

**COFNODION Y CYFARFOD PWYLLGOR CRONFA ELUSENNOL CYMERADWYO/  
APPROVED MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING**

Date of Meeting: **09:30, Tuesday 16 September 2025**  
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Iwan Thomas, Independent Member, Chair  
Sarah Harraway, Independent Member, Committee Vice-Chair  
Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience  
Ann Murphy, Independent Member  
Rhian Davies Assistant Director of Finance - Financial Planning & Statutory Reporting, deputising for Mr Huw Thomas, Executive Director of Finance  
Rhodri Evans, Independent Member

In Attendance: Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs  
Andrew Carruthers, Chief Operating Officer (part)  
John Evans, Deputy Director, Medical Directorate  
Nicola Llewelyn, Head of Hywel Dda Health Charities  
James Severs, Executive Director of Allied Health Professions and Health Science  
Anthony Dean, Staff Side Representative (part)  
Timothy John, Head of Accounting & Statutory Reporting  
Gina Beard, Lead Cancer Nurse (part)  
Kathryn Lambert, Head of Arts and Health (part)  
Rhian Rees, Public Health Practitioner (part)  
Mathew Lawrence, Deputy Head of Innovation & Tritech (part)  
Gareth Rees, Deputy Director of Operations (part)  
Meinir Williams, Deputy Head of Nursing (part)  
Lara Schmitz, Occupational Therapist (part)  
Donna Major, Junior Sister (part)  
Ruth Jones, Art and Health Project Manager (part)  
Ayishah Smith, Student placement, law  
Clare Strudwick Committee Services Officer

**Minutes Item  
Ref.**

**Action**

CFC(25)124 **Welcome and Apologies**

Mr Iwan Thomas welcomed everyone to the meeting and extended a warm welcome to Mr John Evans, the new Charitable Funds Sub-Committee (CFSC) Chair.

Apologies had been received from:

**Huw Thomas**, Executive Director of Finance. Rhian Davies, Assistant Director of Finance – Financial Planning and Statutory Reporting, **attending as deputy**

CFC(25)125 **Declarations of Interest**

**Decision:**

There were no declarations of interest

CFC(25)126 **Minutes from the Charitable Funds Committee Meeting held on 17 June 2025**

The minutes of the Charitable Funds Committee (CFC) meeting held on 17 June 2025 were reviewed and approved as a correct record of proceedings.

**Decision:**

**RESOLVED** - The minutes from the Charitable Funds Committee (CFC) meeting held on the 17 June 2025 were accepted as an accurate record of the meeting.

CFC(25)127 **Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 17 June 2025**

The Table of Actions arising from the CFC meeting on the 17 June 2025 was reviewed, with an update provided on the two outstanding actions as follows:

***CFC(25)115: HDdHC Investment Advisor Update***

Mr Timothy John reported that a meeting has been scheduled with CCLA Deputy Head of Sustainability and an update will be provided at CFC on 8 December 2025.

***CFC(25)88: Hydrotherapy Pool at the Pentre Awel Village, Llanelli.***

Mrs Sian-Marie James reported that a meeting had taken place on the 15 September 2025 with Carmarthenshire County Council (CCC) to discuss the Collaboration Agreement. Mrs James hoped a final agreement would be reached very shortly and seek approval to seal the Agreement when officers are content with the final version. The Collaboration Agreement was still being finalised, regarding one term which required resolution.

Mrs Rhian Davies confirmed that correspondence had been issued to the J C Williams Trust and funding had been received from the two funds concerned.

Mrs James reported there had been a delay with CCC regarding the handover of the pool, however this had now been progressed.

**Decision:**

The Table of Actions arising from the CFC meeting on the 17 June 2025 was reviewed.

CFC(25)128 **Ratification of any Approvals Made Outside the Meeting via Chair's Action**

**Decision:**

There were no approvals made outside of the meeting via Chair's Actions.

