# MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING

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| Date of Meeting: | **Tuesday 09 June 2026** |
| Venue: | **Dolau Cothi Meeting Room, Picton Terrace, MS Teams Meeting** |

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| Present: | Mr Iwan Thomas Independent Board Member, Committee Chair<br>Ms Sarah Harraway Independent Board Member, Committee Vice-Chair<br>Ms Ann Murphy, Independent Board Member<br>Councillor Rhodri Evans, Independent Member<br>Mrs Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience<br>Ms Rhian Davies, Assistant Director of Finance - Financial Planning & Statutory Reporting (deputising for Huw Thomas, Executive Director of Finance) |
| In Attendance: | Mr Anthony Dean, Trade Union Representative<br>Mr John Evans, Deputy Director, Medical Directorate<br>Ms Nicola Llewelyn, Head of Hywel Dda Health Charities<br>Ms Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs<br>Mr Timothy John, Head of Accounting & Statutory Reporting<br>Ms Tracy Davies, Deputy Head of Financial Accounting<br>Ms Jo Bradburn, Deputy Director of Allied Health Professions (deputising for Mr James Severs, Executive Director of Allied Health Professions and Health Science)<br>Ms Antonia Cavalier, CCLA (part)<br>Ms Karen Howarth, Senior Nurse Manager Specialist Services (part)<br>Ms Lowri Rooke, Blood Sciences Service Manager (part)<br>Ms Corinna Lloyd-Jones, Head of Organisation Relations (part)<br>Ms Claire Steel, Culture and Workforce Experience Manager (part)<br>Ms Dana Scott, Director of Midwifery & Professional Governance for Women & Children (part)<br>Mr Craig Baker, Cellular Pathology Service Manager (part)<br>Ms Claire Evans Committee Services Officer (minutes) |

| **Minutes Ref.** | **Item** | **Action** |
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| CFC(26)22 | **Welcome and Apologies** | |

Mr Iwan Thomas, Charitable Funds Committee Chair, welcomed everyone to the meeting.

Apologies for absence were received from:

- Mr James Severs, Executive Director of Allied Health Professions and Health Science
- Mr Huw Thomas, Executive Director of Finance

CFC(26)23 **Declarations of Interest**

No declarations of interest were noted.

CFC(26)24 **Minutes from the Charitable Funds Committee Meeting held on 17 March 2026**

The minutes of the Charitable Funds Committee (CFC) meeting held on 17 March 2026 were reviewed and approved as a correct record of Proceedings.

**Decision:** The Committee APPROVED the minutes of the Charitable Funds Committee meeting held on 17 March 2026.

CFC(26)25 **Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 17 March 2026**

The Table of Actions arising from the CFC meeting on the 17 March 2026 was reviewed, with an update provided on the outstanding actions as follows:

- **CFC(25)149 Active Investor Statement Scheme CCLA:** The active investor statement action remained in progress and would be taken forward through a future Board seminar session led by CCLA. Work on the staff patient story was also progressing, with initial contact made and discussions with the Patient Experience Manager awaited.

- **CFC(26)08 Integrated Charities Performance Report:** Members noted that the relevant risk assessment form had been completed and that the Communications and Engagement Director had been asked to review the work in the context of the current consultation environment.

CFC(26)26 **Ratification of any Approvals Made Outside the Meeting via Chair's Action**

No approvals had been made outside the meeting by Chair’s action since the previous Committee.

CFC(26)27 **Charitable Funds Committee Terms of Reference**

The Committee undertook its annual review of the Terms of Reference (ToRs) as part of its governance assurance cycle. Members were reminded that the ToRs had last been reviewed in June 2025 and that the subsequent amendments had been approved by the Board on 31 July 2025.

Ms Sian-Marie James advised that only one amendment was proposed this year, namely a correction in section 4.11.4 to update the statutory reference for accuracy. No wider governance concerns or structural changes were raised and the Committee was satisfied that the ToRs remained fit for purpose and compliant with good governance requirements.

