

Name of Committee: Charitable Funds

Committee Paper **Item CF15/37**

Date of meeting: 21st September 2015

Date of Paper: 8th September 2015



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

*To improve health and provide excellent
care*

Title: **Charitable Funds Committee – The Charity Strategy 2016-2021**

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Responsible Director: **Mr Russell Favager, Executive Director of Finance**

Summary of Key Issues: Following the annual Trustees' meeting on May 28th 2015 and discussion of the future strategy of the charity, this paper lays out the suggested approach to management and focus of the charity for the next 5 years.

The Committee is asked to note the paper and endorse approval by the Board (The Corporate Trustee) at the annual meeting of the Trustees in 2016.

Action Required By Board: **To:** *(Please tick all that apply. This section should match the recommendations made in the paper)*

Note	√
Endorse	√
Ratify	
Approve	

Key Impacts: *(Please provide a short summary against all that apply)*

Corporate Objective	The Board act as Corporate Trustees to the charity, and are responsible for its governance.
Finance	
Quality Impact Assessment	
Health and Care Standards	
Equalities, Diversity & Human Rights	
Risk & Assurance	To provide governance to identify, mitigate, escalate or eliminate risks.

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

The Awyr Las Charity Strategy 2016 – 2021

Gyda ni • With us

Elusen Gofrestredig Rhif. 1138976 • Registered Charity No. 1138976



Contents

1. Introduction
2. Background and Benchmarking
3. Vision and Aims
4. Strategic Objectives
5. Conclusion
6. Appendices





1. Introduction

Awyr Las is the North Wales NHS charity. The charity brightens the lives of patients and their families across North Wales, particularly the most vulnerable in society. The charity is dedicated to providing additional services and facilities to improve the experience of the patients and populations served by the NHS.

This document is intended to serve as an overview of the strategic direction of this ‘emerging’ charity. Evidence suggests that we can only plan with relative certainty for the next two or three years at most – beyond that we must develop a vision of what the charity might be doing. This document therefore details plans for the next three years, providing a clear ‘road map’ to set feasible but demanding targets, and a vision for beyond that with aspirations to help ensure that charity staff and, more importantly, the charity’s supporters have a good understanding of the direction the charity will be taking in order to achieve its aims.

Over the past 4 years the charity has made a significant impact on the lives of patients and their families, carers, healthcare staff and volunteers supporting NHS services across North Wales through awarding an average of over £3.2million per annum to support: new equipment; improved facilities; additional services and special complementary projects; research and education¹. During this time the charity has invested in developing its support functions which have helped to see improvements in all areas of the charity’s work, especially around governance and reporting, PR and donor support. The charity has maintained a total average annual income of £2.6million over this period and its total average Return on Investment (ROI) has remained at over 1:7, at a time when the reported average cost to income ratio is 1:4² and many charities’ actual ROI is 1.5 to 2.5³.

The charity has taken notable and impressive steps to operate more effectively in order to help provide both beneficiaries and benefactors with a better experience, but there continue to be real and pressing issues that need to be tackled in order for us to offer the best support for our patients. There are internal and external factors that will continue to influence the charity’s performance, particularly staff trust and engagement, the negative press perception of the Health Board, and competition from other charities both national and local. In the face of these challenges, we must nevertheless remain positive and work towards ambitious but achievable goals. In order to be THE preferred charity of choice for local people, we must now build on our strengths, make the most of opportunities and take steps to: refine processes to make certain that the charity consistently addresses the most pressing needs of our local communities in the best possible way; identify inefficiencies and improve administrative systems; build on increasing the profile of the charity; diversify income streams and broaden the charity’s supporter and volunteer base.

¹ Examples of how Awyr Las has made a difference to the lives of patients and their families can be found in the charity’s newsletters and Annual Report

² ‘Fundratios 2013’, Published by the Institute of Fundraising, November 2014

³ ‘Fundraising Efficiency and Fundraising Ratios’, Published by New Philanthropy Capital, February 2014



2. Background and Benchmarking

2.1 The Charity Strategy 2012- present

The Fundraising Support Team came into existence in December 2012. The Head of Fundraising introduced a 3 year strategy in 2013 to coincide with the introduction of the new charity brand, which aimed to improve the charity's basic cultivation and stewardship programmes. The strategy advocated a greater emphasis on PR and it concentrated on improving the service given to reactive fundraising requests rather than pursuing proactive approaches.

One of the 2013-16⁴ strategy's main aims was to ensure the charity was 'large appeal ready' for 2016. The charity has not reached this pivotal point, in part due to the internal and external factors outlined in the introduction, but principally because the action plans that accompanied the strategy were not carried out in its entirety or adequately built on. Sufficient commitment, capacity and expertise have not been assigned to developing necessary effective data collection and communication processes.

The strategy outlined a clear way of communicating the charity to donors, dividing up the areas of need into the following categories: cancer care; older people; younger people; research and education; arts in health and wellbeing; hearts and minds (greatest needs). This well researched method of illustrating the need and impact of the charity has proven to be well received and valuable because it has simplified the charity's messages. However, it hasn't been as embedded into the charity's messaging framework as expected due to a lack of forward planning around the priorities within these groups. Without a clear Case for Support – detailing a 'wish list' of the most needed equipment, capital improvements, research, education and special projects – the charity cannot galvanise support effectively. The 2016-2021 charity strategy must address this issue; the charity will not be able to meet the needs of the most vulnerable patients if everyone involved in the charity, particularly the fundraising staff and volunteers, are not aware of the key needs of these patients.

The Objectives set out in the 2013-16 strategy have not all been met:

- A process for recording donations on the Fundraising Support Team's database has been implemented, but the database and Gift Aid targets set have not been reached, and need to be revised.
- A robust framework for declaring small Fundraising Appeal and Fundraising requests has not been properly introduced.
- On a positive note, the levels of donations (excluding legacies) have not just been maintained, they have risen (see 2.4).
- The charity has launched a small scale appeal region wide for £350,000 and community appeals for £100,000 which are assisting greatly in testing conditions for a larger scale appeal. Whilst the charity is not 'large appeal ready', it is in a significantly better position to raise large amounts of money than it was three years ago.

2.2 The Health Board: Setting a context

⁴ Appendix 1: Awyr Las Charity Strategy 2013-2016

The Betsi Cadwaladr University Health Board (BCUHB) is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 676,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham) as well as some parts of mid Wales, Cheshire and Shropshire. BCUHB employs over 16,000 staff and has a budget of around £1.2 billion.

BCUHB is facing the same well documented challenges as other NHS Boards and Trusts across the UK: an ageing population; lifestyle factors including poor diet and lack of exercise; the change in public expectations; pressure on A&E departments; rising costs and advances in medicine and technology. These are collectively putting a financial strain on healthcare services and personnel, arguably making the role of the charity increasingly more important whilst also potentially making its role more unclear.

BCUHB is the first health board to be put in to special measures. This matters because we have anecdotal evidence which shows that the negative publicity which continues to affect the Health Board can have an impact on the willingness of people to support Awyr Las.

BCUHB has recently been restructured and is introducing new corporate objectives. These objectives, which will be published in autumn 2015, will dictate the strategic priorities of the charity. Whilst the charity has a separate identity, its aims should mirror the Health Board's goal – to improve the health of the population, with a particular focus upon the most vulnerable in our society.

The Health Board plans to offer an integrated health service which provides excellent care and develop its workforce so that it has the right skills and operates in a research-rich learning culture. Frontline NHS colleagues need to work with charity staff to identify how this will be done and how the charity can best meet the needs of patients to ensure that the aims of the Health Board are met.





2.3 More than Awyr Las

Awyr Las is not the only charity to support NHS services in North Wales. There are over 80 other charities and community groups that provide charitable support for healthcare services and departments across the region. Collectively these groups donated over £1.5million directly to the Health Board in 2014/15. The charitable support from these groups is not given through Awyr Las, but it is the Awyr Las support teams' responsibility to ensure that these groups:

- Receive the support (for marketing, recruitment, awarding funding and reporting) they need and recognition they deserve
- Maximise their income so they can make a bigger difference for patients
- Follow good practice and abide by regulations in all aspects of their charitable operations
- Support the strategic priorities of the Health Board and are involved in decision making wherever possible.

2.4 The definition of an effective charity

What constitutes an effective charity? A survey of Awyr Las beneficiaries, donors, volunteers and staff showed that the most important factors that determine whether the charity is effective are:

- The impact that the charity has on patients and their families.*** Are their lives greatly improved because of the charity?
- The value for money the charity offers.*** Are the processes and systems in place the most cost effective? Are staff members working as efficiently as possible? Are marketing tools working, are we making the most of volunteers and opportunities for partnership?
- The quality of service the charity offers for all its current and potential supporters.*** Are people always receiving excellent information, advice, care and recognition?

These factors must dictate the strategic direction of the charity, they must be measured and evaluated regularly and reported internally and externally.





2.5 A Snapshot of the Charity

Appendix 3 provides an overview of the financial performance of the charity. The following points can be noted:

- 2.5.1 The charity makes a significant contribution to improving patients' experiences in North Wales.** In 2013/14 the value of Awyr Las grants towards capital projects was equal to almost 4% of the Health Board's total capital allocation (See Figures 1&2. The Health Board's capital allocation for 2013/14 was £43.6 million⁵).
- 2.5.2 In recent years the charity has become increasingly patient focused.** Figure 1 shows there has been a reduction in grants awarded to 'NHS staff' projects. In 2011/12 'NHS staff' charitable grants accounted for nearly 30% of total expenditure, but this had reduced to just over 20% in 2014/15. Although grants to NHS staff projects do have an impact on patient care.
- 2.5.3 40% of the charity's supporters choose to give to cancer care and 21% give to primary, community and specialist medicine⁶.** Whilst mental health is deemed to be one of society's most pressing issues, only 0.7% of donors give to this area currently. Children and young people – an area which is usually considered to have significant support – only attracts 8% of donations. **Donations to women's and maternal care rose from £11,000 in 2013/14 to £32,000 in 2014/15.** Over the past 4 years there have been significant decreases in the levels of donations given to pathology services, pharmacy, surgery & dental and therapies & clinical support.
- 2.5.4 41% of donations and fundraising income are given to services within the 'Central' area, 34% is given to services in the 'West' and 25% to services in the 'East'.** It should be noted that Wrexham Maelor receives significantly more financial support from independent charities operating in the hospital (through the services provided by voluntary groups MVS and the WM League of Friends) than Ysbyty Gwynedd; this partly explains the difference in levels of support in different areas.