CFC(25)129 **Assurance and Risk Report**

Mrs Sharon Daniel presented the Assurance and Risk Report. Regarding Risk 2045: *risk of not being able to retain a fundraising function due to a low return on investment (ROI)*, Mrs Daniel reported that the risk score was 12, the same as the target score and that this remained high despite controls being in place. Due to the unpredictable nature of charitable income, it was not possible to implement further mitigation measures resulting in a level three impact. Mrs Daniel reported an upturn in donations this year of 5.9% however, emphasised the need to continue discussions with Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk, as to whether this is a risk that is being managed going forward.

Mrs Nicola Llewelyn clarified that as part of the risk review this quarter, there was further action to be completed regarding the impact of holding two vacancies within the fundraising team.

Mrs Llewelyn explained to Councillor Rhodri Evans that, whilst there is no directly comparable charity to Hywel Dda Health Charities (HDdHC), the wider charitable sector is currently experiencing significant challenges. Acknowledging the unpredictable nature of charitable donations, Mrs Llewelyn, giving the example of Great Ormand Street Charity, outlined how the charitable sector was transitioning from three-year benchmarking to a five-to-ten-year benchmarking model.

Mrs Llewelyn reported last year's pilot scheme of direct marketing and regular giving, had not appeared to provide what HDdHC supporters wanted in terms of donation opportunities. Therefore, this year's focus would be on grassroots community fundraising as well as branching out into corporate and grant funding. Ongoing monitoring was in place to assess any impact of the Clinical Services Plan on donation levels.

In response to a query from Mrs Ann Murphy, Mrs Llewelyn reported that the card machines on hospital sites, which had been grant funded by NHS Charities Together as part of an 18-month pilot, had generated a modest income. Recognising that many HDdHC donors prefer to make cash donations on wards rather than use cashless methods, Mrs Llewelyn clarified that contactless donations were more successful at events when facilitated by a person, as opposed to using an unattended device.

Mrs Llewelyn reported the on-site machines had experienced some power connectivity issues, however, provided assurance that they were being regularly monitored. She also highlighted the presence of a secure cash donation box, which had received some donations, although not at the level anticipated.

Ms Sarah Harraway questioned whether donations could be directed to a central fund rather than individual wards. Mrs Llewelyn confirmed that donations can be made at the general office on each hospital site, however the majority of donations received at ward level were posted cheques.

**Decision:**

In relation to areas presented to this paper, to Risk Management:

The Charitable Funds 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(25)130 **Integrated Hywel Dda Health Charities Performance Report**

Mr Timothy John presented the new format for the Integrated Charities Performance Report to 30 June 2025. There had been a relatively consistent 5.9% increase in donations and a significant increase in legacies for the quarter, however Mr John emphasised legacy donation levels are unpredictable in nature.

Mr Thomas thanked Mr John for the constructive layout and structure of the new reporting format.

Mrs Daniel questioned whether the £25,000 decrease in investment income reflected market volatility which had previously been discussed as a potential risk at the CFC June 2025 meeting. In response, Mr John confirmed this was the case, and added that further risk discussions had concluded that stock market volatility is, unfortunately, an inherent aspect of market conditions.

In response to a query from Cllr. Evans, Mrs Llewelyn reported that there was no perceivable trend to legacy donations across the year and that such donations could be unpredictable in nature. Mrs Llewelyn outlined the HDdHC strategy for legacy donations, whereby two annual campaigns are run encouraging supporters to consider the charity in their will. This approach has resulted in a significant increase in the number of pledges received, however the current trend indicates that legacy gifts are being made more frequently, albeit at lower values. The charity was currently benefiting from bequests made in wills dating back 20 to 25 years.

Mr Thomas and Mr John explained that the regulations for reporting charitable income differ from standard accounting practices, large grants or donations must be reported in full within the financial year that they were awarded, which can distort the financial figures. Mr John elaborated, that a new Statement of Recommended Practice (SORP) is expected in 2025 which was likely to align charity accounting with other accounting practices, thereby addressing this issue.

