

## MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING

Date of Meeting: **Tuesday 17 March 2026**  
Venue: **Microsoft Teams and Tresaith Meeting Room, Picton Terrace**

Present: Mr Iwan Thomas, Independent Member, Committee Chair  
Ms Sarah Harraway, Independent Member, Committee Vice-Chair  
Ms Ann Murphy, Independent Member  
Ms Nadine Gould (deputising for Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience)  
Mr Andrew Spratt (deputising for Huw Thomas, Executive Director of Finance)

In Attendance: Ms Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs  
Mr John Evans, Deputy Director, Medical Directorate  
Ms Nicola Llewelyn, Head of Hywel Dda Health Charities  
Mr James Severs, Executive Director of Allied Health Professions and Health Science  
Mr Tim John, Head of Accounting & Statutory Reporting  
Ms Tracy Davies, Deputy Head of Financial Accounting  
Ms Antonia Cavalier, CCLA Client Investment Director (part)  
Ms Kathryn Lambert, Head of Arts and Health (part)  
Ms Jennifer Lynch-Wilson, Lead ILD Specialist Nurse (part)  
Ms Ceri Wisdom, Service Delivery Manager (deputising for Gina Beard) (part)  
Ms Claire Evans, Committee Services Officer

**Minutes Item Ref.**

**Action**

**CFC(26) WELCOME AND APOLOGIES  
01**

Mr Iwan Thomas, Charitable Funds Committee Chair, welcomed everyone to the meeting.

Apologies for absence were received from:

- Mr Huw Thomas, Executive Director of Finance
- Mrs Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
- Mr Anthony Dean, Staff Side Representative
- Councillor Rhodri Evans, Independent Member

**CFC(26) DECLARATION OF INTERESTS  
02**

No declarations of interest were noted.

**CFC(26) 03 MINUTES FROM THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON 8 DECEMBER 2025**

The minutes of the Charitable Funds Committee (CFC) meeting held on 8 December 2025 were reviewed and approved as a correct record of proceedings

**Decision:** The Committee approved the Minutes of the Charitable Funds Committee meeting held on 8 December 2025.

**CFC(26) 04 MATTERS ARISING AND TABLE OF ACTIONS FROM THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON 8 DECEMBER 2025**

The Table of Actions arising from the CFC meeting on the 8 December 2025 was reviewed, with an update provided on the outstanding actions as follows:

**CFC(25)88: Hydrotherapy Pool at the Pentre Awel Village, Llanelli.** A final meeting of the Administration Committee J C Williams (Elizabeth Williams Endowment) Fund would be convened by the end of April 2026 to confirm the transfer of funds and the fulfilment of the Committee's purpose. The completion date for the collaboration agreement was also corrected, changing it from 28 December to 9 December 2025.

**CFC(25)135: Interactive Singing and Movement Sessions for Older Adult Mental Health & Adult Frailty Inpatient Wards.** The evaluation framework paper was deferred to the June 2026 meeting due to the scope of work involved.

**CFC(26) 05 RATIFICATION OF ANY APPROVALS MADE OUTSIDE THE MEETING VIA CHAIR'S ACTION**

It was confirmed that there were no approvals made outside the meeting via Chair's action.

**CFC(26) 06 ASSURANCE AND RISK REPORT**

Mr Iwan Thomas introduced the Assurance and Risk report, noting its thoroughness and clear recommendations. Ms Nadine Gould highlighted that there was only one risk on the report, with the current risk score matching the target risk score. The report noted an 11% increase in income for the period, however the risk score remained high due to the unpredictable nature of the charitable income. **Ms Nicola Llewelyn agreed to seek advice on whether this should now be treated as an operational issue, rather than a risk, and will report back to the next Committee meeting in June 2026.**

NL

Ms Sarah Harraway inquired about the outcome of presenting to the Executive Team regarding the two vacancies. Ms Llewelyn explained that the matter had been discussed between the two Executive leads rather than the full Executive Team, and that the outcome was reflected in the

Integrated Performance report, which included a request to reinstate a part-time Administrator post within the structure.

**Decision:** The Committee:

- RECEIVED ASSURANCE that identified controls are in place and working effectively; and
- RECEIVED ASSURANCE that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

**CFC(26) 07 Staff/Patient Story: Support Group for Interstitial Lung Disease and Pulmonary Fibrosis Patients**

Ms Jennifer Lynch-Wilson provided a detailed overview of the support group for patients with interstitial lung disease and pulmonary fibrosis, highlighting the challenges faced and the positive impact of this group. She explained the patients often receive the diagnosis without, describing its suddenness, the absence of early symptoms and the terminal nature of the disease. The support group offers psychological, social, financial, and physical support, with meetings held at the John Burns Centre. There is currently one Health Board wide group, however groups in other counties could be considered in the future. Although the group has experienced challenges related to rurality and travel distances, it has successfully fostered a welcoming environment complemented by refreshments and themed sessions. The group has also managed the loss of patients sensitively by maintaining communication with families and offering ongoing support. Ms Lynch-Wilson emphasised the importance of face-to-face interaction and peer support, and the Committee discussed potential collaborations with other services such as Carmarthenshire Living Well Centre.