⁵ BCUHB Annual Report 2013-14

⁶ These percentages take into account all donations and fundraising income from 2011-15



- 2.5.5 The charity's fundraising performance is in line with national trends.** Both the UK Giving Report 2014 and the NCVO's The UK Civil Society Almanac have demonstrated a consistency in the level of giving by UK individuals during the recent recession⁷. Figure 3 demonstrates that Awyr Las has actually increased donations and fundraising income in recent years; the 2014/15 combined donations and fundraising income of over £1.6 million was 55% higher than in 2011/12.
- 2.5.6 The charity's decrease in bequests reflects the national trend in legacy giving.** Whilst a large percentage of charities have maintained levels of donations and fundraising income in recent years, research has shown that total voluntary income has been lower due to lower legacy receipts⁸. There has been a steady decrease in the number of legacy gifts received; in 2014/15 the charity received only 38 legacies, down from 68 in 2012/13. The number of bequests over £50,000 dropped from 9 in 2012/13 to 6 in 2014/15. Figures 3&4 show that Awyr Las' legacy income has reduced considerably: 56% of total income originated from legacies in 2011/12 compared with only 29% in 2014/15. On average legacies provide charities in the UK with 32% of total income⁹, so the more recent figure shows a more accurate picture of what we should expect from legacy giving.
- 2.5.7 The charity's investment income varies dramatically year on year regardless of the cost of managing the charity's portfolio, and the costs are rising whilst the income is diminishing.** Figures 1&3 show that Investment Management Costs accounted for 0.9% of total costs in 2011/12 and it had increased to 1.9% by 2014/15. Investment income provided 5.7% of income in 2011/12 and only 1.4% in 2014/15.
- 2.5.8 The charity needs to employ more specific and sophisticated methods of recording income in order to: provide a more accurate portrait of giving; demonstrate good returns on investment for events and activities; and plan for future diversification into different income streams and change of focus on areas of fundraising.** A more detailed breakdown of income from corporate partners, events, groups and associations and other specific means can't easily be presented currently.
- 2.5.9 The Fundraising Support Team has demonstrated that it offers good value for money, with a Fundraising ROI of 8.69 (Figure 5). The cost to income ratio of the charity of 1:7 is significantly better than the national average.** The Fundraising ROI has fallen, but the level of fundraising and PR activity generated by the team has noticeably increased. Improvements have also been made to ensure that best practice and fundraising regulations are followed. In addition, the other charities that support NHS services in North Wales are now receiving a better level of support than they were 4 years ago. Administrative support costs of the charity have reduced by 25% from 2011/12, but this has been reinvested in the fundraising team (Figures 5 and 6).
- 2.5.10 15p in every £1 donated helps us to generate more money to support patients in North Wales,** This figure is low when compared to other charities; it is cited that charities costs are generally between 20p and 30p per £1 generated.

⁷ UK Giving Report 2014, Charities Aid Foundation

⁸ 'Fundratios 2013', Published by the Institute of Fundraising, November 2014

⁹ 'Fundratios 2013'



- 2.5.11 The charity should celebrate the fact that there has been a significant increase in fundraising income and donations since the Fundraising Support Team was established (see Figure 8).** In 2013/14 41% of charities that took part in a research project carried out by the Institute of Fundraising¹⁰ increased their fundraising expenditure, but only less than half of these were able to combine increased investment with positive income growth. Charities on the whole now have to spend more to make more money. It is useful to note that the general return on investment through fundraising has dropped in recent years: New Philanthropy Capital¹¹ notes that in 2007/08 a pound spent on fundraising made £3, but by 2012/13 this number had shrunk to under £2.
- 2.5.12 More people are now giving to Awyr Las, but there is a lot of potential to grow the income of the charity.** Figure 10 shows that the charity received 8% more donations in 2014/15 than in 2011/12. Donations are often collected from a number of people, but even accounting for 10 people contributing to all these gifts, that would mean that 47,560 had given through the charity last year. Even using this arguably inflated figure that amounts to only 7% of the North Wales population, all of whom should be viewed as potential supporters, as all will very likely at some stage benefit from the charity.
- 2.5.13 The charity's average annual donation size of between £246 in 2011/12 and £395 in 2014 (see Figure 10) is above the national average of £168 per annum¹².** This is interesting but not that useful because without a more accurate breakdown of different income streams, it is difficult to benchmark performance against other charities.
- 2.5.14 The costs of the charity are going to rise over the next 3 years (see Figure 11 and 12).** The charity needs to ensure that these increasing costs can be met in a way that will not impeach future fundraising efforts and it needs to communicate openly about how these costs will be funded in order to minimize potential damage to the charity's reputation.



¹⁰ Fundratios 2013', Published by the Institute of Fundraising, November 2014

¹¹ 'Fundraising Efficiency and Fundraising Ratios', Published by New Philanthropy Capital, February 2014

¹² According to the UK Giving Report 2014, Charities Aid Foundation the typical monthly amount given by a donor £14 (£168 per annum)



2.6 A comparison with other NHS Charities

Nearly 90% of all UK giving is concentrated on the top 100 charities, even though there are over 650,000 charities registered in the UK¹³. Our main charitable competitors are not necessarily other local healthcare charities; the larger national charities have the power to influence and attract donors in our hospitals and beyond, and increasingly people are choosing to support these charities' well publicised events and activities because of the status and appeal attached to doing so.

We have carried out a comparative performance study with 15 other NHS Charities, looking at data from 2013/14. These charities are not competitors, but they generally do operate in similar environments to Awyr Las. The data used in this study can be found in Appendix 3, the NHS Charities Comparison.

The findings from the study are useful:

- 2.6.1 When assessing charitable income as a direct comparison of the % of NHS Trust income, Awyr Las ranks 12th out of the 16 participating charities.** Awyr Las' charitable income is the equivalent value as 0.25% of the Health Board's total income; Cardiff and Vale Health Board Charity ranks 15th, with 0.12% and Velindre was 2nd with 5%. Specialist hospitals' charities are able to raise more income as a % of their NHS Trust Income. Along with Velindre, Christie Charitable Funds, Clatterbridge Cancer Charity, Alder Hey Charity and Birmingham Childrens Hospital Charity also all ranked in the top 5.
- 2.6.2 Awyr Las relies on legacy donations more than most NHS Charities.** The total % of income from legacies varies greatly between the different charities; for example in 2013/14 39% of the Christie Charity's total income came from bequests, compared to only 2% for the Clatterbridge Cancer Charity.
- 2.6.3 Awyr Las ranked 2nd out of 16 for its ROI for fundraising.**
- 2.6.4 Most charities included in the study receive more investment income as a % of their total income.** In 2013/14 investment income accounted for 2.7% of Awyr Las' total income, compared to 27% for Above and Beyond in Bristol, 12% for Cardiff and Vale UHB Charity and 15% for Derby Hospitals Charity.
- 2.6.5 Many NHS Charities have more net assets available than Awyr Las, which with £6.9 million net assets ranked number 9 in terms of the total funds per charity taking part in the study.** The Christie had over £20 million net assets in 2013/14 and Cardiff and Vale had over £9million.
- 2.6.6 The majority of NHS Charities don't have the a similar 'make up' in terms of breadth of the charity, as demonstrated by the number of funds within the charity.** Above and Beyond supports over 9 hospitals and has almost double the amount of funds as Awyr Las, but other charities like The Christie charity have as few as 50.
- 2.6.7 Awyr Las ranked 2nd out of all of charities for the amount raised per member of the Fundraising Support Team (taking donations only into account).** Averaged out, an Awyr Las Fundraising Support Team member raised double the amount that a Birmingham Children's Hospital fundraising staff member raised that year.

¹³ Association of NHS Charities, Developing a Fundraising Strategy Report



2.6.8 The majority of the charities taking part in the study could accurately breakdown fundraising income into events, major gifts, corporate gifts etc. Awyr Las and 6 others were unable to do that.

The additional non-financial information from the charities has really helped to build this strategy. Grateful thanks to all those who have shared what points they are at in terms of establishing fundraising programmes, developing large scale appeals, and testing new and different income streams, initiatives and activities.

Sections 2.5 and 2.6 provide useful information on the charity's performance, but it's equally important to assess qualitative data in order to identify what aspects of the charity need improving, and at what cost. At the heart of this strategy lies the a, b, c of what makes a charity effective (see 2.4); in order to achieve the targets set out for the next three years and to fulfill the aspirations beyond that, it is certain that the charity will see its ROI and amount raised per fundraising member of staff decrease. At the same time, the charity must deliver results without taking too much away from designated funds, as this could seriously damage the ability to grow income in following years.





3. Vision and Aims

3.1 The Awyr Las Vision

The charity vision is bold and ambitious, and it encompasses the two key areas of what the charity must aspire to do: make improvements for all beneficiaries and for all benefactors.

Our vision is to make a positive difference to every person receiving care and treatment in North Wales' hospitals, health centres and in the community.

- The charity will help to improve the health of **all patients in the region**, with the main focus being on the most vulnerable.
- The charity will demonstrate the impact that it has on patients to **everyone** receiving care and treatment in North Wales' healthcare settings and beyond.

