

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

Date of Meeting: **09:30, Monday 08 December 2025**

Venue: **Microsoft Teams (Virtual meeting)**

Present: Iwan Thomas, Independent Member, Committee Chair
Sarah Harraway, Independent Member, Committee Vice-Chair
Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
Ann Murphy, Independent Member
Huw Thomas, Executive Director of Finance

In Attendance: Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs
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
Tim John, Head of Accounting & Statutory Reporting
Antonia Cavalier, CCLA Client Investment Director (part)
Bry Phillips, Senior Nurse Manager Oncology (part)
Kathryn Lambert, Head of Arts and Health (part)
Eldeg Rosser, Head of Capital Planning (part)
Anwen Pearce, Capital Programme Manager Planning (part)
Donna Blinston, Advanced Nurse Practitioner Hepatology (part)
Jessica Showler-Coulson, Head of Nursing Ceredigion System (part)
Tracy Davies, Deputy Head of Financial Accounting (part)
Christine Roberts, Assistant Head of Financial Accounting (part)
Clare Strudwick, Committee Services Officer

Minutes Ref.	Item	Action
CFC(25)139	Welcome and Apologies Mr Iwan Thomas welcomed everyone to the meeting. Apologies had been received from: Rhodri Evans , Independent Member	
CFC(25)140	Declarations of Interest Decision: There were no declarations of interest.	
CFC(25)141	Minutes from the Charitable Funds Committee Meeting held on 16 September 2025 The minutes of the Charitable Funds Committee (CFC) meeting held on 16 September 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 16 September 2025 were accepted as an accurate record of the meeting.

CFC(25)142 **Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 16 September 2025**

The Table of Actions arising from the CFC meeting on the 16 September 2025 was reviewed, with an update provided on the two outstanding actions as follows:

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

Mr Iwan Thomas confirmed that a full update to this outstanding action, including an additional verbal update, would be provided to Committee under agenda item 5.2.

CFC(25)135: Interactive Singing and Movement Sessions for Older Adult Mental Health & Adult Frailty Inpatient Wards

Mrs Nicola Llewelyn confirmed a meeting had taken place on 25 November 2025 with Tritech and that work was progressing.

Decision: The Table of Actions arising from the CFC meeting on the 16 September 2025 was reviewed.

CFC(25)143 **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)144 **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 remained at 12 despite controls being in place. Mrs Daniel was pleased to report a further upturn in income to 11% for the period to date, compared to the 5.9% increase reported at the 16 September 2025 CFC meeting, however, the risk remained high due to the unpredictable nature of charitable income.

Mr Iwan Thomas thanked Mrs Daniel for the clear and concise report.

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)145 **CFC Self-Assessment Six Month Update Report**

Mrs Sian-Marie James presented the CFC Self-Assessment Six Month Update Report. No questions were received.

Decision:

The Charitable Funds Committee **RECEIVE ASSURANCE** from the progress made against the actions being undertaken to improve its effectiveness.

CFC(25)146 **Integrated Hywel Dda Health Charities Performance Report**

Mr Tim John presented the Integrated Charities Performance Report to 30 September 2025. There had been a 11% increase in income from donations, legacies and grant funding compared to the same period in the previous financial year. Mr John further drew attention to the enhanced benchmark performance, with income generated per £1 of fundraising expenditure rising to £5.27, in comparison to £2.68 for the same period in the previous year. Expenditure remained consistent in the period to 30 September 2025, and Mr John emphasised the strong desire for this trend to continue so that as much charitable funds as possible can be directed towards impactful causes.

Mr Huw Thomas commented he was particularly pleased with the improvements shown in the benchmarking income position.

In reply to an enquiry from Mrs Sharon Daniel regarding the significant legacy increases during the period, Mrs Nicola Llewelyn reported that historically legacies had been managed within the Finance Team. However, now there was a proactive process of managing historic legacies in conjunction with support from Mrs James and her team as well as working closely with local solicitors. This was resulting in an effective system of moving historic legacies through to completion, funds included in the performance report this period represented cases which had been discussed at IC-CFC and had now progressed to a position whereby monies had been realised.

