



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Date **09/06/2026**  
Time **09:30 - 12:30**  
Location **Dolau Cothi Meeting Room / Microsoft Teams Meeting**

# Charitable Funds Committee

HDD\_Charitable Funds Committee  
NHS Wales

# Agenda - 9 June 2026

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## 1 GOVERNANCE

09:30, 0 min

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### 1.1 Welcome and Apologies

09:30, 0 min

*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

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### 1.2 Declarations of Interest

09:30, 0 min

*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

[Register of interests, gifts, sponsorship and hospitality - Hywel Dda University Health Board](#)

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### 1.3 Minutes from the Charitable Funds Committee Meeting held on 17 March 2026

09:30, 2 min

*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

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### 1.4 Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 17 March 2026

09:32, 5 min

*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

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### 1.5 Ratification of any Approvals Made Outside the Meeting via Chair's Action

09:37, 0 min

*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

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### 1.6 Charitable Funds Committee Terms of Reference

09:37, 5 min

*Sian-Marie James (Hywel Dda UHB -Assistant Director of Corporate Legal Services and Public Affairs)*

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## **1.7 Charitable Funds Committee Annual Report 2025-26**

09:42, 5 min

*Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience)*

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## **1.8 CFC Self-Assessment Outcome Report**

09:47, 10 min

*Sian-Marie James (Hywel Dda UHB -Assistant Director of Corporate Legal Services and Public Affairs)*

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## **2 PERFORMANCE**

09:57, 0 min

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### **2.1 Integrated Hywel Dda Health Charities Performance Report**

09:57, 15 min

*Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting), Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

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### **2.2 HDdHC Investment Advisor Update - External CCLA**

10:12, 20 min

*antonia.cavalier@ccla.co.uk*

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## **3 APPROVAL OF CHARITABLE FUNDS EXPENDITURE**

10:32, 0 min

*Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

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### **3.1 Consideration of funding requests from the charity's Making a Difference Fund**

10:32, 35 min

*Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

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## **4 IMPACT OF CHARITABLE EXPENDITURE**

11:07, 0 min

*Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

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### **4.1 Evaluation Framework for Hywel Dda Health Charities**

11:07, 10 min  
*Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience), Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

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**5 OPERATIONAL/STRATEGIC ISSUES**

11:17, 0 min

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**5.1 Charitable Funds Expenditure Plans**

11:17, 10 min  
*Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

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**6 RISK AND ASSURANCE**

11:27, 0 min

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**6.1 Assurance and Risk Report**

11:27, 10 min  
*Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

verbal update

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**6.2 Charitable Funds Sub-Committee Update Report**

11:37, 10 min  
*John Evans (Hywel Dda UHB - (Deputy Director, Medical Directorate))*

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**6.3 Administrative Committee Annual Meeting (Hydrotherapy Pool: JC Williams (Elizabeth Williams Endowment) Trust Fund) Update Report (March 2026).**

11:47, 10 min  
*Anwen Pearce (Hywel Dda Health Board - Capital Programme Manager Planning)*

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**7 FOR INFORMATION**

11:57, 0 min

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**7.1 Charitable Funds Committee Annual Work Programme**

11:57, 0 min  
*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

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**8**

**MATTERS AND RISKS FOR ESCALATION TO THE BOARD**

11:57, 5 min

*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

Verbal, Iwan Thomas.

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**9**

**ANY OTHER BUSINESS**

12:02, 2 min

*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

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**10**

**DATE AND TIME OF NEXT MEETING**

*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

8 September 2026; 09:30 - 12:15

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09/06/2026 09:30 - 12:30

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## 1 - GOVERNANCE

1.1

09:30, 0 Mins

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1.1 - Welcome and Apologies

*Iwan Thomas (Hywel  
Dda UHB -  
Independent Board  
Member)*

1.2

09:30, 0 Mins

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1.2 - Declarations of Interest

*Iwan Thomas (Hywel  
Dda UHB -  
Independent Board  
Member)*

[Register of interests, gifts, sponsorship and hospitality - Hywel Dda University Health Board](#)

1.3

09:30, 2 Mins

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1.3 - Minutes from the Charitable Funds  
Committee Meeting held on 17 March 2026

*Iwan Thomas (Hywel  
Dda UHB -  
Independent Board  
Member)*

| For approval

**Attachments**

[2026-03-17 - Charitable Funds Committee Meeting - Minutes.pdf](#)

## 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

<b>Minutes Ref.</b>	<b>Item</b>	<b>Action</b>
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**CFC(26) 01 WELCOME AND APOLOGIES**

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) 02 DECLARATION OF INTERESTS**

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) Update on Expenditure: Arts and Health Provision Capacity Building 12 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.

1.4

09:32, 5 Mins

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1.4 - Matters Arising and Table of Actions from  
the Charitable Funds Committee Meeting held on  
17 March 2026

*Iwan Thomas (Hywel  
Dda UHB -  
Independent Board  
Member)*

| For assurance

**Attachments**

[CFC Action 17.03.26.pdf](#)

**CHARITABLE FUNDS COMMITTEE (CFC)/ PWYLLGOR CRONFEYDD ELUSENNOL  
17/03/2026**

**TABLE OF ACTIONS/TABL GWEITHREDOEDD**

Key: AP-Anwen Pearce; DBI-Donna Blinston; JS-James Severs; NL-Nicola Llewelyn; SD-Sharon Daniel; SH-Sarah Harraway

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
16/09/2025	CFC(25)135	Interactive Singing and Movement Sessions for Older Adult Mental Health and Adult Frailty Inpatient Wards • To liaise with Tri-Tech and colleagues to examine how best to improve the evaluation framework ensuring best practice at the conception of projects.	SD	08/12/2025	Complete Update 22/05/26: Complete. SBAR being presented to the June 2026 CFC meeting.
08/12/2025	CFC(25)149	Active Investor Statement Scheme CCLA • To check with the Chair of PODCC that they are content with the CFC recommendation to approve Membership of CCLA's investor coalition scheme.	SD	17/03/2026	In progress In progress. This will be discussed by the Corporate Trustee at the Board seminar being held on 6 August 2026 being delivered by CCLA.
08/12/2025	CFC(25)151	BGH Fibroscanner Charitable Funds Request. • Ms Showler-Coulson to liaise with Donna Blinston and Peter Skitt to establish how the Fibroscan project fits within the wider 24-7 healthcare model and how best to broaden the project scope and evaluate impact in terms of population health and how prevention links into UEC care pressures.	DBI	17/03/2026	Complete Care pathways for acute outreach across chronic conditions have been reviewed using the liver disease model to inform wider prevention work. Further discussion planned. Quarterly CNS/ANP group being established to support role development and service alignment.
08/12/2025	CFC(25)151	BGH Fibroscanner Charitable Funds Request. • To work to identify which other chronic conditions might be able to be supported through a similar model.	JS	17/03/2025	Complete A chronic conditions health event on 13 May 2026 will bring together CNSs and specialist teams across multiple pathways to identify conditions suited to a similar model. Further discussions with Hepatology in March will explore opportunities for wider adoption across the health board

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
08/12/2025	CFC(25)151	BGH Fibroscanner Charitable Funds Request. • To provide greater PROMs/ PREMs data across the three counties, including the impact of the original bid which had been approved.	DBI	17/03/2026	Complete Working with the Value Based Healthcare team to pilot PROMs/PREMs collection using the PAM tool. Initial assessments completed for 78 patients identified with liver disease. Follow up data will be collected after ultrasound and clinic reviews, then again at six months to evidence impact of early identification and management.
17/06/2025	CFC(25)88	Hydrotherapy Pool at the Pentre Awel Village, Llanelli • Photographic evidence to be returned to the Pittsburgh Bank to evidence funds from the J C Williams Trust (Elizabeth Williams Endowment) have been spent in an appropriate manner.	AP	17/06/2025	Complete Complete. SBAR being presented to the June 2026 CFC meeting.
17/03/2026	CFC(26)06	Assurance and Risk Report • To seek advice to determine if the issue was now operational rather than a risk, and report back to the next Committee meeting in June 2026.	NL	09/06/2026	Complete Complete. The risk has been closed following advice from the Risk & Assurance team.
17/03/2026	CFC(26)07	Staff/Patient Story: Support Group for Interstitial Lung Disease and Pulmonary Fibrosis Patients • To connect Ms Lynch-Wilson with Boehringer Ingelheim for potential support	SH	09/06/2026	In progress In progress. SH has initiated contact with Boehringer and is currently awaiting discussions with the Patient Experience Manager
17/03/2026	CFC(26)08	Integrated Hywel Dda Health Charities Performance Report • To seek advice from Sharon Daniel regarding whether the charity has a risk relating to the organisational change process, and whether further mitigating actions could be taken	NL	09/06/2026	In progress In progress. A Risk Assessment Form has been completed for consideration and review with the Risk & Assurance team.
17/03/2026	CFC(26)08	Integrated Hywel Dda Health Charities Performance Report • To review whether the delay to the launch the new online charitable funds application process for expenditure requests under £10,000 should be added to the risk register for monitor/review by the Committee	NL	09/06/2026	Complete Complete. Advice has been sought from the Risk & Assurance team. A risk will not be added to the risk register however the Executive Lead has escalated concerns to the Digital Director.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
17/03/2026	CFC(26)15	Future Funding Requests to the Making A Difference Fund • To work with Andrew Carruthers and the CCGs to ensure better engagement and utilisation of the funds.	JS	09/06/2026	Complete Complete. SBAR being presented to the June 2026 CFC meeting. The Deputy Chief Operating Officer will provide oversight of this work within the Operations function to ensure improved utilisation of funds.
17/03/2026	CFC(26)15	Future Funding Requests to the Making A Difference Fund • To bring a comprehensive update to the June meeting, summarising the current status and future plans for fund utilisation.	NL	09/06/2026	Complete Complete. SBAR being presented to the June 2026 CFC meeting. The Deputy Chief Operating Officer will provide oversight of this work within the Operations function to ensure improved utilisation of funds.

1.5

09:37, 0 Mins

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1.5 - Ratification of any Approvals Made Outside  
the Meeting via Chair's Action

*Iwan Thomas (Hywel  
Dda UHB -  
Independent Board  
Member)*

1.6

09:37, 5 Mins

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1.6 - Charitable Funds Committee Terms of Reference

*Sian-Marie James  
(Hywel Dda UHB -  
Assistant Director of  
Corporate Legal  
Services and Public  
Affairs)*

| For approval

**Attachments**

[CFC ToRs SBAR June 2026.pdf](#)

[CFC Terms of ReferenceV23 Draft.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Charitable Funds Committee Terms of Reference
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Director of Corporate Governance/ Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

**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**

The purpose of this paper is to ensure that the Charitable Funds Committee has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

The Committee is asked to approve the Charitable Funds Committee's Terms of Reference for onward ratification by the Board on 30 July 2026.

**Cefndir / Background**

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

The Committee last reviewed its terms of reference and operating arrangements in June 2025, and these were subsequently approved by the Board, on 31 July 2025.

**Asesiad / Assessment**

The Charitable Funds Committee Terms of Reference and operating arrangements (Appendix 1) have been reviewed since Board approval on 31 July 2025, with one minor amendment to made to the Terms of Reference. This is clearly marked on Appendix 1 and relates to the following:

Section	What has changed?	Why?
4.11.4	Key Responsibilities - amended	To ensure the Terms of Reference are aligned with current legislation and provide clarity regarding the

		regulatory framework governing investment managers.
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**Argymhelliad / Recommendation**

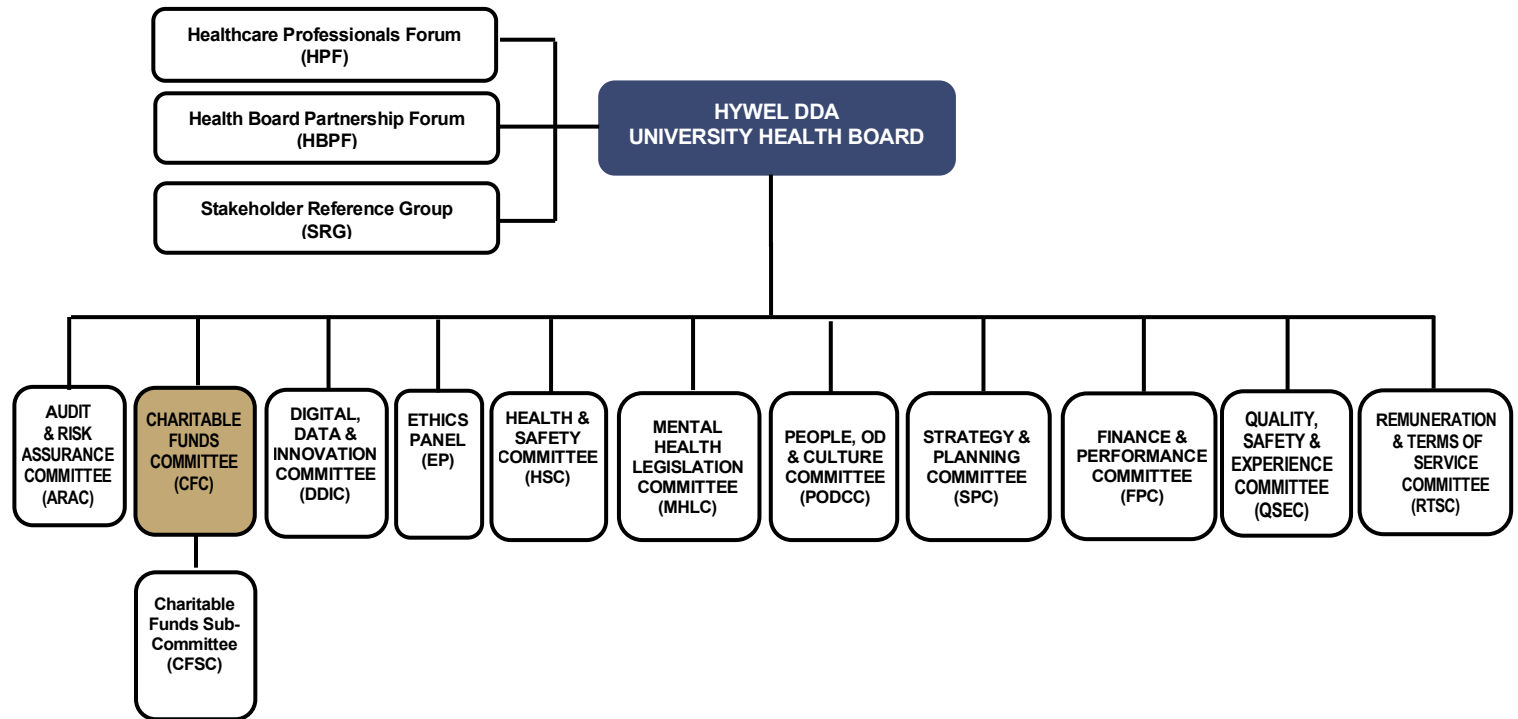
The Committee is asked to **APPROVE** the Charitable Funds Committee's Terms of Reference (version 23) for onward ratification by the Board on 30 July 2026.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	14.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termiau:	Contained within the body of the report

Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Director of Corporate Governance/Board Secretary Executive Director of Nursing, Quality and Patient Experience Head of Hywel Dda Health Charities

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No direct impacts
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Not applicable
<b>Risg:</b> <b>Risk:</b>	Not applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable
<b>Enw Da:</b> <b>Reputational:</b>	Not applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable



## TERMS OF REFERENCE

### CHARITABLE FUNDS COMMITTEE

Version	Issued To	Date	Comments
V1	Charitable Funds Committee	11.06.2012	Approved
V1	Hywel Dda Health Board (SO's)	27.09.2012	Approved
V3	Charitable Funds Committee	18.06.2013	Approved
V4	Charitable Funds Committee	03.09.2013	Approved
V5	Charitable Funds Committee	12.12.2013	Approved
V6	Charitable Funds Committee	09.10.2013	Approved
V7	Charitable Funds Committee	16.12.2014	Approved
V8	Charitable Funds Committee	10.03.2015	Approved
	Hywel Dda University Health Board	26.03.2015	Approved
V9	Charitable Funds Committee	29.06.2015	Approved
V9	Hywel Dda University Health Board	26.11.2015	Approved

V10	Charitable Funds Committee	29.11.2016	Approved
V10	Hywel Dda University Health Board	26.01.2017	Approved
V11	Charitable Funds Committee	15.06.2017	Approved
V12	Charitable Funds Committee	15.03.2018	Approved
V12	Hywel Dda University Health Board	29.03.2018	Approved
V13	Charitable Funds Committee	14.03.2019	Approved
V13	Hywel Dda University Health Board	30.05.2019	Approved
V14	Charitable Funds Committee	17.03.2020	Approved
V14	Hywel Dda University Health Board	26.03.2020	Approved
V15	Charitable Funds Committee	30.11.2020	Approved
V15	Hywel Dda University Health Board	28.01.2021	Approved
V16	Hywel Dda University Health Board	29.07.2021	Approved
V17	Charitable Funds Committee	06.06.2022	Approved
V17	Hywel Dda University Health Board	28.07.2022	Approved
V18	Charitable Funds Committee	23.05.2023	Approved via Chair's Action 05.07.2023
V18	Hywel Dda University Health Board	27.07.2023	Approved
V19	Charitable Funds Committee	21.06.2024	Approved
V20	Hywel Dda University Health Board	25.07.2024	Approved
V21	Hywel Dda University Health Board	30.01.2025	Approved (alongside the new governance arrangements)
V22	Charitable Funds Committee	17.06.2025	Approved
V22	Hywel Dda University Health Board	31.07.2025	Approved
V23	Charitable Funds Committee	09.06.2026	FOR APPROVAL

## CHARITABLE FUNDS COMMITTEE

### 1. Introduction

- 1.1 The Hywel Dda University Local Health Board's standing orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

- 1.2 In accordance with the Standing Orders (and the Health Board's Scheme of Delegation), the Board has nominated a Committee to be known as the Charitable Funds Committee (the Committee). The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

## **2. Constitution**

- 2.1 Hywel Dda University Local Health Board (the Health Board) is the Corporate Trustee of Hywel Dda Health Charities (the Charity). Where references are made to the Board, it is in its role as Corporate Trustee of the Charity.
- 2.2 The Committee has been established as a Committee of the Board and constituted from 22 July 2010.

## **3. Purpose**

The purpose of the Charitable Funds Committee is:

- 3.1 To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
- 3.2 To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.
- 3.3 To develop the strategy and objectives for the Charity for consideration by the Board, and to provide assurance that an appropriate infrastructure is in place for the efficient and effective running of the Charity.
- 3.4 To agree issues to be escalated to the Board with recommendations for action.

## **4. Key Responsibilities**

The Charitable Funds Committee shall:

- 4.1 Within the budget, priorities and spending criteria determined by the Board as Corporate Trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts), apply the charitable funds in accordance with its respective governing documents.
- 4.2 Approve appropriate procedures and policies to ensure that fundraising and accounting systems are robust, donations are received and coded as instructed and that all expenditure is reasonable, clinically and ethically appropriate.

- 4.3 In addition, to make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:
- Trustee Act 2000
  - The Charities Act 2011
  - The Charities Act 2022
  - Terms of the fund's governing documents
- 4.4 Receive at least twice a year for ratification investment reports from the Executive Director of Finance. Also to consider investment decisions and actions taken through delegated powers upon the advice of the Health Board's appointed investment manager adviser.
- 4.5 Receive assurance that the overriding general principles of financial regularity, prudence and propriety are adhered to for the funds held on trust as defined in the Health Board's Standing Financial Instructions (SFIs). The Chief Executive and Executive Director of Finance are accountable for financial control as set out in the SFIs. In so far as it is possible to do so, most of the sections of the SFIs will apply to the management of funds held on trust
- 4.6 Approve the annual accounts and report for ratification by the Corporate Trustee.
- 4.7 Monitor the progress of fundraising appeals where these are in place and considered to be material.
- 4.8 Seek assurance on delivery against the strategic objectives aligned to the Committee, considering and scrutinising the programmes and processes that are developed and implemented, supporting and endorsing these as appropriate.
- 4.9 Monitor and review the Health Board's scheme of delegation for Charitable Funds expenditure, and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.
- 4.10 Receive assurance that the day to day management of the investments of the charitable funds is in accordance with the investment strategy set down from time to time by the Corporate Trustee, and in accordance with the requirements of the Health Board's Standing Financial Instructions.
- 4.11 Oversee the appointment of an Investment Manager (where appropriate) to advise it on investment matters and the delegation of day-to-day management of some or all of the investments to that Investment Manager. The Investment Manager, if appointed, must actively manage the charitable fund on behalf of the Corporate Trustee.  
In exercising this power, the Committee must ensure that:

- 4.11.1 The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
  - 4.11.2 There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
  - 4.11.3 The performance of the person or persons exercising the delegated power is regularly reviewed;
  - 4.11.4 Where an investment manager is appointed, that the person is regulated under the ~~Financial Services Act 1986~~ **Financial Services and Markets Act 2000 (FMSA)**;
  - 4.11.5 Acquisitions or disposal of a material nature outside the terms of agreement must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance.
- 4.12 Regularly reviewing investments to see if other opportunities or investment services offer a better return
  - 4.13 Receive assurance that the banking arrangements for the charitable funds are kept entirely distinct from the Health Board's NHS funds.
  - 4.14 Receive assurance that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts; and that the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments.
  - 4.15 Agree to the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the Board for applying accrued income to individual funds in line with charity law and Charity Commission guidance.
  - 4.16 Receive reports on the progress of the implementation of the Charity's strategy which will include details of sources of funding which could provide the Committee with additional leverage and access to additional funds.
  - 4.19 Consider and recommend for approval to the Board the annual governance and support costs associated with the running of the Charity.
  - 4.20 Receive assurance that the charitable expenditure thresholds in the Charitable Funds Procedure are complied with.
  - 4.21 Provide scrutiny with a view to approving or rejecting all requests for expenditure over £50,000 and under £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.

- 4.22 Consider and recommend for approval to the Board in its capacity as Corporate Trustee all requests for expenditure over £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.
- 4.23 Provide scrutiny with a view to approving or rejecting all requests for expenditure, regardless of value, for the following expenditure types:
- Research and development expenditure.
  - Pay expenditure.
  - Requests of any nature resulting in ongoing charitable funds commitment.
- 4.24 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Operational Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 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.

## 5. Membership

- 5.1 The membership of the Committee, acting as representatives of the Corporate Trustee, shall comprise of the following:

<b>Member</b>
Independent Member (Chair)
Independent Member (Vice-Chair)
2 x Independent Members
Executive Director of Finance, or their suitably briefed deputy
Executive Director of Nursing, Quality and Patient Experience (Lead Director for Hywel Dda Health Charities), or their suitably briefed deputy

The following should attend Committee meetings:

<b>In Attendance</b>
Executive Director of Allied Health Professions and Health Science
Assistant Director of Finance (Financial Planning and Statutory Reporting) or Head of Accounting & Statutory Reporting
Assistant Director of Corporate Legal Services and Public Affairs
Chair of the Charitable Funds Sub-Committee
Head of Hywel Dda Health Charities
Staff Side Representative

5.2 Membership of the Committee will be reviewed on an annual basis.

## 6. Quorum and Attendance

- 6.1 A quorum shall consist of no less than four of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and one other Independent Member, as well as the Executive Director of Finance and the Lead Director for Hywel Dda Health Charities (or their suitably briefed deputies), together with a third of the In Attendance members.
- 6.2 The membership of the Committee shall be determined by the Board of the Corporate Trustee, taking into account the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 6.3 Any senior officer of the Health Board or 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.
- 6.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 6.5 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.
- 6.6 Should any officer 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.
- 6.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Charitable Funds Committee.
- 6.8 The Committee will invite External Audit to attend once a year to provide the Committee with assurance on processes and end of year accounts.
- 6.9 The Committee may also extend the membership to include independent members outside of the Board (e.g. a nomination from Stakeholder Reference Group).
- 6.10 The Chair of the Charitable Funds Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 6.11 The 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.

## 7. Delegated Powers and Duties of the Executive Director of Finance

- 7.1 The Executive Director of Finance has prime financial responsibility for the Health Board's Charitable Funds. The specific powers, duties and responsibilities delegated to the Executive Director of Finance are:
  - 7.1.1 Administration of all existing charitable funds.
  - 7.1.2 To identify any new charity that may be created (of which the Health Board is Corporate Trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity.
  - 7.1.3 To provide guidelines with respect to donations, legacies and bequests, fundraising and trading income.
  - 7.1.4 Responsibility for the management of investment of funds held on trust.
  - 7.1.5 To ensure appropriate banking services are available to the Health Board.
  - 7.1.6 To prepare reports to the Board including the Annual Report and Accounts.

## 8. Agenda and Papers

- 8.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice-Chair, the Lead Director for Hywel Dda Health Charities and the Executive Director of Finance (or their nominated deputies) at least **six** weeks before the meeting date.
- 8.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meeting, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 8.3 All papers must be approved by the Lead/relevant Director.
- 8.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting, electronically.
- 8.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and action log will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) within the next **seven** days.
- 8.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

## 9. In Committee

- 9.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## 10. Frequency of Meetings

- 10.1 The Committee will meet no less than quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee, in discussion with the Lead Director.
- 10.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

## 11. Accountability, Responsibility and Authority

- 11.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 11.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 11.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 11.4 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee.

## 12. Reporting

- 12.1 The Committee Chair shall agree arrangements with the Health Board's Chair to report to the Board in their capacity as Corporate Trustee. This may include, where appropriate, a separate meeting with the Board.
- 12.2 The 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 through the:
  - 12.2.1 joint planning and co-ordination of Board and Committee business;
  - 12.2.2 sharing of information.
- 12.3 In doing so, the 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.

- 12.4 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf.
  - The Committee has established the Charitable Funds Sub-Committee to ensure that the Health Board’s policies and procedures are followed in relation to specialist designated and restricted funds.
  
- 12.5 The Committee Chair, supported by the Committee Secretary, shall:
  - 12.5.1 Report formally, regularly and on a timely basis to the Board on the Committee’s activities in their capacity as Corporate Trustee. This includes the submission of a written Committee update report as well as the presentation of an annual report and accounts prior to submission to the Charity Commission.
  - 12.5.2 Bring to the Board’s specific attention any significant matter under consideration by the Committee.
  - 12.5.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.
  
- 12.6 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee’s performance and operation including that of any sub-committees established.

**13. Secretarial Support**

- 13.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

**14. Review Date**

- 14.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

1.7

09:42, 5 Mins

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1.7 - Charitable Funds Committee Annual Report 2025-26 *Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience)*

| For approval

**Attachments**

[1.7 SBAR CFC Annual Report 2025-26.pdf](#)

[CFC Annual Report 2025-2026 Draft.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Charitable Funds Committee (CFC) Annual Assurance Report 2025/26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr Iwan Thomas, Chair, Charitable Funds Committee
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mrs Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience

**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**

The purpose of this report is to present the Charitable Funds Committee (CFC) Annual Assurance Report 2025/26 to the Board.

The CFC Annual Report provides assurances in respect of the work that has been undertaken by the Committee during 2025/26; and outlines the main achievements which have contributed to robust integrated governance across the Health Board.

**Cefndir / Background**

Hywel Dda University Health Board's (the Health Board) Standing Orders and the Terms of Reference (TOR) for CFC require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The fundamental purpose of the Committee is to provide assurance to the Board around the organisation's strategy and delivery plans for workforce and organisational development.

This CFC Annual Report specifically comments on the key issues considered by the Committee in terms of Charitable Funds, and the adequacy of the response, systems and processes in place during 2025/26.

**Asesiad / Assessment**

The CFC Annual Report 2025/26 is included at Appendix 1.

**Argymhelliad / Recommendation**

The Committee is requested to **ENDORSE** the Charitable Funds Committee (CFC) Annual Assurance Report 2025/26

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	7.1.6 To prepare reports to the Board including the Annual Report and Accounts.  12.5.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities in their capacity as Corporate Trustee. This includes the submission of a written Committee update report as well as the presentation of an annual report and accounts prior to submission to the Charity Commission.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of CFC meetings 2025/26
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusenol:	CFC Chair, Lead Director and Committee Members

Parties / Committees consulted prior to Charitable Funds Committee:	
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<b>Effaith: (rhaid cwblhau)</b>	
<b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	SBAR template in use for all relevant papers and reports
<b>Gweithlu: Workforce:</b>	SBAR template in use for all relevant papers and reports
<b>Risg: Risk:</b>	SBAR template in use for all relevant papers and reports
<b>Cyfreithiol: Legal:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	SBAR template in use for all relevant papers and reports

# CHARITABLE FUNDS COMMITTEE (CFC)

ANNUAL REVIEW REPORT

2025/2026

## 1. Introduction and Chair's summary

In line with Standing Orders the Charitable Funds Committee must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework:

## Chair's Reflections

I am pleased to present my reflections on the work of the Charitable Funds Committee for 2025/26. Over the course of the year, the Committee has continued to discharge its responsibilities in line with its Terms of Reference and Annual Workplan, maintaining a clear focus on strong governance, robust financial stewardship, and maximising the impact of charitable funds across Hywel Dda.

In terms of looking at our collective delivery via the Annual Workplan, we have continued to benefit from a structured and flexible framework to support delivery of our statutory duties and strategic priorities. It has remained responsive to emerging risks and opportunities, ensuring that the Committee maintains appropriate oversight while enabling timely decision-making.

The Committee is satisfied that we have met the requirements set out within its Terms of Reference, with these reviewed and approved during the year to ensure they remain fit for purpose.

Governance, assurance and risk, are key elements for all committees within Hywel Dda, but particularly so for this committee in its management of considerable funds. Collectively as a committee, we have continued to ensure robust governance arrangements are in place. The Committee has received regular assurance through comprehensive reporting, including risk management updates, internal control assurances, and performance reports.

The Committee has taken assurance that:

- Effective controls are in place and operating as intended
- Identified risks are being actively managed with credible mitigating actions
- Progress against agreed actions is being delivered within expected timescales

The Committee continues to use its structured “alert, advise and assure” approach to clearly communicate risk and assurance levels to the Board.

In respect of Financial Management, Stewardship and Decision Making within these areas, the Committee has maintained strong oversight of the charity's financial position, including investment performance, cash holdings, and expenditure planning. With continued effective challenge from fellow committee members on areas of investment especially, we have also shown by our key decisions taken during the year, that we have collectively demonstrated a balanced approach to managing risk while enabling meaningful investment, including:

- Approval of over £370,000 in funding through the Making a Difference Fund
- Investment in key service improvements, including diagnostic equipment, arts in health initiatives, and patient support programmes
- Strategic decisions regarding fund allocation and investment approach

Throughout discussions, the Committee has demonstrated appropriate challenge, declining or deferring proposals where sustainability, value, or impact could not be sufficiently evidenced.

The primary thread throughout all our discussions and decisions is that of people, and the impact on those who benefit from charitable funds, as well as those, who donate to our funds. With this in mind, the Committee has remained focused on ensuring that charitable funds deliver clear and measurable benefits. Throughout the year, it has received a range of impact and evaluation reports demonstrating improvements in:

- Patient experience and service quality
- Staff wellbeing and support
- Access to enhanced services and innovative approaches to care

Examples such as cancer support services, arts in health provision, and diagnostic improvements illustrate the meaningful difference charitable funding is making across the Health Board. The Committee has also recognised the need to further strengthen evaluation methodologies to ensure impact is consistently and clearly evidenced.

Where appropriate, the Committee has escalated matters to the Board. A notable example was the Therapeutic Gardens project at Prince Philip Hospital, where significant cost increases required further scrutiny and Board approval. This demonstrates the Committee's commitment to transparency, value for money, and appropriate governance.

The annual self-assessment process has continued to support the Committee's development. Key areas of focus identified for 2025/26 included making a more proactive and strategic approach to funding decisions, as well as strengthening oversight of smaller-value funding approvals and evaluation reporting; with progress against these areas being monitored, with further work planned to embed improvements.

Overall, the Charitable Funds Committee has operated effectively throughout 2025/26, demonstrating strong governance, sound financial management, and a clear commitment to maximising the impact of charitable funds.

The Committee remains dedicated to continuous improvement and to ensuring that charitable resources are used responsibly, transparently, and in ways that deliver meaningful benefits to the population we serve.

I would like to thank Committee members, alongside our great officers and stakeholders for their continued commitment and contribution over the past year. Ddolch - thank you.

## **2. Terms of Reference (TOR) and Workplan**

The TOR for the Charitable Funds Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 17 June 2025 and approved at Board 31 July 2025.

[Link to Charitable Funds Committee Terms of Reference](#)

The Charitable Funds Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's TOR and any suggested areas of focus identified during the self-assessment process.

The Charitable Funds Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[Link to Charitable Funds Committee Work Plan 2025-26](#)

## **3. Sub-Committee(s)**

The Charitable Funds Sub-Committee (CFSC) reports into the Charitable Funds Committee with its own Terms of Reference (TOR) and workplan for the year. The Sub-Committee's TOR were last reviewed on 17 June 2025.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which was presented to the Committee on 17 March 2026, reporting on activity throughout the last year.

#### 4. Table of attendance

Membership	Role	Date 17/06/25	Date 16/09/25	Date 8/12/25	Date 17/03/26
Iwan Thomas	Independent Member (Committee Chair)	✓	✓	✓	✓
Sarah Harraway	Independent Member (Committee Vice-Chair)	✓	✓	✓	✓
Ann Murphy	Independent Member	✓	✓	✓	✓
Rhodri Evans	Independent Member	x	✓	x	x
Huw Thomas	Director of Finance	✓	Deputy attended	✓	Deputy attended
Sharon Daniel	Director of Nursing, Quality & Patient Experience (Committee Lead)	Deputy attended	✓	✓	Deputy attended
In Attendance		Date 17/06/25	Date 16/09/25	Date 8/12/25	Date 17/03/26
James Severs	Director of Allied Health Professions and Health Science	Deputy attended	✓	✓	✓
Rhian Davies (only attends in place of Huw Thomas)	Assistant Director of Finance (Financial Planning and Statutory Reporting)	x	✓	x	x
Timothy John	Senior Finance Business Partner (Accounting and Statutory Reporting)	✓	✓	✓	✓
Sian-Marie James	Assistant Director of Corporate Legal Services and Public Affairs	✓	✓	✓	✓
John Evans	Chair of the Charitable Funds Sub-Committee	Deputy attended	✓	✓	✓
Nicola Llewelyn	Head of Hywel Dda Health Charities	✓	✓	✓	✓
Anthony Dean	Staff Side Representative	✓	✓	✓	x
Andrew Carruthers	Chief Operating Officer	✓	✓	x	x
Tracy Davies	Deputy Head of Financial Accounting	✓	x	x	✓
Meeting quorate*		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

*\*A quorum shall consist of no less than four of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and one other Independent Member, as well as the Executive Director of Finance and the Lead Director for Hywel Dda Health Charities (or their suitably briefed deputies).*

#### 5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

**Alert** – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve and were alerting the Board as engagement action or intervention was required.*

### **Therapeutic Gardens, Prince Philip Hospital**

In June 2025, the Charitable Funds Committee was advised that tendered costs for the proposed development of Therapeutic Gardens at Prince Philip Hospital were significantly higher than previously anticipated and those outlined at the Committee's meeting on 18 March 2025. As a result, the funding request was deferred.

The Committee requested further work to be undertaken to understand the reasons for the cost increase and to provide revised and robust cost appraisals for future consideration.

The Committee also agreed to alert the Board to concerns regarding the tender outcome, noting an unanticipated cost increase of approximately £106,000.

In September 2025, the Charitable Funds Committee considered a revised funding request for the development of Therapeutic Gardens at Prince Philip Hospital, presenting two options:

- Option A (£183,287.53), excluding the bowling facility, and
- Option B (£200,087.53), including the bowling facility.

Following consideration of the updated appraisals and assurances provided, the Committee recommended Option B for approval. This recommendation was subsequently approved by the Board, in its capacity as Corporate Trustee, at its Public Meeting on 25 September 2025.

**Advise** – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

In December 2025, the Charitable Funds Committee considered applications from the first open application round to the charity's Making a Difference Fund. Two applications were not approved.

- A request for funding of £123,697.30 for Clinical Workforce and Organisational Development training manikins was not supported, as Members were not sufficiently assured that the proposed investment in simulation equipment would demonstrably support improvements in compliance and competency in core and statutory training requirements, including resuscitation training.
- In addition, an application for £46,032.00 to fund a Parkinson's Co-ordinator post was not approved. While Members recognised the potential positive impact on patient experience and staff wellbeing, concerns were raised regarding the sustainability of a charitable-funded post beyond the initial funding period, and the absence of a clear exit or long-term funding strategy.

**Assure** – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

- The Committee noted the **Hywel Dda Health Charities Investment Advisor Update report**.
- The Committee considered the **Charitable Funds Sub-Committee Update Report** and was satisfied that appropriate assurance had been provided by the Sub-Committee.
- In relation to the **Expenditure Plan for the Support for Life Response Fund**, the Committee noted that further work would be undertaken to review the fund, including consideration of a potential name change to support greater clarity and accessibility.
- The **Assurance and Risk Report** provided assurance that appropriate controls are in place and operating effectively, and that planned mitigating actions are credible, deliverable and aligned with agreed plans. The report further confirmed that actions are being progressed within agreed timescales and are expected to reduce the likelihood and/or impact of identified risks.
- The Committee noted the content of the **Charitable Funds Committee Risk Register** and received assurance that appropriate controls are in place and operating effectively. Planned mitigating actions were considered credible and deliverable, with implementation being progressed within agreed timescales. These actions are expected to further reduce the level of risk and/or mitigate the impact should risks materialise.

This provided a sufficient basis for the Committee to deliver its assurance to the Board, through its Update Report, on the effectiveness of risk management arrangements.

- The Committee considered and noted the **Integrated Hywel Dda Health Charities Performance Report**.
- The Committee received the **CFC Self-Assessment Six Month Update Report** and was assured that progress is being made against the actions identified to support ongoing improvements in effectiveness.
- The **Draft Annual Accounts** were scrutinised, and the Committee was satisfied to take assurance, subject to receipt of CCLA's independent assurance report.

- The Committee received an update on the release of funding for the **hydrotherapy pool at the Pentre Awel Village**, Llanelli, and took assurance on the progress made to define and agree the operational and maintenance requirements, as set out within the Hydrotherapy Pool Procedures Document. The Committee noted that the release of funds to Carmarthenshire County Council is contingent upon the Collaboration Agreement being finalised and formally executed.
- The Committee received an update on the **‘Heads Up!’ Cancer Services Hair Loss Support** expenditure and noted the positive impact of the service. The Committee highlighted the importance of continued development, including expansion to meet the needs of a diverse patient population, and the need to strengthen the evaluation methodology to more effectively demonstrate outcomes and impact.
- An **Update on the Arts in Health Provision Capacity Building Annual Review** expenditure was provided. The Committee noted the positive impact of the approved charitable funds expenditure request and looked forward to future updates and continued success in the programme.
- An **Update on The Rationalisation of Charitable Funds Held by Hywel Dda Health Charities** was provided. 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.
- An update on **Future Funding Requests to the Making A Difference Fund** was presented. 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.
- Regarding the **Impact of Charitable Expenditure**, the following evaluation updates were received:
  - Patient Experience, Bronglais Hospital FibroScan
  - Opening of the Leri Cancer Unit at Bronglais Hospital (BGH)
  - Trainee Haematology Clinical Nurse Specialist for Ceredigion and Pembrokeshire
  - Interactive Singing and Movement Sessions for Older Adult Mental Health and Adult Frailty Inpatient Wards
  - Purchase of Six Replacement Paxman Scalp Cooling Units, plus five - year maintenance and training contract.
  - Creative Activities for Staff Wellbeing – Arts in Health.

The Committee received a comprehensive presentation on the impact of charitable expenditure in relation to patient experience at Bronglais Hospital (BGH) FibroScan services, noting the positive impact achieved.

An update was also provided on the official opening of the Leri Cancer Unit at BGH, with confirmation that a full impact report will be presented to the Committee within 12 months.

### Items approved by the Committee during the year.

- The Committee **Allocation and level of cash holdings** report was approved in terms of the methodology for the retention of funds within the Deposit Fund and the transfer of £3.1 currently held in the Deposit Fund to the Ethical Fund.
- The membership of the **Active Investor Statement Scheme, CCLA** was approved subject to consultation with the Chair of the People, Organisational Development and Culture Committee and recommended for onward ratification by the Corporate Trustee.
- In June 2025, the Committee approved a request to extend the review date of FP420: **Charitable Funds Financial Administration and Governance Procedure** to 17 March 2026.

In March 2026, the Committee considered and approved the updated Charitable Funds Financial Administration and Governance Procedure following completion of the review.

- The revised fund structure for the **Mental Health and Learning Disabilities Clinical Care Group** was approved.
- **Request for Expenditure:** A request was made for the Heads Up! Initiative: Cancer Services Hair Loss Support, to provide continuation funding for a further two-year term. The Charitable Funds Committee considered and approved £99,235.40 funding for Phase 2 of the Heads Up! Initiative.
- **Request for Expenditure:** An expenditure request for HARP: Hywel Dda Arts Referral Programme, targeting patients with a range of complex needs and chronic conditions who will benefit from an alternative healthcare solution, of £25,050 was considered and approved by the Charitable Funds Committee.
- **Request for Expenditure:** Twelve shortlisted funding requests from the charity's Making a Difference Fund first application round were considered, totalling £540,074.60. Of these, ten applications, to a total value of £370,345.30, were approved.

A funding request for a Colon Capsule Endoscopy service, valued at £152,160.00, was recommended for approval and referred to the Board, in its capacity as Corporate Trustee, for ratification.

The Committee approved that the next funding round would take place between January and April 2026 and considered the level of funding to be ring-fenced for that round, alongside the balance to be retained within the Fund to support new or emerging priorities.

The next funding round has since been undertaken, with applications received and currently progressing through the assessment process, with recommendations to be presented to the Committee in June 2026.

- **Request for Expenditure:** The Committee considered an expenditure request for the purchase of a FibroScan device at Bronglais Hospital (BGH), valued at £98,235.00, and approved the request, recognising the anticipated benefits in supporting patient care and diagnostic services.
- **Charitable Funds Committee Terms of Reference** were approved at the June 2025 meeting.
- The **Charitable Funds Annual Report 2024/2025** was approved for onward transmission to Board for endorsement at the meeting scheduled to be held on 26 June 2025.
- **Charitable Funds Sub-Committee Terms of Reference** were approved at the June 2025 Committee.
- The **CFSC Annual Report** for 2024-2025 was approved at the June 2025 Committee meeting.

## 6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the Charitable Funds Committee.

- For the Charitable Funds Committee this involved the completion of a short digital form which requested feedback on the following areas:
  - Governance and administration
  - Committee's inputs
  - Conduct of Committee meetings
  - Interface with other Committees, including the Board
  - Committee's impact
  - Individual role on Committee

The results from which were fed into an action plan, combining information and

Auditor/Regulator feedback. The process was undertaken during the year and reported to the Committee at the June 2025 meeting [Link to CFC Charitable Funds Report 2024-25](#). The Committee received an update on progress at the mid-year point, December 2025 CFC. Following analysis of the feedback, and number of areas were identified for continuation, and for change.

The areas of focus for 2025/26 were agreed:

- To take a proactive and tactical, less reactive approach to requests for funding and engage positively, where appropriate, with the realities of the Health Board's financial climate e.g. Capital funding allocations.
- To reach a clear position as to the expectations of the return on investment the charity makes in its overheads and adapt the charity's strategy accordingly.
- To receive more detailed evaluation reports on funding approvals made outside of the Committee's Scheme of Delegation i.e. < £50,000, including staff education and training.

## **7. Conclusion**

The Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to Board as appropriate, and the Committee uses feedback from the self-assessment process to evolve and continually improve.

1.8

09:47, 10 Mins

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1.8 - CFC Self-Assessment Outcome Report

*Sian-Marie James  
(Hywel Dda UHB -  
Assistant Director of  
Corporate Legal  
Services and Public  
Affairs)*

| For assurance

**Attachments**

[Charitable Funds Committee Self Assessment Report 2025 26.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Charitable Funds Committee Annual Self-Assessment Report 2025-26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Director of Corporate Governance/Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Clare James, Head of Corporate Governance

**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**

The purpose of this report is to present the outcome of the Charitable Funds Committee (CFC) Self-Assessment 2025/2026 process.

**Cefndir / Background**

In line with Section 10.2.1 of the Standing Orders, the Board is required to undertake a process of regular and rigorous self-assessment of its Committees. Each Committee is also required to submit an annual report outlining its activity and effectiveness.

To avoid unnecessary survey burden and to support proportionate assessment, a short digital questionnaire was circulated to members for completion, supported by qualitative comments.

The assessment focused on the following five core areas:

- Corporate Trustee Responsibilities and Assurance
- Control and Management of Charitable Funds
- Scrutiny and Approval of Charitable Expenditure
- Investment Oversight and Financial Stewardship
- Governance, Risk and Reporting to the Board

**Asesiad / Assessment**

Members were asked to score their level of agreement with five key statements using a scale of 1–5 (1 = strongly disagree, 5 = strongly agree), with the opportunity to provide supporting qualitative commentary.

A total of 6 responses were received. This equates to a 46% response rate.

## Average Ratings

Area and Statement	Average Rating
<p><b>Corporate Trustee Responsibilities and Assurance</b>  <i>The Committee provides effective assurance to the Board, in its role as Corporate Trustee, that charitable funds are properly governed, managed, and administered in accordance with statutory and regulatory requirements</i></p>	4.5
<p><b>Control and Management of Charitable Funds</b>  <i>The Committee effectively makes and monitors arrangements for the control and management of charitable funds, ensuring they are used appropriately and in line with donor intent and Board-approved priorities.</i></p>	4.17
<p><b>Scrutiny and Approval of Charitable Expenditure</b>  <i>The Committee provides robust scrutiny and approval of charitable expenditure, ensuring that all funding decisions are reasonable, appropriate, and deliver clear benefit to patients, staff, and services.</i></p>	4.33
<p><b>Investment Oversight and Financial Stewardship</b>  <i>The Committee provides effective oversight of the investment and financial management of charitable funds, ensuring sustainability, appropriate risk management, and value for money</i></p>	4.0
<p><b>Governance, Risk and Reporting to the Board</b>  <i>The Committee provides clear, timely, and robust assurance reporting to the Board, including oversight of risks, internal controls, audit findings, and compliance with governance frameworks.</i></p>	4.5

### Themes Identified:

#### What has gone well

- Strong governance and leadership**  
 Clear evidence of effective governance arrangements, with strong leadership noted in the Head of Hywel Dda Health Charities, ensuring compliance with statutory and regulatory requirements.
- Effective financial oversight and management**  
 Regular input from finance and investment advisors providing assurance on fund management to support informed decision-making.
- Robust scrutiny and decision-making processes**  
 Funding decisions are generally well scrutinised, supported by good-quality information and clear processes.
- Positive committee culture and engagement**  
 Strong engagement between members, with constructive challenge and effective working relationships.
- Clear reporting and assurance to the Board**  
 Regular and appropriate reporting providing assurance on governance, risk, and use of funds.

- **Improved visibility of outcomes (for larger grants)**  
Increasing evidence of feedback on funded projects, with some tracking from application to outcome.
- **Standardised evaluation and post-award reporting (including smaller grants)**  
The charity team has taken steps to strengthen impact reporting through the review of the evaluation framework that will provide a strong foundation on which to build further improvements identified through the 2025/26 self-assessment.

### **What we want to improve going forward**

- **Raise awareness of the evaluation framework introduced by the Charities Team in March 2025 to improve evidence and to ensure consistency and equitable access for all applications**  
Consider revising funding application forms to ensure applicants clearly articulate the intended outcomes and how these will be measured and evidenced.
- **Utilisation of charitable funds**  
Concerns raised regarding the volume of funds held in investments and the need for more proactive deployment.
- **Strategic approach to fund deployment**  
Create opportunity to better align expenditure with service priorities and maximise benefit to patients and staff.
- **Committee pace, focus and challenge**  
Feedback indicates scope to increase pace, strengthen challenge, and shift focus towards impact rather than process.
- **Member development**  
Further development required in Corporate Trustee responsibilities, regulatory updates, and investment/risk areas.
- **Investment strategy and returns**  
Consideration of the current investment approach and balance between holding and releasing funds.

### **Suggestions from respondents**

- Ensure transparent and objective decision-making criteria to reduce subjectivity and increase focus on impact and outcomes.
- Review and increase utilisation of funds held in investments.
- Develop a more proactive and strategic approach to fund deployment.
- Improve committee pace, challenge and focus on impact.
- Provide targeted member development on Corporate Trustee role, regulation, investment, etc.
- Consider reviewing investment strategy and returns to ensure equitable allocation.

## Areas of improvement and actions

Theme	Action	By Whom	By When
Equity and objectivity in decision-making	Revise funding application forms to ensure applicants clearly articulate the intended outcomes and how these will be measured and evidenced, in line with the charity's evaluation framework	Head of Hywel Dda Health Charities	Q3 2026/27
Utilisation of funds	Embed an organisation-wide approach to expenditure planning, ensuring all services have clear, forward-looking plans in place and are actively utilising funds in line with service priorities and donor intent.	Head of Hywel Dda Health Charities	Q3 2026/27
Utilisation of funds	Strengthen oversight and accountability for fund utilisation through improved monitoring including spend against plans and targeted support to remove barriers to accessing and deploying funds.	Head of Accounting & Statutory Reporting	Q4 2026/27
Committee effectiveness (pace and challenge)	Strengthen Committee challenge and focus on impact, reporting of risks and issues to the Board	Committee Chair / Committee Members	Q2 2026/27
Member development	Provide targeted development on Corporate Trustee responsibilities and regulatory requirements	Executive Director of Nursing, Quality and Patient Experience	Q3 2026/27 (ongoing)
Equity and transparency	Update the Integrated Performance Report to include analysis of charitable fund expenditure across services and localities, enabling assessment of equitable allocation.	Head of Accounting & Statutory Reporting	Q4 2026/27 (ongoing)

### Overall Conclusion

Overall, the self-assessment indicates that the Charitable Funds Committee is functioning effectively with strong governance arrangements, appropriate financial oversight, and clear assurance reporting to the Board. Members highlighted positive committee culture, robust scrutiny, and improving visibility of outcomes for funded projects. However, the assessment

also identified opportunities to strengthen the Committee’s effectiveness further, particularly in demonstrating measurable impact, improving the quality and consistency of applications, increasing utilisation of available funds, and enhancing strategic focus, pace and challenge. Addressing these areas will support the Committee in maximising the benefit of charitable funds for patients, staff and communities, while strengthening the assurance provided to the Board in its role as Corporate Trustee.

**Argymhelliad / Recommendation**

The Committee is asked to:

- Consider the outputs from the Committee Self-Assessment process.
- Agree the actions identified to further improve Committee effectiveness.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.6 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee’s performance and operation including that of any sub-committees established.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	CFC Terms of Reference CFC Self-Assessment form results
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Director of Corporate Governance/Board Secretary Head of Hywel Dda Health Charities

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts
<b>Gweithlu: Workforce:</b>	No direct impacts
<b>Risg: Risk:</b>	No direct impacts
<b>Cyfreithiol: Legal:</b>	No direct impacts
<b>Enw Da: Reputational:</b>	No direct impacts
<b>Gyfrinachedd: Privacy:</b>	No direct impacts
<b>Cydraddoldeb: Equality:</b>	No direct impacts

## 2 - PERFORMANCE

2.1

09:57, 15 Mins

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## 2.1 - Integrated Hywel Dda Health Charities Performance Report

*Timothy John (Hywel  
Dda UHB - Head of  
Accounting &  
Statutory Reporting),  
Nicola Llewelyn  
(Hywel Dda UHB -  
Head of Hywel Dda  
Health Charities)*

| For assurance

### **Attachments**

[2.1 SBAR IP Report CFC June 2026.pdf](#)

[2.1 - Annex 1 Financial Overview to M12.pdf](#)

[2.1 - Annex 2 Highlights Summer 2026.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda Health Charities Integrated Performance Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Timothy John, Head of Accounting & Statutory Reporting Nicola Llewelyn, Head of Hywel Dda Health Charities

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report provides the Charitable Funds Committee (CFC), on behalf of the Corporate Trustee, with an integrated overview of Hywel Dda Health Charities' (HDdHC) performance and financial position as of 31 March 2026.

**Cefndir / Background**

Hywel Dda University Health Board's (HDdUHB) standing orders state that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board (HB) either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees."

In accordance with the Standing Orders (and the Health Board's Scheme of Delegation), the Board has nominated a committee to be known as the Charitable Funds Committee (CFC). The CFC has been established as a Committee of the Health Board and constituted from 22 July 2010.

HDdUHB is the Corporate Trustee of Hywel Dda Health Charities (HDdHC).

The purpose of the CFC is:

- To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
- To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.

- To develop the strategy and objectives for the Charity for consideration by the Board, and to provide assurance that an appropriate infrastructure is in place for the efficient and effective running of the Charity.
- To agree issues to be escalated to the Board with recommendations for action.

### Asesiad / Assessment

The charity's key financial performance considerations for the period ended 31 March 2026. are detailed in the Integrated Performance Report slide pack attached at Annex 1.

The Integrated Performance Report:

- Presents an overview of incoming resources (donations, legacies, grants, trading income and investment income) compared with the same period in 2024/25 and highlights the drivers behind movements in income (slides 2 to 4).
- Provides analysis of resources expended, including charitable activities, fundraising, governance and support costs (slides 5 to 7) and commentary explaining any variances.
- Contains supplementary financial information including the Statement of Financial Activity for the period and material outstanding commitments approved by the CFC (slides 9 to 10).

In addition to the Integrated Performance Report at Annex 1, attached at Annex 2 is the Summer 2026 highlights from the fundraising and communications support team.

#### **Investment performance and apportionment of investment losses**

Fundraising, governance and support costs are funded from investment income and gains. During the year, these income sources were insufficient to cover the costs incurred, resulting in a deficit of £700k. This was largely driven by a significant loss of £571k on restricted and unrestricted investments. The impact of this position was partially mitigated through cost controls, including holding staff vacancies, which contributed to an overall underspend of £42,634 against the approved governance, support and fundraising budget of £563,116 for 2025/26.

This deficit will be allocated between restricted and unrestricted funds when the final accounts are prepared over the summer.

Our policy is to apportion these costs based on the average fund balances held during the year. Restricted funds are adjusted individually each year to reflect their share of income and expenditure. For unrestricted funds, the calculated share is held within a separate apportionment fund.

In recent years, the balance on this apportionment fund has been sufficient to absorb any losses, meaning individual unrestricted funds have not been affected. However, the balance brought forward this year is £181k, which is not enough to cover the full deficit. As a result, the remaining deficit will be allocated across the individual unrestricted funds, reducing the amounts available for future spending.

Looking ahead, where investment income and gains exceed fundraising, governance and support costs, the unrestricted surplus will be added to the apportionment fund (up to a maximum of 10% of total funds held). If a deficit arises, it will first be met from any balance in the apportionment fund, with any remaining shortfall then allocated to the individual unrestricted funds.

## Argymhelliad / Recommendation

The Charitable Funds Committee is requested to:

- **DISCUSS** the content of this report on the charity's performance.
- **NOTE** that the investment losses position at year end exceeds the available balance on the apportionment fund and will therefore result in a reduction to individual unrestricted funds.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework. 3.2 To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board. 3.3 To develop the strategy and objectives for the Charity for consideration by the Board, and to provide assurance that an appropriate infrastructure is in place for the efficient and effective running of the Charity. 3.4 To agree issues to be escalated to the Board with recommendations for action.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	<b>Risk reference:</b> 2045 <b>Risk description:</b> There is a risk of HDdUHB not being able to sustain a paid fundraising function for its charity. <b>Causes:</b> This is caused by the increased investment in fundraising costs since 2021/22 and the level of charitable income generated by the charity resulting in variable levels of Return of Investment (ROI).
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Ledger reports and investment reports.
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Deputy Head of Financial Accounting Assistant Head of Financial Accounting Fundraising Manager Senior Communications Officer

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The report sets out the financial position of the charity. Income generated from fundraising activities is a key source of income for Hywel Dda Health Charities. The charity is therefore duty bound to ensure that the correct controls and governance arrangements exist with regards to all aspects of fundraising.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Charity objects are in support of NHS services locally.
<b>Gweithlu: Workforce:</b>	Expenditure on governance and support costs (including fundraising and finance) included in the Integrated Performance Report.
<b>Risg: Risk:</b>	Reputational risk if associated with unethical fundraising.
<b>Cyfreithiol: Legal:</b>	The charity's financial reporting is in line with charity law and guidance.
<b>Enw Da: Reputational:</b>	Reputational risk if associated with unethical fundraising.
<b>Gyfrinachedd: Privacy:</b>	No impact.
<b>Cydraddoldeb: Equality:</b>	No EqIA is considered necessary for a report of this type.



Elusennau Iechyd  
**HYWEL DDA**  
Health Charities

# Integrated Performance Report

Financial Overview  
Month 12 2025/26

# Incoming Resources

## Income

Incoming Resources	Year ending 31 March 2026 £	Year ending 31 March 2025 £	Variance £	Variance %
Donations	577,191	672,775	(95,584)	(14)
Legacies	400,543	734,386	(333,843)	(45)
Grant funding received	96,374	31,994	64,380	201
Income from other trading activities (HDdHC Lottery)	14,959	16,327	(1,369)	(8)
Investment Income	478,645	570,679	(92,034)	(16)
<b>Total Income</b>	<b>1,567,712</b>	<b>2,026,161</b>	<b>(458,449)</b>	<b>(22)</b>

## Summary

- The most significant driver of the income reduction is legacies, which have decreased by £334k (45%). This reduction reflects the inherent variability of legacy income as the previous year benefited from a significant legacy gift that has not recurred in the current reporting period.
- The reduction is also driven by cost-of-living pressures, reduced disposable income and changing public attitudes to charitable giving.
- The charity team is proactively planning for the year ahead, including participation in key events such as Long Course Weekend and the Cardiff Half Marathon, alongside a continued focus on supporting and enabling community and staff-led fundraising, which remains a vital and valued source of income and engagement.
- There is a continued focus on long-term income growth, including strengthening legacy income, expanding corporate partnerships and enhancing supporter engagement.
- Benchmarking shows a fundraising return of £4.11 raised per £1 spent placing the charity above national benchmarks and demonstrating strong performance in a challenging financial climate.

## Benchmarks

**Income generated for every £1 spent on fundraising**

**£4.11**

# Donations

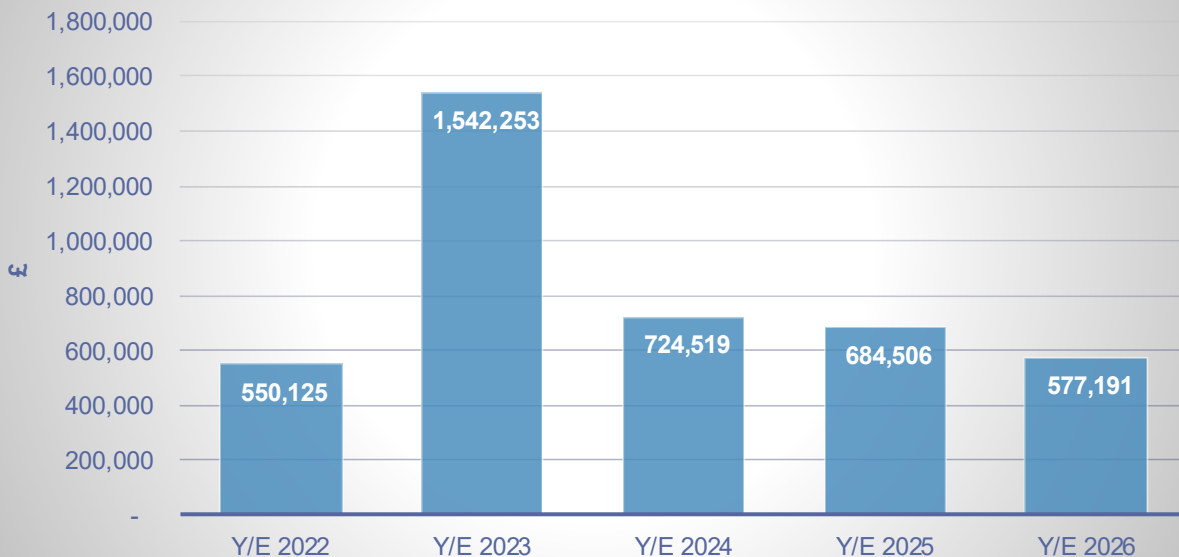
	Year ending 31 March 2026 £	Year ending 31 March 2025 £	Variance £	Variance %
Donations	577,191	672,775	(95,584)	(14)

- Donations have reduced by 14% despite continued strong fundraising activity.
- There is evidence of early external impact believed to be linked to the Clinical Services Plan (CSP), with some services seeing notable declines - for example, a 54% reduction in donations to Bronglais stroke services to M9.
- Donations to Ceredigion and Pembrokeshire services have reduced while Carmarthenshire donations have increased.
- While the fundraising team has delivered well operationally, cost-of-living pressures which are affecting disposable income and giving behaviours remain a key influencing factor alongside public perception of local NHS services.

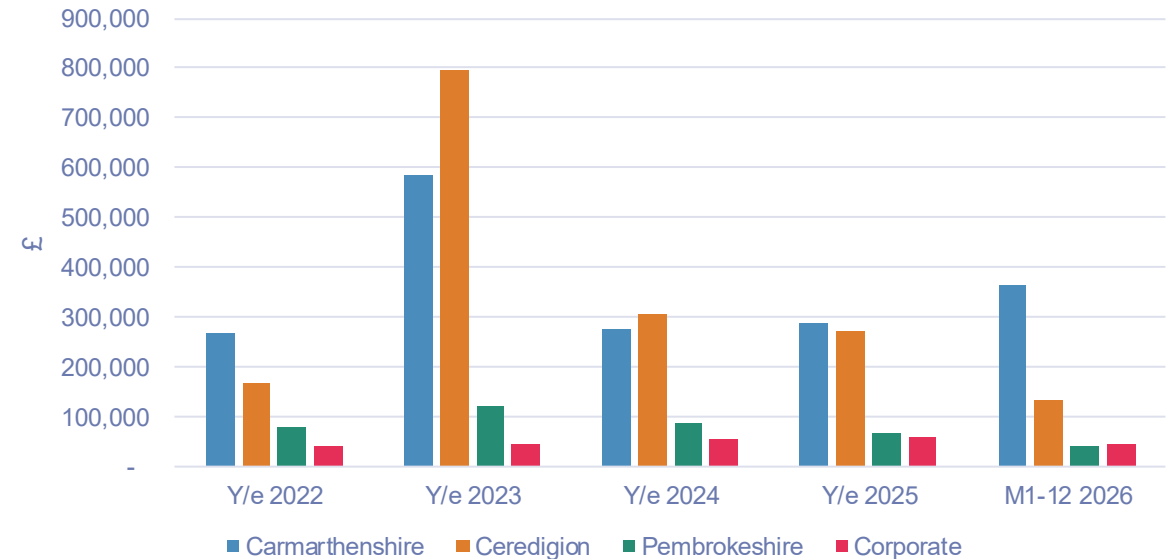
Annual donations from 2021/22 to 31 March 2025/26

Annual donations split by region

## Donations



## Donations by region



# Legacies

	Year ending 31 March 2026 £	Year ending 31 March 2025 £	Variance £	Variance %
Legacies	400,543	734,386	(333,843)	(45)

- This reduction reflects the inherent volatility of legacy income, as the prior year included the receipt of a substantial legacy gift which has not been repeated in the current reporting period.
- It is important to note that this does not indicate a weakening of the legacy pipeline, but rather the timing and unpredictability of legacy income.
- The charity currently has approximately 12 open legacy cases, with an estimated combined value of £1.4 million, providing confidence in future income levels.
- The team is actively prioritising legacy fundraising and stewardship, with a focus on progressing existing cases and strengthening long-term supporter relationships to build a more sustainable pipeline.
- Early activity, including “Make Your Will Month” in May, is already helping to raise awareness and stimulate interest in legacy giving.
- A further targeted legacy campaign is planned later in the year to build on this momentum, increase pledges, and strengthen future income.

