

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

Date of Meeting: **09:30, Tuesday 17 June 2025**  
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Iwan Thomas, Independent Member, Chair  
Sarah Harraway, Independent Member, Committee Vice Chair  
Huw Thomas, Executive Director of Finance  
Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience (part)  
Janice Cole-Williams, Assistant Director of Nursing deputising for Sharon Daniel  
Executive Director of Nursing, Quality and Patient Experience (part)  
Ann Murphy, Independent Member

In Attendance: Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs  
Andrew Carruthers, Chief Operating Officer (part)  
Jo Bradburn, Deputy Director of Allied Health Professions and Health Science, deputising for Mr James Severs, Executive Director of Allied Health Professions and Health Science  
Carly Hill, Assistant Director, Charitable Funds Sub-Committee Chair  
Anthony Dean, Staff Side Representative  
Timothy John, Head of Accounting & Statutory Reporting  
Tracy Davies, Deputy Head of Financial Accounting  
Nicola Llewelyn, Head of Hywel Dda Health Charities  
Daisy Mannifield, Client Investment Director, CCLA (part)  
Clare James, Head of Corporate Governance (part)  
Donna Bliston, Advanced Nurse Practitioner Hepatology (part)  
Gina Beard, Lead Cancer Nurse (part)  
Clare Strudwick, Committee Services Officer (Secretariat)

<b>Minutes Item Ref.</b>		<b>Action</b>
CFC(25)104	<b>Welcome and Apologies</b>	
	Mr Iwan Thomas welcomed everyone to the meeting and extended a warm welcome to Mrs Sarah Harraway, the new CFC Vice Chair.	
	Apologies had been received from: <b>James Severs</b> , Executive Director of Allied Health Professions and Health Science	
	<b>Rhodri Evans</b> , Independent Member	
CFC(25)105	<b>Declarations of Interest</b>	
	<b><u>Decision:</u></b>	

There were no declarations of interest.

CFC(25)106 **Minutes from the Charitable Funds Committee Meeting held on 18 March 2025**

The minutes of the Charitable Funds Committee (CFC) meeting held on 18 March 2025 were reviewed and approved as a correct record of proceedings

**Decision:**

**RESOLVED** – The minutes of the Charitable Funds Committee (CFC) meeting held on the 18 March 2025 were accepted as an accurate record of the meeting.

CFC(25)107 **Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 18 March 2025**

The Table of Actions arising from the CFC meeting on the 18 March 2025 was reviewed, with an update provided on the one outstanding action as follows:

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

Mrs Nicola Llewelyn reported she had received an update from Mr Lee Davies' team indicating that two aspects still require clarification, however it is anticipated that the Collaboration Agreement would be finalised shortly.

**Decision:**

The Table of Actions arising from the CFC meeting on the 18 March 2025 was reviewed.

CFC(25)108 **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)109 **Annual Review of Terms of Reference (ToR)**

Mrs Clare James outlined the amendments to the CFC ToR, in addition to those agreed at Board on 30 January 2025.

Mr Iwan Thomas thanked Mrs James and her team for all their work regarding the review.

**Decision:**

The Charitable Funds Committee **APPROVED** the Charitable Funds Committee's Terms of Reference (version22) for onward ratification by the Board on 31 July 2025.

CFC(25)110 **Charitable Funds Annual Report - 2024/2025**

Mr Iwan Thomas, as new Chair of the CFC, extended his thanks to his predecessor, Mrs Delyth Raynsford, for her contribution guidance and support over many years.

Mr Iwan Thomas presented the CFC Annual Report for 2024-2025 to the Committee that outlined the work of the CFC over the past year, detailing

items brought to Board for alert, advise and assurance. He reflected on the work of the main committee and sub-committees over the previous twelve months and was grateful to everyone for their input and attendance.

Mr Iwan Thomas emphasised the merit of the qualitative as well as the quantitative data which had been gathered during the year, reflecting the value of the work of the CFC. Giving the example to the Paxman Scalp Cooling units, Mr Iwan Thomas recognised the significant impact such projects can have on the individual patients involved. He stated it was fantastic to see applications of such merit filtering through to the Committee, recognising the contribution made by Mrs Nicola Llewellyn and the charity team to this process.

