

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

Date and Time of Meeting:	26 September 2023, 9.30am
Venue:	Boardroom, Ystwyth Building (via Microsoft Teams)

Present:	Mrs Delyth Raynsford, Independent Member (Committee Chair) Ms Ann Murphy, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) (part) Mrs Sharon Daniel, Deputy Director Nursing, Quality & Patient Experience, deputising for Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience Mr Huw Thomas, Director of Finance (VC)
In Attendance:	Mrs Nicola Llewelyn, Head of Hywel Dda Health Charities Ms Carly Hill, Assistant Director Medical Directorate and Chair of Charitable Funds Sub-Committee Ms Rhian Davies, Assistant Director of Finance Mr Timothy John, Senior Finance Business Partner Mr Anthony Dean, Staff Side Representative Ms Kathryn Lambert, Arts in Health Coordinator (VC) (part) Mr Nick Davies, Service Delivery Manager Acute Paediatric and Neonatal Services (VC) (part) Ms Teleri Cudd, Advanced Cardiac Physiologist (VC) (part) Ms Rita Stuart, Service Delivery Manager (VC) (part) Ms Donna Blinston, Hepatology Advanced Nurse Practitioner (VC) (part) Ms Gina Beard, Lead Cancer Nurse (VC) (part) Ms Heather Lamont, CCLA Client Investment Director (VC) (part) Ms Karen Richardson, Corporate and Partnership Governance Officer (Secretariat)

Agenda Item	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
CFC(23)51	The Chair, Mrs Delyth Raynsford, welcomed all to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> • Mr Steve Moore, Chief Executive • Miss Maria Battle, HDdUHB Chair • Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience • Mr Iwan Thomas, Independent Member/ Committee Vice Chair • Mrs Joanne Wilson, Director of Corporate Governance / Board Secretary 	

CFC(23)52	DECLARATIONS OF INTEREST	
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	Mrs Sharon Daniel declared an interest in CFC(23)61, Expenditure Request: Arts in Health for Staff Wellbeing Activities.	
CFC(23)53	MINUTES OF THE PREVIOUS MEETING HELD ON 23 MAY 2023	
	RESOLVED - that the minutes of the Charitable Funds Committee meeting held on 23 May 2023 be APPROVED as an accurate record of proceedings.	
CFC(23)54	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 23 MAY 2023	
	<p>An update was provided on the Table of Actions from the meeting held on 23 May 2023, with confirmation received that all outstanding actions had been progressed.</p> <p>In terms of matters arising:</p> <ul style="list-style-type: none"> • CFC(23)31 Matters Arising and Table of Actions from the Meeting Held on 20 March 2023: Ratification of any Approvals Made Outside the Meeting Via Chair's Action – in response to the action to seek clarification on arrangements within other public sector organisations for schemes providing sanitary products for staff, a detailed response was received, which Mrs Raynsford requested be shared with CFC Members. From the evidence provided, Mrs Raynsford believed the Health Board is leading the way in Wales. Mrs Nicola Llewelyn added that as part of the wellbeing focus of the project, a request has been made that the evaluation report includes evidence of the impact on staff wellbeing. Due to delays with resources and procurement the pilot is yet to commence. Given the current financial position, Mr Huw Thomas suggested that there may be a revenue challenge to fund the project following the end of the pilot and suggested that the evaluation should also outline potential future funding options. Mrs Daniel suggested that funding may be available via the Period Proud Wales Action Plan with funding circa £12 million available during the next 5 years. Members proposed that Mrs Llewelyn establish the commencement date for the pilot and also discuss funding options for an organisational wide roll out, with the Assistant Director of Organisational Development (OD). 	<p>CSO</p> <p>NLI</p> <p>NLI</p>
CFC(23)55	RATIFICATION OF ANY APPROVALS MADE OUTSIDE THE MEETING VIA CHAIR'S ACTION	
	<p>Mrs Raynsford requested ratification of the following Chairs Actions:</p> <ul style="list-style-type: none"> • <i>the disestablishment of the Investment Advisor Sub-Committee</i> – following a discussion at CFC on 23 May 2023, and a subsequent further discussion with the Director of Corporate Governance/Board 	