In response to Ms Harraway's question regarding how HDdHC is engaging with and holding the new Clinical Care Group's (CCG's) accountable for a greater distribution of charitable funds, Mrs Llewelyn explained that work in this area is ongoing. She noted that the CCG's are still establishing processes and ensuring the appropriate funding approval mechanisms were in place.

Mrs Llewelyn is meeting regularly with general managers, senior nurses and heads of nursing. She aims to present updated fund balances to CCG's, Operational Managers and ward level staff in October 2025, following closure of the 2024/25 financial year accounts. This is

particularly important as the majority of ideas and discussions around charitable fund applications originate at ward level. To encourage greater transparency the plan is to publish updated fund balances on the internet.

Mrs Llewelyn also indicated that there are plans to embed the consideration of charitable funds into the Health Board's annual planning cycle. Additionally, CCG's will be asked to present to the CFC in March 2026, outlining a 12-18 month plan for how they intend to use the funds under their responsibility. Mrs Llewelyn reported a decline in expenditure over this quarter. If spending does not increase in the next quarter, further steps will be considered to more actively manage the funds and encourage their use. An update on this is scheduled for the CFC in March 2026, marking one year since implementation of the new fund structure.

Mr John Evans emphasised the need for a cultural change, with clinicians considering and proposing their charitable funding requirements, transitioning away from general managers being relied upon to promote and suggest proposals.

Ms Harraway agreed on the importance of removing barriers and adopting a more proactive approach to spending, ensuring that HDdHC's £10 million is spent on projects and proposals providing genuine added value and go above and beyond standard expectations.

Mrs Llewelyn and Mr John Evans agreed to liaise with the clinical leads of each CCG during the next quarter to ensure greater engagement and increase spending levels, in particular working with teams to ensure they understand eligibility criteria for charitable funding and cascading this information to staff. In order to progress this work, it was agreed that a discussion on encouraging proactive expenditure would be added to the November 2025 Charitable Funds Sub Committee (CFSC) meeting agenda.

NL/JE

It was agreed that an update be presented to CFC on 8 December 2025 regarding progress around CCG engagement.

NL

**Decision:**

The Charitable Funds Committee **NOTED** the content of the Integrated Hywel Dda Health Charities Performance Report.

CFC(25)131 **HDdHC Investment Advisor Update (External CCLA)**

*Ms Antonia Cavalier joined the meeting.*

Ms Antonia Cavalier reported that CCLA, subject to FCA (Financial Conduct Authority) approval, will be merging with Jupiter Fund Management plc. CCLA, the leading charity asset manager in the UK, has the ongoing intention that all charities and faith groups will be supported equally, irrespective of their fund size and CCLA will continue as a standalone business within Jupiter plc. The merger will bring the benefits of access to bigger and broader teams, whilst all points of contact for HDdHC will remain the same. Should anyone require further details of the merger, Ms Cavalier advised that Members may contact her

directly for further information. A public webinar featuring the CEO's of Jupiter plc and CCLA will also be available.

Ms Cavalier reported that following recent government interest rate cuts, the COIF Charities Deposit Fund is currently yielding 3.90%, noting a slight variance from the submitted report, which showed a return of 3.92%. CCLA did not envisage any further interest rate cuts being implemented. Forecasted income was £194,947 however this will fluctuate depending on UK base rates.

Ms Cavalier acknowledged with regards to the COIF Charities Ethical Investment Funds, it had been a challenging few months, with the equity portfolio underperforming. This was driven by an ongoing market concentration of the 'Magnificent Seven' stocks, while CCLA's investment philosophy is focused on company fundamentals and in high quality assets, with the aim to deliver stronger returns over a five-to-ten-year period.

Ms Cavalier talked through CCLA's investment strategies and several specific share holdings and provided assurance that whilst currently underperforming against markets, CCLA's target is not to beat the market however to provide a long-term return over and above inflation. With the market successes starting to broaden out from the 'Magnificent Seven'. With market volatility expected to persist, CCLA believes its medium risk approach, broadly diversified investment strategy is well positioned to perform strongly over the long-term.