Citing the examples of protocols regarding finance governance which have been established, Mr Iwan Thomas emphasised how the CFC continues to evolve and develop.

Mrs Sharon Daniel acknowledged that some very complex issues had been discussed over the year and thanked everyone for their continuing support.

**Decision:**

The Charitable Funds Committee **APPROVED** the Charitable Funds Committee's Annual Report 2024/2025 for onward transmission to Board for **ENDORSEMENT** at the meeting scheduled to be held on 26 June 2025.

CFC(25)111 **Annual Review of Sub-Committee Terms of Reference**

Ms Carly Hill presented the updated Charitable Funds Sub-Committee (CFSC) Terms of Reference to the CFC for approval and advised of the minor changes to section 3.1 Operational Responsibility Changes and 4 updated membership list.

Ms Hill reported it was her last meeting as Chair of the CFC Sub-Committee and extended her thanks to Mrs Llewellyn and members of the Sub-Committee.

Mr Thomas thanked Ms Hill and the sub-committee for the work they undertake regarding the minutia of matters and operational detail, which in turn allows the main CFC to focus on strategic balance.

Mrs Llewellyn acknowledged the improvements made from a governance perspective by Ms Hill and the Sub-Committee and the checks and challenges they had made on all the funding requests submitted this year.

Mr Huw Thomas concurred, from a financial governance perspective the Sub-Committee had added a huge amount of benefit and that Ms Hill's role as Chair was key to those successes.

**Decision:**

The Charitable Funds Committee **APPROVED** the proposed changes to the Charitable Funds Sub-Committee terms of reference.

## CFC(25)112 **CFC 2024/2025 Self-Assessment Report**

Mrs James presented the CFC Self-Assessment Report 2024/2025 to the Committee, detailing the outcome of the CFC self-assessment process, as well as outlining the proposed actions going forward to ensure improved effectiveness.

Mrs Ann Murphy relayed her concern regarding the low number of self-assessment replies received and the issues this presents with regards to achieving a balanced view. Mrs Murphy questioned how the process of gathering data could be improved to achieve a better response rate.

Mr Huw Thomas reflected that the CFC is a committee of the Corporate Trustee and provides no distinction between an IM and an Executive member, it is a unique characteristic of the charity that all are equal weighted members. Mr Thomas suggested the need to stagger the circulation of forms to members for completion to avoid forms from all Committees being received at the same time.

Mrs Daniel raised the issue of inviting 'service leads' and how that might be defined, identifying the most likely candidate as being one of the Clinical Care Group (CCG) triumvirate.

Mr Iwan Thomas suggested rather than the submission of a short digital form, perhaps a paper copy circulated at the Committee and collected at the end by the CSO would provide a better instant data capture.

Mrs James welcomed the comments and suggestions and agreed to relay them back to the Corporate Governance Team for consideration in this year's assessment process with the aim of improving the response rate.

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### **Decision:**

The Charitable Funds Committee **CONSIDERED** the outputs from the Committee Self-Assessment process and **AGREED** to the actions to be taken to improve its effectiveness.

## CFC(25)113 **Integrated Hywel Dda Health Charities Performance Report**

Mr Iwan Thomas complemented the level of clarity provided by the Integrated Charities Performance Report, particularly in relation to the assessment section in terms of financial performance considerations, providing information about income from donations and including the caveat that donation levels will vary significantly, especially in regard to specific fundraising from year to year and that legacy income is also unpredictable.

Mr Iwan Thomas also highlighted spending in the current quarter on building refurbishment, staff, education and welfare, emphasising how important it is to invest in people as they are the HB's biggest asset.

Mr Timothy John reported that the figures in the performance report will form the draft financial statement that will be submitted to the auditors.

Mr John highlighted a decrease in net funds of circa. £1.3m to the year ending 31 March 2025 due to a decrease in legacies as well as an overall loss on investments of £380k.

Regarding the assessment of financial performance, Mr John flagged two key benchmarks: for every £1.00 spent, £5.05 was generated in income, resulting in £0.73 available to spend from every pound raised.