Mr Iwan Thomas commented with regards to the disparity in donations between counties, represented on slide three of Annex 1, and queried whether, given the strong support demonstrated for Withybush Hospital (WGH), whether additional support could be made to encourage legacy giving within Pembrokeshire.

Mrs Llewelyn confirmed whilst Pembrokeshire was historically the lowest county for donations, there was however strong local support for Ward 10 and areas such as Stroke and Frailty. It remained to be seen what the impact of the Clinical Services Plan (CSP) and key messages surrounding WGH would have on this variation in giving going forward.

In response to a query from Mrs Daniel, Mrs Llewelyn clarified that the 2000% increase in grant funding, was mainly as the result of a final payment of a grant awarded from NHS Charities Together in 2021-2022 for the Bronglais Hospital Independent Domestic Violence Advocate project. There had, however, been ongoing success with smaller grants and the development of new funding streams during the period,

including the submission of funding applications in conjunction with the Arts in Health Team.

In reply to a query from Mrs Sarah Haraway regarding the categorisation of funds being brought more in line with Board objectives rather than by geography, Mrs Llewelyn outlined that two initiatives are in progress to look at categorisation. Firstly, work is ongoing with Clinical Care Groups (CCG's) who will be asked to prepare expenditure plans for the March 2026 CFC meeting. Secondly the new online application forms, once implemented, will result in a simpler expenditure reporting system and therefore greater understanding of categorisation. This will enable the collection of more data and provide greater clarity on where to focus efforts to achieve more equitable and appropriate expenditure.

NL/
CCG's

Mrs Llewelyn, acknowledging that there had been a delay in the implementation of the online application, reported that a meeting had taken place last week with the lead software developer and that dedicated time had now been allocated to the project, which would ensure launch before the end of the financial year.

Mrs Llewelyn reported that CFC March 2026 will see an agenda item regarding a review of the charity's financial procedure and a revised scheme of delegation to ensure alignment with CCGs. Mr John Evans and the CFC Sub-Committee (CFSC) are currently engaging with CCGs and Clinical Leaders to ensure that HDdHC funds are in the forefront of planning, especially with regards to patient experience and staff welfare.

In response to Mrs Ann Murphy, Mrs Llewelyn advised that there were plans in place to provide further training and guidance to CCGs, to ensure consistency in applications for HDdHC funding. Mrs Llewelyn outlined that there is already significant support and internet guidance provided, however in light of the differing standards of applications received for the general fund, it was clear that more support was required.

Mrs Daniel emphasised there was a need for training and further guidance to ensure the application process is more equitable and did not rely on the ability to complete a form.

Mr Iwan Thomas noted that some external charities produce short 60 second videos explaining how to apply for funding and the evidence required and he offered to support HDdHC by signposting them to these resources.

Mr Iwan Thomas thanked the entire team for their huge amount of hard work in preparing the reports.

Decision:

The Charitable Funds Committee **DISCUSSED** the content of Hywel Dda Health Charities Integrated Performance Report on the charity's performance.

Mr John presented the draft annual accounts and supporting papers, emphasising that it had been hoped to present the final annual accounts to CFC. Unfortunately, due to a delay in receiving an external report regarding the administration of investments, Audit Wales had not concluded their audit of the draft accounts.

Mr John clarified that a delay had been encountered due to Audit Wales requesting a Type 2 report from CCLA.

Mr Iwan Thomas thanked the team for the hard work and dedication regarding the Rationalisation of Funds, whereby the number of funds had been reduced by 45, enabling the closure of funds containing £2.5 million.

In reply to Mrs Daniel's inquiry, Mr John clarified that the final accounts could be approved by the Corporate Trustee and were not required to return to CFC for approval. Acknowledging that the timeline appeared tight, Mr John provided assurance to the Committee that there was sufficient time for the external report to be returned from CCLA, for Corporate Trustee approval to take place and the submission of accounts to the Charities Commission on the 31 January 2026.