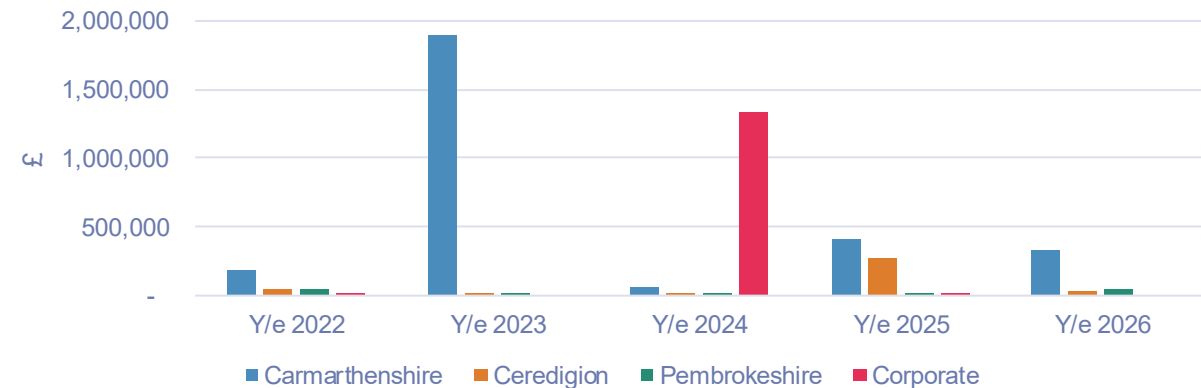
Legacy income from 2021/22 to 31 March 2025/26

## Legacies



Annual legacy income split by region

## Legacies by region



# Resources Expended

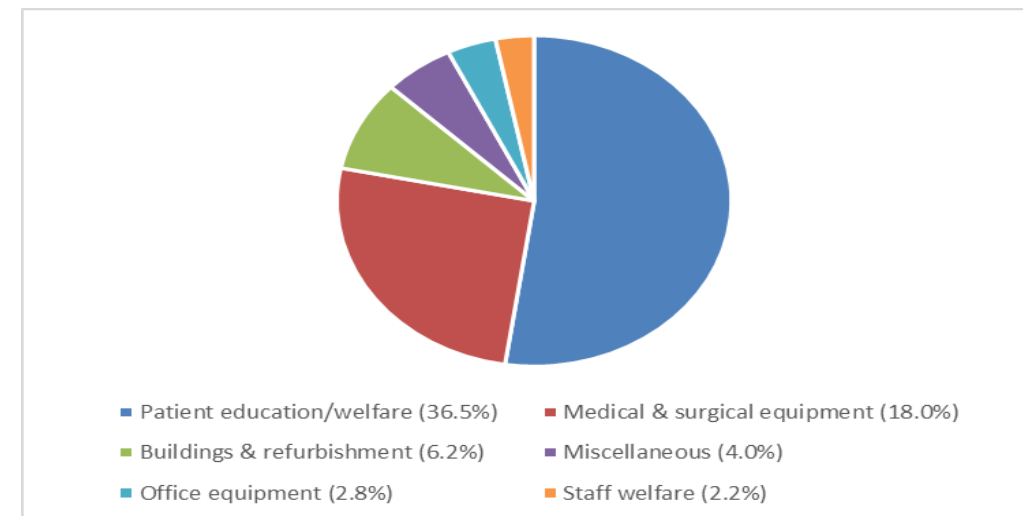
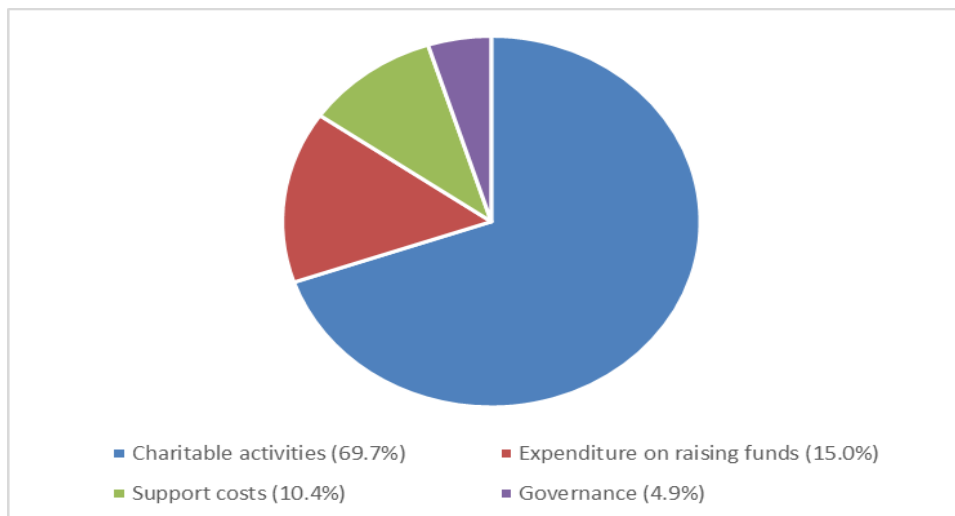
## Expenditure

Resources Expended	Year ending 31 March 2026 £	Year ending 31 March 2025 £	Variance £	Variance %
Charitable activities (grant making)	1,240,135	2,382,847	(1,142,712)	(48)
Expenditure on raising funds	265,378	283,181	(17,803)	(6)
Support Costs	185,424	181,549	3,875	2
Governance Costs	86,904	82,491	4,413	5
<b>Total Expenditure</b>	<b>1,777,841</b>	<b>2,930,068</b>	<b>1,152,227</b>	<b>39</b>

## Summary

- Expenditure on charitable activities (i.e. grants made) has decreased by 48%, largely due to the £1.5m spend in 2025 on the Pentre Awel Hydrotherapy Pool.
- There has been a decrease in expenditure on raising funds compared to the same period in 2024/25, due to staff vacancies.
- Support and governance costs have increased slightly compared to the prior year due to A4C pay increases.

## Analysis of % spend by type



# Charitable Activities

## Expenditure on Charitable Activities

	Year ending 31 March 2026 £	Year ending 31 March 2026 %	2024/25 £	2023/24 £
Medical and surgical equipment	319,904	18.0%	1,959,934	759,159
Office and computer equipment	49,875	2.8%	63,232	86,223
Building and refurbishment	109,842	6.2%	144,869	1,394,762
Staff education/welfare	39,404	2.2%	64,508	186,759
Patient education/welfare	649,626	36.5%	148,270	411,174
Miscellaneous	71,484	4.0%	2,035	61,090
<b>Total</b>	<b>1,240,135</b>	<b>69.8%</b>	<b>2,382,848</b>	<b>2,899,167</b>

## Notable expenditure incurred to 31 March 2026 (over £5,000):

### Medical and surgical equipment

- Newborn Anne simulator/manikin for Carmarthen Children's Services (£5,417)
- Cubescan Biocon-900S bladder scanner for Carmarthen (£5,405)
- Supply and install Croyde wall bed Carmarthen Community Midwifery (£16,123)
- 12 Iowa Oral Performance Instrument assessment & rehabilitation (£33,118)
- Patient Chairs for Emergency & Urgent Care at BGH (£17,088)
- Fibroscanner at BGH (£98,235)
- Rehab equipment for intensive upper limb programmes for neurorehabilitation (£9,997)
- Electric gynaecologic chair at GGH (£8,025)
- 4 Tilt in Space chairs at GGH (£10,572)
- 2 CPM Machines for GGH & PPH (£7,523)
- Over Bed Moto for stroke rehabilitation at BGH (£6,745)
- Echocardiography Machines at WGH (£9,003)

### Building and refurbishment

- Refurbishment of patient waiting room in GGH Chemotherapy Day Unit (£34,211)
- Refurbishment of staff rest room in WGH Pharmacy department (£15,554)
- Refurbishment of Tenby Cottage waiting area (£18,360)
- Upgrade GGH theatre reception area (£13,079)
- Conversion of locker room into quiet room at PPH AMAU (£7,998)

### Patient education and welfare

- Development of Sensory Gardens at Prince Philip Hospital (£200,088)
- Heads Up! Initiative: Cancer Services Hair Loss Support (£99,235)
- HARP: Hywel Dda Arts Referral Programme (£25,050)
- Enhancement of outdoor play area at Cilgerran ward GGH (£15,745)
- Year 2 Health Domestic Violence Advocate project at BGH (£5,359)
- 4 Lifestyle Checkpoint (K2) Health Kiosks (£47,520)
- Installation of art in emergency departments at BGH, GGH & WGH (£60,000)
- Christmas festive expenditure 2025 (£25,000)

# Expenditure on Governance, Support and Raising Funds

Governance, support and expenditure on fundraising				
£		Budget to 31 March 2026	Spend to 31 March 2026	(Under) / Over spend to 31 March 2026
Finance		107,487	107,487	0
Fundraising team	Pay	408,719	383,209	(25,510)
Fundraising	Non- Pay	46,910	29,786	(17,124)
<b>Sub-total</b>		<b>563,116</b>	<b>520,482</b>	<b>(42,634)</b>
Audit		17,016	17,223	207
<b>Total</b>		<b>580,132</b>	<b>537,705</b>	<b>(42,427)</b>

Apportionment of costs across funds			
£	Restricted/ Unrestricted Funds	Endowment Funds	Total
Investment Income	(407,946)	(70,699)	(478,645)
Governance & Support - Finance, Fundraising & Support Team	520,482	0	520,482
Audit Fees	17,223	0	17,223
Investment Losses	570,596	208,545	779,141
<b>Deficit</b>	<b>700,355</b>	<b>137,846</b>	<b>838,201</b>

Costs analysed by category of spend				
£	Expenditure on raising funds	Support	Governance	Total
Fundraising Team				
Pay	235,591	114,397	33,221	383,209
Non-Pay	29,786	-	-	29,786
Finance	-	71,027	36,460	107,487
Audit	-	-	17,223	17,223
<b>Total</b>	<b>265,377</b>	<b>185,424</b>	<b>86,904</b>	<b>537,705</b>

- In March 2025, the CFC approved a total governance, support and fundraising budget of £563,116 for the 2025/26 financial year.
- For the period ending 31 March 2026, the reported position is an underspend of £42,634, mainly due to a vacancy being held within the team.
- Dividend and interest on endowment funds have been applied to their restricted funds.
- There was a net deficit from unrestricted/restricted apportionments (after investment losses) across funds of £700,355 for the period ending 31 March 2026.
- *Unrestricted and restricted funds: income earned from surplus cash from general restricted funds invested. The income earned is apportioned against all unrestricted and restricted funds based on an average fund balance across the whole year.*
- *Endowment funds: income earned from an investment where the capital cannot be spent, and that income earned is to be used for a specific purpose and is therefore restricted and will not be generally apportioned across all funds.*

# **Appendix 1**

## **Financial Performance**

### **Supplementary Information**

***Position as at 31 March 2026***

# 1. Statement of Financial Activity for the year ended 31 March 2026

HYWEL DDA LOCAL HEALTH BOARD CHARITABLE FUND REPORT - SUMMARY												
FOR THE YEAR ENDING 31 MARCH 2026												
	Allied Health & Health Sciences	Community & Intergrated Medicine Carmarthen Community	Ceredigion Community	Pembrokeshire Community	Mental Health & Learning Disabilities	Scheduled Care	Planned & Specialist Care Cancer Services	Woman & Children	Primary Care	Corporate	Other To be apportioned	Total
	£	£	£	£	£	£	£	£	£	£	£	£
Incoming resources												
Donations	3,714	81,023	41,667	26,493	18,133	55,776	205,266	117,631	2,334	25,154	0	577,191
Legacies	0	151,000	29,571	40,000	0	0	97,972	77,000	5,000	0	0	400,543
Grants receivable	0	0	0	0	7,250	0	0	16,123	0	73,001	0	96,374
Investment income	0	0	0	70,699	0	0	0	0	0	0	407,946	478,645
Income from other trading activities	0	0	0	0	0	0	0	0	0	14,959	0	14,959
Other incoming resources	0	0	0	0	0	0	0	0	0	0	0	0
	3,714	232,023	71,238	137,192	25,383	55,776	303,238	210,754	7,334	113,113	407,946	1,567,712
Resources expended												
Expenditure on raising funds	0	0	0	0	0	0	0	0	0	0	(265,378)	(265,378)
Charitable activities	(1,037)	(259,601)	(154,685)	(31,624)	(49,026)	(13,312)	(148,143)	(76,169)	(30,469)	(476,088)	0	(1,240,135)
Support Costs	0	0	0	0	0	0	0	0	0	0	(185,424)	(185,424)
Governance costs	0	0	0	0	0	0	0	0	0	0	(86,904)	(86,904)
Investment Management	0	0	0	0	0	0	0	0	0	0	0	0
	(1,037)	(259,601)	(154,685)	(31,624)	(49,026)	(13,312)	(148,143)	(76,169)	(30,469)	(476,088)	(537,705)	(1,777,840)
Net incoming/(outgoing) resources before transfers	2,677	(27,578)	(83,447)	105,569	(23,643)	42,464	155,095	134,585	(23,135)	(362,955)	(129,759)	(210,128)
Gross transfers between funds	0	(988)	0	0	988	0	0	0	0	0	0	(0)
Net incoming/(outgoing) resources	2,677	(28,566)	(83,447)	105,569	(22,655)	42,464	155,095	134,585	(23,135)	(362,955)	(129,759)	(210,128)
Gains/(losses) on investment assets												
Realised and Unrealised	0	0	0	(208,545)	0	0	0	0	0	0	(570,596)	(779,141)
Net movement in funds	2,677	(28,566)	(83,447)	(102,976)	(22,655)	42,464	155,095	134,585	(23,135)	(362,955)	(700,355)	(989,269)
Opening balance at 01 April 2025	362,628	1,357,269	1,954,208	2,824,025	221,649	616,548	1,615,943	312,188	293,430	1,156,686	0	10,714,574
Closing balance at 31 March 2026	365,306	1,328,703	1,870,761	2,721,048	198,994	659,012	1,771,038	446,773	270,295	793,732	(700,355)	9,725,305
Less Endowment funds (non-spendable)	0	42,310	91,363	2,023,701	0	0	0	0	0	0	0	2,157,373
Available to spend at 31 March 2026	365,306	1,286,393	1,779,398	697,347	198,994	659,012	1,771,038	446,773	270,295	793,732	(700,355)	7,567,932

## 2. Outstanding material commitments as at 31 March 2026 (approved by CFC)

Service	£	Description	Date Approved	Status
Cancer Service - Ceredigion	88,729	BGH Chemotherapy Development	Mar-24	Funds committed to the delivery of a new Chemotherapy Day Unit at BGH. Expenditure of funds will be aligned to the delivery of the capital scheme.
Arts and Health (Nursing, Quality & Patient Experience)	22,528	Creative Activities for Staff Wellbeing – Arts and Health	Sep-23	On going project
Arts and Health (Nursing, Quality & Patient Experience)	159,107	Arts and Health Capacity Building- to contribute to the salary and oncosts of a B6 Project Support Officer and activities budget for patients	Mar-24	On going project
Mental Health & Learning Disabilities, Community & Integrated Medicine	38,965	Interactive singing & movement sessions	Jun-24	On going project
Arts and Health (Nursing, Quality & Patient Experience)	25,050	HARP: Hywel Dda Arts Referral Programme	Sep-25	On going project
Carmarthenshire System - Community & Integrated Medicine	103,336	Development of Sensory Gardens at Prince Philip Hospital	Sep-25	On going project
Public Health Directorate	47,520	4 Lifestyle Checkpoint (K2) health kiosks	Dec-25	On going project
Allied Health & Health Sciences	33,118	Purchase of 12 x IOWA Oral Performance Instrument (IOPI) assessment and rehabilitation tools for acute and community adult dysphagia rehabilitation patients.	Dec-25	On going project
Arts and Health (Nursing, Quality & Patient Experience)	60,000	Installation of art in emergency departments (BGH, GGH, WGH)	Dec-25	On going project
Endoscopy & Gastroenterology	152,160	Colon Capsule project	Jan-26	On going project
	<b>725,513</b>			



## CHARITY-FUNDED GARDENS GETTING READY FOR SUMMER OPENING

Work is progressing on charity-funded therapeutic gardens at Prince Philip and Amman Valley hospitals which are due to open this summer. The new gardens have been made possible by generous donations from our local communities.

Work on the new therapeutic gardens at Mynydd Mawr ward, a rehabilitation unit, and Bryngolau ward, an older adult mental health unit, is nearing completion (see photos above from the commencement of the work).

The gardens incorporate tactile, colourful and varied planting and grass areas; bird feeders and native rich planting to encourage birds and other wildlife to visit; artwork and installations to provide points of interest and reflection, and level and bound surfaces with handrails to promote increased accessibility and safety.

Once completed, the new gardens will create vibrant, accessible outdoor environments that promote wellbeing, stimulate the senses, encourage gentle activity, and offer peaceful areas for relaxation, reflection, and social interaction.

Meanwhile, work on the new front garden at Amman Valley Hospital also continues, ready for a summer launch to mark the 90<sup>th</sup> anniversary of the hospital's opening.

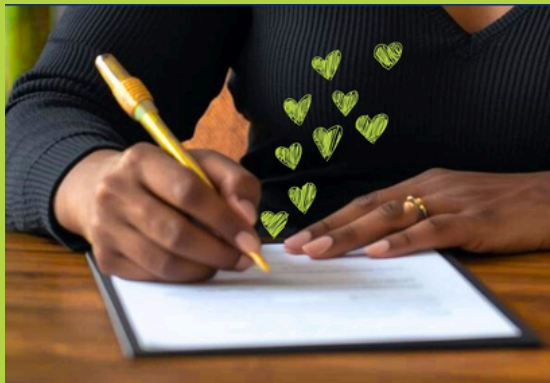
The dementia-friendly, therapeutic outdoor space is designed to support patient rehabilitation, staff wellbeing, and community engagement.

The project represents a total investment of nearly £140,000, with Amman Valley Hospital League of Friends providing £114,533, and Hywel Dda Health Charities contributing the remaining £25,000.

Pictured below are members of the Amman Valley Hospital League of Friends with staff at the beginning of the development.



## MAKE YOUR WILL MONTH PROMOTES LEGACY GIVING

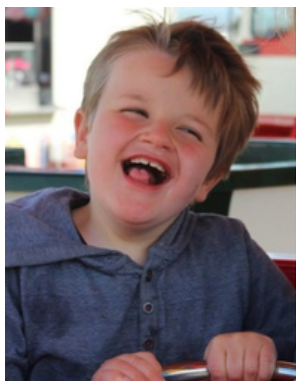


Legacy donations are a vital part of the charity's income. Throughout the year we run campaigns which provide our supporters with opportunities to write their will at a reduced cost, and we promote legacy donations across our communications platforms.

In May 2026 we ran our annual Make Your Will Month campaign which sees us team up with solicitors across Carmarthenshire, Ceredigion and Pembrokeshire. During May, the solicitors waive their usual fee in exchange for a donation to our charity, and our supporters are able to make or update their will at a greatly reduced rate.

By the end of May, 25 supporters had signed up and made their will, which saw donations to the charity reach £2,500. We'll be updated later in the year about any legacy pledges to the charity which were written into those wills.

## SPRING CAMPAIGN SHOWCASES POWERFUL BEREAVEMENT SUPPORT FOR LOCAL FAMILIES



Throughout spring we ran a campaign to highlight our Wish Fund which provides support to families during times of bereavement.

The Wish Fund supports Hywel Dda's Paediatric Palliative Care team to provide personalised support to families of children and young people receiving palliative care, and helps them create treasured memories when their child sadly passes away. From hand moulds and fingerprint jewellery to memory boxes and specialist sibling support, the fund ensures bereaved families are not alone during the most devastating moments of their lives.

The media and social media campaign highlighted how donations have supported families across Hywel Dda including the parents of Frankie (pictured) who said: "We will never be able to thank the Wish Fund enough. Thanks to the Wish Fund, we had the most amazing mementos, a Christmas bauble, a necklace with Frankie's fingerprint on it and a mould of his hand. Those simple objects are our most treasured possessions along with a lock of his beautiful hair."

In April, we continued our work with Scarlets Rugby on promoting the Wish Fund by organising a family day at Parc y Scarlets which was widely publicised on the Scarlets media channels.

## COMMUNICATIONS FOCUS

Hywel Dda Health Charities has its own dedicated communications team members who cover all its communications, marketing and media work. In addition to securing extensive coverage online and in the press, this quarter we have refreshed our web and intranet sites, and other developments have included:



Securing slots in – and producing new videos for – the Staff Induction and New Managers courses which introduce the charity to new and progressing staff and provide key tips on how they can support our work and access funding.

Elusennau Iechyd  
**HYWEL DDA**  
Health Charities

- Additional patient comforts
- Up-to-date equipment
- More welcoming surroundings
- Staff development and wellbeing

Support us by:

- Ensuring your team knows about the charity
- Ensuring charity information is available
- Encouraging your team to apply for charitable funds
- Fundraising together for your service

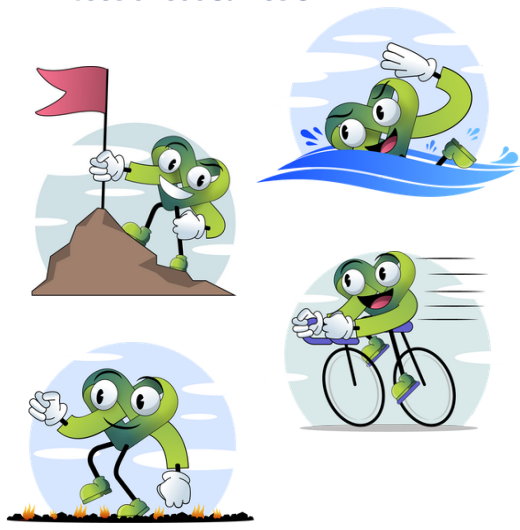
Creating a charity profile on the WhatImpact platform to promote the ways local suppliers and businesses can support and engage with us.

HYWEL DDA HEALTH CHARITIES  
MAKING A DIFFERENCE TO THOSE CARED FOR BY HYWEL DDA UNIVERSITY HEALTH BOARD

Organisation Overview

- Areas of Interest
- Health Charities
- Our History

Developing our mascot 'Calon' – this has included improving the character design and producing a series of engaging GIFs and visuals which can be used on social media.



# IN FOCUS:

## HOW CHARITABLE DONATIONS ARE ENHANCING HEALTHCARE ACROSS HYWEL DDA

### PIONEERING CANCER HAIR LOSS SUPPORT SERVICE FUNDED FOR A FURTHER TWO YEARS



We were recently delighted to announce our funding award to support Phase 2 of the Heads Up initiative, a unique service that provides expert, person-centred, holistic hair loss care for people across Hywel Dda who are receiving cancer treatment.

This funding will enable the continuation of the Heads Up service until 31 December 2027, following its successful launch in January 2024. The funding has been generously match-funded by two partner organisations: the Withybush Hospital Cancer Day Unit Appeal and Cancer Hair Care.

Hywel Dda University Health Board is the first Health Board in Wales to provide a comprehensive support service for chemotherapy-related hair loss. The service connects healthcare professionals and haircare experts from local communities to empower patients to manage their hair loss journey with independence, dignity and choice.

### NEW BABY MANIKIN WILL HELP TRAIN STAFF ON NEONATAL RESUSCITATION

We're delighted that we have been able to purchase a baby CPR manikin for Hywel Dda Maternity Services.

The manikin will help provide training to midwives and health care staff every year to ensure they are fully coached to provide neonatal resuscitation.

Faith Worrall, Clinical Supervisor for Midwives, said: "Newborn life support is an essential requirement of all nurses, midwives, doctors and health care support workers who provide care for newborn infants.

"This manikin will support improved training and simulation which will in turn help improve our service for newborn babies across Hywel Dda University Health Board."



# NEW FENO DEVICES TO IMPROVE ASTHMA DIAGNOSIS ACROSS PEMBROKESHIRE COMMUNITIES



Thanks to generous donations we have been able to fund two FeNO devices worth over £1,800 for use across Pembrokeshire communities.

Fractional Exhaled Nitric Oxide (FeNO) devices test inflammation in the lungs. This can help diagnose high-risk asthma patients and stratify them into treatment groups.

Claire Hurlin, Strategic Head Community and Chronic Conditions, said: "These machines allow us to improve the assessment of children with asthma in our schools project and the spirometry hub.



"FeNO is a simple breath test. Early detection and effective treatment will improve quality of life for the patients and reduce the risk of hospital admission and death. Another benefit of the device is that patients often find the numerical readings motivating, seeing their inflammation levels decrease encourages them to maintain good treatment adherence, leading to better long-term outcomes.

"The devices will also help identify people on asthma and chronic obstructive pulmonary disease registers who do not have asthma or are being over-treated with anti-inflammatory inhalers."

## NEW EQUIPMENT WILL HELP MONITOR PATIENTS' LEGS AND FEET

Thanks to kind donations, we have been able to purchase a Huntleigh Ankle and Toe Pressure Kit worth £2,200 for use by Ceredigion's Church and Borth Community District Nursing Team.

The kit will be used to assess blood flow in the legs and feet, combining a digital unit, cuffs and probes to measure ankle and toe pressures. This is especially useful for patients with diabetes, vascular disease, or lymphatic conditions.

Victoria Ashley, Team Leader, said: "This kit gives accurate results even if arteries are hard to measure, and really supports us in planning the best care for the patient's legs and feet."



For more charity updates, please visit:  
[hyweldahealthcharities.nhs.wales](http://hyweldahealthcharities.nhs.wales)



2.2

10:12, 20 Mins

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2.2 - HDdHC Investment Advisor Update - [antonia.cavalier@ccla.co.uk](mailto:antonia.cavalier@ccla.co.uk)  
External CCLA

| For assurance

**Attachments**

[2026-06-09 Investment update Hywel Dda Health Charities.pdf](#)

# Hywel Dda Health Charities

Antonia Cavalier, Client Investment Director

9<sup>th</sup> June 2026



## Commitments made by Jupiter

Jupiter has committed to maintaining the following elements of CCLA's identity:

- Branding, visual identity, ethos and culture.
- Investment philosophy and client service model.
- Stewardship activities and ethical investment.
  - This is underpinned by an agreement from Jupiter to the CBF Trustees (as the largest shareholder of CCLA) to maintain the above commitment for 25 years.

CCLA's client interaction, now and once the deal completes, will remain exactly as it is – distinctive, purpose-led, and deeply personal.

It is what makes them special, and it is what we are here to amplify.

Maximilian Guenzl, Co-Head of Client Group

# Portfolio valuation

Holdings	Market value	Income yield	Forecast annual income
COIF Charities Ethical Investment Fund The General Investment Fund	£6,148,164	3.23%	£198,505
COIF Charities Ethical Investment Fund The Permanent Endowment Fund	£2,247,076	3.23%	£72,551
COIF Charities Deposit Fund	£2,498,627	3.71%	£92,644
<b>Total portfolio</b>	<b>£10,893,868</b>	<b>3.34%</b>	<b>£363,700</b>

## Initial investment

General Investment (15 Dec 2022) - £5,907,001  
 Permanent Endowment (15 Dec 2022) - £2,158,934  
 Deposit Account (12 Dec 2023) - £6,000,000  
 - Sold £1,200,000 (17 Feb 2025)  
 - Sold £300,000 (27 Mar 2025)  
 - Sold £2,600,000 (17 March 2026)

## Income received to date:

General Investment - £604,384  
 Permanent Endowment - £220,895

Source: CCLA as at 26 May 2026. Annual income figures from long-term funds are based on current fund share holdings and forecast distributions per fund unit for calendar year 2026. Annual income figures for COIF Charities Deposit Fund balances are based on the current declared interest rate which is subject to change. Please note that this portfolio valuation is not intended for audit purposes. Forecast yields and annual income is not guaranteed. Please see valuation risk warning at the end of this presentation.

# Investment philosophy and performance

# Asset allocation overview

**Our overarching goal is to deliver investment performance of CPI+5% gross of fees**

## Equities

Through direct participation in economic growth, equities are expected to provide most of the long-term increase in capital value

**Allocation range:**  
**50–85%<sup>1</sup>**

## Alternatives and property

Including infrastructure, contractual income, property, and private equity as a source of diversification and capital growth

**Allocation range:**  
**0–35%<sup>2</sup>**

## Fixed income

Fixed income assets traditionally used to provide diversification, relative valuation versus equities and other asset classes has improved

**Allocation range:**  
**0–50%<sup>3</sup>**

## Cash

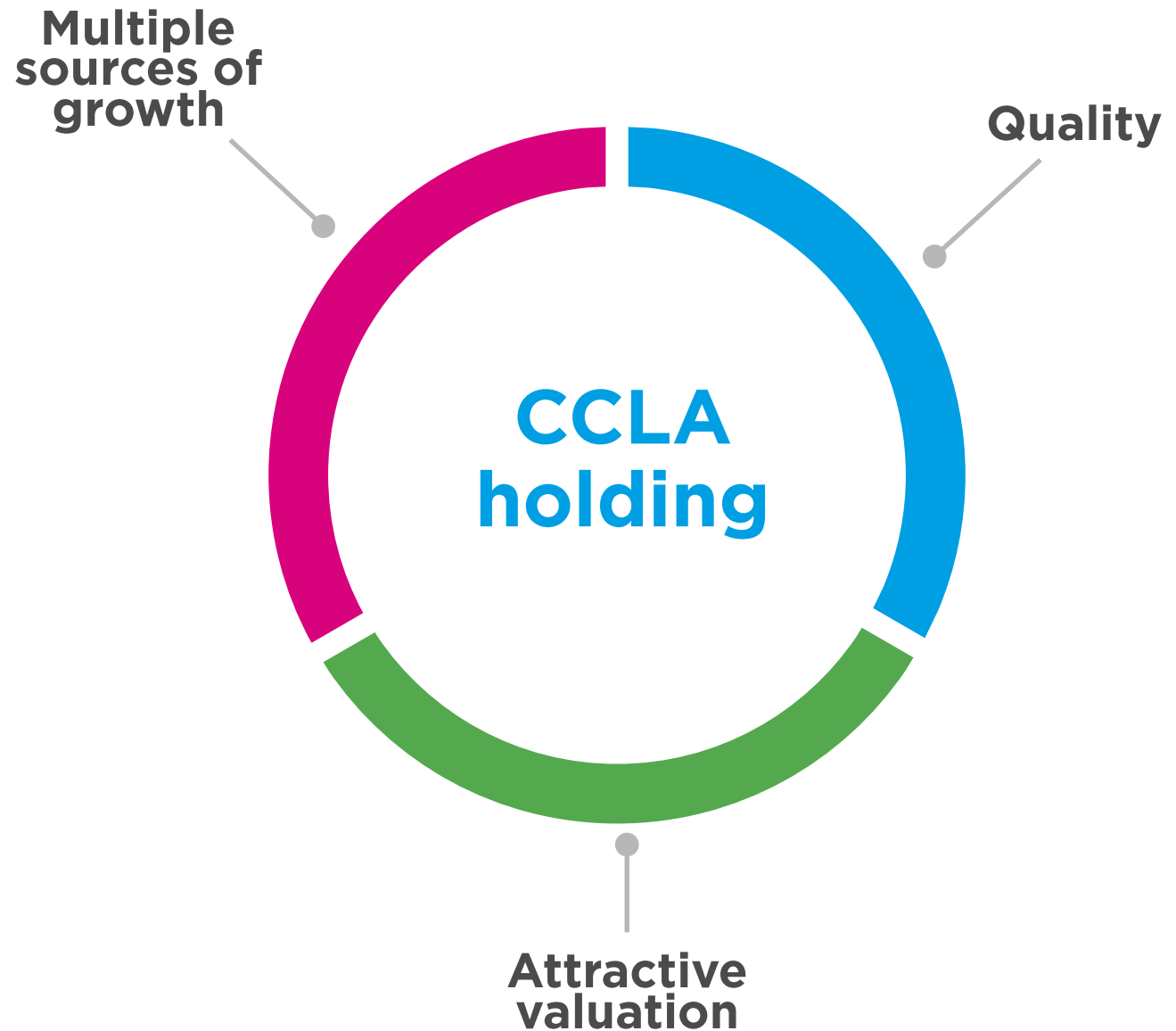
Cash, as an almost riskless asset, acts as a further source of risk reduction where necessary

**Allocation range:**  
**0–10%**

<sup>1</sup>Excludes listed investment trusts and companies with underlying exposure to alternatives such as property. <sup>2</sup>Property exposure is limited to 10% of the portfolio. <sup>3</sup>Includes near-cash and money-market instruments. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets. The asset allocation ranges are subject to periodic review and change.

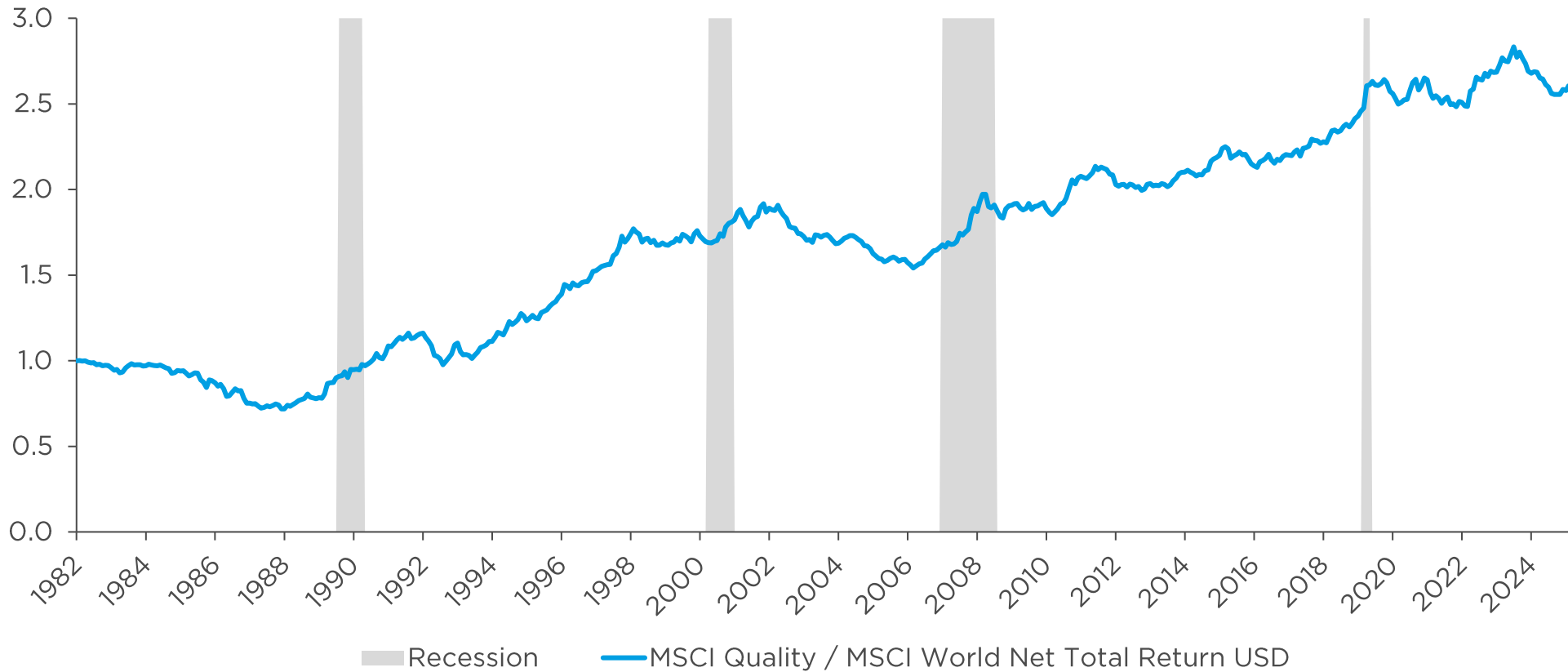
## Investment philosophy and approach

- Over the long-term, share prices are driven by fundamentals
- We believe investing in high-quality companies, that can grow cash returns consistently, at valuations that are attractive, will lead to outperformance over the long term



# Over the long-term quality outperforms

Over the past 40 years MSCI World Quality has outperformed MSCI World by 2.2% p.a.



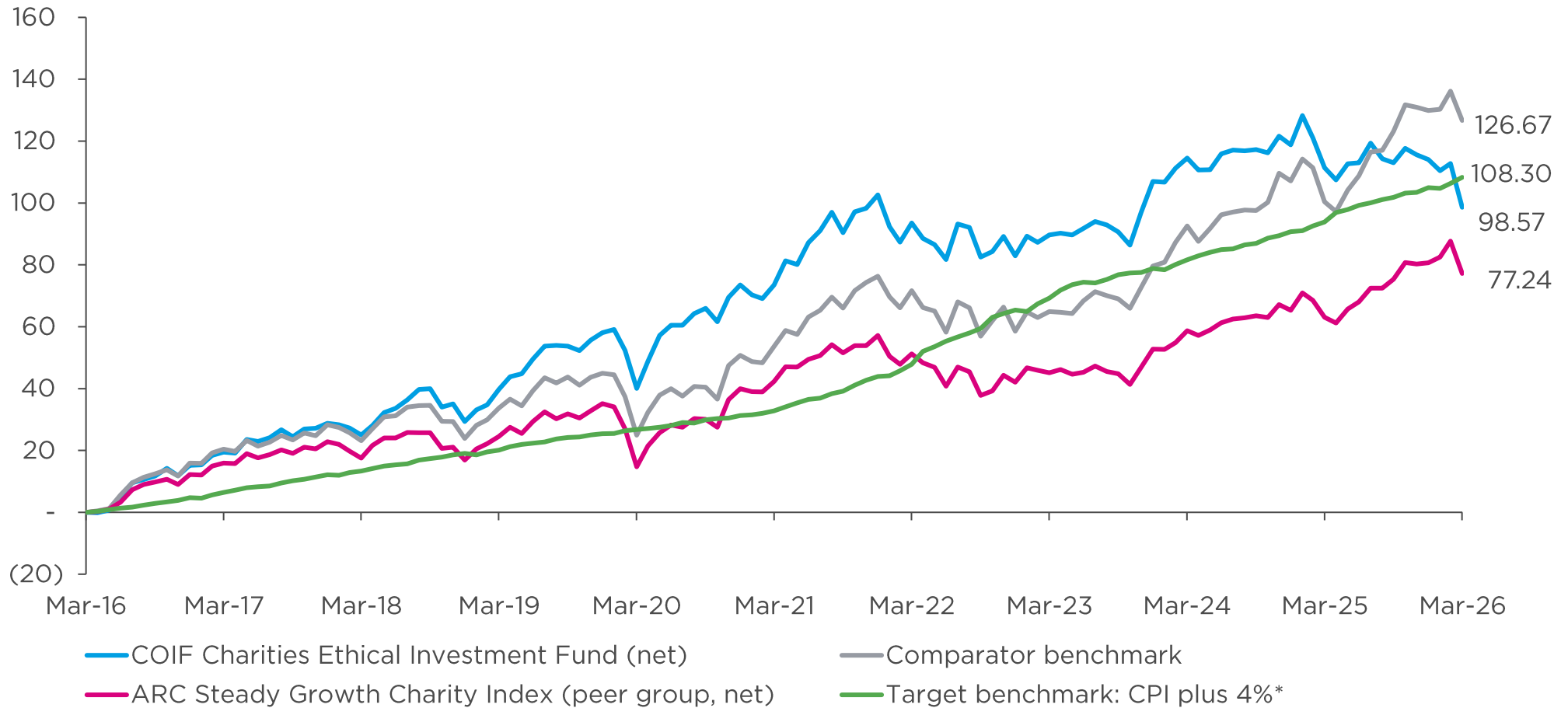
Source: CCLA and Bloomberg, showing the MSCI Quality relative to MSCI World, as at January 2026.

# Quality underperforming



Source: Bloomberg, as at 30 April 2026.

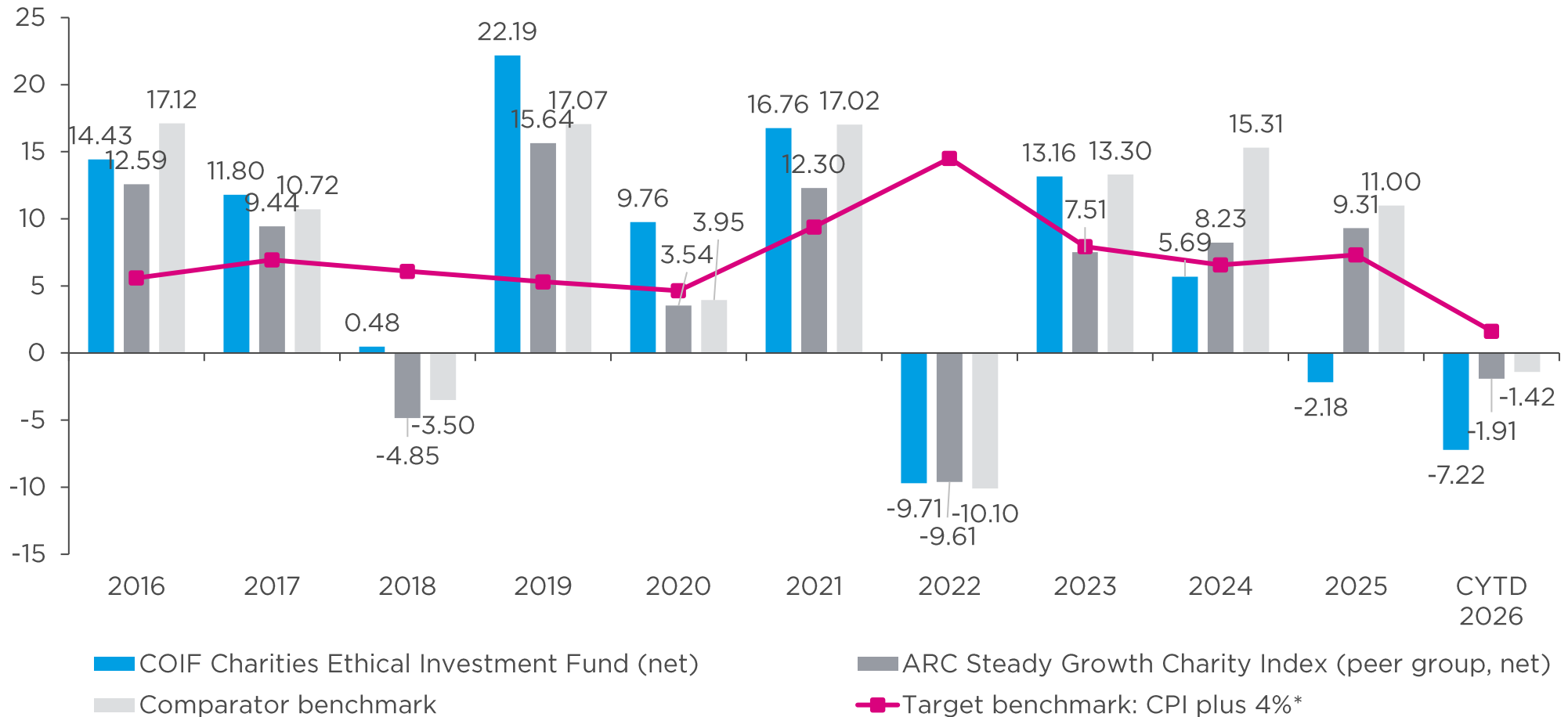
# Cumulative performance (%)



Source: CCLA, 10-year net cumulative monthly performance, as at 31 March 2026. \*Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested.

**Past performance is not a reliable indicator of future returns.**

# Calendar and calendar year-to-date returns (%)



Source: CCLA, as at 31 March 2026. \*Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested. **Past performance is not a reliable indicator of future returns.**

# Performance factors in first quarter 2026

## Information technology



- Share prices fell during the first quarter, mainly because investors were concerned that artificial intelligence (AI) would disrupt the software sector.
- Our selection of mostly hardware-based IT firms, such as ASML, Disco and TSMC, performed much better than the IT sector as a whole.

## Health care



- Pharmaceuticals were the best-performing health care shares in the first quarter.
- However, we are skewed towards medical device businesses and life sciences firms, such as Stryker, which are less cyclical and continued to deliver good financial results during the first quarter.

## Industrials



- Europe depends more on Middle East oil than the US, so the Middle East war affected European industrial companies more than those in the US.
- We favour European industrial firms, such as Epiroc, Safran and Siemens, which traded at lower valuations than US firms at the end of 2025. These firms suffered more from the conflict in the Middle East than their US peers.
- Data firms such as Experian and RELX suffered from the AI disruption theme, but continued to deliver solid financial results.

## Financials



- The share prices of our holdings in VISA and Mastercard and insurance broker AJ Gallagher weakened during the quarter, mainly because investors – rightly or wrongly – became concerned about AI disruption in these sectors.
- Despite the AI disruption theme among investors, all these businesses continued to deliver excellent financial results.

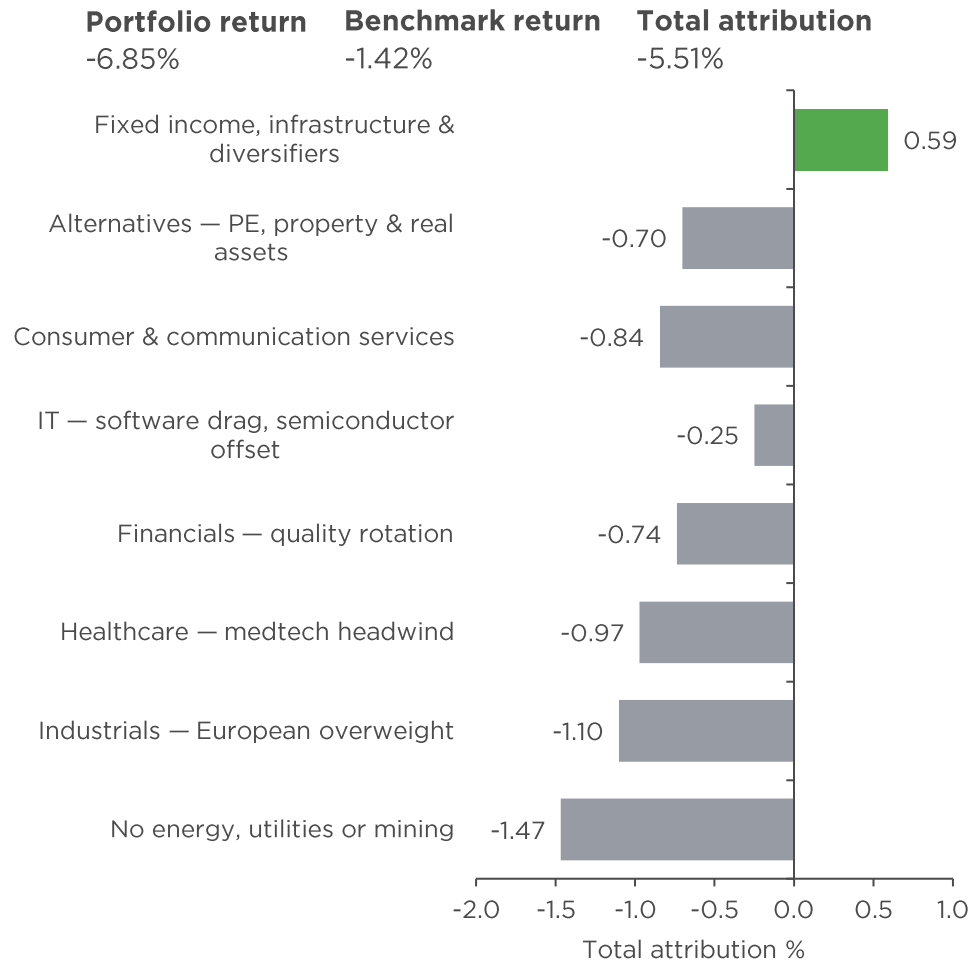
## Energy, mining, utilities



- War in the Middle East boosted share prices in this sector.
- We avoid these companies, which had a negative effect on performance..

Source: CCLA, as at 31 March 2026.

# Q1 attribution (COIF Investment Fund)

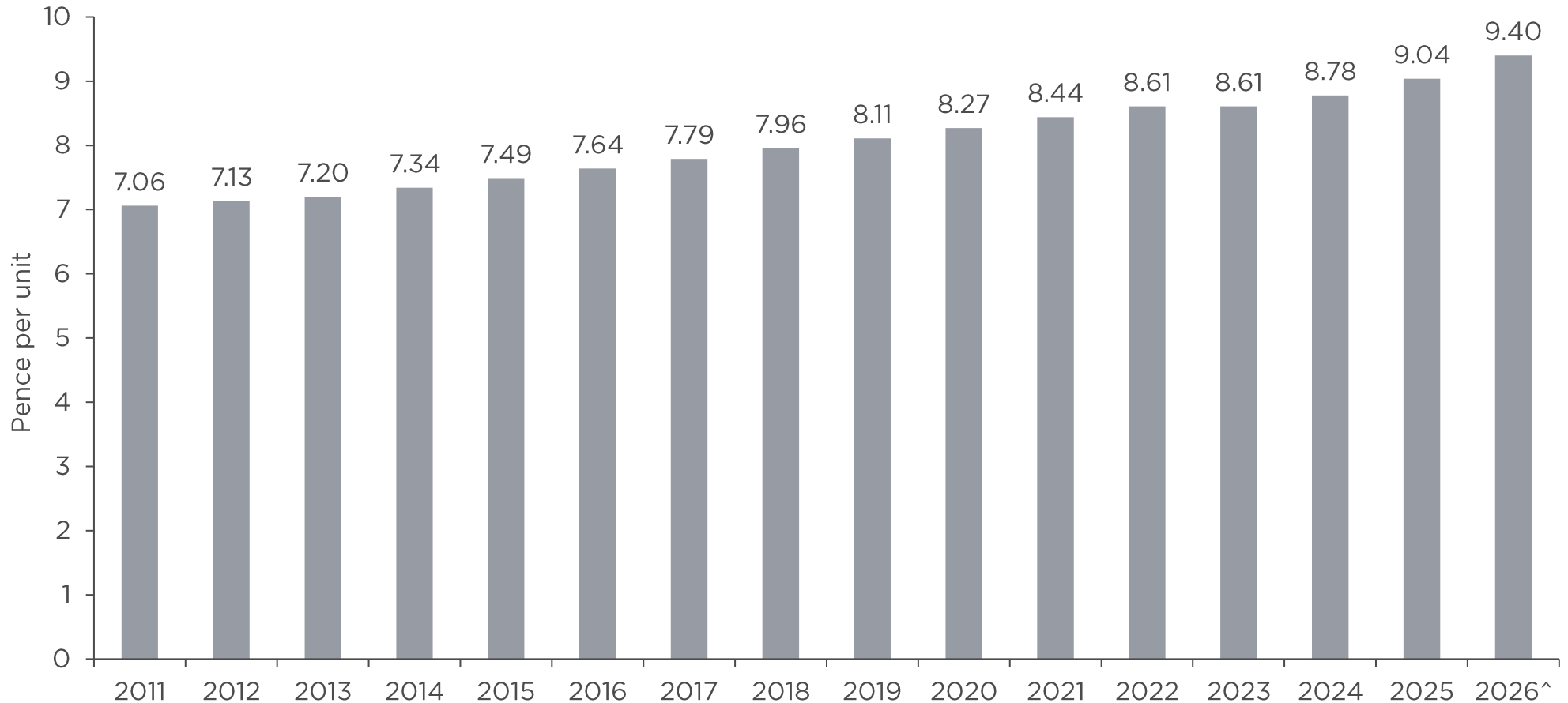


- Infrastructure (+0.42%), fixed interest (+0.12%) and diversifiers (+0.11%) all contributed positively.
- Private equity, property and contractual income detracted on market and private credit concerns. Underlying asset fundamentals remain intact.
- Consumer luxury (Hermès, Ferrari, Booking), staples (Kerry Group, L’Oréal) and Universal Music Group all fell sharply.
- Semiconductor holdings rose c.7% (TSMC, ASML, Disco), partially offsetting weakness in software names.
- Weakness in Visa, Mastercard and insurance brokers reflected rotation away from quality, not fundamentals.
- Medtech and life sciences underperformed while pharmaceuticals (underweighted by the fund) led the sector. Holdings including Stryker reported strong results; valuations now look attractive.
- European capital goods names (Safran, Siemens, Schneider, Rheinmetall) suffered more than US peers from the Middle East crisis. Experian and RELX sold off on AI disruption fears despite strong fundamentals.
- Energy rallied c.40% on Middle East war fears; utilities and mining rose c.10% each. The fund holds none of these sectors by design.

Source: CCLA, showing attribution for three months to 31 March 2026. Performance is shown gross of management fees and expenses.

# Historical and projected annual distribution

**Current yield: 3.49%\***



Source: CCLA, as at 31 March 2026. Data shows COIF Ethical Fund. ^Projected annual distribution for COIF Ethical Fund. Projections are subject to change. \*Yield is based on unit price as at 31 March 2026 and a projected annual distribution of 9.40 pence per share. Forecast yields are not guaranteed. **Past distribution is not a reliable indicator of future results.**

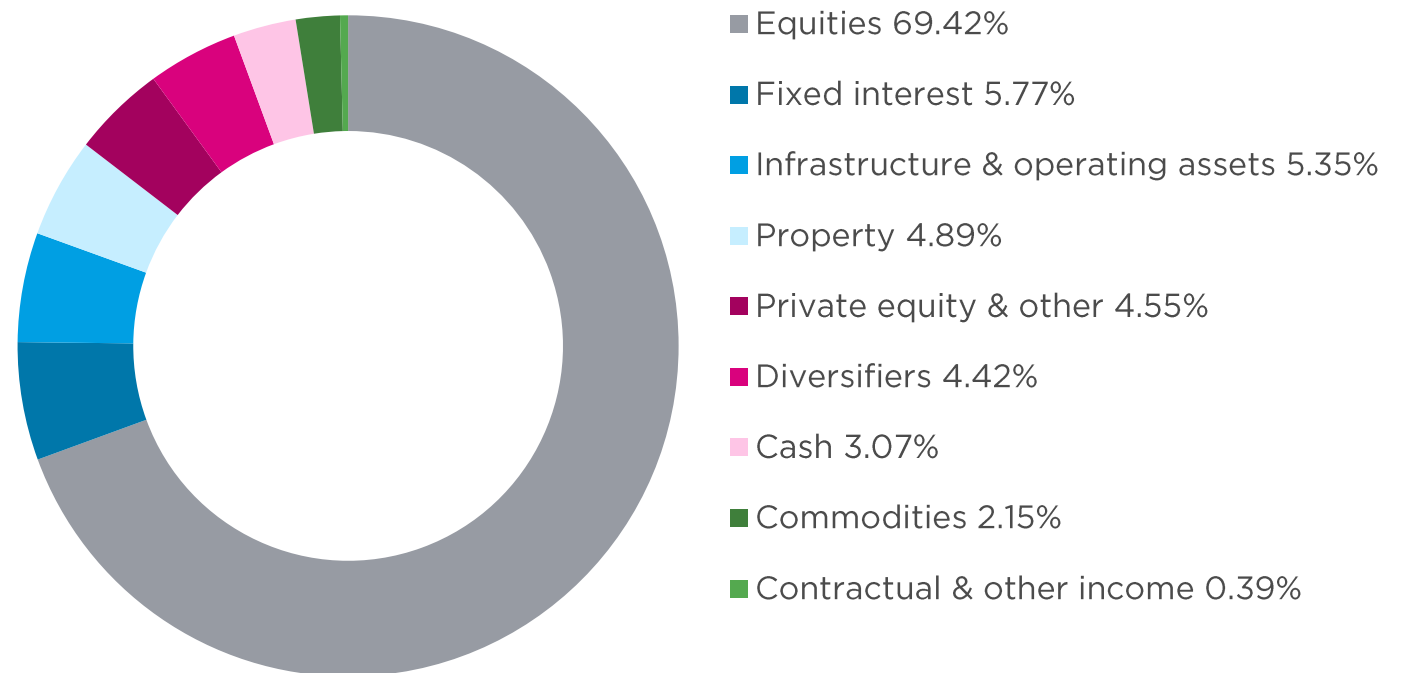
# Positioning and outlook

# COIF Ethical Investment Fund

Fund size:  
£1,922m

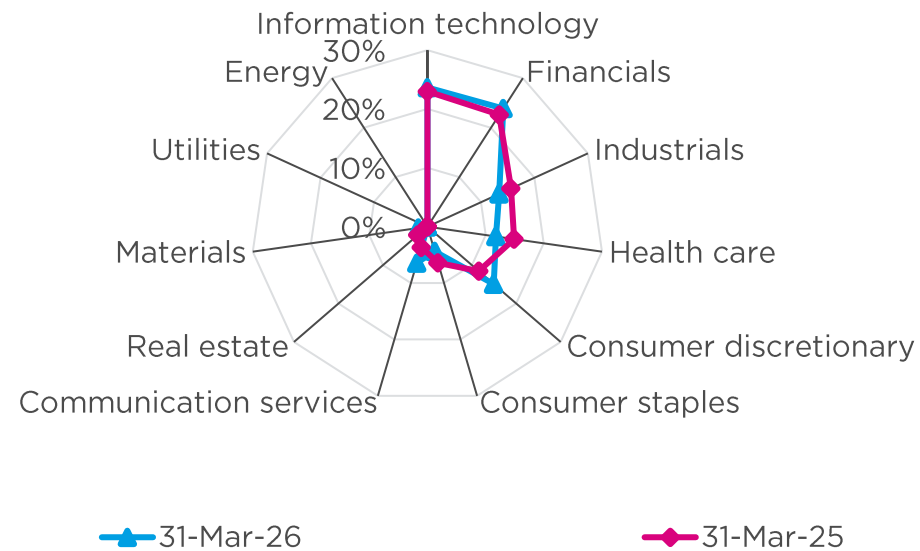
- A multi-asset, long-term fund suitable for eligible charity investors
- Seeks to provide highly diversified and well-balanced spread of investments
- Managed to meet ethical and responsible investment standards

Source: CCLA, as at 31 March 2026. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.



# Equity positioning

- Over the past 12 months exposure to IT has increased slightly. We have increased exposure to the semiconductor sector through adding to existing positions as well as new positions such as Disco. Exposure to software has fallen via sales of companies such as Nice, Accenture and Hexagon
- Health care exposure has fallen due to muted performance and uncertainty over US healthcare policy. We have exited positions in Novo Nordisk, Avantor, DiaSorin & Icon and added Boston Scientific as we rebalanced this area of the portfolio
- Exposure to financials has risen with the purchase of Bank of America and ING Group.
- Within industrials, we introduced a new holding in Allegion, a global security products and solutions business. Spirax, Idex, TransUnion, Union Pacific and Wolters Kluwer have been sold. In materials, a new position in Air Liquide has been added
- In consumer, new positions have been initiated in Booking.com, Ferrari and Mercado Libre, whilst Watches of Switzerland has been sold. Netflix has been added to the communication services portfolio



Source: CCLA, as at 31 March 2026. Data showing COIF Ethical Fund. Sector weights are the percentage of the total equity assets in the portfolio. Asset allocation is subject to change. The market review, analysis, and any projections contained in this slide represent the house view and should not be relied upon to form the basis of any investment decisions. **Past performance is not a reliable indicator for future results.**

# Exposure to artificial intelligence

Companies we own that play into the trend of investment into AI

## ASML

*Only provider of high end EUV lithography machines capable of manufacturing high end semiconductors*

## SYNOPSYS®

*Leading EDA software provider. Enables increasingly complex design of semiconductors and benefits as investment into ASIC technology by hyperscalers continues*

## BROADCOM®

*Provides networking equipment that connect data centres as well as design partner for ASIC development at Alphabet, Meta & Bytedance*



*Leading outsourced manufacturer of semiconductors and only business capable of making most advanced AI semis at scale*

## Microsoft

*Leading cloud/AI infrastructure provider and application software developer*

## Alphabet

*Leading cloud infrastructure provider, search engine and LLM developer*

## Schneider Electric

*Provider of electrical equipment and power management systems. Supplies data centres as well as other end markets*



*Market leader in grinding and dicing equipment used in semiconductor manufacturing.*

## amazon

*Leading cloud/AI infrastructure provider*

## TRANE TECHNOLOGIES

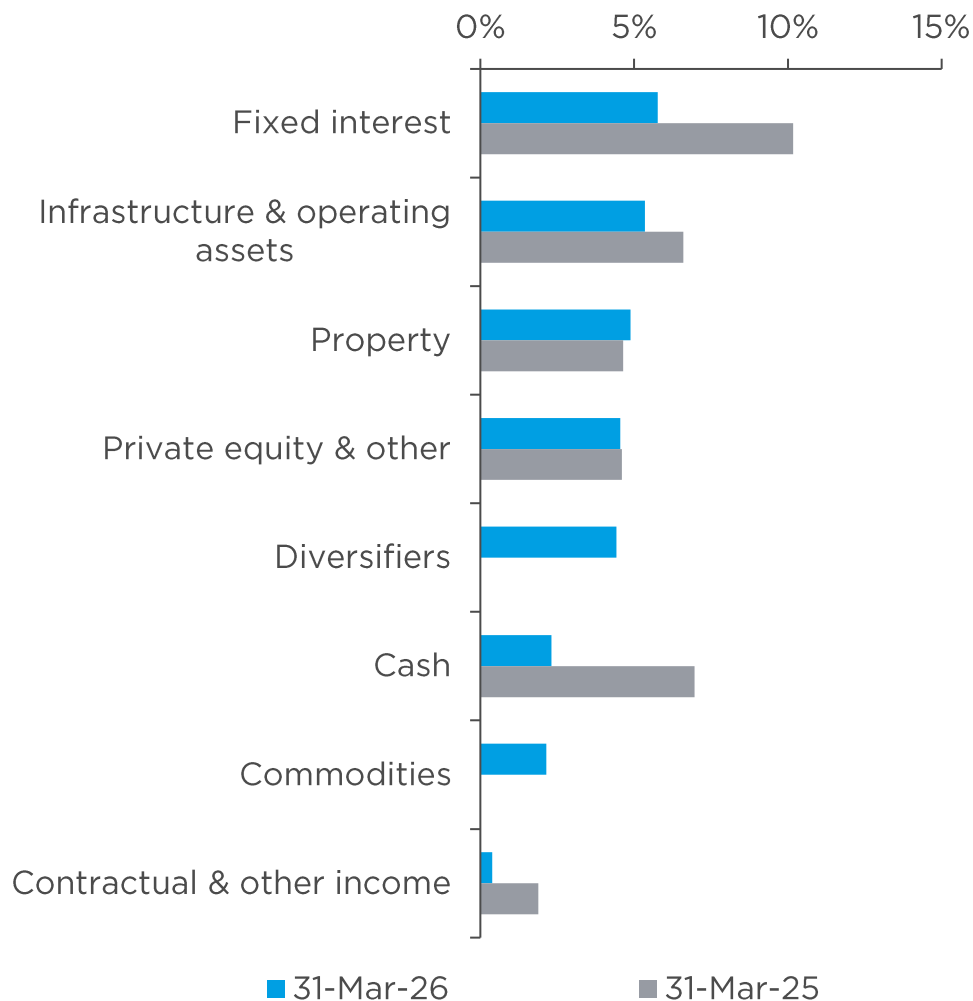
*Provider of HVAC equipment. Supplies data centres as well as other end markets*

## nvidia®

*Market leader in AI semiconductors and used to train and run AI models*

Source: CCLA.

# Positioning in other assets



- The non-equity assets provide diversification and contribute to returns over time.
- A structurally higher interest rate environment is a headwind for assets that derive the majority of their return from a fixed stream of cashflows, distributed as dividends. We have also pivoted the infrastructure allocation from European renewable assets towards more global renewable assets.
- Fixed interest and cash allocation was reduced to fund the new positions within commodities and diversifiers, where we have allocated to two absolute return strategies; earnings momentum long-short and free cash flow yield long-short.

Source: CCLA, as at 31 March 2026. Data showing COIF Ethical Fund. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

# Equity portfolio characteristics

Metric	COIF Charities Ethical Investment Fund	Equity benchmark	Difference
Price/earnings	<b>17.52x</b>	<b>15.82x</b>	<b>1.70x</b>
Earnings yield	5.71%	6.32%	-0.61%
Gross margin	46.88%	26.41%	20.47%
Operating margin	31.61%	19.12%	12.50%
Cash flow return on investment	27.40%	21.64%	5.76%
Return on equity	23.47%	19.10%	4.37%
Sales growth	11.22%	6.74%	4.49%
Earnings growth	14.39%	15.01%	-0.62%
Volatility	15.43%	15.49%	-0.05%
Net debt to shareholders' equity	22.96%	35.77%	-12.80%
Active share	81.87%		
Tracking error	4.65%		

Source: UBS HOLT and UBS Quant Answers, as at 31 March 2026. Equity benchmark: MSCI E World. Risk metrics and portfolio characteristics are for equities only. Please see the definitions in the appendix.

## Changes Made to Improve Performance

- Always looking to evolve the investment process
- This has been a staple of our investment approach for 60+ years

CHANGE	OBJECTIVE
Streamlined Review Process	Faster idea generation and execution
Focus on Earnings Momentum	Mitigate short-term revision risk
Narrower Decision-Making Group	Improve speed and clarity in portfolio construction
Systematic Equity Allocation	Adapt to momentum-driven markets
Absolute Return Strategies	Diversify returns; perform in downturns
Commodity Allocation	Hedge monetization risk; maintain distributions

## What are we not changing

- The underlying investment philosophy remains
- Serve our clients through long-term returns and stable & growing income stream
- ESG principles and active Stewardship remain key

## WHAT IS NOT CHANGING

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Investment Philosophy based around long-term returns

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A focus on quality stocks with strong fundamentals

---

Desire for stable and growing distributions

---

Focus on implementing ESG considerations

---

Continued focus on stewardship activities – Act, Assess & Align

---

Client first approach to service

---

# Sustainability

# Good Investment

Our approach  
is guided by  
three imperatives.

## Act

### **Driving change**

Healthy markets require  
healthy communities  
and a healthy planet

## Assess

### **Re-assessing the fundamentals**

Changing regulation, legislation  
and consumer choice will harm  
unsustainable businesses

## Align

### **Aligning with our clients**

We are the guardians,  
not the owners of the  
assets that we manage

# A track record of catalysing real change

CCLA Corporate Mental Health Benchmark  
Global 100+  
2025

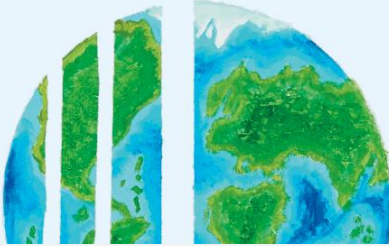


### Pushing for better workforce mental health

- Created the CCLA Corporate Mental Health Benchmarks, ranking 220 companies on their mental health commitments
- In 2022-25, 74 companies improved their ranking, with a combined workforce of 5.3 million
- CCLA's Global Investor Coalition on Workplace Mental Health now supported by £8 trillion in AUM\*

A climate for Good Investment

Task Force on Climate-related Financial Disclosures (TCFD)  
Report to March 2025



### Net-zero portfolios through real-world action

- Climate engagement dating to 2010
- Founder signatory to the Net Zero Asset Manager's Initiative
- Co-created the Powering Past Coal Alliance Finance Principles
- Corporate engagement targeting all portfolio companies
- Policy engagement to push for progressive climate regulation

Modern Slavery Global Benchmark  
2025



### Improving the business response to modern slavery

- CCLA's policy engagement is led by former Anti-Slavery Commissioner, Dame Sara Thornton
- Created 'Find It, Fix It, Prevent It' investor coalition, now supported by £13 trillion AUM\*
- Since 2023, 48 companies under engagement have improved their modern slavery approach
- CCLA's benchmark referenced in Home Office statutory guidance

Source: CCLA, as at 31 December 2025. \*Supporting assets under management (AUM) correct as at 31 December 2025 and updated annually.

# Values-based restrictions

Value alignment	Further details	COIF Charities Ethical Investment Fund
Adult entertainment		>10% revenue from production and/or distribution of adult entertainment
Alcohol		>10% revenue from production and/or retail of alcohol and related services
Animal testing		Companies involved in animal testing without positive indicators (specific sectors)
Armaments	Civilian firearms	>10% revenue from civilian firearms production and/or retail (including key components)
	Controversial weapons	Production of landmines, cluster munitions, chemical or biological weapons (core weapons and components)
	Military and defence industry	>10% revenue from the production of military weapons and equipment (core weapons, components, equipment/services) + the provision of key non-weapons related tailor-made products for the defence industry
	Nuclear weapons	Production of nuclear weapons (core weapons and components)
Breast milk substitutes		Does not meet CCLA's minimum standard using Access to Nutrition Initiative BMS/CF index scores
Cannabis		>10% revenue from production and/or retail of non-medicinal cannabis
Climate change	Coal	Companies which produce more than 10 million metric tons of coal or have plans to expand their coal production
		Companies expanding coal-fired power generation or primarily generating electricity without aligning with the Paris Climate Agreement (as defined by CCLA).
	Oil and gas	>10% revenue from oil and gas extraction, refining or production
	Oil/tar sands	>5% revenue from oil/tar sands extraction
	Thermal coal	>5% revenue from thermal coal extraction

# Values-based restrictions continued

Value alignment	Further details	COIF Charities Ethical Investment Fund
Gambling		>10% revenue from the operation of gambling establishments and the provision of key support services and products
High interest rate lending		>10% revenue from high interest rate lending
Oppressive regimes		The fund will not purchase sovereign debt issued by countries identified as being among the world's most oppressive*
Sanctity of life		Production of single-use abortifacients
Tobacco		Production of tobacco >5% revenue from retail of tobacco and related services
<b>Minimum ESG risk restrictions</b>	CCLA governance	Companies with poor CCLA governance rating require investment committee approval
	Controversies	Companies that fail our controversy process including non-conformance with the UN Global Compact, the UN Guiding Principles on Business and Human Rights and/or other factors defined by CCLA require investment committee approval
	ESG rating	Companies with poor Sustainalytics ESG ratings require investment committee approval

\*See [Approach to sovereign debt](#). Further details of restrictions can be found on our [website](#).