Mr Iwan Thomas thanked Mr John and Mrs Tracy Davies for their work consolidating the various funding streams and legacies and their work to identify added value.

Ms Harraway questioned why the charity is maintaining a reserve of circa £10m, instead of allocating to beneficial projects. In response, Mr Huw Thomas acknowledged the challenges, noting that many of the individual funds are restricted and do not permit cross-fund expenditure.

Mrs Daniel reported the team had undertaken substantial work to consolidate various funds, resulting in an accumulation of larger amounts in funds which individuals could then use to purchase items. This work is further outlined in agenda item 2.2, "The Support for Life Fund".

Mrs Llewelyn detailed the work being undertaken to allow fund managers to be more innovative, undertaking early stage working with the new CCG structures to allow proactive consideration of charitable funds rather than a reactive approach. The introduction of the new operational structures and the rationalisation of funds had created greater opportunities to begin utilising the charitable funds more effectively.

Mrs Llewelyn reported she would like CFC to feature as part of the HB's Annual Plan and that with the new fund structure there is now an opportunity to achieve this ambition.

Mrs Davies provided clarification to Mr Iwan Thomas that the £2.6m reported in table 3 had been allocated and was already accounted for.

Mrs Murphy shared her experience from working on the ward, noting that donations from members of the public often ended up in numerous small, isolated funds. Mrs Murphy thanked Mrs Llewelyn for her hard work to amalgamate the approximately 2000 funds to enable the £10m to be made available to spend.

**Decision:**

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

CFC(25)114 **Expenditure Plan for the Support for Life Response Fund**

Mrs Llewelyn reported that the Expenditure Plan for the Support for Life Response Fund agenda item followed on from the Support for Life Response Fund presented to CFC in September 2024.

Mrs Llewelyn stated the intention is for the fund to be used effectively to achieve funding priorities for 2023-2028 such as; improving patient experience throughout the whole care and treatment journey, including

home based care. Staff wellbeing and professional development as well as looking to encourage innovation and excellence with the delivery of healthcare.

Mrs Llewelyn reported, upon reflection, it was considered more appropriate and transparent to undertake an open call for applications for CFC funding, rather than to solely focus on under-represented areas of the HB that had previously had limited access to funds.

Mrs Llewelyn detailed that early discussions were taking place with potential applications for funding.

Mr Huw Thomas raised the issue of VAT tax advantages and whether it was worth stating overtly in the call for funding, that applications were particularly welcome from those areas which were tax efficient. Mr Huw Thomas suggested that having two fixed application windows per year for charitable funding would provide a more strategic approach, including the potential to reclaim 20% VAT on certain items. He also emphasised the importance of targeted engagement and communication.

Mr Iwan Thomas expressed concerns regarding the small size of the fundraising team and their ability to manage such a programme. In response, Mrs Llewelyn reported that lessons learnt from the COVID emergency appeal meant that the charities team were very mindful in the first instance of conducting targeted conversations with senior managers and senior clinical leads to cascade information down through the relevant networks to ensure expectations were managed and that requests were appropriate aligned with strategic objectives.

Mr Iwan Thomas agreed the importance of ensuring quality applications were received and suggested the charities team engage with Mrs Alwena Moakes Hughes, Communications and Engagement Director to ensure this took place.

Mr Iwan Thomas emphasised a desire to see a wider engagement with communities and not to purely focus on the main HDdUHB hospital sites.

Mrs Llewelyn outlined the governance processes whereby funding requests would be submitted via the management team of each particular service area and that a representative of an Executive Director of each service area sat on the CFSC.

Mrs Llewelyn confirmed to Mrs Daniel that the provision of the twice-yearly applications for £400,000 from the Support for Life Response Fund, was dependent on receiving donations and legacies.

In response to a question from Mrs Daniel, Mrs Llewelyn reported that there was work progressing on rebranding and renaming the Support for Life Response Fund.

Mr Iwan Thomas believed that engagement with the Communication team should be undertaken to consider an appropriate new name for the fund. Suggesting perhaps, in line with the Welsh Government approach elsewhere, that branding the fund with a single Welsh name should be

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adopted which would allow people to readily recognise and easily promote the fund and remove any ambiguity arising from the current name.