Decision:

The Charitable Funds Committee **PROVIDED SCRUTINY** and **RECEIVED ASSURANCE** by the draft annual accounts subject to the receipt of CCLAs independent assurance report.

CFC(25)148 HDdHC Investment Advisor Update - External CCLA

Ms Antonia Cavalier joined the meeting.

Ms Antonia Cavalier provided an update regarding the Jupiter Fund Management plc takeover of CCLA, which subject to FCA (Financial Conduct Authority) approval, should be signed by 1 February 2026.

Ms Cavalier advised that a public webinar featuring the CEO's of Jupiter plc and CCLA was available to view should that be of interest to Committee members. Ms Cavalier reassured members that all points of contact at CCLA for HDdHC will remain the same.

Ms Cavalier reported there was an expectation for greater income to be generated from the Ethical Fund next year, however the final level was yet to be approved internally within CCLA. The interest rate from the Deposit Fund was very much dependent on the Bank of England rate.

Apologising for disappointing performance returns of (1.9%) over the last 12 months Ms Cavalier explained that the surge in global equities had been concentrated within a narrow segment of AI and technology with other sectors had been disproportionately affected. Despite some difference to the market conditions to the 1990's, Ms Cavalier reported the current patterns suggested the market was operating in bubble territory and was being driven largely by momentum.

Ms Cavalier outlined CCLA's approach, to diversify through quality companies with strong balance sheets, little to no debt and strong measures of profitability and cash flow, had provided long-term

successes however this approach had underperformed in the last 18 months. Giving the example of health care, and specifically diagnostics, Ms Cavalier outlined how the sectors of the market CCLA traditionally favours has not been performing well in the current market environment, particularly with the impact of President Trump's policy on worldwide drugs pricing.

Ms Cavalier reassured Mr Huw Thomas that CCLA remained confident to achieve target return for the fund of inflation plus 4% over the longer term. Furthermore, Ms Cavalier saw no reason for Jupiter ownership to dilute CCLA's mission led investment approach and foresaw CCLA would retain autonomy on investment decisions.

Mr John reported that work was ongoing with Ms Cavalier to design and hold a workshop for committee members regarding HDdHC investment.

In response to a query from Mr Huw Thomas. Ms Cavalier reported that it was unusual to receive a request for a Type 2 report, as opposed to a Type 1 report from Audit Wales.

Mr Huw Thomas agreed to establish the reason why Hywel Dda University Health Board (HDdUHB) has been requested to provide a Type 2 report to Audit Wales

HT

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

Ms Antonia Cavalier left the meeting.

Ms Tracy Davies left the meeting.

CFC(25)149 **Active Investor Statement Scheme, CCLA**

Mr John reported that he and Ms Tracy Davies had met with the CCLA Deputy Head of Sustainability to explore CCLA's stewardship work in respect of mental health, with a view to the possibility of HDdUHB becoming a member of CCLA's Investor Coalition scheme.

Mr John reported CCLA has developed a benchmarking framework that ranks companies based on the measures they have in place to protect mental health at work and create conditions that enable staff to thrive. The Investor Coalition scheme runs alongside the benchmarking project and is a collection of 56 signatories representing an aggregate of circa \$10 trillion of asset under management. Following the publication of benchmarking data, CCLA issues correspondence to the Chief Executive Officer (CEO) of benchmarked companies, setting out the expectations of investors and providing bespoke recommendations designed to move the company forward with regards to protecting mental health at work. This correspondence is co-signed by members of the Investor Coalition, and Mr John drew the Committee's attention to appendix 2, which contains an example letter included within the meeting papers.

Mr John reported that published findings detail the estimated cost of mental ill-health at work to employers as much as £1,800 per employee.

Should CFC decide to join the Investor Coalition scheme there would be no costs and no additional work entailed.

