

CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT

Date of last meetings: 5 May 2026

Quoracy: Met

Report by: John Evans (Deputy Director Medical Directorate), Sub-Committee Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert¹ (may require discussion)

The Charitable Funds Sub-Committee (CFSC) had no matters of which to **alert** members of the Charitable Funds Committee (CFC).

Advise² (to monitor)

The CFSC had no matters of which to **advise** members of the CFC.

Assure³ (to note)

The CFSC wishes to **assure** members of the CFC:

- At the CFSC meeting held on 5 May 2026, members considered and approved four expenditure requests with a combined value of £49,147.09. Further information can be found in Appendix 1.
- Members received updates from the March 2026 CFC meeting and noted that relevant papers are available for review.
- Members approved revisions to the CFSC Terms of Reference, which included updates to membership arrangements, for submission to the CFC for approval. The Terms of Reference can be found in Appendix 2.
- Members supported the nomination of Timothy John, Head of Accounting & Statutory Reporting, as CFSC Vice-Chair to strengthen governance arrangements following the retirement of the former Assistant Director of Organisation Development.
- Members considered applications received to the Making a Difference Fund following an assessment process to ensure appropriate and effective use of charitable funds. Members approved £51,884.18 of funding from the fund for 15 applications under £10,000, subject to agreed service funding contributions. Members endorsed 8 higher-value applications for CFC consideration and supported the decision not to fund 5 applications. Members agreed that services with access to designated funds should utilise these in the first instance, with the Making a Difference Fund supporting any shortfall rather than fully funding requests. Should planned commitments over the next 12–24 months limit the availability of service-specific balances, applicants

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

were asked to confirm planned expenditure so that proportionate funding arrangements can be considered.

Review of Risks

There are no key risks or areas of concern to bring to the CFC's attention.

Sharing of learning

- Members discussed the requirement for applicants to provide greater assurance in relation to estates refurbishment proposals, specifically to seek confirmation there are no additional or hidden capital costs associated with such schemes. This was highlighted during consideration of the Bronglais Hospital Angharad ward interactive flooring request, where approval in principle was subject to further information from Estates. Members emphasised the importance of providing clarity on any wider financial implications prior to final approval.

Recommendation

The Charitable Funds Committee is requested to:

- **Approve the revised** CFSC Terms of Reference which can be found in Appendix 2.
- **Take assurance** from the items that the CFSC is providing assurance on.

Agenda, papers and minutes of the CFSC are available on request from Fundraising.HywelDda@wales.nhs.uk

APPENDIX 1

Summary of expenditure requests considered by the Charitable Funds Sub-Committee:

Meeting: 5 May 2026		
Item	Comments	Decision
<p>CF03546</p> <p>Stryker wheelchairs x10 with IV poles and oxygen holders</p> <p>Withybush General Hospital</p> <p>£17,600.70 VAT exempt</p>	<p>Request: Purchase of ten Stryker wheelchairs with associated IV poles, oxygen holders, and leg rests, to be deployed across A&E, the main hospital entrance, and the Cardio-Respiratory Department. The wheelchairs will be available for patients and visitors who require mobility support when attending appointments or visiting wards.</p> <p>Patient benefit: The additional wheelchairs will significantly improve accessibility and patient flow, enabling patients with reduced mobility to attend clinics and wards safely, with dignity and without delay. They will reduce stress and anxiety for patients and visitors, and limit delays in A&E and other high-pressure areas by reducing time spent locating equipment. Enhanced availability of safe, well-designed wheelchairs will support efficient care delivery, improve overall patient and visitor experience, and contribute to a more compassionate hospital environment.</p> <p>Eligibility: Medical and surgical equipment and its maintenance (when service plans are purchased with the equipment) for NHS patient care, education and research.</p> <p>Member comments: Assured that the request offers additionality by providing additional equipment to approve the patient experience. Equipment selected due being robust and its expected lifespan with minimal maintenance.</p>	<p>Approved</p>
<p>CF03556</p> <p>Interactive corridor flooring</p> <p>Angharad Ward, Bronglais General Hospital</p> <p>£12,615.59 Inclusive of VAT</p>	<p>Request: Replacement of the existing corridor flooring on Angharad Ward with a new, non-digital interactive floor incorporating child-friendly designs such as footsteps, hopscotch, and a racetrack leading to the playroom. The current flooring is over 25 years old and has been identified through audits as worn and in need of replacement.</p> <p>Patient benefit: The new interactive flooring will create a welcoming, child-centred environment that helps reduce anxiety and distress for children and families on arrival to the ward. The playful design will encourage therapeutic play, promote emotional wellbeing, and provide positive distraction during a potentially stressful hospital experience. Improved flooring will also support infection prevention standards, reduce slip and trip risks, and enhance staff morale by creating a brighter, safer, and more engaging care environment, delivering long-term benefits beyond core NHS provision.</p> <p>Eligibility: Building and/or refurbishment works that create more welcoming and comfortable surroundings for patients, services users, visitors and staff where no NHS exchequer resources are available and will not be available for at least 5 years.</p>	<p>Approved in principle subject to confirmation from Estates that no additional capital costs will be incurred as a result of the work</p>