	<p>Secretary, Chairs Action was taken to formally disestablish the Investment Advisor Sub-Committee and reported to Board on 27 July 2023.</p> <ul style="list-style-type: none"> • <i>charitable funding for a new cardiac ultrasound machine, Cardiology, Bronglais Hospital</i> – recognising that a number of departments have ageing clinical equipment, Mr Thomas requested the rationale for Chair’s Action approval. For clarification purposes, Mrs Llewelyn advised that the current ultrasound machine was damaged and consequently out of service, adversely affecting patient services; therefore, on this occasion warranted urgent Chair’s Action approval. For assurance, Mrs Raynsford confirmed that due process had been undertaken before approval was granted. Mrs Daniel commented that the option to loan equipment from other sites should be explored prior to future Chair’s Action requests of this nature. 	
	<p>The Committee RATIFIED the decisions taken under Chair’s Action.</p>	

CFC(23)56	RATIFICATION CHARITABLE FUNDS DECISIONS BY THE CIRPORATE TRUSTEE	
	<p><i>No decisions requiring ratification by the Corporate Trustee.</i></p>	

CFC(23)57	INTEGRATED HYWEL DDA HEALTH CHARITIES PERFORMANCE REPORT	
	<p>Members received the Integrated Hywel Dda Health Charities Performance Report, providing an update on the charity’s performance and position as at 31 July 2023.</p> <p>Mr Timothy John highlighted the following key financial performance considerations:</p> <ul style="list-style-type: none"> • The net incoming resources before transfers of the charity have increased by £76,858 for the period ending 31 July 2023. • £30,000 related to grant income, compared to £37,500 for the same period last year. • £5,056 related to income from other trading activities. This was the profit generated by the lottery for the period 1 March 2023 to 30 June 2023. • The charity’s overall income from donations, grants and legacies to 31 July 2023 has decreased by £317,079 in comparison to previous year’s income for the same period. The reason for this was the significant reduction in income received for the Bronglais Chemotherapy Appeal. • The closing value of investments held by the charity on 31 July 2023 was £8,160,806. The value of total funds at the same date was £12,079,445. • The balances of the charity bank accounts as at 31 July 2023 were: current account £5,070 and deposit account £5,750,533 	

Referring to the funds currently held in deposit and noting the advice received from the investment advisor on investment options, Mrs Ann Murphy expressed concern that returns are currently poor and enquired whether it is the right time to invest. Whilst acknowledging the concern, Mr Thomas advised holding deposits is a challenge at this point in time given the current high inflation and any investment portfolio will struggle to earn over and above inflation.

In response to a query from Mrs Raynsford relating to how the fundraising team is capitalising on support from the public, Mrs Llewelyn advised that the previous year realised the largest income since the charity was established in 2012. Referencing the 3-year rolling income graph, stating that 2021 was the first year that income reached £2m. Mrs Llewelyn added that public awareness has increased due to the charity now having a strong brand identity, resulting in more service users and families recognising the charity and wanting to fundraise. However, the average value of donations has decreased, therefore there may be a need to reconsider projections based on this. In terms of the fundraising team, one area of current focus is the staff lottery, and the Prince Philip Hospital gardens appeal to improve the outside space, whilst the original target was £100k, this may need to increase in order to realise the ambition of the site.

In response to a query from Mrs Daniel relating to cumulative funding for the Bronglais Chemotherapy Appeal, Mrs Llewelyn believed this was the case, although stated that income across Ceredigion is expected to reduce, due to the level of income received for the appeal. However, as a consequence, when comparing against previous years, other Health Board areas are on the increase.

Members were advised that in the majority of cases, fundraisers are motivated by thanking the Health Board and do not have specific requests in terms of what their donations are spent on for example equipment or staff training. Mrs Llewelyn confirmed that fundraisers understand the different funding parameters between the NHS and the charity.