In reply to a question from Cllr Evans, Ms Cavalier outlined the fee structure associated with CCLA. She noted that fees are deducted from the fund as a percentage, comprising a 0.6% annual management charge, 0.7% charge covering fund operations e.g. legal and audit costs, and irrecoverable VAT, and a 0.18% fee for the cost of underlying investments. Ms Cavalier clarified that the total charges for the fund amount to 0.85% and that the valuations provided in the report are net of fees.

Regarding the deposit fund, she stated that it carries an annual management charge of 0.25%, which is deducted from the interest earned. The 3.92% interest quoted in the report is also net of fees. Ms Cavalier referred Members to page 37 of the CCLA report for a full breakdown of fees.

Ms Cavalier reported a meeting will take place between HDdHC and Amy Brown, Deputy Head of Sustainability (CCLA) to discuss the CCLA Active Investor Statement Scheme.

**Decision:**

The Charitable Funds Committee **NOTED** and **RECEIVED ASSURANCE** from the Investment Advisor Update Report

*Ms Antonia Cavalier left the meeting.*

CFC(25)132 **Development of Therapeutic Gardens at Prince Philip Hospital**

*Mr Andrew Carruthers joined the meeting.*

*Mr Gareth Rees joined the meeting.*  
*Ms Meinir Williams joined the meeting.*

Mr Andrew Carruthers emphasised the challenges which had been experienced regarding costings and thanked Mr Gareth Rees for his extensive work which has resulted in the two options presented today for consideration.

Mr Gareth Rees reported he was confident the current proposal was viable and would provide patients with a beneficial and healing environment which had been devised with the support of the two principal clinical teams, estates and private sector partners working collaboratively

Mr Rees acknowledged that although the costs may initially appear high, they represent good value for money given the substantial size of the construction site, which spans 1.5 thousand square metres. The proposed sensory garden met service needs, as well as addressing the reported safety challenges reported by Healthcare Inspectorate Wales (HIW) during two previous inspections.

Mr Rees emphasised option B, which included the bowling green, had been specifically requested by the acute service team who strongly advocated for its inclusion in the scheme.

Mr Rees explained that £26,000 of Discretionary Capital Funding (DCP) funding had also been allocated to the scheme, which introduced certain financial constraints related to end of year expenditure.

Mr Rees emphasised how the review of the scheme over the last few months had resulted in some innovative cost solutions.

With regards to previously voiced maintenance concerns, Mr Rees emphasised the scope to work with the volunteer and community sector detailed in the paper, would allow the therapeutic garden project to work independently of the grounds maintenance contract time scales.

Mr Rees emphasised that the proposal included a request to defer work on the scheme until February 2026, which would enable planting of the garden to take place in a more favourable early spring environment.

Ms Meinir Williams, highlighted the impact of the benefits such a garden would provide to patients for rehabilitation as well as families and hospital staff, emphasising how at present, services are unable to use the current garden space. Ms Williams reported that hospital stays should be reduced by the benefits of a dementia friendly garden, as it will provide opportunities for rehabilitation through physiotherapy and occupational therapy staff working with patients.

Mr Thomas expressed thanks to Mr Rees for his efforts and commended the way in which the concerns previously raised regarding cost and durability had been effectively addressed and mitigated in the current proposal.

Mr Rees reported, prior to handover, there would be a need to establish a co-ordination group between the two clinical teams to manage the ongoing use of the gardens.

Mrs Llewelyn reported that a process for community participation days alongside the future workforce team had been established and proved successful at a recent day held on Cilgerran Ward at Glangwili Hospital (GGH) and had provided appropriate governance.

Ms Williams confirmed that Ward 9 will be able to access the therapeutic garden for their rehabilitation and therapy, something that had been raised as concern in the HIW report.