# Appendix

# A force for Good



## No. 1

Largest manager of UK charities by number<sup>1</sup>



## 170+

Team of staff supporting clients across the UK



## 60+

Years of experience investing sustainably



## 5 star

Rating in all PRI equity categories



## Catalyst

A leader in driving real & positive change



## Ethical

investing is rooted in our investments



## c. £15bn+

In assets under management<sup>2</sup>



## £16tn+

Of assets supporting CCLA initiatives<sup>3</sup>



## Find it, Fix it, Prevent it

Campaign against modern slavery

<sup>1</sup>Charity Finance surveys 2020 to 2024. <sup>2</sup>CCLA, 31 December 2025. <sup>3</sup>CCLA initiatives and investor coalitions include modern slavery, mental health and climate change. Supporting assets under management (AUM) correct as at 31 December 2025 and updated annually.

## CCLA's deposit funds

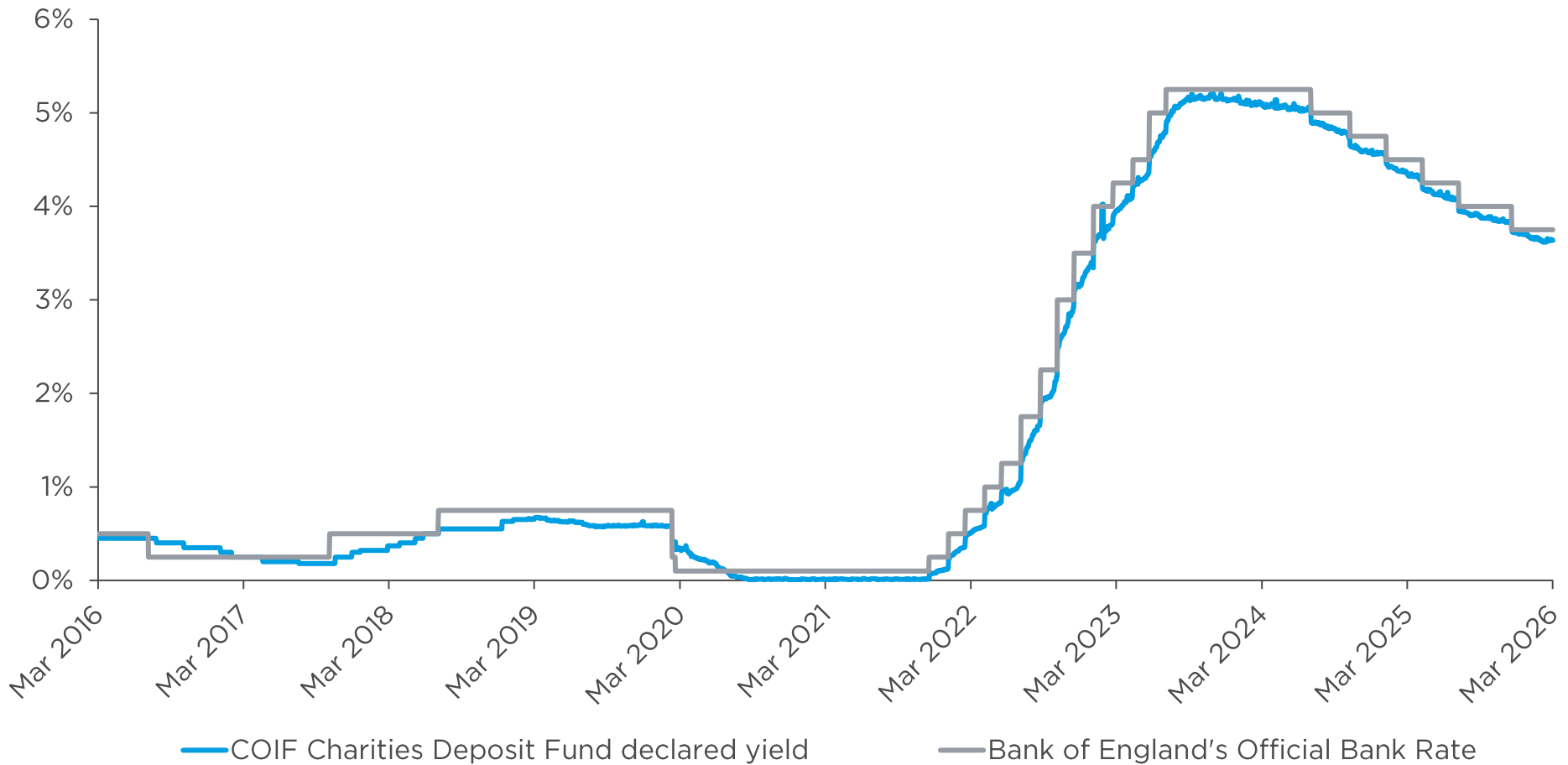
Total cash funds  
£4.308bn

- CBF Church of England Deposit Fund (£1.021bn)
- COIF Charities Deposit Fund (£2.292bn)
- Public Sector Deposit Fund (£0.994bn)

<b>COIF Charities Deposit Fund</b>	<b>As at 31 March 2026</b>
Launched	1985
Rating	AAAmmf
Yield	3.6966% AEY* (3.8000% for balances over £15m)
Total assets	£2.292bn
Number of clients	9,683
Average external account balance	£195,997
Largest account – external	£64.308m
Regulator	Charity Commission
Money Market Fund Regulation	Yes
Type: deposit/investment	Deposit
Minimum	£1

Source: CCLA, as at 31 March 2026.  
\*AEY = annual equivalent yield, which illustrates what the annual interest rate would be if the monthly interest rates were compounded.

# Money market funds are offering better rates



Source: CCLA, as at 31 March 2026. Declared yield is net of fees. **Past yield is not a reliable indicator of future results.**

# Why is quality appropriate for our client base?

Long-term time horizon,  
owning consistent compounders and  
'beating the fade'

Protect the real value of assets –  
growth in cash flows but also resilience  
in difficult times

Values-based – investing in  
businesses that meet our clients'  
values/ethics

Quality is persistent and can translate into:

- Higher margins
- Pricing power
- Less exposure to economic cycle
- Structural growth
- Capital light
- Robust balance sheets
- Adequate corporate governance
- Greater buffer against cost pressures
- Can pass on higher costs
- Less risk to revenue and profits in a downturn
- Cash flows likely to grow and compound
- Less need for capital expenditure to grow
- Less sensitivity to higher borrowing costs
- Checks and balances on management

**But**  
We need to be wary of threats to competitive advantage and disciplined on valuation

# Equity investment philosophy and approach

## Enduring competitive advantage



- Network effects
- High switching costs
- Intangible assets such as brands, patents, and trade secrets
- Cost advantages
- Efficient scale

## Multiple sources of growth



- Preference for long-term structural growth trends
- Persistent compounding of growth
- Market share gainers
- Growth optionality
- Resilience through the economic cycle

## Efficient use of capital



- Track record of successful capital allocation
- Robust returns on investment
- High cash conversion
- Strong balance sheets with conservative financial gearing
- Focus on shareholder returns

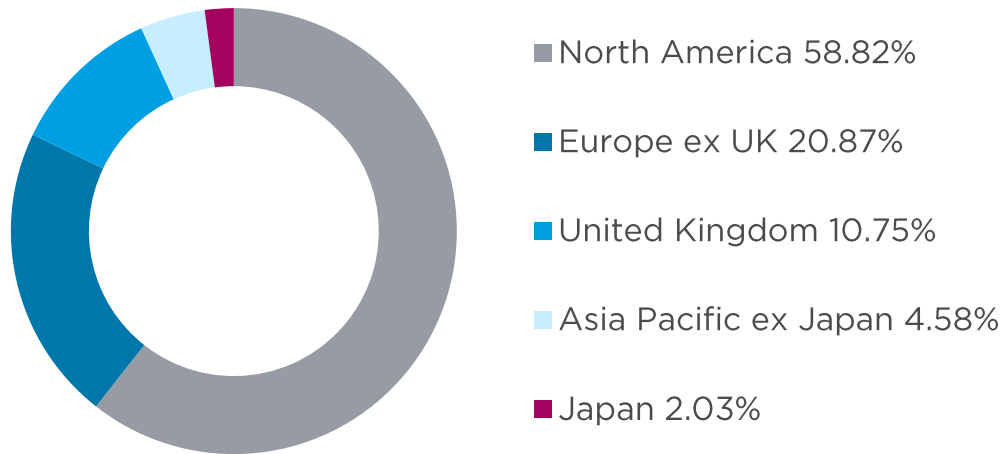
## ESG standards



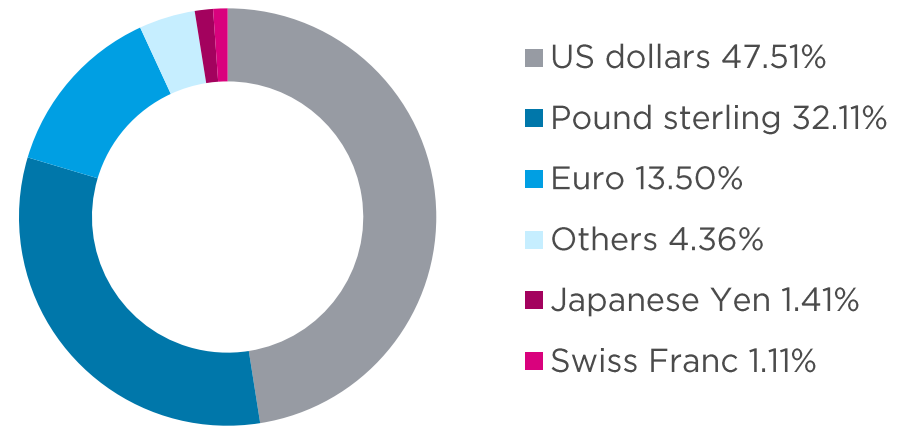
- CCLA Corporate Governance Rating, covering 8,000+ stocks
- Analysis of each holding against sector relevant non-financial sustainability risks
- A formalised approach to considering the impact of ESG controversies

# Statement of positioning

## Equity region weighting (equities only)



## Currency exposure (total fund)



Source CCLA, as at 31 March 2026. Data showing COIF Ethical Fund. Regional weights shown are the percentage of total equity of the portfolio. Asset allocation is subject to change.

# Top 20 holdings

## COIF Charities Ethical Investment Fund

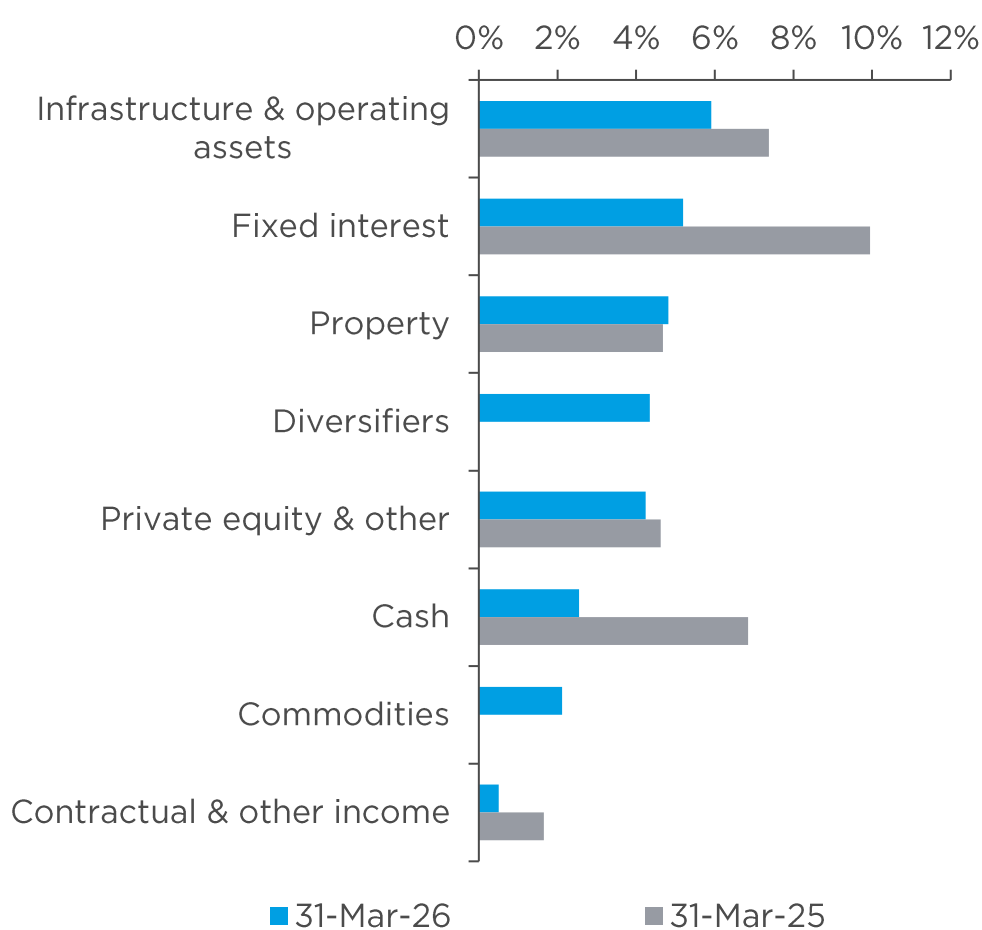
Security name	Portfolio weight %
Federated Hermes Sustainable Global IG Credit Fund	3.39
COIF Charities Property Fund	2.91
Alphabet	2.73
TSMC	2.43
Earnings Momentum Absolute Return	2.27
COIF Charities Short Duration Bond Fund	2.27
Microsoft	2.23
CCLA Conditioned FCF	2.15
Amazon	2.12
CCLA Systematic Global Equities	2.06
Brookfield Infrastructure	1.88
Broadcom	1.64
HG Capital Trust	1.45
Chicago Mercantile Exchange	1.35
Coca-Cola	1.31
Visa	1.29
Deutsche Börse	1.27
London Stock Exchange	1.26
RELX	1.25
ASML	1.24

Source: CCLA, as at 31 March 2026. Holdings are subject to change.



- Top 20 holdings 38.50%
- Rest of the portfolio 61.50%

# Positioning in other assets



- The non-equity assets provide diversification and contribute to returns over time.
- A structurally higher interest rate environment is a headwind for assets that derive the majority of their return from a fixed stream of cashflows, distributed as dividends. We have also pivoted the infrastructure allocation from European renewable assets towards more global renewable assets.
- Fixed interest and cash allocation was reduced to fund the new positions within commodities and diversifiers, where we have allocated to two absolute return strategies; earnings momentum long-short and free cash flow yield long-short.

Source: CCLA, as at 31 March 2026. Data for COIF Investment Fund. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

## Fixed income

### Allocation in the COIF Charities Ethical Investment Fund

<b>Fund/security</b>	<b>Portfolio weight (%)</b>	<b>Modified duration (yrs)</b>	<b>Spread duration (%)</b>	<b>Yield to worst (%)</b>
COIF Charities Short Duration Bond Fund*	2.27	1.81	3.42	5.23
Federated Hermes Sustainable Global Investment Grade Credit Fund	3.39	5.83	4.99	4.17
UKT 3.25% 01/44	0.14	12.80	--	5.46
<b>Weighted average</b>	<b>100.00</b>	<b>4.43</b>	<b>4.44</b>	<b>4.54</b>
<b>Fund level</b>	<b>5.80</b>	<b>0.23</b>	<b>0.23</b>	<b>4.54</b>

Source: CCLA and Federated Hermes, as at 31 March 2026. Allocation is subject to change. \*Portfolio management of the fund has been delegated to Federated Hermes under the oversight of CCLA and fund management remains the responsibility of CCLA as of 27 July 2022.

# Alternatives positioning

Source: CCLA, as at 31 March 2026. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

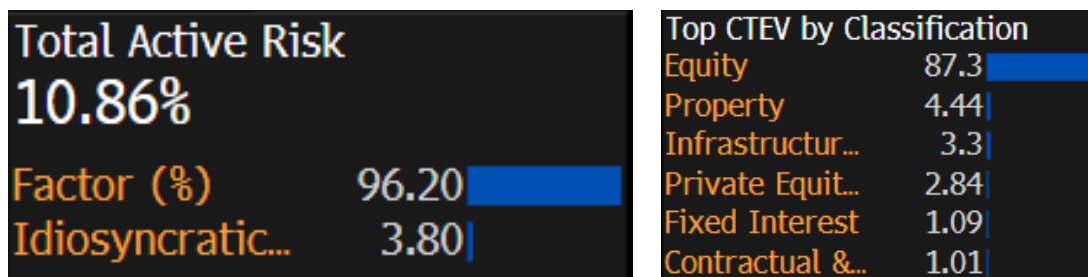
Asset class	Sub-asset class	COIF Ethical Fund %
Contractual and other income	Alternative Credit	0.39
Infrastructure and operating assets	General Infrastructure	3.99
	Renewable Infrastructure	1.32
	Student Accommodation	0.02
	Care Home Property	0.02
Private equity and other	Private Equity	4.55
Property	Generalist Commercial	2.91
	Logistics Warehouses	1.98
Diversifiers	Absolute Equity return - Earnings momentum	2.27
	Absolute Equity return - Conditioned free cash flow	2.15
Commodities	Copper	1.20
	Gold	0.68
	Silver	0.27
<b>Total</b>		<b>21.73</b>

# Why equity diversifiers?

## We run a lot of equity risk

The COIF Investment Fund has ex-ante volatility of 11%, of which 87% is equity risk despite the fact that we 'only' have 70% allocated to public equity and 5% allocated to private equity. This is because we pick up more equity risk through our IG and HY credit allocations (5% allocation) and also in REITs in the alts and property allocations.

If we can diversify some of our equity risk, we can smooth the path of expected returns



## Bonds are not a compelling diversifier

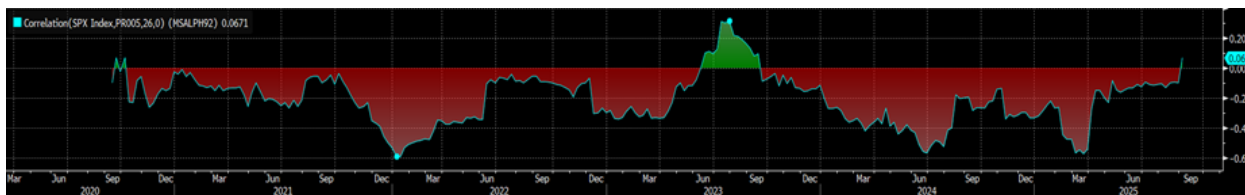
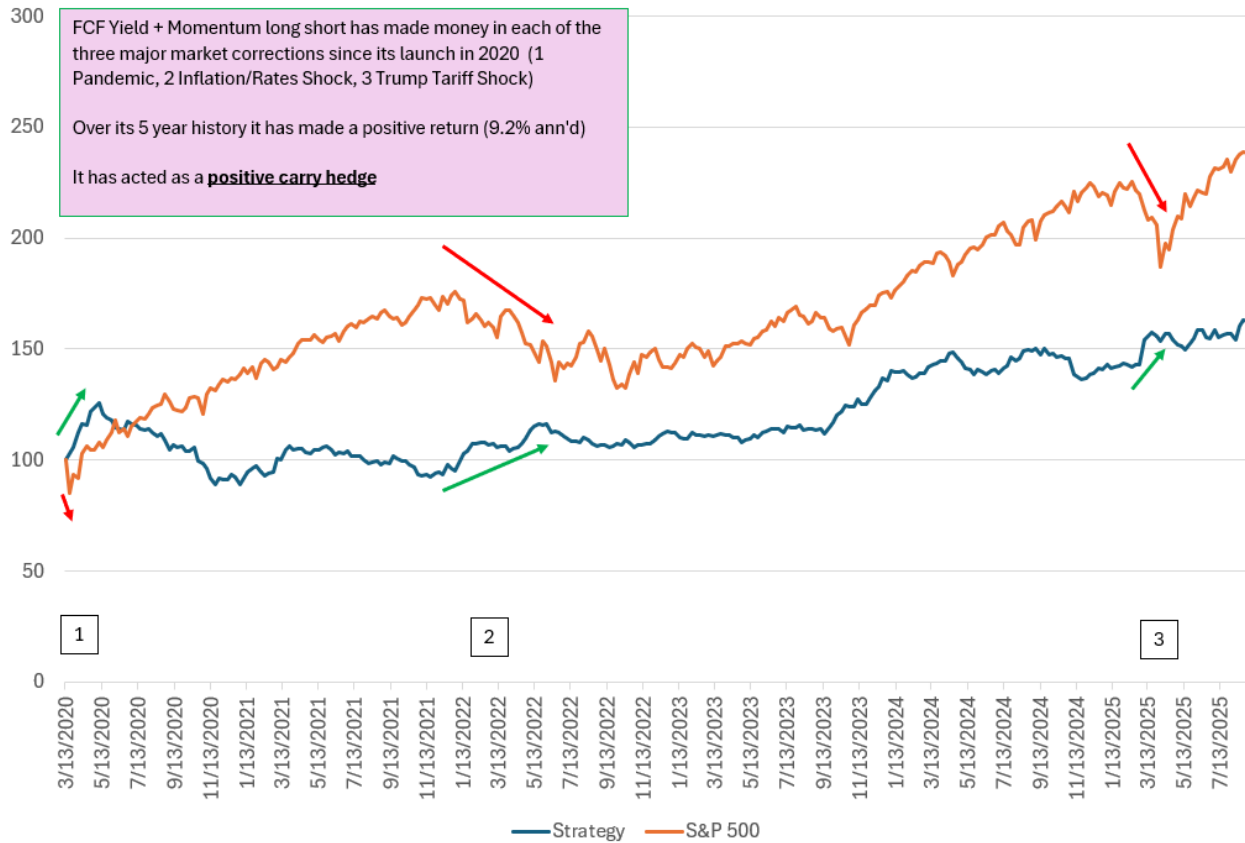
The stock-bond correlation has also turned positive having been negative for 20 years, so bonds aren't the diversifier they were. Despite higher yields, forward real returns to bonds are still only expected to be in the 1.5–2.5% range, i.e. not compelling.



Source: Bloomberg and CCLA, as at 31 January 2026.

# 1. Conditioned free cash flow

FCFY+Mo LS vs S&P500 (index March 2020 = 100)



The strategy is long-short single name equity and market neutral.

Long 250 stocks, short 250 stocks.

Each month all stocks in MSCI World are ranked on a measure of free cash flow yield.

Price momentum is part of the final signal

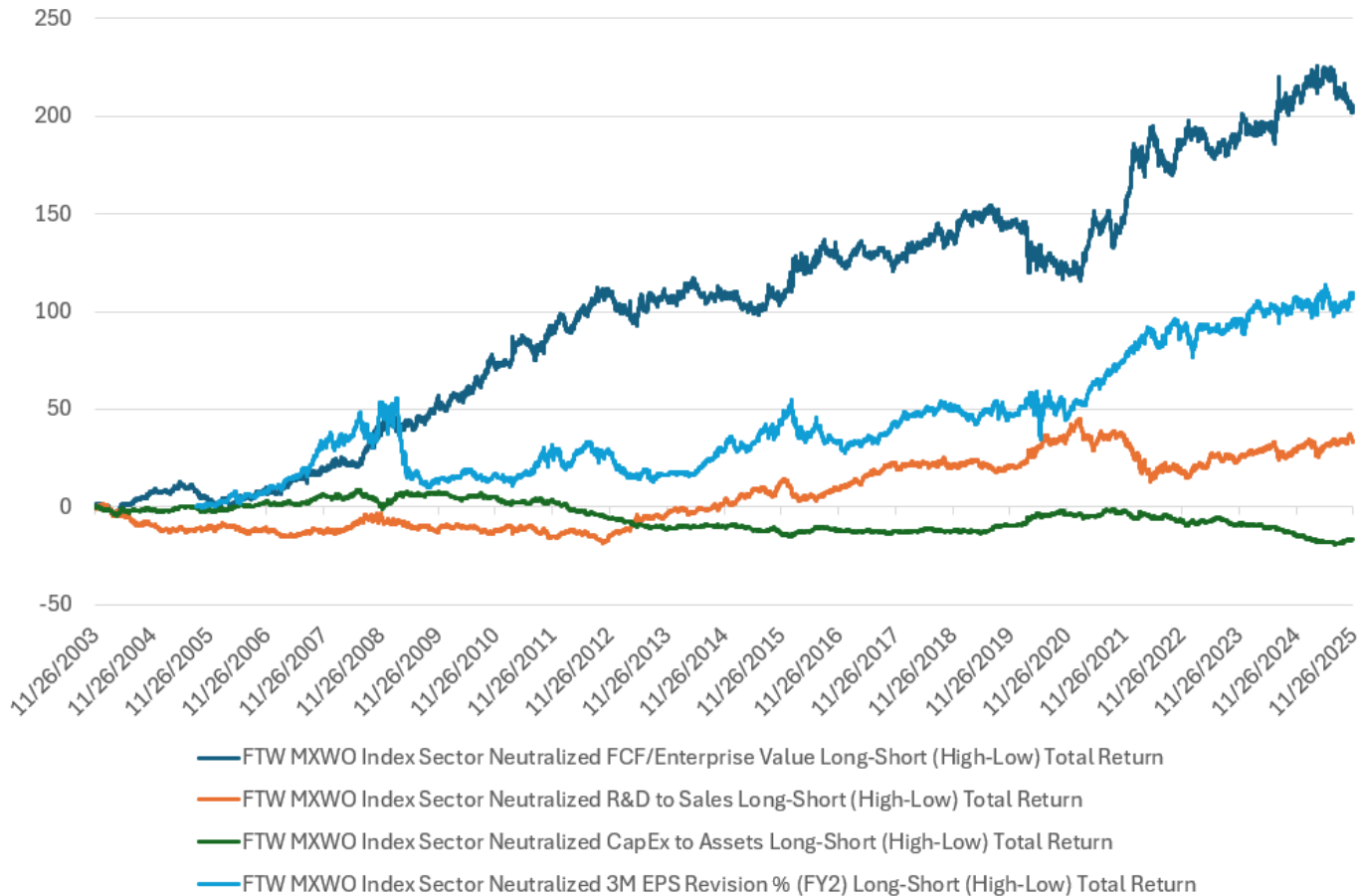
**The intuition is that free cash flow yield is a strong indicator of financial sustainability – cash is king – but is also a measure of valuation (FCF/stock price).**

## Rolling 120-day correlation of the strategy vs S&P500

Source: Bloomberg and CCLA, as at 31 January 2026. Past performance is not a reliable indicator of future returns.

# Conditioned free cash flow – component returns

Traces for the Components (Backtest til March 2020, live traded thereafter.  
Unlevered / gross 200%)



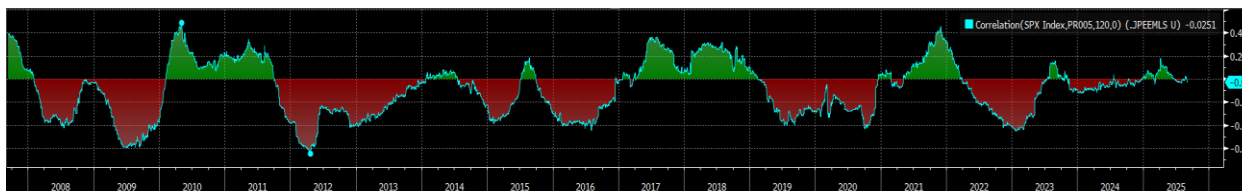
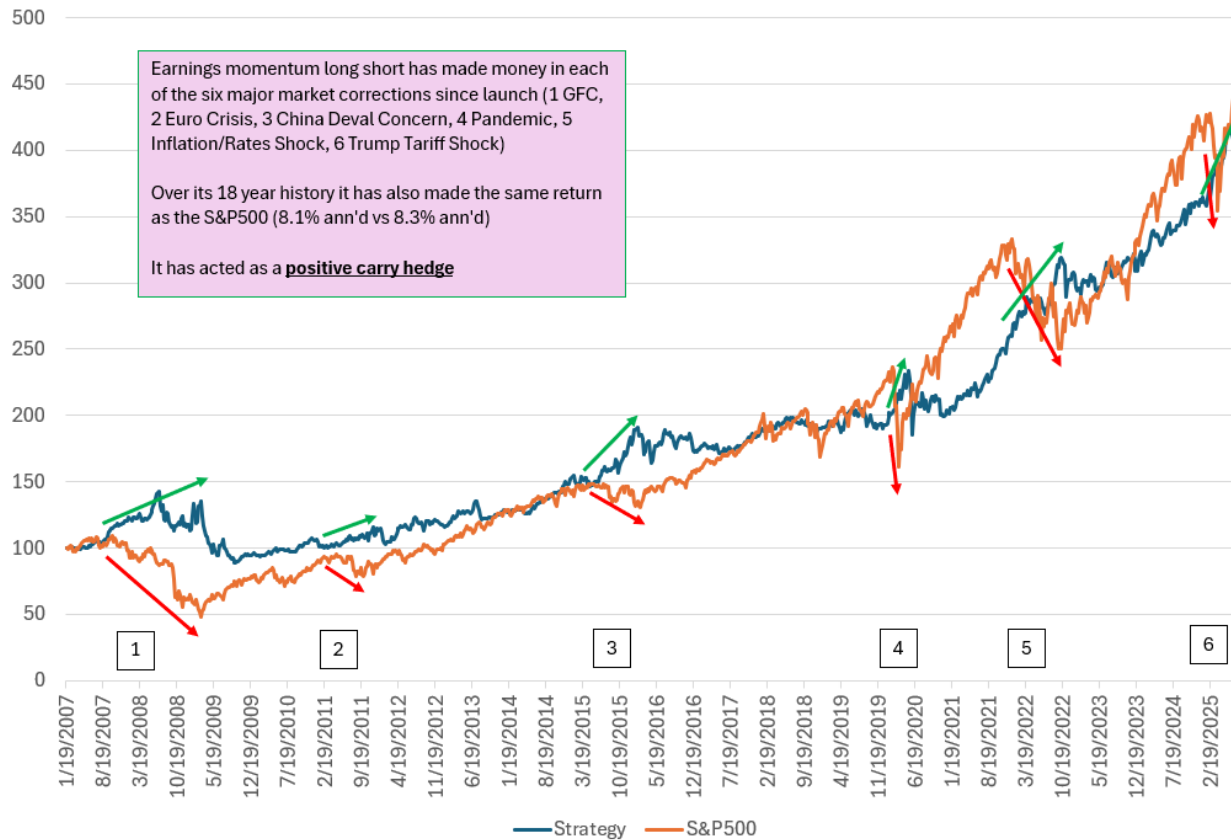
This shows the contribution to overall strategy of the four components. FCFY does the heavy lifting generating returns, but revisions and R&D/sales smooth return and also contribute.

Capex is less clear but has occasionally helped smooth return (esp in the 2018–2019 Quant Winter).

Source: Bloomberg and CCLA, as at 31 January 2026. Past performance is not a reliable indicator of future returns.

## 2. Earnings momentum

Earnings Momentum LS Strategy vs S&P500 (index Jan 2007 = 100)



The strategy is long-short single name equity and market neutral.

Long 100 stocks, short 100 stocks.

The Index is long positive earnings momentum, and vice versa.

**The intuition is that positive earnings momentum has price impact beyond one month, and this is a defensive strategy as stocks with positive earnings momentum are particularly sought after in periods of market weakness when market growth assumptions are being challenged.**

**Rolling 120-day correlation of the strategy vs S&P500**

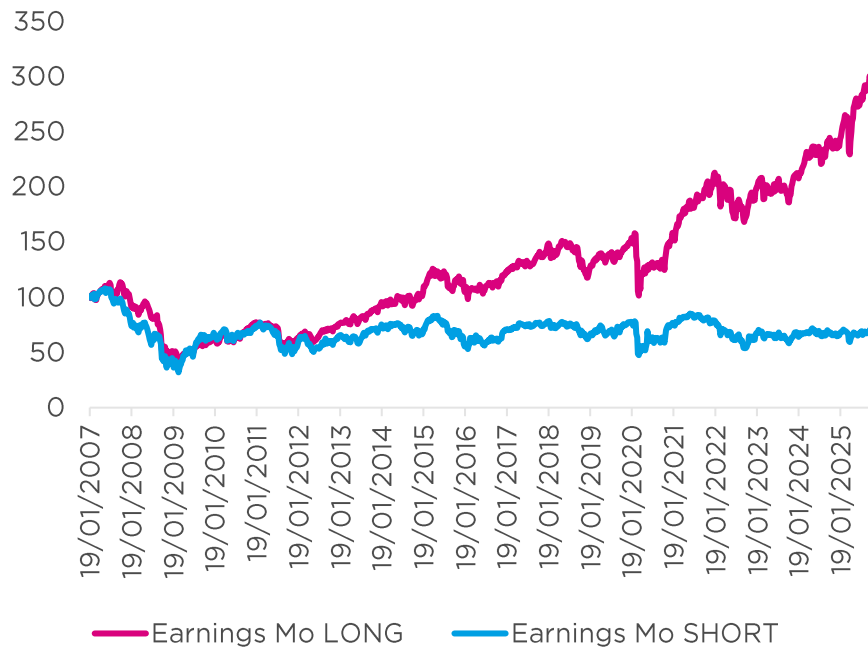
Past performance is not a reliable indicator of future returns.

# Earnings momentum – component returns

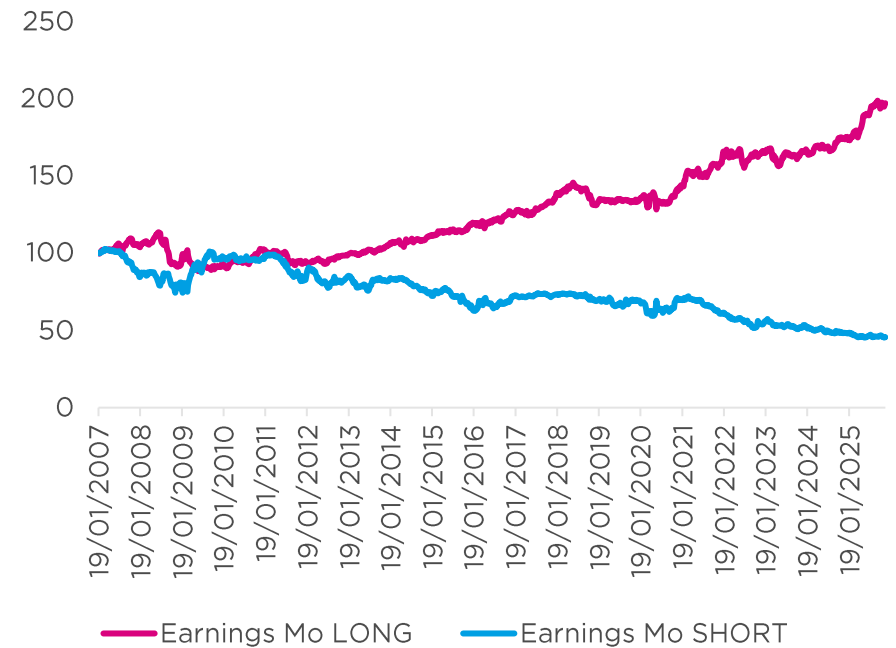
On the left we have the absolute returns of the two legs. The long leg has trebled since inception in 2007, while the short leg has almost halved (i.e. if you were short the short leg you made money).

On the right we have the relative returns of the two legs vs the Euro Stoxx 600 index. This shows the consistency of the return profile of each leg by removing the market impact of absolute returns.

## Absolute return



## Relative return



Source: CCLA, as at 31 January 2026. Past performance is not a reliable indicator of future returns.

## Costs and charges

<b>COIF Charities Ethical Investment Fund</b>	<b>Cost % p.a.</b>
Annual management charge (AMC)	0.60
Other expenses	0.08
<b>Fund management fee (FMF)</b>	<b>0.68</b>
Costs of underlying investments	0.17
<b>Total ongoing charges figure (OCF)</b>	<b>0.85</b>

Source: CCLA, as at October 2025. The ongoing charges figure (OCF) shows the total annual operating costs taken from the fund. The OCF is the sum of two components: these are the fund management fee (FMF) and the cost of underlying investments. The FMF includes CCLA's annual management charge (AMC), VAT payable thereon where applicable (including any VAT reclaims received during the accounting period that the FMF is based on), and other costs and expenses of operating and administering the fund such as trustee/depositary, audit, custody, legal, regulatory and professional fees, and may include other charges such as Fitch Rating fees if applicable. The underlying investments' costs are the impact to the fund of costs incurred in other funds or similar investments (e.g. investment trusts, limited liability partnerships) in which the CCLA fund invests. The OCF does not include the fund's transaction costs (i.e. the costs of buying and selling the underlying investments in a fund). For more information on costs, including transaction costs, please refer to the fund's key information document.

# Definitions of equity portfolio characteristics

Metric	Definition
Price/earnings	Share price divided by earnings per share
Earnings yield	Earnings per share divided by share price
Gross margin	(Revenue – cost of goods sold)/revenue
Operating margin	Operating profit margin: operating profits/sales
Cash flow return on investment	Represents the economic rate of return a firm earns on its total capital base and takes into account both on- and off-balance sheet assets
Return on equity	Net income/shareholders' equity*
Sales growth	Market consensus annualised year-on-year sales growth over the next three years
Earnings growth	Market consensus annualised year-on-year earnings growth over the next three years
Volatility	Estimated annualised volatility calculated using UBS Quant Answers Risk Model
Net debt to shareholders' equity	Net income/shareholders' equity*
Active share	A measure of how actively managed a portfolio is. A figure above 60 for a portfolio is considered actively managed
Tracking error	Estimated tracking error is the standard deviation of the difference between the return of the portfolio and the return of the benchmark. Calculated using Bloomberg MAC2 Risk Model

Source: HOLT Credit Suisse and UBS Quant Answers. \*Shareholders' equity defined as: total assets – total liabilities.

# Performance comparator explained

The COIF Charities Investment Fund and the COIF Charities Ethical Investment Fund are actively managed to achieve their target benchmark. Over time, they aim to achieve an average annual total return after costs of inflation (as measured by the UK Consumer Prices Index) plus 4%. (Note: the actual target benchmark is gross returns of CPI+5%. CPI+4% has been used to give a comparable net figure by assuming 1% costs.)

To give our clients insight into the progress of their investments over shorter periods we have created a composite comparator benchmark. This is not a formal target, neither does it constrain the types of investments in which the fund may invest, but is intended as a guide. It is based on established investment market indices, weighted in proportions designed to broadly reflect the risk and return profile of the underlying assets of the fund over the long term.

To keep the information relevant the comparator benchmark may be adjusted from time to time to reflect changes in long term return expectations and any structural changes in the fund.

Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and Sterling Overnight Index Average (5%).

The comparator benchmark (blended index returns) is calculated by CCLA using end-of-day index-level values licensed from MSCI (MSCI data). For the avoidance of doubt, MSCI is not the benchmark administrator for, or a contributor, submitter or supervised contributor to, the blended index returns, and the MSCI data is not considered a contribution or submission in relation to the blended

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Comparator benchmark detail and history are as follows:

From: 1.1.2021: MSCI World Index 75%; MSCI UK Monthly Property Index, 5%; Markit iBoxx £ Gilts Index, 15% and SONIA (Sterling Overnight Index Average), 5%.

From 1.1.18 to 31.12.2020: MSCI World ex UK Index, 45%; MSCI UK Investable Market Index, 30%; MSCI UK Monthly Property Index, 5%; Markit iBoxx £ Gilts Index, 15% and 7-day LIBID, 5%.

From 1.1.16 to 31.12.17: MSCI UK Investable Market Index, 45%; MSCI Europe ex UK Index, 10%; MSCI North America Index, 10%; MSCI Pacific Index, 10%; IPD UK All Property Index, 5%; Markit iBoxx £ Gilts Index, 15% and 7-day LIBID, 5%.

From 01.01.12 to 31.12.2015 MSCI UK All Cap 45%, MSCI Europe Ex UK (50% Hedged) 10%, MSCI North America (50% Hedged) 10%, MSCI Pacific (50% Hedged) 10%, IPD All Property Index 5%, BarCap Gilt 15% & 7 Day LIBID 5%.

# Important information

This document is a financial promotion and is for information only. It does not provide financial, investment or other professional advice.

To make sure you understand whether our product is suitable for you, please read the key information document and the scheme particulars and consider the risk factors identified in those documents. The sustainability approach for each of our funds is outlined in its consumer-facing disclosure document. We strongly recommend you get independent professional advice before investing.

Past performance is not a reliable indicator of future results. The value of investments and the income from them may fall as well as rise. You may not get back the amount you originally invested and may lose money.

The fund can invest in different currencies. Changes in exchange rates will therefore affect the value of your investment. Investing in emerging markets involves a greater risk of loss as such investments can be more sensitive to political and economic conditions than developed markets. The annual management charge is paid from capital (except for the Short Duration Bond Fund). Where charges are taken from capital rather than income, capital growth will be constrained and there is a risk of capital loss.

Any forward-looking statements are based on our current opinions, expectations, and projections. We do not have to update or amend these. Actual results could be significantly different than expected.

Investment in a CCLA COIF Charities fund is only available to charities within the meaning of section 1(1) of the Charities Act 2011. The CCLA COIF Charities funds are approved by the Charity Commission as Common Investment Funds under section 24 of the Charities Act 1993 (as has been

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**CCLA**

BECAUSE GOOD IS BETTER

3 - APPROVAL OF CHARITABLE FUNDS  
EXPENDITURE

*Nicola Llewelyn  
(Hywel Dda UHB -  
Head of Hywel Dda  
Health Charities)*

## 3.1

10:32, 35 Mins

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### 3.1 - Consideration of funding requests from the charity's Making a Difference Fund

*Nicola Llewelyn  
(Hywel Dda UHB -  
Head of Hywel Dda  
Health Charities)*

| For approval

#### **Attachments**

[3.1 Making a Difference CFC June 2026.pdf](#)

[Appendix 2 CF03526 GGH Madog Suite.pdf](#)

[Appendix 3 CF03577 Booking Lab Pathology.pdf](#)

[Appendix 4 CF03520 Community Health Lifestyle Cafe.pdf](#)

[Appendix 5 CF03518 Staff Recognition.pdf](#)

[Appendix 5 - Annex 1.pdf](#)

[Appendix 6 CF03521 Perinatal Mental Health App.pdf](#)

[Appendix 7 CF03514 GGH Mortuary Gardens.pdf](#)

[Appendix 8 CF03500 Mortuary Viewing Areas.pdf](#)

[Appendix 1 Making a Difference CFC June 2026.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Consideration of funding requests from the Hywel Dda Health Charities Making a Difference Fund
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Nicola Llewelyn, Head of Hywel Dda Health Charities & John Evans, Deputy Director Medical Directorate (Chair of the Charitable Funds Sub-Committee)

**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**

In January 2026, services and departments across Hywel Dda University Health Board (HDdUHB) were invited to submit proposals to the second funding round of the Hywel Dda Health Charities (HDdHC) Making a Difference fund (general fund).

This paper presents the Charitable Funds Committee (CFC) with a summary of funding applications approved and those not approved by the Charitable Funds Sub-Committee (CFSC). It also presents the CFC with the funding applications endorsed by the CFSC for onward review and consideration by the CFC.

**Cefndir / Background**

38 applications totalling £495,405.14 were received in this funding round of the Making a Difference fund. Attached as Appendix 1 is a full summary of all applications received to this funding round.

During the assessment process, it was identified that 10 applications totalling £111,096.92 had been submitted by services that had sufficient service-specific charitable funds to support the expenditure. These applications were withdrawn from the general fund process and services were advised to apply to their own designated funds.

*Figure 1: Applications that can be supported from service specific designated funds (see Appendix 1)*

Reference	Clinical Care Group/Directorate	Site/County	Ward/Service/Department	Value £	Summary of request
CF03517	Community & Integrated Medicine	South Pembro Hospital	Cleddau Community Clinics	2,281.44	Four high back patient armchairs - Community Clinic Waiting Area
CF03522	Mental Health & Learning Disabilities	Ty Myddfai	Perinatal Mental Health	995.83	Maternal journaling workshops
CF03523	Mental Health & Learning Disabilities	Ty Myddfai	Perinatal Mental Health	983.83	Discovery Through Activity workshops
CF03532	Community & Integrated Medicine	PPH	Ward 9 (Stroke)	9,000.00	Day room refurbishment
CF03535	Planned & Specialist Care	GGH	Cilgerran Ward GGH	1,348.99	Moby Sleepover Bed - Doctors Room on Cilgerran Ward
CF03536	Planned & Specialist Care	GGH	Cilgerran Ward GGH	6,299.50	Refurbish Old Store Room into usable office/wellbeing space
CF03541	Allied Health & Health Sciences	Hywel Dda wide	Clinical Haematology	22,093.75	5 x AccuVein devices for PPH, GGH, BGH, WGH and Cardigan Health Centre to support venesection services
CF03515	Allied Health & Health Sciences	Millford Haven Health Centre	Community Dietetic Service	2,010.00	NDR prescribe account and credit-based subscription
CF03519	Planned & Specialist Care	BGH	Breast Care	8,079.58	Refurbishment works for a dedicated breast prosthesis room
CF03525	Planned & Specialist Care	PPH	Urology	58,000.00	Re-establishment of HoLEP (Holmium Laser Enucleation of Prostate) Service

As of 22 May 2026, only one of these applications had been resubmitted and approved via an appropriate designated fund. Follow-up conversations are taking place to understand why the

remaining applications have not progressed and to identify any barriers or challenges that may be preventing the services in accessing and utilising their designated funds.

The remaining 28 applications totalling £384,308.22 progressed to detailed assessment. Applicants received structured feedback and were given the opportunity to revise and strengthen their submissions prior to final assessment.

Final assessment was undertaken by CFSC members against agreed criteria, focusing on:

- Demonstrable patient benefit, impact and reach.
- Plans for measuring and evidencing outcomes.
- Value for money and appropriate use of charitable funds.
- Sustainability and exit strategies to ensure benefits extend beyond the funding period.

The CFSC met on 5 May 2026 to consider the outcome of the assessment process.

### Funding applications approved by the CFSC

- 15 applications were approved by the CFSC, each with an individual value of up to £10,000.
- The total value of the 15 applications received was £65,941.28.
- The CFSC approved £51,884.18 of funding from the Making a Difference fund, subject to contributions totalling £14,057.10 from areas with access to a level of service-specific charitable funds.
- Members agreed that services with access to their own designated funds should utilise these balances 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 to 24 months limit the availability of service-specific balances, applicants were asked to confirm planned expenditure so that proportionate funding arrangements can be considered.
- Funding approval included nine awards under £5,000 and six between £5,000 and £10,000 covering Planned and Specialist Care, Mental Health and Learning Disabilities, Primary Care, Medical Education and Allied Health and Health Sciences.

Figure 2: Applications approved by CFSC (see Appendix 1)

Reference	Clinical Care Group/Directorate	Specialist Area	Summary of request	Value £
CF03504	Primary Care	Chronic Conditions Hywel Dda wide	Resources for the delivery of the Be Well Self-Management Programme	4,514.45
CF03509	Planned & Specialist Care	Theatres PPH	Artwork for theatre reception area	1,053.60
CF03510	Planned & Specialist Care	Gynaecology WGH	TV for treatment room	923.99
CF03511	Mental Health & Learning Disabilities	Community Drug & Alcohol Team Haven Way Day Hospital	Install a kitchen area for staff, visitors and clients	5,988.69
CF03512	Medical Directorate	Medical Education	Certificate in Enhancing Skills in Counselling Training for the Doctors Support Hub	1,019.00
CF03516	Allied Health & Health Sciences	Nutrition and Dietetics Milford Haven Health Centre	Suite of high quality pre-recorded nutritional education videos	7,200.00
CF03524	Mental Health & Learning Disabilities	Older Adult Mental Health Hywel Dda wide	Smart interactive whiteboards and android tablets for Recovery through Activity intervention for people living with dementia	7,303.91
CF03527	Planned & Specialist Care	Gynaecology WGH	Electric gynaecologic chair	8,025.00
CF03530	Planned & Specialist Care	Sexual and Reproductive Health Pembroke Dock Health Centre	Pilot of augmented reality (AR) glasses to support pain management during clinical procedures	9,901.58
CF03531	Planned & Specialist Care	Decontamination PPH	TV for staff rest room and outdoor picnic bench	1,844.95
CF03533	Planned & Specialist Care	Decontamination BGH	Outdoor rest space for staff	999.34
CF03534	Planned & Specialist Care	Decontamination WGH	Coffee machine for staff rest room	99.99
CF03537	Allied Health & Health Sciences	Nutrition and Dietetics PPH	2 x training models/mannequins	8,008.80
CF03539	Mental Health & Learning Disabilities	Early Intervention in Psychosis (EIP) Hywel Dda wide	Weekly music workshops for a 12 month period	4,920.00
CF03485	Planned & Specialist Care	Theatres WGH	New seating for staff rest room (16 mid back and dining chairs)	4,137.98

### Applications not approved by the CFSC

Five funding applications with a total value of £20,263.35 were not approved by the CFSC following assessment. These applications were submitted by Planned and Specialist Care, Nursing and Patient Experience and Workforce and Organisational Development.

The decision not to fund was based on a combination of assessment scoring, panel feedback and consideration of the appropriateness of charitable funding. The main reasons for not supporting the bids included limited evidence of wider service engagement, requests more appropriately funded through core budgets, insufficient evidence of patient benefit or impact, unclear outcomes, or weak evaluation and sustainability plans.

Applicants were provided with written feedback and support was offered to help strengthen applications for potential resubmission in a future funding round where appropriate.

*Figure 3: Applications not recommended for funding (see Appendix 1)*

Reference	Clinical Care Group/Directorate	Specialist Area	Summary of request	Value £
CF03506	Planned & Specialist Care	Health Visiting Hywel Dda wide	Additional electric breast pumps for the breast pump loaning library	2,939.83
CF03529	Nursing & Patient Experience	Professional Standards and Assurance Hywel Dda wide	Advanced Clinical Practice Conference	4,104.00
CF03507	Workforce & Organisation Development	Business, Partnerships and Inclusion PPH	Tabletop acrylic poster holders to display sensory loss information	962.98
CF03508	Nursing & Patient Experience	Communication Hub Hafan Derwen	38 Dell computer monitors	6,080.00
CF03528	Nursing & Patient Experience	Professional Standards and Assurance Hywel Dda wide	Resources for nurses who attend our Senior Nurse Managers Development Programme and STAR development programme	6,176.54

## Asesiad / Assessment

Eight funding applications, each with an individual value of over £10,000 were recommended by the CFSC for CFC consideration. The CFSC considered these applications to present a strong case for support delivering patient, service user and staff benefit.

One of these applications (intraoral 3D scanners and cameras for use in Community Dental Services - £83,000) has since been withdrawn by the applicant as the additional information requested to support a robust and compliant submission to the CFC could not be provided. The service intends to re-submit the proposal in a future funding round once the necessary information and assurances are in place.

The CFC is therefore asked to review and consider seven funding applications. The total value of charitable funding requested across the seven applications is £215,103.59.

Appendices 2 to 8 contain copies of each of the funding applications for CFC review and consideration.

The value of funding requested from the Making a Difference Fund is £120,311.84 due to a contribution of £94,791.75 being requested from service-specific charitable funds.

The uncommitted balance of the Making a Difference Fund was £490,613.99 as at 31 March 2026. This has subsequently reduced by £51,884.18 following funding approvals made by the CFSC in May 2026.

*Figure 4: Applications recommended for CFC review and consideration*

Reference	Service	Summary of request	Value £	Making a Difference Fund £	Service-Specific Funds £
CF03526 <i>Appendix 2</i>	Colorectal GGH Planned & Specialist Care	Transforming GGH Madog Suite into a specialist stoma and colorectal hub	64,941.75	5,000.00	59,941.75
CF03577 <i>Appendix 3</i>	Phlebotomy Allied Health & Health Sciences	BookingLab Phlebotomy Booking System	25,000.00	20,000.00	5,000.00
CF03520 <i>Appendix 4</i>	Learning Disabilities Mental Health & Learning Disabilities	Community Health Lifestyle Café for people with learning disabilities	11,700.00	5,850.00	5,850.00

CF03518 <i>Appendix 5</i>	Culture and Workforce Experience Workforce & Organisation Development	Staff Recognition and Appreciation Programme	36,056.67	36,056.67	0.00
CF03521 <i>Appendix 6</i>	Midwifery Planned & Specialist Care	Trauma Informed Digital Perinatal Mental Health Platform (App)	36,000.00	12,000.00	24,000.00
CF03514 <i>Appendix 7</i>	Mortuary Department GGH Allied Health & Health Sciences	Two tranquil garden areas at GGH mortuary for bereaved families and staff	17,820.00	17,820.00	0.00
CF03500 <i>Appendix 8</i>	Mortuary Departments Allied Health & Health Sciences	Upgrade of mortuary viewing areas at BGH, GGH, PPH and WGH	23,585.17	23,585.17	0.00
<b>Total:</b>			<b>215,103.59</b>	<b>120,311.84</b>	<b>94,791.75</b>

### Next steps

It is proposed that the next open call for applications will take place in the autumn period. This timing is intended to align with the charitable expenditure planning cycle, when services developing plans and are better able to identify any funding requirements to be able to support more impactful and well-developed applications.

The overall position of the Making a Difference Fund remains subject to the apportionment of investment losses and therefore the confirmed balance available for allocation is currently uncertain.

A further update will therefore be presented to the September 2026 CFC meeting to agree the approach, including the level of funding to be made available and the proposed timetable.

In the interim applications to the Making a Difference Fund will continue to be accepted and considered on a case-by-case basis to ensure that appropriate requests can still be supported where required.

### Argymhelliad / Recommendation

The Charitable Funds Sub-Committee is asked to:

- **NOTE** the funding approvals and decisions made by the Charitable Funds Sub-Committee on 5 May 2026.
- **CONSIDER** with a view to approving or rejecting the seven CFSC endorsed funding applications totalling £215,103.59 with £120,311.84 requested from the Making a Difference Fund and £94,791.75 requested from service-specific funds.
- **ENDORSE** the approach that the next funding round takes place in autumn 2026.

**Amcanion: (rhaid cwblhau)**  
**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.1 Within the budget, priorities and spending criteria determined by the Health Board as Corporate Trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts), apply the charitable funds in accordance with its respective governing documents. 4.19 Provide scrutiny with a view to approving or rejecting all requests for expenditure over £50,000 and under £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Financial reports CFC Terms of Reference Charitable Funds Financial Administration and Governance Procedure (FP 420)
Rhestr Termiau: Glossary of Terms:	Included within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	CFSC members

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
<b>Gweithlu:</b> <b>Workforce:</b>	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
<b>Risg:</b> <b>Risk:</b>	Not applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	Any recommendations within the report are in compliance with HDdUHB's Standing Orders
<b>Enw Da:</b> <b>Reputational:</b>	Not applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	No EqIA is considered necessary for a paper of this type

## Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](https://www.sharepoint.com/Charities-Home) to help you with completing your funding request. Please direct any questions to: [charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk) / 01267 283055 / 01827 1655.

Section 1: Applicant		
<b>Lead applicant</b>		
Contact name:	Karen Howarth	
Job title:	Senior Nurse Manager	
Department/Service:	Colorectal/General Surgery	
Clinical Care Group:	Planned Care and Cancer	
<b>Management contact</b>		
Contact name:	Caroline Lewis	
Job title:	Service Delivery Manager	
Section 2: Application summary		
<b>2.1 Title of charitable funds application:</b>		
Transforming Madog into a specialist stoma and colorectal hub to improve patient dignity and access to care.		
<b>2.2 Brief description of your application:</b>		
In no more than 50 words please tell us what you are requesting charitable funds for.		
To refurbish the Madog Suite into a modern and functional environment for colorectal cancer and stoma patients which would not only enable the service to provide a private waiting and counselling area but also allow for the colorectal service to establish rectal and stomal irrigation for patients in a modern and dedicated person-centred environment.		
<b>2.3 Total value of charitable funds requested:</b>	£64,941.75	
<b>2.4 Duration of project</b>	Project start date:	ASAP
	Project end date:	Approx 2-3 weeks
<b>2.5 Strategic priorities</b>		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		
<b>Patient experience:</b> Enhancing the patient experience throughout the whole care and treatment journey.	<b>Staff experience:</b> Supporting the wellbeing and professional development of University Health Board staff.	<b>Innovation:</b> Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes	Yes	Yes
<b>2.6 Expenditure type</b>		
Please select the type of expenditure your application relates to (select all that apply).		
<b>Medical equipment</b> <i>please also complete Appendix 1</i>	<b>Service development or improvement</b>	<b>Staff welfare and wellbeing</b>

Yes / No	Yes / No	Yes
<b>Building/refurbishment Work</b> <i>please also complete Appendix 2</i>	<b>Other</b> <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type:</i>
Yes	Yes / No	

### Section 3: Case for support

#### 3.1 Funding request:

Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

We request charitable funds to refurbish the Madog Suite at Glangwili Hospital. Current facilities are functional but outdated and no longer suitable for providing specialist colorectal care or intimate procedures for patients and do not reflect the high-quality care that is delivered by the service. The refurbishment will create a modern, private, and clinically appropriate environment that supports infection control, patient dignity, and efficient service delivery. It will enable the development of a dedicated colorectal and stoma care hub, including the introduction of rectal irrigation services, significantly improving patient experience and clinical outcomes.

#### 3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

The physical environment plays a critical role in how safe, supported and respected patients and staff feel. Patients attending for stoma clinic review often experience high levels of anxiety and emotional distress. Patients must attend the main outpatients, sitting on hard seated chairs which can be very uncomfortable following rectal surgery. The need for this expenditure has been identified through ongoing service evaluation, benchmarking and from both clinicians and patients regarding the limitations of the existing service. Although this feedback has not been captured via the HB's patient reported systems, patients have expressed interest in irrigation services, however this service is currently unavailable in Hywel Dda due to inadequate facilities. The funding would allow us to remodel and refurbish the existing space into a stoma room, storage area, counselling room and 2 office rooms for the CNS to work out of within immediate proximity to the clinics—currently based in the old nursing home, and the stoma room is in pre assessment area.

The costings have included paintwork, removal of wood panelling, replacing damaged ceiling tiles, new flooring, desks, data point instalment and small drinks station in the new counselling room. Installing power and a data point to the new counselling room will enable the CNS to sit with patients and facilitate virtual consultations with MDT colleagues in other hospitals when required and provide refreshments when having sensitive consultations and for patients having irrigation. This therapeutic environment will be conducive to emotional support, and a waiting area for patients away from the busy OPD setting, enhancing the aesthetics of the space will reflect the high-quality care that is delivered by the service, aligning the physical space with the standards of care patients deserve.

Consultation has taken place with key stakeholders the colorectal/stoma specialist nursing team, Senior Nurse Manager, Scheduled Care management, Clinical Care Group Planned Care and Cancer, Estates, IT, and the colorectal consultant body, all of whom support the proposal.

#### 3.3 Project delivery plan:

Please tell us how you will deliver this charitable-funded project. Provide a timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

Estates estimate 3-4 weeks if the current facilities are empty

#### 3.4 Risks:

Please tell us what risks have been identified and how they will be mitigated.

**Nil Risks**



**HDUHB Risk Assessment Form (Datix Admin Form)**

Click [here](#) to view some tips to help you navigate this form.

If you are reviewing this risk, please ensure you review the actions as well.

For assistance with completing this form please email the Datix Team at: [Datix.Helpline](mailto:Datix.Helpline)

Risk Assessment	
Datix risk reference	2277
Date of entry	27/01/2026
Type of risk <small>Please contact the Head of Assurance and Risk before adding strategic or corporate risks.</small>	Operational
Risk Ownership / Responsibility	
Please select your Clinical Care Group/Executive Function	Planned & Specialist Care
Please select your Clinical Service Group/Executive Function Service	Cancer & Scheduled Care
Please select your Clinical Service Sub-Group/Executive Function Service	Scheduled Care: General Surgery
Executive Director	Carruthers, Andrew - Chief Operating Officer
Clinical Care Group Director/Executive Function Lead	Goode, Paula - Service Director
Clinical Service Group/Executive Function Service Lead	Humphrey, Lisa - General Manager
Clinical Service Sub-Group/Executive Function Service Lead	Lewis, Caroline - Service Delivery Manager - General Surgery, Colorectal, Breast, ENT, Audiology, Urology
Risk Details	
Title of risk <b>Maximum characters: 128</b>	Risk of timely access to stoma irrigation for patients due to not having a designated clinic space
Date risk identified (dd/mm/yyyy)	19/01/2026
Domains of Quality <a href="#">Click here for the link</a>	Effective Efficient Equitable Person Centred Safe Timely
Additional Risk Details	
Strategic Objectives Does this risk affect any strategic objectives? If so, please choose from the drop-down list. Otherwise, please select 'Not applicable'.	

### 3.5 Additionality:

Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

This proposal meets the criteria for charitable funding because it seeks support for developments that go above and beyond what core NHS resources are currently able to provide. The refurbishment of the Madog Suite will directly enhance the quality of care, patient experience, and service capability within the colorectal and stoma service—improvements that cannot be achieved within existing operational budgets.

The NHS can provide basic clinical accommodation; however, the current environment is outdated and lacks adequate privacy and function. As such, the ability to modernise the space to create a dignified, clinically appropriate environment exceeds what current capital and revenue budgets can support at this time due to pre-allocation of projects and funding already outlined for 2026/2027. Charitable funding would therefore enable a level of environmental improvement that standard NHS funding streams are unable to deliver.

In addition, establishing a dedicated office base with appropriate equipment for the colorectal team will significantly improve efficiency, communication, and real-time documentation and by enhancing the workspace to create an integrated hub will directly benefit patients.

## Section 4: Impact

### 4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

*Note: You will be required to submit an evaluation report to summarise the impact at a later date.*

Overall, this request offers clear, measurable, and patient-focused benefits, including improved dignity, reduced delays in accessing specialist care, and the introduction of a service (rectal/stomal irrigation) that patients currently cannot receive in this Health Board. Patients that have irrigation will have less of a need for stoma products, although we do not have an estimate of how much this would save it will be audited within

the department and discussed in the medicines management meeting. These enhancements represent a meaningful improvement in patient experience and clinical quality, fully aligning with the purpose of charitable funds—to add value to NHS care, not replace statutory funding.

The counselling room will be available for the team to use with patients that require further support, currently they are seen face to face by the CNS in the results clinic in OPD however due to limited room availability any further interaction is completed over the telephone.

#### 4.2 Beneficiaries:

Please tell us how many people are expected to benefit as a result of this expenditure and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

Hywel Dda currently diagnose 360 new cancer patients per year and carry out 225 stomas a proportion of these patients would be eligible for irrigation which has a massive impact not only psychologically but on appliance usage.

The counselling room could be booked out for use by the psychological support service when counselling colorectal patients especially due to the lack of available clinical rooms that are available within the HB.

For the staff and clinics to be co-located in one area will provide more efficiency, availability of staff for peer support and advice, and provide a better environment for staff, this move will also free up the current stoma room (MIU5) that is situated in pre assessment resulting in an increase their service capacity.

#### 4.3 Evaluation methods:

Please tell us what methods you will use to measure the effectiveness of your expenditure and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position.

Currently we are unable to provide this service freely to patients in a dignified environment, however service evaluation would be carried out via the health boards patient feedback system CIVICA, patient stories and the patient LARS PROM scores.

### Section 5: Exit strategy (for revenue expenditure requests)

Please tell us how the benefits of this expenditure will be sustained beyond the end of this time-limited period of charitable funding. For project funding, please tell us if it will continue, and how it will be funded. If it will not continue, please tell us how it will be brought to a close.

The refurbishment is a one-off investment that will deliver long-term benefit. Ongoing maintenance will be managed within existing estates and facilities budgets, ensuring the improvements remain sustainable without additional charitable funding.

### Section 6: Governance

#### 6.1 Compliance:

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

National professional standards recognise rectal and stomal irrigation as established evidence-based interventions for appropriately selected patients. Guidance from NICE, RCN and the Association of Stoma Care Nurses support delivery within a suitable clinical environment. Currently the absence of a designated facility limits our ability to fully meet these professional standards.

#### 6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This funding would allow us to provide safe and high-quality care to secure equitable services and the best possible experiences and outcomes for patients in an environment that promotes staff well-being and effectiveness. It will enable the colorectal service to deliver compassionate services in the right place and at the right time. It will align with the health boards organisational values of: Putting people at the heart of

everything we do, striving to deliver and develop excellent services and working together to be the best we can be

## Section 7: Other

Please provide any other relevant information in support of your funding request.

Although the colorectal charitable fund (T614) has a generous amount of funds (£24,923) due to active fundraising by the team and patients (coffee mornings, sponsored annual walks), this is used regularly to fund support groups – venues and speakers, and comfort cushions for patients who have had rectal surgery and therefore the colorectal fund would contribute £20,00 towards the refurbishment out of this fund (T614) towards this. Glangwili Hospital Cancer Services charitable funds (T713) have agreed to fund the remainder of the monies totalling £44, 941.75 due to this renovation improving the cancer patient experience.

Thank you for considering this application, this refurbishment would really make a difference to patients who have had life altering surgery and provide them a private and comfortable and dignified area for personalised care.