Mrs Raynsford enquired whether the charity can be compared against similar lotteries in Wales. In response Mrs Llewelyn stated that it is challenging to compare due to different demographics and how schemes are administered. As our scheme is not run in-house and consequently the profits are smaller.

Mrs Anna Lewis joined the Committee meeting.

Mrs Murphy commented that until recently she was not aware that you did not need to be a member of staff to enter the lottery. Mrs Llewelyn stated that the majority of players are public not staff and whilst the team welcome the profit received to date, have been cautious with

internal advertising due to the cost-of-living crisis; however the long term intention is to increase marketing across the Health Board area, both internally and externally.

Ms Heather Lamont joined the Committee meeting.

Mr John advised that having discussed potential options for investing funds currently held in the charity's deposit account not immediately required with CCLA the following three options are being presented to the Committee for consideration:

- Ethical Investment Fund: funds usually invested for > 5 years
Target return inflation +5%
- COIF Charities Deposit Fund: funds usually invested < 3 years
Interest rate circa 5% AER in August 2023
- Fixed Interest Fund: funds usually invested 3-5 years Target
return Cash + 1.75%

For contextual purposes Mr John advised that the charity's extant deposit account with Barclays currently offers 2% interest rate and instant access.

Ms Heather Lamont commented that you would expect the highest total return over the longer-term when invested as opposed to the deposit account, which follows the variable Bank of England rates. The decision on where to transfer funds from the charity's deposit account will ultimately depend on whether any cash spend is required and the charity's balance of risk. However, CCLA's advice would be a split between the Ethical Investment Fund and COIF Charities Deposit Fund.

In response to a query from Mrs Llewelyn, Mr John confirmed that profiling for future commitments have been considered.

Mr Thomas believed that whatever the agreed approach, this needs to result in a point of principle to maximise our return on cash where there are no plans to invest at this point in time. For clarity, Ms Rhian Davies confirmed that there is an investment policy, however due to fluctuations in the stock market, and the increase in interest rates these accounts are providing better returns.

Ms Anna Lewis believed a blended solution should be considered, however accepted that it is difficult to predict the charity's expenditure for the next 5 years. Ms Lamont confirmed that none of the proposed funds have a lock in period, with short notice withdrawals available, although emphasised that the Ethical Investment Fund performance will fluctuate. Ms Lewis welcomed the clarification and commented that instant access could result in less discipline given the need to maximise return.

	<p>Recognising that regular discussions take place with the investment adviser, Mrs Raynsford believed this should provide a level of assurance to the Committee.</p> <p>In summary, Members agreed to the following:</p> <ul style="list-style-type: none"> • A transfer of the current balance on the Barclays Deposit Account to the COIF Charities Deposit Fund as soon as possible. • To assess expected significant future commitments and agree the amount to be transferred from the charity's deposit account into the Ethical Investment Fund. • To approve the proposed amounts via Chairs Action. • To include in the CFC Update Report to Board details of the agreed investment option for funds currently held in the charity's deposit account. <p>Mrs Llewelyn proposed including an Annual Review of the Deposit Account Balance on to the Committee's workplan.</p>	<p>RD</p> <p>RD/TJ</p> <p>DR/CSO</p> <p>CSO</p> <p>CSO</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTE the content of this report and RECEIVED ASSURANCE on the charity's performance. • DISCUSSED and AGREED the preferred investment option for funds currently held in the charity's deposit account. 	