The Committee was ASSURED by this item.

**Decision:** The Committee APPROVED the Charitable Funds Committee's Terms of Reference (version 23) for onward ratification by the Board on 30 July 2026.

CFC(26)28 **Charitable Funds Committee Annual Report 2025-26**

The annual report was presented as the Committee's assurance report to the Board for 2025-26. Members commended the quality of the paper and thought it captured the breadth of Committee work, including governance, Sub-Committee activity, and the range of projects reviewed and supported during the year. Mrs Sharon Daniel thanked the Corporate Governance team for preparing the report, and highlighted that the report showed strong evidence of continuous improvement.

The Committee discussed whether future annual reports should place greater emphasis on impact rather than primarily describing process and spend. Members believed that the Committee should demonstrate the difference charitable funding makes, including stronger categorisation of bids, clearer links to strategic priorities such as prevention and community-based care, and a more explicit account of outcomes. Councillor Rhodri Evans also raised the need to improve awareness in frontline services about how to access funds, citing examples from walkarounds where staff were not clear on the process.

Further comments recognised the charities team's strong public-facing communications, which were described as visible, frequent, and of a high quality.

An error was identified on page 9, where the reference to a transfer should read £3.1 million. **This would be corrected.** **CE**

Members endorsed the report, while emphasising that future versions should set out impact more clearly.

The Committee was ASSURED by this item.

**Decision:** The Committee ENDORSED the Charitable Funds Committee (CFC) Annual Assurance Report 2025/26.

CFC(26)29 **CFC Self-Assessment Outcome Report**

The Committee considered the self-assessment outcome report, which brought together member feedback, Independent Member reflections, average ratings across core themes, and a proposed action list. Members welcomed the content and agreed it reflected concerns previously raised about understanding impact, improving bid quality, and strengthening evaluation.

Discussion focused particularly on the phrasing of one proposed action around the utilisation of funds and the need to "remove barriers" to accessing and deploying funds. Ms Rhian Davies questioned whether the

language overstated the issue, suggesting that governance requirements such as application forms should not be described as barriers. Ms Nicola Llewelyn accepted the point and noted that what some staff perceive as a barrier may in fact be necessary governance. **Members agreed that the wording should be refined to reflect that they are more perceived barriers.** **CJ/NL**

Ms Ann Murphy added that a key challenge is ensuring staff have a clear understanding the different types of charitable funds and what each can appropriately support.

The Chair also **asked for the action list to be strengthened by adding a more explicit reference to strategic impact and alignment**, building on the earlier discussion under the annual report item. **CJ/NL**

The Committee was ASSURED by this item.

**Decision:** The Committee:
• CONSIDERED the outputs from the Committee Self-Assessment process.
• AGREED the actions identified to further improve Committee effectiveness.

CFC(26)30 **Integrated Hywel Dda Health Charities Performance Report**

Mr Timothy John presented the performance report and highlighted the year-end investment deficit, stressing that this was not an exceptional event in long-term investment management. He noted that over a 6-year period, 3 years had shown a deficit position, and explained that the reported movement includes both realised gains or losses from completed transactions and unrealised movements arising from the change in asset values between the start and end of the year. He also drew attention to the income-generation Key Performance Indicator (KPI), reporting that the charity generated £4.11 for every pound spent during 2025-26, slightly above the £4 benchmark previously used for sector comparison. While alternative apportionment approaches have been considered they are not widely supported. Benchmarking against similar organisations is planned; however data is not yet available as their accounts are still being prepared; this will be reported to the Committee in due course.

Cllr Evans queried whether the £7k deficit represented an actual loss, and sought clarification that three of the last six years had recorded losses. If so, he queried the forward plan to manage or mitigate such losses, while recognising that similar funds can also experience investment losses. Cllr Evans also queried, given the cumulative impact (around £100k), the steps being taken to plan ahead and reduce future losses.

