliver chemotherapy and haematological services, resulting in greater clinical efficiency and effectiveness for clinical staff.

Leri Unit Pre -Tender Project Delivery Plan.

The construction stage was scheduled to commence on 8th January 2024. In preparation the CDU service has already decanted out of the Leri Unit into the Tenovus mobile treatment unit on the BGH site where they currently remain, which is provided under the terms of a hire agreement from Tenovus Cancer Care. The service has also utilised as part of their decant other clinical and non-clinical space on the BGH site as well as additional non-clinical space at other HB locations in Ceredigion and Powys.

A breakdown of the project's planned milestones to refurbish the Leri Unit that the Project Group were working towards delivering are shown below:

Leri Pre-Tender Project Milestones	
Key phases	Timescales
Stage 0 - Project Planning BC/DCP	March 2021 to June 2022
Stage 1 - Estate Preparation and Brief	April 2022 to July 2022
Stage 2 - Concept Design	August 2022 to April 2023
Stage 3 - Technical Design / Tender	April 2023 to December 2023
CDU decant period	November 2023 to December 2024
Stage 4 - Construction & Commissioning	January 2023 to December 2024
'Go live' date	December 2024

Project Issues:

In December 2023 following the scrutiny of the tender return the project was projecting a shortfall of £1,105,084.85. A breakdown of the project's Development Approval Form (DAF) financial out-turn cost reporting journey for the Leri Option is shown below:

DAF Versions	Date Issued	Forecast Project Out-turn Cost £inc VAT	Committee Reported to	Date of Meeting
DAF (Provisional Cost Est.)	5/10/18	1,945,380	ET	24/03/21
DAF (Provisional Cost Est.)	20/02/19	2,197,717	CFC	30/06/21

			Board	29/07/21
DAF (Budget Cost)	01/05/22	2,454,274.72		
DAF (Budget Cost)	01/02/23	2,540,363.60		
DAF (Budget Cost)	14/2/23	2,540,363.60		
DAF (Budget Cost)	31/05/23	2,532,925.58		
DAF (Budget Cost)	16/11/23	2,532,925.58	CFC	28/11/23
DAF (Pre-Tender Estimate)	17/11/23	3,709,821.63		
DAF (Tender Return)	14/12/23	4,052,091.27		
DAF (Tender following Bill of Reductions)	16/01/24	3,638,010.43		

Following DAF v.10 a tender analysis was carried out which highlighted the following factors as the rationale behind the increase in the project's out-turn costs:

- National building indices used for the project in DAF v.9 were £1888.42 sq. mtr (excl VAT), the tender return following scrutiny showed an increase to £4,096.17 m/2 (excl VAT (mainly seen in material costs).
- Due to the way in which the project outturn cost is built up the increase in project estimate and subsequent tender also increased non-works costs and VAT liability due to the rates being based on a percentage of the construction cost.
- To assess the tender costs contact was made with Shared Services who advised that current benchmark figures for 4th Quarter 2024 are in the range of £2800.00 - £4800.00 per m/2 and new build figures are now circa £10,000m/2. (excl VAT)
- There are further increases outside of the construction cost that has also affected the project outturn cost and include expenditure on the Tenovus unit temporary accommodation has increased from £20,000.00 to £50,000.00 (includes issues with water testing, installation of instantaneous heaters and additional air handing plant) and increases in the I.T. costs confirmed on the 16 January 2024 which including infrastructure costs are above the estimated figures at circa £200,000.00.

Revised Project Delivery Plan – Preferred Option

The Project Group have carried out an assessment of varying options to enable them to continue to deliver the projects objectives, following the post-tender reported shortfall of £1,105,084.85. The Project Group's assessment of the varying options has culminated in a solution being found that will enable the team to continue to deliver what it set out to deliver back in 2017 and what the charitable fundraising appeal set out to achieve in 2021. The table below shows the assessment of the 'preferred option' against the 'do nothing option'.