Mr Huw Thomas expressed his support of this proposal, provided the areas HDdUHB are active in are restricted to and relevant to the work of the Health Board and did not range into wider more politically motivated sectors. From a governance perspective following approval at CFC the recommendation for approval would need to be presented to the Corporate Trustee for ratification.

Ms Daniel expressed concern regarding approving such a matter in isolation at CFC without prior consultation with the People Organisational Development and Culture Committee (PODCC) and agreed to seek confirmation with the PODCC Chair that they were content with the CFC's recommendation to approve membership of CCLA's Investor Coalition scheme.

**SD/
TJ**

Mrs Sian-Marie James concurred this was the best approach from a Corporate Governance perspective.

Decision:

Subject to consultation with the PODCC Chair, the Committee **APPROVED** Membership of CCLA's Investor Coalition for onward ratification by the Corporate Trustee.

CFC(25)150 **Consideration of funding requests from the charity's Making a Difference Fund**

Mrs Llewelyn reported this was the first instance that applications for funding had been opened for the general fund in this manner and acknowledged there had been considerable learning, particularly with regards to the varying quality of the applications received.

Mrs Llewelyn detailed that a scoring process approved by the CFSC had been applied to the eligible applications received and that 12 applications were considered to have met that benchmark for CFC consideration.

Mr John Evans believed it was the appropriate approach for the CFSC to lead this consideration process and supported Mrs Llewelyn's view regarding the significant learning gained. He added, however, the caveat that while these bids may not represent the most impactful use of funds, they had nonetheless met the required criteria and demonstrated alignment to the charity's objectives and improvements to the patient experience. The 12 bids presented in the papers were for consideration by the CFC to decide if they would like to award the funding requested.

Mr Huw Thomas was supportive of the robust process that had been employed. However, with regards to the application concerning high-fidelity simulation training manikins, Mr Huw Thomas emphasised there was often an underspend on clinical education revenue funding and this might be a more applicable source of funding than the general fund.

Mr Huw Thomas made a further observation, while recognising the importance of Arts in Health, he inquired whether funding should first address more fundamental needs within the Emergency Departments such as inadequate seating, an issue that had recently been raised with him by patients.

Mr John Evans acknowledged the Service Increment For Teaching (SIFT) budget was often underspent, noting that funding was usually intended for undergraduate medic purposes, he would however take that conversation forward. **JE**

Mrs Llewelyn clarified that a significant contribution had been made across all four HDdUHB sites recently as part of the Urgent and Emergency Care (UEC) work, including patient seating and other environmental improvements, and this work had been supported by local, departmental and site-specific funds. The application received for art work was something the sites believed was an enhancement above what their own funds could provide.

Mrs Llewelyn confirmed that the artwork UEC application had been supported by the Environmental Oversight Group.

Mrs Harraway expressed concern that the 12 applications for consideration might not necessarily represent the most impactful spends, with more impactful bids potentially being lost in the scoring system or filtered out as a result of poor applications.

Regarding the bids that should have applied to their own specific funds, Mrs Harraway inquired whether those 14 bids had been encouraged to re-apply and whether they had done so. Mrs Harraway reflected on the need for the smaller low level of funding application form to include a question on the impact of funding.

Mrs Llewelyn reported that of the 14 CCG funding bids received, all has been encouraged to re-apply to their own service specific funds and all but two had re-applied. With regards to the smaller lower-level funds, HDdHC were working with Trittech as part of the evaluation framework to strengthen impact reporting and looking at how to introduce logic models to those smaller applications. Mrs Llewelyn reflected that Mr Evans' comment regarding impact, most likely centred around receiving poor quality applications, that with more work and better articulation could present a highly impactful project, targeted guidance and greater support would be provided to those bids in future application rounds.

Mrs Ann Murphy expressed concern regarding alignment with the planning cycle and the exit strategy for the Parkinson's Co-ordinator application, and Mr James Severs agreed with the caution expressed regarding the proposed role.