In response, Mr John explained that investment gains and losses have two elements: realised (from completed transactions) and unrealised (changes in value between opening and closing balances). Unrealised movements are recorded to reflect fair asset values at year-end and are largely a paper exercise. Forecasting these is extremely difficult due to the nature of the investment and market volatility. For example, investments valued at

£8m at 31 March 2026 include these accounting adjustments to reflect fair value in the account.

Members discussed whether the position should be viewed as underperformance or as an expected feature of a long-term ethical investment approach. Mrs Daniel and others questioned how the Committee should weigh short-term opportunity costs against ethical constraints, particularly in sectors such as energy that had recently performed strongly. Ms Davies emphasised the trade-off between market investment and holding cash, noting that while cash avoids volatility, its value is eroded in real terms by inflation. Ms Sarah Harraway emphasised the importance of recognising that donations are intended to benefit people directly, rather than being held in investment funds, while still maintaining prudence over the longer term.

The Committee took assurance from the report, while noting that a further discussion outside the meeting would be helpful on how the investment portfolio, ethical stance, and the charity's spending ambitions should continue to be balanced.

*Ms Jo Bradburn joined the meeting.*

The Committee was ASSURED by this item.

**Decision:** The Committee:
• DISCUSSED the content of this report on the charity's performance.
• NOTED that the investment losses position at year end exceeds the available balance on the apportionment fund and will therefore result in a reduction to individual unrestricted funds.

CFC(26)31 **HDdHC Investment Advisor Update - External CCLA**

*Ms Antonia Cavalier joined the meeting.*

Ms Antonia Cavalier from CCLA addressed the Committee's earlier discussion directly and framed the challenge experienced widely across NHS charities: balancing current need with responsibility to future beneficiaries. She reported that the portfolio's position at the end of March 2026 had been particularly weak, at around -6.5% to -7%, reflecting both market concentration and the relative strength of sectors the ethical fund does not materially hold, including oil and gas, mining, and weaponry. She added that by the time of the meeting, quarter-to-date performance had recovered to +6.3%, underlining how quickly conditions had shifted.

Ms Cavalier explained that the portfolio retains confidence in a long-term quality strategy even though the market remains heavily concentrated around artificial intelligence. She said the fund has approximately 22%-23% exposure to this theme, although it is materially underweight relative to the market because of concern over valuation, timing of returns, and concentration risk. She described recent portfolio diversification through industrial commodities such as copper and through alternative strategies

intended to act as shock absorbers against equity volatility. Members were advised that those strategies had behaved as intended in the first quarter.

In response to member questions, Ms Cavalier clarified that the ethical fund is intended to beat inflation over the long term while delivering a reliable and, where possible, growing income stream. She defined long term as broadly 5 to 10 years, noting that for charities the 10-year view is often the more relevant one. She also explained that the target is Consumer Price Index CPI +5% before fees and CPI +4% after fees, which in practice is intended to preserve purchasing power, provide approximately 3% distributable income, and still allow around 1% capital growth above inflation over time. Ms Cavalier noted that inflation peaked at 11.1% in October 2022, which continues to make shorter-term comparisons difficult.

The discussion also covered restrictions and ethical screens. Ms Cavalier explained that the Financial Conduct Authority (FCA) does not itself impose the portfolio's exclusions; rather, the restrictions are shaped by client consultation and include areas such as alcohol, tobacco, weaponry, and high-interest lending. CCLA also avoids oil and gas as a core investment approach, noting that, over the long term this approach has not adversely impacted performance as might typically be assumed. Gold and silver exposure was described as small, with more emphasis now on industrial commodities linked to technology and infrastructure demand. The Committee welcomed the update and noted that further discussion with Board members was already scheduled for later in the summer.

The Committee was ASSURED by this item.

