

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Evaluation Framework for Hywel Dda Health Charities
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Nicola Llewelyn, Head of Hywel Dda Health Charities

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report presents a revised evaluation framework for Hywel Dda Health Charities (HDdHC). The framework has been reviewed and refined to strengthen how the charity captures, evaluates and reports on the impact of charitable expenditure, demonstrating positive difference it makes for NHS patients, service users and staff across Carmarthenshire, Ceredigion and Pembrokeshire.

Cefndir / Background

The HDdHC evaluation framework was introduced in 2022 to provide a more consistent approach to evaluation across charitable funded projects. It was intended to capture the impact arising from the charity's grant making and provide the CFC with assurance that charitable funds are being used to achieve the charity's purposes.

The current framework adopts a proportionate, tiered approach aligned to the value of funding awarded; there are fewer reporting requirements for smaller grants and a more structured approach, including formal reports and presentations, for larger investments. This has positioned the charity with a more developed approach to evaluation than many NHS charities, particularly within Wales.

Recent discussions at CFC meetings on the evaluation approach have identified opportunities for refinement. Key themes arising from these discussions have included:

- Importance of embedding clearly defined outcomes and measurement tools at the application stage and from the outset of projects.
- Variable quality of information provided by applicants to evidence impact during the reporting stage.
- Opportunities for services to collaborate with the TriTech Institute and the Value-Based Healthcare team for support with the evaluation of their charitable funded projects.

This report presents a revised evaluation framework for CFC endorsement.

Asesiad / Assessment

The revised evaluation framework for HDdHC is attached at Appendix 1. It adopts a proportionate outcomes-focused approach, building on the existing framework to provide a clearer and more consistent approach to evaluation in line with the feedback received from CFC members and key stakeholders.

It strengthens the assurance provided to the CFC by demonstrating:

- Clear alignment to charitable purpose with applicants required to demonstrate how proposed activity supports the charity's objectives and agreed outcome areas, supported by both quantitative and qualitative evidence.
- Appropriateness of charitable expenditure supported by clear evaluation requirements.
- Learning and best practice, including insight from projects that do not fully achieve intended outcomes, ensuring that learning is captured and informs future decision-making and funding priorities.

The framework will be tested, reviewed and refined as it is implemented to ensure it is deliverable, proportionate, and aligned to both organisational priorities and best practice.

The sections below provide key considerations to support CFC members with their review of the framework.

1. Insights from staff engagement

The revised evaluation framework has been developed in direct response to feedback and engagement from colleagues including grant recipients, service leads and other internal stakeholders, Charitable Funds Sub-Committee members, NHS Charities Together and other NHS charities across the UK.

A consistent message has been the need to balance assurance with proportionality. There is strong support for evidencing the impact of charitable investment but clear feedback that requirements should be proportionate to the level of funding awarded.

Concerns were raised about adding unnecessary complexity, with a strong view that evaluation should support rather than discourage applications. It is however recognised that services should be expected to describe intended benefits and how these will be evidenced as part of the grant application process.

Feedback also highlighted the importance of using existing health board data to reduce duplication and to also recognise the value of qualitative evidence such as patient and staff stories in place of formal reports in some instances.

Overall, the feedback received supports a strengthened approach focused on proportionality and meaningful insight that is grounded in operational reality and aligned to recognised good practice.

2. Revised evaluation approach

The HDdHC evaluation framework has been refined to include the following key elements:

- **Clearer expectations:** Building on the current framework, evaluation requirements will be more clearly defined and consistently applied, ensuring that expectations are understood by applicants from the outset.

- **Embedding evaluation at application stage:** Revised application forms will help applicants to clearly articulate the intended outcomes and how these will be measured and evidenced from the outset.
- **Introduction of a consistent set of outcome areas:** Applicants will be asked to describe the difference charitable investment will make in line with a consistent set of outcome areas aligned to the charity’s strategy (e.g. patient experience, staff wellbeing, clinical outcomes), improving our ability to demonstrate the charity’s overall impact and strengthen assurance to trustees that funds are being used effectively.
- **Proportionate approach:** Requirements will be scaled to the level of funding awarded, with smaller grants focused on describing intended benefits and evidencing impact and larger investments requiring clear, measurable outcomes and more structured evaluation.
- **Clearer definition of outcomes and impact:** Guidance to applicants will provide clarity around the differences between inputs, activities, outputs and outcomes, supporting applicants to focus on the difference made, rather than the activity that has been delivered.
- **Use of existing data:** Applicants will be encouraged to use existing organisational data (including Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measured (PREMs)) wherever possible to add value to their reporting and avoid duplication.
- **Methods of evidencing impact:** The framework recognises the value of qualitative insight, including patient and staff feedback, case studies and stories, alongside quantitative measures where appropriate, to provide a balanced evidence base.
- **Focus on learning:** As well as to provide assurance, the framework supports continuous improvement, innovation and better future decision making.
- **Accountability:** Responsibility for demonstrating impact sits with the applicant and the service receiving funding, supported by clear guidance provided by the charity.
- **Access to specialist support:** Collaboration for more complex or higher value projects will benefit from structured evaluation expertise and support from the TriTech Institute, Value-Based Healthcare and Quality Improvement teams.