Option 1 – Do Nothing	
Description	Following on from the background detailed in this report showing the 'Case for Change' for the BGH CDU to 'do nothing' would continue to affect patient safety, quality and experience, whilst impacting negatively on staff morale as they continue to work in an inadequate environment to provide care.
Net Costs	Nil
Advantages	Re-allocation of pre-committed 2024/25 DCP £364,461.
Disadvantages	The projects objectives and expected benefits outcomes would not be realised with the addition of: <ul style="list-style-type: none"> ➤ A continued unsatisfactory physical environment for both patients and staff;

	<ul style="list-style-type: none"> ➤ Continued unsuitable functionality around patient confidentiality, dignity, privacy and safety; ➤ Reneging on Executive Team, CFC and Board approvals in 2021; ➤ Not meeting the standards expected as part of any peer reviews in future; ➤ Reputational damage due to public awareness and Board commitments already made; ➤ Significant reduction in morale of the CDU staff. ➤ Significant reputational impact to the health board and charity as a result of the funds donated via the fundraising appeal and overall value of funds donated to this cause; ➤ Over £2.2m of donated funds held in Ceredigion Cancer Services with no expenditure plan and donated funds not being used for the purpose they were donated. Supporters could request the return of their donations if the scheme does not progress and we would be obliged to honour their wishes.
Conclusion	This option is discounted as the projects spending objectives and expected benefit outcomes would not be met in addition to the significant disadvantages outlined above.

Option 2 – Revised Floor Plan – Preferred Option

Description	Following a value engineering exercise and a review of the non-treatment area a revised floor plan has been produced which is aligned to the current agreed schedule of accommodation by re-modelling part of the existing floor area and repurposing the existing accommodation to ensure it meets the needs of the service brief in delivering the expected benefit outcomes.
Net Costs	A revised tender sum has been received for this option: £3,073,861.00 <i>Note: These costs are held until 11th April 2024 by the contractor. (See this options full financial position table below)</i>
Advantages	With the uninterrupted delivery of the project the following would be considered as benefits: <ul style="list-style-type: none"> ➤ Project continues to deliver its objectives and expected benefit outcomes; ➤ Positive messaging to supporters that have fundraised and made donations to cancer services at BGH over many years in anticipation of the development being approved; ➤ Mitigate inflationary increases in tender pricing and any subsequent bill of reductions held until 5th April 2024; ➤ Mitigate possible delays in appointing a contractor until funding confirmed as shown in other options; ➤ Mitigate the prolonged use of temporary CDU accommodation and subsequent additional costs / availability; ➤ Improve significantly the morale of CDU staff.
Disadvantages	The use of the existing floor plan may lead to compromises which could impact on: <ul style="list-style-type: none"> ➤ Reputational: loss of public trust and confidence in the charity and health board if the public do not feel that we are delivering

	<p>what we set out to deliver and provide a significantly improved patient experience;</p> <p>➤ Credibility: public opinion on the health board's ability to manage capital projects of this nature if the scheme is seen to be a refurbishment rather than the new unit promised.</p> <p>These disadvantages have been mitigated through the Project Group's approval of the revised design and agreement to present this as their preferred option.</p>
Conclusion	This option is the preferred option as the projects spending objectives and expected benefit outcomes continue to be delivered fulfilling the project brief, which has been clinically approved providing significant advantages, with all disadvantages mitigated against as shown above.

Financial Position: Preferred Option 2 – Revised Floor Plan

Below shows the current financial position for Option 2 – The preferred option. Please note other funds considered, are also shown below with the rationale for discounting.