<p>CFC(23)58</p>	<p>INVESTMENT ADVISOR PERFORMANCE UPDATE</p> <p>Members received the Investment Advisor Performance Update.</p> <p>Ms Lamont provided an update on the long-term investment portfolio and confirmed that the value of holdings as at 7 September 2023 were £8,240,681. Whilst the market has been volatile during the last 5 years, the worst of the losses are behind us. Due to high interest rates results in property are not as attractive as previously and this is not expected to change until interest rates fall. Members were reminded of the long-term investment objective which is to achieve growth over the long term of inflation plus 5% per annum before costs.</p> <p>In terms of the breakdown, the following was noted:</p> <ul style="list-style-type: none"> • The majority of the fund is invested in equities. • As a consequence of interest rates increasing, the fund now invests in bonds. • The team continually review market conditions and change investments when appropriate. • In terms of asset allocation, over 90 companies are invested in, with a focus on good profit companies with less borrowing; sectors including Information Technology and Healthcare are good examples of these. • Performance in 2022 was low due to rising interest rises. 	
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	<p>Whilst recognising the consequential impact from last year's mini budget, Mr Thomas enquired whether there is short term volatility to consider. In response Ms Lamont emphasised that volatility will always present, in terms of the short-term challenges, anticipating when the interest rate cycle will peak, as this will have an effect. Given that within the equities market a number of companies will struggle with the higher interest rates, this will need monitoring and consideration by CCLA.</p> <p>Mrs Llewelyn welcomed the update noting that investment income contributes to the Governance and Support Costs and would welcome an income forecast from CCLA to support these. Ms Lamont advised that this could be provided if required.</p> <p>In response to a query from Ms Lewis related to ethical investments, Mrs Llewelyn confirmed that a statement to this effect is included within the Hywel Dda Health Charities' Annual Report. Mr Thomas added whilst not actively promoting our approach, Committee papers are in the public domain, so publicly available.</p> <p><i>Ms Lamont left the Committee meeting.</i></p>	
	<p>The Committee NOTED the Investment Advisor Performance Update.</p>	

<p>CFC(23)60</p>	<p>APPORTIONMENTS OF GOVERNANCE & SUPPORT COSTS AND INVESTMENT INCOME & GAINS</p> <p>Ms Davies introduced the Apportionments of Governance & Support Costs and Investment Income & Gains report. Members were reminded of the agreement to review periodically how to manage any surplus funds in this central fund and the level of reserve required. In March and June 2018, the Committee received reports outlining the agreement that the charity's governance and support costs would be covered by the dividends and interest from investments and cash balances held by the charity and where this was insufficient, costs would be apportioned across funds on an equitable basis. Following an increase in support costs and market fluctuations, the value of investments has decreased, resulting in a deficit in the central fund. Given the recent losses, Members were asked to consider the following:</p> <ul style="list-style-type: none"> • To continue to maintain a central fund for the unrestricted funds. • To hold a surplus and maintain that surplus to a certain level. • To undertake a review the government's support of the cost <p>Mr Thomas recognised the need to generate income to support the Governance & Support Costs and accepted that this can only be generated from two streams; investment gains or fundraising income. Whilst recalling from previous experience that adding a levy on funds being raised to support these, had been adopted by another charity, he understood that this approach may inhibit fundraisers, therefore</p>	
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	<p>believed that focusing on investment returns should be the preferred option.</p> <p>Mrs Raynsford believed that from the public’s perspective, the Committee should be transparent on the breakdown of costs.</p> <p>For clarity, Mrs Llewelyn advised that a managed approach has been undertaken and that the charity’s team has grown in line with investment income and gains, however welcomed a review of the position in order to communicate how the apportionment is managed. Mr Thomas was in agreement to this approach.</p> <p>Ms Lewis suggested that the current approach may not be sustainable long-term, therefore a different strategy will need to be considered. Further suggesting a change to the report recommendations given that until the review is undertaken, a decision on a solution will not be possible.</p> <p>In summary, Members agreed to a review of the Governance & Support Costs as well as apportionment methodology and that the review should include support from the Board Secretary and also how other NHS Charities across Wales and the UK cover their support and governance costs. Mr Thomas confirmed that any proposed changes would not take effect until 1 April 2024, therefore it was agreed that the findings would be presented to the CFC meeting on 12 March 2024.</p>	<p>CSO</p> <p>RD/TJ /NLI</p>
	<p>The Committee DISCUSSED and AGREED that Governance and support costs and the apportionment methodology require review and that until the review has been completed NO DECISION can be reached in relation to whether:</p> <ul style="list-style-type: none"> • A central fund should be maintained for the unrestricted funds noting the protection now being seen against additional costs and investments losses; and • A set amount e.g. 5% of investments should be retained to cover potential future losses (dependent on when conditions arise that enable balance surpluses to be transferred) with the remainder redistributed to unrestricted funds at year end. 	
<p>CFC(23)61</p>	<p>EXPENDITURE REQUEST: ARTS IN HEALTH FOR STAFF WELLBEING ACTIVITIES</p> <p><i>Ms Kathryn Lambert joined the Committee meeting.</i></p> <p>Members received an Expenditure Request: Arts in Health for Staff Wellbeing Activities, requesting funding to extend and continue activities for the next 2 years following the success of the previous 2 years. Mrs Kathryn Lambert advised that the evaluations have evidenced a positive impact on staff and patient care, including staff retention.</p>	