3.2 The Aims of the Charity

These aims provide a clear direction so realistic objectives can be drawn up to provide manageable steps towards achieving the charity's vision:

3.2.1 Awyr Las will improve the health of people across North Wales with a particular focus on the most vulnerable in society. Awyr Las will do this by supporting an integrated health service across North Wales which provides excellent care.

3.2.2 Awyr Las will brighten the lives of patients, their families and carers. It is not enough to improve health; people's wellbeing needs to be considered at the same time. Awyr Las will therefore prioritise funding for equipment, facilities, special projects and research that will make a tangible difference to patients' wellbeing.

3.2.3 Awyr Las will become the preferred charity of choice for local people. The charity will build on its internal and external communications, provide a varying range of fulfilling opportunities for people to get involved in the charity, and offer excellent donor service. The goal is to make sure that people are more aware of the impact that the charity has and encourage donors and volunteers to become lifelong supporters of the charity.

3.2.4 Awyr Las will ensure excellent value for money for those who 'invest' in the charity. The charity's support teams will address operational inefficiencies whilst maintaining a low total cost to income ratio from 2016-2018.

3.2.5 Awyr Las will diversify its income streams to maintain a steady income in order to achieve its principle two aims. From 2016-2018 the charity will raise in excess of £2.4 million per year.



3.3 The Charity's Theory of Change

At the heart of Awyr Las' work is a theory of change that sees the interaction between NHS staff and patients as fundamental to achieving its vision.

In order to be able to make a positive difference it is necessary for all staff to become engaged in the charity in some way and for them all to be able to simply communicate the need and impact of the charity.

It is imperative that the Charity Committee, the Charity staff and the Fund Advisors cascade this message and implement the processes and structures required to make sure all staff feel empowered to take an active role in the charity. NHS staff members can do this in two ways: by sharing how they believe the charity can best make a positive difference and by being an advocate, encouraging others to support Awyr Las.

The strategic plan will underpin this theory of change at all levels.





4. Strategic Objectives

4.1 The Charity's broad objectives

This document provides an overview of what the charity wants to achieve and how it will achieve that; the details of how this will happen are to be included in robust action plans which will be closely monitored by the Charity Committee and the charity's managers. These action plans will hang off the charity's strategic objectives and they will lay out specific annual, three year and five year targets which will be reported, measured and evaluated.

There is a desire to follow the direction of the Health Board in terms of focusing on preventing illness, promoting health and well-being and investing more in primary and community care. The charity is able to assist the Health Board in its plans to improve the health of those with the poorest health fastest and identify and tackle impacts of deprivation, poverty and subsequent health inequalities. However, the move from principally being a provider of equipment and capital improvements in secondary care settings towards addressing and funding a public health led agenda within the community will take time and will be a focus over the next five years. The charity will endeavour to incorporate more aspects of this public health focused, preventative model within its grants programme, but first it needs to carry out an in-depth analysis of the feasibility of supporting prevention initiatives and health and wellbeing promotions by testing detailed cases for support on a range of different donor groups.

It is sensible for the charity to focus its fundraising efforts on the areas that are proving to be the most challenging for the NHS, particularly mental health and older people's general health and wellbeing, but at the same time the charity must balance this focus with what its supporter base wants to support and where there is most appetite to increase this support internally. One of the priorities of the Health Board over the next 5 years will be to improve engagement and the empowerment of staff, patients and the public; Awyr Las can help to achieve this if there is a commitment to promoting Awyr Las from senior members of staff.

The most important focus of the charity over the next 5 years is to build on the progress made in recent years and ensure its basic processes and values are reviewed, adhered to and embedded in the culture of the charity.

The specific strategic objectives of the charity are broken down into four groups:

- Financial objectives
- Logistical objectives: Improving outcomes for patients and their families
- Logistical objectives: Improving outcomes for supporters and volunteers
- Logistical objectives: Improving outcomes for Third Sector groups supported by the charity support teams



4.2 The Charity's specific objectives 2016-18

These logistical objectives are as important as the financial objectives. We are operating in an environment where quality customer service is vital, particularly because repeat supporters give on a larger scale than those new to a charity¹⁴. Studies show that 75% of donors give because of a 'particular belief that I have in a specific cause' and 61% of donors give because of a 'personal experience that I have had'.¹⁵ It is therefore clear that the charity must invest in both demonstrating the impact of the charity to current supporters and ensuring that more people internally and externally are aware of the charity. It must measure, monitor *and* evaluate how well it does this in order for it to be successful.

The following objectives have been divided into four different categories for clarity, but there are obvious overlaps, for example, the introduction of new initiatives and events will increase income, but they are also a useful tool for improving engagement and profile. Indeed, the costs for introducing these new activities will likely outweigh the financial return initially; this will be considered when setting the relevant broad targets and specific KPIs.

Lots of questions have been raised during the development of this strategy, and these will be answered in the more detailed action plans that sit under these specific objectives. These objectives do not include exact key stage and annual targets, as these will also be recorded on the plans that will be set for each objective, which will form the basis for regular reporting to the Charity Committee. These action plans will show:

- Key Objectives
- A Score on the A,B,C Register (see section 2.4)
- Key projects
- Process Improvement
- Target audiences
- Cost improvement & assessment plan

The action plans will provide: responsibilities; dates for implementation / completion of stages and tasks; outcome measures including team targets and KPIs for individual staff members; and a risk score.

There will be three milestone stages included in the Action Plans:

1. **March 2016 – March 2017. A 'back to basics' phase of ensuring effective systems and processes are tested and implemented.**
2. **April 2017 – March 2018. A phase of developing large scale cases for support and embedding the processes and changes introduced in the first phase of the strategy.**
3. **April 2018 – April 2021. A period of growth and development.**

All action plans will be presented to the Charity Committee in December 2015 for approval. All action plans will be reported on in subsequent Charity Committee meetings. A detailed progress report on strategy development will be issued annually for the December Charity Committee meeting.

¹⁴ This fact is evidenced in The Christie charity fundraising plan 2013–14

¹⁵ UK Giving Report 2014, published by the Charities Aid Foundation



4.2.1 Financial objectives

a) **Have a clear income target plan.**

Revise and implement a plan to include: projections from 2016-2021, a breakdown of income streams, the required ROI and net profit figures.

b) **Have a clear expenditure plan.**

Include within this the plans to cover the charity's support costs.

c) **Increase cost efficiency.**

Map out all current activity to identify tasks undertaken by staff members (see Appendix 5 for the current staff structure), analyse processes in place and resources and systems used including the database in order to provide ways and means of adapting working practices in order to save money.

Identify ways to get more value for money through: better reporting with more sophisticated breakdowns of income; better correlation of income with specific events and activities; benchmarking. Within this body of work the charity will cost and plan to introduce an intern programme as a means of saving money and increasing engagement opportunities.

Review the policies for non fundraising related income streams. For example: Gift Aid and Investment Income to ensure that the charity is maximising opportunities in these areas.

d) **Develop agreed new fundraising initiatives in order to increase the amount of regular, committed giving.**

For example: Pennies from Heaven; an Annual Charity Raffle; a Staff Lottery; Tribute Funds; a more robust Payroll Giving scheme and Direct Debit & standing order promotion; recycling opportunities.

e) **Assess the value of investing in other means of giving and how they can best be promoted and integrated into the communications plan.**

For example, online giving – charities in the UK saw total income raised online increased by over 40% over the last 2 years¹⁶ – and SMS giving.

f) **Build up and test an agreed new sporting and challenge events programme.**

Tentative plans to introduce the following are being assessed: a Younger People's 'Tough Mudder' type challenge; an Awyr Las Bed Race; an Awyr Las Recycle event. Decisions are also being made about how to make the Awyr Las Running event more profitable.

g) **Identify and plan for key ongoing priority grants that need to be funded on a continuous basis.**

For example, the Robins volunteer programme is funded through the charity, and there needs to be a plan that straddles the volunteering strategy which outlines how exactly this money will be raised every year.

¹⁶ 'Fundratios 2013'

4.2.2 Logistical objectives: Improving outcomes for patients and their families

a) Have clear strategic priorities for the 6 different areas of the charity

The charity needs to have specific strategies for gifting in the following areas: Younger People, Older People, Cancer Care, Research and Education, Arts in Health and Wellbeing, Hearts and Minds. These strategies should help to explain what ‘integrated, excellent, improve, most vulnerable, right skills and research rich’, i.e. the key elements of the Health Board corporate objectives, look like for this area.

b) Introduce clear priorities for the charity

Introduce systems to request, collate, prioritise and review key priorities of all amounts and type (i.e. equipment, facilities, research and training, special projects). These priorities must fit the criteria laid out in the specific area strategies.

c) Review the methods employed to monitor and evaluate the impact the charity has on patients.

d) Increase the levels of engagement by Fund Advisors

For example, through introducing a training programme and regular feedback and best practice sharing.