Ms Harraway informed Ms Lynch-Wilson of her links with Boehringer Ingelheim noting the company's extensive outreach and community programme that operates alongside its prescribing activities. **Ms Harraway offered to connect Ms Lynch-Wilson with Boehringer Ingelheim for potential support.** The Committee emphasised the need to remain mindful of the Standards of Behaviour Policy when engaging with pharmaceutical companies.

SH

The Committee expressed gratitude for the work being undertaken by Ms Lynch-Wilson and her team.

**Decision:** The Committee NOTED the presentation.

*Ms Lynch-Wilson left the meeting.*

**CFC(26) 08 INTEGRATED HYWEL DDA HEALTH CHARITIES PERFORMANCE REPORT**

Mr Tim John provided an overview of the performance report for the nine-month period up to 31 December 2025, comparing figures with the same period in 2024. He highlighted the fall in income due to reduced donations. It was believed this was due to the cost of living crisis, and also a public

perception of how local NHS service changes. An example of this fall was a 54% decrease in donations to the Bronglais hospital stroke service.

Benchmarking indicated a fundraising return of £4.56 for every £1 spent, placing the charity above national average. The report also highlighted that 68p spent of every £1 donated is available to spend on grants.

Ms Llewelyn outlined the charity's plans to strengthen local communications and focus on smaller campaigns.

Mr James Severs queried whether the charity has a risk relating to the organisational change process, and whether further mitigating actions could be taken. **Ms Llewelyn agreed to seek advice from Sharon Daniel and discuss with the risk team before bringing an update to the next Committee meeting in June 2026.** NL

In response to a query from Ms Harraway, Ms Llewelyn explained that the health kiosk grant was approved by the Committee in December 2025 and would fund a staff health kiosk to be piloted at Glangwili Hospital (GGH) before being rolled out to other sites.

The Committee discussed the presentation of information on charitable expenditure to include categories such as work on prevention and demographics such as children and young people, in order to align with the Health Board's strategic priorities.

Ms Llewelyn advised that the completion of the online charitable funds application process originally planned for quarters 1 and 2 of 2026/27, is now expected by the end of quarter 2 due to delays. Following a query from Ms Harraway, **Ms Llewelyn agreed to review whether the delay should be added to the risk register.** NL

The Committee discussed further working with corporate partners, while also acknowledging the Standards of Behaviour policy.

**Decision:** The Committee:

- DISCUSSED the content of this report on the charity's performance; and
- CONSIDERED and RECOMMENDED FOR APPROVAL to the Board in its capacity as Corporate Trustee the proposed governance, support and fundraising costs budget for 2026/27.

## **CFC(26) HDdUHB INVESTMENT ADVISOR UPDATE - CCLA (EXTERNAL)** **09**

*Ms Antonia Cavalier joined the meeting.*

Ms Antonia Cavalier from CCLA Investment Management Ltd provided a detailed update on the performance of the Health Board's investment portfolio managed by CCLA. She explained that the current market environment, heavily influenced by AI companies, has penalised those not perceived to be linked to AI, such as the London Stock Exchange and Intuit, despite their sensible incorporation of AI. Ms Cavalier highlighted the ethical nature of the fund, noting the exclusion of oil and gas investments, which has presented a headwind due to rising oil prices. Despite this, the fund has

diversified into commodities including copper and new strategies focusing on underlying free cash flow and earnings momentum. These strategies aim to act as shock absorbers in volatile markets.

Ms Cavalier also addressed the impact of recent geopolitical events, including the war in the Middle East, on market volatility and oil prices. She emphasised the fund's medium-risk approach and its commitment to long-term growth and income, targeting inflation plus 4%. The discussion included considerations of the Bank of England's interest rate decisions in light of the conflict and its potential impact on the fund.

In response to Mr Andrew Spratt questions regarding the fund's susceptibility to oil price hikes and the strategy for achieving the inflation plus target. Ms Cavalier reassured the Committee that the fund's investments are not heavily exposed to manufacturing, which would be more affected by rising oil costs, and reiterated the importance of maintaining a balanced, medium-risk approach.

The Committee expressed appreciation for Ms Cavalier's thorough report and acknowledged the ongoing challenges in the investment landscape. Ms Cavalier invited members to connect with her at the upcoming NHS Charities Together conference in May 2026.