In response to a question from Cllr Evans regarding the adequacy of a 5% contingency fund, Mr Rees advised that this figure had been calculated by the Estate Team using a standard risk formula. He further noted that the contractor's quote also includes a separate contingency fund.

In response to a query from Cllr Evans regarding the slow growing grass proposed in the project, Mr Rees reported that the solution of slow growing grass had been reached when reviewing the high cost of artificial grass and on consideration of periods, where due to inclement weather, it would be difficult to maintain the garden.

Ms Williams clarified that the physiotherapy and occupational health teams had been particularly keen to include the bowling green in the project, as it would assist with physical exercise, stimulate the mind and rehabilitate the elderly, the bowling green would help with arm movements and exercise therapies.

Mr Rees highlighted that the additional cost of the bowling green to the scheme would be £16,000 however, should it be rejected and considered at a later date, the cost would be considerably higher.

Mr Thomas acknowledged and thanked Mr Rees for emphasising the cost efficiencies achieved as part of the broader scheme.

Mrs Daniel reported the benefits the bowling green would provide as a result of patient movement, which had been identified as an important factor in global 'blue zones', furthermore the green would be wheelchair accessible.

Mr James Severs reported he was supportive in principle for the inclusion of the bowling green due to the therapeutic aspects it would provide.

In response to Mr Severs request for assurance regarding maintenance discussions, Mr Rees confirmed that the scheme had been endorsed by Mr Simon Day and that the paper outlines additional solutions to minimise reliance on the Estates Maintenance Team.

Mr Thomas welcomed the contractor's commitment to social value and including local apprentices in the construction phase and emphasised the importance of extending this involvement to the garden's ongoing

maintenance. He cited Coleg Sir Gar's horticultural department as an example and advocated for promoting skills development and wider community engagement through the therapeutic gardens.

*Mr Anthony Dean left the meeting.*

Extending his thanks to Mr Carruthers, Mr Thomas asked the CFC to consider the proposed options presented.

**Decision:**

The Charitable Funds Committee **CONSIDERED** and **RECOMMENDED FOR APPROVAL** Option B to the Board in its capacity as Corporate Trustee.

*Mr Andrew Carruthers left the meeting.*

*Mr Gareth Rees left the meeting.*

*Ms Meinir Williams left the meeting.*

CFC(25)132 **"Heads Up!" Initiative - Cancer Services Hair Loss Support**

*Mrs Gina Beard joined the meeting.*

Mrs Gina Beard provided the background to the *Heads Up!* Initiative and clarified that this was a request to continue the service for a further two-year term.

Mrs Beard shared how *Heads Up!* has been a successful project bringing huge value to patients, updating how the service in Bronglais Hospital (BGH) was now provided on a face-to-face basis and that a pop-up event had taken place at the launch of the BGH new cancer unit. Sharing additional photos, Mrs Beard reported how a Pembroke based Knit and Natter group are knitting hair loss dolls to give to patients as part of the scheme, a knitted doll had recently been shared with the King and Queen at a cancer charity event. The *Heads Up!* Initiative had also recently developed a wig bank, encouraging patients, when they have finished chemotherapy, to donate their used wigs back into the scheme, which are then refurbished at one of the local hairdressing colleges and donated free to patients.

Mrs Beard reported that the initial funding period received was due to expire at the end of December 2025 and that this was a request for funding for years three and four of the scheme. Mrs Beard had proactively engaged with the Procurement Team undertaking a fully transparent procurement process, with the intention of ensuring continuity of patient services and avoiding any disruption.

Mr Thomas thanked Mrs Beard and her team for all their hard work, noting that 689 individuals had been supported in the first year of the *Heads Up!* Initiative, at what he recognised can be a particularly sensitive and emotional time. He also noted that 58 hair professionals had received training as part of the programme.

Mrs Llewelyn reported the CaPS counselling project, previously funded by the charity providing support for patients and staff, had now received mainstream funding following five years of charitable funds expenditure.