Mr Severs emphasised the importance of ensuring maintenance and service contracts are in place for all equipment-related bids. Furthermore, whilst expressing his support for the professional education agenda and noting the significant impact of simulation

training within HDdUHB, Mr Severs raised concern that staff are still failing to attend mandatory resuscitation training and that the CFC should remain mindful of this issue.

Mrs Daniel reflected that Mrs Harraway's comments regarding the amount of funds HDdHC were holding had prompted this move to a different way of working regarding the general fund, and that significant learning had been made as part of the process. With phase two about to commence Mrs Daniel took the opportunity to thank Mrs Llewelyn, Mr Evans, the CCGs and their teams for all their hard work and emphasised that there would be a continuous refining and innovating of the process moving forward.

Mr Huw Thomas emphasised that several points raised in discussions were organisational matters for HDdUHB rather than issues for the CFC to resolve, noting in particular that it is not the CFC's role to fund staffing posts.

With regards to staff not undertaking mandatory training, yet seeking to invest in simulation training mannequins, Mr Huw Thomas reflected that there was a need for Mr Severs, Mrs Daniel and he to report this concern to the Executive Team. With regards to ongoing maintenance funding Mr Huw Thomas inquired as to whether there was a need to incorporate this into future principles of applications.

HT/JS/SD

Mr Iwan Thomas agreed that the CFC was responsible to provide enhancement through charitable funds, however there was an expectation for the organisation to meet the statutory requirements in order to maximise the value of HDdHC's contributions.

Mrs Llewelyn clarified to Mrs Harraway that an overspend of the ring-fenced amount for this round of applications would reduce the amount of funding available in the next round of general fund applications. Mrs Harraway expressed concern that approving all 12 applications in this first round might result in an inability to fund an excellent bid in the next round of applications.

Mrs Llewelyn clarified that all the bids received today were either unable to be fully funded by their service or the service had no access to charitable funds of their own, however there may be an element of match funding which could be explored surrounding these bids with regards to reducing the contribution from the general fund.

NL

Mr Huw Thomas agreed with this proposed approach regarding the exploration of match funding.

Mr Huw Thomas emphasised that a process had been followed, and learning had been made for the next round of funding applications e.g. that no staffing requests could be supported by charitable funds. Mr Huw Thomas stated that more robustness was required regarding the impact of funding, with the utilisation of Patient Reported Outcome Measures (PROMS) and Patient Reported Outcome Measures (PREMS) or another approach which should be codified into the process. Mr Huw Thomas suggested that perhaps advance

discussions at the Executive Team might have been beneficial, particularly with this regard.

Mr Huw Thomas also stated that tax efficiencies surrounding VAT recovery on certain medical devices and digital equipment should be considered as part of the process going forward.

Mrs Harraway expressed her concern with a blanket approval on all 12 applications and agreed with previous members that there should be a deferral of the Parkinson's Co-ordinator application due to recruitment and retention issues. Mrs Harraway expressed concern regarding the significantly higher value of application for funding for the simulation training mannequins and believed that the benefit of their impact could prove to be relatively narrow. On consideration Mrs Harraway reflected, if those two applications were deferred this would result in the full amount of funding being available for round two of applications in spring 2026.

Mr Huw Thomas suggested that Value Based Health Care funding may be available to support the Parkinsons Co-ordination role and Mrs Daniel agreed to feedback regarding the application for funding and to ensure this gets picked up through Value Based Health Care. **SD**

Mr Iwan Thomas summarised the CFC's findings as a decision to approve 10 of the 12 applications for progression. With a deferral on CF03360 (Appendix 6) Clinical Workforce and Organisation development Training Manikins to the value of £123,697.30 and CF03380 Parkinsons Co-ordinator (Appendix 7) to the value of £46,032.00.