**Decision:**

The Charitable Funds Committee **CONSIDERED** and **APPROVED**:

- The establishment of a twice-yearly application window for funding applications from the Support for Life Response Fund.
- The ring-fencing of £400,000 for an application window to take place between July and October 2025.
- Retaining the remaining balance of the Support for Life Response Fund for a second application window in spring 2026 and to also meet any new or emerging needs that may arise.
- Subject to the caveat that this may change year on year dependant on the availability of sufficient funds and any new or emerging needs that may arise.

**CFC(25)115 HDdHC Investment Advisor Update (External CCLA)**

Ms Daisy Mannifield, Client Investment Director, CCLA presented the HDdHC Investment Advisor Update, providing an evaluation as of 30 May 2025. Ms Mannifield reported the market value of the total portfolio was £13,546,533 million, with the COIF Charities Ethical Investment Fund returning 3% higher value than the previous year. The COIF Deposit Fund rate which tracked the UK base rate returned 4.16% but was subject to base rate fluctuations. The forecasted annual income for the year ahead was £465,206.

Ms Mannifield reported since inception in December 2022 the total fund held by HDdHC was up 14.1%.

Ms Mannifield reported on the turbulence experienced in the equity markets as a result of Donald Trump's tariff policy and it's stop start nature. Ms Mannifield detailed how the equity market is particularly concentrated in the 'Magnificent Seven' companies of Apple, Microsoft, Alphabet, Meta, Amazon, Tesla and Nvidia, in a similar way as during the dotcom bubble.

Ms Mannifield advised that UK Commercial property has been performing well, and that with interest rates starting to come down, people have started to purchase commercial property. Referring to UK Government bonds as well as cash holdings in combination with holdings in equity and property, Ms Mannifield detailed how CCLA aims to provide a balanced investment portfolio on HDdHC's behalf.

Ms Mannifield reported the cumulative performance of the fund as 5.69% citing the fact that CCLA were not holding full market weight of the 'Magnificent Seven' or bank equities in comparison to benchmarks for the return level.

Ms Mannifield stated that 5% of equities of the COIF Ethical Investment Fund had been sold on 12 March 2025, and that CCLA is now returning that 5% into the equity market, with 3% already invested back. The COIF Ethical Investment Fund currently holds approximately 68% of its assets in equities.

Ms Mannifield outlined the sustainability and investment philosophy adopted by CCLA under Align, Assess and Act and how CCLA integrates environmental and social governance factors into the investment process, by creating coalitions with other investors to make a difference in terms of better health, better environment and better work.

Ms Mannifield advised that NHS Charities Together have recently signed up to the investor statement, a group of organisations who hold a total fund value of £800m. CCLA by operating this scheme and engaging with such investors have been working with companies to improve their practices e.g. CCLA worked with Gregg's to develop a healthy living food range and have been working with other companies to eliminate modern slavery in company supply chains.

Mr Huw Thomas expressed a desire for HDdUHB annual reporting to reflect the improvements that CCLA has made as a result of investing on behalf of HDdHC. Ms Mannifield agreed to share CCLA annual sustainability report so extracts, especially with regard to health benefits, can be used in annual reporting. **DM/HT**

Addressing concerns around market concentration, Ms Mannifield explained how CCLA is actively researching which companies are likely to benefit from developments such as artificial intelligence (AI) including analysis of company supply chains to identify those positioned to benefit from AI advancements.

Ms Mannifield agreed to share details of the active investor statement scheme with HDdHC and Mr Iwan Thomas requested a report to return to a future CFC meeting regarding this scheme and whether HDdHC should become a signatory. **DM/HT/TJ**

**Decision:**

The Charitable Funds Committee **NOTED** the Investment Advisor Update Report.

**CFC(25)116 Allocation and level of cash holdings**

Mr John presented the Allocation and Level of Cash Holdings Report to Committee, detailing how circa £6m had been transferred across to the CCLA *COIF Charities Deposit Fund* and completed by late November 2023. As of 30 April 2025, Charitable Funds had £4.9m deposited in the *COIF Deposit Fund* and £8.4m invested in the *COIF Ethical Fund*.