However, it was acknowledged that the *Heads Up!* Initiative service may always be considered above and beyond core funding and is viewed as appropriate for charitable funds support.

Mrs Beard clarified, that although the match funding from Withybush Hospital (WGH) Cancer Day Unit Appeal had been agreed in principle, it remained pending at this stage.

Mrs James commended Mrs Beard for ensuring that the procurement and full tender processes were being appropriately followed.

Mr Thomas asked the CFC to consider the *Heads Up!* expenditure request for £99,235.40.

**Decision:**

The Charitable Funds Committee **CONSIDERED** and **APPROVED** £99,235.40 Charitable Funds funding for Phase 2 of the “Heads Up!” Initiative.

*Mrs Gina Beard left the meeting.*

CFC(25)133 **HARP (Hywel Dda Arts Referral Pathway)**

*Mrs Kathryn Lambert joined the meeting.*

*Mrs Rhian Rees joined the meeting.*

*Mr Mathew Lawrence joined the meeting.*

Mrs Kathryn Lambert outlined that the application for funding was from the Public Health (PH) Team, in partnership with the Arts and Health Team focusing on creative health preventions alongside PH delivering upon the social model for health and well-being.

Mrs Lambert detailed how the HARP programme had been developed through the Creative Prescribing Working Group in conjunction with the Value-Based Healthcare Team, PH Wales, Tri-Tech, local GPs, Primary Care colleagues and universities. The project will target patients with a range of complex needs and chronic conditions, who have received all the medical management interventions from GPs and been identified to potentially benefit from an alternative or more creative healthcare solution.

Mrs Rhian Rees reported that the HARP approach aligns with the social model for health and well-being, an important Health Board initiative. The project intends to support patients in becoming more engaged and empowered in managing their health, particularly those living with chronic conditions, experiencing pain, facing social isolation and frequently attending GP appointments. The scheme aims to introduce this cohort of patients to gentle arts activities and gentle movement as well as introducing them to the *Be Well* service, healthy lifestyle coaches and Community Connectors on an informal basis as part of the activities.

Acknowledging potential social economic barriers to uptake, Mr Thomas however voiced his concern that the funding allocated for transport within the scheme, should not be spent on taxis. Mrs Rees confirmed the intention to utilise existing community transport providers as part of the

HARP project and that positive engagement with these potential providers had taken place at an early stage.

Mrs Rees clarified that the three locations for the project had been selected in the first instance, to ensure a good uptake of the project and due to the excellent support provided by the GPs in these areas. Moving forward, the programme is intended to be implemented in the 20% most deprived areas, in line with the proposed 24/7 model within public health.

Ms Harraway complemented the team on the quality of the bid submitted, particularly the involvement of Tri-Tech and the robust approach to evaluation contained, which she considered to be gold standard. In agreement, Mr James Severs complemented the consideration given to an exit plan, before inquiring how this project could be incorporated into next year's annual plan. Ms Lambert clarified the HARP programme was included in the delivery plan for the social model for health and well-being as well as the Transformation Team under the revision of the Healthier Mid and West Wales programme, with the Executive Director of Public Health responsible for implementation.

Mr Thomas expressed his enthusiasm about seeing the work expand across the HDdUHB region.

**Decision:**

The Charitable Funds Committee **CONSIDERED** and **APPROVED** the £25,050 Charitable Funds funding for the **HARP (Hywel Dda Arts Referral Pathway)**.

*Mrs Kathryn Lambert left the meeting.*

*Mrs Rhian Rees left the meeting.*

*Mr Mathew Lawrence left the meeting.*

CFC(25)134 **TRAINEE HAEMATOLOGY CLINICAL NURSE SPECIALIST (CNS)  
FOR CEREDIGION & PEMBROKESHIRE**

*Mrs Gina Beard joined the meeting.*

Mrs Beard emphasised the challenge of recruiting Haematology CNS in the Ceredigion and Pembrokeshire regions, which subsequently led to the trainee initiative. Through the success of the project, two CNS had been trained and the lead CNS in Wales, due to their direct involvement in this creative training scheme, had herself decided to join the team and was successfully recruited to HDdUHB.