**Decision:** The Committee NOTED the Investment Advisor Update.

CFC(26)32 **Consideration of funding requests from the charity's Making a Difference Fund**

Ms Llewelyn introduced a number of funding requests from the Making a Difference fund, highlighting that a bid on a lifestyle Café included in the Committee meeting papers has since been revised and is now below the funding threshold for the Committee, and would instead be processed by the Sub-Committee.

*Ms Karen Howarth joined the meeting.*

The Committee first considered the Madog Suite proposal from Ms Karen Howarth, which sought £5k pounds from the Making a Difference Fund to contribute to refurbishment of space for a specialist stoma and colorectal hub at Glangwili Hospital. Ms Howarth explained that the service currently lacks an appropriate environment for stoma counselling, rectal irrigation, and support for patients diagnosed with colorectal cancer. Members heard that the wider colorectal charitable fund held £25k, that £15k would be contributed from that fund, and that £10k would remain to support ongoing patient group activity and other needs. The Committee supported the proposal and approved both the £5k contribution from the Making a Difference Fund and the linked use of service-specific charitable funding.

*Ms Karen Howarth left the meeting.*

*Ms Lowri Rooke joined the meeting.*

Ms Lowri Rooke presented a proposal for a purpose-built phlebotomy booking system intended to improve patient choice, reduce did-not-attend rates, enable easier cancellation, and generate staff efficiency savings over a 2-year period. Although Members recognised the patient benefit, Ms Harraway and Mrs Daniel raised concerns about alignment with the organisation-wide appointment booking strategy, long-term sustainability, and whether the proposed solution would create duplication or a future revenue cost pressure. The Committee did not reject the bid, however agreed to pause it pending further digital clarification before reaching a final decision.

**Clarification would be made on digital alignment, organisational fit, and long-term sustainability of the phlebotomy booking system proposal and, if satisfactory, progress the decision by Chair's action.** **NLI, SD, SH, IT**

*Ms Lowri Rooke left the meeting.*

*Ms Corinna Lloyd-Jones and Ms Claire Steel joined the meeting.*

Ms Corinna Lloyd-Jones and Ms Claire Steel presented a staff recognition and appreciation bid. The discussion strongly supported the underlying aim of supporting staff morale, retention, and culture at a time of sustained workforce pressure. Members nevertheless scrutinised the use of charitable funds for tokens such as monetary vouchers, with some expressing discomfort about setting precedent. The discussion concluded that the wider programme was important and justified as a short-term bridge while a broader organisational recognition approach was developed, provided any voucher element remained modest and carefully controlled. On that basis, the Committee approved the proposal.

*Ms Corinna Lloyd-Jones and Ms Claire Steel left the meeting.*

*Ms Dana Scott joined the meeting*

Ms Dana Scott outlined an ambitious digital platform proposal to improve perinatal mental health support through screening, tailored support, and eventual integration with maternity systems. Members recognised the clinical case and the scale of unmet need, although raised further queries regarding digital interoperability, clinical model, response expectations, and risk management if need were identified without immediate service capacity. The proposal was therefore paused for further discussion rather than refused. **Further discussion on the perinatal mental health platform would take place with digital and clinical colleagues, refine the proposal as needed, and the proposal would be brought back for formal reconsideration.** **SD, NLI**

*Ms Dana Scott left the meeting*

*Mr Craig Baker joined the meeting*

The final two bids, presented by Mr Craig Baker on behalf of mortuary services, related to refurbishment of mortuary viewing areas across the 4 acute hospital sites and to improvements to the tranquillity garden at Glangwili Hospital. Members believed both projects were compelling and long overdue. Discussion highlighted the need for spaces that are dignified, welcoming, and more visibly multi-faith in tone, and the bids were unanimously approved.

*Mr Craig Baker left the meeting*

The Committee was ASSURED by this item.