4.2.3 Logistical objectives: Improving outcomes for supporters and volunteers

a) **Better understand who the charity's donors are.**

Carry out qualitative surveys quantitative research on a regular basis to find out: who is giving – the profile of donors including age and sex; what people want to give to; where do people want to give to; when do people give; how do people give; why do people give.

b) **Review the charity's cases for support for all 6 key areas.**

All information on the 6 key areas – Younger People, Older People, Cancer Care, Research and Education, Arts in Health and Wellbeing, Hearts and Minds – needs updating and maintaining.

c) **Demonstrate the impact that the charity has on patients, their carers and staff.**

Draw up a detailed communications plan covering social media, online presence, PR and mailings for internal and external audiences. Include direct mail and patient mailings and other untested means of reaching new and warm audiences. The charity's marketing plan will also be included in this document, which will cover the materials, storage and systems needed to help people understand what the charity's offer is. The most essential element in this body of work will be ascertaining how to create an effective Charity Champions network.

d) **Test the viability of activities, resources and processes required for future larger scale appeals by developing specific By Your Side appeal initiatives.**

These initiatives will include Januhairy, Febru-wear-y, Snowdon Rocks, The Big Busk, and the 351120 Challenge.

e) **Draw up revised cultivation plans for different target audiences.**

This will inform the communications plan and will outline key target priority groups and how the charity will engage these groups. The following groups of potential supporters will all feature in these plans:

- *Key influencers and partnerships (for example, alliances with universities to create research and learning opportunities)*
- *High Net Worth (Major) Donors (those giving over £5,000, N.B. once a major donor has given this amount all their gifts are classed within this category)*
- *Legacy givers and facilitators*
- *Trusts and Foundations*
- *Groups, Associations and schools*
- *Event supporters*
- *Individual Donors (those giving personal donations of up to £4,999 e.g. thank you for treatment donations)*
- *In Memoriam donors and facilitators*
- *Volunteers and community influencers, for example, those who can help to identify 'warm' local groups and business supporters and assist with approaches*

As part of this, BCUHB policies will need to be reviewed and ratified, particularly the Marketing, Advertising and Sponsorship Policy. The ongoing research carried out into different potential donor

groups as part of this exercise will inform the plans and time table to adopt a gifting strategy that focuses more on the public health agenda.

f) **Review the stewardship and recognition plan to ensure that the donor journey is enjoyable and fruitful and to encourage the longevity of the supporter's relationship with the charity.**

This will inform the communications plan. Regular supporter surveys of donors can be introduced as part of this and a volunteer plan which focuses, on good levels of volunteer retention, will be developed. Aspects of the recognition plan need to be reviewed in consultation with a range of staff.

4.2.4 Logistical objectives: Improving outcomes for Third Sector groups

This refers to the additional groups and charities supported by the charity support teams only.

a) **Review the Third Sector Action Plan.**

It is imperative to do so to ensure it continues to fit with the broader BCUHB Third Sector Strategy (see Appendix 4 for the current action plan).

As part of this we will map out the roles and responsibilities of the Third Sector groups. This will initially be carried out in Ysbyty Glan Clwyd through a working group including senior hospital management, Awyr Las and Robins staff as well as Community Partnerships Team. This map will provide information to create community engagement plans for the Hospital and may create a new model of co-working by linking wards with designated schools and businesses for specific time periods.

b) **Assess the governance of Third Sector groups.**

c) **Draw up and enforce a policy for all charity marketing within BCUHB premises and publications.**



5. Conclusion

Through implementing this strategy patient, their families and carers and NHS staff stands to benefit immensely. Section 2.5 highlighted the financial impact of the charity, but many other benefits come from having an active NHS charity, not least because giving – both time and money – gives people an improved sense of wellbeing, better physical and enhanced emotional health, and increased happiness¹⁷.

Giving to support healthcare services is nothing new; the name ‘hospital’ is derived from charitable giving. The charity would be doing a disservice to all those who helped to establish healthcare services in North Wales generations ago if it didn’t remain ambitious and steadfast in its goal to improve care for everyone. The charity would also be doing patients and their families, carers and staff, and its supporters – its beneficiaries and benefactors – a disservice if it didn’t strive to become more effective and efficient.

Giving – the way people give and what they want to give to – is not new, but it is ever changing and the expectations of those who give are changing. It is important that North Wales has a well loved NHS charity so that communities across the region can receive excellent, integrated, healthcare, but the only way our NHS charity is going to become well loved is by implementing this strategy.

Hospitals aren’t built in a day and neither are charities, but the most effective hospitals and charities know what they are planning to achieve before they are built; they are built to last, and they are built on the understanding that the needs of the communities they serve will change over time. The charity must remain flexible so it can respond to the needs of different patient and supporter groups, but at the same time it must take all the steps required to make sure it can make a positive difference for many years to come. Everyone in the charity has a duty to be visionary, but at the same time we must be aware of what we can actually achieve, when and how we can achieve it.



¹⁷ Bruce DeBoskey, ‘Philanthropy benefits the giver too, with ‘helpers high’ and ‘givers glow’, The Denver Post, August 2013



**Awyr Las
Blue Sky**
Elusen GIG Gogledd Cymru
The North Wales NHS Charity

6. Appendices

Appendix 1: Awyr Las Fundraising Strategy 2013-2016

Appendix 2: Awyr Las Financial Information

Appendix 3: NHS Charities Comparison

Appendix 4: Third Sector Strategy Action Plan (December 2014)

Appendix 5: Awyr Las staff structure, September 2015



<p>Name of Committee:</p>	<p>Charitable Funds Committee (CFC)</p>
<p>Subject:</p>	<p>Fundraising Strategy</p>
<p>Summary or Issues of Significance</p>	<p>The Fundraising Support Team (FST) has dedicated the last 6 months to gathering opinion and building on that knowledge base to produce and implement a charity brand to provide all charitable funds within BCUHB with an umbrella charity. This is not just a new design; the branding exercise has provided a bedrock from which the charity will grow, and this has changed the course of the three year fundraising strategy.</p> <p>The new brand will come into being on 1st July 2013. The FST will present the new brand and describe how it will be rolled out at the CFC meeting.</p> <p>This Fundraising Strategy Overview document provides an overview of the strategy. It is by no means an exhaustive document; the purpose of it is to provide a working document from which all processes and plans can hang.</p> <p>This document outlines the strategic direction of the Fundraising Support Team.</p>
<p>Strategic Theme / Priority / Values Francis Report recommendations addressed by this paper</p>	<p><i>Making it safe</i> <i>Making it better</i> <i>Making it sound</i> <i>Making it work</i> <i>Making it happen</i></p>
<p>Relevant legislation or Standard for Health Services</p>	<p>Fundraising Standards Board Institute of Fundraising Guidance</p>
<p><u>This section is mandatory due to legal requirements</u></p> <p>Equality Impact Assessment (EqIA)</p>	<p>Not applicable</p>

Recommendations: (e.g for Committee approval or for noting)	The Charitable Funds Committee are asked to provide suggested additions and query the content of the paper before approving it.
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Author(s)	Kirsty Thomson, Head of Fundraising
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Presented by	Huw Thomas
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Date of report	13.06.13
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Date of meeting	24.06.13
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BCUHB Committee Coversheet v6 June 2013

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Fundraising Strategy

Awyr Las Fundraising Strategy Overview 2013-2016

Kirsty Thomson, Head of Fundraising, June 2013

Executive Summary:

This is a Fundraising Strategy Overview 2013-2016, a working document which serves as a launch pad for all more detailed plans and processes devised and implemented by the Fundraising Support Team. This overview provides a basis from which the progress and success of the team can be monitored and evaluated.

The Fundraising Strategy Overview includes:

- The background of the charity and key milestones to date
- The vision, purpose and values of the charity and the main reasons for the Fundraising Support Team's existence
- The need which has informed the design of the Fundraising strategy
- A basic analysis of income to explain the need diversifying income streams and engaging new audiences
- Possible trends that will impact the charity and give rise to need to future proof the charity
- Broad objectives
- Examples of monitoring and evaluation
- Outline of the charity's communication strategy
- An action plan of key tasks 2013-2014

1. Introduction:

The Fundraising Support Team (FST) was created in late 2012. The Head of Fundraising initially led a series of fact finding initiatives in order to better understand the needs of the beneficiaries and benefactors of the NHS charity, and to gauge opinion of the charity.

Following conversations with external stakeholders as well as patients and healthcare staff members, the FST concluded that the charity needed to have a clear identity that different audiences can relate to and empathise with. The charity needed a fresh feel that reflected its commitment to the region and to enhancing healthcare.

The charity's brand needed to be consistent enough to be instantly recognisable, but flexible enough to meet the needs of different audiences and departments. The brand needed to convey the work that the charity does, which is particularly difficult because the scope of the charity is very broad.

Over 1,000 patients, donors, fundraisers, students, business people, healthcare staff, representatives from different charities and others took part in helping to decide on a name for the charity.

Awyr Las means blue sky and the name was chosen because: through Awyr Las benefactors makes patients' days brighter and it helps to make patients feel better; the impact of the charity can be enjoyed together; the charity goes over and above what the NHS can provide; the charity is positive and there's no limit to what can be achieved through the charity.

Some people have pointed out that 'Blue Sky thinking' is often involved in the charity; fundraisers think 'out of the box' to dream up new and different fundraising ideas, and healthcare staff and patients think 'out of the box' to come up with new and different ways of caring and providing better treatment, which are then funded through the charity.

Through the branding process, the FST were able to identify clear messages that form the backbone of the charity:

Our vision is for everyone in North Wales to receive exceptional healthcare.

With us, supporters and benefactors will brighten patients' days in hospitals and in communities across North Wales.

Our purpose is to bring people together to provide exceptional support so that together we can provide exceptional healthcare for everyone in North Wales.

Our values are simple:

BE REAL. Let's give real and impactful support and have real community involvement to make real change.

BE POSITIVE. Let's communicate positively to make good things happen.

DO IT TOGETHER. Let's work together to make health, care and wellbeing better.

There are three important and interlinked parts of Awyr Las, and the charity will always strive to make sure patients, supporters and benefactors are involved every step of the way:

- Together we'll identify key challenges that patients and their families face in North Wales
- We'll raise money
- And we'll fund the changes that need to happen to make patients' days brighter and better across North Wales.

The Fundraising Support Team aims to provide an accessible gateway into the charity through:

- Providing the necessary processes, advice, tools and guidance required by representatives from, and supporters of, the 290+ funds within the charity to ensure that good fundraising practice is maintained throughout all promotion of and giving to the charity.
- Establishing, maintaining and developing strategies for every stage of the donor journey which can be implemented across the different funds: effective research and prospect identification; pipelines management; cultivation; recognition and stewardship.
- Proactively seeking new business and developing sponsorship and fundraising packages, attracting different audiences which haven't traditionally supported local patients.