	<p>Mrs Daniel advised that to date the project has reached 1,500 staff and given the significant staff involvement suggested an update on the staff benefit be presented to the People, Organisational Development and Culture Committee (PODCC).</p> <p>Ms Lewis enquired whether there could be an option for these activities to be available as mainstream for staff, noting that the evaluation and outcome measures could support a business case. Ms Lambert would welcome this, stating that the vision is to improve staff wellbeing which should result in improved patient care. Recognising that evaluations during the next few years will be important, an Arts & Research Group has been established to connect the evidence being collated.</p> <p>Whilst supporting in principle for this support to be mainstreamed, Mr Thomas cited the current financial challenges may prohibit this approach. Mr Thomas further advised that a business case may not be a viable option at present. Within the online chat adding that there may be an opportunity for some academic study to demonstrate the impact and the link with staff retention, in order to translate to a cultural change.</p> <p>Mr Thomas further suggested a proactive approach utilising staff surveys and targeting specific directorates. In response, Ms Lambert advised that these are being considered in the long term, alongside the Arts in Health Charter. In terms of front-line staff and under pressure teams, the arts team is working with colleagues in the Staff Psychological and Well-Being Service to review feedback from staff following COVID-19 and are committed to providing a number of options.</p> <p>For clarity, Ms Llewelyn confirmed that the application complies with the charitable fund eligibility criteria stating that the report provides evidence of patient benefit by supporting the wellbeing of staff.</p> <p>Mrs Raynsford welcomed the clarification and requested that community and primary care staff have access to activities relating to the Arts in Health programmes.</p> <p><i>Ms Gina Beard joined the Committee meeting.</i></p> <p><i>Ms Rita Stuart left the Committee meeting.</i></p>	<p>KL</p> <p>KL</p>
	<p>The Committee NOTED the Creative Activities for Staff Wellbeing Plans and APPROVED an application for £35,000 of charitable funding to support the cost of the provision.</p>	
<p>CFC(23)62</p>	<p>EXPENDITURE REQUEST: CANCER SERVICES HAIR LOSS SUPPORT</p>	

Members received an Expenditure Request: Cancer Services hair loss support.

Ms Gina Beard outlined the proposal for Hywel Dda University Health Board (the Health Board) to be the first Health Board in Wales to improve the patient experience of cancer treatment related hair loss. For any patient who experiences hair loss staff provide advice and funding of £90 to purchase a wig, however the advice currently provided by nurses is limited. The team believed that improved support should be available and were made aware of a charity working with NHS England, Caring Hair, who were providing this support. The pilot in Pembrokeshire from May to September 2023 was delivered by the Cancer Hair Care service under the umbrella of the registered charity Caring Hair and provided positive results, therefore building on its success, the aim is to extend support across the whole of the Health Board.

Ms Daniel requested the cost per patient to extend the service and noting that the funding request is for 2 years, enquired to the plans for longer term sustainability. Ms Beard advised that during the pilot the cost was £32 per patient, however if approval is granted to extend the service, this will reduce to £24. Recognising that the initiative is above and beyond what the NHS is funded to provide, the team will review any learning during the period, in addition to developing a fundraising strategy for cancer services across the Health Board to ensure that the service can continue to be funded following the initial period from our charitable donations.