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

CFC(26)33 **Evaluation Framework for Hywel Dda Health Charities**

Ms Llewelyn and Mrs Daniel introduced the revised evaluation framework, explaining that it had taken longer to develop because the team had deliberately avoided producing an approach that looked strong on paper and not be deliverable in practice. Members noted that the framework had been shaped through engagement with the Sub-Committee, internal colleagues, TriTech, Swansea University, NHS Charities Together, and other NHS charities. It was described as a proportionate, tiered model that aims to balance qualitative and quantitative evidence while building a stronger focus on learning and impact. Mrs Daniel also thanked the teams for their input into the report.

Members noted that the framework marked a clear move from simply recording funded activity to access the actual impact of charitable expenditure. Discussion acknowledged that the approach would need to remain proportionate, particularly for smaller awards, while still generating evidence to influence future funding decisions. Ms Llewelyn noted that Prince Philip Gardens and the recently funded FibroScan purchase would act as early pilots for the new approach. The Committee also reflected that the model could have value beyond charities and might help shape a broader culture of evidence-based evaluation across the organisation.

The Committee was ASSURED by this item.

**Decision:** The Committee:
• DISCUSSED and ENDORSED the revised evaluation framework.
• SUPPORTED its phased implementation across charitable funded projects.

CFC(26)34 **Assurance and Risk Report**

Ms Llewelyn provided a verbal update on the risks assigned to the Charitable Funds Committee.

Mrs Daniel reminded members of the distinction between a forward-looking risk and an operational issue, noting that the income volatility risk had therefore been closed.

A further risk remained under discussion regarding the potential impact of the Clinical Services Plan and wider public perception of local NHS services on charitable donations. Mrs Daniel explained that work was ongoing to define the risk, determine appropriate ownership, and understand where mitigations should be positioned. Members suggested targeted communications should form part of the mitigation, especially where local stories about the impact of charitable funding could counterbalance adverse public assumptions.

The Committee was ASSURED by this item.

**Decision:** The Committee RECEIVED ASSURANCE from the verbal update.

CFC(26)35 **Charitable Funds Expenditure Report**

Ms Llewelyn presented the expenditure report which set out the current position on expenditure planning across service areas and the intention to move from a passive, bid-led model toward a more active and strategic approach. Ms Llewelyn reflected that the team had previously depended heavily on services bringing proposals when ready. The current approach is more proactive, supporting clinical care groups to plan the use of funds in ways that are additional, visible, and aligned with service priorities.

Members noted that the quality of the first set of plans received had been disappointing, and Ms Llewelyn described the wider organisational context as one in which services are heavily focused on financial pressure and core delivery, making it difficult to think creatively about added-value charitable spending. The Committee believed that engagement was improving, particularly following discussions with the Deputy Chief Operating Officer and service leads. The report also highlighted that charitable funding should not be seen narrowly through acute-site structures alone.

Ms Harraway encouraged the Committee to take a more proactive approach to considering how charitable funds could support strategic change, particularly by enabling community-based and primary care models rather than reinforcing existing acute service arrangements. Ms Llewelyn responded that some county-wide funds, such as cardiology-related funds, are already used across wider pathways rather than only on a ward-by-ward basis, however, agreed that awareness and alignment require further improvement. Cllr Evans emphasised the need to maintain support and visibility to ensure that worthwhile projects are not overlooked due to a lack of confidence among teams in developing bids. The Committee took assurance from the report and endorsed the direction of travel.

The Committee was ASSURED by this item.

**Decision:** The Committee:
• NOTED the progress made to date to develop a more structured approach to expenditure planning.
• ENDORSED the plans in place for all to support all service area to develop proactive expenditure plans.

CFC(26)36 **Charitable Funds Sub-Committee Update Report**

Mr John Evans reported that the Sub-Committee had approved almost £50k of requests, including 10 Stryker wheelchairs, interactive corridor flooring for the children's ward at Bronglais Hospital, Paxman scalp cooling units for chemotherapy patients, and venue hire to support colorectal cancer patient groups. He noted that the process was functioning efficiently because most of the detailed eligibility and probity work had already been resolved before bids were presented for formal consideration.