1. Capital development	Total £inc VAT recovery	Status
1.1 Revised Development Approval Form v.12	3,073,861.00	27.02.24 – V12 (inclusive of the decant and Arts in Health)
Total	3,073,861.00	inc VAT
2. Confirmed charitable funds		
2.1 Ceredigion Cancer Services T865	287,496.00	CFC approval September 2019. Held in UHB charitable funds.
2.2 B.A. Jenkins Legacy Fund T322	259,977.00	CFC approval September 2019. Held in UHB charitable funds. Future interest growth also approved.
2.3 BGH Chemotherapy Day Unit Appeal Fund T392	97,364.29	CFC approval June 2021. Donation from the former trustees of the Mid Wales Scanner Appeal (Nov 2019). Restricted for the CDU development. Held in UHB charitable funds.
2.4 Ceredigion Cancer Services T865	173,936.80	CFC approval June 2021. 80% of fund balance as of 31/03/21.
2.5 Bronglais Hospital General Fund T330	400,000.00	CFC approval June 2021. Supported by the BGH Hospital Services Committee June 2021.
Confirmed charitable funds sub-total	1,218,774.09	
2.6 BGH Chemotherapy Day Unit Appeal Fund T392	991,157.00	28/11/23 The CFC endorsed the contribution of £912,989.00 from the Bronglais Chemo Appeal fund (T392) to the capital scheme for the new CDU as well as any future donations to the appeal fund.
Charitable Funds Total	2,209,931.09	

3. Funding pending from other sources		
3.1 Mid Wales Colo-Rectal Cancer Fund	110,000.00	Receipt of funds pending. Verbal commitment of funds provided in October 2020 and recently in October 2023.
Total	110,000.00	
4. Confirmed funding from other sources		
4.1 UHB discretionary capital funding	364,461.00	Approved as a pre-commitment from the UHB's 2024/25 discretionary capital programme.
Total	364,461.00	
5. Total funds available / pending		2,684,392.09
6. Funding balance	-389,468.91	Proposal to be funded through: - Support for Life Responses Fund (T600). (See other funds considered to meet the shortfall broken down below).

Note: VAT recovery percentage is being reviewed for the project - awaiting response.

Other Funds Considered	Rational for Discounting
DCP	Pre-commitment of DCP remains in place. Currently there is limited capital with pressures on the availability and allocation which will provide HDdUHB with significant challenges and risks in trying to address historical backlog in medical and non-medical equipment; informatics and digital infrastructure, equipment and estates, statutory and infrastructure. Which is highlighted in Corporate Risk 1196 which states "There is a risk the Health Board is not able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. This could lead to an impact/effect on our ability to deliver our strategic objectives, service improvement / development, statutory compliance and delivery of day-to-day patient care"
WG Capital	<p>A Business Justification Case will be required to be submitted to WG for approval of capital which will impact significantly on the projects timeline with the following potential risks which would need to be considered:</p> <ul style="list-style-type: none"> ➤ Significant shortfall in WG capital which is widely known. ➤ Increases in tender pricing and any subsequent bill of reductions held until 11th April 2024; ➤ Potential delays in appointing contractor until funding is approved. ➤ Prolonged use of temporary CDU accommodation and subsequent additional costs / availability; ➤ Continued unsatisfactory physical environment for both patients and staff; ➤ Continued unsuitable functionality around patient confidentiality, dignity, privacy and safety; ➤ Significantly reduction in moral of the CDU staff.

Timeline: Preferred Option 2 – Revised Floor Plan

Cancer Day Unit.	Timescale
Site Set Up Commencement	6 th May 2024
Construction	May 24 to February 2025
Commission – Go Live	February to March 2025

Key Associated Risks: Preferred Option 2 – Revised Floor Plan

Risk	Mitigation
Reputational risk should the development be delayed or not approved by Board as significant levels of charitable funds donated for the development of a CDU will not be used for their intended purpose.	Original development approved by Board in September 2019. Revised re-location plan approved by Board in July 2021. Revised delivery plan following tender return being presented for approval to ET, CFC/Corporate Trustees and Board.
Failure to gain approval for the release of additional charitable funds to bridge the preferred options shortfall of £369,468.91 from HDdUHB General Charitable Funds and BGH General Charitable Funds.	Revised delivery plan following tender return being presented for approval to ET, CFC/Corporate Trustees and Board.
Approved contract sum increases during the site process due to issues found when working in existing buildings and external factors. Duration of project increases due to delays in works caused by external factors such as weather, material delays etc.	Management of works and contract management to follow HDdUHB standard procedures, duration and costs to monitored through monthly progress meetings and project team advised as applicable.
Failure to drawdown funds committed by the external charity Mid Wales Colo-Rectal Cancer Fund (£110,000).	Receipt of funds pending. Verbal commitment of funds provided in October 2020 and recently in October 2023.
Permanent Staff Re-location (therapies/ office staff) would cause delays the revised option.	Solution being worked through with HB. Cost of BGH decant c.£100k per annum (local authority lease) needs to be worked through, without this staff will not be located by the required May 2024.