**Decision:** The Committee NOTED the Investment Advisor Update.

*Ms Antonia Cavalier left the meeting.*

## **CFC(26) APPROVAL OF CHARITABLE FUNDS EXPENDITURE 10**

There were no expenditure requests to consider for this agenda item, as noted in the agenda. The committee moved directly to the next item.

## **CFC(26) UPDATE ON EXPENDITURE 'HEADS UP!' CANCER SERVICES HAIR 11 LOSS SUPPORT**

Ms Ceri Wisdom provided an update on the Heads Up initiative, reiterating the project's achievements and challenges during phase one. The initiative has made significant progress in training hairdressers, upskilling healthcare professionals, and supporting patients experiencing hair loss due to cancer treatment. The Committee discussed the importance of expanding the service to include diverse patient groups and improving the evaluation methodology to better demonstrate the project's impact.

The importance of understanding the impact of charitable expenditure on health, wellbeing, and patient experience was highlighted. This initiative provides hair services and holistic hair loss support for patients undergoing cancer treatment, aiming to improve their self-esteem and dignity.

The project had successfully trained and educated hairdressers within the Hywel Dda area and reached approximately 1000 patients through face-to-face sessions. Additionally, 119 nurses and healthcare professionals were

upskilled. Despite challenges such as staff sickness and appointment cancellations, the project received positive feedback from patients.

Ms Harraway raised concerns about the evaluation methodology, noting that the report lacked contextual information to assess whether the original objectives were met. She emphasised the need for a more robust evaluation approach to effectively demonstrate the project's impact. Ms Llewelyn acknowledged this and discussed ongoing efforts within the service to redesign patient experience questionnaires to capture data related to charitable funded elements.

The Committee appreciated the project's expansion to include diverse patient groups, such as males and individuals from Afro-Caribbean backgrounds, and discussed the potential for future phases to support dermatology patients with alopecia.

**Decision:** The Committee NOTED the evaluation report and DISCUSSED the positive impact of the approved charitable funds expenditure request.

*Ms Ceri Wisdom left the meeting.*

## **CFC(26) 12 Update on Expenditure: Arts and Health Provision Capacity Building Annual Review**

*Ms Kathryn Lambert joined the meeting.*

Ms Kathryn Lambert presented the end of year one report for the capacity building provision within the Arts and Health Team. The report highlighted the growth of the team across the Health Board and the positive impact of the funded initiatives. The report represented the end of year one of a four-year programme and highlighted the foundational work for the subsequent years. This included appointing a new role within the team aimed at enhancing capacity to fulfil the Arts and Health Charter's commitments.

Ms Lambert underscored the significant impact of the charity's funding on patients, staff, and communities, highlighting the person-centred and creative approach that enhances patient experiences. She further detailed the teams work with vulnerable patients across the Health Board, supported through a range of innovative services. The report also demonstrated various evaluation approaches piloted to assess the provision's impact, delivered in collaboration with the Tri-Tech Team and clinical colleagues.

Ms Harraway praised the report, noting the effective use of evidence and the positive impact of the programme. She emphasised the importance of maintaining such high standards in evaluation and delivery.

The discussion concluded with expressions of support and gratitude for Ms Lambert and her team's work and the positive outcomes achieved. The Committee looked forward to future updates and continued success in the programme.

**Decision:** The Committee NOTED the evaluation report and DISCUSSED the positive impact of the approved charitable funds expenditure request.

*Ms Kathryn Lambert left the meeting.*

**CFC(26) 13 Review of the Charitable Funds Financial Administration and Governance Procedure**

Mr John presented the review of the Charitable Funds Financial Administration and Governance procedure including a summary of the changes which had been made following the interim review in March 2025. The final draft incorporated findings from an external audit review and included several significant updates. These updates included revisions to the online fundraising section, the introduction of guidance for supporting donors in vulnerable circumstances, the addition of a formal fundraising complaints process, and enhancements to the expenditure section to encourage Clinical Care Groups (CCGs) to develop annual spending plans.

Mr John advised that procurement requirements remained unchanged and provided assurance that the procedure has been reviewed and approved by the Procurement Team. Confirmation was provided that the consultation process involved key internal stakeholders, including Clinical Engineering, Procurement, and the Fundraising Team, ensuring a comprehensive input into the policy's development. The updates also included proposed changes to the charity's scheme of delegation to align with the operational structure of the Operations function.

**Decision:** The Committee APPROVED the Charitable Funds Financial Administration and Governance Procedure.

**CFC(26) 14 UPDATE ON THE RATIONALISATION OF CHARITABLE FUNDS HELD BY HYWEL DDA HEALTH CHARITIES**

Ms Llewelyn presented an update on the rationalisation of Charitable Funds held by the Committee, summarising the progress made since the approval of the programme of work in March 2023. The report outlined the increase in charitable expenditure and the emerging CCG expenditure plans. Engagement with service directors had resulted in a more structured approach to fund management, including the grouping of funds into subspecialties for reporting purposes and improved oversight.