Quote 1







Teal  
Branch Road  
Lower Darwen  
Lancashire  
BB3 0PR

Email: sales@teal.co.uk  
Tel: +44 (0) 1254 688210  
Fax: +44 (0) 1254 688203  
Website: www.teal.co.uk  
VAT Number: GB291146560

**Client** HYWEL DDA UHB  
**Project**  
**Contact** KAREN HOWARTH  
**Date** 03/03/2026

**Quote 128894/004**

**Valid Until** 01/06/2026

IMAGE For Illustration Purposes Only	Product Code	Qty	Description	List Price	Disc	Nett Price	Total
<b>COFFEE TABLE OPTION</b>							
	B07-610RD.X X	1	B-Style Circular Coffee Table; 610rd. Stain; Lancaster Oak, Laminate Top; Beech, 20" Tbl hgt(510mm)(19" leg).	320.00	52.00	153.60	153.60
	TADU03.XX	1	Durham Oval Long Jon Coffee Table - 1100 x 600 x 500h. Stain; Clear Lacquer Beech, Stained Top; Natural Beech.	1,057.00	52.00	507.36	507.36
<b>OPTION 1</b>							
	TSCH21.C2	5	Christie Low Back Armchair with Class 2 / Class 2 . Stain; Lancaster Oak, Fixed Seat; Comfort Foam.	817.00	52.00	392.16	1,960.80
<b>OPTION 2</b>							
	TSPA01.C2	5	Valentino Tub Chair; Fixed Seat with Class 2 / Class 2 . Stain; Lancaster Oak.	523.00	52.00	251.04	1,255.20

**Contact** AYSHEA PETERS  
**Tel** 01254688252  
**Email** ayshea@teal.co.uk

**AREA MANAGER BEN WOOSTER (asm)**  
07725273148

**Install GBP** 0.00  
**Delivery GBP** 0.00  
**Total GBP** 3,876.96

All prices exclude VAT E&OE



**SENATOR | Allermuir | Torasen | teal**

Quote 2

# teal




Teal  
Branch Road  
Lower Darwen  
Lancashire  
BB3 0PR

Email: sales@teal.co.uk  
Tel: +44 (0) 1254 688210  
Fax: +44 (0) 1254 688203  
Website: www.teal.co.uk  
VAT Number: GB291146560

**Client** HYWEL DDA UHB  
**Project**  
**Contact** KAREN HOWARTH  
**Date** 26/03/2026

**Valid Until** 24/06/2026

Quote 129849/001

IMAGE For Illustration Purposes Only	Product Code	Qty	Description	List Price	Disc	Nett Price	Total
	LSVE01.C3+	1	Velvare High Back Armchair; Orb Handgrips; Headrest; Removable Seat with Class 3+ / Class 3+ . BB High Risk Reflexion Visco F, Stain; Clear Lacquer Beech, Seat Height - 18"/455mm, Wood Arm.  BB Medium/High risk pressure care seat foam. Quote allows for either Vyflex Multi-Stretch vinyl or Dartex Pressure Care 4x Stretch on seat cushion.	1,440.00	52.00	691.20	691.20
	PSTL02.C3+	1	Tolero High Back Patient Chair; Integral Height Adjusters with Housekeeping Wheels with Class 3+ / Class 3+ . Anthracite; BB; Removable Seat.  BB Medium/High risk pressure care seat foam. Quote allows for either Vyflex Multi-Stretch vinyl or Dartex Pressure Care 4x Stretch on seat cushion.	684.00	52.00	328.32	328.32
	SSGA03.C3+	1	Galloway High Back Armchair; Removable Seat with Class 3+ / Class 3+ . Stain; Clear Lacquer Beech, No Buttons, No Fluting - BB Seat Foam, No Piping.  BB Medium/High risk pressure care seat foam. Quote allows for either Vyflex Multi-Stretch vinyl or Dartex Pressure Care 4x Stretch on seat cushion.	885.00	52.00	424.80	424.80
	MISCP-TL	1	- VAT	288.86	0.00	288.86	288.86

Contact ANNE ALBERTS  
Tel 01254 688219  
Email anne@teal.co.uk

Area Manager Ben Wooster 07725 273148 (Asm)

Install GBP	0.00
Delivery GBP	0.00
<b>Total GBP</b>	<b>1,733.18</b>

All prices exclude VAT E&OE

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Hywell Dda

18-Apr-20

	<u>Medina Suite</u>	#
<b>Reception area</b>		
1	To remove existing counter complete and cart away to tip	6760.00
2	Remove existing mahogany wall panelling complete including pipe boings and cart away to tip	11,500.00
3	Make good walls with skim finish after removal of wall panelling (To be omitted if not required)	6960.00
4	Remove existing floor finishes and cart away to tip	6760.00
5	Supply and lay latex self level compound, supply and lay polystate wood fx (Newport oak)	12,200.00
6	Supply and fit skir white rock 1.1m high to walls where panelling removed (standard colour range)	12,880.00
7	Supply and fit new 100m PR skirting to all walls	1360.00
8	Box in existing pipes with pendock boing	6730.00
9	Supply and fit new ceiling flex into existing grid	11,464.00
10	Re decorate all walls, woodwork and radiators	12,720.00
11	Supply and fit 4 no Clerkenwell glass integrated handlelessarder units 800 wide with locks to doors and decor ends.	13,416.00
12	Alter and adapt existing sockets, supply and fit new light fittings	12,801.00
<b>Room 2</b>		
1	Remove redundant fixtures and fittings	1300.00
2	Prepare and decorate all walls, woodwork and radiators	11,320.00
3	Provide and fit privacy film to window	1248.00
<b>Room 3</b>		
1	Remove redundant fixtures and fittings	1300.00
2	Prepare and decorate all walls, woodwork and radiators	11,320.00
3	Remove existing curtain rail, make good ceiling tile	1150.00
4	Supply and fit new vertical blind to window and privacy film	1248.00
5	Supply and fit new dado trunking with electrical and data sockets	1794.00
<b>Room 4</b>		
1	Remove redundant fixtures and fittings	1300.00
2	Prepare and decorate all walls, woodwork and radiators	11,320.00
3	Remove existing curtain rail, make good ceiling tile	1150.00
4	Supply and fit new vertical blind to window and privacy film	1248.00
5	Supply and fit new dado trunking with electrical and data sockets	1794.00
<b>Kitchen</b>		
1	Demolish existing wall between rooms and cart away to tip	6910.00
2	Remove and cart away existing kitchen units, worktops, wall cup'd's, shelves ETC.	6610.00
3	Remove existing suspended ceiling complete and cart away to tip	6410.00
4	Lift off existing flooring and cart away	1360.00
5	Supply and lay latex self level compound, supply and lay polystate wood fx (Newport oak)	6633.00
6	Supply and fit new suspended ceiling and grid	6680.00
7	Supply and fit new clerkenwell glass, integrated handleless kitchen units 1no 1m sink base, 1no 800 base, 1no 6x sink with taps and waste, 1no blackstone worktop, decor ends to suit layout	12,247.00
8	Box in pipework to WHB	1570.00
9	Supply and fit new skirting	1180.00
10	Prepare and decorate all walls, woodwork and radiators	11,320.00
11	Alter and adapt existing electrics, supply and fit new light fittings, alter and adapt existing smoke alarm	12,691.00
12	Supply and fit new vertical blind to window	1248.00
<b>Toilet and store</b>		
1	Lift off existing flooring and cart away to tip	1360.00
2	Supply and lay latex self level compound, supply and lay polystate wood fx (Newport oak)	1230.00
3	Supply and fit new skirting	1330.00
4	Prepare and decorate all walls, woodwork and radiators	1880.00
<b>General preliminaries</b>		14,500.00
<b>Note : Mechanical/ plumbing works to be done by estates</b>		
<b>TOTAL (Excluding VAT)</b>		<b>248,822.00</b>
<small>                 Director: J Edmond, C M Davies, B Swales, F John                  Registered Office: 2 Quarry Road, Trebooth, Swansea SA5 9DE, Company Registered No. 277214                  A wholly owned subsidiary of Edmunds Webster Holdings Ltd             </small>		

**Estates Department**  
**Request and Authorisation for Minor Works & Improvements**



<b>PART A: REQUEST FOR MINOR WORKS</b>			
<b>All of Part A must be completed by the client department and sent to one of the following:</b>			
<b>Llanelli</b>	Stewart Evans, Site Operations Manager, Estates Dept. Prince Philip Hospital		
<b>Carmarthen</b>	Paul Hill, Estates Manager, Estates Dept. Glangwili Hospital		
<b>Pembrokeshire:</b>	Malcolm Arnold, Site Operations Manager, Estates Dept. Withybush General Hospital		
<b>Ceredigion:</b>	Elfyn Jones, Site Operations Manager, Estates Dept. Bronllais General Hospital		
Locality/Directorate/	<b>GGH</b>		
SITE/Department/Ward	Madog Suite		
Location of Work/Room Ref	Madog Suite		
Requested by	Karen Howarth		
Job Title	Senior Nurse Manager Specialist Services		
Contact Number	01267227359		
Email Address	Karen.E.Howarth@wales.nhs.uk		
<b>Description of Work Required:</b>			
Refurbishment of Madog Suite to facilitate new running of Stoma Clinic,			
<b>PART B: MINOR WORKS COST ESTIMATE</b>			
(To be completed by Maintenance Department and returned to requestor)			
<b>Scheme Title:</b>			
<b>Full Extent of Works (full and detailed description required):</b>			
See attached list from contractor.			
Estimate of Cost: a) Breakdown of all labour costs (specify type of labour) b) All estimated material costs c) Any other costs incurred	Labour – Electrician		
	Labour – Carpenter		
	Labour – Semi-Skilled		
	Labour - Mechanical	<b>£932.40</b>	
	Labour - Painter		
	Labour - Building		
	Fees/Supervision	<b>£1,000.00</b>	
	Materials	<b>£45,532.00</b>	
	VAT	<b>£9,106.40</b>	
	Other Costs (Telecoms/IT/Hotel Services/10% supervision & Admin)	<b>IT (£1,000)</b>	
	Contingency		
	<b>Total</b>	<b>£57,570.80</b>	
Signed	A Stephens		
Job Title	Senior Estates Officer		
Reference Number <b>Must be completed</b>	2002		
Scheme will be progressed via:	DLO In House	External Contractor	

<b>If using contractor please attach quotation obtained</b>	Yes	Yes
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## Section 8: Funding requirements

### 8.1 Cost breakdown:

Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

Item/Category	Cost (£)			Comments
	Net £ Exc. VAT	VAT £	Gross £ Inc VAT	
Art work	£1,000		£1,000	Subject to change (no more)
Desks x4 CDRS16L-BH	£115.50		£462	Nurses office
Patient chairs x 6 LSVE01.C3+	£4,147.20	£829.44	£4,976.64	Waiting area chairs (invoice 2)
B07-610RD B-Style Circular Coffee Table x 2	£306	£61.44	£368.64	Counselling room (invoice 1)
TSCH21 Christie Low Back Armchair x3	£1,176.48	£235.29	£1,411.77	Counselling room (invoice 1)
Contractor invoice	£45,032			(Invoice 3)
Health board minor works	£2932	£9,106.40 (total for all works)	£57,570	(total amount for works combining invoice 3 and 4)

### 8.2 Total amount of funding requested:

<b>Net £</b> <i>Excluding VAT</i>	£54,709.18	<b>VAT £</b>	£10,232.57	<b>Gross £</b> <i>Including VAT</i>	£64,941.75
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### 8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:	
Hywel Dda Colorectal	T614	£15,000.00
Glangwili Hospital Cancer Services	T705	£44,941.75
Making a Difference Fund	T600	£5,000.00

### 8.4 Alternative funding sources:

Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.

Capital Bids

## Section 9: Authorisation

### 9.1 Application prepared by:

<b>Contact name:</b>	<b>Job title:</b>	<b>Date:</b>
Karen Howarth	Senior Nurse Manager	5/3/26

### 9.2 Application authorised by:

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

<b>Contact name:</b>	<b>Job title:</b>	<b>Date authorised:</b>
Caroline Lewis	Service Delivery Manager	5/3/26

### 9.3 Clinical Care Group approval:

Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.

<b>Contact name:</b>	<b>Job title:</b>	<b>Date authorised:</b>
Lisa Humphrey	General Manager	5/3/26

### 9.4 Finance Business Partner review:

Please ensure that your Finance Business Partner has reviewed your application before submission.

<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>
Carwen Jarman	Senior Finance Business Partner	15/4/26

**Please return completed form via email to:**

[charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk)

**or via internal mail to:**

Charitable Funds Support Officer  
Finance Department  
Ty Gorwel, Building 14  
St David's Park, Job's Well Road  
Carmarthen SA31 3BB

### Appendix 1

**Assessment for medical equipment (as per [Medical Devices Policy](#)):**

Not applicable for this request

### Appendix 2

**Assessment for building or refurbishment work (to be completed by Estates team):**

Do you consider this request to be above and beyond routine maintenance work?	This request is above and beyond maintenance
Please explain your answer to the question above:	This work is to assist in the alterations to Madog Suite to allow a new service to use the department for to enhance patient care.
Are the costs provided based on a cost estimate or formal quotation?	Cost estimate
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	N/A
If yes, please explain how these costs will be met.	N/A

#### Estates authorisation

I confirm that I have read this application in full and that I am supportive of the application.

<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>
<b>Andrew Stephens</b>	<b>Senior Estates Manager</b>	<b>6/3/26</b>

### For Charitable Funds Finance Department

<b>Application Reference Number:</b>	CF03526	
<b>Fund Title:</b>	<b>Fund Code:</b>	<b>Current Fund Balance £:</b>
Hywel Dda Colorectal	T614	£25,440.03
Glangwili Hospital Cancer Services	T705	£1,270,724.11
Making a Difference Fund	T600	£438,729.81

#### Finance review

I confirm that I have reviewed this application and that it can be submitted to the

Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
<b>Contact name:</b>		<b>Job title:</b>	<b>Date reviewed:</b>
Tina Nepean		Senior Accountancy Assistant	26/05/2026
<b>Outcome of meeting CFSC/CFC</b>			
I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
<b>Meeting date:</b>	<b>Outcome:</b>	<b>Contact name:</b>	<b>Job title:</b>

## Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](#) to help you with completing your funding request. Please direct any questions to: [charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk) / 01267 283055 / 01827 1655.

Section 1: Applicant		
<b>Lead applicant</b>		
Contact name:	Lowri Rooke	
Job title:	Blood Sciences Service Manager	
Department/Service:	Pathology	
Clinical Care Group:	Allied Health and Health Sciences	
<b>Management contact</b>		
Contact name:	Dylan Jones	
Job title:	Head of Pathology	
Section 2: Application summary		
<b>2.1 Title of charitable funds application:</b>		
BookingLab Phlebotomy Booking System		
<b>2.2 Brief description of your application:</b>		
In no more than 50 words please tell us what you are requesting charitable funds for.		
to support the implementation of BookingLab, a modern platform that will replace the current system used for phlebotomy appointments. The system will improve patient experience, likely reduce Did Not Attend rates, streamline cancellations, and improve operational efficiency across Phlebotomy Clinics in the Health Board, improving the service for all patients.		
<b>2.3 Total value of charitable funds requested:</b>	£25,000	
<b>2.4 Duration of project</b>	Project start date:	April 2026
	Project end date:	March 2028
<b>2.5 Strategic priorities</b>		

Please identify which of the charity's strategic priorities this application relates to (select all that apply).

<p><b>Patient experience:</b> Enhancing the patient experience throughout the whole care and treatment journey.</p>	<p><b>Staff experience:</b> Supporting the wellbeing and professional development of University Health Board staff.</p>	<p><b>Innovation:</b> Encouraging and supporting innovation and excellence in the delivery of healthcare.</p>
<p>Yes / <del>No</del></p>	<p><del>Yes</del> / No</p>	<p>Yes / <del>No</del></p>

**2.6 Expenditure type**  
Please select the type of expenditure your application relates to (select all that apply).

<p><b>Medical equipment</b> <i>please also complete Appendix 1</i></p>	<p><b>Service development or improvement</b></p>	<p><b>Staff welfare and wellbeing</b></p>
<p><del>Yes</del> / No</p>	<p>Yes / <del>No</del></p>	<p><del>Yes</del> / No</p>
<p><b>Building/refurbishment Work</b> <i>please also complete Appendix 2</i></p>	<p><b>Other</b> <i>If 'yes' selected, please state expenditure type in box opposite.</i></p>	<p><i>Expenditure type:</i> IT Software</p>
<p><del>Yes</del> / No</p>	<p><del>Yes</del> / <del>No</del></p>	

**Section 3: Case for support**

**3.1 Funding request:**  
Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

This bid seeks charitable funds to support the implementation of the BookingLab Phlebotomy Appointment System, a modern, purpose-built digital booking platform that will replace the current legacy systems used for phlebotomy appointments across Hywel Dda University Health Board.

The system has been procured via a competitive procurement process, with input from the Phlebotomy Service and Digital teams, and with appropriate support from procurement colleagues. Implementation of a single, standardised system will enable optimal management of phlebotomy services across all Health Board sites.

The requested funding will support the installation and setup of the system, together with the operational and contractual costs for the first two years. This time limited funding will allow the service to pilot and evaluate the benefits of the system, including improvements in efficiency, patient experience and service sustainability.

The introduction of BookingLab will enhance patient experience and support innovation within the phlebotomy service by removing existing inefficiencies. This will allow resources to be redirected towards reducing waiting times for patients and decreasing administrative burden for staff.

BookingLab will replace multiple disparate booking arrangements currently in use, including an inhouse digital solution in Carmarthenshire and paper based systems in Ceredigion and Pembrokeshire. The implementation of a single system will ensure a consistent and equitable appointment booking process for all patients across the Health Board. Patients will be able to view the next available appointment, select a preferred date and location, and choose appointments that are most convenient for their individual circumstances, including those attending sites outside their local area.

The costs identified include supplier support for system development and maintenance, as well as training for administrative staff within each phlebotomy area. Once implemented, the service will manage the appointment system internally for the duration of the contract, with remote support available from BookingLab as required.

### **3.2 Reason for request:**

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

The current digital booking system was developed rapidly during the COVID19 pandemic out of necessity and was never intended to be a long-term solution. It utilises Microsoft Bookings, which is not designed to manage the complexity and scale of phlebotomy appointments. As a result, the system has significant functional limitations, holds a large volume of data that is difficult to manage, and relies heavily on paper appointment lists, leading to increased administrative burden and inefficiencies. There is also no dedicated system support available.

Although patients can access the current online booking system, many continue to contact Health Board contact centres as there is no functionality to view next available appointments and clinics are managed separately. This makes the booking process inefficient and time consuming for patients. In addition, other sites within the Health Board continue to use historic paper based booking systems that require patients to contact departments directly by telephone, placing additional pressure on laboratory and outpatient staff.

The current system does not provide a functional operational interface for phlebotomy staff, resulting in appointment lists becoming outdated by the time clinics commence. This increases administrative workload during clinic time and impacts the efficient running of services. Sites not using the current digital model remain reliant on paper based systems, creating inconsistency and inequity across the Health Board.

BookingLab will provide a patient friendly frontend system, enabling patients to select the most appropriate appointment based on availability, location, and personal circumstances. This will significantly improve patient experience while ensuring consistency and equity of access across Hywel Dda University Health Board.

The existing system does not provide patient reminders, which is believed to contribute to a high Did Not Attend (DNA) rate of approximately 20%. BookingLab will introduce automated SMS reminders as part of the existing digital provision, supporting improved attendance and more efficient use of appointment capacity.

Implementation of BookingLab will not require any additional hardware. The system will improve the patient facing booking interface, making appointment identification clearer and enabling patients to choose options most suitable to their needs.

This request has been discussed with key stakeholders within the Clinical Care Group, with support identified to utilise Pathology charitable funds to enable delivery of this project.

### **3.3 Project delivery plan:**

Please tell us how you will deliver this charitable-funded project. Provide a timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

The system has been procured, and the service is looking to implement in quarter one of 2026/2027 in all the phlebotomy sites.

This contract will be for 2 years, as a pilot project to demonstrate the expected improvements.

### **3.4 Risks:**

Please tell us what risks have been identified and how they will be mitigated.

Risks with the current system include:

- Lack of on-going support
- System is prone to down-time
- Increasing number of patient complaints regarding the system
- High DNA rate due to difficulty in canceling appointments once made and a lack of patient reminders.
- Lack of front end for phlebotomy staff for patient administration

### **3.5 Additionality:**

Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

While the service must provide access to phlebotomy services, it is not a requirement to provide advanced features such as:

- real-time appointment visibility
- automated reminders
- user-friendly cancellation workflows
- accessible, mobile friendly interfaces

These features go beyond the minimal requirement of offering an appointment-based service. They enhance the patient journey, reduce anxiety, and support the patient centred service.

## **Section 4: Impact**

### **4.1 Impact and patient benefit:**

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

*Note: You will be required to submit an evaluation report to summarise the impact at a later date.*

This system will enhance the patient experience, allowing for a more streamlined service by having:

- Simpler, clearer booking process.
- Ability to see next available appointment immediately.
- Ability to choose most convenient location.
- Faster and reliable cancellation/amendment options.
- Reduced frustration for patients using telephone routes. Streamlined process for staff in the contact centres, outpatient and laboratory departments.
- Appointment reminders which should have a dramatic impact on the DNA rates.

This will allow for improved efficiency and a reduction in waiting times for an appointment as resources can be redirected to increasing capacity where required.

BookingLab solution is designed specifically for phlebotomy solutions which allows patients better visibility and choice of where they would like their appointment. In instances where phlebotomy services are relocated or expanded, this solution has provision for the service to amend the system which will minimise any impact on patient appointments.

Other positive impacts will be:

- Accurate daily appointment lists.
- Fewer wasted appointments.
- Reduced intervention needed by staff.
- Improved capacity planning.
- System Alignment Across Health Board, singular system across the Health Board, allowing for continuity for patients.
- Aligns with BookingLab adoption by peer organisations (e.g. SBU), enabling shared learning and system consistency. Reports from both Swansea Bay UHB and Betsi Cadwaladr have been positive, and include a case study by BCU, which can be found on BookingLab Website.

- BookingLab also support the use of bilingual pages, therefore the system will be available in both English and Welsh.

#### **4.2 Beneficiaries:**

Please tell us how many people are expected to benefit as a result of this expenditure and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

The service provides phlebotomy approximately 135,000 appointments per year across HDUHB in outpatient and clinic settings, this system will benefit all patients utilising these appointments and the staff who utilise the booking system on patients behalf, improving the experience for staff who are operating the service as well as improving the workflow and management of the service, allowing for greater efficiencies.

#### **4.3 Evaluation methods:**

Please tell us what methods you will use to measure the effectiveness of your expenditure and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position.

Baseline patient feedback surveys have been completed specifically relating to the booking experience, along with the services long standing patient satisfaction survey.

We have also received complaints in relation to the current system.

Following the implementation there will be a further survey to collate feedback.

As part of the pilot, the service will capture on-going DNA rates which will demonstrate if a reduction has been seen. The current system requires significant administration, with the use of producing paper reports and recording information manually, this will be captured through the pilot, which will demonstrate inefficiencies.

The cancellation rates will be captured and demonstrate the improvement in appointments saved. The BookingLab system allows for reports to be produced either on request or scheduled.

### **Section 5: Exit strategy (for revenue expenditure requests)**

Please tell us how the benefits of this expenditure will be sustained beyond the end of this time-limited period of charitable funding. For project funding, please tell us if it will continue, and how it will be funded. If it will not continue, please tell us how it will be brought to a close.

This funding request is time limited and will support the implementation and initial two-year pilot of the BookingLab Phlebotomy Appointment System. The purpose of the pilot period is to allow the service to fully implement, evaluate and demonstrate the benefits of the system, including improvements in patient experience, reductions in Did Not Attend (DNA) rates, and efficiencies in administrative processes.

During the pilot period, the service will capture and monitor key performance and outcome measures, including DNA rates, utilisation of appointment capacity, administrative time saved, patient feedback, and service efficiency metrics.

These measures will provide robust evidence to inform future decision making regarding the sustainability of the system beyond the charitable funding period.

If the pilot demonstrates the anticipated benefits, the service will seek to sustain the system through core service funding. The efficiencies gained through reduced DNA rates, improved cancellation management and decreased administrative burden are expected to offset ongoing system costs, reducing the need for additional staffing or alternative investment to manage appointment demand.

Should the pilot not demonstrate sufficient benefit, the system can be brought to a controlled close at the end of the two-year contract, with no requirement for additional capital, hardware or long-term financial commitment. The pilot therefore represents a low-risk investment, allowing the Health Board to robustly test and evaluate the solution before committing to longer term funding.

This approach ensures that charitable funds are used appropriately to enable service development and innovation, while maintaining a clear and responsible exit strategy aligned with charitable funds principles.

## Section 6: Governance

### 6.1 Compliance:

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

The BookingLab system will be implemented in accordance with UK GDPR and the Data Protection Act 2018, with appropriate data processing agreements in place. The system will undergo review and assurance through Hywel Dda University Health Board Digital, Information Governance and Cyber Security teams to ensure compliance with NHS Wales information governance standards, including secure data hosting, role-based access controls and audit functionality.

The project aligns with Hywel Dda UHB policies and procedures relating to Clinical Governance, Digital and IT Assurance, Procurement and Standing Financial Instructions. The system has been procured via an approved procurement route with support from procurement colleagues and relevant stakeholders, ensuring transparency and value for money.

No additional medical devices, clinical equipment or estate works are required as part of this implementation. The system does not introduce new clinical procedures and therefore poses no additional clinical risk. It will be implemented within existing service pathways, with appropriate staff training and change management to support safe and effective use.

The project will be overseen through established Pathology and Clinical Care Group governance arrangements, with clear accountability for delivery, monitoring of benefits, and reporting of outcomes. Evaluation measures, including patient experience, DNA rates and service efficiency metrics, will be captured to support assurance and demonstrate impact.

### 6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This aligns with Welsh Government strategic goals, including better quality and more accessible health and social care services.

## Section 7: Other

Please provide any other relevant information in support of your funding request.

## Section 8: Funding requirements

### 8.1 Cost breakdown:

Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

Item/Category	Cost (£)			Comments
	Net £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
Set up Fee			5000	
Per Annum x 2			10000	

### 8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>	VAT £	Gross £ <i>Including VAT</i>
25,000	VAT exempt	25,000

### 8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
Making a Difference (Annual contract fee £20,000)	T600
Pathology (£5000 - Set up fee)	T955

### 8.4 Alternative funding sources:

Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.

Funding has been explored within the CCG to implement this system. There is no available funding designated for this system as the current system is based on existing software which is not fit for purpose.

The only option for funding from pathology would have impact on phlebotomy staffing, this pilot will allow the service to demonstrate that there are efficiencies to be made by utilising this system in the future.

## Section 9: Authorisation

### 9.1 Application prepared by:

Contact name:	Job title:	Date:
Lowri Rooke	Blood Science Service Manager	05/03/2026

### 9.2 Application authorised by:

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

Contact name:	Job title:	Date authorised:
---------------	------------	------------------

Dylan Jones	Head of Pathology	05/03/2026
<b>9.3 Clinical Care Group approval:</b>		
Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.		
<b>Contact name:</b>	<b>Job title:</b>	<b>Date authorised:</b>
Angela Bell	Assistant Director Quality, Safety + Patient Experience for Allied Health + Health Sciences	17/03/2026
<b>9.4 Finance Business Partner review:</b>		
Please ensure that your Finance Business Partner has reviewed your application before submission.		
<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>
Sadie North	Finance Business Partner	17/03/2026

**Please return completed form via email to:**  
[charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk)

**or via internal mail to:**  
 Charitable Funds Support Officer  
 Finance Department  
 Ty Gorwel, Building 14  
 St David's Park, Job's Well Road  
 Carmarthen SA31 3BB

**Appendix 1**  
**Assessment for medical equipment (as per [Medical Devices Policy](#)):**  
 Not applicable for this application

**Appendix 2**  
**Assessment for building or refurbishment work (to be completed by Estates team):**  
 Not applicable for this application

**For Charitable Funds Finance Department**

<b>Application Reference Number:</b>	CF03577	
<b>Fund Title:</b>	<b>Fund Code:</b>	<b>Current Fund Balance £:</b>
Making a Difference Fund	T600	438,729.81
Hywel Dda Clinical Pathology	T955	11,969.81

**Finance review**

I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>	
Tina Nepean	Senior Accountancy Assistant	26/05/2026	
<b>Outcome of meeting CFSC/CFC</b>			
I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
<b>Meeting date:</b>	<b>Outcome:</b>	<b>Contact name:</b>	<b>Job title:</b>

## Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com) to help you with completing your funding request. Please direct any questions to: [charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk) / 01267 283055 / 01827 1655.

<b>Section 1: Applicant</b>		
<b>Lead applicant</b>		
Contact name:	Tracey Lloyd/Kate Hall <a href="mailto:tracey.lloyd3@wales.nhs.uk">tracey.lloyd3@wales.nhs.uk</a> and <a href="mailto:kate.hall3@wales.nhs.uk">kate.hall3@wales.nhs.uk</a>	
Job title:	Clinical Lead Nurse Learning Disabilities / Clinical Lead Dietitian Mental Health & Learning Disabilities	
Department/Service:	Learning Disabilities	
Clinical Care Group:	Mental Health and Learning Disabilities	
<b>Management contact</b>		
Contact name:	Lisa Bassett-Gravelle	
Job title:	Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service	
<b>Section 2: Application summary</b>		
<b>2.1 Title of charitable funds application:</b>		
Community Health Lifestyle Café for People with Learning Disabilities		
<b>2.2 Brief description of your application:</b>		
In no more than 50 words please tell us what you are requesting charitable funds for. Patients with learning disabilities (PWLD) face preventable health issues and avoid clinical environments. Referrals, annual health checks, and multidisciplinary discussions show rising needs around diet, hydration, activity and constipation. Consultations with PWLD, carers, providers and self-advocates confirm demand for an accessible, co-produced space delivering practical lifestyle support. Funding enables this essential provision.		
<b>2.3 Total value of charitable funds requested:</b>	£11,700 including VAT	
<b>2.4 Duration of project</b>	Project start date:	12months – depends on when funding is available from
	Project end date:	12months from beginning

**2.5 Strategic priorities**

Please identify which of the charity’s strategic priorities this application relates to (select all that apply).

<p><b>Patient experience:</b> Enhancing the patient experience throughout the whole care and treatment journey.</p>	<p><b>Staff experience:</b> Supporting the wellbeing and professional development of University Health Board staff.</p>	<p><b>Innovation:</b> Encouraging and supporting innovation and excellence in the delivery of healthcare.</p>
<p>Yes</p>	<p>Yes - indirectly</p>	<p>Yes</p>

**2.6 Expenditure type**

Please select the type of expenditure your application relates to (select all that apply).

<p><b>Medical equipment</b> <i>please also complete Appendix 1</i></p>	<p><b>Service development or improvement</b></p>	<p><b>Staff welfare and wellbeing</b></p>
<p>No</p>	<p>Yes</p>	<p>Yes – indirectly</p>
<p><b>Building/refurbishment Work</b> <i>please also complete Appendix 2</i></p>	<p><b>Other</b> <i>If ‘yes’ selected, please state expenditure type in box opposite.</i></p>	<p><i>Expenditure type:</i></p>
<p>Yes</p>	<p>Yes</p>	

**Section 3: Case for support**

**3.1 Funding request:**

Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

We are seeking charitable funding to create an accessible, inclusive space where people with learning disabilities (PWLD) and their supporters can participate in practical, health-promoting activities. Many PWLD—particularly individuals with complex needs—face significant barriers in accessing ordinary community spaces due to physical limitations, health conditions, and a lack of appropriately adapted facilities. Current public health and weight management services (e.g., slimming clubs, lifestyle programmes) are not designed or adjusted for people with learning disabilities. Physical and sensory accessibility is limited, sessions are fast paced, unfamiliar, group based and anxiety provoking, and do not accommodate comorbidities such as seizures or neurodivergence. Information is inaccessible—posters, leaflets, websites, and digital content are not in Easy Read or repeatable formats. Carers, who often deliver “health by proxy”, are not trained in health promotion and struggle to support timely access. Providers confirmed they cannot offer reasonable adjustments and often lack appropriate alternatives, leaving PWLD without equitable or meaningful lifestyle support options.

This project aims to address these inequalities directly by offering a welcoming, supportive environment designed specifically to meet their needs.

**Project Rationale and Approach**

This initiative is grounded in the Social Model for Health and Wellbeing, recognising that health is shaped by social, environmental, and biological factors. Our approach aligns with principles including early intervention, partnership working, community involvement, co-production, and continuous learning.

We propose establishing a community café-style space where PWLD, carers, expert-by-experience groups, and specialist professionals can come together to

learn about healthier lifestyles in a fun, interactive and accessible way. Activities will be co-designed and co-delivered with PWLD to ensure the space is genuinely inclusive and meaningful.

The project was developed in response to recurring health issues experienced by the people we support, such as constipation, poor diet, poor dental health, low activity levels, and poor hydration. The goal is to provide both preventative and responsive support, using a sustainable model that could be replicated across Hywel Dda.

This work directly supports Hywel Dda University Health Board's ambition to improve the health, wellbeing and experiences of PWLD, carers, staff and communities. It is also aligned with the updated NICE Quality Standard QS212 (2025) – Overweight and Obesity Management, which emphasises supporting PWLD to access weight-management services.

#### Addressing Health Inequalities and Preventable Harm

The health inequalities faced by PWLD are well documented. Data from Learning from Lives and Deaths (LeDeR) reports show that PWLD die 20 years earlier on average than the general population, with 40% of these deaths considered avoidable. These preventable deaths are frequently linked to conditions influenced by lifestyle factors, lack of accessible health information, and barriers to timely healthcare.

Constipation, in particular, remains a major and often under-recognised issue, with prevalence estimates of 33–70% in PWLD and evidence suggesting it is a long-term contributing factor in nearly a quarter of deaths. Contributors include mobility issues, communication difficulties, medication effects, inadequate diet, low fluid intake, and comorbidities such as diabetes and hypothyroidism.

Given that many PWLD rely on carers to support healthy lifestyle choices, it is vital that carers are actively engaged and equipped with accessible, practical health education.

#### **How the Project Will Work**

To support better health engagement, we intend to deliver sessions in a non-clinical environment, helping PWLD feel relaxed, informed, and comfortable. Sessions will include:

- Interactive healthy-lifestyle education, using games, visual tools and sensory-appropriate materials
- Demonstrations and nutrition-focused practical activities
- Light fitness sessions tailored to individual abilities
- Explaining and demystifying health checks, interventions and reasonable adjustments
- Drop-in clinical support from specialist staff
- Co-hosted sessions with a self-advocacy group experienced in delivering training locally

Monthly full-day sessions (10am–3pm) will be held over 12 months at an accessible venue. PWLD will be supported before and after each session to prepare and de-brief, ensuring a safe and positive experience.

#### **Monitoring Impact and Outcomes**

Outcomes will be measured through:

- The Health Equality Framework (HEF)
- Metabolic risk indicators, including abdominal obesity, blood pressure, glucose, and lipid profile
- BILD / Health of the Nation Outcome Scale (HoNOS-LD) QoL tool

- Qualitative feedback from PWLD, carers, and staff

Hywel Dda UHB is currently leading in Wales on HEF Digital App development, giving this project an additional level of innovation, visibility and sustainability.

### **Value for Money and Sustainability**

This project provides strong value for money by delivering preventive, targeted work not currently fundable through core NHS budgets. Charitable funding will:

- Enable development of accessible health education resources
- Support PWLD to become co-deliverers of the programme
- Reduce future healthcare costs by preventing avoidable conditions and crises
- Build long-term capacity through upskilling carers and embedding learning within existing services

After the funded period, the model can continue within existing team structures, supported by trained self-advocacy groups and health professionals who can contribute without additional charitable costs.

### **Estimated Costs: Summary of Community Health Lifestyle for people with learning disabilities Café Cost Estimates**

Below provides a concise summary of estimated costs for setting up and running a community café.

1. Room Hire: eg Tywi Room, Botanical Gardens. Capacity 50-60, cabaret style room, full day £250. (£3000)
2. Food & Drink Costs: Tea + Coffee £2.25 head. (£1350)
3. Example Session Cost: Carmarthenshire People First costs £600 day for 3-4 people so they can support the HCPs providing the training. (£4800)
4. Adaptation of materials and resources: £400 and food for cooking 50 per cooking session) £600 for the year (cooking facilities etc comes within costs above). (£600)

For 12 sessions (10am -3pm) over the year = £9750 (excluding the equipment and excl VAT) as scales we could bring in.

The selected venue—National Botanical Garden of Wales—offers Changing Places facilities, accessible parking, and appropriate space, ensuring funds are directed to activities rather than infrastructure. Note that this is the only venue in the locality to offer accessible changing place facilities, easy access, suitable parking and other aspects enabling people with LD to be able to access and take part.

### **Summary**

This project will significantly improve the health and wellbeing of people with learning disabilities by:

- Reducing preventable health risks
- Enhancing independence and health literacy
- Improving early intervention and engagement with health services
- Supporting carers as vital partners in health promotion
- Meeting NICE standards for equitable access to weight-management and lifestyle services

Charitable funding will make possible a highly impactful programme that delivers measurable outcomes, addresses long-standing inequalities, and supports a sustainable, inclusive model for the future.

### **3.2 Reason for request:**

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

This expenditure is needed to create an accessible, non-clinical environment where people with learning disabilities (PWLD) can receive practical, tailored

support to improve diet, activity levels, hydration, and overall lifestyle. PWLD experience substantial health inequalities, including high rates of preventable conditions and significantly reduced life expectancy, with 40% of deaths considered avoidable. Many are unable or unwilling to access mainstream services due to physical barriers, anxiety around healthcare settings, and a lack of adapted, engaging resources. Current provision cannot meet this need within existing NHS funding.

The need was identified through repeated clinical findings and common themes emerging across multiple sources:

- Community Learning Disability Multidisciplinary Team (MDT) discussions
- Direct feedback from PWLD, carers, community providers, and self-advocacy groups
- Review of referrals, which increasingly request support for lifestyle, diet, constipation, hydration and weight management
- Annual Health Check data, highlighting recurring issues such as poor diet, low activity levels, poor oral care/ dental health and untreated constipation
- Frontline Learning Disability Health Facilitation Practitioners, who report PWLD frequently avoiding primary and secondary care settings
- Evidence from metabolic assessments, Active Support practice, and the Health Equality Framework, showing ongoing unmet preventative health needs

The project has been discussed extensively with community LD MDT members, patients, carers, service providers, self-advocacy groups, and venue partners (National Botanical Garden of Wales), all of whom have endorsed the need for a safe, accessible space to deliver lifestyle support in a meaningful, co-produced way.

This consultation confirmed both the feasibility of the model and the strong demand for a dedicated programme to address preventable health issues and improve wellbeing for PWLD across Hywel Dda.

### **3.3 Project delivery plan:**

Please tell us how you will deliver this charitable-funded project. Provide a timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

#### **Overview**

This project will deliver a year-long programme of accessible, co-produced healthy-lifestyle sessions for people with learning disabilities (PWLD). Activities will include interactive education, nutrition and hydration demonstrations, physical activity, hydration and nutrition workshops, and supported explanations of health checks. Delivery will involve PWLD, carers, the self-advocacy group, and Health Board professionals.

The plan below outlines how the project will be delivered, the key roles involved, and a month-by-month timeline with milestones to support effective monitoring.

#### **Project Delivery Phases and Timeline**

##### **Phase 1: Project Setup (Month 1)**

Milestones:

- Finalise accessible venue booking for 12 monthly sessions
- Confirm dates/timetable for full year
- Recruit and contract self-advocacy group (e.g., Carmarthenshire People First)
- Adapt training materials for accessibility (Easy Read, visuals, symbols)
- Produce session plans covering nutrition, constipation, hydration, activity, dental/oral health, health checks

- Purchase initial session materials (food ingredients, resources, printing)
- Confirm roles of multidisciplinary team members (dietitians, nurses, health facilitators, physiotherapists, psychologists, occupation therapy, pharmacist, CNSs where relevant)
- Inform PWLD, carers, community providers and referrers of project start and referral pathway

Monitoring point: Completion of project mobilisation checklist.

## **Phase 2: Monthly Programme Delivery (Month 2-13)**

12 full-day sessions (10am–3pm) delivered monthly.

Each session will include:

- Co-delivery with self-advocacy group
- Practical lifestyle education (nutrition, hydration, healthy eating, dental health)
- Nutrition demonstration or hands-on activity
- Light physical activity (chair-based or accessible movement)
- Interactive games/resources to explain health checks and body systems
- Optional drop-in advice from MDT professionals

Pre- and post-session support for PWLD to prepare and reflect

Carer training integrated into all activities

Ongoing activities during this phase:

- Collecting evaluation data (HEF, metabolic indicators where appropriate, QoL tool)
- Weekly MDT review of referrals and support needs
- Regular communication with carers and community teams
- Continuous adaptation of materials based on participant feedback

Monthly milestone:

- One session delivered
- Attendance logged
- Risks/issues reviewed
- Participant feedback collected
- Outcomes entered into HEF / evaluation tools

## **Phase 3: Mid-Project Review (Month 6)**

Milestones:

- Analyse emerging themes (health needs, engagement, barriers)
- Review referrals, annual health check data and MDT insights
- Adjust delivery model based on PWLD and carer feedback
- Update resource materials if needed
- Interim report prepared for internal monitoring and funder update (if required)

## **Phase 4: Final Delivery and Evaluation (Month 12-13)**

Milestones:

- Deliver final sessions with celebration and participant recognition
- Complete end-of-project outcome measurements

### **HEF data**

- Lifestyle behaviour changes
- Qualitative feedback
- Carer confidence and skills

- Reduction in preventable issues (e.g., constipation triggers, diet/hydration problems)

### Analyse attendance and demographic reach

- Produce final evaluation report
- Identify sustainability actions for ongoing Health Board-led delivery
- Begin integration of successful elements into core LD pathways

### Key Roles and Responsibilities

#### Self-Advocacy Group

- Co-deliver sessions
- Support PWLD participation
- Model lived experience and peer leadership

#### Clinical Staff (dietitians, LD nurses, physiotherapists, psychologists, occupational therapy, CNS specialities, pharmacist, Health Facilitators)

- Provide specialist advice
- Deliver activity, nutrition and health check materials
- Ensure clinical safety
- Support data collection

#### Carers and Support Providers

- Attend sessions with PWLD
- Learn practical skills to support lifestyle change
- Offer ongoing support at home/care facility

#### Project Lead

- Oversee planning and delivery
- Quality assure materials and sessions
- Coordinate MDT involvement
- Report progress and manage budget

### 3.4 Risks:

Please tell us what risks have been identified and how they will be mitigated.

#### Project Risk and Mitigation Table

Risk	Description	Mitigation Measures
<b>Low engagement or attendance</b>	PWLD may avoid new environments or have anxiety about health-related activities.	Use an accessible, non-clinical venue; support PWLD with preparation and de-briefing; involve carers and self-advocacy groups; promote sessions through MDTs and Health Facilitation teams.
<b>Activities not meeting accessibility needs</b>	Materials may be too complex or unsuitable for cognitive/sensory needs.	Adapt all materials to Easy Read and visual formats; co-produce content with PWLD and self-advocates; continuously review and adjust based on feedback.
<b>Staff capacity pressures</b>	Competing clinical demands may affect availability for session delivery.	Plan staffing in advance; use a multidisciplinary team; rely on trained self-advocacy facilitators for consistent delivery.
<b>Financial risks</b>	Potential cost changes (venue, materials) or unexpected expenses.	Use a pre-agreed venue with set pricing; apply cost-effective planning; build in small contingency; utilise existing Health Board equipment and expertise.

<b>Health and safety concerns</b>	Risks associated with cookery sessions, physical activity, or demonstrations.	Activities supervised by qualified staff; individual risk assessments; use safe and accessible equipment; follow Health Board safety standards.
<b>Difficulty measuring outcomes</b>	Risk of insufficient evidence of impact or behaviour change.	Use validated tools (HEF, metabolic indicators, QoL measures); gather session feedback; track themes from referrals and annual health checks.
<b>Post-funding sustainability</b>	Programme may not continue after charitable funding ends.	Upskill carers and providers; embed resources into core team practice; create a low-cost, replicable model deliverable by existing MDT staff.

### 3.5 Additionality:

Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

- **Core NHS funding does not cover community-based, full-day health-promotion sessions**, especially in non-clinical venues.
- **Venue hire, catering, and practical activity materials** (food ingredients, interactive tools) are **not fundable through NHS budgets**.
- The NHS **cannot fund paid involvement of self-advocacy groups**, even though their lived-experience role is essential for accessibility and co-production.
- **Adaptation of training resources** into Easy Read, symbol-supported, and sensory-appropriate formats is **not covered by core funding**.
- Current NHS teams **do not have capacity** to deliver monthly, five-hour practical sessions for PWLD alongside routine clinical demands.
- Existing weight-management and lifestyle services **are not fully accessible for PWLD**, despite NICE requirements—this project fills a gap the core NHS is not resourced to meet.
- Preventative lifestyle work (hydration, constipation prevention, healthy eating, activity) is **poorly resourced in standard pathways**, so charitable funding enables necessary early intervention.
- Carer training and upskilling—vital for sustaining healthy habits—are **not routinely funded within core NHS provision**.
- The project creates a **safe, non-clinical learning environment**, which the NHS is not funded to provide but is essential to overcoming fear and engagement barriers for PWLD.
- Charitable funding enables the development of a **replicable model** that can later be sustained within existing teams without ongoing financial burden.

## Section 4: Impact

### 4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

*Note: You will be required to submit an evaluation report to summarise the impact at a later date.*

This project will improve the health, wellbeing and care experience of people with learning disabilities by providing accessible, practical support on diet, hydration, activity, bowel health, sleep hygiene and understanding health checks

in a non-clinical environment. Patients will gain confidence, independence and the ability to make **more informed decisions** about their health, leading to **timelier care**, earlier presentation and clearer, more personalised care plans. The supportive setting builds **trust**, reducing fear of healthcare. Carers will develop skills to support healthier routines at home. By reducing avoidable health problems and crisis-driven hospital use, and using validated tools to measure outcomes, the project delivers sustained improvements in lifestyle, engagement and health for PWLD across Hywel Dda.

#### **4.2 Beneficiaries:**

Please tell us how many people are expected to benefit as a result of this expenditure and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

**Total estimated beneficiaries: 250–340 people** across one year.

##### **Direct beneficiaries**

- **120–180 PWLD** attending 12 monthly sessions (10–15 per session).
- **40–60 carers/support staff** gaining knowledge, confidence and skills to support healthier routines.
- **20+ MDT and Health Board staff** benefiting indirectly through reduced crisis demand and better-prepared patients.

##### **Extended reach through advocacy**

- **40–60 additional PWLD and carers** reached via the self-advocacy group's wider network, peer influence and community connections.

##### **Train-the-trainer / ripple effect**

- **30–40 further beneficiaries** supported indirectly as trained carers and providers share new skills and resources across services and settings.

#### **4.3 Evaluation methods:**

Please tell us what methods you will use to measure the effectiveness of your expenditure and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position.

We will measure the effectiveness of this project using a combination of validated tools, clinical indicators, and qualitative feedback. These methods will demonstrate changes in health, wellbeing, engagement, and independence among people with learning disabilities (PWLD), as well as the wider impact on carers and services.

##### **1. Health Equality Framework (HEF)**

We will use the Health Equality Framework, a nationally recognised outcomes tool that measures the determinants of health inequalities specifically for PWLD. HEF will be completed at baseline and at regular intervals to capture changes in risk factors such as poor diet, inactivity, constipation, limited health understanding, and barriers to accessing care.

What it measures:

- Exposure to health inequality risk factors
- Changes in lifestyle behaviours
- Improved access to services
- Increased independence and participation

##### **2. Metabolic and Physical Health Indicators**

Where appropriate and clinically safe, we will monitor changes in key metabolic and lifestyle-related health indicators, including:

- Abdominal obesity (waist circumference)
- Blood pressure
- Glucose levels

- Lipid profile
- Hydration indicators
- Constipation risk markers (dietary fibre intake, fluid intake, bowel patterns)
- Activity levels

These indicators provide objective evidence of improved health and reduced risk of long-term conditions.

### **3. BILD / Health of the Nation Outcome Scale for LD (QoL Tool)**

We will measure changes in quality of life, using the BILD/HoNOS-LD adapted QoL tool. This captures improvements in daily functioning, emotional wellbeing, participation, and social inclusion.

### **4. Qualitative Feedback**

We will collect structured feedback from:

- PWLD (using accessible formats)
- Carers and support staff
- Self-advocacy group partners
- Learning Disability MDT members

This will allow us to understand perceived benefits, what helped engagement, and what could be improved.

### **5. Engagement and Behavioural Measures**

We will track:

- Attendance and participation rates
- Types of activities engaged with (cookery, exercise, hydration tasks)
- Carer engagement in training
- Reduction in anxiety around health checks
- Increased willingness to attend primary care appointments

### **6. Monitoring Themes From Referrals and Annual Health Checks**

Baseline themes already identified include:

- Recurring issues with constipation, poor diet, low physical activity, and poor hydration
- Avoidance of primary and secondary care
- Oral health – access to timely dental care/identification of need earlier
- Repeated requests in referrals for lifestyle and weight-management support
- Annual Health Check findings highlighting unmanaged metabolic risks and lifestyle-related issues

These themes will be compared with post-intervention feedback, changes in referral patterns, and clinician observations.

### **7. Carer Knowledge, Skills and Confidence Measures**

We will evaluate improvements in:

- Carer understanding of dietary needs, hydration, constipation prevention, and activity
- Confidence in supporting healthy routines
- Ability to use Active Support to keep individuals engaged in self-care tasks

### **Baseline Information (Current Position)**

The following baseline problems have been identified across Hywel Dda's LD services:

- High rates of preventable health issues, especially constipation, dehydration, poor diet, low activity, and weight-related risks.
- PWLD dying approximately 20 years earlier, with 40% of deaths avoidable (LeDeR findings).
- Avoidance of health checks and fear of clinical environments, as reported by LD Health Facilitation Practitioners.
- Increasing lifestyle-related referrals requesting support with weight, hydration, diet, bowel health, and independence.
- Annual Health Check data showing repeated metabolic and lifestyle concerns.
- Limited access to adapted weight-management and lifestyle services, despite updated NICE standards requiring this.
- Significant health literacy gaps for both PWLD and carers.

This baseline demonstrates clear unmet need and provides measurable comparison points for evaluating improvement.

### **Summary**

Evaluation will combine objective health measures, validated tools, qualitative feedback, and service-level data to demonstrate reduced health risks, improved wellbeing, increased engagement, and better access to care. Baseline information already shows high levels of preventable illness and limited accessible lifestyle support, making the evaluation framework robust, meaningful, and strongly aligned to the project aims.

### **Section 5: Exit strategy (for revenue expenditure requests)**

Please tell us how the benefits of this expenditure will be sustained beyond the end of this time-limited period of charitable funding. For project funding, please tell us if it will continue, and how it will be funded. If it will not continue, please tell us how it will be brought to a close.

#### **Sustainability of Benefits Beyond the Funding Period**

This project has been designed so that its benefits continue well beyond the time-limited charitable funding. The funding enables initial setup, delivery, and capacity-building, while long-term sustainability is achieved through embedding skills, resources, and ways of working into existing Health Board services.

##### **1. Upskilling Carers and Support Providers**

A key focus is equipping carers with the knowledge and confidence to support healthier routines in everyday settings. Once trained, carers will be able to continue reinforcing improved diet, hydration, bowel health and physical activity without further financial input. This ensures that lifestyle improvements remain long after the project ends.

##### **2. Building Skills Within the Learning Disability MDT**

Health Board staff (dietitians, LD nurses, physiotherapists, psychologists, occupational therapy, CNSs, pharmacist and health facilitators) will actively support delivery throughout the programme. This involvement ensures:

- Familiarity with the model
- Ability to continue offering adapted lifestyle guidance
- Transfer of learning into routine practice

After the funded period, MDT staff can integrate the most effective components into standard care pathways at no additional cost to charitable funds.

##### **3. Embedding Adapted Resources for Ongoing Use**

The project will produce Easy Read materials, visual tools, games, cookery guides and hydration/constipation resources that are reusable and freely available across LD services. These materials will continue to support PWLD and carers long after the project has finished, and can be shared with community providers and local networks.

#### **4. Self-Advocacy Group Capacity and Continued Role**

The paid involvement of the self-advocacy group strengthens their capacity to continue delivering training and promoting healthier lifestyles beyond the funded period. Their established networks amplify the project's reach, and future sessions can be integrated into their ongoing training offer or funded by community providers.

#### **5. Creating a Model That Can Be Delivered Through Core Services**

The project intentionally pilots a format that can be sustained without large ongoing costs. Once established:

- Sessions can be delivered in shorter formats
- Existing staff can rotate delivery as part of routine practice
- Community venues may host future sessions at reduced or no cost
- Elements can be embedded into Health Facilitation and Health Action Planning

This ensures longevity without requiring repeated charitable investment.

#### **6. Long-Term Impact Through Improved Prevention**

By reducing constipation, dehydration, poor diet and inactivity—common causes of preventable ill-health in PWLD—the project builds long-term resilience and reduces demand on urgent and acute services. This creates ongoing system-level benefits that continue even if sessions stop.

#### **If the Project Does Not Continue in Full**

If recurring funding is not secured, the project will be brought to a structured close:

- Final sessions will consolidate key learning for PWLD and carers
- All materials will be provided to participants, carers, MDT staff, and providers
- Recommendations and learning will be shared across the Health Board
- Elements that require no additional cost (resource use, carer training, health-check preparation tools) will continue within core practice

This ensures that the benefits and learning are retained even if full programme delivery cannot continue.

## **Section 6: Governance**

### **6.1 Compliance:**

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

- Complies with **UK GDPR and Data Protection Act**: all data anonymised, securely stored within Health Board systems.
- Meets **Clinical Governance** standards: sessions overseen by qualified MDT staff with full risk assessments.
- Aligns with **Equality Act 2010** through accessible venues, materials and co-production with PWLD.
- Supports **NICE QS212 (2025)** and **NG246** on accessible lifestyle and weight-management services.

- Safeguarding requirements met: all staff and advocacy partners trained and supervised.
- Follows Hywel Dda **financial governance, procurement, and health & safety** policies.
- Ethical practice embedded through inclusive design and involvement of self-advocacy groups.

## 6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

- Aligns with Hywel Dda's strategic aim to help people live healthier lives for longer by prioritising wellness and prevention.
- Supports the strategy's commitment to stronger community-based support and reducing reliance on hospitals by delivering accessible health promotion in a non-clinical venue.
- Addresses the strategy's focus on preventing illness wherever possible, providing early intervention around diet, hydration, constipation, and activity for PWLD.
- Tackles known health inequalities, aligning with the Health Board's commitment to fairness, inclusion, and improving outcomes for vulnerable groups.
- Reflects the strategic priority to strengthen partnerships, as the project is co-produced with PWLD, carers, self-advocacy groups, and MDT professionals.
- Supports the vision for resilient, supportive, adaptive communities, helping PWLD and carers build skills and confidence to manage health independently.
- Delivers care closer to home, responding directly to community feedback that support should be more accessible and community-rooted.
- Contributes to the Health Board's goal of reducing future demand on acute services by preventing avoidable health complications.

## Section 7: Other

Please provide any other relevant information in support of your funding request.

- Innovative, first-of-its-kind local programme offering accessible, practical health education for PWLD.
- Addresses clear unmet need highlighted through referrals, Annual Health Checks and MDT feedback.
- Promotes equity of care by providing adapted, inclusive lifestyle support for a population that faces significant health inequalities and barriers to mainstream services.
- Co-produced with self-advocacy groups, ensuring lived-experience leadership and genuine accessibility.
- Creates reusable Easy Read and visual resources for ongoing use across LD services.
- Supports development of the digital HEF tool through robust outcomes data.
- Reduces preventable ill-health and pressure on urgent and acute services.
- Maximises charitable value by funding only non-core NHS elements (venue, materials, co-production).
- Designed as a scalable, sustainable model for future community-based delivery.

## Section 8: Funding requirements

### 8.1 Cost breakdown:

Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

Item/Category	Cost (£)			Comments
	Net £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
Room hire	3000	600	3600	Eg Tywi Room Botanical gardens capacity 50-60 daily rate used here
Food and drink costs	1350	270	1620	Tea and coffee £2.25 a head
Example session cost	4800	960	5760	Carmarthenshire People first costs
Adaptation of materials and resources	600	120	720	Cooking session costs and adaption of resources

### 8.2 Total amount of funding requested:

<b>Net £</b> <i>Excluding VAT</i>	9750	<b>VAT £</b>	1950 (20%)	<b>Gross £</b> <i>Including VAT</i>	11700
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### 8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
Hywel Dda Charitable Fund – ‘Making a Difference Fund’	T600 £5,850
Mental Health & Learning Disabilities Services	T603 £5,850

### 8.4 Alternative funding sources:

Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.

N/A

## Section 9: Authorisation

### 9.1 Application prepared by:

Contact name:	Job title:	Date:
Tracey Lloyd/Kate Hall	Clinical Lead Nurse Learning Disabilities / Clinical Lead Dietitian Mental Health & Learning Disabilities	March 27 <sup>th</sup> 2026

### 9.2 Application authorised by:

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

Contact name:	Job title:	Date authorised:
Eleanor O'Connor	Service Manager Learning Disabilities	31 <sup>st</sup> March 2026

### 9.3 Clinical Care Group approval:

Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.

Contact name:	Job title:	Date authorised:
Lisa Bassett-Gravelle	Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service	30 <sup>th</sup> March 2026

### 9.4 Finance Business Partner review:

Please ensure that your Finance Business Partner has reviewed your application before submission.

<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>
Andrew Thomas	Finance Controller	30/3/2026

**Please return completed form via email to:**

[charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk)

**or via internal mail to:**

Charitable Funds Support Officer  
 Finance Department  
 Ty Gorwel, Building 14  
 St David's Park, Job's Well Road  
 Carmarthen SA31 3BB

**Appendix 1**

**Assessment for medical equipment (as per [Medical Devices Policy](#)): not applicable**

**Appendix 2 Not applicable for this project**

**Assessment for building or refurbishment work (to be completed by Estates team):**

**For Charitable Funds Finance Department**

<b>Application Reference Number:</b>	
<b>Fund Title:</b>	<b>Fund Code:</b>
	<b>Current Fund Balance £:</b>

**Finance review**

I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.

<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>

**Outcome of meeting CFSC/CFC**

I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.

<b>Meeting date:</b>	<b>Outcome:</b>	<b>Contact name:</b>	<b>Job title:</b>

## Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](https://www.sharepoint.com/Charities-Home) to help you with completing your funding request. Please direct any questions to: [charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk) / 01267 283055 / 01827 1655.

Section 1: Applicant		
<b>Lead applicant</b>		
Contact name:	Rob Blake	
Job title:	Head of Culture and Workforce Experience	
Department/Service:	Organisation Development	
Clinical Care Group:	Workforce and OD	
<b>Management contact</b>		
Contact name:	Corinna Lloyd-Jones	
Job title:	Interim Assistant Director of OD	
Section 2: Application summary		
<b>2.1 Title of charitable funds application:</b>		
Staff Recognition and Appreciation Programme		
<b>2.2 Brief description of your application:</b>		
In no more than 50 words please tell us what you are requesting charitable funds for.		
Funding request to enhance the Health Board's 2026-27 Staff Recognition and Appreciation Programme, including:		
<ul style="list-style-type: none"> <li>• Chair's Commendations</li> <li>• Hywel's Applause</li> <li>• Long Service Awards</li> <li>• Retirement Recognition</li> <li>• 'Moments That Matter' Pilot</li> </ul>		
This expenditure will enable equitable and meaningful year-round appreciation that supports organisational values, staff morale, engagement and, in turn, patient care.		
<b>2.3 Total value of charitable funds requested:</b>	£36,056.67	
<b>2.4 Duration of project</b>	Project start date:	1 April 2026
	Project end date:	Ongoing
<b>2.5 Strategic priorities</b>		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		

<b>Patient experience:</b> Enhancing the patient experience throughout the whole care and treatment journey.	<b>Staff experience:</b> Supporting the wellbeing and professional development of University Health Board staff.	<b>Innovation:</b> Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes / No	<b>Yes</b> / No	<b>Yes</b> / No

## 2.6 Expenditure type

Please select the type of expenditure your application relates to (select all that apply).

<b>Medical equipment</b> <i>please also complete Appendix 1</i>	<b>Service development or improvement</b>	<b>Staff welfare and wellbeing</b>
Yes / No	<b>Yes</b> / No	<b>Yes</b> / No
<b>Building/refurbishment Work</b> <i>please also complete Appendix 2</i>	<b>Other</b> <i>If 'yes' selected, please state expenditure type in box opposite</i>	<i>Expenditure type:</i>
Yes / No	Yes / No	

## Section 3: Case for support

### 3.1 Funding request:

Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

This application seeks funding of £30,856.67 for 2026–27 to enhance Hywel Dda's existing Recognition and Appreciation Programme, ensuring continued success of formal mechanisms, such as Chair's Commendations, Hywel's Applause, Long Service Awards, and Retirement Recognition. This application outlines the strategic importance of staff recognition and appreciation within Hywel Dda University Health Board and its direct link to organisational culture, staff wellbeing and, in turn, patient care outcomes. It supports the continued implementation of the Staff Recognition and Appreciation Programme as a key driver of engagement and excellence.

An additional £5,200 is requested to support the development and delivery of the 'Moments That Matter' recognition pilot, peer to peer recognition and local 'thank yous', enabling innovation and testing of new approaches to values-based everyday recognition, reflecting on feedback and evaluation from our staff. Within Hywel Dda, the Staff Recognition and Appreciation Programme has evolved into a comprehensive initiative designed to honour the invaluable contributions of our workforce. It serves not only as a celebration of individual and team achievements, but also as a mechanism to embed recognition into the fabric of the organisation.

### 3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

Retention and workforce morale remain significant challenges for Hywel Dda. Research highlights that pay alone does not secure engagement or retention; recognition, appreciation and social affirmation are critical drivers of wellbeing, job satisfaction and organisational performance (Bimpong et al., 2019; West & Dawson, 2012).

Our recognition Programme has delivered strong cultural, engagement and wellbeing benefits over four years, but currently has no dedicated funding stream due to wider organisational financial constraints. Without secured funding for 2026–27, significant progress made to date will be stifled, weakening staff morale and undermining efforts to stabilise workforce supply, experience and retention. This application seeks to maintain,

but also build upon the excellent foundation established by the Culture and Workforce Experience Team, whose efforts have been widely recognised and appreciated.

Feedback from staff regarding the current Programme has been overwhelmingly positive, with many expressing that they feel genuinely valued, particularly through events and long-service recognition initiatives. To further enhance engagement and visibility, this proposal introduces a series of locally driven incentives designed to complement the existing framework and strengthen recognition efforts over the next 12 months.

There is a well-established link between staff morale and the quality of patient care. Research from the Royal College of Physicians highlights that motivated and well-supported staff are essential for delivering safe, compassionate and high-quality care. Key findings include:

- Higher morale correlates with improved patient satisfaction and safety outcomes
- Engaged staff are more likely to remain in post, reducing turnover and improving continuity of care
- Positive workplace culture contributes to reduced sickness absence and increased productivity

NHS Wales further emphasises that a valued and engaged workforce is critical to transforming care models and achieving sustainable improvements in service delivery.

Hywel Dda's Staff Recognition and Appreciation Programme supports several strategic objectives:

- **Wellbeing and Resilience:** Recognition contributes to emotional wellbeing and helps build resilience across teams.
- **Enhanced Compassionate Care:** High morale enables staff to deliver more empathetic, attentive care, which is especially critical in emotionally demanding environments.
- **Reduced Burnout and Turnover:** Recognition helps buffer against stress and burnout, leading to better staff retention and continuity of care.
- **Retention and Recruitment:** A culture of appreciation enhances the organisation's reputation as an employer of choice.
- **Performance and Innovation:** Valued staff are more likely to contribute ideas, take initiative and drive service improvements.

### **What staff are telling us about existing recognition programmes (direct quotes):**

*"The Chairs Commendation Awards was inspiring, moving and deeply meaningful. It offered everyone a rare moment to be able to pause and recognise the dedication that often goes unseen in the busyness of everyday work. The atmosphere was uplifting with everyone celebrating, laughing and even crying together with pride, creating a real sense of unity and shared purpose."*

*"I left feeling truly valued – not just for what was written in the nomination and my day-to-day role, but for the contribution I make to my department and the wider Health Board community."*

*"Events like this don't just boost morale in the moment; they strengthen loyalty, reinforce a positive culture and play a vital role in retaining committed staff who then feel appreciated and supported."*

*"The atmosphere was lovely – celebrating everyone's hard work, especially at a time when services are under intense pressure and scrutiny."*

*"This isn't just a 'nice gesture' it has practical impact on how a person is seen. As a manager it provides me with a Health Board wide platform to showcase the excellent work my team and others are doing and give them recognition outside of our directorate for a job well done. This fosters a culture of positivity and motivation amongst the team."*

*"As a recipient of the award, I felt privileged that someone had taken the time to nominate me and that they felt the work I was doing was worthy of being recognised. I feel it demonstrates to my colleagues that the Health Boards values are embedded in my practice and something I pride myself in doing. I feel it contributes to my self-perception and has given me some reassurance that I am making a difference to people, that I am credible and ready for career progression."*

**Constructive feedback we must act on:**

*"I thought the venue could have been better."*

*"The set-up of the drinks and snacks was too limited."*

*"I think all nominees should have received more than a certificate to display with pride in their areas."*

*"Recognition can feel tokenistic when it focuses only on 'above and beyond' moments... rather than acknowledging the value of everyday contributions."*

**What charitable funds enables (response to feedback):**

The charitable funding will enable us to act directly on staff feedback by transforming how recognition is experienced across the organisation. Funding will support a shift from highlighting only exceptional achievements to celebrating everyday commitment through our 'Moments That Matter' campaign, acknowledging the professionalism and emotional labour that sustain our services. It will also allow us to improve the quality and equity of recognition and appreciation events by responding to feedback such as the need for meaningful recognition items for nominees beyond certificates. Finally, charitable support will help us introduce sustainable and low-cost mechanisms, including appreciation walls and peer-to-peer tools, to ensure recognition is visible, accessible and inclusive across all staff groups, roles, sites and services.

Please find attached below a purpose-developed SBAR outlining the 2025–26 recognition strategy and our continued commitment to strengthening this work into 2026–27. The paper reflects both the feedback we have received from staff and our intention and rationale to further enhance and refine the provision in line with organisational priorities.

The need for this expenditure has been identified through four years of delivering the Staff Recognition and Appreciation Programme without a dedicated funding stream, combined with continued and increasing organisational financial constraints. Staff feedback, culture insight and engagement data consistently highlight that meaningful recognition is essential to morale, wellbeing and retention, yet the Health Board does not have a recurrent budget to resource this work.

To support this application and provide greater clarity, the dedicated SBAR paper has been developed. This has not been submitted to any committee at this stage; instead, it serves as an evidence-based narrative summarising need, impact, staff feedback and the strategic alignment of the Programme. Its purpose is to consolidate all supporting information into one document for the Charitable Funds Committee, ensuring full transparency and providing assurance of due consideration.

The SBAR (at Annex 1) will be formally submitted to the appropriate governance forum only if required following the outcome of this charitable funding process, or to support future sustainability discussions. At present, its role is solely to strengthen and substantiate this application.