In response to a query from Ms Lewis regarding working with a local hairdressing chain, Ms Beard advised that whilst welcoming this approach, the team are working with the Hywel Dda Procurement team to progress the formal working arrangements associated with the project.

Mr Thomas believed that this initiative aligns with the charity's charitable objectives and requested confirmation that the hairdressers are providing advice that is sensitive and appropriate. Furthermore, Mr Thomas also enquired whether the team required support in terms of patient-reported outcome measures (PROMS) and patient-reported experience measures (PREMS) in order to ensure that robust evidence is available. In response, Ms Beard confirmed that Caring Hair has safeguarding policies in place and that the hairdressers would be employed by the charity, following full DBS checks. In response to the query relating to PROMS / PREMS, there is significant positive feedback from the pilot which could be shared wider.

Mrs Raynsford expressed gratitude for the compassion of the team and believed that the public would welcome this approach, recognising that male patients are impacted by hair loss and hair thinning and believed this cohort should be included.

	<p><i>Ms Gina Beard and Ms Kathryn Lambert left the Committee meeting.</i></p> <p><i>Ms Donna Blinston joined the Committee meeting.</i></p>	
	<p>The Committee APPROVED £165,000 of cancer services charitable funds to provide a local expert, person centred, holistic hair loss service for patients.</p>	

<p>CFC(23)63</p>	<p>EXPENDITURE REQUEST: BRONGLAIS GENERAL HOSPITAL FIBROSCAN ULTRASOUND</p>	
	<p>Members received an Expenditure Request: Bronglais General Hospital Fibroscan Ultrasound.</p> <p>Mrs Donna Blinston outlined the request for charitable funding to support the purchase of a FibroScan® Mini+ 430 – Echosens machine for patients in the Ceredigion catchment area. Ms Blinston advised that a Fibroscan is a non-evasive assessment that measures the stiffness of the liver and works out the severity of liver disease and explained the guidelines relating to screening and pathways for all liver conditions. Fibroscans can be undertaken in community settings, with the machine measuring the liver pressure, to determine the extent of liver damage. The result of the scan is a visual aid and is a key tool for health promotion work by the team, who can provide repeat scans if required. A sliding colour code chart is used where green indicates no liver disease, and red to purple high liver disease and is supported by the CAP score (percentage of fat in liver). The new scans give a percentage score, as a normal ultrasound scan is not sensitive enough to pick up these. Post COVID-19, the team expect a rise in liver disease due to a number of factors, namely, increased alcohol consumption, less exercise and changes to eating habits. Following the outcome of the scans, the team develop a management plan and patients are transferred back to their GP for monitoring.</p> <p>In response to a query from Mrs Raynsford, Ms Blinston advised that without the scan it would be difficult to determine whether an individual had liver disease. In terms of numbers, since 2020, 824 fibroscans have been undertaken, with more referrals to the service year on year, for patients with abnormal liver function tests. If we can interject early, diagnose any fibrosis or steatosis in the liver, health education can be provided, in addition to a patient orientated holistic plan to reverse the disease. The team are working with GPs to follow up patients, in order to improve outcomes and reduce impact on services in order to prevent early deaths.</p> <p>Mrs Daniel accepted that a purchase of this nature would normally be funded by capital, however in terms of not replacing the scanner, enquired whether there is an equality impact to patients, or could they be referred to Glangwili Hospital or other acute sites. Ms Blinston advised that until recently there was no consultant in Withybush</p>	