Concerning risk, Mr John outlined how CCLA profiled the risks of the funds using a risk indicator scale of one to seven, with one being the lowest risk and seven the highest. The *COIF Charities Deposit Fund* had the lowest risk classification of one, whilst the *COIF Ethical Investment Fund* had a rating of four out of seven, which CCLA considered to be a medium risk. Both funds offered daily liquidity with no lock in or notice period, there was however a risk that any investments other than cash could increase or decrease in value with past performance not a reliable indicator of future results.

Mr John reported he and Mr Huw Thomas, had met with Ms Daisy Mannifield (CCLA) to discuss how the most effective strategies for allocating funds across various investment vehicles. Whilst CCLA could not directly advise on this, given that allocation splits are unique to every charity, Mr John detailed how following these discussions, the finance team had considered a suitable methodology for apportionment of funds based existing financial commitments. These commitments would be reviewed on a quarterly basis as a matter of course but would not prohibit the opportunity to amend the amount of funds held in each fund as required.

In reply to a query from Ms Harraway regarding level of risk appetite, Mr Huw Thomas replied that previously there had not been a robust framework to determine how much should be allocated to a cash holding versus investments. This report outlines the allocation of funding in accordance with the CFC's defined risk appetite, noting that time remains as good a metric for assessment. It was also confirmed that there has been no change to the CFC's risk appetite.

**Decision:**

Members of the Charitable Funds Committee **APPROVED:**

- the methodology for the retention of funds within the Deposit Fund and
- the transfer of £3.1m currently held in the Deposit Fund to the Ethical Fund.

*Mrs Janice Cole-Williams joined the meeting.*

CFC(25)117 **DEVELOPMENT OF THERAPEUTIC GARDENS AT PRINCE PHILIP HOSPITAL**

*Mr Andrew Carruthers joined the meeting.*

Mr Carruthers extended his apologies for the deferral of the intended paper and provided a verbal update to the Committee.

Mr Carruthers reported tender costs had been received on the evening of Thursday 12 June and that the tender costs were significantly higher than those anticipated and considered at the CFC meeting 18 March 2025.

Mr Carruthers stated with the costs returning £106k higher than expected, he did not believe it was an acceptable position to return to CFC and request increased funding.

Mr Carruthers reported he was not assured that a number of the variations in the tender had followed due process and been discussed fully through the project group and that work was now required to understand these concerns. Mr Carruthers added that he would be reviewing the contractor framework agreement associated with the scheme.

In reply to Mr Iwan Thomas' query as to which items had been added into the re-submitted tender request that were not in the original specification, Mr Carruthers identified the flooring as an example where whilst you

would expect a tactile flooring with a different texture to just a concrete or slab finish, that appeared to have been added to the specification at the last minute and was an example of what has increased the costs.

Mr Huw Thomas expressed his concern regarding procurement that these variations to the tender had been approved without following appropriate processes.

Mr Carruthers clarified the matter was not within procurement and that he would be investigating the circumstances that had arisen.

Mr Carruthers stated he has appointed Mr Gareth Rees to lead the project on his behalf and reported that Mr Rees was both surprised and frustrated by the outcome of the tender, as he considered the original costs to be reasonable.

On a more positive note, Mr Carruthers reported that a number of volunteer groups had expressed an interest in being involved and that good progress had been made within the local community and HB with groups interested in maintaining the gardens.

Given the anticipated benefits of the sensory gardens for both staff and patients and the HB's prior investment in fencing off the area, Mrs Daniel requested clarification regarding the timelines required to return accurate appraisals to CFC.

Mr Carruthers agreed to discuss with Mr Gareth Rees regarding achievable timelines and keep the CFC informed as to the feasibility of returning the application for funding to the 16 September 2025 CFC meeting.

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**Decision:**

The Charitable Funds Committee **NOTED** the update provided and agreed to **ALERT** the board via the CFC update report.

*Mr Carruthers left the meeting.*

**CFC(25)118 Patient Experience, Bronglais Hospital FibroScan**

*Ms Donna Blinston joined the meeting.*

Ms Donna Blinston outlined the benefits provided by the new Fibroscan machines, highlighting their small size and portability and how the two probes are interchangeable by a touch of a button making the machine easier to use, especially when a patient is self-conscious of their weight.