### 3.3 Project delivery plan:

Please tell us how you will deliver this charitable-funded project. Provide a timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

#### Overall Approach:

The Staff Recognition and Appreciation will be delivered through a blended model of formal award schemes and values-based everyday recognition approaches through pilot innovations. Delivery will be led by the Culture and Workforce Experience Team, with monitoring and assurance via the People, Organisational Development and Culture Committee (PODCC).

The Staff Recognition and Appreciation Programme will be delivered over the course of the next 12 months, with each component operating on its own defined schedule. Some elements will run continuously and be activated upon the identification of suitable candidates, ensuring flexibility and responsiveness to staff contributions.

As charitable funding will not be confirmed until the end of Quarter 1 (Q1) 2026-27, the Programme has been structured to ensure phased implementation. During Q1, activity will focus on essential delivery only, alongside a period of discovery work to review and strengthen our offer for the following financial year reflecting on longevity and sustainability. Structured elements of the Programme, including the Chair's Commendation Awards, will be held quarterly and the newly introduced Peer Recognition Awards, will be awarded monthly to celebrate outstanding contributions across teams.

#### Timeline & Milestones (2026–2027)

Period	Activity / Milestone
<b>Q1 (Apr–Jun 2026)</b>	A reduced model of Chair's Commendation, fulfilling any pre-committed Long Service items. Initiate 'Moments That Matter' pilot working group; develop recognition walls/tools. Begin discovery work including a formal review and analysis of the current offer through staff engagement activities to enhance and create sustainability for 2027-28.
<b>Q2 (Jul–Sep 2026)</b>	Launch 'Moments That Matter' pilot; begin monthly peer-recognition cycles; hold Hywel's Applause event planning; Chair's Commendation events, mid-pilot feedback collection, implement recognition walls across sites.

<b>Q3 (Oct–Dec 2026)</b>	Deliver annual Hywel’s Applause event; analyse engagement patterns; staff sentiment snapshot; refine campaign materials.
<b>Q4 (Jan–Mar 2027)</b>	Formal evaluation of pilot; produce impact report; recommendations for 2027–2028; confirm Programme sustainability needs.

As charitable funding will not be confirmed until the end of Q1 2026-27, the Programme will deliver a reduced, essential only model during April–June 2026 using limited internal nonrecurrent resources. The timeline and scope have been adjusted to ensure no charitable expenditure is committed prior to approval.

If funding is not secured, only minimal statutory aligned recognition (letters, internal communications) will continue. Events, awards and new innovations will be paused or significantly scaled back due to lack of budget.

**Ongoing Delivery Components**

- Monthly Chair’s Commendation administrations and quarterly celebration events
- Long Service Awards fulfilment and ceremony
- Support for retirement recognition letters
- Continuous development of informal recognition through Viva Engage
- Monitoring engagement, sentiment, participation and uptake

This tiered approach allows for both ongoing and milestone-based recognition, ensuring that staff feel valued throughout the year and across all levels of the organisation.

**3.4 Risks:**

Please tell us what risks have been identified and how they will be mitigated.

**Loss of Momentum if unfunded**

Without financial support, the Health Board will maintain a basic offer within available resources, however the Programme would be unable to progress, evolve or respond to staff feedback and emerging organisational needs. Charitable funding would significantly enhance quality and reach, enabling a more equitable, visible and impactful offer that strengthens staff experience, supports workforce wellbeing and contributes to the delivery of compassionate, high-quality patient care.

While we understand the organisation is operating under significant financial constraints, it remains important that we continue to find innovative and resourceful ways to fund and maintain this Programme for the reasons cited in this application. Staff experience and feeling valued are central to retention, wellbeing and culture, hence impact on our patients in turn, therefore we will do whatever we can within our means to progress this work. We are exploring other options, including drawing from overarching budgets and we will continue to keep these conversations alive.

**Equity & Fairness Risks**

One of the key risks associated with staff engagement initiatives is ensuring equitable access across the geographical footprint of the organisation. Despite significant efforts by the team to promote inclusivity, some directorates continue to show low levels of participation in the Staff Recognition and Appreciation Programme. Addressing this disparity remains a priority, as equity of access is fundamental to the Programme’s success and credibility.

In response, the team has undertaken a thorough review and are looking to introduce additional locally driven initiatives to enhance visibility and relevance. A key development is the introduction of an Appreciation Wall across all acute and appropriate community locations. We will work with Estates and Facility colleagues to identify suitable locations within sites for Appreciation Walls to be installed. These walls will be designed to showcase staff contributions in a more accessible and inclusive manner. This initiative, as well as bespoke communications, aims to bridge existing gaps and ensure that all staff have meaningful opportunities for recognition, regardless of role or location.

### **Reputational Risk**

Stopping or significantly reducing staff recognition would signal misalignment with the NHS Wales People Promise and Hywel Dda Strategic Workforce Objectives. We have reviewed the approaches taken by other Health Boards, several of which have confirmed that charitable funds have been used to support the development of staff appreciation programmes. Aligning Hywel Dda with colleagues across Wales in utilising charitable donations to recognise staff contributions and enhance morale will ensure consistency with practices adopted by other organisations in Wales.

We will continue to visibly promote free and low-cost recognition strategies to mitigate any risk of reputational damage, however it is increasingly difficult to sustain meaningful recognition at scale without dedicated resource, and this reinforces the importance of securing appropriate funding to maintain staff confidence and organisational credibility.

### **Measurement Risks**

Evaluation of cultural interventions is complex and over-reliance on lagging indicators (e.g., sickness absence) risks misinterpretation.

In line with NHS guidance recommending clear objectives and regular evaluation snapshots to understand changes in staff experience, we will endeavour to capture both baseline and before and after data to understand how staff feel about peer-to-peer recognition and the 'Moments That Matter' campaign. While we recognise that such cultural changes may not always be immediately visible in traditional metrics, these snapshots will help us track shifts in sentiment, engagement and the overall perception of everyday recognition within the organisation.

The national staff survey also provides the organisation with valuable data relating to the question set, '*We recognise everyone's contributions.*' The organisation has seen a modest improvement, with positive responses increasing to 49.2% in the 2025 staff survey. This demonstrates that, while progress has been made, there remains significant work to do in developing and delivering meaningful appreciation. These results can serve as an indicator of how effectively both the formal and informal appreciation programmes are being embedded across the organisation.

### **3.5 Additionality:**

Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

Core NHS provision focuses on clinical care, patient safety and essential workforce operations such as recruitment, payroll and mandatory training. While staff wellbeing is recognised as important, formal appreciation programmes, including awards, events and recognition campaigns, are not mandated or funded as part of standard NHS service delivery. The Programme complements existing workforce support structures,

however goes further by celebrating contributions, fostering morale and building culture.

These are discretionary investments aimed at improving staff experience, not required to meet regulatory or contractual obligations. Research shows that recognition improves morale, which in turn enhances patient care, reduces turnover and supports recruitment, but these benefits are indirect and long-term, placing such programmes outside the scope of core provision.

### **Why core budgets cannot fund this?**

There is currently no dedicated recurrent budget for staff recognition. While a small allocation of non-recurrent funding from the core OD budget has been used in recent years to support delivery, this is not sustainable and does not enable planned progression or development of the Programme. As a result, we continue to rely on the generosity of charitable partners alongside creative, low-cost approaches.

### **Is charitable support the only viable route?**

Alternative funding options have been explored, including wider Workforce and OD budgets, directorate underspends, and organisational reserves, however none of these sources have the capacity to support a programme of this nature due to current financial pressures and the requirement to eliminate routine underspends. As a result, available internal funding is insufficient to enable meaningful progression or enhancement of the Programme beyond a minimal basic offer.

### **Basic vs Enhanced Provision**

The Health Board will maintain a basic offer within available resources, including:

- Letters of recognition and retirement acknowledgements
- Digital events (Chair's Commendations/Hywel's Applause) and manager-led appreciation
- Basic certificates and pins using existing stock

However, charitable funding is requested to enable an enhancement in reach, quality and consistency, including:

- High-quality recognition events (Chair's Commendations/Hywel's Applause)
- Tangible recognition items (awards/plaques/tokens of appreciation)
- 'Moments That Matter' innovation pilot
- Equity-focused initiatives (e.g. appreciation walls, peer recognition tools)

Without charitable funding, core recognition would continue at a minimal level, however the enhanced elements that drive engagement, equity and cultural impact would not be deliverable at scale.

As noted above in section 3.3, as charitable funding will not be confirmed until the end of Q1 2026-27, the Programme has been structured to ensure responsible, phased implementation. During Q1, activity will be delivered at minimum viable offer using existing stock (certificates, pins, low-cost materials) until the outcome of this application is confirmed.

## **Section 4: Impact**

### **4.1 Impact and patient benefit:**

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

*Note: You will be required to submit an evaluation report to summarise the impact at a later date.*

Patients benefit profoundly from care delivered by NHS staff who feel valued, supported and engaged. High staff morale fosters a culture of compassion, attentiveness and professionalism, which directly enhances patient experience. When staff are recognised and appreciated, they are more likely to demonstrate empathy, communicate effectively and go the extra mile in meeting patient needs. This is particularly critical in high-pressure environments where emotional resilience and teamwork are essential.

Positive staff experience correlates with improved patient safety, reduced clinical errors and higher satisfaction scores. Moreover, staff with high morale are less likely to experience burnout or leave their roles, ensuring greater continuity of care and more stable clinical teams. In essence, investing in staff wellbeing and recognition is not only a moral imperative, but also a strategic approach to delivering safer, more responsive and higher-quality care to patients across the health system.

By enhancing the current Programme, Hywel Dda can foster an environment where individuals have several mechanisms to feel valued, empowered and motivated to thrive. This not only supports staff wellbeing but also enhances the quality of care delivered to our patients.

#### **4.2 Beneficiaries:**

Please tell us how many people are expected to benefit as a result of this expenditure and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

The Programme benefits:

- All staff groups across Hywel Dda; clinical and non-clinical workforce of approximately 13,000 staff annually (all staff groups)
- Teams experiencing high pressure, emotional labour or low visibility
- Patients and service users through improved staff morale, wellbeing and compassionate care

Programme level breakdown for information average:

- Chair's Commendations: 180 nominations on average per year, with 170 on average attending events per year
- Hywel's Applause: 190 nominations per year on average, with 33 individuals/teams recognised
- Long Service: 511 staff per year on average
- Retirement Recognition: 350 staff per year on average

Evidence demonstrates that staff who feel recognised are more engaged, experience less burnout and deliver higher-quality, safer and more compassionate care. Everyday recognition strengthens belonging and psychological safety, improving teamwork and patient experience. Anecdotally, staff feedback indicates that recognition focused only on "above and beyond" feels tokenistic, therefore a broadened model acknowledging everyday professionalism would enhance authenticity and cultural impact.

NHS staff appreciation programmes benefit a wide range of individuals, extending well beyond the staff themselves. Frontline and support staff are the primary recipients, gaining a sense of value, motivation and emotional support that enhances their

wellbeing and performance. This uplift in morale fosters stronger teamwork, better communication and a more compassionate approach to care. As a result, patients directly benefit from safer, more attentive and higher-quality treatment.



Importantly, the positive impact also reaches patients' families and friends, who experience greater reassurance, clearer communication and more empathetic interactions during what are often stressful and emotional times. Leadership teams benefit from improved engagement and retention, while the organisation as a whole builds resilience, reduced turnover and a stronger reputation. Ultimately, a culture of recognition contributes to a more stable, responsive and caring healthcare environment for everyone involved.



### 4.3 Evaluation methods:

Please tell us what methods you will use to measure the effectiveness of your expenditure and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position.

It is not possible to quantify the direct impact of the Programme by correlating it with specific workforce indicators such as increased staff engagement scores or reduced sickness absence or turnover. These measures are influenced by a broad range of organisational, cultural and operational factors, making direct attribution to a single intervention unreliable. Nonetheless, established research identifies appreciation as a critical element within the wider staff experience, contributing positively to how employees perceive value, recognition and psychological safety within the workplace. As

such, while the Programme's impact cannot be isolated in quantitative terms, its role as a foundational component of a positive organisational culture remains significant.

Measuring cultural change is complex and long-term, evaluation will use a process-based, mixed-methods model:

### **Quantitative Indicators**

- Hywel Dda Culture Survey (micro) and NHS Wales Staff Survey (macro) results in relation to feeling valued and appreciated
- Participation rates across all recognition mechanisms
- Volume of nominations
- Engagement with 'Moments That Matter' walls and peer-recognition tools
- Light-touch before/after sentiment surveys
- Short pulse-checks aligned to NHS guidance

### **Qualitative Indicators**

- Staff narratives submitted via recognition platforms
- Focus groups and thematic analysis
- Event feedback and volunteer reflections
- Insights from culture conversations and listening exercises
- Feedback from managers

### **Baseline data (2023-25 average) includes:**

- 680 nominations to awards per year
- 84% of attendees rating recognition events as "good" or "excellent"
- 72% of staff reporting they felt valued by colleagues (Culture Survey, 2024-25)
- 63% of staff reporting they felt valued by the organisation (Culture Survey, 2024-25)

Therefore, more specifically, indicators for next year include:

- Increase in nominations by 25%
- Achieve representation from all directorates and CCGs with a minimum of 1 nomination per directorate per quarter
- Participation in 'Moments That Matter' by 500 per year
- Achieve a 90% positive event satisfaction
- 5% increase in staff reporting they feel valued by colleagues (Culture Survey)
- 5% increase in staff reporting they feel valued by the organisation (Culture Survey)

### **Why Not Use Sickness Absence/Turnover as per feedback?**

These lagging, multi-factor metrics cannot be directly attributed to recognition activity and are influenced by broader system pressures (e.g. staffing, seasonal pressures, finances). Instead, evaluation will track culture-proximal markers aligned to NHS Employers guidance on meaningful measurement.

Crucially, patient and family feedback should also be considered, particularly in relation to the quality of care received. When staff feel valued and supported, they are more likely to deliver compassionate, attentive and responsive care; outcomes that are often reflected in patient satisfaction surveys, compliments and informal feedback from families, but it is important to note that these cannot be solely attributed to recognition interventions.

Work is currently underway to develop a cultural dashboard that will collate and triangulate multiple elements of staff experience to enable deeper organisational analysis. This dashboard will incorporate indicators relating to staff appreciation, allowing exploration of potential correlations with other aspects of workforce experience. In parallel, a separate group is developing a similar dashboard focused on patient experience. The intention, moving forward, is to integrate these dashboards to examine the relationship between staff experience and patient experience, and to assess the extent to which improvements in the working environment may translate into benefits for our patients.

## Section 5: Exit strategy (for revenue expenditure requests)

Please tell us how the benefits of this expenditure will be sustained beyond the end of this time-limited period of charitable funding. For project funding, please tell us if it will continue, and how it will be funded. If it will not continue, please tell us how it will be brought to a close.

In recognition of the need for a long-term sustainable Staff Recognition and Appreciation Programme as a strategic enabler of our workforce culture, engagement and wellbeing, we have outlined our commitment to develop a refreshed Programme by 30 September 2026 as part of our Workforce and OD Performance and Delivery Agreement for 2026–27. The delivery and performance expectations outlined within the Agreement are aligned to the Workforce and OD Planning Objectives for 2026–27, which are subject to monitoring and assurance through quarterly reporting to the People, Organisational Development and Culture Committee (PODCC).

The refreshed Programme will:

- Define a clear and sustainable core recognition and appreciation offer to be supported through internal resources
- Identify recurrent or alternative funding options for 2027-28 onwards, reducing reliance on charitable funding
- Evaluate the impact and cost-effectiveness of enhanced elements funded through charitable support, including the 'Moments That Matter' pilot
- Set out a scalable model that aligns resource to impact and organisational priorities
- Scope opportunities to work collaboratively with senior procurement, finance and Health Board charity colleagues to explore the feasibility of securing sponsorship for future years, including the potential for a blended funding model that combines internal resources with external contributions from those wishing to recognise our workforce, within agreed governance parameters.

This approach ensures that charitable funding is utilised as a time-limited investment to enhance and pilot new elements of the Programme, while a robust and sustainable long-term model is developed, agreed and embedded within our Health Board planning processes.

## Section 6: Governance

### 6.1 Compliance:

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

This proposal will be delivered in line with the Health Board's policies and statutory duties to ensure safe, ethical and equitable delivery:

- **Data Protection & Confidentiality:** All nomination, recognition and evaluation data will be collected and processed in accordance with Data Protection legislation

and the Health Board's Information Governance policies. Access will be role-based and time-limited; personal data will be minimised, anonymised where feasible, and retained/disposed of as per the Health Board's Records Management schedules.

- **Welsh Language Standards:** Communications, nomination forms, event materials and staff-facing platforms will be available in Welsh and English, with parity of experience for users in both languages. This includes bilingual recognition assets (certificates, pins, digital templates) and simultaneous bilingual comms.
- **Equality, Diversity & Inclusion (EDI):** Processes will be monitored to ensure fair access and representation across staff groups, bands, protected characteristics, sites and shift patterns. Shortlisting and panel arrangements will use clear, values-aligned criteria and diverse membership to mitigate bias, with anonymised nominations where practicable.
- **Health & Care Standards / Duty of Quality:** The Programme supports a positive safety culture by reinforcing compassionate, values-based behaviours and psychological safety. Delivery will align with local quality governance and reporting arrangements and will avoid perverse incentives (e.g., avoiding "target-chasing" metrics) through a process-focused evaluation approach.
- **Procurement & Financial Controls:** Any spend on venues, materials or awards will comply with procurement thresholds, demonstrating value for money and appropriate charitable-fund governance where applicable.

## 6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

The Programme aligns with the three organisational values:

- Striving to deliver excellent services
- Putting people at the heart of everything we do
- Working together to be the best we can be

The Programme also aligns with two planning objectives; one of which is to create a positive workforce culture fostering connection, appreciation, and positivity, enabling people to thrive. The other planning objective is to provide compassionate experiences inclusive and respectful experience for colleagues and patients

## Section 7: Other

Please provide any other relevant information in support of your funding request.

Delivery of this Programme will be monitored via Workforce and OD senior leadership team and evidenced through Planning Objective updates to the PODCC.

## Section 8: Funding requirements

### 8.1 Cost breakdown:

Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

Item/Category	Cost (£)			Comments
	Net £ Exc. VAT	VAT £	Gross £ Inc VAT	
A <b>new</b> (enhanced element) incentive for the Programme:  'Moments That Matter'	£1000	£200	£1200	Recognition is deeply personal and recognising this is important. As explored in the accompanying

This includes monthly peer to peer recognition.

SBAR, we want to celebrate the everyday in addition to the above and beyond.


Therefore 'Moments That Matter' can be celebrated in different ways, e.g. celebration via select number of winners per month will be featured on the intranet, receive a certificate, and a £15 gift card. This will also be featured on Viva to demonstrate extended recognition and peer to peer initiatives.

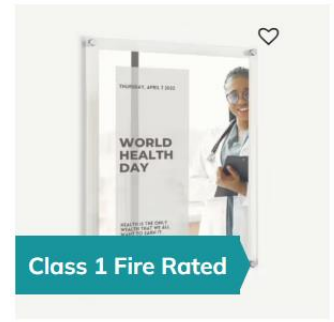
A £15 gift card is an appropriate token of appreciation because it offers a meaningful but proportionate gesture that recognises staff contribution without creating financial inequity or the perception of reward-based performance.

For others, they want quiet, personal moments of appreciation. From one colleague to another. We would like to recognise these via postcards on each site for staff to write personal gratitude and messages of thanks to one another.

Costs from Mike Clarke Printing approx. 500x A6 Moments That Matter cards printed for each site plus additional for community sites and

				<p>corporate buildings @ £35 per 500.</p> <p>Staff have the option of sharing on Viva, with the CWE team or quietly appreciating the thanks from a colleague.</p>
<p><b>Current</b> incentive (enhanced element):</p> <p>Chair's Commendation Awards event</p> <p>Venue per quarter: £120 Catering per quarter for 54 heads Framed certificate 120 @£3.10 each</p>	£3613.89	£722.78	£4336.67	Winners and Highly Commended will be honored at a quarterly celebratory event, including afternoon tea hosted by the Chair.
<p><b>Current</b> incentive (enhanced element):</p> <p>Hywel's Applause event</p> <p><b>NOTE:</b> Basic Element 2025-26 item cost: -Star Trophies -Certificate Frames@£3.10 each -Diolch Cards = £1,091</p>	<p>£10,000</p> <p>Approx Figures: Venue hire: £5000 Catering: £3,000 Trophies (11): £450 Certificate frames, card etc (120): £450 Decorations (e.g. event resources with some sustainability where possible) £1000 Contingency - remaining</p>	Inc in budget figure	£10,000	Trophies, certificates, cards, room hire and catering. The funding increase allows us to focus on improving the feedback points from attendees to ensure a meaningful experience.
<p><b>Current</b> incentive (enhanced element):</p> <p>Retirement Recognition</p>	£3,288	£656	£3,944	Glass Plaques: numbers based on average of retirees over last three years.
<p><b>Current</b> incentive (enhanced element):</p> <p>Long Service Recognition</p>	£10,480	£2,096	£12,576	Badges, certificates, and awards based on last years' figures

<p><b>NOTE:</b> Basic Element 2025-26 item cost: £10,480 including 25-year and 40-year service pin badges, cards, catering costs, with some pins remaining in stock for use in 2026-27.</p>				
<p>A <b>new</b> (enhanced element) incentive for the Programme:  Appreciation Walls</p>	<p>£4,000</p>	<p>Inc in budget figure</p>	<p>£4,000</p>	<p>Various sized acrylic wall plaques for agreed acute and suitable secondary sites and printing (long lasting, durable, reusable year on year).</p> <p>Please see images here from Cardiff and the Vale Health Board which were used to celebrate appreciation:</p>  <p>To replicate approx. 20 per site of different sizes and shapes for a memorial wall on an agreed main site, and smaller walls for community hospitals/smaller sites/ corporate buildings at £33.05 per reusable plaque plus internal installation costs.</p> <p><a href="#">A2 Acrylic Frame   A2 Acrylic Poster Frame   Luminati</a></p>



**Fire Rated Poster  
Frame – Wall Mounted**

From **£33.05**  
£27.54 Ex VAT

As a Health Board, we want to be able to commemorate our lost colleagues. We have already explored planting trees and have been advised this is not sustainable on our land therefore, we propose the memorial walls as a significant and effective alternative.

Workforce intelligence outlines we have lost 32 colleagues in total since January 2023. The planning provides enough space for additional quotations and thoughtful additions in the interim, but provides space for future memorials, futureproofing the concept.

**8.2 Total amount of funding requested:**

<b>Net £</b> <i>Excluding VAT</i>	£30,047.23	<b>VAT £</b>	£6,009.44	<b>Gross £</b> <i>Including VAT</i>	£36,056.67
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**8.3 Designated charitable fund**

<b>Name of charitable fund:</b>	<b>Charitable fund code/number:</b>
Making a Difference	T600

**8.4 Alternative funding sources:**

Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.

The following alternative funding sources were explored before applying for charitable support:

- Workforce & Organisation Development directorate: unable to support due to financial recovery requirements.
- Corporate budgets: no non-recurrent allocations available.
- Directorate underspends: none available for 2026-27.
- External sponsorship: not appropriate due to procurement and equity considerations.

Therefore, no viable alternative funding source exists for 2026-27.

## Section 9: Authorisation

### 9.1 Application prepared by:

Contact name:	Job title:	Date:
Robert Blake	Head of Culture and Workforce Experience	05.03.26

### 9.2 Application authorised by:

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

Contact name:	Job title:	Date authorised:
Lisa Gostling	Deputy Chief Executive / Director of Workforce and Organisation Development	05.03.26

### 9.3 Clinical Care Group approval:

Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.

Contact name:	Job title:	Date authorised:
Not applicable	Not applicable	Not applicable

### 9.4 Finance Business Partner review:

Please ensure that your Finance Business Partner has reviewed your application before submission.

Contact name:	Job title:	Date reviewed:
Elwyn Edwards	Senior Management Accountant	05.03.26

**Please return completed form via email to:**

[charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk)

**or via internal mail to:**

Charitable Funds Support Officer  
 Finance Department  
 Ty Gorwel, Building 14  
 St David's Park, Job's Well Road  
 Carmarthen SA31 3BB

## Appendix 1

**Assessment for medical equipment (as per [Medical Devices Policy](#)):**

Not applicable for this application

## Appendix 2

**Assessment for building or refurbishment work (to be completed by Estates team):**

Not applicable for this application

**For Charitable Funds Finance Department**

<b>Application Reference Number:</b>		CF03518
<b>Fund Title:</b>	<b>Fund Code:</b>	<b>Current Fund Balance £:</b>
Making a Difference	T600	438,729.81

<b>Finance review</b> I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.				
<b>Contact name:</b>		<b>Job title:</b>		<b>Date reviewed:</b>
Tina Nepean		Senior Accounts Officer		26/05/2026
<b>Outcome of meeting CFSC/CFC</b> I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.				
<b>Meeting date:</b>	<b>Outcome:</b>	<b>Contact name:</b>		<b>Job title:</b>

**PWYLLGOR XXXX  
XXXX COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	Click here to enter a date.
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Valuing Our People: A Strategic Approach to Recognition and Appreciation
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling – Director of Workforce and OD
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Claire Steel, Culture & Workforce Experience Manager Sarah Russell, Engagement and Recognition Officer

**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 paper outlines the development of the Staff Recognition and Appreciation Programme, originally approved by the People, Organisational Development and Culture Committee (PODCC) in June 2022 and refreshed in June 2023. The programme has expanded and enhanced existing recognition mechanisms across Hywel Dda University Health Board.

Due to the organisation's current financial position, there is no confirmed funding stream beyond the current financial year. This paper therefore seeks approval to continue and further develop the Recognition and Appreciation Programme for 2026-2027.

Cefndir / Background

Workforce retention remains one of the most significant and persistent challenges facing Hywel Dda University Health Board. Creating the conditions in which staff feel genuinely valued, supported and connected is fundamental to sustaining a workforce capable of delivering compassionate, high-quality care. While systemwide pressures on recruitment and retention are well recognised, sustained investment in staff experience and wellbeing remains a critical lever within our control.

The evidence is clear that pay alone does not secure long term engagement or retention. Research consistently demonstrates that recognition, appreciation and social affirmation are key drivers of job satisfaction, discretionary effort and organisational performance (Bimpong et al., 2019). Positive staff experience is strongly associated with lower absenteeism and turnover, alongside improved patient satisfaction and outcomes (West & Dawson, 2012). In this context, recognition and appreciation are not "nice to have" initiatives; they are evidence-based enablers of workforce stability, service quality and organisational resilience.

Learning from research, sector intelligence and four years of organisational experience has informed the development of a recognition approach in our HB that is equitable, meaningful and sustainable. Well-designed recognition has measurable impact, with employee

engagement, productivity and performance up to 14% higher in organisations with a coherent recognition portfolio (Daunt & Menzies, 2021). When delivered authentically, recognition reinforces organisational values, strengthens culture and promotes positive and prosocial behaviours (Tunney et al., 2018).

Recognition, however, is not a singular or uniform intervention. It is experienced differently across a diverse workforce, and its effectiveness is determined by how inclusive, accessible and psychologically informed it is. Poorly designed recognition risks reinforcing inequity or disengagement; conversely, well governed approaches can act as a powerful lever for inclusion, motivation and retention.

HDdUHB is therefore committed to a recognition and appreciation framework that is ethical, equitable and strategically embedded within our organisational objectives. This directly supports Planning Objective 2b: to be an employer of choice with a happy, engaged and supported workforce capable of stabilising and sustaining services. The Culture and Workforce Experience Team has taken a deliberate, evidence informed approach, evolving the programme beyond transactional rewards towards a values-based system aligned to what matters most to our staff and to long term cultural change.

Looking ahead, continued investment in recognition represents a strategic investment in our people and organisational resilience. By embedding recognition within everyday leadership practice and organisational systems, HDdUHB strengthens a culture where staff feel seen, valued and connected; creating the conditions for engagement, retention and high-quality patient care now and into the future.

## Asesiad / Assessment

### Current Position Formal Mechanisms

The following recognition package was approved by PODCC in June 2022 to enhance the previous provision and ensure all employees had formal methods to feel valued, recognised and appreciated.

#### **1. Chair's Commendations Awards**

The Chair's Commendation Awards were launched in August 2022 replacing the previous Employee/Team of the Month awards. The awards recognise our staff who 'go above & beyond' and demonstrate the Health Board values to an exemplary level. One employee a month is awarded for each of the three Chair's commendations of Compassion, Development and Innovation, Collaboration. The nominations are shortlisted by impartial staff panels on a monthly basis and a quarterly celebratory afternoon tea event is held for the winners and the top two highly commended nominations for each category, who can be accompanied at the event by a colleague or line manager.

November 2022 saw the first event where awards were presented by the previous Chair, Maria Battle. Each event has been a real celebration of outstanding dedication and hard work of Health Board colleagues. It is an opportunity for the winners and finalists to spend time with each other to celebrate their achievements. The event promotes a sense of wellbeing amongst staff; getting together as a community to celebrate and connect with other fellow nominees/nominators and winners contributes to building a sense of fulfilment and belonging amongst staff groups, staff bands, sites and services across HDdUHB.

To date there have been a total of 539 nominations and 504 employees have attended the events. The fourteenth awards event will be held on 26th February 2027. The positivity surrounding this event has been wonderful and these are examples of the feedback received:

#### **What did you like about the event?**

*"It was a chance to mingle with people from all different departments and directorates, and it was really inspiring to hear the good work being done"*

*"It was nice to feel appreciated and valued"*

*"I have lots of food allergies which were accommodated and I had a really lovely meal. It was lovely to see all the good work going on in Hywel Dda especially as we are so challenged currently"*

*"An enjoyable event; very humbling to be nominated. thank you."*

*"Made to feel welcome from point of arrival; meeting others from across the HB; hearing the stories read out; nice afternoon tea."*

*"The atmosphere was lovely – celebrating everyone's hard work, especially at a time when services are under intense pressure and scrutiny"*

*"Really well organised event, great communication and really nice to see staff recognition."*

*"It brought together all those who go above and beyond in their roles and reminded me that whilst there are many staff who are losing their enthusiasm for their roles due to resource restrictions and staffing, they are still committed to making the best different possible themselves. This is what creates positive and happy working cultures and teams."*



The cost of the 2025-2026 event excl VAT:

<b>Chairs Commendation Quarterly Event</b>	<b>Annual Cost 2025-2026</b>
Venue per quarter:- £120	£480.00
Catering per quarter for 54 heads:	£2761.89
Framed certificate 120 @£3.10 each	£372.00
<b>Total</b>	<b>£3613.89</b>

## 2. Cymeradwyaeth Hywel's Applause

### Hywel's Applause – Historic Summary (2022–2024)

Hywel's Applause was first delivered as a virtual event in December 2022, featuring 11 categories aligned to Health Board values. Nominations were anonymised and shortlisted by independent staff panels, with winners announced through pre-recorded videos. The virtual format enabled staff to engage during the YouTube premiere, which has exceeded 1.2k views.

A post-event survey (375 responses) showed that nominees felt valued, and the most appreciated aspect was hearing the positive stories behind each finalist. Staff expressed no clear preference between a face-to-face or virtual format.

Following feedback, the event was brought in-house for improved coordination. Categories were refined, communications strengthened for Welsh Language and Diversity & Inclusion categories, and executive sponsorship was introduced across all awards.

The 2023 event, delivered virtually and premiered in March 2024, received positive qualitative feedback. However, overall engagement was low, with an average of 26 viewers during the premiere and an average view duration of 7 minutes, highlighting limited uptake of the virtual format despite favourable comments.

### Hywel's Applause 2025 – Analysis and Feedback

The 2025 Hywel's Applause event marked the first in-person celebration following strong staff interest in returning to a face-to-face format. Held directly after the Annual General Meeting in September 2025, the event welcomed 57 finalists and guests, in addition to Board members and the Culture & Workforce Experience (CWE) Team. The event was also Live Streamed allowing staff the opportunity to watch from home.

#### Overall Experience and Strengths

Feedback from attendees was overwhelmingly positive, with many highlighting the value of being physically present to celebrate achievements, network with colleagues, and experience the ceremony in a more personal and memorable way.

Key positive themes included:

- **Venue and atmosphere:**  
"Good choice of venue, easy parking and nicely decorated — it felt memorable."
- **Focus on recognition and celebration:**  
"Promoting people's successes, good photo opportunities and encouraging environment."

- **Preference for in-person format:**

“Keep the event as an in-person event. I liked the venue, and I liked that there were Highly Commended awards as well as winners.”

These comments reflect a clear appreciation for a more engaging and celebratory environment compared to previous virtual formats, particularly the opportunity for finalists to receive their awards in front of colleagues and senior leaders.

### **Engagement**

In contrast to virtual events in previous years, in-person attendance demonstrated significantly stronger engagement. The live setting allowed for immediate interaction, professional photography, and real-time celebration elements consistently cited as important by staff.

### **Areas for Improvement**

Despite the largely positive feedback, several constructive suggestions were received. These concentrated on event logistics and the overall scale of the celebration:

#### **Venue capacity and suitability:**

“I thought the venue could have been better.”

Some attendees felt the room did not fully support the size and stature of the event.

#### **Refreshments setup:**

“The set-up of the drinks and snacks was too limited and not easily accessible with so many people hanging around the area.”

#### **Expectation vs. delivery of hospitality:**

“The welcome drinks/food was falsely advertised.”

#### **Recognition items for nominees:**

“I think all nominees should have received more than a certificate to display with pride in their areas.”

### **Summary of 2025 Impact**

The trial of an in-person event successfully revitalised engagement strengthened emotional connection to recognition and aligned with staff preferences. The feedback indicates that the shift to a live format is valued and that the overall concept is strong. However, improvements to venue selection, hospitality management, and the tangible elements of recognition could further elevate the experience for future events.

The 2025-2026 cost excl VAT:

<b>Hywel's Applause Annual Event</b>	<b>Annual Cost 2025-2026</b>
Star Trophies x 11	£439.89
Certificate Frames x33 @£3.10 each	£102.30
Diolch Cards x 33	£40.00
Canapes/ refreshments	£509.00
<b>Total</b>	<b>£1091.19</b>

### 3. Long Service Awards

The new Long Service Awards package was launched September 2022. The award recognises 25+ , 40+ and 50+ years' cumulative NHS service, as a thank you for the loyalty of our workforce to HDdUHB and the wider NHS. The awards consist of a personal card and specially designed bespoke pin badge presented by the service leads for 25 years' service / an invited to an in-person ceremony with an Executive/Independent Member for 40 years' service.

The CWE team are currently exploring ways to automate the application process to enable staff to be able to request their own award, subject to line manager approval.

Since 2022 the CWE have processed:

#### Awards

25+ years	1232
40+ years	295
50+ years	5



The 2025-2026 cost excl VAT:

Long Service Awards	Annual Cost 2025-2026
25 year service pin badges – 300 @£24.02	£7206.00
40 year service pin badges – <u>100@£25.82</u>	£2582.00
Catering costs for in person event £6 per head (Average 15 per event)	£360.00
25 year service cards – 300	£249.75
40 year service cards - 100	£83
<b>Total</b>	<b>£10,480.75</b>

#### 4. Retirement Letters

Since the inception of the new process in July 2021, 1,334 retirees have received a dedicated letter from the Chair/ Deputy CEO. Future work will explore how this recognition can be further developed in line with staff experience and feedback.

#### Current position – Informal Mechanisms

The C&WE Team are currently scoping alternative methods of informal appreciation via Viva Engage.

To celebrate local, informal appreciation the C&WE Team run periodic prize draws to boost staff moral & increase engagement. These are funded by donations of prizes from local retailers and organisations.

#### The Recognition and Appreciation Programme plans for 2026

The commitment to this whole agenda has been outlined for the next 12 months through HDdUHB Strategic objective objective titled – ***“continue to strive to be an employer of choice, having happy, engaged, and supported workforce to stabilise services”*** and is asking for a continuation in enhancing and further development of the people recognition and appreciation programme. The impact of this programme of work is to show value within the workforce which can contribute to improved performance, increased job satisfaction, lower turnover, and higher levels of engagement and a sense of wellbeing in being an employee of HDdUHB

To sustain and further develop a recognition approach that meaningfully supports workforce engagement, retention and service stability, the Health Board is asked to approve funding of £30,856.67 for 2026-2027 to maintain the existing Recognition and Appreciation Programme. This funding will ensure continuity of established, high impact recognition mechanisms already embedded across the organisation, protecting the gains made to date and providing assurance of fairness, consistency and accessibility for staff.

#### Recognition and Appreciation Pilot 2026-2027

In addition, the Health Board is asked to approve a further £5,200 for 2026-2027 to enable the development and testing of new and emerging recognition and appreciation pilots. This additional investment will support innovation in how we recognise contribution, moving beyond

traditional notions of “above and beyond” and toward a more nuanced, human-centred understanding of what staff value and experience as meaningful recognition.

The pilots will act as a test and learn function, allowing our Health Board to remain responsive to an evolving workforce, changing expectations and system pressures, while maintaining strong governance, equity and value for money.

### **Planned Pilot Activity**

Strengthening staff recognition strategies has a direct, positive impact on patient care because staff who feel valued and appreciated are more engaged, experience better wellbeing, and deliver higher-quality, more compassionate care. NHS evidence shows that recognition - especially simple, day-to-day appreciation - boosts staff morale, builds trust, and increases psychological attachment to the organisation, all of which are associated with improved performance and safer care delivery.

Importantly, everyday recognition is just as critical as acknowledging exceptional or “above and beyond” work. Research ([Dr Boorman, 2019](#)) highlights that routine, consistent appreciation helps sustain staff wellbeing over time. Whereas inconsistent or purely exceptional-based recognition misses the ongoing emotional labour and professionalism that underpin safe services. By creating a culture where the small, everyday contributions are seen and valued, in addition to the above and beyond approach of Hywel’s Applause and Chairs Commendation, this fosters stronger engagement, lower stress, and greater connection; conditions that translate directly into better patient experiences and outcomes. Anecdotally, staff are telling us through culture conversations and post-event feedback that recognition can feel tokenistic when it focuses only on “above and beyond” moments only, rather than acknowledging the value of everyday contributions as well.

The proposed additional funding will support priority areas in this light, including;

### **Death in Service Memorial walls**

Introducing a Death in Service Memorial Wall on sites offers the Health Board a meaningful and lasting way to honour colleagues who have passed away while still in employment, recognising their dedication, contribution, and service to our organisation and communities. This form of recognition provides a focal point for remembrance; supporting staff wellbeing by giving teams a respectful space to reflect, grieve, and celebrate the lives of those they worked alongside. Memorial walls are increasingly used across public-sector organisations as a compassionate practice that reinforces organisational values, strengthens a sense of belonging, and demonstrates visible commitment to caring for our workforce beyond their day-to-day roles. Establishing such a memorial would affirm our culture of compassion and ensure that the legacy of our colleagues is preserved with dignity and respect.

To deliver this in a practical and sustainable way, the proposal includes the use of perspex **frames** to display the names and roles of colleagues who have died in service. Perspex offers several advantages: it is cost-effective, durable, easy to update, and can be mounted in a way that ensures a dignified and consistent presentation across multiple sites. This approach allows the Health Board to implement the memorial wall at a modest cost while maintaining a professional and respectful aesthetic. The flexibility of perspex frames also enables us to keep the memorial current, ensuring that new additions can be incorporated quickly and sensitively without the need for significant redesign or ongoing capital spend.

A Death in Service Memorial Wall represents a form of acknowledgement that extends beyond traditional recognition schemes, such as awards or celebrations. It demonstrates

that our commitment to valuing staff is not limited to performance or achievement alone; it includes honouring the humanity, contribution, and legacy of every colleague. By embedding remembrance within our recognition framework, we reinforce a compassionate culture, strengthen emotional connection to the organisation, and signal to both current and future employees that we take pride in, and care deeply about, our workforce. In doing so, the memorial wall becomes an integral part of promoting a supportive, values-driven environment where people feel seen, respected, and appreciated throughout the entirety of their service.

### **“Moments That Matter” Campaign**

The development and delivery of a values-based recognition campaign focused on pivotal moments in the employee experience - those points to enhance where staff feel seen, supported and valued, often during routine, emotionally demanding or transitional aspects of work.

This approach intentionally shifts the recognition narrative away from exceptionalism or ‘above and beyond’ and instead acknowledges the everyday commitment, professionalism and emotional labour that sustain services. It aligns with compassionate leadership principles and supports psychological safety, belonging and wellbeing. The mechanisms to support this include peer-to-peer recognition, local thank you initiatives including peer to peer recognition postcards and an additional tier for nominations one team/individual a month to have tangible appreciation which could include small team appreciation coffee card as a tangible but proportionate gesture.

Research demonstrates that effective recognition is not about rewarding exceptionalism, but about acknowledging day-to-day work. NHS England’s Staff Recognition Framework emphasises recognition “positively influences staff wellbeing, engagement and retention” and does not rely on pay alone - praise and social approval are critical drivers of staff morale [\[england.nhs.uk\]](http://england.nhs.uk). In addition, recognition includes “a simple thank you for day-to-day work,” highlighting the importance of *routine acts* rather than extraordinary heroism. This proposal takes our focus from “above and beyond” to recognising everyday professionalism and emotional labour as well, which is exactly the type of systemic cultural recognition the NHS People Promise advocates.

Measuring the impact of a values-based recognition campaign is inherently challenging, as the effects often relate to cultural shifts, emotional experiences and day-to-day interactions that are not easily quantified. From a culture team’s perspective, anchoring evaluation to baseline engagement scores, retention rates, or sickness absence can be misleading and counter-productive: these are lagging, multi-factor indicators that move slowly and are highly confounded by system pressures (finance, staffing, case-mix, seasonality), so changes cannot be validly attributed to a single culture intervention such as recognition strategies; national evaluations of NHS culture programmes and NHS Employers’ guidance both emphasise the need for process and mixed-methods evaluation over relying on top-line outcome metrics alone because culture change often takes years to surface in staff survey indices and turnover data.

If we claim that improved sickness absence is the “target outcome” of a recognition strategy, we risk misinterpreting or oversimplifying a deeply complex metric.

Goodhart’s Law warns that using such a metric as the headline evidence of success encourages organisations to *chase the metric* instead of focusing on genuine cultural change. A stronger approach (and what we will adopt) is to combine light-touch outcome tracking with formative/process evaluation (e.g., participation, narratives of everyday

recognition, local qualitative insights) to show *how* change is happening and build a more credible line of sight from intervention to impact.

However, in line with NHS guidance recommending clear objectives and regular evaluation snapshots to understand changes in staff experience, we will endeavour to capture both baseline and before-and-after data to understand how staff feel about peer-to-peer recognition and the “Moments That Matter” campaign. While we recognise that such cultural changes may not always be immediately visible in traditional metrics, these snapshots will help us track shifts in sentiment, engagement and the overall perception of everyday recognition within the organisation.

There is currently no dedicated budget for staff recognition, meaning we rely each year on the generosity and support of our charitable partners and other creative, low-cost approaches to sustain our recognition offer. While we understand the organisation is operating under significant financial constraints, it remains important that we continue to find innovative and resourceful ways to fund and maintain this programme for all the reasons cited in this paper. Staff experience and feeling valued are central to retention, wellbeing, culture and beyond that the impact on our patients, so we will do whatever we can - within our means - to keep this work going. We are exploring other options including drawing from overarching budgets, and we will continue to keep these conversations alive.

#### Argymhelliad / Recommendation

- Approval of Charities bid for the continuation of the People Recognition and Appreciation programme for 2026-2027
- Approval for additional pilot funding for a Recognition and Appreciation Pilot in “moments that matter” and Death in Service Memorial walls.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Choose an item. Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Choose an item. Choose an item. Choose an item. Choose an item.

Amcanion Strategol y BIP: UHB Strategic Objectives:	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	Choose an item. Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to <b>XXXX</b> Committee:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) <a href="#">Integrated Impact Assessment Template</a>
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) <a href="#">Integrated Impact Assessment Template</a>
<b>Gweithlu: Workforce:</b>	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) <a href="#">Integrated Impact Assessment Template</a>
<b>Risg: Risk:</b>	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) <a href="#">Integrated Impact Assessment Template</a>

<b>Cyfreithiol:</b> <b>Legal:</b>	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) <a href="#">Integrated Impact Assessment Template</a>
<b>Enw Da:</b> <b>Reputational:</b>	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) <a href="#">Integrated Impact Assessment Template</a>
<b>Gyfrinachedd:</b> <b>Privacy:</b>	e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) <a href="#">Integrated Impact Assessment Template</a>
<b>Cydraddoldeb:</b> <b>Equality:</b>	e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below <ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason)</li> <li>• Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason)</li> </ul> <a href="#">Equality Impact Assessment</a>

## Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com) to help you with completing your funding request. Please direct any questions to: [charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk) / 01267 283055 / 01827 1655.

Section 1: Applicant	
<b>Lead applicant</b>	
Contact name:	<b>Dana Scott</b>
Job title:	<b>Director of Midwifery</b>
Department/Service:	<b>Maternity</b>
Directorate:	<b>Planned and Specialist Care</b>
<b>Lead director</b>	
Contact name:	<b>Dana Scott</b>
Job title:	<b>Director of Midwifery</b>
Section 2: Application summary	
<b>2.1 Title of charitable funds application:</b>	
A Trauma Informed Digital Perinatal Mental Health Platform	
<b>2.2 Brief description of your application:</b>	
In no more than 50 words please tell us what you are requesting charitable funds for.	
<p>This application seeks charitable funding to pilot “Maternally”, a trauma-informed digital perinatal mental health pathway embedded within maternity services. The programme supports early identification, psychologically safe care, and enhanced monitoring to improve outcomes and experiences for women, babies and families, while supporting staff to deliver proactive compassionate care.</p> <p>Within Hywel Dda University Health Board, with approximately 3,000 births per year, this equates to a significant number of women experiencing perinatal mental health difficulties. Local service experience indicates increasing presentations of anxiety, low mood, and trauma-related distress, often</p>	

<p>identified late and at the point of crisis. Demand on community midwifery, health visiting, and specialist perinatal mental health services continue to rise, and limited capacity for early intervention. This reinforces the need for a preventative, scalable approach to support women earlier in their care pathway.</p>		
<p><b>2.3 Total value of charitable funds requested:</b></p>	<p>£20,000 year one £10,000 year two</p>	
<p><b>2.4 Duration of project</b></p>	<p>Project start date:</p>	<p>May 2026</p>
	<p>Project end date:</p>	<p>31<sup>st</sup> March 2028</p>
<p><b>2.5 Strategic priorities</b> Please identify which of the charity's strategic priorities this application relates to (select all that apply).</p>		
<p><b>Patient experience:</b> Enhancing the patient experience throughout the whole care and treatment journey.</p>	<p><b>Staff experience:</b> Supporting the wellbeing and professional development of University Health Board staff.</p>	<p><b>Innovation:</b> Encouraging and supporting innovation and excellence in the delivery of healthcare.</p>
<p>Yes</p>	<p>Yes</p>	<p>Yes</p>
<p><b>2.6 Expenditure type</b> Please select the type of expenditure your application relates to (select all that apply).</p>		
<p><b>Medical equipment</b> <i>please also complete Appendix 1</i></p>	<p><b>Service development or improvement</b></p>	<p><b>Staff welfare and wellbeing</b></p>
<p>No</p>	<p>Yes</p> <p>Develops a new trauma-informed perinatal mental health pathway. Improves early identification, continuity, and experience of care. Responds directly to national maternity and neonatal assurance findings.</p>	<p>Yes</p> <p>The application explicitly demonstrates that the platform;</p> <ul style="list-style-type: none"> <li>• Reduces crisis driven workload</li> <li>• Improves visibility of need</li> <li>• Supports psychological safe, proactive care</li> <li>• Reduces emotional burden on staff</li> </ul>
<p><b>Building/refurbishment Work</b> <i>please also complete Appendix 2</i></p>	<p><b>Other</b> <i>If 'yes' selected, please state expenditure type in box opposite.</i></p>	<p><i>Expenditure type:</i></p>

No	No	<i>Service development and improvement: development and hosting of a trauma-informed digital perinatal mental health pathway to support early identification, continuity of care, and staff wellbeing within maternity services.</i>
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**Section 3: Case for support**

**3.1 Funding request:**

Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

**3.2 Reason for request:**

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

**Maternal mental health is a significant and growing challenge within maternity services.** Around one in five women experience perinatal mental health difficulties, up to one in three describe their birth as traumatic, and 4–5% develop postnatal PTSD. Many women experience anxiety, low mood, or trauma-related symptoms that do not meet thresholds for specialist services but still significantly affect wellbeing, bonding, and functioning.

The current birth rate in HDUHB is 3000 per year, it is estimated up to 60% of women will identify with trauma, we have not current effect screening tool, which would allow for early identification and enhanced care provision. Often women attend services in a crisis. Our approach will reduce crisis presentations and promote self-care with early warning scores. It is well evidenced the long-term impact on child wellbeing when mother have mental health issues. Evidence shows that disrupted maternal-infant bonding is associated with poor maternal mental health, increased anxiety and depression, and adverse long-term developmental, emotional and behavioral outcomes for children, Failure to support early attachment can contribute to intergenerational harm, increased demand on health, education and social care services, and reduce family resilience. Strengthening bonding antenatally and postnatally is therefore a critical protective intervention, not an optional enhancement.

**Current systems rely heavily on self-disclosure and reactive escalation,** meaning support is often provided only once distress has intensified. This contributes to crisis presentations, safeguarding concerns, and long-term morbidity for mothers and children. Maternally represents a positive shift towards early engagement and psychologically safe care. By embedding trauma-informed support and routine monitoring within maternity services, the platform enables earlier identification of need, timely intervention, and proportionate responses aligned to existing care pathways.

**Delivered in partnership with HCI and using their CONNECTPlus patient facing app,** the digital pathway will include:

- Antenatal trauma-informed psychological care planning and birth choice support
- Weekly (or more frequent) digital mood monitoring using validated tools (EPDS, PHQ-9, PDSS)
- Enhanced surveillance for women with mild to moderate mental health needs
- Evidence-based self-help and healthy lifestyle modules
- Guided maternal–infant bonding activities
- A digital birth reflection space to support recovery and learning

**Automated alerts and traffic-light dashboards** will support staff to respond early, reducing reliance on crisis escalation and supporting continuity of care.

**National Gap in Perinatal Mental health.** The recent maternity and neonatal assurance assessment for Wales confirms a persistent and systematic gap in accessible, integrated perinatal mental health support. The assessment highlights that mental health needs are frequently unmet, particularly in the postnatal period, and that provision remains fragmented, inconsistent, and inequitable across Wales.

**These gaps disproportionately affect women in rural and deprived areas.**

**Post Natal care as a risk point.**

The assessment identifies postnatal care as one of the most fragile and under-resourced points in the maternity pathway. Women report poor follow-up, limited emotional support, and a sense of being “dropped” once discharged from maternity services. These gaps

contribute to avoidable distress, escalation of mental health need, and potential harm to women and families.

**For women and families, The Maternally Platform** will improve confidence, emotional safety, recovery, and bonding. Early support reduces escalation of distress and the risk of long-term mental and physical health problems.

**For staff, the platform improves visibility of need**, supports proactive care, and reduces the emotional and operational burden associated with crisis management. This contributes to improved staff wellbeing and safer, more sustainable services.

This project has been designed to promote equitable access and inclusion, recognising that digital solutions must not inadvertently increase health inequalities.

The maternity team have gone live 14/04/2026 with digital electronic maternity records, to ensure no women is excluded we have secure charitable funding to provide a device and sim plan for any woman affected by digital exclusion, for a 12-month period, no woman will be excluded.

Engagement with the platform will be supported by midwives as part of routine care, ensuring that women are introduced to the toll in a supported and personalised way. For women who are unable or chose not to engage digitally, care will continue through existing face to face pathways, with the platform acting to enhance, not replace, traditional models of care.

The use of digital tools will enable more efficient use of clinical time, allowing staff to focus additional time on women with higher levels of need, including those who may be less able to engage digitally. This supports a more equitable distribution of care and resources.

The platform will be available in both Welsh and English, with culturally sensitive content, and will be co-designed with women from diverse backgrounds, including those with lived experience of trauma. Engagement and uptake will be monitored throughout the pilot to identify and address any disparities in access or experience.

This approach ensures that the intervention supports inclusion and equity, while strengthening the ability of services to respond to the needs of all women and families.

### **3.3 Project delivery plan:**

Please tell us how you will deliver this charitable-funded project. Provide a timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

The project will be delivered over two years, enabling both the **development and launch** of the Perinatal Mental Health Digital Platform (Maternally) (Year 1) and **embedding for longevity and sustainability** across the full pregnancy and postnatal journey in Year 2. Delivery will be phased, with clear milestones, monitoring points, and evaluation to ensure safe implementation and effective use of charitable funds.

### **Year 1 Platform development. Pilot and Launch (£20,000)**

**Focus:** Build, test and implement the platform within maternity and perinatal mental health services.

#### **Phase 1: Co-design and Preparation 9 (May-July, 2026) (month 1-3)**

##### **Activity:**

- Establish project governance and reporting arrangements within maternity and perinatal health services.
- Co-design workshops with women (including those with lived experience of trauma) Midwives Health Visitors, and perinatal mental health colleagues.
- Finalise platform requirements, trauma-informed language, care pathways, and escalation thresholds.
- Confirm evaluation measures, (PROMS, PREMS, engagement metrics).

##### **Milestones:**

- Co-design workshops completed
- Agreed functional specification
- Evaluation frameworks sign off

##### **Monitoring:**

- Monthly project check-ins
- Workshop outputs documented and reviewed

#### **Phase 2: Platform Build and Configuration (months 4-6)**

##### **Activity:**

- Digital configuration of the Maternally Platform in partnership with HCI
- Development of antenatal care planning, postnatal monitoring, self-help and maternal-infant bonding modules.
- Welsh Language implementation
- Staff orientation
- Soft testing with a group of up to 10 women

##### **Milestones:**

- Platform build completed
- Welsh/English functionality live
- Clinical safety and governance checks completed

##### **Monitoring:**

- Build progress reviews
- User testing feedback loops

#### **Phase 3: Pilot Launch and delivery (months 7-12)**

##### **Activity:**

- Launch pilot within maternity services
- Recruit 50 to 100 women across pregnancy and postnatal stages to test concept
- Review and revise the platform based on feedback received

- Deliver routine digital monitoring, care planning, and support across the perinatal journey
- Ongoing staff engagement and troubleshooting

**Milestones:**

- Pilot goes live
- Target recruitment achieved
- Platform in routine use

**Monitoring:**

- Monthly engagement and usage reports
- Early outcome signals reviewed
- Issues logged and addressed in real time

**Phase 4: Evaluation and Learning (Months 10-12)**

**Activity:**

- Evaluate usability, engagement, acceptability, and early impact.
- Capture PROMS, PREMS, staff feedback and equity indicators

**Milestones:**

- Produce a learning and evaluation report

**Monitoring:**

- Evaluation milestones tracked
- Findings reviewed at governance meetings

**Year 2: Longevity, embedding in full perinatal journey (£10,000)**

**Focus:** Sustain and extend the platform across the Full **Pregnancy and Postnatal Pathway** embedding learning from Year 1.

**Phase 5: Refinement and Enhancement (Months 13-18).**

**Activity:**

- Refine platform based on evaluation findings.
- Enhance content to fully support antenatal through to extended postnatal care
- Strengthen maternal-infant bonding modules and self-management resources
- Expand inclusion and accessibility features
- Extend roll-out to full population (circa 1500 to 1800 women per annum)

**Milestones:**

- Platform refinements completed
- Enhanced perinatal pathway live
- Large scale adoption across the whole population

**Monitoring:**

- Usage and engagement trends
- Ongoing user feedback

**Phase 6: Embedding and Sustainability (Months 19-24)**

**Activity:**

- Embed platform into routine maternity pathways
- Support wider staff awareness and confidence
- Develop a sustainability and business case for longer-term adoption

- Share learning across the health board.

**Milestones:**

- Platform embedded within maternity services
- Sustainability plan completed
- Decision point for future adoption

**Monitoring:**

- Final evaluation and impact review
- Reporting to maternity governance structures.

**Progress Monitoring and Assurance**

Progress will be monitored through:

- Clear milestones at each point regular project oversight within maternity services
- Engagement, usage and outcomes metrics
- Continuous feedback from women and staff

This phased approach ensures safe delivery, measurable impact, and responsible use of charitable funds. While enabling meaningful improvement across the full pregnancy and postnatal journey.

**Workforce Capability and Clinical Responsibility**

The platform will be delivered using existing maternity, community, and perinatal mental health staff, with no requirement for additional workforce or backfill during the pilot phase. The intervention is designed to support staff by enabling earlier identification of need and reducing crisis-driven workload.

Community midwives and health visitors will support use of the platform, with outputs informing routine care. Clinical responsibility remains with the named midwife, GP or Health Visitor, in line with existing pathways.

The platform is not a real-time monitoring system. It provides additional information to support clinical decision-making, enabling earlier and more proactive intervention where required.

Alerts and screening outputs will be reviewed within routine care contacts or remote review processes, with escalation aligned to existing perinatal mental health pathways.

Clinical safety and oversight will be managed through established Health Board governance structures, including maternity governance and perinatal mental health forums

**SMART Objectives**

1. By Month 6, co-design, configure and launch a trauma-informed digital perinatal mental health platform within maternity services, informed by women lived experience and national learning.
2. By Month 12, support at least 50 women across pregnancy and the postnatal period to engage with the platform, with  $\geq 70\%$  completing routine digital wellbeing check-ins.
3. During the pilot period, achieve a measurable improvement in patient-reported wellbeing and experience, demonstrated through PROMs and PREMs collected via the platform.
4. By the end of Year 1, demonstrate evidence of earlier identification of emerging mental health needs, with timely escalation to appropriate support pathways where indicated.

5. By the end of Year 2, embed the platform to support the full pregnancy and postnatal journey, incorporating learning from Year 1 and producing a sustainability and business case to inform future funding through the IMTP.
6. Throughout the project, demonstrate a positive impact on staff experience, including improved visibility of need and reduced reliance on crisis-driven responses, evidenced through staff feedback.

**3.4 Risks:**

Please tell us what risks have been identified and how they will be mitigated.

**Risk 1: Low engagement or Uptake by Women****Description:**

Currently there is not a screening tool for trauma in the maternity system. Women experiencing psychological distress or trauma may find it difficult to engage if the platform feels unsafe, burdensome and impersonal.

**Mitigation:**

The platform and the screening tool will be co-designed with women with lived experience to ensure trauma-informed language, choice and flexibility of use.

Engagement will be optional and proportionate, with multiple entry points across pregnancy and postnatal care. Bilingual delivery (Welsh & English) and culturally sensitive design will support inclusion.

**Risk 2: Digital Exclusion or Inequitable Access****Description:**

Some women may experience barriers to digital access or confidence, potentially reinforcing inequality.

**Mitigation:**

The platform will be mobile-first, low data, and simple to use. Midwives and Community Teams will introduce the app as part of routine care and offer support where needed.

Engagement patterns will be monitored to identify and address inequalities early.

**Risk 3: Over reliance on Digital Tools****Description:**

There is a risk that digital support could be perceived as replacing face to face care or clinical judgement.

**Mitigation:**

The platform is designed to complement, not replace, existing maternity and community services. It provides enhanced surveillance and early warning. All clinical decision-making remains with professionals. Clear escalation pathways aligned to existing services will be embedded.

**Risk 4: Clinical Safety and Escalation****Description:**

Failure to identify or respond appropriately to deteriorating mental health could pose a safety risk.

**Mitigation:**

Validated screening tools (EPDS, PHQ-9, PDSS) will be used alongside clearly defined traffic-light thresholds and escalation pathways. The platform will not be used as the sole safety mechanism and will operate alongside existing clinical oversight.

**Risk 5: Workforce Capacity and Acceptance.****Description:**

Staff may perceive the platform as adding workload or may lack confidence in digital approaches.

**Mitigation:**

Staff will be involved in co-design and testing to ensure the platform supports, rather than burdens, practice.

The focus on early identification and planned responses is intended to reduce crisis driven workload and supports staff wellbeing.

**Risk 6: Sustainability Beyond the Pilot****Description:**

There is a risk that the platform may not be sustained beyond the initial funding period.

**Mitigation:**

The project is time-limited with a clear evaluation plan. Learning from the pilot will inform decisions about embedding, scaling, or discontinuation. If continuation is not feasible. Learning will be integrated into existing maternity practice.

**Risk 7: Impact of not funding the Project**

**Description:**

There is a clear risk associated with not progressing this work. National assurance reviews, women’s feedback, and local learning consistently highlight gaps in perinatal mental health support, early identification and continuity of care.

Without this intervention, maternity services will continue to rely on reactive responses once harm has escalated, rather than preventative, psychologically safe support.

**Impact:**

Failure to act risks continued avoidable distress for women, poorer maternal-infant bonding, escalation to crisis mental health presentations, safeguarding involvement, and long-term harm affecting mothers, babies, and families. It also risks undermining trust where women have been invited to share feedback but see limited tangible change.

**Mitigation:**

Charitable funding enables the Health Board to respond proactively and compassionately to nationally identified risks and women lived experience. It supports timely action where statutory funding is not yet available and demonstrates organisational commitment to learning, prevention and improvement.

**Summary:**

The risk-managed, phased approach ensures that charitable funds are used responsibly to reduce known risks, improve safety and experience, and prevent avoidable harm. The greatest unmanaged risk is inaction, particularly where evidence indicates that early support interventions can make meaningful difference

### **3.5 Additionality:**

Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

This expenditure is 'above and beyond' core NHS provision because it funds a preventative care model addressing a critical gap outside statutory funding. While core NHS services manage routine maternity care and severe mental illness, there remains an unfunded gap in Wales for integrated support for mild-to-moderate perinatal mental health needs.

This proposal exceeds core provision by:

- **Addressing an Unfunded Gap:** Despite recommendations from the All-Wales Perinatal Engagement Framework, no dedicated national funding exists for proactive early-intervention roles. There is no statutory obligation to provide this specific paid role, making charitable funding essential.
- **Extending Care Continuity:** Core services rely on traditional appointments and strict discharge timelines. Maternally maintains contact and provides continuity beyond routine discharge, stepping in where the system currently struggles to keep women engaged.
- **Enabling Proactive Intervention:** Recent national reviews highlight that Wales lags behind in postnatal perinatal mental health provision. Maternally introduces enhanced surveillance, enabling staff to identify deteriorating wellbeing early and intervene before distress becomes a clinical crisis.

#### **Appropriate Use of Funds**

While addressing vital safety themes from national reviews, we believe that this is an acceptable use of donated funds. because it complements rather than replaces existing statutory services, piloting a value-based, preventative approach currently unfunded by core budgets and this pilot aligns with strategic goals to improve patient experience, reduce inequalities, and support staff. Crucially, by supporting mothers to feel emotionally well, the project strengthens the entire family unit, delivering long-term benefits for babies, partners, and the wider community.

## **Section 4: Impact**

### **4.1 Impact:**

Please tell us about the positive changes or effects that will take place as a result of this expenditure (e.g. improved patient experience, improvements to patient health, efficiencies in the provision of care). You will be required to submit an evaluation report to summarise the impact at a later date.

### **Better Health Outcomes**

For women and families, The Perinatal Mental Health Digital Platform, will improve confidence, emotional safety, recovery, and bonding. Early support reduces escalation of distress and the risk of long-term mental and physical health problems.

For staff, the platform improves visibility of need, supports proactive care, and reduces the emotional and operational burden associated with crisis management. This contributes to improved staff wellbeing and safer, more sustainable services.

### **Positive Impact on Women’s Health and Wellbeing**

This pilot will deliver meaningful improvements in women’s psychological health and wellbeing by enabling earlier engagement, trauma-informed support, and continuity of care across pregnancy and the postnatal period. Women will have access to a psychologically safe digital space that supports emotional regulation, self-care, and recovery, reducing the escalation of mild to moderate distress into more severe mental health conditions. Early identification and enhanced surveillance will support timely intervention, reducing the risk of postnatal depression, anxiety, trauma-related symptoms, and longer-term morbidity.

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### **Improved Experience of Care**

The platform will significantly enhance women’s experience of maternity care by addressing one of the most frequently reported concerns: feeling unheard, unsupported, or “dropped” following discharge. By extending support beyond traditional appointments, the pilot provides continuity at points where the system currently struggles to maintain contact. Women will feel more listened to, better informed, and more actively involved in their care, improving confidence, trust, and overall satisfaction with maternity services.

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### **Strengthened Maternal–Infant Bonding**

Guided maternal–infant bonding activities embedded within the platform will support early attachment and confidence in parenting. Stronger bonding is associated with improved maternal mental health, reduced anxiety, and positive long-term developmental outcomes for babies. Supporting bonding antenatally and postnatally contributes to healthier family relationships and resilience.

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### **Positive Impact on Staff and Services**

For staff, the pilot will support a shift from reactive crisis management to proactive, planned care. Improved visibility of women’s needs through routine monitoring enables more proportionate responses, reducing emotional and operational pressure on maternity, community, and mental health teams. This supports staff well-being, professional confidence, and safer decision-making, while aligning with compassionate, trauma-informed practice.

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### **Improved Equity and Access**

The digital nature of the platform will improve equity of access for women who face barriers related to geography, rurality, deprivation, or service capacity. By reducing reliance on physical attendance and providing consistent support regardless of postcode, the pilot directly addresses inequalities highlighted in national reviews and supports inclusive, accessible care.

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## **Measurable Improvements and Learning**

The pilot will generate measurable improvements in:

- Women's reported wellbeing and confidence
- Satisfaction with maternity and postnatal care
- Engagement with support during the postnatal period
- Early identification and response to emerging mental health needs

It will also produce learning that informs future service design, supports sustainability, and demonstrates the value of preventative, compassionate interventions funded through charitable investment.

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## **Overall Impact**

In summary, this charitable expenditure will deliver tangible improvements in health, wellbeing, experience, satisfaction, and safety for women and families, while supporting staff and reducing avoidable escalation and harm. It represents a responsible, preventative use of charitable funds that translates national learning and women's feedback into real, practical change.

## 4.2 Patient benefit:

Please summarise how patients will benefit from this expenditure. If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

### How Patients Will Benefit from the Expenditure

This charitable expenditure will enable women to access earlier, trauma-informed psychological support throughout pregnancy and the postnatal period. Women will benefit from improved continuity of care, enhanced emotional safety, and timely identification of emerging mental health needs. Access to guided self-care, routine wellbeing check-ins, and maternal–infant bonding support will reduce distress, improve confidence and recovery, and lower the risk of escalation to crisis or longer-term harm. The digital platform will also improve equity of access, particularly for women in rural or underserved communities, ensuring support is available regardless of location or service capacity.