These revisions have resulted in the development of a proportionate and clear framework that demonstrates the difference charitable funding makes for patients, service users and staff, while remaining practical to deliver within an NHS setting. The framework will continue to be reviewed and refined as learning emerges from its implementation.

3. Key challenges and mitigations

The key challenges of implementing a revised evaluation approach have been considered during the development of the revised framework with the following mitigations:

Challenge	Mitigation
1. Capacity and time pressures: NHS staff operate in busy environments and there is a risk that evaluation is perceived as an additional burden which may deter staff from applying for funding.	The revised proportionate approach has been designed with applicants in mind. Requirements are scaled to the value of funding awarded. Guidance will be developed to support applicants. For larger value funding awards, support will be available from the TriTech Institute, Value-Based Healthcare and Quality Improvement teams.
2. Experience and confidence levels: Applicants may have limited evaluation experience and there is a risk that there	Guidance will be developed to support applicants with clear definitions, examples and templates. Applicants will be supported with access to internal expertise where required. The evaluation

may be inconsistent approaches and quality of reporting.	work will be promoted as a safe space for learning and skills development.
3. Perception of increased scrutiny: Applicants may be deterred from applying if they believe they must 'prove' success. There is a risk that applicants may be concerned about the consequences if outcomes are not achieved.	Clear messaging will be essential to re-assure applicants that learning and continuous improvement are core aims of the framework, alongside providing assurance. This will be supported by welcoming honest reflection and reporting, acknowledging that learning is a valued part of the process.
4. Prioritising evaluation: There is a risk that evaluation is deprioritised once funding is awarded and project delivery has commenced.	Clear evaluation expectations will be agreed at the time funding is awarded and built into reporting processes. Practical tools, guidance and regular check-ins will help ensure evaluation remains embedded within project delivery.
5. Standardised approach: There is often variation in the types of projects funded, making standardisation challenging.	The introduction of shared outcome areas enables aggregation and consistency while retaining flexibility at a project level to ensure relevance and proportionality.
6. Availability and quality of data: Existing data systems may not align with evaluation needs and applicants may struggle to collect and access timely and quality data to evidence outcomes.	The framework takes a flexible approach, using a mix of evidence, including practical indicators and qualitative insight where direct measurement is not possible. Applicants will be encouraged to draw on existing organisational data sources (e.g. PROMs and PREMs) wherever possible to strengthen evidence and reduce duplication.
7. Charity capacity and resources: There is a risk that the charity team does not have sufficient capacity or the right balance of resource to effectively oversee and support the implementation of the revised framework.	Work is underway to address role drift and clarify roles and responsibilities alongside strengthening grant-making and a review of the finance function re-charge arrangements. This will ensure this work is supported to sustain the implementation of the framework effectively.

4. Measures of success

The effectiveness of the revised evaluation framework will be assessed through a combination of implementation, quality and impact measures, ensuring the framework is applied consistently and adds value.

Success will be evidenced through:

- Improved consistency and clarity in how outcomes are defined and reported across funded projects, with evaluation requirements understood and applied from the outset.
- Increased number of projects with clear evaluation plans in place at the application stage, aligned to agreed outcome areas.
- Improved quality of evaluation outputs, including clearer evidence of outcomes and meaningful insight into the difference charitable funding has made for patients, service users and staff.
- Use of evaluation findings to inform decision-making, including future funding priorities, service improvement and development of funding approaches.
- Positive feedback from applicants and stakeholders that the framework is proportionate, practical and supportive, rather than a barrier to accessing funding.
- Enhanced ability to demonstrate the overall impact of charitable expenditure, including the aggregation of data and insights to provide assurance to the CFC and wider stakeholders.

A small number of key measures will be developed and reported on to support oversight of implementation and provide a more objective view of progress. These will include:

- Percentage of applications with clearly defined outcomes and proposed measures at the application stage, proportionate to the level of funding.
- Percentage of applicants completing evaluation reports in line with agreed timescales.
- Percentage of higher value grants with more formal evaluation plans or structured evaluation support (e.g. from TriTech, Value-Based Healthcare or Quality Improvement teams).
- Evidence of evaluation findings being used to inform service development or decision-making.

These measures will be refined as our approach matures and will form part of routine reporting to the CFC.

5. Implementation and next steps

The revised evaluation framework will be implemented on a phased basis over a 6-month period to support a smooth transition and to ensure it can be applied consistently and proportionately across funded projects.

Phase 1: Preparation (June to August 2026)

- Finalise revised application and reporting templates.
- Develop clear guidance to support applicants.
- Establish baseline measures.
- Clarify roles and responsibilities and agreed routes for accessing specialist support from TriTech, Value-Based Healthcare and Quality Improvement teams).

Phase 2: Initial roll-out (September to December 2026)

- Targeted communication and engagement to help services understand expectations.
- Introduce the framework for all new funding applications.

Phase 3: Embedding and testing (January to March 2027)

- Gather feedback from applicants and services.
- Review quality of submissions.
- Monitor volume and value of applications received.
- Refine tools and guidance as required.