	<p>Member comments: Clarity sought on timescales, disruption, and whether temporary relocation would be required. Assurance was requested from Estates that are no hidden costs exist and whether any additional estates or capital costs would be incurred. Assurance received that the new flooring is above and beyond standard NHS provision, creating a more child-friendly environment, and represents an appropriate use of charitable funds. Members welcomed ward staff support of the work.</p>	
<p>CF03578</p> <p>Paxman scalp cooling consumables</p> <p>Chemotherapy Units across HDdUHB</p> <p>£18,453.00 VAT exempt</p>	<p>Request: Purchase of a one-year supply of Paxman scalp-cooling consumables, including caps of various sizes, chin straps and coolant, to enable the continued delivery of scalp cooling for eligible patients receiving systemic anti-cancer treatment across all Hywel Dda University Health Board hospital sites.</p> <p>Patient benefit: Scalp cooling helps reduce chemotherapy-induced hair loss, a side effect widely recognised as highly distressing for many patients. Continued access to this supportive intervention preserves dignity, supports emotional wellbeing, and improves quality of life during treatment by reducing anxiety and supporting confidence and self-identity. Funding consumables ensures continuity of an established, evidence-based service that enhances patient choice and experience, aligning with compassionate, holistic cancer care and equitable access across all hospital sites.</p> <p>Eligibility: Medical and surgical equipment and its maintenance (when service plans are purchased with the equipment) for NHS patient care, education and research.</p> <p>Member comments: Noted that initial consumables were included within the charitable funding approval for equipment in 2024/25, with clarity provided at the time that ongoing costs would be requested from charitable funds. Assurance was provided that this represents an appropriate use of funds, with significant funds available. Members recognised the established patient benefits and continuity of provision across sites and were satisfied the request supports a valued service.</p>	Approved
<p>CF03571</p> <p>Retrospective request</p> <p>Colorectal cancer patient support groups</p> <p>Colorectal Cancer Services</p> <p>£477.80 Inclusive of VAT</p>	<p>Request: Funding to support face-to-face colorectal cancer patient support groups through venue hire and facilitated music therapy sessions during 2026/27. This includes a small retrospective element for support groups already during 2025/26.</p> <p>Patient benefit: The support groups provide patients with opportunities for peer connection, social interaction, and emotional support in a safe, supportive environment. Music therapy enhances psychological wellbeing, helping to reduce isolation, anxiety and emotional distress experienced following a colorectal cancer diagnosis and treatment. The sessions improve overall patient experience, promote resilience, and support holistic, person-centred cancer care beyond standard clinical treatment.</p> <p>Eligibility: Wellbeing initiatives which demonstrate improved experiences and outcomes for patients and service users.</p>	Approved