Ms Murphy queried the removal of the Deputy Director of Primary Care from the Sub-Committee Membership within the revised ToRs. Ms Llewelyn responded that due to recent operational changes, it was agreed that the Deputy Chief Operating Officer would represent the operations function including primary care. **The Terms of Reference would be revised to clarify this.** **JE**

Mr Evans highlighted continuing work to raise awareness of charitable funds in clinical care groups and to improve the spread of good ideas across the organisation. Ms Harraway queried whether the Sub-Committee had enough feedback mechanisms to identify bids suitable for wider adoption, citing the Bronglais interactive flooring as an example of a proposal that could potentially be replicated elsewhere. **Mr Evans would propose a future Sub-Committee agenda item to explore links with other sites and identify opportunities to replicate successful bids.** **JE**

The Committee was ASSURED by this item.

**Decision:** The Committee:
• APPROVED the revised CFSC Terms of Reference, subject to the agreed membership amendments.
• RECEIVED ASSURANCE from the items that the CFSC is providing assurance on.

CFC(26)37 **Administrative Committee Annual Meeting (Hydrotherapy Pool: JC Williams (Elizabeth Williams Endowment) Trust Fund) Update Report.**

*Ms Anwen Pearce joined the meeting*.

Ms Anwen Pearce provided a closing update on the JC Williams Trust arrangements and confirmed that the long-running administrative process had now reached its conclusion. Members noted that physiotherapy hydrotherapy sessions began in February 2026, that the service is

currently operating 3 days a week, and that wider public access is also available outside the Health Board's own sessions.

The collaboration agreement with Carmarthenshire County Council (CCC) had been signed under seal by the Chair and Chief Executive in December 2025, and the full sum of just over £1.5 million had then been transferred to the CCC. As no funds now remain in the Elizabeth Williams Endowment Fund, the administration Committee has been closed and the remaining small annual disbursement from Pittsburgh National Corporation Financial Services (PNC) will in future be managed through routine Charitable Funds Committee business.

Members welcomed the completion of the project and the positive feedback from patients and staff using the facility. Ms Murphy recommended that the final correspondence to PNC should also include a photograph of the plaque identifying the funding partners, in order that the contribution of the trust is visibly recognised alongside the images of the new facility.

The Committee was ASSURED by this item.

**Decision:** The Committee RECEIVED ASSURANCE that:
• the Collaboration Agreement with Carmarthenshire County Council (CCC) has been signed and sealed.
• funds received from PNC have been transferred to CCC.
• the Administration Committee (AC) has closed as no funding remains in the Elizabeth Williams Endowment Fund.
• the small annual disbursement of funds from a second endowment, JC Williams Trust Under Will (not relating to the Administration Committee) will be managed through HDdUHB charitable funds business.
• the final correspondence will be sent to PNC confirming the AC meeting proceedings and to include visuals of the new facility.

CFC(26)38 **Charitable Funds Committee Annual Work Programme**

The Charitable Funds Committee work programme for 2025-26 was noted.

CFC(26)39 **Matters and Risks for Escalation to the Board**

During the closing discussion, members identified two matters that were considered important for wider Board visibility. The first was the revised evaluation framework, which members believed should be highlighted more visibly because it could inform broader organisational practice beyond charitable funds. The second was the strategic question of how charitable funding aligns with the Health Board's future direction of travel, particularly for community services and prevention.

CFC(26)40 **Any Other Business**

The Chair marked Rhian Davies's departure from the organisation after more than 30 years of service. Members formally thanked her for the professionalism, expertise, and support she had brought to the Committee and to the wider organisation during that period.

CFC(26)41 **Date and Time of Next Meeting**

8 September 2026 at 09:30.