Decision: The Charitable Funds Committee:

- **CONSIDERED** the 12 shortlisted funding applications, totalling £540,074.60, received for the HDdHC Making a Difference fund and **APPROVED** 10 of the 12 shortlisted funding applications to the total value of £370,345.30.
- **RECOMMENDED FOR BOARD APPROVAL**, in its capacity as Corporate Trustee, any individual funding requests over £100,000.
- **APPROVED** that the next funding round takes place between January and April 2026.
- **CONSIDERED** the value of funding that should be ring-fenced for the next funding round.
- **CONSIDERED** the value of funding that should retained in the Making a Difference fund to meet any new or emerging needs.

CFC(25)151 **BGH Fibroscanner Charitable Funds Request**

Ms Donna Blinston and Ms Jessica Showler-Coulson joined the meeting.

Mrs Llewelyn reported the request presented was to support the purchase of an additional Fibroscan machine for Bronglais Hospital (BGH) in Ceredigion, to the value of £98,235.00.

Ms Jessica Showler-Coulson provided context that the application was to ensure an upstream way of working, bringing care closer to

the community with a view to ensuring a more preventative approach and that Ms Blinston's work had now been recognised nationally.

Ms Blinston presented the request for an additional Fibroscan machine emphasising the request was to enable a greater number of screenings could be undertaken in the community. Giving the example of a recent health promotion conducted, Ms Blinston reported, of the 900 individuals screened, 144 were found to have moderate to advanced disease and ten to have blood cirrhosis. This early identification of individuals has a clear impact on the trajectory of future health outcomes. Furthermore, a new machine would bring the additional benefit of being able to provide Controlled Attenuation Parameter (CAP) readings which allows for the identification of fatty liver, the current scanning machine in use at Glangwili Hospital (GGH) does not offer this feature. Ms Blinston reported that an additional scanner would allow the team to undertake a greater number of outreach events often with hard-to-reach individuals such as the homeless, as well as drug service clinics and rural communities. In addition, increased numbers of scans could be conducted in hospital and through a greater number of clinics.

Mr Severs inquired about the possibility of upscaling the project HDdUHB wide and requested Ms Blinston and Ms Showler-Coulson discuss with county colleagues to enable the upscale of the acute outreach Fibroscan service.

JS-C/DB

Mrs Harraway expressed concern regarding consistency and parity of the approach around applications for funding especially contrasting those that are presented in person and those submitted through an application form for general funds.

Mr Severs emphasised there was a need for consistency in approach and that it would be helpful to receive more PROMs/ PREMs data from across the three counties, including the impact of the original bid which had been approved

JS-C/DB

Mrs Daniel congratulated Ms Blinston on her recent RCN Wales Nurse of the Year award and requested that Ms Showler-Coulson liaise with Ms Blinston and Mr Peter Skitt to establish how the Fibroscan project fits within the wider 24-7 healthcare model and how best to broaden the project scope and evaluate impact in terms of population health and how prevention links into UEC care pressures.

JS-C/DB

Mr Huw Thomas reflected on whether Mrs Llewelyn, Mrs Daniel and Mr John could work together to codify points raised in the meeting as a series of questions to support the Chair at the start of CFC meetings in the same way HDdUHB Chair does at Board.

NL/SD/TJ

Mr Huw Thomas requested Ms Blinston and Ms Showler-Coulson work to identify which other chronic conditions might be able to be supported through a similar model.

JS/DB

Mrs Llewelyn requested to work with Ms Showler-Coulson and Ms Blinston to use the Fibroscan project as a pilot for the new guidelines

and framework under development with the Tritech Quality Team, in achieving a more detailed approach to evaluation reports and to return with detailed overview of evaluation approach moving forward to CFC March 2026.

JS/DB/
NL

Mrs Murphy congratulated Ms Blinston on her recent award and noted that, having attended a recent health event in Cardigan delivered by Ms Blinston and team, she had seen firsthand the excellent service being provided to the community.

Decision:

The Charitable Funds Committee **CONSIDERED** and **APPROVED** the application for BGH Fibroscanner Charitable Funds Request of £98,235.