### How Staff Will Benefit from the Expenditure

Staff will benefit from improved visibility of women’s needs and earlier identification of risk, enabling more proactive and proportionate responses. By supporting early engagement and planned intervention, the platform reduces reliance on crisis-driven escalation and the associated emotional and operational burden on maternity, community, and mental health teams. This supports staff wellbeing, professional confidence, and safer decision-making, while enabling staff to deliver compassionate, trauma-informed care within existing workforce constraints.

## 4.3 Beneficiaries:

Please tell us how many people are expected to benefit as a result of this expenditure and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

The primary beneficiaries of this project are women receiving care from maternity services who are experiencing, or at risk of, perinatal mental health difficulties. Through early engagement, trauma-informed support, and enhanced surveillance, women will benefit from improved emotional wellbeing, continuity of care, and timely access to support across pregnancy and the postnatal period.

Babies and children will benefit from improved maternal mental health, stronger maternal–infant bonding, and more stable early caregiving environments, which are known to support healthy emotional and developmental outcomes.

Fathers and partners will benefit from greater understanding, guidance, and confidence in supporting maternal wellbeing and early parenting, strengthening family relationships.

The family is the fundamental unit of society, and when mothers are supported to feel safe, heard, and emotionally well, the benefits extend beyond the individual. By caring for the mother, this project strengthens families, supports healthier early parenting, and contributes to improved outcomes for babies, families, and the wider community.

Maternity, community, and mental health staff are also key beneficiaries. Improved visibility of need and earlier identification of risk enable more proactive, planned care, reducing crisis-driven escalation and supporting staff wellbeing and professional confidence.

## 4.4 Evaluation methods:

Please tell us what methods you will use to measure the effectiveness of your expenditure and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position.

## **Evaluation: What Will Be Measured and How**

Current maternity pathways do not provide routine, structured digital monitoring of maternal mental health across pregnancy and the postnatal period. Identification of need is largely dependent on self-disclosure and point-in-time assessment, with limited ability to track changes over time. Local service experience indicates that many women present later in their care pathway, often at the point of escalation or crisis. This pilot will establish a baseline for earlier identification, engagement and continuity of support.

The pilot will include a proportionate but robust evaluation to assess effectiveness, experience, and feasibility, ensuring responsible use of charitable funds and clear learning.

### **1. Women's Health and Wellbeing Outcomes (What)**

We will measure changes in women's emotional wellbeing, confidence, and recovery across pregnancy and the postnatal period.

How:

- Validated patient-reported outcome measures (PROMs), including mood and wellbeing scores collected through the platform
  - Self-reported confidence, coping, and emotional safety indicators
  - Monitoring of changes over time to identify improvement or deterioration
- 

### **2. Experience and Satisfaction (What)**

We will assess women's experience of care, feeling listened to, supported, and involved in decisions.

How:

- Patient-reported experience measures (PREMs) captured digitally
  - Feedback on continuity of care, postnatal support, and overall satisfaction
  - Qualitative feedback from women on usability and perceived value
- 

### **3. Engagement and Reach (What)**

We will evaluate whether women are engaging with the platform and whether it is accessible and inclusive.

How:

- Platform usage data (log-ins, completion of check-ins, use of self-help modules)
  - Monitoring engagement across pregnancy and postnatal stages
  - Review of uptake across different groups to identify any equity gaps
- 

### **4. Early Identification and Escalation (What)**

We will assess whether the platform supports earlier identification of need and timely responses.

How:

- Tracking alerts and escalation triggers generated through the platform
- Review of actions taken following identified concerns
- Comparison with baseline patterns of reactive escalation where available

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## 5. Impact on Staff and Services (What)

We will evaluate the effect on staff experience and service delivery.

How:

- Staff feedback on workload, confidence, and usefulness of the platform
  - Review of perceived reduction in crisis-driven interventions
  - Qualitative insights from maternity and community teams
- 

## 6. Overall Feasibility and Sustainability (What)

We will determine whether the platform is feasible to embed and sustain.

How:

- Assessment of acceptability to women and staff
  - Identification of technical, operational, and governance requirements
  - Development of a learning and evaluation report to inform future decisions
- 

## Use of Findings

Evaluation findings will be reviewed through maternity governance arrangements and used to:

- Inform decisions about continuation and scale-up
- Support future business cases or funding applications
- Embed learning into routine maternity practice

This approach ensures the project delivers measurable benefit, meaningful learning, and accountability for charitable investment.

## Key Performance Indicators (KPI's)

The following KPI's will be used to assess impact.

- >70% of enrolled women complete at least one weekly check-in
- >60% sustained engagement across pregnancy/postnatal period
- Demonstratable improvement in PROMS (e.g. reduction in EDS / PHQ-9 score where appropriate)
- >80% of women report feeling more supported and listened to (PREMs)
- Evidence of earlier identification of need, including increased detection of mild - moderate distress prior to escalation
- Positive staff feedback indicating improved visibility of need and reduced reliance on crisis management

## Data Analysis and Reporting

Data collected through the platform will be presented via a secure digit dashboard, enabling real time visibility of individual and aggregated responses. Analysis of outcomes, trends and impact will be undertaken by the Health Board maternity and evaluation teams, with findings reported through governance structures and shared with the charitable funds

committee. This will include both qualitative data ( PROMs, engagement metrics) and qualitative feedback from women and staff.

## Section 5: Exit strategy (for revenue expenditure requests)

Please tell us how the benefits of this expenditure will be sustained beyond the end of this time-limited period of charitable funding. For project funding, please tell us if it will continue, and how it will be funded. If it will not continue, please tell us how it will be brought to a close.

### Exit Strategy

This project is designed as a time-limited, charitable-funded pilot to enable early implementation, learning, and evaluation of a trauma-informed digital perinatal mental health pathway within maternity services.

The recent national maternity and neonatal assurance review highlights that Wales continues to lag behind England and Scotland in the provision of perinatal mental health services, reinforcing the need for timely, preventative interventions that improve early identification, continuity, and access to support. The pilot will generate local evidence to demonstrate impact, feasibility, and value, supporting informed decision-making about longer-term adoption.

Subject to positive evaluation outcomes, it is anticipated that Health Board funding would be considered to sustain the platform beyond the charitable funding period, recognising its contribution to patient experience, safety, equity, and workforce sustainability. Business development will follow established planning and governance routes, with the learning and outcomes from the pilot informing inclusion within the Integrated Medium-Term Plan (IMTP) and wider maternity and perinatal mental health strategies.

If ongoing funding is not secured, learning from the pilot will still deliver value by informing service improvement, trauma-informed practice, and future commissioning decisions. Any elements that cannot be sustained digitally will be embedded into existing maternity pathways where possible.

This approach ensures charitable funding is used responsibly as an enabler of innovation and improvement, while positioning the Health Board to respond proactively to national priorities and assurance findings.

Subject to positive evaluation outcomes, ongoing funding for platform licensing would be considered through Health Board commissioning and planning processes, including the integrated Medium Term Plan (IMTP). If ongoing funding is not secured, women will be safely transitioned off the platform at the end of their perinatal care period, with continuity maintained through existing services.

## Section 6: Governance

### 6.1 Compliance:

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

## **Information Governance and Data Security**

Hywel Dda University Health Board will act as the Data Controller, with CONNECTPlus operating as the Data Processor under a formal Data Processing Agreement. All Data will be securely hosted within the UK in compliance with NHS data security standards and GDPR requirements

The platform provider holds recognised certification including DSPT, Cyber Essentials Plus, and DTCA compliance with NHS data security standards and GDPR requirements.

A Data Protection Impact Assessment (DIPA) has been completed in collaboration with the Health Board's Information Governance team, with no significant risks identified to date.

## **Digital and Cyber Approval**

A digital support request has been submitted to the health board's digital Services team to ensure full alignment with information governance, cyber security and technical requirements. Confirmation of approval will be provided as part of the final governance process.

## **Procurement and Value for Money**

Procurement processes will be followed in line with Health Board requirements to ensure compliance with financial governance and value for money. The proposed partnership with CONNECTPlus reflects an established, NHS-tested platform with demonstrated capability, and includes significant in-kind contribution, representing a cost-effective and low risk approach to pilot delivery.

It supports Clinical Governance principles by embedding the service user voice into quality improvement and safety processes, in line with the Welsh Government's maternity strategy and NICE guidance on patient involvement. All engagement follows Hywel Dda's policies on safeguarding, equality, and inclusion, ensuring representation from seldom-heard groups and adherence to the Health and Care Standards for Wales.

The partnership also promotes transparency and accountability, meeting statutory duties under the Equality Act 2010 and the Well-being of Future Generations (Wales) Act 2015.

HCI has the following accreditations:

- DSPT (Ref: 8KF58)
- ICO (Ref: ZA281329)
- Cyber Essentials Plus (last certification 2023-06-08. Certificate provided on request)
- IASME (last certification 2023-06-30. Certificate provided on request)
- NHS England Technology Assessment Criteria (DTAC) Compliant
- Annual Penetration Test (Report available on request)

In addition HCI is already working with our Information Governance team to complete a Data Protection Impact Assessment (DPIA) to reflect the functionality that we will be using.

## **6.2 Strategic alignment:**

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This project aligns with local maternity improvement priorities with Hywel Dda, including strengthening postnatal care, improving perinatal mental health support, and responding to the themes identified through internal governance, incident reviews, and national internal governance, incident review, and national maternity and neonatal assurance findings. It supports the need for earlier identification of risk, improved continuity of care, and enhanced psychological support, which have been identified as key safety and quality priorities within maternity services.

### **Strategic Alignment with Health Board Objectives**

This project aligns strongly with Hywel Dda University Health Board's strategic objectives to deliver safe, kind, equitable, and sustainable care, with a clear focus on prevention, early intervention, and improving patient and staff experience.

### **Improving Patient Experience and Outcomes**

The platform directly supports the Health Board's commitment to improving patient experience by addressing nationally and locally recognised gaps in perinatal mental health and postnatal care. By enabling earlier engagement, trauma-informed psychological support, and continuity across pregnancy and the postnatal period, the project responds to women's feedback about feeling unheard or unsupported and translates learning into tangible service improvement.

### **Prevention and Early Intervention**

The project aligns with the Health Board's prevention agenda by shifting care upstream—supporting early identification of need and timely, proportionate intervention before distress escalates into crisis, safeguarding involvement, or longer-term morbidity. This supports improved health outcomes for women, babies, and families while reducing avoidable demand on acute and specialist services.

### **Equity and Reducing Inequalities**

The digital delivery model supports the Health Board's objective to reduce health inequalities, particularly in rural and underserved communities. By reducing reliance on physical attendance and improving access regardless of postcode, the project promotes equitable access to support and aligns with the principles of the Well-being of Future Generations (Wales) Act.

### **Supporting Staff Wellbeing and Workforce Sustainability**

The platform supports workforce sustainability by improving visibility of women's needs, enabling proactive care, and reducing reliance on crisis-driven responses. This aligns with the Health Board's commitment to staff wellbeing, compassionate leadership, and enabling staff to work at the top of their professional role within existing capacity constraints.

### **Innovation and Learning**

The project demonstrates the Health Board's commitment to innovation and continuous learning, responding proactively to national maternity and neonatal assurance findings that highlight gaps in perinatal mental health provision in Wales. Charitable funding enables responsible testing and evaluation of a new approach, de-risking future investment and supporting evidence-based decision-making.

### **Strategic Planning and Sustainability**

Learning from the pilot will inform future business planning and commissioning decisions, with clear routes into the Integrated Medium-Term Plan (IMTP) and wider maternity and

perinatal mental health strategies. This ensures alignment between charitable investment, Organisational priorities, and long-term sustainability.

## **Section 7: Other**

Please provide any other relevant information in support of your funding request.

The platform is designed to support, not replace, clinical decision-making. It does not hold independent decision-making authority; responsibility for assessment, escalation and care planning remains with the named midwife, health visitor or GP or specialist team in line with existing clinical pathways. The role of the platform is to provide additional information and insight to support earlier, more informed and proportionate clinical decision-making. Engagement with seldom-heard voices and diverse communities will be embedded throughout the project. Co-designed activity will include women with lived experience from a range of backgrounds, including those who may traditionally experience barriers to accessing services. Midwives and health visitors will support inclusive onboarding, and uptake and engagement will be monitored to identify any inequalities. Where digital engagement is limited, existing face-to-face care pathways will continue to ensure no woman is excluded, with the platform supporting more efficient use of clinical time to enable targeted support for those with greatest need.

### **Additional Information**

This proposal has been developed in direct response to women's feedback, national maternity and neonatal assurance findings, and the recognised gap in accessible, integrated perinatal mental health support across Wales. Recent national maternity reviews highlight that Wales continues to lag England and Scotland in this area, with fragility in postnatal care and the early identification of deteriorating wellbeing. This project provides a timely, practical, and compassionate solution to these challenges.

Maternally represents a ground-breaking step forward, shifting care from reactive, fragmented support to early, psychologically safe engagement. While digital tools are increasingly common in other healthcare sectors, maternity services in Wales currently lack an integrated, trauma-informed digital pathway.

Maternally bridges this gap by supporting early engagement and enhanced surveillance for women experiencing mild-to-moderate mental health needs across the full pregnancy and postnatal journey. It directly complements existing statutory services by:

- Extending continuity of support beyond routine clinical discharge.
- Improving visibility of need for maternity and mental health staff.
- Enabling earlier, proportionate intervention before emotional distress escalates into a clinical crisis.

By embedding this approach within routine maternity pathways, the project moves beyond incremental improvement and introduces a much-needed step-change in perinatal care. It empowers women to be seen and supported earlier, amplifies lived experience in real time, and equips staff to deliver compassionate care within existing workforce constraints.

Furthermore, this pilot aligns seamlessly with the Health Board's strategic objectives to improve patient experience, reduce health inequalities, support staff wellbeing, and deliver preventative, value-based care. A phased delivery plan, clear governance arrangements, and a proportionate evaluation framework provide complete assurance that charitable funds will be utilised responsibly for measurable impact.

Crucially, this project supports not only women but also babies, partners, and families. When mothers are supported to feel safe, heard, and emotionally well, the benefits extend far beyond the individual, strengthening the family unit, enriching communities, and improving long-term outcomes for children.

Charitable funding provides a unique, timely opportunity to enable this transformational approach at pace. It will allow the Health Board to lead nationally in trauma-informed maternity care, setting a new standard for delivering equitable, compassionate, and sustainable perinatal mental health support.

**Contract Type**

Time-limited hosting and service delivery agreement

A two-year charitable-funded agreement with CONNECTPlus to host, configure, and support the Maternally digital perinatal mental health platform for maternity services.

Year 1 will focus on platform development, configuration, launch, and pilot delivery.

Year 2 will provide continuity and longevity, supporting women across the full pregnancy and postnatal journey, refinement of the platform, and sustainability planning.

This project positions Hywel Dda University Health Board at the forefront of trauma-informed, preventative maternity care in Wales, demonstrating what is possible when innovation is driven by women's voices and national learning.

## Section 8: Funding requirements

### 8.1 Cost breakdown:

Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

Item/Category	Cost (£)	Comments
<b>Initial design and development cost Year 1</b>	<b>£20,000 Year 1</b>	
HDUHB and HCI Teams scoping	£0	Uses existing HDUHB resources and contribution in kind from HCI
HDUHB support with evaluation - scoping and impact measurement	£0	Uses existing HDUHB resources
HCI Project Management, Governance, and Reporting	£6,000	
Co-design and Preparation	£0	Led by and uses existing HDUHB resources
HCI Platform Development and Technical Delivery	£2,000	
HCI Existing content enhancement and new content production	£4,000	
HCI translation in to Welsh (content and platform)	£8,000	
HDUHB HCI User Engagement & Piloting	£0	Uses existing HDUHB resources and contribution in kind from HCI
HCI Exec Leadership	£0	Contribution in kind from HCI
HCI CONNECTPlus Year 1 licence fee	£0	Contribution in kind from HCI (Standard cost £10,000 pa)
<b>CONNECTPlus Ongoing hosting costs</b>	<b>£10,000 Year 2</b>	
HDUHB implementation, staff training and support	£0	Uses existing HDUHB resources and contribution in kind from HCI
HDUHB support with evaluation - scoping and impact measurement	£0	Uses existing HDUHB resources
HCI CONNECTPlus Year 1 license fee	£10,000	

<b>8.2 Total amount of funding requested:</b>					
<b>Net £</b> <i>Excluding VAT</i>	<b>£30,000</b>	<b>VAT £</b>	£6,000	<b>Gross £</b> <i>Including VAT</i>	<b>£36,000</b>
<b>8.3 Designated charitable fund</b>					
<b>Name of charitable fund:</b>			<b>Charitable fund code/number:</b>		
Hywel Dda Charitable Fund – 'Making a Difference Fund'			T600 £12,000.00		
Mental Health & Learning Disabilities Services			T603 £12,000.00		
Carmarthenshire Maternity Services			T754 £12,000.00		
<b>8.4 Alternative funding sources:</b>					
Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.					
The option of supporting the role from the existing maternity and neonatal budget has been explored, however given the financial status of the Health Board it was not possible to release funds from the existing budget					
<b>Section 9: Authorisation</b>					
<b>9.1 Application prepared by:</b>					
<b>Contact name:</b>		<b>Job title:</b>		<b>Date:</b>	
Dana Scott		Dana Scott		27/02/2026	
<b>9.2 Application authorised by:</b>					
Please ensure that your fund manager (approver up to £10,000) has reviewed your application before submission.					
<b>Contact name:</b>		<b>Job title:</b>		<b>Date authorised:</b>	
Dana Scott		Director of Midwifery Professional Governance Lead		27/02/2026	
<b>9.3 Finance Business Partner review:</b>					
Please ensure that your Finance Business Partner has reviewed your application before submission.					
<b>Contact name:</b>		<b>Job title:</b>		<b>Date reviewed:</b>	
Alison Wride		FBP		27/02/2026	

**Please return completed form via email to:**

[charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk)

**or via internal mail to:**

Charitable Funds Support Officer

Finance Department

Ty Gorwel, Building 14

St David's Park, Job's Well Road

Carmarthen SA31 3BB

### Appendix 1

**Assessment for medical equipment (as per [Medical Devices Policy](#)):**

*Not applicable for this application*

### Appendix 2

**Assessment for building or refurbishment work (to be completed by Estates team):**

*Not applicable for this application*

### For Charitable Funds Finance Department

<b>Application Reference Number:</b>		
<b>Fund Title:</b>	<b>Fund Code:</b>	<b>Current Fund Balance £:</b>
Making a Difference Fund	T600	£438,729.81
Mental Health & LD Services	T603	£55,945.37
Corporate		
Carmarthenshire Maternity Services	T754	£45,003.09

#### Finance review

I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.

#### Contact name:

Tina Nepean

#### Job title:

Senior Accounts Officer

#### Date reviewed:

26/05/2026

#### Outcome of meeting CFC/CFSC

I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.

#### Meeting date:

#### Outcome:

#### Contact name:

#### Job title:

**Application for charitable funds expenditure  
over £10,000**

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com) to help you with completing your funding request. Please direct any questions to: [charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk) / 01267 283055 / 01827 1655.

**Section 1: Applicant**

**Lead applicant**

Contact name:	Cathy Cenayko
Job title:	BMS & Mortuary Manager
Department/Service:	Pathology
Clinical Care Group:	Allied Health Professionals and Health Science

**Management contact**

Contact name:	Craig Baker
Job title:	Cellular Pathology & Mortuary Service Manager

**Section 2: Application summary**

**2.1 Title of charitable funds application:**

T600 Make a Difference Fund

**2.2 Brief description of your application:**

In no more than 50 words please tell us what you are requesting charitable funds for.

To create two tranquil garden areas at Glangwili mortuary for use by bereaved families and staff. These holistic outdoor spaces will provide a private, supportive environment for grief, reflection, and remembrance, while also enhancing staff wellbeing through opportunities for restorative breaks and meaningful engagement with the gardens.

<b>2.3 Total value of charitable funds requested:</b>	£ 17,820.00
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<b>2.4 Duration of project</b>	Project start date:	June 2026
	Project end date:	November 2026

**2.5 Strategic priorities**

Please identify which of the charity's strategic priorities this application relates to (select all that apply).

<b>Patient experience:</b> Enhancing the patient experience throughout the whole care and treatment journey.	<b>Staff experience:</b> Supporting the wellbeing and professional development of University Health Board staff.	<b>Innovation:</b> Encouraging and supporting innovation and excellence in the delivery of healthcare.
<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>

<b>2.6 Expenditure type</b> Please select the type of expenditure your application relates to (select all that apply).		
<b>Medical equipment</b> <i>please also complete Appendix 1</i>	<b>Service development or improvement</b>	<b>Staff welfare and wellbeing</b>
Yes / <b>No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Building/refurbishment Work</b> <i>please also complete Appendix 2</i>	<b>Other</b> <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type:</i>
Yes / <b>No</b>	Yes / <b>No</b>	

### Section 3: Case for support

**3.1 Funding request:**  
Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

We are requesting charitable funds to support the planting and labour required to complete two therapeutic garden areas within the Glangwili General Hospital mortuary setting. The financial request is specifically for the services of a professional gardening company (Contact provided by Estates) to undertake specialist planting, ground preparation, and installation work needed to bring the redesigned spaces to life.

The full garden redesign has been developed by mortuary staff, who have created a plan that reflects the needs of bereaved families and the wellbeing requirements of staff working in a sensitive and emotionally demanding environment. This approach has ensured that the design is compassionate, practical, and tailored to the unique nature of the mortuary setting.

There will be no ongoing maintenance costs associated with this project. A core ethos of the initiative is that the gardens will be maintained long-term by mortuary staff and volunteers, promoting ownership, sustainability, and emotional investment in the spaces. Staff-led maintenance will ensure that the gardens continue to reflect the values of dignity, care, and support for both bereaved families and the mortuary team.

Maintenance arrangements are intentionally low burden and build on a successful staff-led pilot garden established in 2024. Ongoing care will be undertaken by mortuary staff with volunteer support, requiring no specialist training and no ongoing Estates budget input.

**3.2 Reason for request:**  
Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

The existing garden areas within the mortuary were heavily overgrown, dominated by invasive bamboo, and were inaccessible to both families and staff. The dense overgrowth made the spaces unsafe, unsightly, and impossible to maintain effectively. As a result, the areas could not be used to support bereaved families during an already sensitive and emotional time, nor could they offer staff a quiet space to aid wellbeing.

The need for improvement has been identified through staff feedback, observations of the deteriorating condition of the gardens, and the recognition that these outdoor spaces have significant potential to enhance patient and family experience during bereavement. Discussions within the mortuary team and with relevant managers highlighted that creating accessible, well-designed therapeutic gardens would provide a compassionate environment for families and promote staff resilience and emotional health.

Funding to develop garden areas within the mortuary environment is a meaningful investment in the wellbeing of bereaved families and the staff who support them. Sensitive, well-designed green spaces in this context provide several important benefits:

**Support for Bereaved Families:**

Access to a calm, natural outdoor space offers families a quiet, private area to gather their thoughts, reflect, and process grief during an incredibly difficult time. A peaceful garden can soften the clinical nature of the mortuary environment and enhance the overall bereavement experience.

**Emotional Wellbeing for Mortuary Staff:**

Mortuary staff routinely work in emotionally demanding circumstances. A dedicated therapeutic garden offers a restorative space for short breaks, supporting mental resilience, reducing stress, and promoting long-term wellbeing.

**Creating Dignity and Compassion:**

Thoughtfully designed gardens help create a respectful and compassionate atmosphere around the mortuary. This contributes to maintaining dignity for the deceased and reassures families that their loved ones are cared for in a supportive environment.

**Environmental and Sustainability Benefits:**

Replacing overgrown, invasive vegetation with a structured, maintainable garden improves safety and accessibility while promoting biodiversity and creating a healthier outdoor environment.

**Reducing Inequalities in Bereavement Support:**

Providing accessible, comforting outdoor spaces ensures all families regardless of background—have the opportunity for quiet reflection in a supportive setting, helping reduce inequities in the bereavement experience.

**3.3 Project delivery plan:**

Please tell us how you will deliver this charitable-funded project. Provide a timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

The project will be delivered in defined phases to transform the two mortuary garden areas into therapeutic, accessible spaces designed to support bereaved families and the wellbeing of mortuary staff. Each garden has a distinct ethos: one offering calm, quiet stillness, and the other encouraging gentle interaction through sensory planting. In addition to these two redesigned spaces, there is a third established garden area used regularly by the bereaved that does not require redesign; however, it does need replenishment of fresh stone along the borders to maintain its appearance, safety, and dignity. The project will be monitored through regular meetings with Estates, the mortuary team, and the appointed gardening company.

**Phase 1: Preparation and Site Clearance (Completed)**

As part of demonstrating commitment, the mortuary staff, working alongside Estates and volunteers from Roche, have already cleared both gardens of significant overgrowth, including invasive bamboo. This has created a safe, blank canvas for development and reflects the determination and shared vision held by staff and stakeholders.

Further preparatory tasks include:

- Finalising planting plans with the gardening company
- Confirming requirements for access, safety, and screening

**Before and after images of garden areas:**



**Garden areas following volunteers clearing the bamboo and covering to prevent weed growth.**



### **Phase 2: Infrastructure and Groundworks (Days 1-7)**

Work will begin to prepare the physical layout of both spaces:

- Installing or repairing pathways for safe access.
- Creating defined borders for the Japanese-inspired garden.
- Preparing soil beds suitable for blossom trees and sensory planting in the larger garden.
- Replenishment of fresh stone along the borders in established garden.

### **Phase 3: Japanese-Inspired Garden Installation (Days 8-14)**

This smaller garden will be designed to evoke calm, balance, and quiet reflection:

- Planting of Japanese-style shrubs, grasses, and low-maintenance evergreens.
- Inclusion of simple, minimalist elements such as stones, textured planting areas, lighting and seating.
- Creation of a peaceful environment aimed at supporting families during moments of grief and providing staff with a still, restorative space.

**Image of Japanese-inspired garden design:**



#### Phase 4: Sensory and Interactive Garden Installation (Days 15 - 21)

The larger garden will encourage gentle engagement and connection with nature:

- Planting trees and sensory plants selected for fragrance, texture, and colour.
- Designing accessible paths to allow families and staff to move through the space.
- Creating seating areas that encourage shared moments of reflection.
- Providing opportunities for light interaction such as touching flowers and smelling fragrant plants.

The image now shows four distinct ornamental trees, as requested, arranged along the garden space:

- **Blossom tree** (soft pink flowering)
- **Magnolia tree** (large white blooms)
- **California lilac (Ceanothus)** (blue flowering)
- **Flowering dogwood** (white bracted flowers)

All trees are **ornamental and non-fruiting**, visually calm, and appropriate for a **hospital mortuary and bereavement garden** setting. The planting now clearly communicates dignity, seasonality, and therapeutic intent

#### Image of sensory and interactive garden design:



#### Phase 5: Final Checks, Handover, and Activation (Day 22 - 23)

- Estates will complete safety and accessibility checks.
- The mortuary team will review both gardens to ensure suitability for bereavement

care.

- Any necessary final adjustments will be made.

### **Phase 6: Long-Term Maintenance and Ethos (Day 24 onwards)**

A core principle of this project is that the gardens will be maintained by mortuary staff and volunteers, creating a sense of ownership, pride, and continuity.

Maintenance will include:

- Seasonal pruning of trees, watering, and light care
- Ongoing interaction with plants in the sensory garden
- Regular checks to ensure the Japanese-inspired garden retains its calm, uncluttered aesthetic.
- Periodic Estates oversight only where needed.

This staff-led approach ensures the gardens remain personal, meaningful, and sustainable without ongoing financial burden.

**Note: Images demonstration of design to be achieved. Maturing of trees and planting will take time and may vary.**

### **3.4 Risks:**

Please tell us what risks have been identified and how they will be mitigated.

#### **Risk 1: Delays in contractor availability**

There is a potential risk that the gardening company may experience delays in scheduling or completing the specialist planting and groundworks.

**Mitigation:** A clear timeline will be agreed in advance, with milestones monitored by the mortuary team and Estates. Alternative contractors can be approached if required.

#### **Risk 2: Plants failing to establish or requiring replacement**

Weather conditions, soil variability, or accidental damage may affect plant survival

**Mitigation:** The gardening company will use species known for resilience and suitability to the site. Mortuary staff and volunteers will maintain ongoing care, reduce the likelihood of plant loss and support long-term sustainability.

#### **Risk 3: Gardens becoming overgrown or unmaintained**

If routine maintenance lapsed, the gardens could deteriorate, impacting both appearance and accessibility.

**Mitigation:** A core ethos of the project is that mortuary staff and volunteers will maintain both garden areas. A maintenance rota will be implemented and reviewed quarterly. The minimal-maintenance design of the Japanese-inspired garden further reduces this risk.

**Accessibility** - The garden spaces are designed to be fully accessible, including:

- Level pathway in the sensory garden suitable for those with mobility impairments or wheelchairs.
- Seating suitable – garden benches suitable for wheelchair users, providing level access and space to sit comfortably alongside others.
- Level, non-slip, safe surfacing.

#### **Risk 4: Temporary disruption to mortuary operations during installation**

Groundworks and planting activities may cause short-term noise or limited access to external areas.

**Mitigation:** All work will be scheduled in liaison with the mortuary team to avoid sensitive periods, and contractors will follow agreed pathways and working hours to minimise disruption.

#### **Risk 5: Safety risks to families or staff in the garden spaces**

Slippery surfaces, loose stones, or uneven pathways could pose hazards, particularly during wet weather.

**Mitigation:** Estates and the gardening company will ensure all pathways and seating

areas are safe, non-slip, and fully accessible. Routine inspections will be carried out by the mortuary team as part of ongoing maintenance.

### **Health & Safety Checks**

Routine health and safety monitoring will be embedded within ongoing garden use and maintenance (Maintenance table - section 6.1).

- **Mortuary team:** routine visual inspections to identify any emerging slip, trip, or accessibility hazards.
- **Estates:** periodic formal safety and accessibility checks aligned with existing Estates oversight arrangements.
- Identified risks, including slip and trip hazards, will be formally mitigated where required and monitored through routine audits which are currently undertaken yearly by the mortuary manager and recorded on the mortuary quality management system.

### **Risk 6: Misalignment with the sensitivities of bereavement care**

If Garden features were not designed appropriately, they could unintentionally conflict with the tone required in a mortuary environment.

**Mitigation:** The design has been created entirely by mortuary staff, ensuring that the tone, layout, and planting choices fully support dignity, reflection, and compassionate bereavement care.

### **Risk 7: Potential vermin attraction associated with blossom trees and planting.**

Inclusion of blossom trees and planting may raise concern about vermin in a hospital setting.

**Mitigation:** The local Estates team has reviewed and approved the inclusion of blossom trees and plants. Species selected are appropriate for hospital environments, planting locations minimise vermin risk, and the grounds design supports cleanliness, visibility, and ease of monitoring. Ongoing staff-led maintenance scheduled.

### **3.5 Additionality:**

Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

This project represents an enhancement that goes significantly above and beyond core NHS provision. While NHS resources ensure that mortuary environments are safe, functional, and clinically appropriate, they do not extend to the creation of therapeutic, landscaped garden spaces designed to support bereavement care or staff wellbeing.

The proposed development of two distinct garden areas; a calm Japanese-inspired reflective space and a larger interactive sensory garden, is additional to statutory requirements and enriches the experience of families during moments of profound grief. These gardens provide an environment of dignity, quiet reflection, and emotional comfort that cannot be achieved through clinical facilities alone.

Similarly, the gardens will offer mortuary staff an essential restorative space that enhances emotional resilience in a highly demanding and sensitive working environment. This level of wellbeing support is not funded within standard NHS budgets and therefore relies on charitable investment to bring meaningful benefits to staff who carry significant emotional responsibilities.

The redesign has been created entirely by mortuary staff, demonstrating ownership, compassion, and insight into the needs of families and colleagues. Charitable funds are being requested solely for the planting and labour of a gardening company to professionally establish the spaces. Ongoing maintenance will be carried out by staff and volunteers as part of the project's ethos, ensuring sustainability without future financial implications.

This project uses charitable funding to deliver an environment that is truly holistic, compassionate, and supportive, enhancing the mortuary setting in a way that standard

NHS funding cannot provide.

## Section 4: Impact

### 4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

*Note: You will be required to submit an evaluation report to summarise the impact at a later date.*

The creation of two therapeutic garden spaces at the GGH mortuary; one a calm, Japanese-inspired reflective garden and the other a larger interactive sensory garden with blossom trees and plants, will enhance experiences for bereaved families and support staff wellbeing, improving the final stage of the patient and family care journey. Access to quality green space is linked with reduced stress and better mental health outcomes; nearly half (45%) of UK adults reported that visiting green spaces helped them cope during emotionally difficult periods such as the COVID-19 pandemic. <sup>(1)</sup> Green-space access is also associated with lower rates of clinically diagnosed depression and anxiety. <sup>(2)</sup>

#### Benefits for bereaved families

For families, compassionate outdoor spaces soften the clinical context of the mortuary, offering privacy for reflection and emotional regulation. Evidence syntheses by the WHO European Centre for Environment and Health report an overall positive relationship between access to green/blue spaces and mental health, supporting stress reduction and opportunities for social connection during distressing times. <sup>(3)</sup> Population evidence further links proximity and frequent use of green spaces with lower perceived stress and improved life satisfaction, reinforcing the value of accessible, high-quality nature during bereavement. <sup>(2)</sup>

#### Benefits for mortuary staff

Mortuary staff operate in a high-intensity, emotionally demanding environment. Exposure to nature is linked with decreased anxiety and rumination, increased positive affect, and potential physiological benefits (e.g., blood pressure), contributing to mental restoration. <sup>(4)</sup> Workplace-focused reviews indicate nature-based interventions and green-space engagement can support employee wellbeing and aspects of cognition and creativity, useful for emotional processing and problem-solving in challenging roles. <sup>(5)</sup> The sensory garden invites gentle interaction (e.g., fragrance of plants), while the Japanese-inspired space offers stillness, together providing options aligned to individual coping styles.

#### Benefits to patient and family experience

Enhancing the mortuary environment with dignified, nature-rich spaces supports calmer decision-making, reduces stress, and improves the perceived quality of care during a profoundly sensitive stage. Evidence links greener surroundings with lower mental distress and higher life satisfaction, with some benefits persisting over time after moving to greener areas. <sup>(2,4)</sup> By improving surroundings where families spend emotionally charged moments, these gardens directly strengthen the patient and family experience of NHS care.

#### Workplace culture, community, and the “greener ethos”

Creating greener, interactive environments can foster social connection, a sense of shared purpose, and wellbeing within teams. Large-scale UK analyses suggest that access to local green spaces is associated with better mental health, partly via opportunities for socialising and activity, which can translate to stronger workplace communities when implemented on-site. <sup>(6,3)</sup> Our ethos of staff- and volunteer-led maintenance further builds ownership and continuity, embedding wellbeing in everyday practice without ongoing financial burden.

## References

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2. National Recreation and Park Association (NRPA). *Parks and Improved Mental Health and Quality of Life: Fact Sheet* [Internet]. Ashburn (VA): NRPA; 2023–2025. Available from: <https://www.nrpa.org/our-work/Three-Pillars/health-and-well-being/ParksandHealth/fact-sheets/parks-improved-mental-health-quality-life/> [[nrpa.org](https://www.nrpa.org)]
3. World Health Organisation, European Centre for Environment and Health. *Green and blue spaces and mental health: new evidence and perspectives for action* [Internet]. Copenhagen: WHO Regional Office for Europe; 2021 Jul 16. Available from: <https://www.who.int/europe/publications/i/item/9789289055666> [[who.int](https://www.who.int)]
4. Harvard T.H. Chan School of Public Health. *Time spent in nature can boost physical and mental well-being* [Internet]. Boston (MA): Harvard T.H. Chan School of Public Health; 2024 Jan 2. Available from: <https://hsph.harvard.edu/news/time-spent-in-nature-can-boost-physical-and-mental-well-being/> [[hsph.harvard.edu](https://hsph.harvard.edu)]
5. Charisi V, Zafeiroudi A, Trigonis I, Tsartsapakis I, Kouthouris C. The impact of green spaces on workplace creativity: a systematic review of nature-based activities and employee well-being. *Sustainability*. 2025;17(2):390. doi:10.3390/su17020390. Available from: <https://www.mdpi.com/2071-1050/17/2/390> [[mdpi.com](https://www.mdpi.com)]
6. National Institute for Health and Care Research (NIHR) Evidence. *Local green spaces are linked with better mental health* [Internet]. London: NIHR; 2024 Nov 12. Available from: <https://evidence.nihr.ac.uk/alert/local-green-spaces-are-linked-with-better-mental-health/> [[evidence.nihr.ac.uk](https://evidence.nihr.ac.uk)]

### 4.2 Beneficiaries:

Please tell us how many people are expected to benefit as a result of this expenditure and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

The development of the two therapeutic garden spaces will benefit a wide range of individuals and groups who interact with the Glangwili General Hospital mortuary. The beneficiaries include:

#### **Bereaved families (adults, children, and babies)**

Families experiencing the loss of a loved one will benefit significantly from having access to calm, dignified outdoor spaces during an exceptionally distressing time. This includes:

- Families grieving adult relatives.
- Parents, siblings, and extended families grieving the loss of babies and children.
- Individuals who may need a quiet space before or after viewing their loved one
- Families who require privacy and a moment of emotional grounding while waiting for updates, appointments, or identification processes

The gardens will offer the bereaved a compassionate environment for reflection, supporting emotional regulation and reducing the intensity of the clinical surroundings.

#### **Mortuary staff**

Mortuary staff routinely manage challenging, emotional, and high-pressure situations. These spaces will provide:

- Restorative breaks to support emotional resilience.
- A calming environment to decompress after difficult cases.
- A sense of community and shared ownership through staff- and volunteer-led maintenance.
- An opportunity to strengthen team cohesion and workplace wellbeing.

The sensory garden in particular will support staff through gentle interaction with nature, while the Japanese-inspired garden will offer space for quiet contemplation.

### **Clinical and non-clinical service users**

Staff within the wider hospital who support aspects of bereavement, including:

- Bereavement officers
- Chaplaincy and spiritual care teams
- Medical and nursing staff involved in end-of-life care.
- Paediatric and neonatal staff supporting families after loss.
- Porters and support services involved in mortuary transfer pathways.

These individuals may use the gardens when accompanying families or during moments needing privacy or reflective space.

### **Community police and HM Coroner stakeholders**

Members of the community police force and other representatives who attend the mortuary to support families during sudden or unexplained deaths will also benefit.

These gardens will offer:

- A quiet space for officers and coroner's staff to speak privately with families.
- An environment to help families manage shock or acute distress.
- A calmer, more supportive setting during procedural discussions related to HM Coroner cases.

### **Wider community and volunteers**

The gardens will also support:

- Volunteers who will help maintain the gardens, fostering community connection with the service
- Members of the public who accompany families.
- Local groups or individuals involved in wellbeing initiatives, remembrance support, or community outreach.

### **GGH Mortuary Activity and Viewing Requests (2023–2025)**

This section summarises mortuary activity at Glangwili General Hospital (GGH) over the last three years, with a focus on the number of deceased accepted and the potential scale of family viewing requests. Calculated percentages and observed trends are included to support service planning and demonstrate the sustained demand for supportive bereavement environments.

#### **Mortuary Admissions and Viewing Activity for Glangwili Mortuary**

Year	Hospital Deaths	Community Deaths	Total Deceased Accepted	Viewing Activity
2025	799	315	1,114	4.7% (52 actual viewings)
2024	638	244	882	≈ 4.7% (~41 estimated)
2023	755	299	1,054	≈ 4.7% (~50 estimated)

### **Analysis and Interpretation**

In 2025, GGH mortuary accepted 1,114 deceased individuals and facilitated 52 formal viewing requests. This equates to approximately 4.7% of all mortuary admissions, meaning that just under one in twenty cases involved a family viewing.

This proportion is consistent with expectations for a general hospital mortuary, recognising that:

- Not all families choose to view their loved one
- Some viewings take place via funeral directors
- Certain coroner-directed or traumatic cases may limit viewing opportunities

#### **Estimated Viewing Demand in Previous Years**

Applying the same indicative viewing rate ( $\approx 4.7\%$ ) to earlier years provides a reasonable estimate of potential viewing demand:

- 2023:  
1,054 deceased accepted  $\rightarrow$  approximately 50 potential viewings
- 2024:  
882 deceased accepted  $\rightarrow$  approximately 41 potential viewings

These figures show that viewing activity is closely linked to overall mortuary throughput, rather than fluctuating randomly or occurring only in exceptional circumstances.

### **Trends Over Time**

Trend analysis demonstrates that:

- Years with higher mortuary admissions (2023 and 2025) correlate with higher potential viewing activity
- The 52 viewings undertaken in 2025 are consistent with historical patterns once adjusted for activity levels
- Viewing requests therefore represent a predictable, ongoing demand, not a one-off or exceptional pressure

This indicates that bereaved family engagement with the mortuary environment occurs regularly throughout the year, rather than sporadically.

### **Implications for Bereavement Spaces**

While only around 4–5% of mortuary cases involve formal viewings, each viewing typically includes:

- Multiple family members
- Occasionally police officers, chaplaincy staff, or bereavement officers

As a result, the number of individuals directly affected by the physical mortuary and external environment is considerably higher than viewing numbers alone suggest.

This evidence supports the need for:

- Calm, dignified, non-clinical spaces
- Areas that allow emotional regulation before and after viewings
- Consistent, high-quality bereavement environments for families experiencing acute distress.

### **4.3 Evaluation methods:**

Please tell us what methods you will use to measure the effectiveness of your expenditure and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position.

To evaluate the effectiveness of this expenditure, we will use a combination of quantitative and qualitative measures. Quantitative evaluation will include comparison of baseline and post-implementation indicators such as visitor feedback scores, staff wellbeing measures, and any recorded changes in the number of compliments, concerns, or incidents associated with the bereavement and mortuary environment.

Qualitative evaluation will be informed by structured informal feedback from bereaved families, carers, and staff, focusing on their experience of the environment, emotional impact, and perceived sensitivity of the space. Observational assessments will also be used to review how the area is used, the atmosphere it creates, and how effectively it supports the calm, dignified setting expected within bereavement services.

As part of a pilot project in 2024, staff identified that the bereavement entrance previously lacked a welcoming and supportive atmosphere, which did not fully reflect the compassion and professionalism of the team. Staff voluntarily transformed a small garden patch to create a more inviting, reflective space for those who are already grieving. Since then, staff have continued to maintain the area, planting bulbs, and seasonal plants to demonstrate to other NHS colleagues, families, and visitors that the mortuary is a calm, respectful, and caring environment. This pilot work provides valuable baseline insight into the positive impact that a thoughtfully designed space can have and will form part of the before-and-after evaluation.

Baseline evidence from the pilot project, staff reflections, and informal feedback from families will be used as comparison points.

### Images - Bereavement entrance garden



### Section 5: Exit strategy (for revenue expenditure requests)

Please tell us how the benefits of this expenditure will be sustained beyond the end of this time-limited period of charitable funding. For project funding, please tell us if continue, and how it will be funded. If it will not continue, please tell us how it brought to a close.

The benefits of this charitable-funded project will be sustained beyond the end of the funding period through a combination of ongoing staff ownership, integration into routine departmental practices, and minimal long-term financial burden. The enhancements to the bereavement entrance and reflective garden area are primarily environmental improvements that require only low-level seasonal upkeep, which staff have already demonstrated a strong commitment to through the 2024 pilot project.

Following completion of the project, the ongoing maintenance such as light gardening, planting seasonal bulbs, and general area care will continue to be carried out voluntarily by the mortuary team as part of their established practice. This ensures sustainability without creating additional revenue pressures. Any larger maintenance needs that arise in future will be managed through existing departmental processes in collaboration with Estates, in line with standard Health Board procedures.

Health and safety of the garden areas will be maintained through routine visual checks by the mortuary team and periodic safety and accessibility checks by Estates. Any risks identified, including slip or trip hazards, will be addressed promptly in line with Health Board policies.

The maintenance model is intentionally low burden and has already been proven through the 2024 pilot garden, which continues to be maintained by staff without additional funding. Ongoing care will remain embedded within routine departmental practice,

supported by volunteers and Estates oversight as required, ensuring sustainability beyond the charitable funding period.

The cultural and experiential benefits created by this project; namely, establishing a calm, dignified, and compassionate environment for bereaved families, carers, and staff, will not diminish over time. By embedding these improvements within the ethos and daily operations of the service, the project's long-term impact will continue to support the Health Board's values and contribute to a consistently high-quality, patient-centred experience.

## Section 6: Governance

### 6.1 Compliance:

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

This expenditure request complies with all relevant Hywel Dda University Health Board policies, procedures, and legislative requirements. The proposed improvements to the bereavement entrance and reflective garden area do not involve any clinical risk, patient-identifiable information, or activities requiring additional regulatory approval. All work will be delivered in line with Health Board safety standards, Estates guidance, and infection prevention considerations where appropriate. The selected contractor is the Health Board approved gardening contractor, already responsible for on-site grounds maintenance at Glangwili General Hospital and therefore multiple quotes were not obtained. This approach was taken under guidance from the Estates team to ensure:

- Continuity
- Compliance with procurement processes
- Alignment with the Estates construction and maintenance framework

No electrical equipment will be used to maintain the garden areas. All maintenance activities will be carried out using hand tools only, ensuring compliance with Health Board safety expectations and minimising environmental impact.

All garden waste generated from ongoing maintenance will be collected and disposed of appropriately using green garden waste bags. Collections will be organised through the Estates gardening teams, ensuring safe handling, compliant disposal, and alignment with existing operational waste-management processes.

The project supports good governance by enhancing a sensitive environment in line with the Health Board's Duty of Care, promoting dignity, respect, and compassion for bereaved families and visitors. Staff involvement in maintaining the area will continue to be undertaken responsibly within standard operational boundaries, ensuring adherence to environmental, Estates, and health and safety policies at all times.

### Maintenance Arrangements and Oversight

#### Ongoing Maintenance

- Primary responsibility rests with mortuary staff
- Supported by volunteers, with existing engagement already demonstrated during site-clearance activity (e.g. Roche volunteers)

#### Volunteer Involvement

- Volunteers are already involved and familiar with the spaces
- Informal recruitment via Estates and staff networks
- No specialist training required due to the low-risk nature of tasks
- Maintenance undertaken using hand tools only
- Oversight and coordination provided by the mortuary team.

#### Maintenance Schedule

- Weekly visual checks to ensure safety, accessibility, and presentation
- Seasonal activities including pruning, watering, and planting
- Quarterly review of overall condition and safety.

### Estates Involvement

- Estates oversight provided where required
- No ongoing Estates budget implications anticipated.

This approach builds directly on the successful 2024 pilot garden, which has been consistently maintained by staff and volunteers and provides reassurance of sustainability without additional revenue costs.

### Yearly Garden Maintenance Schedule

Time frame	Activity	Responsibility	Purpose / Notes
All year	Weekly visual checks	Mortuary staff	Routine checks to ensure garden areas remain safe, accessible, tidy, and appropriate for a bereavement setting. Includes pathways, seating, stone borders, and overall presentation.
All year (as required)	Light tidying and debris removal	Mortuary staff / volunteers	Removal of fallen leaves or light debris using hand tools only. No specialist equipment or training required.
Spring (Mar–May)	Light pruning and general tidying	Mortuary staff / volunteers	Minimal pruning and tidying as required to maintain clear access routes and a calm, uncluttered appearance.
Summer (Jun–Aug)	Limited watering (weather dependent)	Mortuary staff	Watering undertaken only during prolonged dry periods to maintain plant health. Activity is minimal and infrequent.
	Light trimming (as needed)	Mortuary staff / volunteers	Ensures pathways, seating, and access points remain unobstructed and fully accessible.
Autumn (Sep–Nov)	Leaf clearance	Mortuary staff / volunteers	Regular removal of fallen leaves to maintain safety and non-slip surfaces.
	Border and surface checks	Mortuary staff	Visual inspections of stone borders and surfaces; repositioning or light replenishment if required to maintain safety and presentation.
Winter (Dec–Feb)	Safety-focused visual checks	Mortuary staff	Continued weekly checks following adverse weather, with focus on access, surfaces, and dignity of the environment.
Quarterly (all year)	Formal condition and safety review	Mortuary team	Review of pathways, seating, surfaces, accessibility, and overall suitability for bereavement care.
As required	Estates oversight	Estates team	Estates input sought if any safety or structural concerns arise. No routine Estates involvement or ongoing budget implications anticipated.

All year	Volunteer involvement	Volunteers under mortuary team oversight	Informal volunteer support (e.g. Roche volunteers). Low-risk tasks only, using hand tools, coordinated by the mortuary team.
All year	Management oversight	Mortuary management	Coordination of maintenance approach and assurance that garden standards are sustained.

## 6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This funding request aligns closely with Hywel Dda University Health Board's strategic objectives, particularly those relating to patient experience, staff wellbeing, sustainability, and creating compassionate environments for individuals at vulnerable points in their care journey. Enhancing the garden areas directly supports the Health Board's commitment to dignity, respect, and person-centred care by ensuring that families, carers, and visitors experience a calm, supportive, and sensitively designed space during periods of grief.

The project contributes to wider organisational priorities around improving staff wellbeing by providing an environment that reflects pride, care, and emotional awareness within the mortuary service. Green, restorative spaces have consistently been recognised across the NHS as promoting emotional resilience, reducing stress, and supporting healthier workplaces. By formalising and enhancing a space already nurtured by staff, this request strengthens a culture of compassion and models the Health Board's values in practice.

The proposal also aligns with strategic ambitions around sustainability and responsible environmental development. The creation and maintenance of a small, low-impact green space support environmentally aware practices and contributes positively to the wider estate. These improvements reflect the direction of NHS initiatives that encourage incorporating nature-based spaces into healthcare settings to improve wellbeing, enhance experience, and foster community connection.

Overall, this project embodies the Health Board's strategic priorities by improving patient and family experience, supporting staff, promoting sustainable environments, and ensuring that bereavement services remain compassionate, welcoming, and aligned with the values of Hywel Dda UHB.

## Section 7: Other

Please provide any other relevant information in support of your funding request.

### Demonstration of Staff Initiative and Compassion

Mortuary and Bereavement Services staff continually demonstrate outstanding initiative and compassion in their day-to-day work. Despite operating in a setting characterised by emotional intensity and the need for sensitive handling of both the deceased and the bereaved, staff routinely exceed expectations to ensure the environment remains dignified, respectful, and supportive.

Their efforts extend beyond formal responsibilities. Staff frequently take it upon themselves to maintain the external spaces, clearing pathways, removing leaf debris, and ensuring the approach to the mortuary feels cared for. These actions are driven not by instruction but by an authentic commitment to preserving dignity and supporting families during one of the most difficult experiences they will face.

This proactive approach reflects the deep empathy and professionalism of the team. They understand that the environment sets the emotional tone for families and strive to create surroundings that feel safe, considered, and compassionate. Their work demonstrates pride in the service and underlines the value of investing in outdoor areas that support the high standards of care they deliver, a good example of this being the bereavement entrance.

## **Informal Feedback**

It is estimated that  $\geq 70\%$  families and visitors attending the mortuary or bereavement entrance often share informal, positive feedback about the garden area. Many visitors have described how the presence of greenery, tidy borders, and a cared for entrance helps soften the impact of their visit. Brief informal comments such as "*the garden looks cared for*" and "*it is lovely to see a garden blossoming, it is uplifting*" highlight how much difference a simple, well-maintained space can make.

For some families, the garden at the entrance serves as a quiet moment of reflection before entering the building; for others, it offers a much-needed pause after receiving difficult news. These small but meaningful interactions illustrate the importance of the external environment in shaping a family's entire experience of bereavement support.

The consistent verbal feedback demonstrates that the outdoor area plays a vital role in providing comfort and grounding at a time of vulnerability. Enhancing and maintaining these spaces is therefore not only an aesthetic improvement but a tangible contribution to compassionate care.

## **Proposed Key Performance Indicators (KPIs)**

A brief evaluation report will be compiled post-implementation, drawing on informal feedback, staff reflections, compliments/complaint trends, and observational review, and submitted to Charitable Funds in line with reporting requirements. The following clearly defined, measurable KPIs will be used to assess impact:

### **Bereaved Families**

- Percentage of families providing feedback and report that the garden improved emotional comfort and dignity of the environment
- Increase in positive informal comments and written compliments relating specifically to the mortuary/bereavement environment
- Reduction in environment-related concerns or complaints (baseline comparison)

### **Staff Wellbeing**

- Staff report perceived reduction in stress during breaks (qualitative feedback)
- Uptake and regular use of garden spaces by mortuary staff
- Positive staff reflections on emotional decompression and resilience

### **Environmental Outcomes**

- The gardens remain accessible, maintained, and in active use 12 months post-completion.

### **Responsibility for Evaluation and Reporting**

- **Collation of feedback:** Mortuary & Bereavement Services team
- **Coordination and reporting:** Lead Applicant (BMS & Mortuary Manager)
- **Oversight and assurance:** Mortuary Service Management and Estates liaison as required.

### **First Impressions and Strengthened Organisational Reputation**

The garden areas at the entrance to the mortuary and bereavement centre serve as the first point of contact for many families, external visitors, funeral directors, and partner agencies. A clean, calming, and thoughtfully designed outdoor space creates an immediate sense of dignity and professionalism. First impressions are especially significant in settings associated with grief and loss, where families may feel anxious, distressed, or unsure of what to expect.

A well-maintained environment communicates that the organisation values respect, sensitivity, and high standards. It signals that the care offered inside the building is

matched by the care taken outside it. This contributes positively to the reputation of the service and, by extension, the wider health board. Families, funeral professionals, and community partners often form lasting impressions based on their experience of bereavement facilities, and the quality of the outdoor environment plays a significant part in this perception.

By investing in the improvement of the garden areas, the organisation demonstrates commitment not only to staff wellbeing but also to the dignity of families and the professionalism of the service. This enhances public confidence, reinforces trust, and reflects positively on the organisation's values and standards.

### **Staff Wellbeing and Retention in a Mortuary Setting**

Mortuary and bereavement services are recognised internationally as high-intensity, emotionally complex working environments, characterised by repeated exposure to death, grief, trauma, and distressed families. This unique combination places mortuary staff among the most psychologically burdened occupational groups in healthcare, making staff wellbeing an essential component of safe, compassionate, and sustainable service delivery.

### **High Emotional Load and Psychological Risk**

Research consistently shows that mortuary workers face elevated levels of stress, burnout, anxiety, depression, and post-traumatic stress symptoms, far exceeding those seen in many other clinical roles.

A 2025 review highlights that mortuary workers often experience depression, diminished personal accomplishment, emotional exhaustion, and depersonalisation, with severe burnout widely reported <sup>(1)</sup>.

Studies of those who handle the deceased demonstrate that constant exposure to the deceased, traumatic injuries, and bereaved family's places workers at increased risk of psychiatric disorders, compassion fatigue, and chronic stress, with coping mechanisms often being limited or informal <sup>(2)</sup>.

Research from Harvard indicates that mortuary workers show measurable rates of post-traumatic stress symptoms, influenced by stigma, repeated trauma exposure, lack of coping resources, and emotional identification with the deceased <sup>(3)</sup>.

This evidence underscores that emotional pressure is not incidental, it is inherent to mortuary work. Without proactive structures to promote wellbeing, staff may experience cumulative psychological harm over time.

### **Importance of Environment in Reducing Stress and Supporting Coping**

Evidence drawn from high-stress mortuary contexts including pathology, funeral services, and mortuary affairs, shows that enhancing the working environment can play a protective role in staff wellbeing.

Stress and burnout in mortuary settings are closely linked to workplace factors such as stigma, workload, emotional demands, and lack of supportive environmental conditions. Enhancing the surrounding environment can strengthen meaningfulness of work, a key buffer against burnout <sup>(4)</sup>.

During the COVID-19 pandemic, studies noted that mortuary and death-care workers benefited from strategies that reduced emotional identification with the deceased and promoted resilience, indicating that supportive environments meaningfully lower stress <sup>(5)</sup>.

Calm, natural outdoor settings are well-documented to reduce stress, support emotional regulation, and provide essential psychological restoration. For mortuary staff who

routinely work with bereavement, trauma, and distress, these spaces form an important element of coping and mental recovery between tasks.

### **Why a Therapeutic Outdoor Environment Is Especially Important in a Mortuary Setting**

Given the emotional intensity and sensory experiences associated with mortuary work, an improved outdoor environment contributes uniquely to staff wellbeing:

- **A space for emotional decompression:** Exposure to traumatic injuries, complex family situations, and death can lead to emotional overload. Mortuary staff may experience emotional exhaustion and secondary traumatic stress at high rates <sup>(1)</sup>. A therapeutic garden provides a neutral, restorative space that reduces accumulated emotional strain.
- **Strengthening resilience and reducing burnout:** Burnout is strongly influenced by environmental and organisational factors. Access to meaningful, reflective spaces supports emotional regulation and improves resilience <sup>(4)</sup>.
- **Reinforcing professional identity and pride:** Mortuary work carries social stigma, which contributes to burnout and elevated stress scores. A well-maintained outdoor environment validates the profession and reinforces dignity <sup>(4)</sup>.
- **Creating a calm buffer between traumatic events and daily functioning:** Evidence from studies on corpse handlers shows that opportunities to step away into quiet environments support healthier coping and reduce long-term psychological harm <sup>(2)</sup>.

### **Supporting Retention, Job Satisfaction, and Workforce Stability**

High emotional load and burnout significantly increase turnover intention in caring professions. Research consistently demonstrates that:

- Burnout is closely associated with workplace dissatisfaction, absenteeism, and turnover in the funeral and mortuary sector <sup>(4)</sup>.
- Workers with stronger coping resources, supportive environments, and a sense of meaning show lower PTSD symptoms and higher resilience, reducing the likelihood of leaving the profession <sup>(3)</sup>.

Investment in staff wellbeing, particularly through environmental enhancements directly supports workforce sustainability. When staff feel valued, emotionally supported, and able to recover from the demands of their work, they are more likely to remain in post, maintain high professional standards, and provide compassionate care.

### **Reference List**

1. Erick P, Tumoyagae T. *Mental Health Illnesses Among Mortuary Workers, A Neglected Occupational Group*. Am J Biomed Sci Res. 2025;27(3):3565. Available from: <https://biomedgrid.com/pdf/AJBSR.MS.ID.003565.pdf>
2. Dhaka P, Kurz L. *The Psychological Stressors and Coping Strategies of Corpse Handlers in Mortuaries*. J Indian Acad Appl Psychol. 2023;49(1):7–18. Available from: <https://jiaap.in/wp-content/uploads/2023/05/January-2023-7-18.pdf>
3. McClanahan J. *Posttraumatic Stress Among Mortuary Workers: Prevalence, Risk, and Resilience* [master's thesis]. Harvard University; 2019. Available from: <https://dash.harvard.edu/bitstreams/0c16f7d4-3f0c-4796-9771-6f2b543d3546/download>
4. Guidetti G, Grandi A, Converso D, Bosco N, Fantinelli S, Zito M, et al. *Funeral and Mortuary Operators: The Role of Stigma, Incivility, Work Meaningfulness and Work–Family Relation to Explain Occupational Burnout*. Int J Environ Res Public Health. 2021;18(13):6691.
5. Homeland Security Digital Library. *Managing Stress Among Mortuary and Death Care Workers During the COVID-19 Pandemic*. 2020. Available from: <https://www.hsdl.org/c/view?docid=842468>

## **Section 8: Funding requirements**

<b>8.1 Cost breakdown:</b>					
Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.					
<b>Item/Category</b>		<b>Cost (£)</b>			<b>Comments</b>
		Net £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
Construction and land scaping of garden areas - Materials		7900.00			
Construction and land scaping of garden areas - Labour		6950.00			Quote – QU-0171
<b>8.2 Total amount of funding requested:</b>					
<b>Net £</b> <i>Excluding VAT</i>	14,850.00	<b>VAT £</b>	2970.00	<b>Gross £</b> <i>Including VAT</i>	17,820.00
<b>8.3 Designated charitable fund</b>					
<b>Name of charitable fund:</b>			<b>Charitable fund code/number:</b>		
Make a Difference Fund			T600		
<b>8.4 Alternative funding sources:</b>					
Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.					
<p>The proposed improvements to the mortuary garden areas present a strong opportunity for alternative, non-core funding routes, particularly through charitable or donated funds. Given the compassionate purpose of the project and its direct impact on both bereaved families and frontline mortuary staff, the scheme aligns well with the aims of charitable bodies that support patient experience, bereavement services, and staff wellbeing.</p> <p>Charitable investment is particularly suited to enhancements that fall outside statutory clinical requirements but significantly improve dignity, public perception, and workforce morale. This makes the project an appropriate and ethically sound candidate for charitable support while ensuring operational budgets remain protected for core service delivery.</p> <p><b>Long-Term Cost Avoidance</b></p> <p>Although day-to-day maintenance of the garden areas is low-cost and largely staff-led, investing in improved infrastructure now can generate measurable long-term savings across Estates, Bereavement Services, and wider organisational budgets. Key areas of cost avoidance include:</p> <ul style="list-style-type: none"> <li>● <b>Reduced need for reactive Estates call-outs</b> Enhanced planting, improved surfacing, and durable, low-maintenance features decrease the likelihood of repeated ad hoc clean-ups, urgent grounds work, or unplanned repairs. This lowers demand on Estates teams and reduces avoidable operational expenditure over time.</li> <li>● <b>Reduction in complaints relating to dignity and environment</b> Environmental presentation is a frequent driver of complaints in mortuary and bereavement settings. Establishing a consistently well-maintained, respectful outdoor environment reduces the risk of complaints escalations, associated administrative workload, and the reputational cost of service dissatisfaction.</li> <li>● <b>Prevention of grounds deterioration and associated future costs</b> Neglected or poorly designed exterior areas deteriorate over time, leading to issues such as drainage problems, damaged pathways, or overgrown planting that eventually require major corrective work. Early investment protects the space, prolongs its lifespan, and avoids significantly higher capital expenditure later.</li> </ul> <p><b>Charitable Funding as a Strategic Investment</b></p> <p>By securing charitable funding we can:</p> <ul style="list-style-type: none"> <li>• deliver meaningful enhancements without drawing from pressured operational</li> </ul>					

budgets,

- create a long-lasting asset that requires minimal revenue funding,
- reduce future maintenance liabilities through durable design choices,
- improve dignity, staff wellbeing, and public confidence in a highly sensitive service area.

Improving the mortuary and bereavement garden areas directly enhances the dignity, emotional safety, and wellbeing of both bereaved families and the staff who support them. Unlike general hospital environments, the mortuary is a place where families often experience some of the most distressing and life-altering moments they will ever face. Creating a gentle, private, and respectful outdoor approach is therefore not an optional enhancement, it is a meaningful extension of compassionate care.

National evidence shows that NHS charitable funds are increasingly being used to transform high-stress or sensitive NHS environments through therapeutic gardens and green spaces. The Greener Communities Fund, delivered through NHS Charities Together, has already invested over £2 million in green-space projects that improve patient and staff wellbeing, including nature-friendly hospital grounds and therapeutic walkways. This demonstrates that charitable providers recognise the pivotal role of outdoor spaces in supporting emotional health, precisely what a mortuary-specific environment requires. <sup>(1,2)</sup>

Furthermore, charitable funding has been used for NHS projects that specifically support people experiencing trauma, crisis, or bereavement. Among the £1.2 million allocated by NHS Charities Together in 2023 were projects such as therapeutic woodland areas for young people in mental-health crisis and wellbeing gardens for vulnerable patients and staff across the UK. These projects align directly with mortuary and bereavement services, where psychological vulnerability is inherent and must be sensitively supported. <sup>(2,4)</sup>

Therapeutic gardens developed across NHS sites, including those supported by the RHS show how outdoor spaces provide safe, calming environments that promote reflection, reduce anxiety, and support decompression. These benefits are not abstract; they directly apply to bereavement pathways, where families need space to pause before entering the mortuary and time to gather themselves after receiving devastating news. NHS wellbeing gardens, such as those at St James's University Hospital and Colchester Hospital, are specifically designed to provide restorative areas for both staff and visitors facing emotionally demanding circumstances. <sup>(3,5)</sup>

This model of philanthropic support is not limited to general hospitals. Charitable bodies such as the National Garden Scheme have invested heavily in therapeutic gardens at specialist NHS sites supporting trauma, spinal injury, cancer, and end-of-life care. These environments share the same emotional profile as bereavement and mortuary services spaces where compassion, privacy, respect, and ritual matter deeply. The NGS's funding of Horatio's Garden and Maggie's Centres illustrates the clear charitable appetite for improving the emotional landscape of high-impact care environments. <sup>(1,6)</sup>

The mortuary garden project fits firmly within this national charitable trend and addresses several critical, mortuary-specific needs:

### **1. Supporting Bereaved Families at a Moment of Acute Distress**

Families attending the mortuary are often in shock, grief, or emotional overwhelm. A peaceful, well-kept outdoor space:

- Creates a gentle, reassuring first impression, offers a quiet buffer before entering the building, provides a space to breathe and compose themselves afterwards, and supports dignity in situations already marked by vulnerability.

This aligns closely with the goals of national therapeutic garden programmes, which have been shown to improve the experience of patients and visitors in emotionally intense settings. <sup>(5,3)</sup>

## **2. Protecting Staff Working in One of the Most Emotionally Demanding NHS Roles**

Mortuary and bereavement staff carry a unique emotional load. Their daily work involves exposure to grief, trauma, and bereaved families, a known stressor associated with compassion fatigue and burnout.

Green-space interventions funded by charities such as NHS wellbeing gardens and NHS Forest therapy gardens have been reported to support staff decompression, reduce stress, and enhance morale. At Homerton Hospital, staff explicitly describe these outdoor spaces as offering relief from the emotional intensity of clinical and rehabilitation work. <sup>(4,5)</sup>

For mortuary teams, who must often transition immediately from traumatic scenarios to supporting families, access to a calm outdoor area is not only beneficial, but also protective.

## **3. Enhancing Dignity, Privacy, and Public Confidence in Mortuary Services**

The external environment of a mortuary shapes how families perceive the respect and care afforded to their loved ones. Charitably funded hospital gardens nationwide demonstrate that improving green space can:

- Elevate the perceived dignity of a clinical or functional area, reinforce trust between families and care providers, and signal that the organisation values compassion at every touchpoint.

This is particularly relevant for bereavement entrances, where visual cues immediately influence whether families feel cared for or distressed. <sup>(1,3)</sup>

## **4. Delivering Long-Term Cost Avoidance**

Charitable investment now prevents future financial pressure. A high-quality, low-maintenance garden can:

- Reduce reactive Estates work (e.g., clearing debris, repairing worn paths), prevent deterioration of grounds that may later require capital repairs, reduce environment-related family complaints, which consume staff and managerial time.