2. Statement of Strategic Intent:

The FST was initially created to focus on a specific appeal. The branding exercise demonstrated that the charity was not appeal ready for a number of reasons:

- The particular appeal didn't have the business plan in place and detail needed for a robust case for support, which is required to attract substantial major gifts.
- Potential donors were not aware of the charity, so there was a significant risk that monies into the charity would be diverted from other areas into the appeal fund, which would cause unnecessary tension within the charity.
- A lack of clarity around the appeal had caused internal confusion around the principles of the charity, and there was very little evidence of crucial support for the appeal from healthcare staff.

The FST can't control macro factors, like a strong economic climate, but it can make sure that beneficiaries and benefactors are involved in shaping the charity, and the FST can provide those involved in the charity with the information, advice and support they need to successfully fundraise. In turn they can ensure there is a strong supporter base for the different areas of the charity (the 290 different funds) before launching a specific appeal which will attract even more support.

Through working with healthcare staff, benefactors and beneficiaries, the FST has identified 6 main areas to focus on in order to help simplify the charity's messages to new and different audiences:

- Younger People
- Older People
- Research and Education
- Cancer Care
- Arts, Health and Wellbeing
- Hearts and Minds

Reasons for focussing on these areas:

- There is a clear and obvious distinction between the very simple Younger and Older People categories; younger people often tug on the heart strings more, but increased pressure on healthcare is down to the increasing size of the older population.
- Research charities traditionally benefit from bequests because research is a good way of creating a lasting legacy. Many people the FST interviewed were not aware that internationally acclaimed and world leading research takes place in North Wales, or that so many patients in North Wales (1 in every 7 cancer patient) takes part in some form of medical research.
- There is a very real need to separate Cancer Care because the majority of the most proactive fundraisers support this area. In 2011-12 over 37% of donated income was directed towards the Cancer, Palliative Medicine and Clinical Haematology CPG and in 2012-13 over 33% of donated income was given for this area.
- Arts-in-Health projects demonstrate well the charity's 'over and above' the NHS message. There is a strong Arts team in BCUHB who are keen to work with the charity and there are a number of ways that donors can get involved in this area. Arts programmes provide a great opportunity for partnership working with other organisations.
- Hearts and Minds (many names were put to an informal group who selected this title) encapsulates the priority areas of healthcare. Circulatory diseases (heart) and Mental Health issues (mind) are posing some of the greatest challenges to the healthcare system, both through the increasing financial burden and through the emotional strain these conditions put on patients and their carers. Nevertheless, these areas have not traditionally received much support from donors. Hearts and Minds draws together other priority areas which make a huge difference but which don't often appeal to donors, or don't usually capture hearts and minds. These include: supporting volunteer costs, public health campaigns and maintaining healthcare staffs' health and wellbeing (evidence suggests that this can lead to increased productivity and staff engagement as well as leading to a brighter happier workforce for patients).

What does this categorisation provide?

- Potential major donors we have interviewed were confused and often put off by the perceived complexity and autonomy of different areas of the charity. These categorisations provide the FST with clear messages of focus to use in communicating messages about the charity. The six categories have, for example, been incorporated in the home page of the new website to easily demonstrate the impact that the charity has had on a range of different patients.
- Human interest stories, fundraising initiatives and fundraising wish-lists can sit under these six categories, which provide a simple framework to help prioritise and select small-appeal targets.
- It helps to reinforce the clinical-led breakdown rather than a geographical-led breakdown of patient needs, but these categories use simple, non clinical language which potential donors can understand.

3. Environmental Analysis, Competitive Analysis and Benchmarking:

The FST is currently undertaking a benchmarking exercise with local charities and NHS charities which will be completed by October 2013.

There is a very real need to introduce more streamlined systems, identify new and different funding streams, and engage with new audiences:

- In 2012-13 nearly 43% of the total income into the charity was through bequests. Legacy giving is unpredictable and is likely to reduce in the near future because of investment in more sophisticated legacy marketing campaigns by national and local charities and external factors, particularly rising care costs for older people.
- To date there has not been a formalised strategy for involving Trusts and Foundations in the charity. Other NHS charities have reportedly found success through focussing resources in this area.
- There is a very real need to introduce a more strategic approach to capturing donor and grant information to improve general stewardship and reporting to donors. The Barriers to Giving Report (Barclays, 2010) indicates that once the wealthy have decided on a general cause, efficiency is the most important factor when selecting an individual charity (89%). The report also highlights that concerns about the ways charities are run remains an issue for the wealthy.
- The charity has not had a major gifts strategy, but now is a good time to involve individual potential major and mid-level donors who have not previously engaged with the charity. The Barriers to Giving Report showed that 35% of the wealthy are “more passionate in supporting charitable causes in an economic downturn, when they are struggling for funds”. The £1 Mill Donor Report (Couttes, 2012) shows there has been a significant increase in the number of million pound donations. In 2010/11 they identified 232 separate donations worth £1 million or more, made by UK donors or given to UK-based charities. The total value of these donations was £1.2 billion. The findings in the Sunday Times Rich List 2011 are consistent with those presented in the Coutts report, showing an increase in the number of the wealthiest individuals and families who are giving away substantial sums.
- The charity needs to promote giving and increase brand exposure to maintain current income through general donations. Giving trends (UK Giving Survey, 2012) show that the proportion of people donating to charitable causes in a typical month has decreased over the last year, from 58% to 55%. The typical amount given per donor per month in 2011/12 was £10 (the median value). The median donation of £10 in 2011/12 has decreased from £11 in 2010/11 and £12 in 2009/10. This trend was reflected in the charity’s income; donated income fell by 30% last year.
- The charity needs to capture donor data more effectively so we can create a more precise picture of who our donors are. The FST is doing this on its new database so we can recognise patterns of giving to tailor communications to suit different audiences. The FST will be able to better measure how effective approaches to different and new audiences are if more details are appropriately logged.
- Patterns of giving (displayed in the UK Giving Survey, 2012) show that women continue to be more likely to give to charity than men (58% compared to 52%). In 2011/12 women aged 45-64, and women aged 65 or more are the groups mostly to give (62%) and they also gave the largest median amount (£15). Managerial and professional groups are consistently the most likely to give.

SWOT Analysis:

<p>STRENGTHS</p> <ul style="list-style-type: none"> ▪ Committed Charitable Funds Committee ▪ Dedicated and enthusiastic FST ▪ A large pool of previous and current donors ▪ Passionate healthcare staff ▪ Clear priority areas, broad enough to encompass a range of projects requiring support ▪ Obvious need and urgency for support ▪ All potential donors will have been a patient at some point ▪ Potential to target different audiences across North Wales, not too restricted geographically ▪ Demonstrable history of making an impact in local communities ▪ Over 16,000 BCUHB staff members to assist in cascading charity's messages ▪ New processes and methods of giving will enable donors to support the charity more easily 	<p>WEAKNESSES</p> <ul style="list-style-type: none"> ▪ The CFC, whilst committed, has other priorities and can't necessarily dedicate the time and energy required ▪ The FST is limited in number and capacity compared to similarly sized charities that share similar aspirations ▪ Historically there has not been a donor database; donor information is patchy and stewardship has been ad-hoc ▪ Healthcare staff are passionate about patients, but not necessarily about the charity. Work needs to be done to dispel myths around the different funds and increase trust and awareness internally. ▪ The priority areas may cause controversy ▪ All departments feel their need is important and are not inclined to support other areas ▪ Patient expectation of the NHS is high; just because someone has been a patient it doesn't mean they will want to support ▪ Donors may be put off by the broad geographical spread, concerned that their gift won't remain local ▪ People are not necessarily aware of the impact of the charity. It will take time for this message to spread ▪ Sharing messages through existing internal comms channels can be ineffective ▪ New methods of giving and publicity materials may turn donors off because of the costs associated with it
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> ▪ Interest in a fresh brand from press and different communities and desire to associate with a fresh brand ▪ Attract groups who want to create positive change in their local communities ▪ Media coverage of increasing pressures on healthcare should help encourage people to support patients and their families locally ▪ Corporates are increasingly looking for alternative ways to boost staff moral and raise profile of their businesses ▪ Evidence suggests that people are moving towards supporting charities that have a local focus ▪ There has not previously been a systematic and prolonged publicity campaign from the charity, so people will be open to hearing about new developments ▪ External parties have demonstrated a keenness to be involved in the branding exercise and asked to be kept involved in the future ▪ There is a strong political will to enhance healthcare and encourage volunteering and giving back to society 	<p>THREATS</p> <ul style="list-style-type: none"> ▪ Communities already have strong allegiances to existing charities ▪ Existing groups that are anti-BCUHB may choose to put down the charity publically ▪ Negative media coverage of BCUHB decisions may have a negative effect on support for the charity ▪ As corporates and others focus on core business objectives there may be less chances for partnership building ▪ National charities are using more local messages, especially in large scale well-supported branded events ▪ There has been a lot in the press about healthcare recently. People may feel good news charity stories are PR and not feel need to support ▪ A keenness to be involved in the charity doesn't guarantee income ▪ People are not interested in hearing more 'big society' 'get involved' type messages

4. Objectives 2013-2016:

- Set up and maintain the processes required to ensure that ALL donors are acknowledged by the FST and recorded on the FST database and set up processes to make sure that ALL possible Gift Aid donations are captured. Database target to be met by December 2013, Gift Aid target to be reached by 2014.
- Establish and maintain a framework whereby ALL Fundraising appeals across BCUHB above £500 are declared with the FST in advance of fundraising starting to ensure best practice; to maximise funding opportunities and PR opportunities; and to help identify proactive fundraising advocates for different funds. Target to be met by December 2013.
- Through new business opportunities and working with existing donors and healthcare staff maintain levels of annual donated income across the 290+ funds at same figure as 2012-13 for the next 2 years.
- Ensure the charity is large scale appeal-ready for April 2015. A £1million+ target will be raised over a 3 year period in addition to the anticipated donated income total; the quiet phase would last 1-1.5 years.