Ms Blinston reported that the new Fibroscan has the additional benefit that it can measure both the stiffness (fibrosis) of the liver as well as the CAP measurement showing the amount of fat in the liver (steatosis). The old machine was only able to measure fibrosis, meaning in the patient received a false sense of security if the score was low, resulting in patients not making the necessary required life changes.

Ms Blinston stated that following weight loss and exercise, patients can see their fat measurement decrease and this provides motivation and incentive for lifestyle change.

Furthermore, Ms Blinston detailed the Fibroscan procedure is painless, non-invasive and provides instant results. Being able to show patients their scans and images immediately allows for education and direct patient tailored advice, helping with motivation and empowerment, and resulting in patients being less likely to miss scan appointments.

Ms Blinston presented two patient stories that particularly illustrated the significant benefits and positive impact to patients by the Fibroscan machine.

Carri-Anne, a patient, had experienced raised liver enzymes for several years. Despite trying numerous diet plans, and remaining persistent, she saw no improvement in her condition. Carri-Anne's first liver FibroScan showed a liver stiffness of 9.1 equating to advanced fibrosis and her CAP reading was 348, showing moderate Steatosis. Carri-Anne was diagnosed with metabolic associated fatty liver disease and undertook a tailored health education programme with a diet and exercise plan. Despite persevering with the plan, she showed no weight loss, however her diabetes and cholesterol levels were clearly improved. On scanning Carri-Anne's liver with the FibroScan, her fibrosis had come down to 6.8 and her CAP reading was reduced to 276 which is mild steatosis. This was a massive achievement, Carri-Ann cried in clinic saying she felt like she would never be able to improve, however with the FibroScan machine itself meant she could see those improvements and knew she could change her lifestyle, providing her with a personal achievement and also empowering her to continue.

The second patient story Ms Blinston shared with committee concerned a gentleman called Matthew, who had been referred for an assessment of his alcohol related fatty liver disease. The FibroScan produced a reading of 49, showing quite established alcohol related liver cirrhosis. A CAP reading of greater than 400 showed severe steatosis, a very inflamed fatty scarred liver. Matthew linked in with local support services to help him reduce his alcohol. Using the FibroScan as part of his motivation it was agreed to scan him in three months' time in order to help him improve. Drinking was still a problem, but the Fibroscan provided Matthew with little targets, getting him off spirits onto lager in three months, rescanning him helped with motivation when his levels reduced to 27. Working with local alcohol support services on diet, exercise and alcohol reduction Matthew reduced his drinking to once or twice a week and his levels when scanned six months later produced a reading of 17.8 and CAP reduced to 290, moderate steatosis.

Ms Blinston explained the FibroScan had proved pivotal for Matthew, giving him hope, where previously he had felt like a failure and had no motivation to stop drinking. Likewise, the FibroScan readings provided something tangible for Matthew's mum to see. Whilst Matthew is still drinking, he is working hard and making progress. The Fibroscan provided Matthew with a sense of self belief and confidence and helped

rebuild the family relationship, whereas previously his mum had been critical.

Mrs Blinston shared Matthew's heartfelt letter with the CFC: 'the fibroscan gave me hope.... Felt like I had failed myself and my mum... seeing the improvement and how my health and future is in my hands is a massive empowerment, when I saw the score of 17.8 F3 Advanced fibrosis after achieving 2 alcohol free nights I was proud of myself and so was my family, a feeling I have not had in a long while...'

Ms Blinston reported the FibroScan machine has been pivotal in a vitamin E pilot study with 28 of 30 patients showing improved levels of liver stiffness and liver enzymes. From September 2025, this pilot will be part of a research and development project with Innovation Wales.

The small portable nature of the scanner has allowed greater access via outreach 'one stop shop' clinics in the community across the HB, offering health assessments to some of the most vulnerable groups in the community, who do not engage with healthcare such as the homeless, people on probation and offenders.

Ms Blinston reported the lightweight nature of the FibroScan allowed her to conduct home visits to housebound patients where previously she could not carry the old scanner upstairs.