THE BOARD

**CHARITABLE FUNDS COMMITTEE
(CFC)**

Charitable Funds
Sub-Committee

TERMS OF REFERENCE

CHARITABLE FUNDS SUB-COMMITTEE

Version	Issued to:	Date	Comments
V1	Charitable Funds Committee	09.03.17	Approved
V2	Charitable Funds Committee	15.03.18	Approved
V3	Charitable Funds Sub-Committee	02.09.19	Approved
V4	Charitable Funds Committee	15.09.20	Approved
V5	Charitable Funds Sub-Committee	10.05.21	Approved
V5	Charitable Funds Committee	30.06.21	Approved
V6	Charitable Funds Sub-Committee	07.03.22	Approved
V7	Charitable Funds Committee	06.06.22	Approved
V8	Charitable Funds Sub-Committee	02.05.23	Approved
V8	Charitable Funds Committee	23.05.23	Approved
V9	Charitable Funds Sub-Committee	07.05.24	Approved
V9	Charitable Funds Committee	21.06.24	Approved
V10	Charitable Funds Sub-Committee	06.05.25	Approved
V10	Charitable Funds Committee	17.06.25	Approved
V11	Charitable Funds Sub-Committee	05.05.26	Approved
V11	Charitable Funds Committee	09.06.26	

CHARITABLE FUNDS SUB-COMMITTEE

1. Constitution

- 1.1 The Charitable Funds Sub-Committee (the Sub-Committee) has been established as a Sub-Committee of the Charitable Funds Committee and constituted from 9 March 2017.
- 1.2 The Charitable Funds Sub-Committee consolidates the previous sub-committee functions held by:
 - Acute Services Charitable Funds Sub-Committee
 - Carmarthenshire Community Charitable Funds Sub-Committee
 - Ceredigion Community Charitable Funds Sub-Committee
 - Pembrokeshire Community Charitable Funds Sub-Committee
 - Mental Health & LD Charitable Funds Sub-Committee

2. Principal Duties

- 2.1 The purpose of the Charitable Funds Sub-Committee is to ensure that the Health Board's policies and procedures are followed in relation to the expenditure of our named charitable funds.
- 2.2 In particular to:
 - 2.2.1 Apply the Health Board's charitable funds within the budget, priorities and spending criteria determined by the Health Board as corporate trustee, in line with the charity's scheme of delegation, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts).
 - 2.2.2 Implement appropriate policies and procedures to ensure that all expenditure is reasonable, clinically and ethically appropriate.
 - 2.2.3 Agree issues to be escalated to the Charitable Funds Committee with recommendations for action.

3. Operational Responsibilities

- 3.1 The Sub-Committee will, in respect of its provision of assurance to the Charitable Funds Committee, also be responsible for:
 - 3.1.1 Providing scrutiny with a view to approving or rejecting all requests for expenditure over £10,000 and under £50,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.
 - 3.1.2 Providing scrutiny and onward assurance to the Charitable Funds Committee on charitable expenditure.

- 3.1.3 Providing scrutiny with a view to approving or rejecting:
- Unusual or novel expenditure requests under £50,000.
 - Overseas training requests including conferences and seminars requiring the attendance of participants outside of the UK.
 - Requests from external charities or organisations, other than the Health Board's partner charities, to fundraise on the Health Board estate for the benefit of NHS services across mid and west Wales.
- 3.1.4 Considering with a view to approving or rejecting all requests for the establishment of new charitable funds.
- 3.1.5 Providing quarterly written updates to the Charitable Funds Committee.
- 3.2 The Chair of the Sub-Committee (or a suitably briefed deputy) will attend the quarterly Charitable Funds Committee meetings and provide written reports on the following items:
- 3.2.1 Expenditure approved within the Sub-Committee's delegated limits of approval.
- 3.2.2 Key decisions.
- 3.2.3 Chair's actions undertaken outside of the cycle of Sub-Committee meetings.
- 3.2.4 Key risks and issues/matters of concern.
- 3.2.5 Matters requiring Charitable Funds Committee consideration or approval.
- 3.2.6 Any revisions to the Sub-Committee's Terms of Reference.