	<p>Hospital and believed patients should have the opportunity to receive healthcare in a rural community setting closer to home.</p> <p>Whilst recognising the need to replace the equipment, Ms Lewis requested clarification on the charitable fund eligibility criteria. Mr Thomas advised that the Heath Board currently has a number of medical equipment that requires replacement, with a lack of capital funding to provide this. However, added that from a legal perspective there is a clear patient benefit.</p> <p>For assurance, Ms Llewelyn confirmed that the request does meet the key considerations for charitable expenditure with significant patient benefit demonstrated however the Committee should be satisfied that the funding would provide more benefit to patients rather than the Health Board.</p> <p>On this basis, Ms Lewis and Mrs Raynsford expressed their support, however believed that future Committee meetings may have challenging discussions when receiving requests of this nature.</p> <p><i>Ms Donna Blinston left the Committee meeting.</i></p> <p><i>Mr Nick Davies and Ms Teleri Cudd joined the Committee meeting.</i></p>	
	<p>The Committee CONSIDERED and APPROVED an application for £81,690 of charitable funding from the T330 Bronglais General Hospital Fund to support the purchase of a FibroScan® Mini+ 430 – Echosens machine for patients in the Ceredigion catchment area.</p>	
<p>CFC(23)64</p>	<p>EVALUATION REPORT: CARDIOLOGY EQUIPMENT, PAEDIATRICS, WITHYBUSH GENERAL HOSPITAL (WGH)</p> <p>Mr Nick Davies presented the Evaluation Report: Cardiology Equipment, Paediatrics, WGH advising that since procuring the equipment 161 children and young people have been reviewed at WGH. There is a direct impact of the equipment on our patient groups, with the new equipment integral to minimising delays and diagnostics, and better access to pathways, with the ability to transfer live images to colleagues in Bristol Royal Hospital for Children.</p> <p><i>Ms Anna Lewis left the Committee meeting.</i></p> <p>In response to a query from Mrs Raynsford, Mr Davies confirmed that the equipment is used from new-born up to 16 years old. Further included within the Paediatrics Consultation which ended on 24 August 2023 is the potential to increase collaboration with tertiary care colleagues and increase capacity, given that the number of child cardiac patients is not expected to increase.</p>	

	The Committee NOTED the Evaluation Report: Cardiology Equipment, Paediatrics, Withybush Hospital (WGH).	
CFC(23)65	EVALUATION REPORT: ECHOCARDIOGRAPHY MACHINES, CARDIO-RESPIRATORY DEPARTMENT, WGH	
	<p>Ms Teleri Cudd introduced the Evaluation Report: Echocardiography Machines, Cardio-respiratory Department, WGH, outlining the positive impact following the purchase of the equipment. The purchases allow sonographers in the department to undertake advanced echocardiographic echocardiograms with uncompromised image quality, state-of-the-art measurements in 2D for a wide range of patients. The equipment enables examinations ranging from routine to complex enabling information with high contrast resolution, which is particularly important for specialised clinics, which require sharp images for accurate diagnosis to reduce further testing and confirm conditions. Further benefits are that the new equipment complies with British Society of Echocardiography (BSE) guidelines and as it is portable, we have been able to increase inpatient echo capacity within WGH. Finally, the measuring tools support research studies, which would not been possible without the new machines.</p> <p>In response to a query relating to patient feedback and increasing outpatient appointments, Ms Cudd confirmed this is collected. In terms of outpatient appointments, due to staffing challenges and room availability, this has been delayed. Referring to room availability, Mrs Daniel agreed to establish whether Tenby Cottage Hospital could be utilised as a venue for echocardiograms clinics.</p>	SD
	The Committee NOTED the Evaluation Report: Echocardiography Machines, Cardio-respiratory Department, WGH.	
CFC(23)66	EXPENDITURE REQUEST: SIMULATION BASED EDUCATION EQUIPMENT NEEDS	
	Deferred to November 2023 CFC meeting.	
CFC(23)67	UPDATE ON EXPENDITURE: STAFF WELFARE AND WELLBEING - REST AREAS	
	Deferred to November 2023 CFC meeting.	
CFC(23)68	CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT	
	Members received the Charitable Funds Sub-Committee (CFSC) Update Report, providing a summary of the Sub-Committee's activity between 3 May and 5 September 2023.	