Phase 4: Review and refinement (April to June 2027)

- Undertake an initial review of implementation including assessment against agreed measures of success.
- Present a summary of learning, key themes and any refinements needed to the CFC.

This phased approach will ensure the framework is implemented in a way that is practical, proportionate and informed by learning, while providing clear oversight and assurance to the Committee.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

- **DISCUSS** and **ENDORSE** the revised evaluation framework.
- **SUPPORT** its phased implementation across charitable funded projects.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.25 Review and approve annual work plans for any Sub-Committees which has delegated responsibility from the Charitable Funds Committee and oversee delivery to scrutinise and monitor the impact on Charitable Funds expenditure.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ledger reports and investment reports.
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Head of Accounting & Statutory Reporting Deputy Head of Financial Accounting Fundraising Manager Senior Communications Officer HDdUHB Research and Development team HDdUHB Value-Based Healthcare team

Effaith: (rhaid cwblhau)
Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	The framework strengthens oversight of charitable expenditure by introducing clearer expectations for evidencing impact, supporting more informed funding decisions and improved value from charitable investment.
Ansawdd / Gofal Claf: Quality / Patient Care:	Improved evaluation of charitable funded projects will support a clearer understanding of the difference made to patient experience, outcomes and staff wellbeing.
Gweithlu: Workforce:	The framework sets clear and proportionate expectations for staff, supported by guidance and access to expertise, helping to build confidence and capability in evaluation without creating unnecessary burden.
Risg: Risk:	Strengthens governance and reduces risk by improving transparency, consistency and accountability in how charitable funds are used and evaluated.
Cyfreithiol: Legal:	The framework supports appropriate governance and use of charitable funds in line with regulatory expectations.
Enw Da: Reputational:	Enhances the charity's ability to demonstrate impact and value, strengthening stakeholder confidence and public trust in how funds are used.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.



Purpose of the evaluation framework

Hywel Dda Health Charities invests in projects that improve care, experience and wellbeing for patients, service users and staff across Hywel Dda University Health Board.

Evaluating our grant-making activities helps us to:

- demonstrate the difference charitable funding makes
- capture learning to inform future funding decisions provide assurance that funds are used effectively

Our evaluation approach

Our evaluation framework is designed to be practical, proportionate and realistic within an NHS setting.

It focuses on the difference charitable funding makes (outcomes), in addition to activities that are delivered (outputs).

We use:

- quantitative data (numbers) and qualitative insight (feedback and experience)
- existing and baseline data wherever possible (e.g. patient and staff surveys or Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measured (PREMs))
- a proportionate approach, based on the size and nature of funding

Outcome areas

Our funded projects align to the following areas:

- Patient experience: enhancing the patient experience throughout the whole care and treatment journey
- Staff experience: supporting the wellbeing and professional development of health board staff
- Clinical outcomes: improving health outcomes or quality of care

These outcome areas provide a clear and consistent framework for understanding the impact of our funding.

How the framework works

1. Application stage: define the difference

Applicants are expected to:

- Tell us what they will deliver
- Be clear about the difference they want to make
- Tell us how success will be measured
- Focus on outcomes not just activity
- Collect useful evidence
- Be open about challenges and learning

Evaluation starts at the beginning, not the end.

2. Application stage: focus on what matters

Applicants should:

- prioritise the most important outcomes
- identify what evidence is needed
- consider using existing data wherever possible

Evidence may include:

- activity and reach (e.g. number of patients or staff benefiting)
- patient, service user, family and carers or staff feedback
- short reports describing what has changed
- case studies and real examples

3. Proportionate approach

Evaluation requirements are proportionate to the size of the funding award and follow a tiered approach:

Level of funding	Evaluation approach
Under £10,000	A simple approach using a logic model to describe what will be delivered and what difference it will make. Followed by a short narrative report post award.
£10,000 to £50,000	A more structured approach to demonstrate change including clear outcome measures, supporting evidence (e.g. data and feedback). Followed by a brief evaluation report using a standard template.
Over £50,000	A more detailed evaluation to provide a stronger level of assurance, which may include specialist or independent support. This will include clearly defined outcomes, supporting data and qualitative insight. Followed by a more in-depth report on impact and learning.

4. Evaluation findings: Learn and share

Projects are expected to:

- report on delivery against intended outcomes
- highlight what worked well and what didn't work so well
- share learning and challenges

Not all projects will achieve everything planned. Understanding why is just as important as demonstrating success.

5. Roles and responsibilities

Applicants and funded services are responsible for:

- setting clear outcomes at the application stage
- collecting appropriate evidence
- providing evaluation reports in line with agreed requirements

The charity team will:

- provide guidance and templates
- review evaluation information and report key themes and impact to the Charitable Funds Committee

For larger or more complex projects, additional support may be available from teams such as:

- TriTech Institute
- Value Based Healthcare team
- Quality Improvement team

Ongoing development

This framework will continue to evolve and will be reviewed regularly with feedback from applicants and stakeholders and refined to reflect learning, best practice and organisational priorities.