4. Membership

4.1 The membership of the Charitable Funds Sub-Committee shall comprise:

Title
Assistant Director of Nursing, Patient Safety, Quality and Experience (Mental Health and Learning Disabilities Clinical Care Group)
Deputy Director of Nursing, Quality & Patient Experience
Deputy Director of Operations
Head of Accounting & Statutory Reporting
Assistant Deputy Director Medical Directorate (Chair)
Deputy Director of Allied Health Professions
Assistant Director of Organisation Development
Head of Capital Planning
Assistant Director of Public Health Strategic Business and Operations
Assistant Director of Primary Care
Assistant Director Legal and Patient Support

In attendance:
Head of Hywel Dda Health Charities
Deputy Head of Financial Accounting
Charitable Funds Accounts Assistant
Staff Side Representative

4.2 Membership of the Sub-Committee shall be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than one third of the membership and must include as a minimum the Chair or Vice-Chair of the Sub-Committee.
- 5.2 The membership of the Sub-Committee must take into account the balance of skills and expertise necessary to deliver the Sub-Committee's remit and subject to any specific requirements or directions made by the University Health Board or Welsh Government.
- 5.3 Any senior officer of the University Health Board or from a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Sub-Committee may also co-opt additional independent external 'experts' from outside the organisation to contribute to specialised areas of discussion.
- 5.5 Should any member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.
- 5.6 The Chair of the Charitable Funds Sub-Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.7 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Sub-Committee Secretary will agree the agenda with the Chair at least two weeks before the meeting date.
- 6.2 The agenda will be based around the Sub-Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Sub-Committee members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee members.
- 6.3 All papers should have relevant sign off before being submitted to the Sub-Committee Secretary.

- 6.4 The agenda and papers for meetings will be distributed seven days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Sub-Committee Chair within **seven** days to check the accuracy, prior to sending to all Members (including the Sub-Committee Chair).
- 6.6 Members must forward amendments to the Sub-Committee secretary within the next **seven** days. The Sub-Committee secretary will then forward the final version to the Sub-Committee Chair for approval.

7. Frequency of Meetings

- 7.1 The Sub-Committee will meet on a bi-monthly basis and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Sub-Committee in discussion with the Sub-Committee Lead.
- 7.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary, shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

8. Chair's Actions

- 8.1 There may be circumstances where decisions which would normally be made by the Sub-Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Sub-Committee. In these circumstances the Sub-Committee Chair may deal with these matters on behalf of the Sub-Committee as an exception rather than the norm.
- 8.2 The Sub-Committee Chair must ensure that any such action is formally recorded and reported to the next meeting of the Sub-Committee for consideration and ratification.
- 8.3 Chair's actions may not be taken where the Sub-Committee Chair has a personal or business interest in an urgent matter requiring decision.

9. Accountability, Responsibility and Authority

- 9.1 The Sub-Committee Secretary be accountable to the Charitable Funds Committee for its performance in exercising the functions set out in these terms of reference.
- 9.2 The Sub-Committee shall embed the University Health Board and Hywel Dda Health Charities' vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.3 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the

Sub-Committee.

10. Reporting

- 10.1 The Sub-Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint /sub committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The Sub-Committee will receive written update reports following each meeting which details the business undertaken on its behalf.
- 10.4 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Charitable Funds Committee on the Sub-Committee's activities. This includes the submission of a Sub-Committee update report as well as the presentation of an Annual Report within 6 weeks of the financial year.
 - 10.4.2 Bring to the Charitable Funds Committee's specific attention any significant matter under consideration by the Sub-Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the University Health Board Chair, Chief Executive or Chairs of other relevant Committees/Sub Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

11. Secretarial Support

- 11.1 The Sub-Committee Secretary shall be determined by the Sub-Committee lead.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Charitable Funds Committee.