Preferred Option 2 – Revised Floor Plan - Summary:

This option is aligned to the needs of the services brief in delivering the expected benefit outcomes, whilst providing a significant number of advantages highlighted in the assessment above. At an Extraordinary Project Group meeting held on the 20th February 2024 the group approved this option as their preferred option which mitigated any potential disadvantages.

The financial table above has shown that there is a funding shortfall of £389,468.91 which the project group are seeking approval to bridge that gap through the drawdown of other charitable funds from HDdUHB General Charitable Funds and BGH General Charitable Funds.

The timelines associated with gaining approvals to proceed with the preferred option are key to allow the financial position detailed above in the option appraisal to be secured by the 11th April 2024.

Argymhelliad / Recommendation

This paper seeks that the Corporate Trustees:

- notes the Executive Team and Charitable Funds Committee approval to proceed with the Preferred Option – A Revised Floor Plan that fulfils the project brief and has been clinically approved.
- consider the content of this report and provide approval to proceed with the Preferred Option – A Revised Floor Plan and endorses the maximum contribution of the additional charitable funds to bridge the preferred options shortfall of £389,468.91 from the Support for Life Responses Fund (T600).

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	A project risk register is in place and is managed by the Project Group. Risks are summarised under the assessment section of this SBAR.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	4a Planned Care and Cancer Recovery Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:	
Further Information:	
Ar sail tystiolaeth: Evidence Base:	Hywel Dda University Health Board Oncology Needs Assessment 2015. Haemato-Oncology and Lung Cancer Peer Review reports (2016).
Rhestr Termiau: Glossary of Terms:	Included in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	BGH CDU Project Group BGH Management Team Committee Mid-Wales Colorectal Group

Parties / Committees consulted prior to University Health Board:	Mid-Wales Joint Committee Executive Team Charitable Funds Committee
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Included in the body of the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The refurbishment and upgrade of facilities is intended to improve patient facilities.
Gweithlu: Workforce:	No additional workforce costs are anticipated as a result of this development.
Risg: Risk:	Included within the body of this report.
Cyfreithiol: Legal:	Not applicable.
Enw Da: Reputational:	There is a reputational risk to the Health Board should the project be delayed or not be approved. This risk is highlighted and managed via the projects Risk Register under development by the Project Group.
Gyfrinachedd: Privacy:	PIA screening has indicated that a PIA will be beneficial. This will be undertaken and managed by the Project Group.
Cydraddoldeb: Equality:	<p>Equality Impact Assessment screening has been undertaken and, at this stage, does not indicate adverse impacts for protected groups. Engagement with service users on the proposals to date will commence shortly. The needs of protected groups will be considered at all stages and there will be continuing engagement with key stakeholders to inform developments.</p> <p>This development will assist the Health Board in meeting the duties of the Equality Act 2010 to eliminate discrimination and advance equality of opportunity in giving the Health Board an opportunity to tailor the Ward environment and service delivery to meet the needs of service users.</p> <p>The proposals will align with the Health Board's Transforming Clinical Service's vision and provide an accessible environment that promotes dignity and respect for all.</p>

The refurbishment of the CDU area will provide an opportunity to address the problems identified in relation to overcrowding, lack of privacy and compromise to dignity.

Continuing engagement with staff and other key stakeholders will provide opportunities for feedback from all protected groups at all stages from planning and development through to delivery of services.