Ms Donna Blinston and Ms Jessica Showler-Coulson left the meeting.

CFC(25)152 **Update on Expenditure: Purchase of Six Replacement Paxman Scalp Cooling Units, plus five year maintenance & training contract**

Mx Bry Phillips joined the meeting.

Mx Bry Phillips, Senior Nurse Manager, Oncology presented the end of project evaluation report regarding the purchase of six replacement Paxman scalp cooling units, plus five-year maintenance and training contracts to the CFC.

Mx Philips reported that the ability to offer scalp cooling is greatly appreciated by patients and aims to alleviate much of the considerable patient anxiety regarding hair loss, by allowing patients to maintain their sense of self and knowing that everything which can be done in this regard is being undertaken.

Mr Iwan Thomas thanked Mx Phillips for the report acknowledging the support provided to patients by the scalp cooling project in such a sensitive area.

In reply to Mr Huw Thomas, Mx Philips reported that as of September 2025, 70 patients had been offered scalp cooling treatment and over the machines lifetime he hoped to see approximately 500 patients successfully offered treatment.

Mrs Harraway emphasised she would like to see PREM evaluation and feedback to be included in the redesign of the patient feedback questionnaire to strengthen the CFC's understanding of individual impact.

BP

Mrs Daniel thanked Mx Philips for all the hard work going into improving patient experience, including that undertaken by the *Heads Up!* teams. Mrs Daniel agreed with Mrs Harraway that evidence base individual experience was really important to be included, particularly with regards to patients who could not tolerate treatment.

Decision:

The Charitable Funds Committee **NOTED** the content of the evaluation report and **DISCUSSED** the positive impact of the approved charitable funds expenditure request.

Mx Bry Philips left the meeting.

CFC(25)153 **Creative Activities for Staff Wellbeing - Arts in Health**

Ms Kathryn Lambert joined the meeting.

Ms Kathryn Lambert presented the mid-term evaluation report for Creative Activities for Staff Wellbeing, Arts in Health, reporting that over 100 creative sessions for staff had already been delivered with nearly 1500 members of staff in attendance. Ms Lambert shared photos of a wide range of events as well as quotes from participants reflecting the positive impact of the project.

Mrs Harraway inquired as to whether evaluation around resilience in the workforce and metrics around staff sickness was being collated. Acknowledging this was a complex area to monitor, Ms Lambert reported she was currently working with VBHC and Tri-Tech to achieve this.

Mrs Daniel reported that whilst staff sickness and resilience metrics had previously been considered at PODCC, she would raise this aspect again with the Committee's Executive Lead to explore how the evaluation report could be strengthened. SD

Mr Huw Thomas expressed a desire to see Arts in Health move to a more mainstream funding, and to achieve this there had to be a greater understanding of evaluation of impact with regards to depth as well as breadth.

Decision:

The Charitable Funds Committee **NOTED** the content of the evaluation report and **DISCUSSED** the positive impact of the approved charitable funds expenditure request.

Ms Kathryn Lambert left the meeting.

CFC(25)154 **Review of the Charitable Funds Financial Administration and Governance Procedure**

Mr John presented the report regarding the review of the Charitable Funds Financial Administration and Governance Procedure (FP 420), requesting that the review date be extended to 17 March 2026. He advised that, given the ongoing audit it would be prudent to defer the review until the audit has concluded.

Decision:

The Charitable Funds Committee **APPROVED** an extension until 17 March 2026 to the review date of FP 420 Charitable Funds Financial Administration and Governance Procedure.

CFC(25)155 **Update on the release of funding for the hydrotherapy pool at the Pentre Awel Village, Llanelli**

Ms Eldeg Rosser, Head of Capital Planning and Ms Anwen Pearce, Capital Programme Manager, Planning joined the meeting.

Ms Anwen Pearce presented the report, providing an update on the release of funding for the hydrotherapy pool at the Pentre Awel Village, Llanelli.

