

BRADFORD HOSPITALS' CHARITABLE FUNDS EXTRAORDINARY COMMITTEE MEETING

Date:	Wednesday 30 th September 2020	Time:	14:00-15:00
Venue:	Webex meeting	Chair:	Dr Maxwell Mclean, Chairman
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean, Chairman (MM) - Ms Trudy Feaster-Gee, Non-Executive Director (TF-G) - Mrs Julie Lawreniuk, Non-Executive Director (JL) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Ms Karen Dawber, Chief Nurse (KD) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) - Mr Michael Quinlan, Deputy Director of Finance (MQ) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Mel Pickup, Chief Executive (MP) - Ms Hayley Collis, Head of Fundraising (HC) and Kelly Thornham, Communications Officer (KT) for agenda item C.9.20.4 		

No.	Agenda Item	Action
C.9.20.1	<p>Apologies for Absence</p> <p>There were no apologies for absence.</p>	
C.9.20.2	<p>Declarations of Interests</p> <p>There were no declarations of interest to note.</p>	
C.9.20.3	<p>Matters Arising</p> <p>There were no matters arising.</p>	
C.9.20.4	<p>Charity Presentation</p> <p>MM welcomed HC and KT to the meeting and wished to express the Committee's thanks and recognition of the work done by the charity team over the last challenging six months.</p> <p>KD commented on the work done over the last few years such as building up the Operational Committee and Sally Scales' work with the team, improving the branding, resulting in the tools being in place to respond. KD also expressed her thanks to HC, the charity team, Jane Britton and the volunteers who work closely with the charity.</p> <p>KD remarked that the charity did lots of great work, handling money and donations in the initial period of the Covid-19 pandemic, creating the Knitted Heart Appeal, NHS Hospital Heroes Appeal, Just Giving pages and got messaging out via videos, Twitter and Facebook etc. As a result of this we saw for the first time a change in how people from all sections of our community donate to the hospital charity, because</p>	

	<p>donations were made for the staff and the welfare of the staff rather than for the patients and their welfare.</p> <p>Messages were also received from the public which were captured on the Just Giving page, and these really did lift staff morale. The Twitter feedback and notes sent back to those who donated were much appreciated and made them feel really involved, and KD expressed how well managed this process was.</p> <p>HC discussed the Knitted Heart Appeal which was initially the brainchild of Marianne Downey, one of the ICU Matrons. Following conversations with the chaplaincy service and Kez Hayat, Head of Equality, Diversity and Inclusion, the appeal was also adapted to using prayer beads to ensure it was culturally appropriate.</p> <p>KD mentioned the importance of the Trust recognising its social media reach which is an excellent way of getting messages out to the public domain, and as a result of which innumerable donations of visors etc were received.</p> <p>In the first month of the pandemic KD advised a little over £100K was raised with a further £45K received in gifts in kind. This included a major anonymous donation of £45K, and a further £45K donation from the congregation of the Guru Gobind Singh Gurdwara which was used to purchase special therapeutic chairs for ITU. The appeal is still live with the current total standing at £307,694 which includes the NHS Charity Together grant money received.</p> <p>KD described how responsive the charity had to be during March and April in dealing with the donations received, the need to manage people's expectations, and how well the Quran Cubes were appreciated by our Muslim patients. New communication channels were also introduced which added to the increased pressure on the small charity team, and KD suggested we need to think differently around volunteers and the charities to assist doing things in a more joined up way going forwards.</p> <p>JL then wished to reinforce the thanks and well done given to the charity team for the work undertaken.</p> <p>MM asked what the first expenditure items bought were. HC advised numerous gifts in kind were received at the start of the pandemic, and the charity was very involved in the purchase of items for the newly created wobble/wellbeing rooms to support the staff, PPE and scrub kits etc to reflect the public's wish to be involved in the provision of these items. In addition to the Trust these were also supplied to Bradford District Care Trust and care homes in the community by establishing systems and processes and working collaboratively with other teams eg the PPE team and the voluntary services team. HC also commented it was a real boost to be able to support the staff in this way rather than just our patients as is the norm.</p> <p>MM also mentioned that the charity money was used to procure the clinical software system. HC confirmed this was in March 2020 and thanked the Committee for their quick responses so that the 'upto</p>	
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date.com' could be identified very early on. She explained this is a piece of software which sits on a platform on the Electronic Patient Record which enables the doctors and nurses to look up very quickly information that they need to be able to treat a patient. This was even more invaluable due to staff being displaced to other areas to treat Covid-19 patients. HC believes there are 11 Trusts which have now bought the system since we bought it.