Mrs Beard thanked the HDdHC for the funding which had enabled this CNS succession planning programme, ensuring the continuing delivery of excellent knowledgeable haematology nurse care for HDdUHB patients.

Mrs Daniel complemented Mrs Beard on her foresight to implement such important succession planning, emphasising there was a real opportunity to use charitable funding going forward in terms of workforce planning in other CNS areas.

**Decision:**

The Charitable Funds Committee **DISCUSSED** the presentation on the

Trainee Haematology Clinical Nurse Specialist for Ceredigion and Pembrokeshire.

*Mrs Gina Beard left the meeting.*

CFC(25)135 **INTERACTIVE SINGING AND MOVEMENT SESSIONS FOR OLDER ADULT MENTAL HEALTH & ADULT FRAILTY INPATIENT WARDS**

*Mrs Kathryn Lambert joined the meeting.*

*Ms Ruth Jones joined the meeting.*

*Ms Lara Schmitz joined the meeting.*

*Ms Donna Major joined the meeting*

*Mr Mathew Lawrence joined the meeting.*

Mrs Lambert reported the project which is running across all older adult mental health settings across GGH and PPH has received overwhelmingly positive feedback.

Mrs Lambert detailed the challenges which had been encountered to develop an appropriate evaluation model for the scheme, and how a more dementia friendly Patient Reported Experience Measure (PREM) approach to evaluate the work is now being employed.

Mrs Lambert outlined the challenges encountered in securing approvals at GGH, BGH and WGH to deliver the project. GGH and BGH have now approved the programme and WGH is due to consider formal adoption of the project, therefore implementation of the programme should now move forward.

Mrs Lambert requested that the CFC approve the adaptation of the provision from fortnightly over two years to weekly over one year, aligning with the rest of the programme.

Ms Donna Major, Senior Ward Sister of Cadog Ward, Frailty Assessment Unit, GGH reported the overwhelmingly positive impact the arts and dementia sessions have had on patient and family experiences as well as the improvements in preventing deconditioning of frail patients, particularly within the golden hours when patients with dementia first come into hospital.

Ms Lara Schmitz reported the positive impact the *Forget Me Not Chorus* has had on the ward and patients, particularly with regards to positive social interaction, increasing mobility and improving the general environment and mood on the ward for patients, families and staff.

*Mr Anthony Dean rejoined the meeting.*

**Decision:**

The Charitable Funds Committee **DISCUSSED** the Interactive Singing and Movement Sessions for Older Adult Mental Health and Adult Frailty Inpatient Wards.

The Charitable Funds Committee **CONSIDERED** and **APPROVED** the request to change the delivery schedule for Interactive Singing and Movement Sessions for Older Adult Mental Health and Adult Frailty

Inpatient Wards at Bronglais and Withybush Hospitals to bring the provision in line with the delivery model at Glangwili and Prince Philip Hospitals.

*Mrs Kathryn Lambert left the meeting.*

*Ms Ruth Jones left the meeting.*

*Ms Lara Schmitz left the meeting.*

*Ms Donna Major left the meeting.*

*Mr Mathew Lawrence left the meeting.*

Ms Harraway observed there was a real variability with regards to evaluation of the impact of different projects, emphasising a need for consistency going forward. Ms Harraway provided an example that evaluation templates should be specific to the project and set at the point a project is initiated, as well as the need for logic models to be employed. From an assurance and accountability point of view, Ms Harraway reflected on whether a task and finish approach to the implementation of a framework for evaluation of impact methodology should be adopted and Ms Harraway extended an offer to assist on this front.