5. Monitoring and Evaluation:

All fundraising projects, publicity materials, initiatives and events are monitored and evaluated.

- Qualitative data is collected from those involved – benefactors, beneficiaries, staff and suppliers - in appropriate manner, for example via questionnaires and 1-2-1 meetings. This is used to shape future planning.
- Data is logged on to Harlequin database so the FST can produce regular reports to monitor effectiveness and help direct strategy and planning. These monthly reports will be available from September 2013.
- Project evaluations will be shared as part of the CFC Fundraising Report.

6. Communication Strategy Overview:

The charity will be promoted through a number of different means internally including:

- BCUHB Staff Induction and Training
- BCUHB Staff Handbook
- BCUHB Awards Ceremony
- BCUHB Staff newsletters (Talk About and CPG specific versions)
- In healthcare settings, particularly the 3 main hospital sites: on posters and on screens

The charity will maintain regular contact with all donors, the details of which are included in the stewardship plan. The principle features of this will be:

- Quarterly e-newsletters
- Annual Impact Report
- Social media updates
- Annual donor event

The charity will be promoted through a number of different means externally:

- Regular press releases – print, radio and TV
- Social Media
- Partners marketing materials

In order to maintain a separate identity but a close working relationship with the BCUHB Communications Team, the FST has agreed to:

- The FST will proactively meet the press, but they will require clearance from the Director of Governance and Communications before speaking to the press if and when the press approach the charity

- The Press Office will have oversight of all press releases. The FST will pass all press releases on to the press desk before sending them on. The FST will send these on
- The Head of Fundraising will report all negative social media threads to the Director of Governance and Communications, who will sign off the charity's social media guidance document and communications action plan
- The Head of Fundraising will be the key contact for the charity with all media outlets
- The Head of Fundraising plans to establish formalised partnerships with media representatives by July 2013

7. Conclusion and Recommendation

The Charitable Funds Committee is asked to consider and approve the Strategy.

8. Short term FST action plan (July – October 2013)

Aim	Area	Responsibility	Requirement	Target date	Working group
To introduce new charity brand with the aim of renewing trust, affinity and interest in giving to support patients.	Coordinate and deliver a soft-launch of the new brand.	KT	<i>Various</i> . Initial evaluation to be presented at next CFC. Full evaluation to be presented at summer 2014 CFC.	01.07.13	HT, KT, CM, PR & RH, PC, RP
To develop a framework through which patient needs (wish lists) and fundraising priorities can be identified and prioritised.	Needs identification and associated data collection processes plan	KT & Reena Cartmell	Agree processes and systems. To be signed off by Huw Thomas and Reena Cartmell.	01.10.13	HT, KT, CM, PR & RH, PC, RP
To hold concise documents to use as templates for funding applications, publicity documents, PR and presentations	Case for support for 6 main areas of support	KT	CM & PR to assist with drafts draft. KT to sign off.	01.10.13	KT, CM, PR
To provide targets for each funding stream in order to provide the FST with clear and detailed targets to work towards	Gift Pyramid and funding stream breakdown	KT	RH, PC, KT to work together. To be signed off by Huw Thomas	01.09.13	RH, PC, KT
To give advanced notice of fundraising materials required to ensure good use of fundraising budget and resources	Resources needed and budget breakdown	KT	KT, CM, PR to prioritise needs & identify estimated costs for 2013-14 & 2014-15. To be signed off by Huw Thomas	01.10.13	KT, CM, PR
To draw up and implement simple system to record and prioritise research and prospect approaches	Research and cultivation pipeline	KT	KT & CM to agree processes. CM to draw up draft. KT to sign off.	01.10.13	KT, CM
To create bespoke plans for mid-level and major donors (individuals, corporates, certain community contacts and Trusts & Foundations)	Individual cultivation and solicitation plans	KT	KT & CM to agree new templates. KT to sign off all plans.	Ongoing	KT, CM
To produce a framework to categorise donors in order to create a system for maintaining contact with and recognising all donors	Stewardship Plan (to include supporter communications and donor recognition plan)	KT	Working group to decide on what is achievable. KT to sign off.	01.10.13	HT, KT, CM, PR & RH, PC, RP

Aim	Area	Responsibility	Requirement	Target date	Working group
To draw up a charity led events plan so tasks can be allocated among the FST well in advance	Events plan	KT	Working group to decide on what is achievable. KT to sign off.	01.10.13	HT, KT, CM, PR & RH, PC, RP
To establish an easy to follow guide laying out processes as well as marketing plans	Legacy plan	KT	PC, KT to agree. HT to sign off	01.10.13	PC, KT
To provide a plan of proposed test fundraising initiatives.	Specific Initiatives plan	KT	Working group to decide on what is achievable. CFC to sign off.	01.10.13	HT, KT, CM, PR & RH, PC, RP
To provide simple breakdowns and agreements for small-appeals	Specific Fundraising plans for all identified small-appeals	KT	KT & CM to agree template. HT to sign off.	01.10.13	KT, CM
To provide Key Performance Indicators for all members of the FST	Performance Metrics	KT	KT to draw up a benchmarking report to inform the KPIs. KT to draft KPIs for HT initial comments. CFC to sign off.	01.10.13	KT, CM, PR
To give detailed plan of how communications will be managed by the FST	Communications Action Plan	KT	KT to draft. Grace Lewis-Parry	01.09.13	KT, CM, PR
To provide agreed list of monthly and quarterly reports required from FST	Reports breakdown	KT	KT to draft. CFC to sign off.	01.10.13	HJ, HT, KT
To fully integrate a revised thanking and banking process for all donations	Implement thanking and banking process and update financial procedures	KT	FST to work with RH, Fund Advisors, Charity Champions and active fundraisers. KT to draft. HT to sign off.	01.10.13	HT, KT, CM, PR & RH, PC, RP
To ensure that the FST have processes and necessary policies and procedures in place for all eventualities.	Review of all processes: reporting, research, pipeline management, 'in aid of' support, Gift Aid, sponsorship, stewardship, cultivation, event planning, appeal planning, materials planning, dual charity fundraisers.	KT	KT, CM, PR to discuss each step and identify areas that need clarification. Process document write up to be allocated to KT, CM, PR. KT will sign off (with HT where necessary).	01.08.13	KT, CM, PR

Aim	Area	Responsibility	Requirement	Target date	Working group
To provide a model upon which these key support networks grow.	Draw up Charity Champions and Advisory Group plans	KT	KT, CM, PR. CFC to sign off.	01.10.13	HT, KT, CM, PR & RH, PC, RP



Awyr Las Blue Sky

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Appendix 2

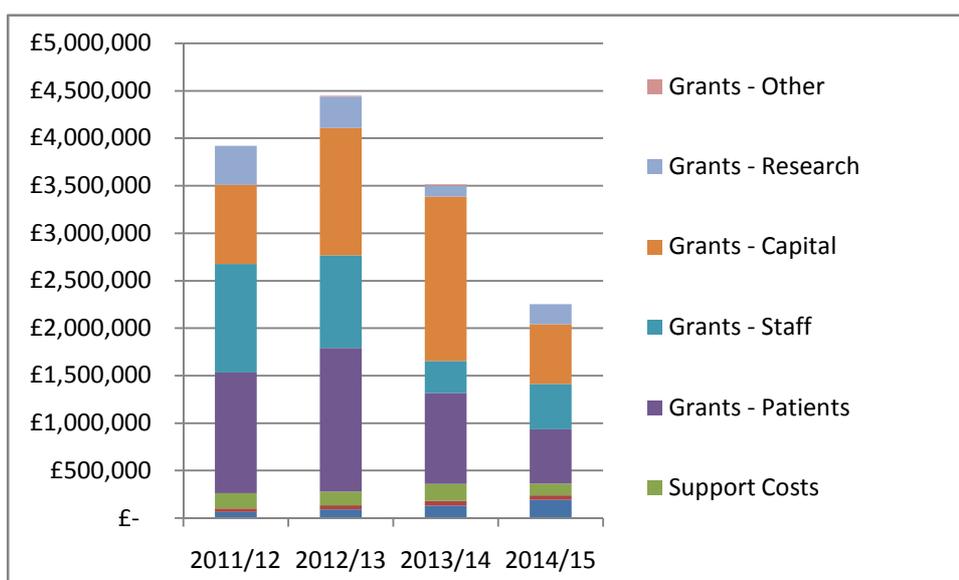
The Awyr Las Charity Strategy 2016-2021 The Charity's Financial Information

Figure 1: The Charity's total annual expenditure

Expenditure

	2011/12	2012/13	2013/14	2014/15
Fundraising Costs	£ 64,000	£ 90,000	£ 131,000	£ 193,000
Investment Management Costs	£ 36,000	£ 46,000	£ 49,000	£ 45,000
Support Costs	£ 161,000	£ 143,000	£ 180,000	£ 124,000
Grants - Patients	£1,272,000	£1,514,000	£ 957,000	£ 573,000
Grants - Staff	£1,145,000	£ 974,000	£ 339,000	£ 478,000
Grants - Capital	£ 832,000	£1,342,000	£1,730,000	£ 629,000
Grants - Research	£ 410,000	£ 329,000	£ 116,000	£ 210,000
Grants - Other	£ -	£ 12,000	£ 11,000	£ -
	£3,920,000	£4,450,000	£3,513,000	£2,252,000