CYFARFOD O'R YMDDIRIEDOLWR CORFFORAETHOL MEETING OF THE CORPORATE TRUSTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review of Fundraising, Governance and Support Costs and Apportionment methods
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Sharon Daniel, Interim Director Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Timothy John, Senior Finance Business Partner

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Discussion was held at the 26 September 2023 Charitable Funds Committee (CFC) meeting regarding the apportionment of governance and support costs and investment income and gains. As a consequence, further work was requested to:

- Review the current level of spend on governance and support costs and
- Explore alternative options for the apportionment of governance and support costs and investment and income gains.

This paper was presented to the CFC meeting on 12 March 2024 and provides information regarding the increase in support costs since 2014/15, together with details of income over the same period. Options for apportioning these costs are also outlined. A proposed budget for 2024/25 is also set out.

Cefndir / Background

In March 2018 the CFC agreed to create a central unrestricted fund for all the apportionments on unrestricted funds to be charged and credited. The decision on how to manage any surplus funds in this central fund and the level of reserve needed to be maintained was agreed to be reviewed periodically.

The CFC received information at the September 2023 meeting showing that due to the impact of the global recession on investment markets and the increase in fundraising team costs this central fund is being eroded. As a consequence, a review of fundraising costs and overall governance and support costs was requested together with alternative options for consideration of how to apportion the costs and was presented to the CFC on 12 March 2024.

Asesiad / Assessment

Review of Fundraising Costs

Fundraising costs consist of the salary costs for the fundraising team, non-pay fundraising costs and an investment management charge. Following the move to CCLA investment advisors in December 2022, the charity no longer incurs a management charge. However, this is deducted from the investment income before it is received.

In 2022/23 the total fundraising costs (pay, non-pay and investment management costs) for the charity were £452,000. A budget of £455,000 was agreed for 2023/24.

The proposed 2024/25 budget remains the same, uplifted by 4% for the estimated pay award. This is £469,000 and can be broken down as follows:

Costs		WTE	2024-25 (£)
Total Pay Costs		8.7	421,713
Non-Pay Costs			46,910
Total Fundraising			468,623

Fundraising pay costs (which include employers national insurance and pension contributions) have increased significantly over the last 10 years due to the appointment of additional staff in 2016/17, 2020/21 (additional 2.6 whole time equivalent (WTE) and 2021/22 (additional 2.8 WTE).

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	000s	000s	000s	000s	000s	000s	000s	000s	000s	ytd M10
Fundraising pay	45	51	105	134	150	168	204	309	371	325
Fundraising non-pay	6	12	13	14	28	28	18	30	37	34
Investment mgt costs	38	36	41	7	43	44	45	49	44	0
Total fundraising costs	89	99	159	155	221	240	267	388	452	359

In prior year accounts the head of charity role has been included as a fundraising cost within the accounts. Going forward we intend to review how this is presented within the accounts and include an element as support and governance to reflect these elements of the role.

Review of Governance and Support Costs

Support and governance costs consist of a recharge from the Health Board towards the cost of the finance function as well as the statutory audit fee.

The Finance Team costs for 2022/23 were £97,000. A budget of £99,000 has been agreed for 2023/24.

This recharge is based on the time spent by staff involved in the finance function, including the full-time charitable funds officer post which deals with queries and fund analysis, as well as a recharge for the time spent by other members of the finance team for the preparation of the accounts, attending meetings and support and a recharge for time spent by procurement, accounts payable and the general office.

The proposed 2024/25 finance team recharge is £103,000, which is the 2023/24 recharge uplifted by 4%.

The following table shows the support costs since 2014/15

Support and governance costs	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24 ytd M10
	000s	000s	000s	000s	000s	000s	000s	000s	000s	000s
Finance Team Costs	85	87	73	67	80	88	91	93	97	82
Audit Fees	10	9	9	9	9	9	9	13	15	13
	95	96	82	76	89	97	100	106	112	95

A large proportion of the work undertaken by the finance team relates to processing of the grants awarded. The following table shows the finance team costs as a percentage of the grants awarded.