HC mentioned in terms of communications, alongside the importance of fundraising to support staff, it was an excellent opportunity to raise the profile of the Trust and show its positive and inspirational side given the amount of support shown by the media and public. This was very successful and the local newspapers were on board with that and came to us for positive stories for them to use.

KD also stressed that some of the negative information circulating in the community and media had the potential to be very demoralising and divisive for staff, but because such generosity was observed from all areas of our community this assisted in reducing the impact of the negativity. This resulted in a very successful PR exercise which we will be able to build on for the future.

HC also advised that we were able to collate all the donations we were aware of and send out thank you messages which is important and enables us to keep in contact with the donors.

KD advised that during April and May voluntary services were overwhelmed by the number of gifts in kind received such as Easter eggs. The decision was therefore made to restrict the items which could be received, and a process was introduced for the receipt and distribution of gifts such as hot curries for delivery to the wards which were well received. Again the importance of saying thank you was paramount.

In June the rainbows and thank you messages came to the fore, and also the opportunity for staff to try and give something back. This was important as they were conscious of the generosity of the community, even when they were struggling due to the continued lockdown resulting in some being furloughed and the closure of a number of businesses. Time was therefore taken to say thank you properly.

A period for reflection, building and planning for the future

The NHS Charity has completely changed in the way people give and raise money, and has also seen a shift of giving to the staff instead of the patients. It has been a challenging period and the NHS has changed in the way decisions are made, and we can now be even more responsive to both patient and staff needs.

Fundraising, marketing and communication have also changed meaning we are working smarter and making more use of online platforms. There is now a need for strategic thinking as a charity in terms of the way forward.