Figure 2: The Charity's annual expenditure





Awyr Las Blue Sky

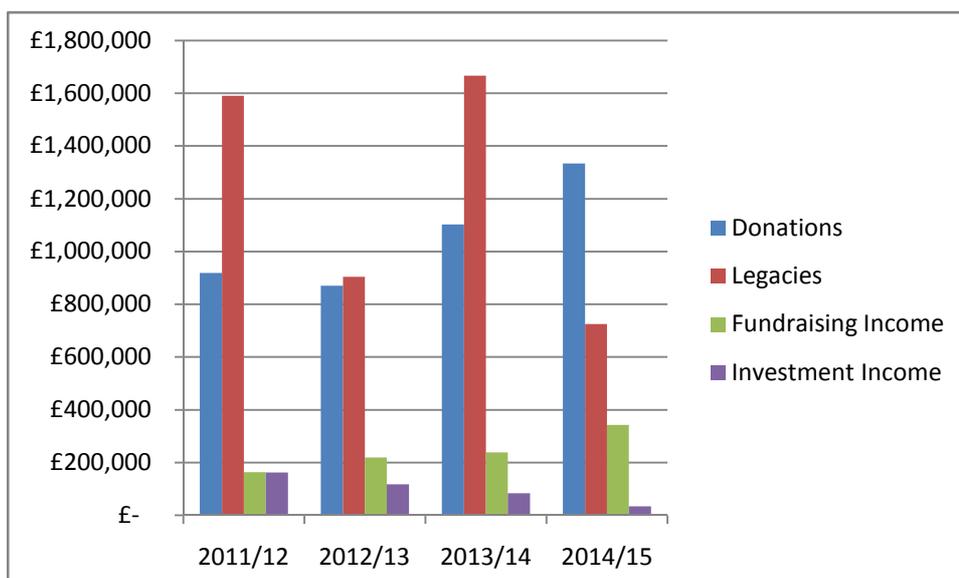
Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Figure 3: The Charity's total annual income

Income

	2011/12	2012/13	2013/14	2014/15
Donations	£ 919,000	£ 870,000	£1,103,000	£1,334,000
Legacies	£1,591,000	£ 904,000	£1,667,000	£ 725,000
Fundraising Income	£ 164,000	£ 219,000	£ 238,000	£ 343,000
Investment Income	£ 162,000	£ 117,000	£ 84,000	£ 34,000
	£ 2,836,000	£ 2,110,000	£ 3,092,000	£ 2,436,000

Figure 4: The Charity's total annual income





Awyr Las Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Figure 5: Return on investment for Fundraising

(Fundraising Support Team total costs vs. income from donations and fundraising)

2011/12	2012/13	2013/14	2014/15
16.92	12.10	10.24	8.69

Figure 6: Return on investment for the charity

(Support costs including Finance and Governance vs. all income)

2011/12	2012/13	2013/14	2014/15
10.87	7.56	8.59	6.73

Figure 7: Costs of the charity as a % of income

(All support costs including Fundraising, Governance and Finance as a % of income)

2011/12	2012/13	2013/14	2014/15
9.20%	13.22%	11.64%	14.86%

Pence in every that £ goes to costs:

2011/12: 9p

2012/13: 13p

2013/14: 12p

2014/15: 15p

Figure 8: Donations and Fundraising Income – an annual comparison

	2011/12	2012/13	2013/14	2014/15
Donations	£ 919,000	£ 870,000	£1,103,000	£1,334,000
Fundraising Income	£ 164,000	£ 219,000	£ 238,000	£ 343,000
	£1,083,000	£1,089,000	£1,341,000	£1,677,000

Figure 9: Number of donations received – an annual comparison

	2011/12	2012/13	2013/14	2014/15
Number of donations	4400	4128	3826	4756



Awyr Las Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Figure 10: Average donations size – an annual comparison

	2011/12	2012/13	2013/14	2014/15
Average donation	£ 246	£ 261	£ 287	£ 395

Figure 11: Projected Costs of the Charity

	2015/16 Budget	2016/17 Budget Estimate	2017/18 Budget Estimate
	£'000	£'000	£'000
Finance Staff Costs	91	94	97
Fundraising Staff Costs	180	196	220
Total Pay Costs	271	290	317
Overheads	6	6	6
Fundraising Team Costs	55	55	55
Other Fundraising Costs	50	50	50
Investment Management Fee	45	45	45
Audit Fees	15	17	19
Bank & Other Admin Charges	3	3	3
Software Fees	1	2	2
Total Non-Pay Costs	175	178	180
Total Costs	446	468	497

Figure 12: Projected Fundraising Support Team costs

Fundraising Support Team

Name	Band	Pay Cost £	% of Time	2015/16	2016/17	2017/18
K Thomson	Band 8a	52,303	100%	52,303	35,915	55,488
C More	Band 6	34,219	100%	34,219	35,246	36,303
P Roberts	Band 5	26,264	100%	26,264	27,052	27,864
N Williams	Band 5	33,989	100%	33,989	35,009	36,059
Data Officer	Band 5	34,219	100%	17,110	34,219	35,246
Admin Support	Band 3	23,346	100%	11,673	23,346	24,046
Travel				5,000	5,000	5,000
				180,558	195,787	220,006

2014

	Above and Beyond Charities (United Bristol Hospitals)	Alder Hey Charity	Awyr Las Gogledd Cymru/Blue Sky North Wales	Birmingham Children's Hospital Charities	Cardiff & Vale University Health Board Charity	Chelsea and Westminster Health Charity	Christie Charitable Fund (The)	Clatterbridge Cancer Charity	Countess of Chester Hospital NHS Endowment Fund	Derby Hospitals Charitable Trust	East & North Herts NHS Trust Charitable Fund	King George and Queen's Hospital Charity	Leicester Hospitals Charity*	Sheffield Hospitals Charitable Trust	Velindre NHS Trust Charitable Fund
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
NHS Trust Income - 2013-14	534,000	194,000	1,254,000	246,000	1,181,000	365,000	223,000	98,000	201,000	470,000	365,000	457,000	770,000	933,000	58,000
Incoming resources															
Donations	1,734	4,946	1,103	3,346	441	1,162	8,849	357	612	428	323	179	830	531	1,817
Legacies	678	195	1,667	2,553	593	39	5,825	23	23	972	130	139	957	873	1,060
Total donations and legacies	2,412	5,141	2,770	5,899	1,034	1,201	14,674	380	635	1,400	453	318	1,787	1,404	2,877
Total Fundraised and Voluntary Income	2,688	5,160	3,008	7,493	1,320	2,314	14,702	380	946	1,653	678	380	2,230	1,524	2,877
Total Investment income	998	179	84	61	179	388	139	29	29	302	80	80	194	657	57
Total incoming resources	3,686	5,339	3,092	7,585	1,499	2,702	14,841	1,157	975	2,016	758	460	2,424	2,183	2,934
Resources expended															
Total fundraising costs	572	1,029	131	1,260	0	615	2,534	525	116	122	371	52	342	410	311
Investment management expenses	12	36	49	114	24	87	0	7	2	0	20	13	4	50	20
Grants payable	0	0	0	5,151	0	1,795	0	0	482	0	0	688	0	2,670	0
Activities undertaken directly by the charity	1,910	2,434	3,153	0	1,652	281	9,400	431	0	1,362	503	0	1,650	54	1,391
Support costs	0	144	130	124	83	152	215	0	108	0	0	0	0	219	45
Governance costs (management and administration)	425	106	50	98	26	75	83	15	7	58	26	72	22	122	8
Other resources expenses	(1,005)	0	0	0	0	0	0	0	0	0	4	0	0	0	0
Total resources expended	1,914	3,749	3,513	6,747	1,785	3,005	12,232	978	715	1,542	924	825	2,018	3,525	1,775
Total funds	17,523	7,688	6,981	10,094	9,178	34,728	20,152	2,276	1,646	7,623	3,245	2,503	5,590	15,015	3,978
Fund Analysis															
Unrestricted funds	3,464	994	0	4,601	0	32,079	10,107	2,061	0	7,199	0	625	878	2,987	2,213
Designated with fund advisers	13,933	5,428	4,583	4,801	3,651	0	9,623	0	595	0	3,067	0	3,028	5,419	380
Restricted funds	12	1,266	2,398	84	3,221	2,568	0	215	1,051	142	178	1,878	587	5,181	1,385
Permanent Endowment funds	114	0	0	608	2,306	81	422	0	0	282	0	0	1,097	1,428	0
Expendable Endowment funds	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total funds	17,523	7,688	6,981	10,094	9,178	34,728	20,152	2,276	1,646	7,623	3,245	2,503	5,590	15,015	3,978
Audit costs:															
Internal audit	7	0	3	12	9	0	0	0	0	4.5	4.5	1	0	5	2
External audit	15	11	7	10	9	12	12	5	6	5	5	5	8	14	8
Number of funds															
Total funds(=49), (sum50:54) Per return	589	63	334	135	0	105	52	23	0	0	0	144	0	226	0
Fundraising staff costs															
Fundraising staff costs	322	358	85	768	40	209	895	380	164	59	59	47	155	202	141
Other staff costs	262	129	159	116	91	315	189	0	0	85	85	62	82	207	1,052
Total staff costs (charged)	584	487	244	884	131	524	1,084	380	164	144	144	109	237	409	1,193
Fundraising staff numbers	8.80	12	3	23	2	4	28	12	6	4	3	2	4	5	5
Other staff numbers	5.50	2.8	4.1	2.6	5.0	6.5	0.0	0.0	0.0	0.0	2.0	1.0	1.0	6.5	50.0
Total staff numbers (charged)	14	15	7	26	7	10	28	12	6	4	5	3	5	12	55
FUNDRAISING															
Fundraising Income															
Corporate gifts	258	0	0	735	0	145	1,209	79	8	0	0	31	79	0	0
Trusts and grant funding	784	0	0	1,605	0	512	525	304	111	35	0	110	13	0	0
Major gifts	111	0	0	98	0	367	509	54	300	0	0	0	147	0	0
Community and local fundraising	276	0	238	1,457	0	138	1,870	268	153	169	0	49	482	0	0
In memoriam	85	0	1,103	259	0	0	578	141	44	231	0	14	141	0	0
Events	0	0	0	621	0	1,113	2,630	275	236	44	0	20	47	0	0
Legacies	678	0	1,667	2,553	593	39	5,825	286	23	972	0	139	957	0	0
Trading	126	0	0	105	0	0	28	0	73	0	0	0	30	0	0
Other Donations	0	0	0	1	150	0	0	9	0	23	0	0	193	0	0
Other	210	0	0	59	0	0	1,151	49	0	243	0	10	141	0	0
Other	160	0	0	0	0	0	377	0	0	40	0	7	0	0	0
Total per return	2,688	0	3,008	7,493	743	2,314	14,702	1,465	946	1,757	0	380	2,230	0	0