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24 ytd M10
	000s	000s	000s	000s	000s	000s	000s	000s	000s	000s
Grants awarded	739	794	855	819	1,230	2,488	937	1,556	686	1,127
Finance team costs	12%	11%	9%	8%	7%	4%	10%	6%	14%	7%

Review of Income

The following table shows income over the last 10 years. Income levels have increased gradually over the period up until 2020/21. The charity's income reduced significantly in 2021/22 following the COVID-19 pandemic. 2022/23 saw the charity's highest recorded income since its establishment with income of £3.98M. This was as a result of the successful Bronglais Chemo Appeal, as well as significant donations for the Pentre Awel hydrotherapy pool. Income in 2023/24 to date has been reasonable. Legacy income has been particularly strong following the receipt of a £1.3M legacy in November 2023.

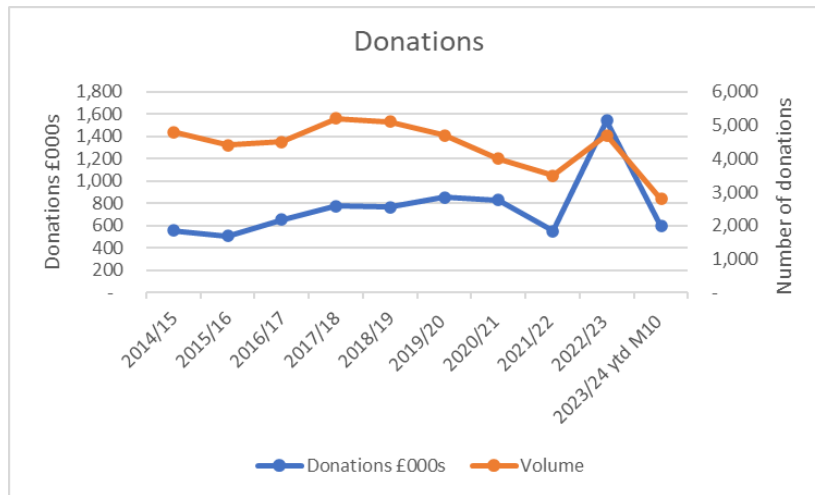
INCOME	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24 ytd M10
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Donations	558	510	655	778	766	853	831	551	1,542	595
Legacies	273	226	523	444	780	942	841	281	1,921	1,434
Grants	-	-	16	9	18	13	511	24	102	31
Other Trading Activities	-	-	-	-	-	-	-	4	13	12
Investment income	200	212	234	255	317	331	327	315	405	274
	1,031	948	1,428	1,486	1,881	2,139	2,510	1,175	3,983	2,346

Donations

The value of donations has increased steadily since 2015/16 until 2020/21. Again, with a reduction in 2021/22 following the COVID-19 pandemic and a large increase in 2022/23 due to the Bronglais Chemo Appeal and a large donation for the Pentre Awel hydrotherapy pool.

Although the value of donations increased between 2015/16 and 2020/21, the volume of donations has fallen since 2017/18, except for 2022/23 when there were additional donations for the Bronglais Chemo Unit Appeal.

INCOME	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24 ytd M10
Donations £000s	558	510	655	778	766	853	831	551	1,542	595
Volume	4,800	4,400	4,500	5,200	5,100	4,700	4,000	3,500	4,700	2,800



For every £1 spent on fundraising costs in 2022/23 £7.92 was generated as income.

The following table shows this trend over the last 10 years.

Review of income generated from fundraising (i.e. excluding investment income)										
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24 ytd M10
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income (excl. investments)	831	736	1,194	1,231	1,564	1,808	2,183	860	3,578	2,072
Fundraising costs	89	99	159	155	221	240	267	388	452	359
Income earned per £1	9.34	7.43	7.51	7.94	7.08	7.53	8.18	2.22	7.92	5.77

In 2022/23 we raised £3.983M and provided grants totalling £686,000. £564,000 was spent on fundraising and support and governance costs. For every £1 raised or donated, 86 pence is available to be spent on grants, prior to the movement on investments. If the investment loss of £560,000 was factored into the calculation 72 pence was available to be spent on grants.