Mrs Llewelyn reported that the bids considered today were funded prior to the new CFC funding request templates, which now include evaluation questions and models, encouraging and enabling colleagues to think about evaluation from the very outset of a funding request. Acknowledging the evaluation framework and the new templates as a new and evolving system, Mrs Llewelyn stated she would appreciate input from colleagues on how to improve the evaluation framework to ensure best practice.

Mrs Daniel believed it important to develop the skill sets regarding the evaluation of impact methodology within the Health Board's services, rather than through external organisations such as Tri-Tech alone.

Ms Harraway emphasised self-evaluation was a sound scientific methodology however, it has to exist within a robust framework.

Mrs Daniel and Mrs Llewelyn agreed 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/NL**

CFC(25)136 **Charitable Funds Sub-Committee Update Report (CFSC)**

Mr John Evans presented the CFSC Update Report.

In reply to Cllr Evans question if risks would be presented to the Audit and Risk Assurance Committee (ARAC), Mrs Davies clarified the risks from the CFSC would be presented to the main CFC rather than ARAC.

Mrs James confirmed that she was the CFC governance representative for Mrs Joanne Wilson, Director of Corporate Governance (Board Secretary) and would relay any concerns regarding governance and risk to Ms Wilson.

Mrs Llewelyn reported as the CFC is a representative of the Corporate Trustee, risks and concerns would be presented to the CFC for discussion and decision prior to submission to any other Board level Committee, in line with the Corporate Scheme of Delegation.

**Decision:**

The Charitable Funds Committee **NOTED** the content of the Charitable Funds Committee and was satisfied with the provision of assurance provided by the Charitable Funds Sub-Committee

CFC(25)137 **Charitable Funds Committee Annual Work Programme**

The CFC Committee Annual Work Plan for 2025/2026 was presented to the Committee for information.

**Decision:**

The Charitable Funds Committee **NOTED** the Committee Annual Work Plan for 2025/2026.

CFC(25)138 **ANY OTHER BUSINESS**

Mr Thomas reported the bi-monthly Charity Commission newsletter had been shared with members for transparency, to enable all to be aware any arising national challenges.

Mrs James reflected on the positive impact the Wellness Boxes were having on patients. During a recent visit to a former colleague undergoing treatment at the PPH Cancer Day Unit (CDU), Mrs James experienced first hand the impact the Wellness Boxes, reporting that patients were '*absolutely delighted*' to receive their wellness boxes and that they were '*one of the nicest things she had for an awful long time.*' (sic).

Mrs Llewelyn, presented an example of a Wellness Box and its contents to CFC members, explaining that the initiative was developed following a request by chemotherapy nurses for funding thanks to grant funding from the Co-op. The boxes include items such as creams, scarves or gloves, and are intended to support patients who may not have the means to purchase these essential items.

Mrs Murphy reported that Ms Donna Blinston, Advanced Nurse Practitioner, Hepatology, who had presented a patient story to the CFC in June 2025 for the mobile Fibroscan project, had been shortlisted for the Royal College of Nursing (RCN) Nurse of the Year Awards. In an update on the Fibroscan project, Ms Murphy reported that Ms Blinston had successfully engaged with the local Muslim community and scanned approximately 70 patients at recent community events outside of the service. Furthermore, Ms Blinston had been approached by a university with an offer of sponsorship to undertake a Masters degree.

Mrs Llewelyn advised that Ms Blinston was in discussions with the BGH management team regarding a second scanner, and that the Hepatology Team were undertaking the Welsh Three Peaks Challenge to fundraise for the HDdHC.

Mrs Llewelyn reported that over 110 inquiries had been made for the *Making a Difference Funding* of £400,000, bids for this funding would return for consideration to CFC in December 2025.

Mr Thomas expressed thanks to all for their hard work, especially with regards to the preparation of the detailed reports presented to the CFC.

**Decision:**

The Charitable Funds Committee **NOTED** the Bi-monthly Charity Commission newsletter.

**DATE AND TIME OF NEXT MEETING**

The date of the next CFC meeting is 8 December 2025, 09:30-12:15.