	<p>Ms Carly Hill advised that the Sub-Committee received 7 requests for approval including:</p> <ul style="list-style-type: none"> • 2 expenditure requests over £10,000 and under £50,000 • 2 higher award requests for the 2023/24 academic • 2 requests for unusual or novel expenditure • 1 request approved via Chair's Action. <p>In response to a query from Ms Daniel related to the higher awards, Ms Llewelyn advised that the request was considered as it could not be supported from a central higher awards budget as the budget was significantly oversubscribed. For assurance, Ms Llewelyn informed that discussions have taken place with the Learning and Development Team in terms of the appropriateness of funding and eligibility for requests that demonstrated significant patient benefit. Following a discussion on the process relating to funding of higher awards, Members proposed that Ms Llewelyn contact Ms Amanda Glanville (Assistant Director of People Development) and advise that once the process relating to approval of higher award funding is finalised, it should be presented to the PODCC.</p> <p>In response to a query relating to funding for maintenance contracts for Paxman Scalp Cooling Systems, Ms Llewelyn confirmed that the first request related to a new maintenance contract. Whilst the second request is to standardise the timing and the length of all existing maintenance contracts across all four acute sites.</p>	NLI
	<p>The Committee NOTED the content of this Report in respect of the Charitable Funds Sub-Committee's provision of assurance.</p>	

CFC(23)69	<p>CHARITABLE FUNDS COMMITTEE RISK REGISTER</p> <p>No report for presentation as there is currently no risks in the domain of Charitable Funds.</p>	
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CFC(23)70	<p>HYDROTHERAPY POOL: JC WILLIAMS (ELIZABETH WILLIAMS ENDOWMENT) TRUST FUND UPDATE</p> <p>Members received a verbal update on the Hydrotherapy Pool: JC Williams (Elizabeth Williams Endowment) Trust Fund.</p> <p>Ms Davies confirmed that the funding has been received, advising that the team are now working with legal colleagues in terms of the governance arrangements for a Memorandum of Understanding. Further information will be available following a meeting scheduled for tomorrow (27.09.23). As a reminder the Hydrotherapy Pool is part of Pentre Awel development in Llanelli, advising that a bid for integration and capital funding is due for submission in the Autumn.</p> <p>In response to a query from Ms Llewelyn on the additional annual disbursement relating to the second element of the Trust Fund, Ms Davies advised that PNC Bank have confirmed the existence of a</p>	
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	second fund, and that this account cannot be closed, however the charity will receive income annually going forward. For clarity, Ms Llewelyn confirmed that any income received will be held in PPH General Fund.	
	The Committee RECEIVED ASSURANCE from the verbal update on the Hydrotherapy Pool: JC Williams (Elizabeth Williams Endowment) Trust Fund.	
CFC(23)71	CHARITABLE FUNDS COMMITTEE ANNUAL WORK PROGRAMME 2023/24	
	Members received the Charitable Funds Committee Work Programme 2023/24 for information.	
	The Committee NOTED the Charitable Funds Committee Work Programme for 2023/24.	
CFC(23)72	CFC ANNUAL REPORT TO BOARD (FINAL)	
	Members received the Charitable Funds Committee Annual Report to Board for information.	
	The Committee NOTED the Charitable Funds Committee Annual Report to Board.	
CFC(23)73	DRAFT ANNUAL ACCOUNTS (2022/23)	
	Mrs Davies advised that Audit Wales will not be in a position to audit the Charitable Funds Annual Accounts until December 2023. Once received by the Health Board an extraordinary CFC meeting will be required to approve the accounts.	CSO
CFC(23)74	MATTERS AND RISKS FOR ESCALATION TO THE BOARD	
	Mrs Daniel provided a reflective summary of the meeting, highlighting the following risk for Escalation to Board: <ul style="list-style-type: none"> • Details of the agreed investment option for funds currently held in the charity's deposit account. 	
CFC(23)75	ANY OTHER BUSINESS	
	No other business was raised.	
CFC(23)76	DATE AND TIME OF NEXT MEETING	
	28 November 2023; 09.30-12.30	