Ms Pearce provided an additional verbal update to the report, advising that the collaboration agreement had been finalised during the previous week and was signed under seal by the HDdUHB Chair and Chief Executive (CEO) on Friday 5 December 2025, before being delivered by hand to County Hall for local authority colleagues to sign and seal. Once this agreement had formally been returned to HDdUHB, funds could be released to Carmarthen County Council (CCC). A request had been submitted to CCC for an invoice to be sent to HDdUHB in order to enable the release of funds.

Ms Pearce reported Pentre Awel had opened to the public on the 15 October 2025. However, the hydrotherapy pool had not been ready to be commissioned on that date and with work continuing over recent weeks, it is anticipated that the pool will open during the first week of January 2026.

Ms Pearce reported that concerns had been raised by the former Trustees of the Hydrotherapy Pool Charity, regarding the delays surrounding the development and commissioning of the pool. Mrs Llewelyn had been in constant contact with the former Trustees updating them of progress and that HDdUHB had drafted a letter to the Trustees reassuring them and explaining the reason for the delays and that the collaboration agreement has taken this length of time to ensure there would be a longevity of collaboration.

Ms Pearce reported that a separate hydrotherapy pool launch event would be held on the 22 December 2025, all Trustees would be invited to that event, and a plaque would be unveiled recognising all the different funding contributions to the Hydrotherapy pool.

Mrs James reported that a revised more detailed draft of the agreement had been provided in February 2025 and that some of the delays which had occurred were at the insistence of HDdUHB to ensure donations and legacies were protected in the best way possible. Mrs James provided assurance that very best endeavours had been undertaken to ensure any monies received were protected for as long as possible under the agreement.

Mr Iwan Thomas thanked Mrs James and the wider team for their due diligence and perseverance shown, remarking that Pentre Awel will provide an excellent facility for patients.

Decision: The Charitable Funds Committee:

• **TOOK ASSURANCE** of the progress to date on the work that has been undertaken to define and agree the operational and maintenance requirements within the Hydrotherapy Pool Procedures Document.

• **NOTED** the release of the funds to CCC will be actioned once the Collaboration Agreement is finalised and signed under seal.

*Ms Eldeg Rosser, Head of Capital Planning and
Ms Anwen Pearce, Capital Programme Manager, Planning left the
meeting.*

CFC(25)156 **Charitable Funds Sub-Committee Update Report**

Mr Evans presented the CFSC Update Report, reporting that there were no matters of which to alert or advise.

Mr Evans reported that he and Mrs Llewelyn had held positive engagement discussions with clinicians and clinical teams regarding charitable funds. He added that they are actively working to address delays arising as a result of the new CCG governance and operation structures.

Mr Evans reported that Mrs Christine Davies, CFSC Vice Chair (VC) had recently retired, with Ms Corinna Lloyd-Jones acting as VC until a new VC is appointed.

Mr Iwan Thomas extended his thanks to the CFSC for the level of scrutiny it undertakes and wished Mrs Christine Davies well in her retirement.

Decision:

The Charitable Funds Committee RECEIVED **ASSURANCE** from the items that the Committee is providing assurance on.

CFC(25)157 **Charitable Funds Committee Annual Work Programme**

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

Decision:

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

CFC(25)158 **ANY OTHER BUSINESS**

The Bi-monthly Charity Commission newsletter was shared for information.

In response to a question from Mrs Ann Murphy regarding the festive expenditure for 2025, Mrs Llewelyn confirmed that the approved funding had been allocated in full however the team had noted a significant increase of queries from staff who do not fall within the eligible groups for funding She advised that an evaluation of this initiative is being undertaken in the new year which will form part of the recommendations for 2026.

Mrs Llewelyn shared a video recording of a Christmas carol being sung by children receiving support from the Paediatric Cardiology Team in GGH. It was noted that the song had been written by one of the consultant paediatricians.

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 17 March 2026, 09:30-12:15.