National green-space programmes also highlight downstream benefits for staff wellbeing, reducing stress-related issues and improving retention—critical in a specialist workforce. <sup>(4,2)</sup>

## **5. Alignment With Charitable Funding Priorities**

This project directly aligns with UK charitable trends that prioritise:

- Enhancing sensitive or emotionally challenging clinical areas, improving wellbeing for NHS staff and vulnerable groups, increasing access to therapeutic outdoor environments, and supporting community and patient experience through nature-based interventions

The presence of numerous NHS garden projects funded by NHS Charities Together, RHS, NGS, and NHS Forest makes this mortuary-specific proposal both credible and compelling. <sup>(1,2,3,4)</sup>

## **6. Building working relations and fostering Health Board Ethos**

A volunteer gardening event was undertaken in collaboration with an external partner, Roche Diagnostics, as part of a social value and volunteering initiative. The focus of the activity was the mortuary garden areas, which play an important role in providing a calm, respectful and comforting environment for families and visitors during times of bereavement.

The volunteer team worked alongside local Estates colleagues to carry out significant garden maintenance, including the removal of overgrown bamboo and weeds, clearance of waste, and general tidying of the surrounding outdoor spaces. This work required careful planning and adherence to site safety requirements, including site induction and awareness of low-voltage cabling within the garden areas. The volunteers brought a range of tools and worked collaboratively to complete what would otherwise have been a time- and resource-intensive task.

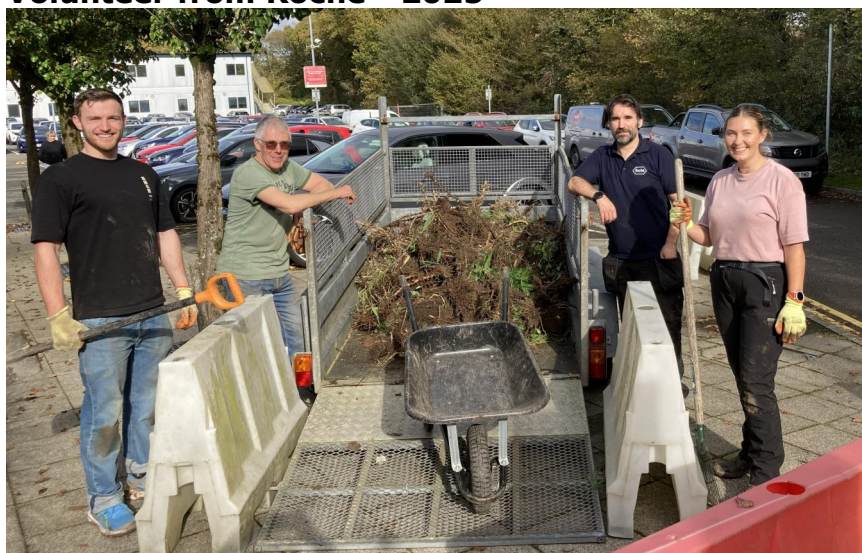
The impact of the volunteering day was immediately visible. The gardens were transformed into a more open, accessible and well-maintained space, enhancing their appearance. By reducing overgrowth and restoring structure to the garden, the area now feels more welcoming, peaceful and reflective qualities that are particularly important in a mortuary setting.

For bereaved families, the improved outdoor environment supports a more compassionate experience at an extremely difficult time. Access to a calm, cared-for garden space can offer moments of quiet reflection, emotional relief and dignity, helping to soften what is often a highly distressing visit. The improved surroundings also demonstrate respect and consideration for those using the service, reinforcing the importance of holistic care that extends beyond the clinical setting.

In addition, the event strengthened positive relationships between NHS staff, Estates teams and external partners, demonstrating the tangible value of social value initiatives. It highlighted how volunteering can directly enhance patient- and family-centred environments, contribute to staff pride in the workplace, and support the long-term upkeep of sensitive spaces such as the mortuary.

Overall, the volunteer gardening event made a meaningful and lasting contribution to the mortuary environment, creating a more welcoming, dignified, and supportive space for bereaved families while exemplifying the benefits of partnership working and community engagement.

### **Volunteer from Roche - 2025**



### **Conclusion**

The mortuary garden improvement project is an ideal candidate for charitable funding because it aligns with national priorities, enhances dignity and compassion for bereaved families, and provides essential emotional support for staff working in one of the NHS's most challenging environments. It offers a high-impact, low-maintenance, and sustainable enhancement that charitable partners can confidently support, knowing it will bring meaningful benefit to some of the most vulnerable people in our care.

**References (Vancouver)**

1. **Hubbub; NHS Charities Together.** The Greener Communities Fund [Internet]. London: Hubbub; 2023–2025 [cited 2026 Feb 28]. Available from: [The Greener Communities Fund](#)
2. **NHS Charities Together.** £1.2 million Greener Communities Fund for NHS charities to support public health and wellbeing [Internet]. 2023 Apr 27 [cited 2026 Feb 28]. Available from: [£1.2 million Greener Communities Fund for NHS charities...](#)
3. **Royal Horticultural Society.** NHS wellbeing gardens [Internet]. 2022–2026 [cited 2026 Feb 28]. Available from: [NHS wellbeing gardens](#)
4. **Maude F.** NHS could save more than £2bn a year as green spaces help to tackle health conditions [Internet]. Sky News. 2025 Jan 27 [cited 2026 Feb 28]. Available from: [NHS could save 'more than £2bn a year' as green spaces help...](#)
5. **Deines T.** Hospitals turn to garden experts for stunning new projects inside medical facilities [Internet]. The Cool Down. 2025 May 20 [cited 2026 Feb 28]. Available from: [Wellbeing gardens are popping up in hospitals in the U.K.](#)
6. **National Garden Scheme.** Gardens and health beneficiaries [Internet]. 2025 [cited 2026 Feb 28]. Available from: [Gardens and health beneficiaries](#)

**Section 9: Authorisation****9.1 Application prepared by:**

Contact name:	Job title:	Date:
Cathy Cenayko	BMS & Mortuary Manager	20.02.26

**9.2 Application authorised by:**

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

Contact name:	Job title:	Date authorised:
Craig Baker	Cellular Pathology & Mortuary Service Manager	20.02.26
Dylan Jones	Head of Pathology	11.03.26

**9.3 Clinical Care Group approval:**

Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.

Contact name:	Job title:	Date authorised:
Sara Quarrie	Service Director for Allied Health Professions and Health Sciences	01.04.2026 at CCG meeting and notified by DJ

**9.4 Finance Business Partner review:**

Please ensure that your Finance Business Partner has reviewed your application before submission.

Contact name:	Job title:	Date reviewed:
Sadie North	Business Controller	17.03.26

**Please return completed form via email to:**

[charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk)

**or via internal mail to:**

Charitable Funds Support Officer  
Finance Department  
Ty Gorwel, Building 14  
St David's Park, Job's Well Road  
Carmarthen SA31 3BB

## Appendix 1

**Assessment for medical equipment (as per [Medical Devices Policy](#)):**  
Not applicable for the application

## Appendix 2

**Assessment for building or refurbishment work (to be completed by Estates team):**

Do you consider this request to be above and beyond routine maintenance work?	Yes	
Please explain your answer to the question above:	No building works or maintenance required for this project. It is refurbishment of a garden space.	
Are the costs provided based on a cost estimate or formal quotation?	Formal quote provided by Health Board Contractor	
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	None	
If yes, please explain how these costs will be met.	-	
<b>Estates authorisation</b> I confirm that I have read this application in full and that I am supportive of the application.		
<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>
<b>Andrew Stephens</b>	<b>Senior Estates Officer</b>	<b>09.04.26</b>

## For Charitable Funds Finance Department

<b>Application Reference Number:</b>	CF03514		
<b>Fund Title:</b>	<b>Fund Code:</b>	<b>Current Fund Balance £:</b>	
Make a Difference Fund	T600	£438,729.81	
<b>Finance review</b> I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>	
Tina Nepean	Senior Accounts Officer	26/05/2026	
<b>Outcome of meeting CFSC/CFC</b> I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
<b>Meeting date:</b>	<b>Outcome:</b>	<b>Contact name:</b>	<b>Job title:</b>

## Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com) to help you with completing your funding request. Please direct any questions to:  
[charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk) / 01267 283055 / 01827 1655.

Section 1: Applicant		
<b>Lead applicant</b>		
Contact name:	Cathy Cenayko	
Job title:	BMS & Mortuary Manager	
Department/Service:	MORTUARY	
Clinical Care Group:	Allied Health Professionals and Health Science	
<b>Management contact</b>		
Contact name:	Craig Baker	
Job title:	Cellular Pathology & Mortuary Service Manager	
Section 2: Application summary		
<b>2.1 Title of charitable funds application:</b>		
T600 Make a Difference Fund		
<b>2.2 Brief description of your application:</b>		
In no more than 50 words please tell us what you are requesting charitable funds for.		
We are requesting charitable funds to upgrade the mortuary bereavement and viewing areas across all four mortuary sites; three sites have remained unchanged for over 15 years. Improvements to flooring and furnishings are essential to provide a safe, hygienic, comforting space for bereaved families and staff, ensuring a dignified and supportive environment.		
<b>2.3 Total value of charitable funds requested:</b>	<b>£23,585.17</b>	
<b>2.4 Duration of project</b>	Project start date:	June 2026
	Project end date:	November 2026
<b>2.5 Strategic priorities</b>		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		
<b>Patient experience:</b> Enhancing the patient experience throughout the whole care and treatment journey.	<b>Staff experience:</b> Supporting the wellbeing and professional development of University Health Board staff.	<b>Innovation:</b> Encouraging and supporting innovation and excellence in the delivery of healthcare.
<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>2.6 Expenditure type</b>		
Please select the type of expenditure your application relates to (select all that apply).		
<b>Medical equipment</b> <i>please also complete Appendix 1</i>	<b>Service development or improvement</b>	<b>Staff welfare and wellbeing</b>

Yes / No	Yes / No	Yes / No
<b>Building/refurbishment Work</b> <i>please also complete Appendix 2</i>	<b>Other</b> <i>If 'yes' selected, please state expenditure type in box opposite</i>	<i>Expenditure type: Online expenditure direct with wholesalers (online quotes provided).</i>
Yes / No	Yes / No	

## Section 3: Case for support

**3.1 Funding request:**  
Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

We are requesting charitable funds to refurbish the mortuary bereavement and viewings rooms across our service. Many of these spaces have not been updated for more than 15 years and now appear worn, outdated, and not reflective of the compassionate, dignified environment we strive to provide for bereaved families. Viewings regularly take place for relatives wishing to pay their last respects, and the current furnishings, decor, and flooring no longer create a calm or comforting atmosphere.

The project will include replacing the hard, clinical flooring that continues from the body store into the viewing area in both Glangwili and Bronglias, updating seating and soft furnishings in Prince Philip, Bronglias and Withybush, improving the overall environment to ensure it is safe, hygienic, and welcoming. These improvements are essential both for grieving families and for staff who work daily within these sensitive spaces, supporting them at some of the most difficult moments of their lives. Refurbishment will ensure our facilities meet modern expectations and uphold the standard of dignity and respect central to bereavement care.

### **Distinction between Viewing Room and Family Bereavement Room**

Although often located in close proximity, the Viewing Room and the Family Bereavement Room serve distinct but complementary purposes within the mortuary bereavement pathway. Each space supports different emotional, practical, and dignified aspects of care after death.

#### **Viewing Room**

**Purpose:** A dedicated space where the deceased is laid out for relatives to pay their respects.

The Viewing Room is the room in which the deceased person is presented with dignity and care for families to see their loved one, say goodbye, or undertake identification where required. This space must support respectful presentation, privacy, and calm, while allowing mortuary staff to safely prepare and manage the viewing process.

#### **Key characteristics include:**

- The deceased is present within the room.
- Designed to support dignity, privacy, and respectful care of the deceased.
- Calm, quiet environment with minimal distractions.
- Layout that supports safe transfers, viewing preparation, and infection-prevention standards.
- Furnishings and lighting that reduce the clinical feel while maintaining compliance.
- Often used for:
  - Final goodbyes
  - Formal identifications (including Coroner-directed cases)
  - Adult, paediatric, or perinatal viewings

This room forms part of the final stage of the care pathway, and families often remember this environment in detail.

#### **Family Bereavement Room**

**Purpose:** A private space for family and friends to gather before or after a viewing, allowing time for reflection, preparation, and emotional support.

The Family Bereavement Room is a separate, non-clinical space intended for families and friends to

spend time away from the deceased. It provides a refuge where individuals can prepare themselves emotionally before entering the viewing room, or take time to reflect, breathe, and process their grief afterwards.

**Key characteristics include:**

- The deceased is not present in this room.
- Comfortable, welcoming, and non-clinical environment.
- Seating suitable for individuals or small family groups.
- Space for quiet conversation, reflection, prayer, or contemplation.
- Supports cultural, spiritual, and religious needs where required.
- Often used for:
  - Preparing relatives before a viewing
  - Allowing families time together after viewing
  - Supporting parents, carers, or wider family groups
  - Chaplaincy or pastoral support conversations

This room plays a crucial role in emotional support and psychological safety, helping families regulate emotions before and after one of the most difficult moments they will ever experience.

**3.2 Reason for request:**

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

People who work in mortuaries across NHS hospitals carry out a vital and often demanding role. Their work requires balancing several responsibilities: delivering an effective, efficient, safe, and secure service, while also supporting bereaved families with compassion and sensitivity.

The NHS provides care for many people at the end of their lives, and that care continues after death. Mortuaries form an essential part of this ongoing support for both deceased patients and their loved ones. Although the work they do is frequently overlooked, high-quality care after death is not optional. When things go wrong in a mortuary setting, the consequences for grieving families can be profound. A well-run service that maintains dignity and respect for both patients and families is a critical component of effective bereavement care.

Viewing facilities are especially significant in this process. They offer families a final opportunity to spend time with their loved one, find reassurance, and begin processing their grief in a calm and supported environment. A welcoming, peaceful space reduces distress, promotes emotional wellbeing, and reflects the compassionate professionalism families expect at one of the most difficult moments in their lives.

Although a mortuary is not a traditional patient-facing environment, deceased patients continue to receive dignified care, and many relatives visit to pay their last respects. For this reason, the viewing area must uphold the same standards of dignity, respect, and care that patients receive throughout their journey. Our aim is to ensure that the relatives' space mirrors the compassion embedded in our service, offering a respectful and comforting continuation of the care provided both in life and after death.

The need for refurbishment has been recognised for many years. Concerns were first documented in 2014, when an internal report identified outdated decor, worn furnishings and general environmental issues that no longer meet the expectations of modern bereavement practice. These concerns have repeatedly surfaced through routine reviews and staff feedback. As a result, the current facilities no longer adequately support families or the staff who care for them.

Charitable funding would allow us to enhance these spaces to a standard that core NHS budgets cannot accommodate. With your support, we can create a warm, dignified and purpose-designed environment for bereavement—providing lasting benefits for our communities, improving our service, and ensuring that families receive the compassionate, high-quality care they deserve for many years to come.

### **Detailed Description of Work at Each Site**

This project will refurbish mortuary viewing facilities across four sites to create calm, dignified and supportive environments for families attending viewings following bereavement. The scope of works at each site has been designed to reflect both the condition of the existing rooms and the clinical and emotional needs of families using the service, while maintaining a consistent standard of experience across the Health Board.

#### **Site 1 – Glangwili General Hospital (GGH)**

At GGH, refurbishment of the mortuary viewing room will be undertaken. This site was built in 2010 and accommodates the highest volume of viewings, including families experiencing child and baby loss. Due to the age of the building, it does not require a great level of intervention. The colour scheme on the walls is light and airy with white paint and a focal neutral coloured wall in the bereavement room. The existing seating and hard furniture is in good condition and modern throughout. The soft furnishing colour scheme using light grey, green with a textured pattern will be replicated across all sites. This furniture is compliant with all British standards and infection control.

#### **Planned works and purchases include:**

- Replacement of existing flooring with durable, non-clinical flooring suitable for a sensitive environment – wood effect.
- Installation of high-quality curtains in the viewing room in place of the heavy red ones to create a lighter, calming, and neutral scheme.
- Decor elements to reduce the clinical appearance of the room viewing room

This viewing room refurbishment will reflect the specific emotional needs identified for all families and especially parents experiencing baby or child loss, providing privacy and a more homely, protected environment.

#### **Site 2 – Prince Philip Hospital (PPH)**

At PPH, refurbishment works will focus on improving the environment of the existing mortuary viewing and bereavement rooms while working within the current room layout. In 2024, as part of ongoing works a fresh coat of paint and new flooring was laid as part of a capital project undertaken by Estates. This did not extend to the soft furnishings.

#### **Planned works and purchases include:**

- Upgrade of lighting in the viewing room to softer LED fittings with a picture scene as there is no nature light in this room.
- Replacement of seating to provide comfortable, supportive furniture suitable for families aligning with that purchased for BGH and WGH.
- Introduction of soft furnishings and décor elements to reduce the clinical appearance of the room.

The core viewing function will remain unchanged, but the overall atmosphere will be significantly improved to support sensitive conversations and family experience.

#### **Site 3 – Bronglias Hospital (BGH)**

At BGH, works will address ageing finishes and inconsistent furnishings that currently detract from the viewing experience. The layout of the mortuary facilities at BGH does not allow for both a viewing and bereavement room. Due to the existing footprint, a small corridor gives access to the viewing room.

#### **Planned works and purchases include:**

- Replacement of existing flooring with durable, non-clinical flooring suitable for a sensitive environment
- Refurbishment of wall finishes and flooring with light neutral tones and key feature wall
- Introduction of consistent lighting solutions aligned with the wider programme as no natural light available.
- Replacement of worn or unsuitable seating and small furnishings keeping the same style and colour theme of as in PPH and WGH.
- Addition of soft furnishings and artwork to create a calmer environment

This site will receive an equivalent level of functional improvement, ensuring families have access to a dignified space that meets the same quality standards as other locations.

#### Site 4 – Withybush Hospital (WGH)

At WGH, improvements will focus on standardising the viewing and bereavement rooms to align with the other sites. As part of ongoing fireworks dampening, it has been agreed that the wall and floor improvements will be included in these planned works due to the extent of works needing to be undertaken. Redecoration will align with all other sites – light and airy with a natural palette.

#### Planned works and purchases include:

- Lighting upgrades to improve ambience and reduce harsh clinical lighting , no natural light.
- Replacement of seating and small furnishings with same style and colour palette.
- Introduction of consistent decor and softening elements

Although structural changes are limited at this site due to room constraints, the planned works will ensure families experience a supportive and respectful environment.

While the scope of work varies slightly depending on the condition, layout and usage of each site, all four locations will benefit from:

- Improved lighting
- Calming decor and furnishings
- Replacement of unsuitable or worn furniture
- A more welcoming, less clinical viewing environment

The differences in cost allocation reflect the current condition of the rooms and the availability of space rather than differences in the quality of experience intended for families. The aim is that all families, regardless of site, will experience a similarly compassionate, dignified and supportive environment.

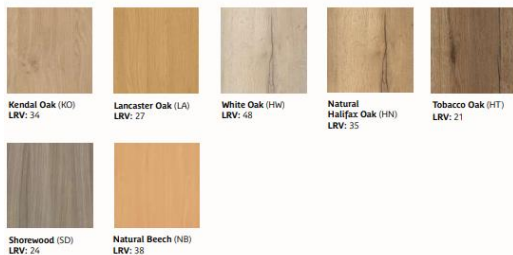
#### Design choices

Soft furnishings and colour palettes have been selected to create calm, non-clinical and supportive environments appropriate for bereavement viewing spaces. Neutral, muted tones and soft textures are used to promote privacy, dignity and emotional comfort while avoiding overly clinical or overstimulating aesthetics.

Designs have intentionally remained neutral and understated to ensure inclusivity and sensitivity to cultural and religious diversity. No specific cultural or faith-based imagery has been incorporated, allowing families to engage with the space in a way that aligns with their individual beliefs and practices. Flexible layouts and adaptable furnishings further support a range of cultural, religious and personal needs, ensuring the spaces are respectful and appropriate for all service users.

**Colour themes walls and floors:** Light and neutral tones – White, cream, pale green and grey with wood floorings.

##### Wood Grain Finishes:



##### Flat Finishes:



**Furniture:** Styles to match those in GGH – as per image below



**Lighting:** To bring light and a feeling of openness and warmth. Currently on site in PPH, WGH and BGH – ceiling are fitted with standard grey 60 x 60 panels.



**Note:** The Estates teams at each respective site and Head of maintenance and Engineering agree that the panels with LED light fittings are a product they can install and costs associated with the electrical works have been added to corresponding Minor works form (Flooring & LED application ref 1179). Please see email below from BGH Estates team member.

Hi Cathy,

Yes these light fittings are fine for us in Bronglais, and will be a simple replacement of what is currently on site.

Tom Poole  
Estates Officer

Estates Department / [Adran Ystadau](#)  
Bronglais Hospital / [Ysbyty Bronglais](#)  
Aberystwyth / [Aberystwyth](#)  
SY23 1ER / [SY23 1ER](#)

Tel / [Ffon](#): 01970 635776  
Ext / [Est](#): 5776  
Email / [Eboost](#): [tom.poole@wales.nhs.uk](mailto:tom.poole@wales.nhs.uk)

### **Standardised experience across all sites**

Post-refurbishment, the mortuary viewing experience will be standardised across all sites, ensuring that all bereaved families are offered a dignified, private and compassionate environment regardless of location. Core design elements will be consistent, including improved lighting, calming colour schemes, comfortable furnishings and an overall focus on creating a peaceful and respectful space to support families during sensitive and distressing circumstances.

While the quality and principles of care will be uniform, some site-specific variation is necessary to reflect differences in service delivery, estate layout and clinical function. These variations are intended to ensure the most appropriate use of available space and resources, rather than representing

differences in the level or standard of care provided.

### **Child and baby loss at Glangwili General Hospital (GGH)**

Space for parents experiencing child or baby loss is provided at Glangwili General Hospital (GGH) only. This is because GGH is the location of the midwifery, maternity and children's wards, and is therefore where families experiencing child or baby loss are primarily based and supported. The co-location of these services means that bereavement care for this group is most appropriately delivered at GGH. It is also important to note that although referred to as a dedicated space, personal touches are applied to the viewing room and appropriate furniture such as cots and moses baskets transform the space.

It is the application of the softer touches that allows for a more sensitive and tailored environment that recognises the specific emotional needs associated with child and baby loss, including enhanced privacy and a setting designed to support longer or more flexible visits where required.

At other sites, families will continue to be supported within the refurbished mortuary bereavement and viewing rooms, which will provide the same standards of dignity, privacy and compassionate care. This approach ensures a standardised experience across the Health Board, while providing a proportionate and clinically appropriate level of specialist provision where the need is greatest.

### **3.3 Project delivery plan:**

Please tell us how you will deliver this charitable-funded project. Provide a timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

The refurbishment of the mortuary viewing and bereavement rooms will be delivered in a phased and carefully managed plan to ensure minimal disruption to service provision. The project began with confirmation of specifications for flooring (wood effect), décor (light & neutral), furniture (light grey/green tones), and soft furnishings, ensuring all materials meet infection-prevention requirements while supporting a warm, calming atmosphere for families. Engagement with Estates was undertaken at the outset to finalise costings and product choices.

Once finances are secured, work will proceed site by site to maintain continuity of service. Each bereavement and viewing areas will be temporarily closed while flooring is replaced, wall finishes updated and furniture installed. Staff will be informed in advance of planned downtime, and alternative viewing arrangements will be coordinated where required. Estates will oversee contractor activity, ensuring compliance with safety and environmental standards.

### **Milestones for delivery will include:**

- Procurement of flooring, furnishings, and decor items
- Scheduled refurbishment works at each mortuary site.
- Quality checks and environmental assessment post-installation
- Staff walkthrough and confirmation of readiness for use

Following completion, staff will receive guidance on use, care and maintenance of updated furnishings and finishes to ensure longevity and consistent presentation. Evaluation of the upgraded rooms will be built into routine service review and bereavement feedback processes.

This structured plan ensures refurbishment is completed efficiently, safely and to a high standard, delivering long-lasting improvements for bereaved families and the staff who support them.

### **3.4 Risks:**

Please tell us what risks have been identified and how they will be mitigated.

#### **1. Safety risks associated with ageing facilities**

**Risk:** Outdated flooring, worn furniture, and ageing fittings can present physical safety hazards for visitors and staff, such as slips, trips, unstable seating, or inadequate lighting. Vulnerable visitors including elderly relatives or those distressed by bereavement, may be at higher risk.

**Mitigation:** Replacement flooring, new furnishings, and improved lighting will meet current safety standards and accessibility requirements. Estates will undertake pre- and post-installation checks to

ensure rooms are safe and compliant.

## **2. Privacy concerns for families and the deceased**

**Risk:** Older facilities may not provide adequate soundproofing, visual privacy, or appropriate space layout, potentially compromising the dignity of the deceased and the confidentiality of grieving families.

**Mitigation:** Refurbishment will include layout review, improved furnishings, and visual privacy enhancements to ensure families can spend time with their loved one without disruption. Updated decor and curtain screening will help maintain dignity and respectful presentation.

## **3. Failure to meet modern bereavement-care standards**

**Risk:** Outdated rooms may not meet contemporary expectations for bereavement environments, including infection-prevention standards, appropriate materials, or sensitivity to the emotional needs of visitors.

**Mitigation:** Involvement of Estates, Infection Prevention and relevant clinical teams will ensure all selected materials comply with hygiene and regulatory requirements while supporting a warm and compassionate atmosphere.

## **4. Emotional impact on bereaved families**

**Risk:** A cold, clinical or outdated environment can increase distress at an already vulnerable time, potentially affecting a family's grieving process and long-term wellbeing. A poor environment may also reinforce negative perceptions of the care provided.

**Mitigation:** Refurbishment will introduce softer decor, more comfortable furnishings, and a more welcoming atmosphere to support healthy grieving, reduce distress and ensure families feel cared for.

## **5. Risk to dignity and respectful care of the deceased**

**Risk:** Dated viewing rooms may lack the appropriate surroundings to ensure deceased patients are handled and presented with dignity, respect, and privacy.

**Mitigation:** Updated facilities will provide an environment that continues the standard of dignified care afforded throughout the patient pathway, ensuring seamless professionalism even after death.

## **6. Reputational risk to the organisation**

**Risk:** The condition of bereavement and viewing rooms directly influences public perception. Outdated, poorly maintained spaces may lead to complaints, reduced confidence in the service, or broader reputational harm.

**Mitigation:** Modern, well-designed bereavement rooms will reflect the professionalism and compassion of the mortuary service, improve public confidence and support positive feedback from families.

## **7. Staff wellbeing and emotional burden**

**Risk:** Supporting families in a dated or poorly designed viewing environment can add to staff stress, particularly during sensitive conversations or emotionally complex interactions.

**Mitigation:** Improved surroundings will better support staff, creating a space that aligns with the professionalism and care they strive to deliver, thereby reducing emotional strain.

## **8. Temporary disruption during works**

**Risk:** Refurbishment may temporarily limit availability of viewing rooms, creating operational challenges or delays in accommodating families.

**Mitigation:** Works will be scheduled in phases, with clear communication across all sites. Alternative arrangements will be offered, ensuring minimal disruption and maintaining a respectful service.

## **9. Budgetary or procurement risks**

**Risk:** Supplier delays or cost increases could impact timelines or project scope.

**Mitigation:** Early involvement of Procurement, clear quotations and phased purchasing will ensure the project remains within agreed charitable funds limits.

## 10. Inconsistent standards across sites

**Risk:** Without structured planning, facilities may vary in quality across the four mortuary sites.

**Mitigation:** A site-by-site assessment and standardised design approach will ensure consistency while accommodating individual room layouts.

### 3.5 Additionality:

Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

The refurbishment of the mortuary bereavement and viewing rooms represents work that goes above and beyond the scope of core NHS provision. Core funding ensures that the facilities remain functional, safe, and compliant; however, it does not extend to enhancing the environment to the standard needed to provide a truly comforting, dignified and emotionally supportive space for bereaved families. Charitable support enables improvements that significantly elevate the experience of the families who use these rooms, far beyond what the baseline NHS budget can achieve.

Updating the decor, soft furnishings and flooring is not a statutory requirement, but it has a profound impact on how families experience their final moments with their loved one and how staff are able to support them. Charitable funds would allow us to select higher-quality materials and furnishings that create a warm, peaceful environment reflective of modern bereavement-care standards. These enhancements directly contribute to improved emotional wellbeing for both bereaved families and staff, yet such improvements are not typically funded through routine capital or estates budgets.

The need for refurbishment has been recognised for over a decade yet remains unmet due to the prioritisation of essential clinical services within NHS funding. Charitable support therefore provides the only realistic means to address the environmental deficits that affect the dignity, privacy and comfort of the families and individuals who rely on these spaces.

By investing charitable funds into this project, we can deliver meaningful, long-lasting improvements that will benefit our communities for years to come, ensuring that the mortuary bereavement and viewings rooms reflect the compassion, professionalism and dignity that are central to our service and the core values.

## Section 4: Impact

### 4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

*Note: You will be required to submit an evaluation report to summarise the impact at a later date.*

The impact of this refurbishment will be felt across families, staff and partner services who rely on these rooms during moments of profound emotional significance. The improvements will transform the experience of bereaved families, ensuring that their final memories of their loved one take place in a space that feels respectful, supportive, and comforting.

Families, staff, and partner organisations have already provided informal feedback and recollections about how the current surroundings influence their experience. One family member described their viewing as "being shown into a room that felt cold and impersonal" Another shared, "the space didn't reflect the dignity their loved one deserved." These experiences demonstrate how strongly the environment can shape the emotional impact of bereavement.

The refurbishment will ensure that mortuary bereavement and viewing rooms across WGH, GGH and PPH become calm, private, and welcoming environments. Improvements to lighting, decor, furniture, accessibility, and room layout will create spaces that better support families' emotional needs and offer a more consistent experience across all sites. This will help ensure that no family encounters surroundings that intensify their grief or distract from their final moments with their loved one.

### Benefits for bereaved families

The space in which a family views their relative becomes part of their lasting memory. Many families

recall this environment vividly, and those using current facilities have described elements that added to their distress:

- “The room felt clinical and unwelcoming.”
- “The noise from the fan and hard chair more than I want to.”

Refurbished rooms will help families feel calmer and safer, reducing additional distress caused by cold or clinical surroundings. Comfort, privacy and a more compassionate atmosphere will help families focus on their loved one rather than the limitations of the space.

For parents and carers, viewing their baby or child takes place at a time of immense emotional pain. Current spaces do not always reflect the sensitivity required for this experience. Parents have expressed that:

- “The staff were incredible, but the room didn’t feel like a place for a baby.”
- “It felt empty, with nowhere to sit, when our child deserved warmth and gentleness.”

Updated rooms will create spaces that allow parents to spend time with their child in surroundings that feel soft, intimate, and nurturing. This helps families feel able to talk, hold, comfort and say goodbye to their child without environmental barriers adding to their distress.

The refurbishment will also support cultural and religious requirements by providing flexible and adaptable spaces. The inclusion of discreet reflection areas and sensitive information points will further strengthen support for families at this critical moment.

### **Benefits for mortuary and clinical staff**

Staff have shared that the current environments make it harder to deliver the level of compassionate care they strive for:

- “We do everything we can to make families feel supported, but the viewing room works against us with dated aesthetics”
- “The environment doesn’t match the care and respect we show every day.”

Improved rooms will better support staff in fulfilling their role, creating surroundings that align with the professionalism, dignity, and compassion they demonstrate. Staff will be able to hold difficult conversations more comfortably, maintain privacy more effectively, and feel more confident in the quality of the environment they are presenting to families.

### **Benefits for porters, funeral directors, and other stakeholders**

Porters and external partners play a key role in the care of the deceased, yet they also experience challenges due to the current facilities. Porters have described one mortuary as “dark, cramped, and dated,” and funeral directors have described them as being “clinical and very dated” and “not reflective of modern expectations.”

Modernised rooms will support:

- More dignified transfers
- Improved privacy for families and operational activity
- Stronger collaboration with funeral directors
- Better environments for chaplains, police and coronial teams when supporting bereavement.

These upgrades will enhance professional interactions, strengthen relationships, and reinforce shared values of dignity, respect, and compassion.

### **Summary of impact**

Refurbishing the bereavement and viewing rooms will ensure that families’ final memories are shaped by warmth, respect, and dignity not by an environment that feels outdated, impersonal, or distressing.

Charitable funding will allow these spaces to reflect the humanity and compassion that bereaved families deserve, while supporting staff and partner services to deliver care in surroundings that truly match the significance of the moment.

#### 4.2 Beneficiaries:

Please tell us how many people are expected to benefit as a result of this expenditure and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

#### Estimated beneficiaries per year

Primary beneficiaries are bereaved families and relatives attending viewings at Bronglais (BGH), Prince Philip (PPH), Withybush (WGH) and Glangwili (GGH), alongside mortuary/clinical staff, porters, chaplaincy, funeral directors, and partner agencies involved in care after death.

Based on current activity data, it is estimated that at least 130–150 bereaved families directly benefit from the mortuary viewing rooms each year across the four acute sites (BGH, PPH, WGH and GGH), reflecting recorded annual viewing activity (approximately 134 viewings in 2025). As viewings typically involve more than one relative, this equates conservatively to 250–400 individual family members per year experiencing the environment at a highly vulnerable time.

In addition, the improved facilities support the ongoing work and wellbeing of approximately 40–60 staff and key partners per year, including mortuary staff, porters, chaplaincy, funeral directors and coronial/police teams who regularly use the rooms. Indirectly, the project benefits the wider Hywel Dda population of around 388,000 residents, ensuring equitable access to dignified bereavement facilities should they require them in the future.

#### Regional population context

Local authority	Latest mid-year population (published)
Carmarthenshire	190,083
Pembrokeshire	125,006
Ceredigion	73,050
<b>Hywel Dda total</b>	<b>=388,139</b>

#### Scale of need (2025 deaths & viewings)

To demonstrate the scale of families potentially requiring mortuary viewing facilities in 2025, we will use ONS 2025 death registrations by local authority (Carmarthenshire, Pembrokeshire, Ceredigion) as the denominator. ONS publishes monthly local-authority counts; summing the 12 months yields the 2025 annual totals for each <sup>(1)</sup>.

Table 1. 2025 deaths (proxy denominator) and total death brought into the hospital mortuary (by acute site).

Measure (2025)	County Wide (proxy)	BGH (Bronglais)	PPH (Prince Philip)	WGH (Withybush)	GGH (Glangwili)
Deaths registered – Carmarthenshire (annual sum of ONS monthly)	2484	–	466	–	1114
Deaths registered – Pembrokeshire (annual sum of ONS monthly)	1646	–	–	902	–
Deaths registered – Ceredigion (annual sum of ONS monthly)	826	294	–	–	–
<b>Total viewings – All</b>	No data	<b>22</b>	<b>17</b>	<b>43</b>	<b>52</b>
<b>of which: Adult viewings</b>	No data	<b>22</b>	<b>17</b>	<b>43</b>	<b>42</b>

...of which: Paediatric/Perinatal viewings	No data	0	0	0	10
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Data sources for completion: ONS monthly deaths 2025 by LA (sum of months). <sup>(1)</sup>

Viewing volumes: Mortuary viewing logs (local operational records)

### Results:

- Carmarthenshire shows a higher share (**63.6%**) of registered deaths received into hospital mortuaries than Pembrokeshire (**54.8%**) and especially Ceredigion (**35.6%**). This reflects geography and pathways (e.g., community deaths going directly to funeral directors, cross-border transfers, distance to acute sites, and coronial practice), not service “avoidance.” Programmatically, it means **Carmarthenshire’s sites (PPH, GGH) carry the greatest absolute receipt load**—relevant when prioritising refurbishment phasing and furniture durability.
- BGH’s **7.5%** viewings-per-receipt ratio is notably higher than PPH (**3.6%**), WGH (**4.8%**), and GGH (**4.7%**). Even with lower absolute numbers, **BGH’s viewing room is used comparatively often when someone is received**, underscoring the importance of a calm, purpose-designed environment even at the smaller site.
- GGH records the **most total viewings (52)** and is **the only site with paediatric/perinatal viewings (n=10)**—a strong signal to include baby-loss-sensitive design elements (lighting, soft furnishings, gentle décor, privacy, and acoustics) and to ensure staff spaces support these especially demanding encounters.
- Only **4.8%** of receipts result in a viewing. That may sound small, but the qualitative evidence shows these encounters carry **outsized emotional impact** for families and staff—precisely the kind of high-value, low-volume activity where charitable investment in the environment makes a material difference to experience, dignity, and memory. This document narrative and cited guidance (e.g., SANDS, HBN 16-01 <sup>(2,3)</sup>) reinforce this point.

### Accessibility and equity of access

This project improves equitable access across the four acute sites. populate in the table below is the current-state for accessibility considering wheelchair access routes, accessible toilets, and quiet space.

**Table 2. Accessibility features by site (current state)**

Accessibility feature	BGH	PPH	WGH	GGH
Wheelchair users accommodated without ad-hoc adjustment (Y/N)	N	Y	Y	Y
Accessible toilet within/adjacent to viewing area (Y/N)	N	Y	Y	Y
Signage/wayfinding and privacy screens adequate (Y/N)	Y	Y	Y	Y

### Complaints and feedback beneficiaries

Improving the environment benefits not only families who attend viewings, but also reduces avoidable distress and concern, reflected in concerns/complaints logged through Patient Support Services and Datix (Putting Things Right) <sup>(4)</sup>.

To evidence this, we have provided a **2025 complaints extract** filtered to mortuary-related issues and categorised as below.

**Table 3. 2022 - 2026 (5-year period) complaints related to mortuary facilities (by category)**

Category	Definition (for coding consistency)	Count (5-year period)	% of mortuary complaints
<b>Patient care</b>	Presentation/handling after death; timeliness; identification; documentation	12	44%
<b>Ability to see loved one</b>	Access/timing; scheduling/availability of viewings	4	15%
<b>Dignity</b>	Privacy; respectful handling; tone/communication at viewing	5	19%

<b>Environment/facilities</b>	Room condition; temperature/noise; seating/furnishings; lighting/	0	0
<b>Other</b>	Any mortuary concern not captured above	6	22%
<b>Total</b>		<b>27</b>	<b>100%</b>

**Complaint analysis (5-year period, n=27):** The majority of recorded concerns relate to patient-care processes (44%), with a further 34% concerning dignity (19%) and access to viewings (15%). No complaints were coded directly to the environment/facilities category; however, narrative reviews indicate that environmental factors are often described within dignity or patient-care narratives. A substantial proportion (22%) were coded as “Other”.

**Implication:** While process reliability remains essential, improving the bereavement environment is expected to reduce dignity-related distress and support staff to deliver sensitive conversations, indirectly benefiting patient-care perceptions and access experiences.

#### **Beneficiary narrative (how each group benefits)**

- **Bereaved families (adults, children, and young people):** More private, comfortable, and accessible spaces reduce additional distress and help families focus on their goodbye, supporting healthier grieving.
- **Parents experiencing baby/child loss:** Softer, gentler environments for extended time with their child, with space for cultural/religious needs, reflection areas, and sensitive information points.
- **Mortuary and support staff:** Rooms that support sensitive conversations, enable privacy, improve flow and safety, and help sustain staff wellbeing and resilience.
- **Porters and key partners (funeral directors, chaplaincy, police, coronial services):** Better layout for dignified transfers; improved privacy for families and operational activity; professional, collaborative spaces aligned with shared values.

#### **References**

1. Office for National Statistics (ONS). **Deaths registered monthly in England and Wales**. Newport: ONS; 2025. Available from: <https://www.gov.uk/government/statistics/deaths-registered-monthly-in-england-and-wales>
2. NHS England. **Health Building Note 16-01: Facilities for mortuaries, post-mortem room services and body stores**. London: NHS England; 2023.
3. Stillbirth and Neonatal Death Society (SANDS). **Guidance on creating supportive environments for bereaved parents**. London: SANDS; 2022. Available from: <https://www.sands.org.uk>.
4. Hywel Dda University Health Board. **Putting Things Right (Datix) complaints and concerns data related to mortuary services**. Internal unpublished data; 2022–2026.

#### **4.3 Evaluation methods:**

Please tell us what methods you will use to measure the effectiveness of your expenditure and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position.

To measure the effectiveness of the refurbishment and demonstrate the difference it makes for families, staff, and partner organisations, we will use a combination of environmental assessments, feedback mechanisms, and service-quality indicators.

These methods allow us to compare the current situation with the improved environment after the works are completed.

#### **1. Baseline information (current position)**

Baseline data has already been identified through staff feedback, routine service reviews and family comments received to date. Key baseline findings include:

- **Bereavement and viewing rooms at three sites have not been refurbished for over 15 years**, with flooring, decor and furniture reported as clinical, outdated, or worn.

- **Staff and family feedback** has highlighted concerns about the environment, including:
  - rooms feeling *cold* or *unwelcoming*,
  - inadequate privacy or ambience,
  - decor and furnishings not reflective of dignified bereavement care.
- **Accessibility limitations** have been noted at some sites (e.g., wheelchair access, lack of appropriate soft furnishings, noise, or lighting issues).
- **Partner organisations** (funeral directors, chaplaincy, and porters) have reported challenges due to cramped layouts or inconsistent facilities across sites.

These baseline observations demonstrate a clear need for refurbishment and provide measurable reference points for improvement.

## 2. Evaluation framework and measurable KPIs

To strengthen impact reporting, the effectiveness of the refurbishment will be evaluated using a set of clearly defined, measurable Key Performance Indicators (KPIs). These KPIs focus on family experience, staff experience, and service quality, and will be monitored over the first 12 months following completion of refurbishments.

It is recognised that formal baseline data relating specifically to the mortuary viewing environment is limited. Where this is the case, baseline measures will be established immediately post-refurbishment using structured data collection methods, allowing for meaningful comparison over time.

### Key Performance Indicators (KPIs)

#### 1. Bereaved family experience

- KPI 1: At least 85% of families responding to post-viewing feedback will rate the viewing/bereavement rooms as *comfortable, private and supportive* (combined score of 4 or 5 on a 5-point Likert scale).
- KPI 2: At least 80% of families will report that the environment helped them feel calmer and supported during the viewing.

**Data source:** Anonymous post-viewing feedback questionnaire (paper or QR-code based).

**Baseline approach:** Initial data collection will commence immediately after refurbishment to establish a post-works baseline, with results reviewed at 6 and 12 months.

#### 2. Staff experience and wellbeing

- KPI 3: At least 80% of mortuary and support staff will report that the refurbished rooms have *improved their ability to hold sensitive and difficult conversations* with bereaved families.
- KPI 4: At least 75% of staff will report that the environment better reflects the dignity, professionalism and compassion of the service.

**Data source:** Structured staff survey conducted at 3–6 months and repeated at 12 months.

**Baseline approach:** Although no formal pre-refurbishment survey exists, qualitative baseline themes have been captured through staff feedback and service reviews; survey results at 3 months will act as a reference point for year-on-year comparison.

#### 3. Environment-related concerns and complaints

- KPI 5: A 75% reduction in environment-related concerns or complaints (e.g. comments on room condition, lighting, seating, ambience or privacy) within 12 months of refurbishment.
- KPI 6: No increase in dignity-related complaints linked to the viewing environment over the 12-month review period.

**Data source:** Patient Support Services / Putting Things Right (Datix) complaint and concern data, with narrative review of dignity-related themes.

**Baseline approach:** A retrospective narrative review of the previous 3–5 years of complaints has identified environment-related issues embedded within dignity and care concerns; this provides a qualitative baseline against which future trends will be monitored.

#### 4. Accessibility and operational standards

- KPI 7: 100% of refurbished viewing rooms to meet agreed accessibility standards (wheelchair access without ad-hoc adjustment, suitable seating, clear wayfinding).
- KPI 8: 100% Estates and Infection Prevention sign-off confirming compliance with safety, hygiene and infection-prevention standards post-refurbishment.

**Data source:** Estates inspection reports, accessibility checklist, and environmental quality audits.

**Baseline approach:** Current-state accessibility assessments (Section 4.2) provide the baseline comparator.

### Monitoring and reporting timeline (12 months post-refurbishment)

- 0–3 months: Establish post-refurbishment baseline data (family feedback, staff survey, accessibility checks).
- 6 months: Interim review of KPIs; identify early improvements and any required adjustments.
- 12 months: Full evaluation against KPIs, including comparison with baseline data, trends in complaints, and staff and family feedback.

The results of this evaluation will be summarised in the required post-implementation impact report and incorporated into routine mortuary governance and quality review processes.

Responsibility for gathering, reviewing and reporting evaluation data will sit within existing mortuary governance structures. The Mortuary Manager (Lead Applicant) will hold overall accountability for delivery of the evaluation framework and KPI reporting. Bereaved family feedback will be facilitated by mortuary staff and collated by the Mortuary Manager; staff experience data will be gathered through structured surveys led by the Mortuary Manager; complaints and concern data will be monitored through routine Datix and Patient Support Services reviews; and environmental, accessibility and infection-prevention compliance will be confirmed through Estates and Infection Prevention sign-off, with service-level oversight by the Mortuary Manager. Evaluation findings will be reviewed through routine mortuary governance meetings and summarised within the 12-month post-refurbishment charitable funds impact report.

## Section 5: Exit strategy (for revenue expenditure requests)

Please tell us how the benefits of this expenditure will be sustained beyond the end of this time-limited period of charitable funding. For project funding, please tell us if it will continue, and how it will be funded. If it will not continue, please tell us how it will be brought to a close.

The benefits of the refurbished mortuary bereavement and viewing rooms will be sustained well beyond the period of charitable funding through ongoing integration into routine estates maintenance, mortuary governance processes, and established operational procedures.

### 1. Long-term sustainability

- All new flooring, furnishings, decor, and fittings have been selected in collaboration with Estates and Infection Prevention to ensure durability, easy maintenance, and long service life.
- Once installed, the refurbished rooms will be incorporated into the standard planned-preventative maintenance (PPM) schedule, ensuring any future wear-and-tear is managed within core NHS budgets. Furnishing will come with 12-month warranties.
- Cleaning and upkeep will continue through existing hotel services and mortuary cleaning routines, requiring no additional revenue costs.

### 2. Integration into mortuary governance

- The updated rooms will form part of routine **mortuary quality inspections**, including:
  - environmental condition checks,
  - dignity and privacy audits,
  - infection-prevention compliance reviews.
- Any issues identified will be addressed through established governance routes and core funding streams, ensuring standards are preserved without requiring further charitable support.

### 3. Staff training and operational continuity

- Staff will receive guidance on caring for and maintaining the new furnishings and finishes.
- This will be included in standard operating procedures, ensuring consistent practice even as staff change over time.

#### 4. No ongoing financial exposure

- The refurbishment is a one-off capital improvement, with no ongoing or recurring costs beyond standard cleaning and maintenance already budgeted for.
- There are no expected revenue implications, and no dependency on further charitable funding to keep the rooms functional, safe or fit-for-purpose.

#### 5. How the project will be brought to a close

- Once works are completed, Estates will conduct a final inspection and sign-off.
- A post-implementation review, including staff and family feedback, will be carried out at 3–6 months to confirm the project has delivered its intended outcomes.
- After this point, all responsibility for maintaining the improved environment will sit within normal mortuary operational budgets and processes.

### Section 6: Governance

#### 6.1 Compliance:

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

This expenditure request fully aligns with all relevant statutory, regulatory, and professional standards governing mortuary practice, bereavement care, and the management of the deceased.

#### Human Tissue Authority (HTA) Standards

The refurbishment supports compliance with the HTA Standards for post-mortem, storage of bodies and care of the deceased, particularly <sup>(1)</sup>:

- **Dignity, privacy, and respect** in all environments where the deceased and their relatives are present.
- **Safe, well-maintained and appropriately furnished facilities**, ensuring that the environment does not compromise respectful care or pose risks to staff or visitors.
- **Clear separation of clinical and public-facing spaces**, ensuring that viewing rooms maintain dignity, privacy, and a calm environment.

Upgrading flooring, decor and furnishings ensures that the facility meets the expected environmental conditions for respectful care and safe working described in the HTA's regulatory framework.

#### Department of Health – Care and Respect in Death

The request supports compliance with national expectations outlined in *Care and Respect in Death*, which emphasises <sup>(2)</sup>:

- Providing bereaved families with a comforting and sensitive environment during viewings.
- Ensuring facilities reflect the values of dignity, compassion, and high-quality bereavement care. By modernising outdated rooms, the project directly enables the organisation to meet these principles.

#### SANDS (Stillbirth and Neonatal Death Society) Guidance

SANDS guidance highlights the importance of <sup>(3)</sup>:

- Quiet, warm, non-clinical spaces for families experiencing pregnancy, baby, or child loss.
- Sensitive, trauma-informed design that supports emotional wellbeing. Refurbished rooms will offer softer furnishings, improved lighting, and greater privacy, supporting SANDS standards for compassionate bereavement environments.

#### Safe Working & Infection Prevention Standards

The refurbishment aligns with <sup>(4)</sup>:

- *Safe Working and the Prevention of Infection in the Mortuary and Post-mortem Room (HSE, 2003)*, through replacement of hard, worn flooring with safe, cleanable, and compliant

surfaces.

- Hywel Dda UHB Infection Prevention policies requiring:
  - cleanable, impermeable, intact surfaces,
  - safe room layouts that minimise contamination risks,
  - appropriate ventilation and easily disinfectable furnishings. These updates reduce risks associated with ageing materials and ensure the environment meets current infection-prevention controls.

### **Healthcare Sciences National Occupational Standards**

Improved rooms support compliance with National Occupational Standards by ensuring <sup>(5)</sup>:

- Staff can perform duties relating to care of the deceased, communication with bereaved families, and safe movement of bodies in an appropriate environment.
- Facilities support professional practice and wellbeing in line with expectations for mortuary staff roles.

### **Health Building Note (HBN) 16-01: 2023 – Facilities for Mortuaries, Body Stores and Post-Mortem Services**

This application aligns with the environmental and design recommendations within NHS England's HBN 16-01 (2023), including <sup>(6)</sup>:

- Provision of sensitive, private, and appropriately furnished viewing rooms.
- Clear separation between clinical and family areas.
- Use of durable, safe materials suitable for mortuary environments.
- Adequate space, lighting, and ambience to support bereavement pathways.

Upgrading flooring, decor and furnishings ensures compliance with modern expectations for bereavement facilities and brings existing rooms closer to national design guidance.

### **Hywel Dda Policies and Procedures**

The refurbishment remains fully compliant and aligns with:

- HDUHB Health & Safety and Estates policies.
- Infection Prevention and Control requirements relating to materials and cleaning.
- Mortuary SOPs covering dignity, privacy, safe working, and bereavement support.
- Equality, accessibility, and patient experience standards <sup>(7)</sup>.

Estates, Infection Prevention, and the Mortuary Service have been engaged to ensure all materials and works meet organisational and regulatory requirements.

### **References**

1. Human Tissue Authority. **Human Tissue Authority standards: Post-mortem examination, storage of bodies and removal of relevant material** [Internet]. London: HTA; 2020 [cited 2026 Apr 10]. Available from: <https://www.hta.gov.uk/professionals/hta-licensing/hta-standards>
2. Department of Health, NHS England. **Care and respect in death: Good practice guidance for NHS organisations** [Internet]. London: NHS England; 2015 [cited 2026 Apr 10]. Available from: <https://www.england.nhs.uk/publication/care-and-respect-in-death/>
3. Sands – Stillbirth and Neonatal Death Society. **Bereavement care rooms and bereavement suites: Position statement** [Internet]. London: Sands; n.d. [cited 2026 Apr 10]. Available from: <https://www.sands.org.uk/professionals/bereavement-care-rooms>
4. Health and Safety Executive. **Safe working and the prevention of infection in the mortuary and post-mortem room**. London: HSE; 2003.
5. Skills for Health. **Healthcare science national occupational standards** [Internet]. Bristol: Skills for Health; n.d. [cited 2026 Apr 10]. Available from: <https://tools.skillsforhealth.org.uk/competence-search/>
6. NHS England. **Health Building Note 16-01: Facilities for mortuaries, including body stores and post-mortem services** [Internet]. London: NHS England; 2023 [cited 2026 Apr 10]. Available from: <https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00284-health-building-note-16-01-facilities-for-mortuaries-including-body-stores-and-post-mortem-services.pdf>
7. Equality Act 2010. **Equality Act 2010**. London: The Stationery Office; 2010.

### **6.2 Strategic alignment:**

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This funding request is closely aligned with Hywel Dda University Health Board's strategic objectives and national priorities relating to dignity, patient experience, staff wellbeing, and high-quality care after

death.

### **1. Enhancing patient and family experience**

Refurbishing the bereavement and viewing rooms directly supports the Health Board's commitment to improving the experience of patients, carers, and families.

Although mortuary spaces are not traditionally patient-facing, they play a critical role in the final stage of the patient journey. Providing a warm, private, and dignified environment ensures that bereaved relatives receive compassionate, person-centred care consistent with Health Board values.

### **2. Delivering safe, high-quality care**

Upgrading flooring, furnishings and decor strengthen compliance with national standards relating to dignity, respect, infection prevention, and safe working practices.

This supports the Health Board's aim of delivering safe and effective services, reducing risk, and ensuring facilities meet the expectations of HTA standards, Health Building Note 16-01 and wider NHS quality frameworks.

### **3. Supporting staff wellbeing and professional practice**

Staff working in mortuary settings regularly support families at moments of acute grief. Outdated and clinical environments increase emotional strain and make sensitive conversations harder.

Improved surroundings support the Health Board's objective to create healthier working environments, enabling staff to deliver compassionate care with confidence and reducing workplace stress.

### **4. Reducing unwarranted variation across sites**

The project supports strategic aims around equity and consistency by ensuring that bereavement facilities across all four acute mortuary sites offer:

- equal levels of dignity,
- consistent standards of privacy,
- comparable quality of surroundings for all families.

This ensures that no community within Hywel Dda receives a lower standard of bereavement environment due to legacy building issues.

### **5. Aligning with national frameworks for care after death**

The refurbishment strengthens the Health Board's delivery of national expectations, including:

- Care and Respect in Death (Department of Health): promoting dignity, compassion, and high-quality bereavement support <sup>(1)</sup>.
- SANDS guidance on supporting families experiencing pregnancy loss, stillbirth and neonatal death.
- HTA standards ensuring safe, respectful environments for the deceased.
- HSE safe working and infection-prevention requirements in mortuary areas.
- Healthcare Sciences National Occupational Standards, supporting safe, professional practice.

This ensures that mortuary environments reflect best practice across the UK.

### **6. Supporting long-term sustainability and prudent healthcare**

By investing now in durable, compliant materials and designs, the project reduces ongoing maintenance demands and supports the Health Board's long-term goals around:

- asset improvement,
- sustainability of estate quality,
- prudent use of NHS resources.

The improvements will have lasting benefit and prevent further deterioration that could otherwise

require larger capital expenditure later.

## References

1. **NHS England.** *Care and Respect in Death: Good practice guidance for NHS organisations.* London: NHS England; 2015. Available from: <https://www.england.nhs.uk/publication/care-and-respect-in-death>

## Section 7: Other

Please provide any other relevant information in support of your funding request.

There is strong national and international evidence demonstrating that the physical environment in which bereaved families view their loved one has a profound and lasting emotional impact. Modern, compassionate, and purpose-designed viewing facilities are now widely recognised as essential components of high-quality care after death.

NHS research on end-of-life hospital environments shows that bereaved relatives have a *heightened awareness of their surroundings*, and poor or outdated facilities can intensify distress and influence how families perceive the care their loved one received. It also highlights that *mortuary viewing rooms are often in need of refurbishment*, and that this can give the impression that care diminishes after death <sup>(1)</sup>.

National infrastructure guidance reinforces this position. Health Building Note (HBN) 16-01 requires mortuary environments to provide safe, dignified, private and appropriately furnished viewing spaces, reflecting the NHS commitment to a high-quality environment. The guidance emphasises that mortuary accommodation should meet high technical and environmental standards, ensuring dignity and respect for families <sup>(2)</sup>.

Bereavement-support organisations further confirm the importance of environment. The SANDS Position Statement highlights that the setting for bereavement care is “*of particular importance*” to families experiencing pregnancy loss, stillbirth, or neonatal death. It notes that small environmental details can be remembered for years and may either support or worsen parental grief. SANDS recommends quiet, warm, non-clinical, and sensitively designed spaces <sup>(3)</sup>.

The Irish Hospice Foundation’s Design & Dignity programme also stresses that surroundings have a “lasting impact on the bereaved.” It reports that many mortuary areas do not reflect the compassion staff provide, and that refurbished viewing areas significantly improve the experience for families and staff. The programme supports the creation of warm, welcoming, and respectful places for final goodbyes <sup>(4,5)</sup>.

International Health Facility Guidelines reinforce the need for purpose-designed mortuary spaces that consider privacy, accessibility, finishes, acoustics, safety, and infection control. These guidelines make clear that the needs of relatives must be a central consideration in mortuary design <sup>(6)</sup>.

Taken together, this evidence clearly shows that the design, condition, and emotional tone of mortuary viewing rooms significantly influence:

- the dignity and respect afforded to deceased individuals.
- the emotional wellbeing of families
- the ability of staff to deliver compassionate bereavement care.

Modern, welcoming, and functional facilities are therefore not an aesthetic luxury—they are a critical part of dignified, safe, high-quality care after death and are strongly aligned with national standards and best practice.

**I would like to share this example of how delivering safe, quality care can enhance patient and family experiences.**

As a mortuary service, we work closely with H.M. Coroner and a range of partner agencies. As part of

the coroner's process, we routinely receive community deaths where a post-mortem examination is required. These cases are often sudden, unexpected, and frequently involve traumatic circumstances such as natural causes outside hospital, accidents, or road traffic collisions (RTCs).

Recently, we received an individual who had sadly died as a result of an RTC. The deceased was transferred to the mortuary at Glangwili Hospital under police escort. In cases such as this, one of the procedural requirements is for a next of kin to attend the mortuary to formally confirm the identity of their loved one.

Viewings and identifications following sudden or traumatic death are some of the most emotionally charged moments a family will ever face. They require mortuary staff to demonstrate exceptional professionalism, while also providing compassion, dignity, and calm reassurance. The environment in which this takes place matters deeply: families often remember *every detail* of their surroundings during these encounters, and the quality of the facility becomes part of their lasting memory of their loved one's final care.

We recently received feedback that highlighted this impact. After supporting a family through the identification process, we received communication from a support co-ordinator at 2Wish Cymru, who wrote:

**“I met with the family last week of a young lady who died as a result of an RTC and was taken to Glangwili mortuary. When I spoke to her mum, she was very keen for me to pass on her thanks to the mortuary staff, especially the person who met them when they visited the mortuary. She said the language he used, how he spoke about ‘caring for her’, and his general demeanour gave her confidence that her daughter was being well looked after by people who genuinely cared. This meant the world to her. Would you please be kind enough to pass this on to the team?”**

For a bereaved family to take the time to offer gratitude during such tragic and overwhelming circumstances demonstrates the depth of impact that compassionate mortuary care can have. This message was shared with the team, and thanks were extended to staff for upholding the highest standards of care and for being a source of comfort during the family's most difficult moment.

This example also reinforces the importance of secure, modern, and appropriately designed mortuary facilities. The environment must support privacy, dignity, and calm, enabling families to feel safe and reassured during exceptionally painful moments.

Outdated, cramped or clinical-feeling spaces can unintentionally heighten distress; conversely, well-designed facilities help create an atmosphere of respect and quiet care, allowing families to focus on their loved one rather than on their surroundings.

Just as importantly, staff need to work in facilities where they feel safe, supported, and able to deliver care confidently. Modern mortuary environments provide staff with the space, security and professional infrastructure required to manage sensitive cases while also safeguarding their own wellbeing. When staff feel secure and valued in their working environment, they are better able to offer the compassionate, composed, and dignified support that bereaved families depend on.

We also work closely with a wide range of stakeholders, including H.M. Coroner, police, funeral directors, bereavement charities, and community support organisations. These partners rely on our service to provide timely, professional, and compassionate care, and it is essential for them to have full confidence that both our staff and our facilities meet the needs of bereaved families. Modern, secure, and appropriately designed mortuary environments reassure our stakeholders that families are being supported in a safe, dignified space, and that staff have the right environment to carry out their work competently and with compassion. When partners know that the facilities are suitable and that staff are skilled, confident and well-supported, it strengthens multi-agency trust and ensures that bereaved families receive seamless, high-quality care at the most difficult time in their lives.

## References

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2. NHS England. *Health Building Note 16-01: Facilities for mortuaries, including body stores and post-mortem services* [Internet]. London: NHS England; 2023. Available from: <https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00284-health-building-note-16-01-facilities-for-mortuaries-including-body-stores-and-post-mortem-services.pdf>
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4. Irish Hospice Foundation. *Design & Dignity Guidelines: Transforming end-of-life care in hospitals, one room at a time* [Internet]. Dublin: Irish Hospice Foundation; 2020. Available from: <https://hospicefoundation.ie/wp-content/uploads/2022/05/Design-Dignity-StyleBook.pdf>
5. Cornally N, Cagney O, Burton A, Coffey A, Dalton C, Hartigan I, et al. *Evaluation of the Irish Hospice Foundation Design & Dignity Programme* [Internet]. Cork/Dublin: University College Cork and Irish Hospice Foundation; 2019. Available from: <https://hospicefoundation.ie/wp-content/uploads/2022/07/Evaluation-of-the-Desgn-Dignity-Programme.pdf>
6. International Health Facility Guidelines. *Mortuary unit: Planning and design guidance* [Internet]. 2025. Available from: [https://healthfacilityguidelines.com/ViewPDF/ViewIndexPDF/iHFG\\_part\\_b\\_mortuary\\_general](https://healthfacilityguidelines.com/ViewPDF/ViewIndexPDF/iHFG_part_b_mortuary_general)

## Section 8: Funding requirements

### 8.1 Cost breakdown:

Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

Item/Category	Cost (£)			Comments
	Net £ Exc. VAT	VAT £	Gross £ Inc VAT	
BGH Minor works	-	-	5647.59	REF: Not given
GGH Minor works	-	-	2015.06	REF:1179
BGH Teal furniture	4012.72	802.54	4815.26	Quote ref:114532
GGH Teal furniture	550.00	110.00	660.00	Quote ref:123324
PPH Teal furniture	2466.88	493.38	2960.26	Quote ref:122899
WGH Teal furniture	5068.33	1013.67	6082.00	Quote ref:114533
Inspirations - Flowers	549.00	110.00	659.00	Quote ref:R102003079
BGH – 1 x LED Panel Sky Scene Ceiling Light 600 x 600 (4 set) Birds, Clouds, Sun, SKY03F			189.00	Online quote: <a href="#">LED Panel Sky Scene Ceiling Light 600 x 600 (4 set) Birds, Clouds, Sun – PanelHut</a>
PPH – 1 x LED Panel Sky Scene Ceiling Light 600 x 600 (4 set) Birds, Clouds, Sun, SKY03F			189.00	Online quote: <a href="#">LED Panel Sky Scene Ceiling Light 600 x 600 (4 set) Birds, Clouds, Sun – PanelHut</a>
WGH – 2 x LED Panel Sky Scene Ceiling Light 600 x 600 (4 set) Birds, Clouds, Sun, SKY03F			378.00	Online quote: <a href="#">LED Panel Sky Scene Ceiling Light 600 x 600 (4 set) Birds, Clouds, Sun – PanelHut</a>

### 8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>		VAT £		Gross £ <i>Including VAT</i>	23,585.17
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### 8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
T600 Make a Difference Fund	T600

## 8.4 Alternative funding sources:

Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.

Both the mortuary departmental budget and the organisation's capital funding programme have been thoroughly explored as potential options. However, neither funding stream is able to support this refurbishment, and there are strong, evidence-based reasons why charitable support is both necessary and justified.

### 1. Departmental budgets cannot accommodate the scale or scope of work

Mortuary budgets are designed to maintain essential statutory services, safe storage, body handling, equipment servicing, and staffing. These budgets operate with *no discretionary capacity* and must prioritise compliance and service continuity. The level of refurbishment required across four sites is far beyond what the revenue budget can sustain. Attempting to fund this internally would require diverting resources away from core safety-critical functions, which is neither viable nor responsible.

### 2. Capital funding is fully committed to high-risk clinical and estates priorities

The organisation's capital programme is under extreme pressure, with funding allocated to urgent statutory compliance requirements, time-critical infrastructure, and essential clinical equipment.

While the need to improve bereavement and viewing rooms is recognised, these environments fall outside the highest-risk categories used to prioritise capital allocation. As a result, this refurbishment has not been and realistically cannot be, funded within the current or foreseeable capital cycles. Without charitable support, the work would continue to be delayed year after year.

### 3. Longstanding unmet need demonstrates structural funding limitations

Three of the four bereavement sites have remained unchanged for over 15 years. Despite repeated feedback from families, partner organisations, and staff, both departmental and capital budgets have been unable to address this need. This persistent backlog reflects a systemic funding gap: environments that profoundly affect families' wellbeing often fall outside the scope of mandatory clinical investment.

### 4. Charitable funds enable enhancements that go beyond basic statutory requirements

While NHS budgets maintain functionality and safety, they do not stretch to the higher-quality finishes, furnishings and environments needed to provide a truly compassionate bereavement experience. Charitable funding allows the Health Board to deliver an environment that reflects dignity, respect, and modern standards of bereavement care; improvements that families remember for years and which staff are deeply committed to providing.

### 5. Ethical justification for charitable support

This project is not filling a gap due to oversight or poor planning. Instead, it addresses an area where NHS funding structures simply cannot meet expectations, despite the significant emotional impact these rooms have on grieving families. Charitable investment ensures that the spaces where final goodbyes take place are worthy of the care, compassion and professionalism shown by staff, something that core NHS budgets cannot achieve alone.