Mr Iwan Thomas extended a huge thanks to Mrs Blinston and her team for the work undertaken and for explaining the impact the equipment had provided for patients such as Carri-Anne and Matthew. Mr Iwan Thomas expressed how important it was to hear patient stories to understand what the HDdHC team and CFC has been able to support through the work of charitable funds.

**Decision:**

The Charitable Funds Committee **DISCUSSED** the patient experience story, Bronglais Hospital FibroScan.

*Ms Blinston left the meeting.*

CFC(25)119 **Opening of the Leri Cancer Unit at Bronglais Hospital**

*Mrs Gina Beard joined the meeting.*

Mrs Beard provided a presentation on the recent opening of the Leri Cancer Unit at Bronglais Hospital.

Mrs Beard reported the aim of the opening day was to be as inclusive as possible, with invitations widely distributed as well as to those specifically involved in the project such as cancer teams, specific donors and the arts in health project group, in total over 200 people attended the event.

Mrs Beard reported the cancer hair loss charity, Heads Up! had conducted a pop-up table as part of the open day event, as the new Leri Cancer Unit is able to offer a face to face Heads Up! service whereas previously only a remote service was available.

Mrs Beard presented a series of photos of the opening day, BBC presenter Eleri Sion hosted the event, ensuring it was conducted bilingually. Staff past and present attended including those involved in the HDdHC funded haematology nurse trainee scheme.

Mrs Beard explained the team from the cancer unit themselves cut the opening ribbon to the unit.

Mrs Beard shared photos of the unit showcasing the Arts in Health project and how the bespoke artwork, stained glass windows, linocuts and murals in the treatment and waiting rooms created a sense of calm and wellness capturing Welsh identity and the local environment.

Mr Iwan Thomas thanked Mrs Beard for her uplifting and inspirational presentation.

Mr Huw Thomas reported he had attended the open day and commented on how impressive the Leri unit is. In particular, how the art is woven throughout the unit creating a welcoming environment. Mr Huw Thomas reported there was a model to be considered for capital projects in the future, where consideration should be given to incorporate art at the start of a project. e.g. the Cross Hands development.

Mr Iwan Thomas agreed the positive impact such an approach could have in terms of helping those individuals who are using the service and centre.

Mrs Llewelyn reported formal evaluation of the scheme will follow the process for a capital scheme and the CFC as the predominant vendor will receive a report within 12 months of the overall project.

Mrs Llewelyn confirmed that the Arts and Health team are working through future capital schemes and reviewing formulas for the calculation of an appropriate budget to consider for art in schemes of this nature. Discussions are also taking place with the charity, looking at enhancements over and above capital schemes that may be Welsh Government funded. Furthermore, the CFC investment in the Arts and Health team, to appoint an additional staff member will enable more of this work to be undertaken.

**Decision:**

The Charitable Funds Committee **DISCUSSED** the presentation on the Opening of the Leri Cancer Unit at Bronglais Hospital

*Mrs Gina Beard left the meeting.*

CFC(25)120 **Charitable Funds Sub-Committee Update Report**

Ms Carly Hill presented the Charitable Funds Sub-Committee Update Report.

Ms Hill reported this was her last meeting as Chair of the CFSC and she wished to take the opportunity to thank Mrs Llewelyn, Mr John and Ms Davies specifically for their help during her tenure on the sub-committee. Ms Hill extended her thanks to members of the CFC.

No questions were received on the Update Report.

Mr Iwan Thomas thanked Ms Hill for her dedicated work.

**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)121 Charitable Funds Committee Risk Register**

Mrs Janice Cole-Williams presented the Charitable Funds Committee Risk Register.

Mrs Llewelyn advised that the Business Executive Team (BET) meeting where the report was due to be discussed had been stood down and that the report was due to come to BET next month for discussion and scrutiny.

**Decision:**

The Charitable Funds Committee (CFC) received **ASSURANCE** that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.
- Challenged where assurances are inadequate.

**CFC(25)122 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)123 ANY OTHER BUSINESS**

There were no other matters of business to be considered.

**Decision:**

No other matters of business.

**DATE AND TIME OF NEXT MEETING**

The date of the next CFC meeting is 16 September 2025; 09:30 - 12:15