Apportionment of Support and Governance costs, Investment Income, Gains and Losses

In September 2023 a paper was presented to the CFC which explained the current process used for apportioning Support and Governance costs, Investment Income, Gains and Losses. These are apportioned across the funds based on the average monthly fund balance on each fund. The apportionment relating to unrestricted funds is applied to a central unrestricted fund (T610).

As of 1 April 2023, the balance on the central unrestricted fund was £194,000.

As shown in the Integrated Performance report, for the 10-month period to 31 January 2024, significant unrealised gains have been generated on the charity's investments of £547,000. These gains, along with the investment income exceed the charity's fundraising and support and governance costs. Overall, a surplus of £367,000 has been generated. £65,000 of which relates to unrestricted funds. Adding this surplus to the brought forward figure would result in a balance of £259,000 on the central unrestricted fund.

The value of investments however can fluctuate significantly. Although the charity has generated a surplus of £547,000 for the period to 31 January 2024, this will change by the year end depending on the market conditions. Significant losses are also possible, as seen in 2022/23 when a loss of £560,000 was generated.

NHS Wales health board charities approach this matter in different ways. For instance, another Local Health Board retains one central fund for all investment income, gains and losses, fundraising and support and governance costs. The individual funds do not receive the net benefit or cost. This fund is depleting therefore they are now considering introducing a management charge across each of the funds.

The following options were proposed for consideration:

Option 1

Continue with the current method and retain the central unrestricted fund (T610). If investment income and unrealised investment gains on the unrestricted funds are greater than the fundraising, support and governance costs in a year, the surplus would increase the value of the fund. These funds would be available to meet the costs in any years where the investment income and gains do not cover these costs. However, if a deficit was significantly large in one year, there is a risk that there would be insufficient funds to cover the deficit. In which case it would need to be apportioned across the individual unrestricted funds. If market conditions continue to generate large gains, this would result in a large central unrestricted fund that would not be available to be spent on grants.

Option 2

Continue with the current method and retain the central unrestricted fund (T610) up to a maximum level of 10% of the year end investment fund balance. Once this level is reached then any excess would be distributed to the individual unrestricted funds at the year end. This will ensure that more funds are available to be spent on grants. However, if a particularly large investment loss occurred in a year, the central funds may not be sufficient to meet it. In which case the loss would need to be apportioned across the individual funds.

Option 3

Apportion all investment income, gains and losses as well as fundraising and support and governance costs directly to the unrestricted funds, removing the central fund. The individual funds will therefore receive the impact in immediately and in full. This will either increase or decrease the value of the individual funds depending on whether a surplus or deficit has been generated in the year.

Argymhelliad / Recommendation

The Corporate Trustee is asked to:

- **APPROVE** the Charitable Funds Committee's preferred apportionment basis for governance and support costs and investment and income gains, namely Option 2 with a central unrestricted fund (T610) up to a maximum level of 10% of the year end investment fund balance
- **SUPPORT** and **ENDORSE** for the approval the proposed fundraising, governance and support costs budget for 2024/25.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:

Not Applicable

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ledger reports and investment reports.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Director of Finance Fundraising Team Charitable Funds Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The report sets out the financial position of the charity. Income generated from fundraising activities is a key source of income for Hywel Dda Health Charities. The charity is therefore duty bound to ensure that the correct controls and governance arrangements exist with regards to all aspects of fundraising.
Ansawdd / Gofal Claf: Quality / Patient Care:	Charity objects are in support of NHS services locally.
Gweithlu: Workforce:	Governance and support costs included in Section 4.2 of Annex 1.
Risg: Risk:	Reputational risk if associated with unethical fundraising.

Cyfreithiol: Legal:	The charity's financial reporting is in line with charity law and guidance.
Enw Da: Reputational:	Not applicable - as the programme directly benefits patients and NHS staff there is no likelihood of public or patient opposition.
Gyfrinachedd: Privacy:	No impact.
Cydraddoldeb: Equality:	No EqIA is considered necessary for a report of this type.