## Section 9: Authorisation

### 9.1 Application prepared by:

Contact name:	Job title:	Date:
Cathy Cenayko	BMS & MORTUARY MANAGER	19.02.26

### 9.2 Application authorised by:

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

Contact name:	Job title:	Date authorised:
Craig Baker	Cellular Pathology & Mortuary	19.02.26

Dylan Jones	Service Manager Head of Pathology	11.03.26
<b>9.3 Clinical Care Group approval:</b> Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.		
<b>Contact name:</b>	<b>Job title:</b>	<b>Date authorised:</b>
Sara Quarrie	Service Director for Allied Health Professions and Health Sciences	01.04.26 at CCG meeting and notified by DJ
<b>9.4 Finance Business Partner review:</b> Please ensure that your Finance Business Partner has reviewed your application before submission.		
<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>
Sadie North	Business Controller	17.03.26

**Please return completed form via email to:**  
[charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk)

**or via internal mail to:**

Charitable Funds Support Officer  
Finance Department  
Ty Gorwel, Building 14  
St David's Park, Job's Well Road  
Carmarthen SA31 3BB

## Appendix 1

**Assessment for medical equipment** (as per [Medical Devices Policy](#)): **Not applicable for this application.**

## Appendix 2

**Assessment for building or refurbishment work (to be completed by Estates team):**

Do you consider this request to be above and beyond routine maintenance work?	YES
Please explain your answer to the question above:	Work exceeds normal maintenance and is classed as service enhancement works.
Are the costs provided based on a cost estimate or formal quotation?	Formal quotation has been provided.
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	NO
If yes, please explain how these costs will be met.	
<b>Estates authorisation</b> I confirm that I have read this application in full and that I am supportive of the application.	
<b>Contact name:</b>	<b>Job title:</b>
Simon Day	Head of Maintenance and Engineering
<b>Date reviewed:</b>	
27/02/2026	

## For Charitable Funds Finance Department

<b>Application Reference Number:</b>	CF03500
<b>Fund Title:</b>	<b>Fund Code:</b>
Make a Difference Fund	T600
<b>Current Fund Balance £:</b>	
£438,729.81	

<b>Finance review</b>		
I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.		
<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>
Tina Nepean	Senior Accounts Officer	26/05/2026
<b>Outcome of meeting CFSC/CFC</b>		
I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.		
<b>Meeting date:</b>	<b>Outcome:</b>	<b>Contact name:</b>

**T600 Funding Round Applications - May 2026**

**Applications that can be supported from service specific designated funds**

Reference	Clinical Care Group/Directorate	Site/County	Ward/Service/Department	Value £	Summary of request
CF03517	Community & Integrated Medicine	South Pembrokeshire Hospital	Cleddau Community Clinics	2,281.44	Four high back patient armchairs - Community Clinic Waiting Area
CF03522	Mental Health & Learning Disabilities	Ty Myddfai	Perinatal Mental Health	999.83	Maternal journalling workshops
CF03523	Mental Health & Learning Disabilities	Ty Myddfai	Perinatal Mental Health	983.83	Discovery Through Activity workshops
CF03532	Community & Integrated Medicine	PPH	Ward 9 (Stroke)	9,000.00	Day room refurbishment
CF03535	Planned & Specialist Care	GGH	Cilgerran Ward GGH	1,348.99	Moby Sleepover Bed -Doctors Room on Cilgerran Ward
CF03536	Planned & Specialist Care	GGH	Cilgerran Ward GGH	6,299.50	Refurbish Old Store Room into usable office/wellbeing space
CF03541	Allied Health & Health Sciences	Hywel Dda wide	Clinical Haematology	22,093.75	5 x AccuVein devices for PPH, GGH, BGH, WGH and Cardigan Health Centre to support venesection services
CF03515	Allied Health & Health Sciences	Milford Haven Health Centre	Community Dietetic Service	2,010.00	NDR prescribe account and credit-based subscription
CF03519	Planned & Specialist Care	BGH	Breast Care	8,079.58	Refurbishment works for a dedicated breast prosthesis room
CF03525	Planned & Specialist Care	PPH	Urology	58,000.00	Re-establishment of HOLEP (Holmium Laser Enucleation of Prostate) Service

**111,096.92**

**T600 Funding Round Applications - May 2026****Applications not approved for funding**

Reference	Clinical Care Group/Directorate	Specialist Area	Summary of request	Value £
CF03506	Planned & Specialist Care	Health Visiting Hywel Dda wide	Additional electric breast pumps for the breast pump loaning library	2,939.83
CF03529	Nursing & Patient Experience	Professional Standards and Assurance Hywel Dda wide	Advanced Clinical Practice Conference	4,104.00
CF03507	Workforce & Organisation Development	Business, Partnerships and Inclusion PPH	Tabletop acrylic poster holders to display sensory loss information	962.98
CF03508	Nursing & Patient Experience	Communication Hub Hafan Derwen	38 Dell computer monitors	6,080.00
CF03528	Nursing & Patient Experience	Professional Standards and Assurance Hywel Dda wide	Resources for nurses who attend our Senior Nurse Managers Development Programme and STAR development programme	6,176.54
				<b>20,263.35</b>

**T600 Funding Round Applications - May 2026**

**Applications approved by CFSC for funding**

Reference	Clinical Care Group/Directorate	Specialist Area	Summary of request	Value £
CF03504	Primary Care	Chronic Conditions Hywel Dda wide	Resources for the delivery of the Be Well Self-Management Programme	4,514.45
CF03509	Planned & Specialist Care	Theatres PPH	Artwork for theatre reception area	1,053.60
CF03510	Planned & Specialist Care	Gynaecology WGH	TV for treatment room	923.99
CF03511	Mental Health & Learning Disabilities	Community Drug & Alcohol Team Haven Way Day Hospital	Install a kitchen area for staff, visitors and clients	5,988.69
CF03512	Medical Directorate	Medical Education	Certificate in Enhancing Skills in Counselling Training for the Doctors Support Hub	1,019.00
CF03516	Allied Health & Health Sciences	Nutrition and Dietetics Milford Haven Health Centre	Suite of high quality pre-recorded nutritional education videos	7,200.00
CF03524	Mental Health & Learning Disabilities	Older Adult Mental Health Hywel Dda wide	Smart interactive whiteboards and android tablets for Recovery through Activity intervention for people living with dementia	7,303.91
CF03527	Planned & Specialist Care	Gynaecology WGH	Electric gynaecologic chair	8,025.00
CF03530	Planned & Specialist Care	Sexual and Reproductive Health Pembroke Dock Health Centre	Pilot of augmented reality (AR) glasses to support pain management during clinical procedures	9,901.58
CF03531	Planned & Specialist Care	Decontamination PPH	TV for staff rest room and outdoor picnic bench	1,844.95
CF03533	Planned & Specialist Care	Decontamination BGH	Outdoor rest space for staff	999.34
CF03534	Planned & Specialist Care	Decontamination WGH	Coffee machine for staff rest room	99.99
CF03537	Allied Health & Health Sciences	Nutrition and Dietetics PPH	2 x training models/mannequins	8,008.80
CF03539	Mental Health & Learning Disabilities	Early Intervention in Psychosis (EIP) Hywel Dda wide	Weekly music workshops for a 12 month period	4,920.00
CF03485	Planned & Specialist Care	Theatres WGH	New seating for staff rest room (16 mid back and dining chairs)	4,137.98
				<b>65,941.28</b>

**T600 Funding Round Applications - May 2026**

**Recommended to the CFC for consideration**

Reference	Clinical Care Group/Directorate	Specialist Area	Summary of request	Score	Value £	Making a Difference Fund £	Service Contribution £
CF03526	Planned & Specialist Care	Colorectal Madog Suite GGH	Transforming GGH Madog Suite into a specialist stoma and colorectal hub	60	64,941.75	5,000.00	59,941.75
CF03577	Allied Health & Health Sciences	Phlebotomy Hywel Dda wide	BookingLab Phlebotomy Booking System	64	25,000.00	20,000.00	5,000.00
CF03520	Mental Health & Learning Disabilities	Learning Disabilities Hywel Dda wide	Community Health Lifestyle Café for people with learning disabilities	72	11,700.00	5,850.00	5,850.00
CF03518	Workforce & Organisation Development	Culture and Workforce Experience Hywel Dda wide	Staff Recognition and Appreciation Programme	74	36,056.67	36,056.67	0.00
CF03521	Planned & Specialist Care	Midwifery Hywel Dda wide	Trauma Informed Digital Perinatal Mental Health Platform (App)	80	36,000.00	12,000.00	24,000.00
CF03514	Allied Health & Health Sciences	Mortuary Department GGH	Two tranquil garden areas at GGH mortuary for bereaved families and staff	84	17,820.00	17,820.00	0.00
CF03500	Allied Health & Health Sciences	Mortuary Departments BGH / GGH / PPH / WGH	Upgrade of mortuary viewing areas at BGH, GGH, PPH and WGH	92	23,585.17	23,585.17	0.00
					<b>215,103.59</b>	<b>120,311.84</b>	<b>94,791.75</b>

**T600 Funding Round Applications - May 2026**

**Withdrawn applications**

Reference	Clinical Care Group/Directorate	Specialist Area	Summary of request	Value £
CF03538	Primary Care	Dental Services Elizabeth Williams Clinic & Winch Lane	Intraoral 3D scanners and cameras for use in the Community Dental Service	83,000.00
				<b>83,000.00</b>

## 4 - IMPACT OF CHARITABLE EXPENDITURE

*Nicola Llewelyn  
(Hywel Dda UHB -  
Head of Hywel Dda  
Health Charities)*

| For discussion

4.1

11:07, 10 Mins

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## 4.1 - Evaluation Framework for Hywel Dda Health Charities

*Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience), Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

| For approval

### **Attachments**

[v2 SBAR Evaluation Framework CFC June 2026.pdf](#)

[Appendix 1 Framework.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

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

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
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)**

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	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.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Improved evaluation of charitable funded projects will support a clearer understanding of the difference made to patient experience, outcomes and staff wellbeing.
<b>Gweithlu: Workforce:</b>	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.
<b>Risg: Risk:</b>	Strengthens governance and reduces risk by improving transparency, consistency and accountability in how charitable funds are used and evaluated.
<b>Cyfreithiol: Legal:</b>	The framework supports appropriate governance and use of charitable funds in line with regulatory expectations.
<b>Enw Da: Reputational:</b>	Enhances the charity's ability to demonstrate impact and value, strengthening stakeholder confidence and public trust in how funds are used.
<b>Gyfrinachedd: Privacy:</b>	Not applicable.
<b>Cydraddoldeb: Equality:</b>	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
<b>Under £10,000</b>	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.
<b>£10,000 to £50,000</b>	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.
<b>Over £50,000</b>	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.

5 - OPERATIONAL/STRATEGIC ISSUES

5.1

11:17, 10 Mins

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5.1 - Charitable Funds Expenditure Plans

*Nicola Llewelyn  
(Hywel Dda UHB -  
Head of Hywel Dda  
Health Charities)*

**Attachments**

[v2 Expenditure Plan CFC SBAR\\_June 2026.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Charitable Funds Expenditure Plans
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Nicola Llewelyn, Head of Hywel Dda Health Charities Tim John, Head of Accounting & Statutory Reporting

**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 provides the Charitable Funds Committee (CFC) with an update on the current position regarding the development of expenditure plans for the use of charitable funds held by Hywel Dda Health Charities (HDdHC).

**Cefndir / Background**

At its March 2026 meeting, the CFC requested an update on the current position and future plans for the utilisation of the charitable funds held by HDdHC. This is following recent scrutiny by both the CFC and Corporate Trustee regarding the balance of funds held by the charity.

Recent discussions have highlighted:

- Concerns regarding the overall value of funds held (£9.725m at 31 March 2026).
- Recognition of the structural, administrative and governance factors that influence spend, including the wishes of donor, approval processes, and the requirement for additionality.
- An expectation that Clinical Care Groups (CCGs) should provide assurance that clear and proactive expenditure plans are in place for the appropriate use of funds.

Whilst progress has been made in recent months, it is recognised that further work is required to ensure a consistent and proactive approach to the use of funds.

**Asesiad / Assessment**

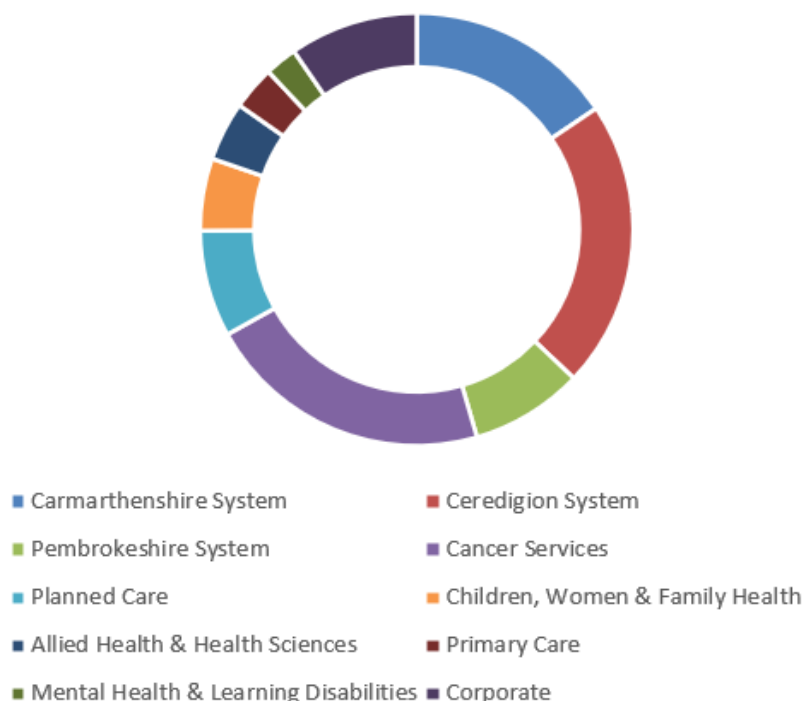
**1. Current financial position**

For the year ending 31 March 2026, the value of overall funds held by HDdHC was £9.725m.

£2.157m are endowment funds, where the capital must be retained and only the income generated can be used for a specified purpose. The remaining £7.568m is held within designated and restricted funds across a number of service areas. Restricted funds must be spent in line with the specific conditions set by the donor. Designated funds are unrestricted

and are held for a specific purpose or service area that reflects donor intent. Unlike restricted funds, the destination is internal and can therefore be changed provided the expenditure is in line with the charity's overall aims.

Figure 1: Breakdown of funds held by service area at 31 March 2026



## 2. Expenditure levels and fund utilisation

Charitable expenditure levels to the period ending 31 March 2026 have increased by 57% compared to the same period in the previous financial year.

Figure 2: Comparison of expenditure on charitable activities (prior to apportionment of investment losses)

	March 2026 £	March 2025 £	Variance £	Variance %
Allied Health & Health Sciences	(1,037)	(475)	(563)	119%
Mental Health & Learning Disabilities	(49,026)	(23,030)	(25,996)	113%
Carmarthenshire System	(259,601)	(223,110)	(36,491)	16%
Ceredigion System	(154,685)	(37,091)	(117,594)	317%
Pembrokehire System	(31,624)	(55,437)	23,813	-43%
Planned Care	(13,312)	(40,999)	27,687	-68%
Cancer Services	(148,143)	(136,028)	(12,116)	9%
Children, Women & Family Health	(76,169)	(50,133)	(26,037)	52%
Primary Care	(30,469)	(34,493)	4,024	-12%
Corporate	(476,068)	(191,541)	(284,527)	149%
<b>Total</b>	<b>(1,240,135)</b>	<b>(792,336)</b>		

Although these figures demonstrate an improvement in expenditure within the majority of areas, some areas continue to have limited levels of activity. We believe that this is due to a combination of factors including capacity, competing operational priorities, confidence in navigating the application process and variable awareness of available funds at a frontline level.

## 3. Development of expenditure plans

A template was circulated to all service areas in January 2026 requesting the development of an expenditure plan covering the next 12 to 24 months. A series of questions were included, designed to provide the CFC with a clearer, more detailed understanding of how charitable funds can best support their services.

Each service was asked to outline anticipated short-term expenditure and longer-term priorities as well as what local planning and staff engagement processes are in place to encourage the proactive use of funds. Questions were also posed on knowledge of funds and any challenges that may be preventing access to help us identify ways that we can improve the support services we provide.

Early submissions have been received from Planned and Specialist Care, Mental Health and Learning Disabilities (MHL) and Pharmacy and Medicines Management. The submissions provide a helpful insight into current planning approaches and highlight areas where further support may be required.

The Head of Hywel Dda Health Charities supported by the Deputy Director Medical Directorate (Chair of the Charitable Funds Sub-Committee) has met and engaged with clinical and operational leads in service areas where the development of detailed plans has been slower than anticipated. The discussions have reinforced a clear expectation from the CFC that proactive plans are developed to ensure funds are utilised appropriately, in a timely manner and in line with donor intent.

This is the first time a structured approach to expenditure planning has been introduced. The approach is supported by a formal governance requirement through the recent update to the charity's Financial Procedure which now requires the submission of annual expenditure plans by service areas.

Whilst progress has been made in recent months, it is recognised that there is more to do and this is the start of implementing a new approach to how charitable funds are planned and utilised across the health board. While expectations have been made clear, many areas are in the initial stages of developing deliverable plans which is understandable in the context of the significant operational pressures they are working under.

The focus during the 2026/27 financial year will be to build on these foundations, supporting each service area to ensure that by the end of the financial year clear, realistic and deliverable expenditure plans are in place.

#### **4. Next steps and priorities for 2026/27**

The work undertaken to date has established a clear framework and direction of travel for the use of charitable funds. The focus for 2026/27 is to build on this to ensure a more consistent and proactive approach across all services.

The aim is that by March 2027, all services will have identified clear priorities and developed a forward-looking plan for how their charitable funds will be utilised. To enable this to happen, charitable funds will need to become fully integrated into core health board planning processes, with clear ownership at service level and stronger alignment with existing governance and financial processes. This will require a shift from reactive spend to forward planning, with services taking greater responsibility for the funds held within their areas. It is recognised that this will take time, particularly given the current operational and financial pressures across the organisation. We are asking services to think differently about spending and that will require a shift in mindset as well as practice when managers are in the main focused on delivering savings and reducing spend.

A programme of targeted engagement will continue throughout the year, with the Head of Hywel Dda Health Charities and finance colleagues working alongside the Deputy Chief Operating Officer and CCGs to support the development of expenditure plans.

This will focus on:

- Embedding charitable funds within routine planning and governance discussions.
- Supporting services to identify clear priorities where charitable funds can add value.
- Improving visibility and understanding of fund balances and funding eligibility criteria.
- Providing practical guidance and tools to support the development of robust proposals.

A stronger focus will be placed on ensuring that expenditure plans clearly demonstrate how the proposed use of funds will improve patient experience outcomes. This will include clearer articulation of expected benefits, alignment to service priorities and consideration of how outcomes and impact will be measured and reported.

We will be clear that responsibility for the development and delivery of expenditure plans sits with the service areas that hold the funds. The role of the charity team is to support this work by providing advice and appropriate challenge to ensure plans are robust, aligned to our charitable objectives and make best use of available funds.

Progress against the development of expenditure plans will be monitored and escalated through existing governance arrangements within the Operations function.

Further work will also be undertaken to strengthen the systems that support charitable expenditure, including improving clarity around funding criteria, streamlining approval processes and increasing visibility of impact.

This approach is intended to be practical and achievable. The focus over the year will be to build on the progress made to date and move towards a more consistent position across all service areas.

Updates will be provided to the Charitable Funds Committee during 2026/27, providing assurance that clear, realistic and deliverable expenditure plans are being developed to ensure that funds are being actively managed and utilised in line with donor intent.

## **5. Measuring success**

To support oversight by the CFC and to demonstrate progress, a set of key measures will be developed and reported on which will include:

- Percentage of service areas with plans in place.
- Value and percentage of funds covered by plans.
- Actual expenditure levels against planned levels.
- Reduction in dormant or inactive funds.
- Evidence of impact and benefit, including improvements to the patient experience.

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

## **6. Our approach to the designation of funds**

Recent discussions have raised the question of whether a different approach is needed to increase charitable expenditure through introducing time-limits for the utilisation of designated funds.

Whilst the intention to increase fund utilisation is needed, a blanket approach of this nature is not considered appropriate at this stage. We are at the start of establishing a more structured approach to expenditure planning and as services have not previously been required to produce forward-looking plans, it is important they are given the opportunity to develop plans before further action is considered.

The charity's fund structure is strongly influenced by donor intent. As most donations are given to support specific services or departments, there is a risk that taking a different approach to the designation of funds could impact staff and public confidence if there is a perception that funds will not be used for their intended purpose. This is particularly relevant in the current context, where there is already evidence of reduced income in some areas, notably Ceredigion more recently and historically Pembrokeshire.

Charity Commission guidance is clear that funds must be used to further charitable objectives, provide public benefit and be applied within a reasonable timeframe. At the same time, the charity must ensure that funds are used in line with donor wishes and are not used for alternative purposes without due consideration.

This position will be reviewed during 2026/27 when clearer service-level priorities emerge alongside the shift towards a more proactive approach to expenditure planning across designated funds.

Any consideration of defining a level of funding that could be brought together to support a future strategic spending programme would be dependent on the robustness of service-level plans, governance requirements including a clear understanding of donor intent, and careful consideration of any potential reputational impact to the charity.

Any such approach would need to ensure that funds continue to be applied appropriately and transparently, in line with donor intent and maintaining public and staff confidence.

## **7. Conclusion**

The charity is in a stronger position than it was 12 months ago, with improved oversight of funds, increased levels of expenditure and a clearer framework for proactive expenditure planning. Engagement with services has started to build momentum and is providing greater clarity on how charitable funds can support local priorities.

It is recognised that we are in the early stage and while the foundations are now in place, many services are still developing realistic and deliverable expenditure plans, and this will take time to embed consistently across the organisation.

A plan is in place for 2026/27, focused on strengthening engagement, improving planning and supporting services to develop appropriate proposals. This will enable a more proactive and consistent approach to the use of funds, ensuring they are utilised appropriately and in line with donor intent.

Responsibility for developing and delivering these plans sits with the service areas that hold the funds and the role of the charity team will be to support and enable this through guidance, challenge and oversight.

Updates will be provided to the Charitable Funds Committee during 2026/27 to provide assurance that clear, realistic and deliverable expenditure plans are being developed.

### Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

- **NOTE** the progress made to date to develop a more structured approach to expenditure planning.
- **ENDORSE** the plans in place for all to support all service area to develop proactive expenditure plans.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 To make and monitor arrangements for the control and management of the Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	NHS Charities Guidance (updated 31/10/22) Charities Statement of Recommended Practice Streamlining NHS charitable funds – Healthcare
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	Financial Management Association (HFMA) briefing December 2022
Rhestr Termau: Glossary of Terms:	Included in document.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Not applicable

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	The intention is to make it as easy as possible to access and spend donations in a timely manner on appropriate items to improve the patient experience.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Charitable funds provide an opportunity to enhance patient experience beyond core NHS provision. The introduction of structured expenditure planning will ensure that funding decisions are more clearly aligned to quality priorities, with greater focus on measurable improvements in patient experience and outcomes.
<b>Gweithlu:</b> <b>Workforce:</b>	Not applicable
<b>Risg:</b> <b>Risk:</b>	Potential reputational impact and reduced donor confidence if funds are perceived to be unused or underutilised for extended periods or not delivering impact.
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable
<b>Enw Da:</b> <b>Reputational:</b>	Potential reputational impact and reduced donor confidence if funds are perceived to be unused or underutilised for extended periods or not delivering impact.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable

## 6 - RISK AND ASSURANCE

6.1

11:27, 10 Mins

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6.1 - Assurance and Risk Report

*Nicola Llewelyn  
(Hywel Dda UHB -  
Head of Hywel Dda  
Health Charities)*

verbal update

| For assurance

6.2

11:37, 10 Mins

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6.2 - Charitable Funds Sub-Committee Update Report

*John Evans (Hywel Dda UHB - (Deputy Director, Medical Directorate)*

| For assurance

**Attachments**

[CFSC Update Report June 2026.pdf](#)

[Appendix 2 CFSC Terms of Reference Review May 20026.pdf](#)

## 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

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

#### Alert<sup>1</sup> (may require discussion)

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

#### Advise<sup>2</sup> (to monitor)

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

#### Assure<sup>3</sup> (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

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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](mailto: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><b>Request:</b> Purchase of ten Stryker wheelchairs with associated IV poles, oxygen holders, and leg rests, to be deployed across A&amp;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><b>Patient benefit:</b> 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&amp;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><b>Eligibility:</b> Medical and surgical equipment and its maintenance (when service plans are purchased with the equipment) for NHS patient care, education and research.</p> <p><b>Member comments:</b> 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><b>Request:</b> 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><b>Patient benefit:</b> 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><b>Eligibility:</b> 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><b>Member comments:</b> 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><b>Request:</b> 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><b>Patient benefit:</b> 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><b>Eligibility:</b> Medical and surgical equipment and its maintenance (when service plans are purchased with the equipment) for NHS patient care, education and research.</p> <p><b>Member comments:</b> 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>	<p>Approved</p>
<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><b>Request:</b> 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><b>Patient benefit:</b> 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><b>Eligibility:</b> Wellbeing initiatives which demonstrate improved experiences and outcomes for patients and service users.</p>	<p>Approved</p>



**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
<del>Assistant Director of Nursing, Patient Safety, Quality and Experience (Mental Health and Learning Disabilities Clinical Care Group)</del>
<del>Deputy Director of Nursing, Quality &amp; Patient Experience</del>
Deputy Director of Operations
Head of Accounting & Statutory Reporting
<del>Assistant</del> 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
<del>Assistant Director of Primary Care</del>
<del>Assistant Director Legal and Patient Support</del>

<b>In attendance:</b>
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.

6.3

11:47, 10 Mins

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6.3 - Administrative Committee Annual Meeting  
(Hydrotherapy Pool: JC Williams (Elizabeth  
Williams Endowment) Trust Fund) Update Report  
(March 2026).

*Anwen Pearce (Hywel  
Dda Health Board -  
Capital Programme  
Manager Planning)*

**Attachments**

[Pentre Awel Hydrotherapy Pool Update June26.pdf](#)

[Appendix 1a - JC Williams Trust Admin Comm Meet Mins 28.05.26.pdf](#)

[Appendix 1b - TOA JC Williams Admin Committee 28.04.26.pdf](#)

[Appendix 2 - Hydrotherapy Presentation PNC Apr 26 v3.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Pentre Awel Hydrotherapy Pool Collaboration Agreement and Release of Funds to Carmarthenshire County Council and Closure of Administration Committee
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning.
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhian Davies, Assistant Director of Finance Nicola Llewelyn, Head of Hywel Dda Health Charities Anwen Pearce, Capital Programme Manager – Planning Eldeg Rosser, Head of Capital Planning.

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to provide the Charitable Funds Committee (CFC) with an update on the Pentre Awel Hydrotherapy Pool development and to receive ASSURANCE:

- That the Collaboration Agreement with Carmarthenshire County Council (CCC) has been signed and sealed
- That funds received from PNC have been transferred to CCC.
- That the Administration Committee (AC) has closed as no funding remains in the Elizabeth Williams Endowment Fund.
- That the small annual disbursement of funds from a second endowment, JC Williams Trust Under Will (not relating to the Administration Committee) will be managed through Hywel Dda University Health Board (HDdUHB) charitable funds business.
- That the final correspondence will be sent to PNC confirming the AC meeting proceedings and to include visuals of the new facility.

**Cefndir / Background**

Below is a timeline breakdown of the key activity:

- In 2012, Pittsburgh National Corporation Financial Services (PNC) (on behalf of the JC Williams Trust) agreed to provide a financial contribution to the development of a Hydrotherapy Pool at the Heol Goffa, Llanelli site from its Elizabeth Williams Endowment Fund.
- On 15 March 2018, the CFC received a position paper from Carmarthenshire County Director and Commissioner relating to the development of a Hydrotherapy Pool at the

Pentre Awel site (of note: discussions by this time had moved on from the Heol Goffa site in 2012, where a more appropriate site was identified – Pentre Awel). At this meeting, the Committee supported the recommendation to proceed and progress discussions with PNC to agree the next steps to draw down the capital funding held in the USA.

- On 3 October 2018, the CFC received a report from the Director of Strategic Partnerships and Corporate Services following its correspondence with PNC in order to begin the process of drawing down funds. The HDdUHB was asked to demonstrate that it had enacted its responsibilities relating to the Plan and Articles of the Elizabeth Williams Endowment Fund and that it would comply with Article I (Purpose) and Article IV (Duties). The Administration Committee (AC) was asked to consider and re-affirm its proposal (CFC 15 March 2018) for the development of the Hydrotherapy Pool at the Pentre Awel site.
- At the CFC meeting held on 15 September 2020, it was agreed that the £303,230 donation held by the Hydrotherapy Pool Committee (HPC) should be accepted in support of the Hydrotherapy Pool at the Pentre Awel development.
- On 10 March 2021, an AC for the JC Williams (Elizabeth Williams Endowment) Fund convened and approved the proposal for the development of a Hydrotherapy Pool at the Pentre Awel Village and confirmed the HDdUHB's compliance with the JC Williams (Elizabeth Williams Endowment) Fund's Plan and Articles, for the use of those funds to develop the Hydrotherapy Pool service.
- The funds of £303,230 raised by the external Llanelli HPC was released to Hywel Dda Health Charities (HDdHC) in October 2022.
- J C Williams Charitable Trust (Elizabeth Williams Endowment) of £1,216,594 was released to HDdHC on 28 March 2023.
- A condition of the release of funds was that the monies allocated would benefit the population of Llanelli.
- The Collaboration Agreement was signed under seal by the Chair and Chief Executive Officer (CEO) and completed legally on 9 December 2025.
- The Funds of £1,543,382 were released to CCC on 10 December 2025.
- Hydrotherapy funders celebratory event was held 16 February 2026.
- Patient services commenced in the week commencing 23 February 2026

### **Asesiad / Assessment**

Pentre Awel is a multi-million-pound economic regeneration development across 83 acres of land in South Llanelli which is led by CCC with an aim to create a new landmark infrastructure project that provides facilities for business, research, education, community healthcare, leisure and assisted living and establish an 'ecosystem' for life sciences. The HDdUHB is leasing part of the site for a Clinical Delivery Unit (CDU) to provide a range of therapy, nursing, audiology clinics, as well as research and development opportunities to develop health focused education

and training opportunities and improved population health and wellbeing across all five stages of life. The HDdUHB will also provide services from the Hydrotherapy Pool.

The HDdUHB's therapy service proposes to utilise the Hydrotherapy Pool for rehabilitative and therapeutic interventions for up to 10 sessions per week (Mon-Fri 08:00-17:30). This reflects the aim to work across traditional boundaries to create better outcomes for our population and efficiencies. The integrated pathways created will maximise the adjacencies of the CDU, Hydrotherapy Pool and wider leisure facilities (including the gymnasium).

The Collaboration Agreement was signed under seal by the Chair and Chief Executive Officer (CEO) and completed legally on 9 December 2025.

The Funds of £1,543,382 were released to CCC on 10 December 2025.

As the funds have now been transferred to CCC there is no ongoing role for the Administration Committee, and it was proposed and agreed in the meeting held on 28 April 2026 that this be the final meeting and that the Committee is closed. The notes and table of actions of that meeting are attached as Appendix 1 of this report. The actions from that meeting will need to be monitored by the CFC. Also attached as Appendix 2 is a copy of the presentation that will be shared with PNC.

There will be also a small annual disbursement of funds that are received from PNC in respect of the JC Williams Trust Under Will, which is not in relation to the Administration Committee, and this will be managed through HDdUHB charitable funds business. This annual disbursement is distributed to the Health Board following submission of how the previous year's disbursement was spent.

### Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

- **TAKE ASSURANCE** that
  - the Collaboration Agreement with Carmarthenshire County Council (CCC) has been signed and sealed
  - funds received from PNC have been transferred to CCC.
  - the Administration Committee (AC) has closed as no funding remains in the Elizabeth Williams Endowment Fund.
  - the small annual disbursement of funds from a second endowment, JC Williams Trust Under Will (not relating to the Administration Committee) will be managed through HDdUHB charitable funds business.
  - the final correspondence will be sent to PNC confirming the AC meeting proceedings and to include visuals of the new facility.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1 To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.

	3.2 To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Culture and valuing people 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	<p>The design development work has been undertaken by ARUP Limited based on consultations held with representatives of HDdUHB and CCC</p> <p>The work has been benchmarked against best practice design for hydrotherapy facilities. This has included reference site visits to facilities in Cardiff, Star College and Bath University Hospital, and desktop/market research of hydrotherapy pools and associated equipment, including HydroWorx, Hippo Leisure and Dolphin Mobility.</p>
Rhestr Termiau: Glossary of Terms:	All terminology is explained within the report.

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Pentre Awel CCC Project Board and Sub-Groups Pentre Awel HDdUHB/CCC Hydrotherapy Working Group HDdUHB Executive Team CCC, Council Management Team CCC, Preliminary Executive Board CCC Executive Board
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	<p>There are two elements which will provide the capital to construct and fit out the Hydrotherapy Pool at Pentre Awel:</p> <ol style="list-style-type: none"> <li>1. The Charitable funds held by the HDdUHB totalling £1,516,595, received from the Llanelli Hydrotherapy Pool Committee and the JC Williams Trust</li> <li>2. £359k received by CCC from Welsh Government End of Year slippage</li> </ol> <p>The running costs of the Hydrotherapy Pool will be shared between HDdUHB and CCC based on actual usage of the pool as detailed within the Collaboration Agreement.</p>
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Services delivered will focus on wellness and not on illness and therefore on living and staying healthy and independent longer. When care is required the person will be placed at the centre of decision making and enabled to take a key role in that process.
<b>Gweithlu:</b> <b>Workforce:</b>	<p>The staffing for the Hydrotherapy pool clinical operation will be provided by HDdUHB.</p> <p>Maintenance operation will be provided by CCC.</p>
<b>Risg:</b> <b>Risk:</b>	n/a
<b>Cyfreithiol:</b> <b>Legal:</b>	<p>Legal agreement developed to satisfy the conditions of the Trust fund.</p> <p>Legal framework provided within the Collaborative Agreement formed between CCC and the HDdUHB.</p>

<b>Enw Da: Reputational:</b>	<p>The plan to develop a hydrotherapy pool in Llanelli has been under consideration for a number of years. To deliver a state of the art facility will be positive for the Health Board and will provide improved opportunities and capacity for rehabilitation within the community.</p>
<b>Gyfrinachedd: Privacy:</b>	<p>Data systems used within Pentre Awel will be based on the Public Sector Broadband Aggregation (PSBA). Discussions have been undertaken between CCC and HDdUHB Informatics Department to maximise opportunities for joint working whilst ensuring cyber security.</p> <p>Detailed planning will ensure appropriate, future proofed infrastructure is created.</p>
<b>Cydraddoldeb: Equality:</b>	<ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? Yes</li> </ul> <p>Consideration has been given to protected equality groups as part of the Health Impact Assessment (HIA) in order that these demographic cohorts are given 'due regard' within the business and service planning processes for Pentre Awel. The HIA sought to establish a suitable evidence base, gathering quantitative and qualitative data about those with protected characteristics, in order that a robust assessment can be made about the positive and negative impacts the development may have on those categorised as vulnerable or disadvantaged</p>

**MINUTES OF ADMINISTRATION COMMITTEE – J C  
WILLIAMS (ELIZABETH WILLIAMS ENDOWMENT) FUND  
MEETING**

Date of Meeting:	<b>9.00am, Tuesday 28<sup>th</sup> April 2026</b>
Venue:	<b>MS Teams</b>

<b>Present:</b>	Dr Neil Wooding, Chair, Hywel Dda University Health Board Professor Philip Kloer, Chief Executive Mr Huw Thomas, Executive Director of Finance Mr Mark Henwood, Executive Medical Director Mrs Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience Ms Donna Coleman Regional Director Llais West Wales Mrs Elin Mererid, Llais West Wales
<b>In Attendance:</b>	Ms Rhian Davies, Assistant Director of Finance - Financial Planning & Statutory Reporting Mrs Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs Mrs Eldeg Rosser, Head of Capital Planning Ms Anwen Pearce, Capital Planning Project Manager

<b>AC 01</b>	<b>Welcome and Apologies</b>	
	The Chair, Dr Neil Wooding, welcomed everyone to the meeting.  Apologies were received from Mrs Nicola Llewelyn, Head of Hywel Dda Health Charities	

<b>AC 02</b>	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	

<b>AC 03</b>	<b>MINUTES OF THE MEETING HELD ON 2<sup>nd</sup> APRIL 2025</b>	
	<b>RESOLVED</b> – that the minutes of the Administration Committee meeting held on 2 <sup>nd</sup> April 2025 be <b>APPROVED</b> as a correct record.	

<b>AC 04</b>	<b>SBAR: ADMINISTRATION COMMITTEE JC WILLIAMS (ELIZABETH WILLIAMS ENDOWMENT) FUND</b>	
	The Administration Committee meeting for the JC Williams Trust on 28 April 2026 focused on finalising the closure of the committee due to the depletion of funds in the Elizabeth Williams Endowment Fund. Key discussions included transitioning fund management to the Charitable Funds Committee, ensuring compliance with the original intent of the	

trust funds, and providing updates on the hydrotherapy pool project, including patient outcomes and community engagement. The committee also discussed the need for improved evaluation processes to better measure patient-reported outcomes from hydrotherapy sessions.

- **Hydrotherapy Pool Update:** Significant progress has been made on the Pentre Awel hydrotherapy pool project. The facility opened to the public in October 2025, with an official launch in December 2025. It has since delivered hydrotherapy sessions to four patient groups, receiving positive feedback from patients and staff regarding its sensory features and equipment.
- **Collaboration Agreement Finalisation:** The collaboration agreement between Hywel Dda Health Board and Carmarthenshire County Council was legally finalised in December 2025, enabling the transfer of over £1.5 million in funds for the hydrotherapy pool development.
- **Patient Outcomes:** Testimonials indicate that hydrotherapy has facilitated progress in symptom management and functionality that would not have been achievable through land-based therapy. Feedback highlights the therapeutic benefits of heat, buoyancy, sensory lighting, and music.
- **Funding Transition:** With the Elizabeth Williams Endowment Fund fully discharged, remaining funds from the JC Williams Trust will be managed through the Health Board Charitable Funds Committee. A separate fund will be maintained to ensure continued benefit for the people of Llanelli.
- **Community Engagement:** There is a recognised need for proactive communication with Llanelli residents regarding the hydrotherapy pool's availability, its historical significance, and potential private hire options for groups such as parents of disabled children.
- **Evaluation Process Enhancement:** The committee plans to improve evaluation processes to better measure patient-reported outcomes from hydrotherapy sessions. This will involve collaboration with relevant stakeholders to ensure robust data collection.
- **Closure of Administration Committee:** The Administration Committee will be formally closed as its purpose has been fulfilled. Future annual disbursements from the JC Williams Trust will be handled by the Charitable Funds Committee.

### Decisions

- The Administration Committee will be formally closed as all funds from the Elizabeth Williams Endowment Fund have been discharged.

	<ul style="list-style-type: none"> <li>• Future annual disbursements from the JC Williams Trust will be managed through the Health Board Charitable Funds Committee under a separate fund dedicated to benefiting Llanelli residents.</li> <li>• Final correspondence will be issued to PNC confirming meeting proceedings and including patient testimonials and visuals of the hydrotherapy pool.</li> </ul>	
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<b>AC 05</b>	<b>SBAR – ADMINISTRATION COMMITTEE RECOMMENDATIONS</b>	
	<ul style="list-style-type: none"> <li>• Prepare final correspondence to PNC confirming the closure of the Administration Committee, including visuals of the hydrotherapy pool and patient testimonials.</li> <li>• Ensure that future disbursements from the JC Williams Trust are managed through a separate fund under the Charitable Funds Committee to maintain compliance with fund conditions.</li> <li>• Develop a communication plan to share hydrotherapy pool testimonials with Llanelli residents, highlighting its historical significance and availability for private hire.</li> <li>• Collaborate with Simon Mansfield to establish a process for collecting patient-reported outcome measures related to hydrotherapy sessions.</li> <li>• Review evaluation processes within the Charitable Funds Committee and apply them to measure the impact of hydrotherapy investments.</li> </ul>	

<b>AC 06</b>	<b>ANY OTHER BUSINESS</b>	
	No further business was raised.	

**TABLE OF ACTIONS FROM**  
**THE ADMINISTRATION COMMITTEE – JC WILLIAMS ENDOWMENT FUND**  
**HELD ON 28 APRIL 2026**

<b>MINUTE REFERENCE</b>	<b>ACTION</b>	<b>LEAD</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b>AC 05</b>	<b>RECOMMENDATIONS ON THE SBAR:</b>			
	Prepare final correspondence to PNC confirming the closure of the Administration Committee, including visuals of the hydrotherapy pool and patient testimonials.	DoF	End June	
	Ensure that future disbursements from the JC Williams Trust are managed through a separate notional fund under the Charitable Funds Committee to maintain compliance with fund conditions.	DoF via Charitable Funds Committee	Ongoing	
	Develop a communication plan to share hydrotherapy pool testimonials with Llanelli residents, highlighting its historical significance and availability for private hire.	Capital Planning Team – Eldeg Rosser	End October 2026	
	Collaborate with Simon Mansfield to establish a process for collecting patient-reported outcome measures related to hydrotherapy sessions.	DoF		
	Review evaluation processes within the Charitable Funds Committee and apply them to measure the impact of hydrotherapy investments.	DoF		

# CANOLFAN PENTRE AWEL HYDROTHERAPY POOL – UPDATE APRIL 2026



**Zone 1**

- Research led business development
- Clinical Delivery and Research Centre
- Education & Training

**Leisure**

- 8x 25m lane swimming pool, learner pool
- Sports Hall
- Gym
- Dance, Spin and multi-purpose Studios
- Hydrotherapy Pool

**Zone 3**

**Assisted Living**

- Individual apartments/houses for sale/rent

**Business Expansion**

- Expansion business space for spin-out activities



**Zone 2  
Housing**

- c. 35 units of social and affordable housing

**Assisted Living**

- Nursing Home (100 beds)
- Residential Rehabilitation (30 beds)
- Extra care facility (90 beds)

**Hydrotherapy Pool**

**Zone 4**

**Hotel**

- Up to 120 bed hotel

**Housing**

- Open market housing

## **ZONE 1 – CANOLFAN PENTRE AWEL**

- Located in Llanelli on the coastline of the Wales Millennium Coastal Path
- Gross Floor Area = c. 20,000m<sup>2</sup>
- 5 buildings connected by a centrally enclosed communal area with café and seating area
- The building is operated, managed and owned by Carmarthenshire County Council (CCC)



## **HYDROTHERAPY SUITE**

- The Hydrotherapy Suite is located within the wet sports area at Pentre Awel
- It is a bespoke, clinical standard hydrotherapy suite with dedicated changing facilities
- Includes two changing places provision with direct hoist access to the pool
- Installed with sensory interactive lighting to enhance the patient experience and therapeutic environment, particularly for specific patient groups such as Paediatrics, Learning Disabilities and Neurological patients.



*Hydrotherapy provides well-established NHS clinical benefits including pain relief, improved mobility, reduced joint loading and supported rehabilitation. Sensory lighting enhances the therapeutic environment by promoting relaxation, reducing anxiety and supporting inclusive, person-centred care, particularly for paediatric and neurodiverse patients.*



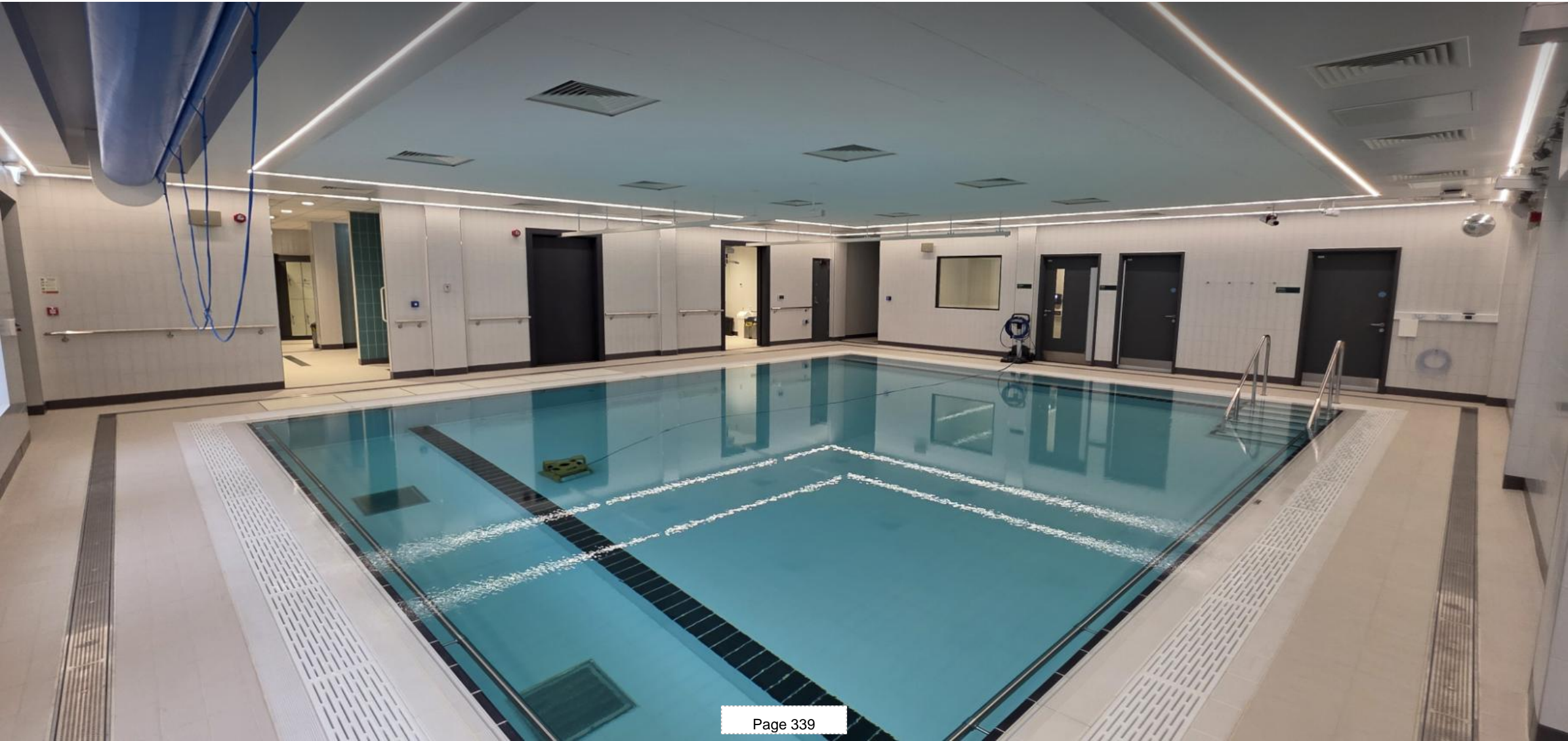
## UPDATE

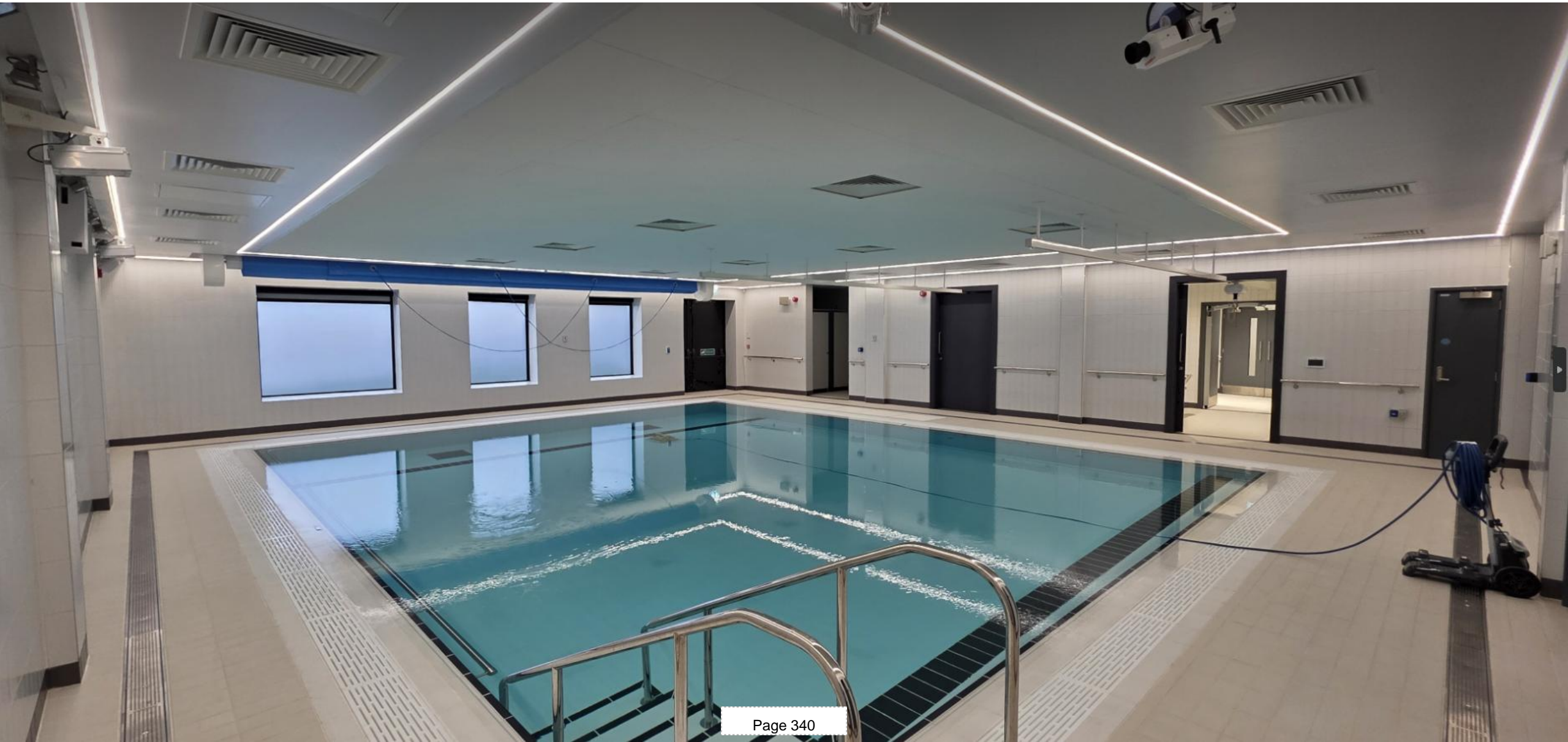
- Canolfan Pentre Awel (Zone 1) opened to the public on 15th October 2025.
- The official opening ceremony was held 11<sup>th</sup> December 2025 which was attended by Rebecca Evans, Welsh Government Minister for Economy, Energy and Planning and Anna McMorrin, UK Government Parliamentary Under Secretary of State for Wales, along with other delegates including councillors, project partners, contractors, supply chain members and third sector organisations.
- Celebratory event for the hydrotherapy pool was held on 16th February 2026, acknowledging the significant capital funding contributions made by local charities and the Elizabeth Williams Endowment.
- The other local charities included:
  - Llanelli Hydrotherapy Pool Committee
  - Treat Trust Wales
- Plaque in place to recognise the charitable contributions, located outside the entrance to the hydrotherapy suite



## **UPDATE**

- Carmarthenshire County Council and Hywel Dda University Health Board jointly worked on a Collaboration Agreement and Standard Operating Procedure for the hydrotherapy pool.
- The Collaboration Agreement was finalised and funds transferred to Carmarthenshire County Council in December 2025.
- Hywel Dda UHB delivered its first session to patient's w/c 23<sup>rd</sup> February 2026.
- Hywel Dda UHB is delivering Hydrotherapy sessions for the following patient groups:
  - Learning Disabilities
  - Children & Young People
  - Musculoskeletal (MSK)
  - Community Rehabilitation

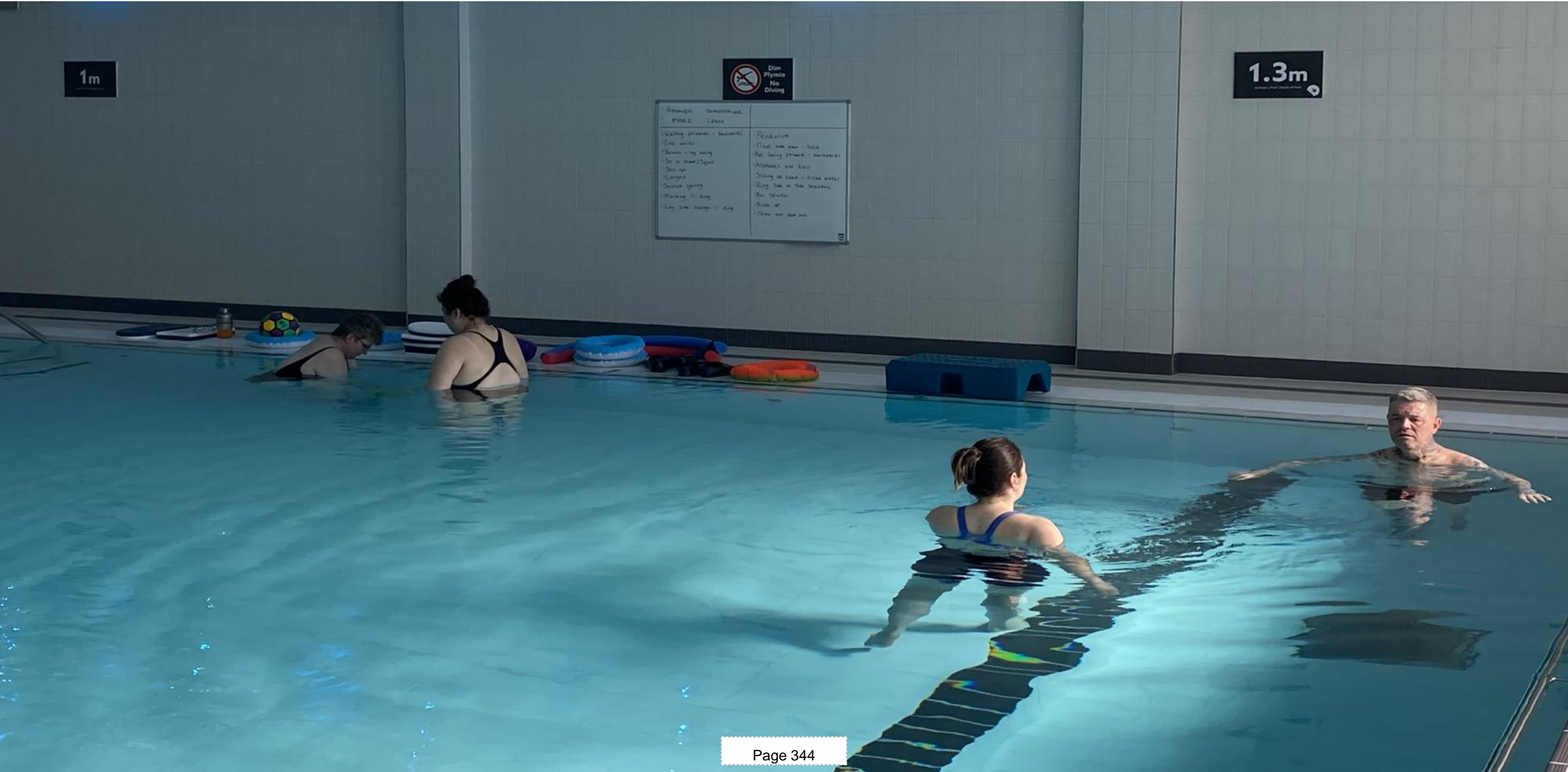












1m

 Dim Plymio  
No Diving

Prifwrdd / Cwmwlwr / Ymbyrdwr	Ymbyrdwr / Cwmwlwr
<ul style="list-style-type: none"><li>Wyllyd ymlenni - backstroke</li><li>Ymlenni</li><li>Bwrdd - long haul</li><li>Sit - in head / Dym</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li></ul>	<ul style="list-style-type: none"><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li><li>Ymlenni</li></ul>

1.3m





- [Project website](#)
- [Public opening – press release](#)
- [Opening of hydrotherapy pool – press release](#)

## **PATIENT EXPERIENCE FEEDBACK**

### **Musco Skeletal Service:**

- “Having a dynamic approach in the water was good. Was able to push exercises within the water safely, that can't be done on land. Well overdue service & fantastic asset to the physio dept”.
- “Hydro sessions were great, very grateful”
- “Water exercise much better than anything else to get the joints working”
- “Found the pool helpful”
- “Helped push past the fear of hurting their back”
- “Being able to move freely and work on the joints”
- “All very helpful and staff excellent. Excellent service and helped brilliantly”
- “I feel the aquatic therapy has made a difference with me, its amazing and the staff have patience and are very helpful”

### **Learning Disability Service:**

- A client with LD who is profoundly physical disabled said 'this pool is tremendous'. 'The music is great, the place is great'
- A parent commented 'how lovely the place is and how the lights and sensory elements make a huge difference

## **PATIENT JOURNEY**

### **Activity**

Lower back pain post L2 compression fracture

### **Background summary**

Referred to physio by the GP due to lower back pain after bending to pick up something and feeling a “click”. Xray confirmed fracture.

Seen in MSK physiotherapy in PPH and referred to Pentre Awel Hydrotherapy by MSK physiotherapist. Patient started hydrotherapy in opening week of services.

### **What worked well/not so well**

Having hydrotherapy services allowed the patient to gain confidence in starting to move to improve her acute symptoms. Initial land physiotherapy was very painful, so progress was limited. Hydrotherapy allowed progression which was not possible on land as the patient could benefit from heat and buoyancy whilst in the pool. The heat improved pain and reduced muscle spasms and stiffness, enabling the patient to access movements which were too difficult on land and build confidence in movement. The exercises prescribed in the pool also utilised buoyancy, improving pain and assisting movement alongside the heat. We were also able to use buoyancy as a resistance to allow more comfortable strengthening, a progression which could not be achieved on land.

Hydrotherapy allowed for a supervised introduction to water-based exercise and gave the patient confidence and ideas of exercises to complete in the pool.

Having hydrotherapy in a leisure centre environment showcases accessible facilities for behaviour change to lead a more active/healthy lifestyle.

### **What good outcome or success looks like**

Hydrotherapy was essential to start this patient’s rehabilitation in this acute stage as their symptoms were limiting progress on land. Having access to the pool gave additional options to this patient’s rehabilitation, allowing much more timely progression compared to land-based rehabilitation alone.

Completion of hydrotherapy resulted in more manageable symptoms and better function so patient is now able to progress through land-based therapy.

Having hydrotherapy in Pentre Awel introduced this patient to the leisure centre which they now use socially following hydrotherapy sessions and plans to utilise hydrotherapy public sessions and Good Boost Aqua.

### **What has been learnt**

Further confirming the benefit of hydrotherapy in acute conditions, especially those struggling with early land-based rehabilitation. The benefits of early hydrotherapy are transferrable to land function and allow patients to progress better through land therapy.

Benefit of leisure centre environment to promote behaviour change amongst MSK population.

Our new hydrotherapy service provides sufficient support in completion of exercises to give patients the confidence needed to continue with water-based exercise independently.

7 - FOR INFORMATION

7.1

11:57, 0 Mins

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7.1 - Charitable Funds Committee Annual Work Programme

*Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

| For information

**Attachments**

[CFC Work Plan 2026-27 Draft.pdf](#)

**HYWEL DDA HEALTH BOARD – CHARITABLE FUNDS COMMITTEE WORK PLAN 2026/2027**

The Charitable Funds Committee (CFC) meets quarterly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee’s Terms of Reference into a basic workplan - April 2026 – March 2027.

<b>Agenda Item/Issue</b>	<b>Lead</b>	<b>9 June 2026 <i>Final Paper Deadline 26 May 2026 Exec Approved Papers to be received PRIOR to this date</i></b>	<b>8 September 2026 <i>Final Paper Deadline 25 August 2026 Exec Approved Papers to be received PRIOR to this date</i></b>	<b>8 December 2026 <i>Final Paper Deadline 24 November 2026 Exec Approved Papers to be received PRIOR to this date</i></b>	<b>11 March 2027 <i>Final Paper Deadline 25 February 2027 Exec Approved Papers to be received PRIOR to this date</i></b>
<b>Governance</b>					
Apologies	<b>Chair</b>	✓	✓	✓	✓
Declaration of Interests	<b>Chair</b>	✓	✓	✓	✓
Minutes from Previous Meeting	<b>Chair</b>	✓	✓	✓	✓
Table of Actions and Matters Arising	<b>Chair</b>	✓	✓	✓	✓
Annual Review of Terms of Reference	<b>Chair</b>	✓			
CFC Annual Report to Board	<b>Chair/SD / CSO</b>	✓			
CFC Self-assessment of Outcome Report – progress update (6 monthly)	<b>CSO</b>	✓		✓	
<b>Risk &amp; Assurance</b>					
Assurance and Risk Report	<b>NG</b>	✓			✓
Sub-Committee Terms of Reference: • Charitable Funds Sub-Committee	<b>CFSC Chair</b>	✓			
Sub-Committee Update Reports: • Charitable Funds Sub-Committee	<b>CFSC Chair</b>	✓	✓	✓	✓
Sub-Committee Annual Report:					✓

Agenda Item/Issue	Lead	9 June 2026 <i>Final Paper Deadline 26 May 2026 Exec Approved Papers to be received PRIOR to this date</i>	8 September 2026 <i>Final Paper Deadline 25 August 2026 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2026 <i>Final Paper Deadline 24 November 2026 Exec Approved Papers to be received PRIOR to this date</i>	11 March 2027 <i>Final Paper Deadline 25 February 2027 Exec Approved Papers to be received PRIOR to this date</i>
• Charitable Funds Sub-Committee	<b>CFSC Chair</b>				
Charitable Funds Committee Risk Register	<b>SD</b>	✓	✓	✓	✓
<b>Operational/Strategic Issues</b>					
Approval of policies and procedures relating to charitable funds on behalf of the Board (as required), including CF Financial Procedure 420 which incorporates a review of Scheme of Delegation and Charitable Expenditure Eligibility Criteria	<b>TJ</b>	✓	✓	✓	✓
Consideration of charitable funds expenditure over £50,000 (as required)	<b>Chair</b>	✓	✓	✓	✓
Review of any approvals made outside the meeting via Chair's Action or via Corporate Trustee	<b>Chair</b>	✓	✓	✓	✓
Acceptance and recommendation of other relevant strategies, policies, procedures, and reports relating to charitable funds, as appropriate for ratification by Board (as required)	<b>All</b>	✓	✓	✓	✓
Annual Governance and support costs associated with the running of the Charity (for Board approval)	<b>TJ/NLI</b>				✓
<b><u>IMPACT OF CHARITABLE EXPENDITURE EVALUATION REPORTS:</u></b>					
TBC					

Agenda Item/Issue	Lead	9 June 2026 <i>Final Paper Deadline 26 May 2026 Exec Approved Papers to be received PRIOR to this date</i>	8 September 2026 <i>Final Paper Deadline 25 August 2026 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2026 <i>Final Paper Deadline 24 November 2026 Exec Approved Papers to be received PRIOR to this date</i>	11 March 2027 <i>Final Paper Deadline 25 February 2027 Exec Approved Papers to be received PRIOR to this date</i>
<b><u>APPROVAL OF CHARITABLE FUNDS EXPENDITURE:</u></b>					
<b>COVERING INTRODUCTORY SBAR</b>	<b>NLI</b>	✓	✓	✓	✓
<b>Performance</b>					
Integrated Hywel Dda Health Charities Performance Report including: <ul style="list-style-type: none"> <li>Investment performance</li> <li>Delivery of annual workplan against Strategic Objectives.</li> </ul>	<b>NLI/TJ</b>	✓	✓	✓	✓
Allocation and Level of Cash Holdings (Report on the appropriate allocation of funds for the HDdHC to hold in cash, in addition to determining a reasonable level of risk on any such allocation across cash and investments.)	<b>TJ</b>	✓			
Draft Annual Accounts (2025/26)	<b>HT/RD</b>		✓		
Final Annual Report & Accounts (2025/26)	<b>HT/RD</b>			✓	
Annual Review of the Deposit Account Balance.	<b>RD/TJ</b>		✓		
HDdHC Investment Advisor Update (External CCLA) * <b>NB</b> Investment Advisor - to attend the June and December meetings in person and attend virtually in March	<b>DM</b>	✓ In person	✓ Virtual	✓ In person	✓ Virtual

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<i>and September. – Query if in person is annual</i>					
<b>For Information</b>					
Matters and Risks for Escalation to the Board	<b>SD</b>	✓	✓	✓	✓
CFC Workplan 2026/27	<b>CSO</b>	✓	✓	✓	✓
<b>Administration</b>					
Agenda setting meeting with Chair & Lead Exec at least 6 weeks prior to meeting	<b>CSO</b>	✓	✓	✓	✓
Draft agenda to go to Executive Team	<b>CSO</b>	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	<b>CSO</b>	✓	✓	✓	✓
Quality check agenda and papers prior to dissemination	<b>CSO</b>	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to meeting	<b>CSO</b>	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	<b>CSO</b>	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	<b>CSO</b>	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Exec review	<b>CSO</b>	✓	✓	✓	✓
Prepare 3 A's report to Board (to be signed off by Chair & Lead Exec prior to submission)	<b>CSO</b>	✓	✓	✓	✓

Agenda Item/Issue	Lead	9 June 2026 <i>Final Paper Deadline 26 May 2026 Exec Approved Papers to be received PRIOR to this date</i>	8 September 2026 <i>Final Paper Deadline 25 August 2026 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2026 <i>Final Paper Deadline 24 November 2026 Exec Approved Papers to be received PRIOR to this date</i>	11 March 2027 <i>Final Paper Deadline 25 February 2027 Exec Approved Papers to be received PRIOR to this date</i>
Prepare schedule of meeting dates for next financial year	<b>CSO</b>	✓	✓	✓	✓
Prepare Annual Workplan for next financial year	<b>CSO</b>	✓	✓	✓	✓
Invite Audit Wales representative	<b>CSO</b>			✓	
<b>Corporate Trustee</b> SBAR paper for board. Produced following each CFC meeting. <i>If no approval for funding over £100k can be stood down.</i> (Liaise with CM.)	<b>NLI (SD is ED lead)</b>	✓	✓	✓	✓

**Chair:** Iwan Thomas    **Vice Chair:** Sarah Harraway    **Lead Executive:** Sharon Daniel

<b>SD</b>	Sharon Daniel	<b>CFSC</b>	Carly Hill
<b>NLI</b>	Nicola Llewelyn	<b>CSO</b>	Committee Services Officer
<b>RD</b>	Rhian Davies		
<b>TJ</b>	Tim John	<b>D</b>	Deferred
<b>HT</b>	Huw Thomas		
<b>DM</b>	Daisy Mannifield		

8 - MATTERS AND RISKS FOR ESCALATION  
TO THE BOARD

*Iwan Thomas (Hywel  
Dda UHB -  
Independent Board  
Member)*

Verbal, Iwan Thomas.

9 - ANY OTHER BUSINESS

*Iwan Thomas (Hywel  
Dda UHB -  
Independent Board  
Member)*

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10 - DATE AND TIME OF NEXT MEETING

*Iwan Thomas (Hywel  
Dda UHB -  
Independent Board  
Member)*

8 September 2026; 09:30 - 12:15