Appendices 5

The Awyr Las Charity Strategy 2016-2021 The Third Sector Strategy Action Plan (December 2014)

The Third Sector Strategy: Voluntary and Philanthropic Support strand

Definition:

Voluntary and Philanthropic Supporters are voluntary groups, external bodies and individuals which provide grants and donations to support the activities of the Health Board. Voluntary and Philanthropic Supporters often provide non-medical services to support the activities of the Health Board, examples of which include tea bars and shops on Health Board premises.

Overarching aim:

To foster and maintain strong and meaningful relationships with all voluntary and philanthropic supporters in order to help maximise potential charitable support available to help enhance the care and treatment available for patients across the region.

Financial support:

In view of the fact that the demands on healthcare in North Wales are increasing, coupled with the reality that healthcare has long been supported by voluntary and philanthropic bodies, the Health Board recognises that it will not achieve its strategic aims without the valuable contribution made by:

1. The Leagues of Friends and other voluntary service groups
2. Supporters of the NHS charity in North Wales, Awyr Las

Leagues of Friends and voluntary services have helped to support healthcare services for generations. Collectively these groups gave over £850,000 towards equipment, new facilities, special projects and patient comforts here in North Wales last year.

NHS Charities have been in existence across the UK since the NHS was established in 1948. Fundraising groups, individuals and organisations together gave over £2,000,000 through Awyr Las, the NHS charity in North Wales last year.

Non-Financial support:

The financial support from these groups and supporters makes a significant impact on healthcare services, but these groups and individuals' activities also present many more benefits.

Members of the Leagues of Friends and other groups voluntarily invest a great deal of time and energy in providing additional services and organising fundraising initiatives and events.

The services provided, for example tea bars and shops, greatly enhance patients' experiences as well as produce charitable funding for healthcare services. The events staged by these groups and by individuals offer members of the public an opportunity to learn more about local healthcare services and the positive developments being made in healthcare as well as a chance for healthcare staff and the volunteers themselves to be celebrated for their achievements.

Appreciation of this support:

The Health Board greatly values the significant financial and non-financial support that these groups provide. Through this strand of its Third Sector Strategy, the Health Board aims to formalise its commitment to:

- **Recognise** this support
- **Develop** existing partnerships with voluntary and philanthropic Supporters
- **Safeguard** this support

The objectives of this strand of the strategy are to:

1. Ensure members of groups and those who provide support individually feel appreciated, respected, supported and involved
2. Make sure staff and the general public are aware of the valuable contribution that these groups make
3. Ensure that the impact of these groups continues to be felt by patients and their families, both through the provision of a high standard of service provided by these volunteers and also through the grants that these groups make

Action to demonstrate this appreciation:

Focus	Theme	Action	Aim	Key points to consider	Timeframe
Leagues of Friends and other voluntary service groups	Recognise	A designated advocate, the Partnerships Support Officer, carries out separate Q&A sessions with all voluntary and philanthropic supporters.	To identify how different groups believe they can best be supported by the Health Board, to ensure that the implementation of the strategy is a bottom-up process, so groups retain ownership and own identity.	Formally record the impact of the group, including volunteering hours as well as voluntary income generated. How can methods and channels of communication and recognition be improved? What methods would be most appropriate, for example press coverage, newsletters, social media and events, and what support would be needed? What processes need to be implemented and what resources are needed to ensure that improved levels of communication and recognition can be sustained?	Completed by April 2015
	Develop			Are there opportunities to share resources, knowledge, expertise and best practice that would benefit different groups? Would it be beneficial to introduce complementary training, new processes to assist with granting, and gifting agreements to formalise commitments to provide services? Are there areas that the groups would like to get more involved in or are there activities that they would like to cease doing but require assistance to ensure long term support for these activities? Are there new audiences or new potential supporters that aren't currently being engaged with that could add value to the groups' activities?	Completed by April 2015
	Safeguard			Is there a desire to invest in recruitment of new volunteers? Would the groups like to see 'volunteering and fundraising hotspots' in Health Board facilities, and how could this look and be managed in practice?	Completed by April 2015

	Recognise, Develop and Safeguard	A designated advocate, the Partnerships Support Officer, draws up action plans encompassing the findings of the sessions which are agreed to by the individual groups. The findings are shared with and agreed by the Third Sector Committee.	To improve working relationships between the groups and the Health Board and ensure more strategic planning for communications, support provided and volunteer recruitment.	Feasibility: resource needed, timescales required, stakeholders' commitment, fit with the Health Board's strategic plan Elements to include: Communications and recognition plans, grants / gifting timetable and volunteer recruitment plans	Completed by July 2015
L of F & other VSG	Recognise	A designated advocate, the Partnerships Support Officer, carries out questionnaires, telephone conversations and face to face meetings as appropriate with a range of Health Board staff and Independent Members with existing relationships with groups.	To identify how communication channels and support within the Health Board can be better managed, to ensure that the implementation of the strategy is effective and inclusive.	What methods of communication and recognition are already in existence and how could staff contribute (patient stories, photo evidence), what processes need to be established and when (communications plan)?	Completed by April 2015
	Develop			What are the needs of the services supported by the different groups (the wish lists)? What processes need to be established to embed the collection of this information in a systematic and sustainable manner? Are there other key local groups that provide support - in kind and financial? How can Voluntary and Philanthropic Supporters be better involved in decision making processes? Can their contribution be factored into the first stages of business planning?	Completed by April 2015
	Safeguard			What needs to be considered when establishing a 'volunteering and fundraising hotspot' in particular Health Board properties and how could this look and be managed in practice?	Completed by April 2015

	Recognise, Develop and Safeguard	A designated advocate, the Partnerships Support Officer, includes findings within the aforementioned action plans which also need to be agreed by all staff involved in the data collection exercise.	To improve internal working relationships within the Health Board and ensure more strategic planning for communications, support provided and volunteer recruitment.	Feasibility: resource needed, timescales required, stakeholders' commitment, fit with the Health Board's strategic plan Elements to include: Communications and recognition plans, grants / gifting timetable and volunteer recruitment plans	Completed by July 2015
L of F & other VSG	Recognise, Develop and Safeguard	Implementation of the action plans	To achieve the overarching aim of the strategy	Introduce regular monitoring and measuring of the effectiveness of the action plan	Implementation to begin by August 2015
	Recognise, Develop and Safeguard	Review the action plans	To identify strengths and weaknesses of the plans and ensure support resources are effectively allocated.	Evaluate the effectiveness of the overarching plan and the different groups' plans to ensure that the aims the plans are being met.	Review report to be completed by February 2016
Awyr Las supporters	Recognise, Develop and Safeguard	Head of Fundraising to review the Awyr Las Fundraising Strategy	To identify how the Awyr Las Fundraising Strategy can complement the activities of the Voluntary and Philanthropic Supporters	Ensure there is no direct 'competing' for charitable support. Identify services and geographical areas that are not currently well supported by existing groups and focus fundraising resources (including Trust and Foundation grant writing, business and community fundraising) into those areas. Address whether Awyr Las initiatives, events and activities can be utilised by existing groups	Completed by May 2015

	Recognise, Develop and Safeguard	Head of Fundraising to present the revised Awyr Las Fundraising Strategy for March 2016	To ensure that the Awyr Las Fundraising Strategy complements the activities of the Voluntary and Philanthropic Supporters and underpins the strategic priorities of the Health Board	Involve the Voluntary and Philanthropic Supporters in the development of the strategy where possible as well as key Awyr Las stakeholders. Authorisation required from the Health Board.	Completed by August 2015
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Measuring, monitoring and evaluating the effectiveness of this strand of the strategy:

The following qualitative and quantitative indicators will be measured at the outset of the introduction of this strategy, monitored throughout, and progress will be evaluated annually from February 2016.

Key Success Indicator	Focus
What do groups view as a meaningful relationship? Do they have one with the Health Board?	Voluntary and Philanthropic Supporters
What do groups view a strong partnership made of. Do they have one with the Health Board?	Voluntary and Philanthropic Supporters
Level of appreciation	Voluntary and Philanthropic Supporters
Level of feeling supported	Voluntary and Philanthropic Supporters
Level of feeling involved in the Health Board	Voluntary and Philanthropic Supporters
Level of importance they give to the above	Voluntary and Philanthropic Supporters
Voluntary income generation	Voluntary and Philanthropic Supporters
Level of knowledge about the activities of the groups	Staff and the general public
Awareness of services provided by the groups	Patients and visitors
Awareness of grants made	Patients and visitors

Kirsty Thomson, Head of Fundraising, December 2014



Awyr Las Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Appendices 6

The Awyr Las Charity Strategy 2016-2021

The Awyr Las Charity Staff Structure, September 2015

Part: The Charity constitutes only a part of the role of the team member