There had been a dip in the trusts, grants and memorial type legacy

	<p>donations but these are now beginning to come back in again.</p> <p>HC advised that at the height of the pandemic it was realised that the charity website lacked the functionality and resilience required due to it being situated on a different platform to the main Trust website. There is therefore a need for a website which mirrors the Trust's website.</p> <p>HC also commented that the donor journey is incredibly important and it needs to be made as easy and enjoyable for the donors as possible. With a little more support on the systems we have this should hopefully be achievable.</p> <p>KD stated that we are now at a turning point in terms of our ambition, and there is a need for a platform to enable us when required to, for example, launch a big project or staff benefit initiative, and there is perhaps a unique window in which to do that.</p> <p>In terms of fundraising, work in relation to the regular giving had to be put on hold due to the pandemic and we now need to make that a common communication to encourage donors to become regular givers.</p> <p>The Rays a Smile appeal was hugely successful and showed us that with a larger appeal our target was met much quicker than anticipated due to some large donations. The neonatal appeal has also now commenced giving a refocus on the longer term 5+ year strategy of where we want to be.</p> <p>In terms of spending the money donated to our appeal and the charities grant, video based communications have been issued and there is a focus on boosting the general funds and how we communicate with people. We also need to look at producing a high quality professional corporate video communication which the public will remember and make them feel like they are dealing with professionals.</p> <p>In relation to future needs, alongside the investment in staff to build capability, resilience and how that grows, there is a need to showcase to people how their money is used, and also to work with finance so they can feel the benefit and be part of the charity, and the Operational Charity Committee is assisting with this.</p> <p>HC also commented that it is presently such an exciting time with the various appeals which are growing in size. There is a plan to procure some expert advice to put together a campaign strategy on the how, the what and the why we're going to undertake the planned steps. There is also the potential opportunity to undertake a strategic review of the required resources going forward.</p> <p>Following the end of the presentation MM asked what are the 'big ticket' items which the funds raised through the Covid-19 appeal over the last six months have been used for. HC advised a portion of the funds have been used to purchase medical equipment such as an ultra-sound scanner, uptodate.com etc, and the project items include kitting out 32 staff wellbeing rooms and the creation of two wellbeing gardens at St Lukes. There has also been a successful application for a £50,000 grant for four projects: humanist chaplaincy, video attend which creates</p>	
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	<p>videos in alternative languages, a peer support programme, and resources for patients with learning difficulties or dementia.</p> <p>TF-G asked if a similar kind of response from the public was anticipated during any second wave of Covid-19. HC advised due to the ending of the furlough scheme and the threat of businesses closing and redundancies, she does not anticipate the same level of donations from the community to be forthcoming. However, NHS Charities Together have held back approximately £30m from the major fundraising done by Captain Tom Moore etc in case a second wave occurs.</p> <p>We are now at stage 3 in NHS Charities' process of allocating monies: stage 1 supported the four projects already mentioned, stage 2 monies supported the hospices and the external charities, and we have an opportunity to apply for stage 3 money which covers recovering from Covid-19 but is also for use in case of a second wave. In relation to the stage 3 money we can apply for £22 per staff member which equates to approximately £132,000. HC is currently working with the Chief Nurse team in scoping out some remembrance gardens for the staff and a staff survey has been issued, the results of which are currently being collated. TF-G commented there is clearly potential for more quite significant funding to be coming in and the need to have a plan around how to use it effectively.</p> <p>MM asked for it to be noted that the Committee endorse and thank colleagues from the charity for the work undertaken and the excellent use of the funds received.</p> <p>MM asked KD about the items covered in the plans for the future and KD advised the ambition of the team is to do large fundraising projects such as the NNU bedroom initiative which requires fundraising support.</p> <p>KD also commented there is a need to recognise that if we want to take advantage and build on the success of the Covid-19 campaign and NHS Hospital Heroes campaign, we need to consider if additional support and infrastructure into the team is required, or assuming similar donations will not be received again from the community, do we need to concentrate on the Captain Tom funds etc.</p> <p>MM asked HC and KT to articulate what they see as the future needs for the charity. HC advised more resource is required in the team, for example a community fundraiser. The advice regarding the campaign strategy for the NNU bedrooms would likely identify additional resource requirements.</p> <p>JL then mentioned for the neonatal campaign she would like the Committee to be able to see what is needed, what the campaign looks like and how it will be resourced. In relation to business as usual it would be helpful to again see what is needed, if investment is made what kind of return would be realised, and how is it going to be achieved ie if it be digital. KD advised a lot of work has been done in the background and learning from other charities to formulate a fundraising plan for the neonatal unit, and information needs submitting to the Operational Committee to discuss the next steps and recommendations. JL commented if the work has already been done</p>	
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	<p>she feels generally the Committee would be supportive, however they need to reflect on what has already been done and what could happen. MH agreed a discussion paper setting out what the plan might be and the potential return in terms of investment would be useful for the Committee.</p> <p>In respect of using external support MQ asserted we need the assurance they have the right skills and expertise to deliver what is being asked.</p> <p>TF-G asked if the charity has to be run separately from the hospital and assuming the IT knowledge and capability is already in the Trust, can it be used for the charity. KT advised the charity website was built on a different platform and could cause issues plugging in some of the digital tools which are to be used to streamline the fundraising going forward.</p> <p>JH advised he strongly agrees with the discussions so far but also feels a paper explaining the situation is required. He also advised that whilst KT is accountable to HC as a member of the charity team, she also has responsibilities to the Trust's communications team, and the same applies to both the website and digital content of the charity.</p> <p>MM then asked if any further steer was needed from the Committee on the 'big ticket' items such as the NNU bedroom. KD confirmed there was clarity around the assurance the Committee requires in respect of these.</p> <p>HC and KT then expressed their thanks for the Committee's support and the opportunity to come and talk to them.</p> <p>MP acknowledged the transition from working in a reactive and 'in the moment' way to a more ordered way of working, but also the frustration that may be brought by that switch. She commented the challenge is not to stifle the innovation and agility we have seen during the pandemic, and advised these are the types of conversations taking place across the Trust. We need to be careful not to lose the passion, the energy and the essence which underpinned the agility demonstrated, but also to remain within the requirements and governance arrangements of the regulations we adhere to.</p> <p>JL wished to reinforce the thanks for all the work done by the charity team, and looks forward to achieving the position desired by the team with as little bureaucracy as possible. TF-G endorsed these messages.</p> <p>MM closed the meeting by thanking HC and KT for attending and for all the work they are doing, and asked these thanks are also passed to Elaine Drake, the charity administrator.</p>	
C.7.20.5	<p>Any Other Business</p> <p>There was no other business to be discussed.</p>	
C.7.20.6	<p>Date and Time of Next Meeting</p> <p>The next scheduled meeting is 11th November 2020, 4pm – 5pm.</p>	