Ms Llewelyn highlighted the revised fund structure for the Mental Health and Learning Disabilities CCG, which had undergone significant discussions and received strong representations from the management team. The Committee approved the revised structure, recognising the collaborative efforts to increase funding and empower staff to grow the funds.

The Committee expressed some disappointment regarding the slow engagement from CCGs, however acknowledged the challenges with capacity due to winter pressures and other systemic issues.

**Decision:** The Committee:

- NOTED the progress made in rationalising the charitable funds structure and the future actions identified to make further improvements.

- NOTED progress on the development of Clinical Care Group expenditure plans and the work underway to support the production of full plans.
- APPROVED the revised fund structure for the Mental Health and Learning Disabilities Clinical Care Group.

## **CFC(26) 15 FUTURE FUNDING REQUESTS TO THE MAKING A DIFFERENCE FUND**

Ms Llewelyn provided an update on the future funding requests to the Making A Difference Fund. She reported that the closing date for the current funding round had seen 37 bids totalling £454,000, with a noticeable shift in the value of individual bids compared to the previous round. Lessons learned from the December 2025 meeting had been implemented, leading to stronger bids with clearer articulation of impact and patient benefit.

The Committee discussed the possibility of using the Sub-Committee function to expedite the approval process for smaller value bids, ensuring funds are distributed quickly to projects that can significantly benefit from even modest amounts.

The Committee also raised concerns regarding the overall engagement with CCGs and the utilisation of the designated funds, emphasising the need for proactive measures to ensure funds are spent effectively to support staff and patients. **Mr Severs agreed to liaise with Mr Andrew Carruthers and the CCGs to ensure better engagement and utilisation of the funds.**

JS

**Ms Llewelyn proposed presenting a comprehensive update to the June 2026 meeting, summarising the current status and future plans for fund utilisation.** The Committee agreed to this approach, which should provide improved clarity and assurance on the expenditure plans and the engagement process.

NL

**Decision:** The Committee NOTED the summary of the approach being taken for the next phase of applications to the Hywel Dda Health Charities Making a Difference Fund.

## **CFC(26) 16 CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT**

Mr John Evans highlighted the outcomes from the Sub-Committee meetings, including the approval of various expenditures and the discussion on the charity's evaluation framework. He emphasised the importance of the approved items, such as seating for the Emergency Department in GGH, contributions to the dementia-friendly wellness garden, and ECG devices for cardiac patients. The Sub-Committee also discussed the revised scoring criteria of the 'Making A Difference Fund' and decided against establishing a new charitable fund for pulmonary rehabilitation, suggesting the use of existing respiratory funds instead.

Ms Harraway queried whether any unsuccessful funding bids were due to quality of the applications. Mr Evans responded that the majority of requests are approved by the Sub-Committee, as bids are usually reviewed before

being submitted. Ms Llewelyn reported that rejection rates have decreased and that time constraints rather than capability remain the primary challenge for applications. A workshop has been scheduled for 19 March 2026 between finance, fundraising and procurement colleagues which will examine the challenges within the system.

**Decision:** The Committee RECEIVED ASSURANCE from the items that the CFSC is providing assurance on.

## **CFC(26) CHARITABLE FUNDS SUB-COMMITTEE ANNUAL REPORT**

### **17**

Mr Evans presented the annual report for the Sub-Committee, summarising the work over the past year. The report highlighted the approval of £200,000 of expenditure, with a desire to increase this amount. Mr Evans reported that he and Ms Llewelyn had met with CCGs to raise awareness of charitable funds, noting that some clinical leads were unaware of the value of funds they held. The report emphasised the importance of integrating charitable funds into core elements of CCG agendas to support quality, safety, and performance outcomes.

**Decision:** The Committee APPROVED the Charitable Funds Sub-Committee Annual Report for 2025/26 in respect of the work that the Sub-Committee has undertaken during 2025/26.

## **CFC(26) CHARITABLE FUNDS COMMITTEE ANNUAL WORK PROGRAMME**

### **18**

The Charitable Funds Committee work programme for 2025-26 was noted.

## **CFC(26) MATTERS AND RISKS FOR ESCALATION TO THE BOARD**

### **19**

No specific matters required escalation to the Board. The Chair re-iterated the actions arisen during the meeting.

## **CFC(26) ANY OTHER BUSINESS**

### **20**

No other business was discussed.

## **CFC(26) DATE OF NEXT MEETING**

### **21**

The next meeting of the Charitable Funds Committee is scheduled to take place on 9 June 2026.