MINUTES OF THE CHARITABLE FUNDS COMMITTEE CHAIR'S ACTION MEETING

Date of Meeting:	**12:30, Wednesday 29 July 2026**
Venue:	**Microsoft Teams Meeting; HDD Picton - Dolau Cothi**

Present:	Ms Sarah Harraway (Independent Board Member) Committee Vice Chair Ms Ann Murphy (Independent Board Member) Cllr Rhodri Evans (Independent Member) Mrs Sharon Daniel (Executive Director of Nursing, Quality & Patient Experience) Mr Andrew Spratt, Deputy Director of Finance (deputising for Mr Huw Thomas, Executive Director of Finance)
In Attendance:	Ms Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs Mr Timothy John, Head of Accounting & Statutory Reporting Ms Nicola Llewelyn, Head of Hywel Dda Health Charities Ms Lowri Rooke, Blood Sciences Service Manager Ms Claire Evans, Committee Services Officer

Minutes Ref.	Item	Action
CFC-CA01	**Welcome and Apologies**	

Ms Sarah Harraway, opened the meeting by reaffirming the decision-making principles for charitable expenditure, noting that any approval needed to align with charitable purpose, remain affordable and sustainable, avoid setting an unhelpful precedent, add value to Health Board strategy, deliver measurable benefits and outcomes, remain transparent and accountable, and be fair and equitable.

Apologies were received from:

- Mr Iwan Thomas, Independent Board Member and CFC Chair
- Mr Huw Thomas, Executive Director of Finance (Mr Andrew Spratt, Deputy Director of Finance deputising)

CFC-CA02 **Consideration of Charitable Funds Expenditure: CF03577 BookingLab Pathology**

The Committee considered the request for £25,000 to implement BookingLab as a phlebotomy appointment booking system.
The application had previously been presented to the committee on 9 June 2026, and the Chair highlighted that the main outstanding concerns were alignment with the digital strategy, potential duplication with the patient services centre, and the long-term sustainability of any continuing revenue commitment.

Ms Lowri Rooke explained that the service had worked closely with digital colleagues throughout development of the proposal. Although the wider booking solution under consideration for patient appointments had been reviewed, it did not meet phlebotomy requirements because the service needed referral-based functionality that the wider system could not currently provide. On that basis, digital colleagues were described as supportive of progressing the project.

Ms Rooke also set out the operational case for change. The current booking process was described as heavily administrative, paper based, and originally created out of necessity during COVID-19 rather than for long-term use. She added that the volume of appointments made the present approach slow and resource-intensive for phlebotomy teams, who still had to manage daily paper lists. The proposal was therefore framed as a two-year pilot intended to demonstrate measurable efficiencies and broader benefit across the Health Board.

In financial terms, Ms Rooke noted that the ongoing cost would be £10,000 per year and argued that the efficiency requirement to offset this was relatively modest when distributed across four sites. Ms Harraway welcomed the reassurance on digital alignment; however, she expressed concerns as to whether efficiency savings would result in a future revenue commitment, noting that they could be absorbed elsewhere within operational budgets. She also queried whether the pilot had a clear outcomes framework, emphasising that proof of value needed to extend beyond efficiency measures alone.

In response, Ms Rooke confirmed that the service already collected a range of departmental, patient satisfaction and feedback data, which could be incorporated into the evaluation to support assessment of the pilot's broader impact and outcomes. Ms Nicola Llewelyn then provided assurance that she could provide Ms Rooke and the appropriate support team, with guidance to develop an evaluation framework that captured both efficiency benefits and wider patient experience outcomes. This would present the Committee with a more comprehensive evidence base to assess the impact and value of the investment following implementation.

Mr Andrew Spratt supported that approach, stating that a combined internal and patient-outcomes evaluation would provide a sufficient basis for charitable funding at this stage, while recognising that continuation beyond the pilot would need to become a business decision for the organisation in two years’ time. He also raised a broader strategic concern that, if the stated ambition was a single patient portal, any digital solution should eventually accommodate phlebotomy appointments as well. Mr Spratt enquired to the rationale for treating the request as charitable expenditure rather than core operational spend.

Ms Llewelyn responded that the baseline service was already being delivered through the existing appointment process, and therefore the proposal was intended to enhance and strengthen an established service rather than create a new essential service from scratch. Instead, the proposal would improve patient functionality and day-to-day administration

for staff, which she considered a reasonable charitable enhancement rather than substitution for core provision. Ms Sian-Marie James agreed that this distinction was important, emphasising that the Committee needed assurance that the proposed funding constituted a legitimate charitable enhancement, rather than supporting activity that should routinely be funded by the organisation.

Councillor Rhodri Evans supported the need to avoid siloed working and sought assurance that the apparent disconnect with wider digital planning would be explored further. He indicated that, subject to this, and with assurance that the proposal would deliver tangible benefits for patients and staff while remaining outside core funding responsibilities, he was supportive of the proposal.

Mrs Sharon Daniel expressed concern that the exit strategy lacked sufficient detail and requested a quality impact assessment to understand the consequences of reverting after two years if ongoing funding could not be secured. She also emphasised the need to consider the proposal alongside future community-based service models, which would require stronger digital enablement.

It was agreed that the requested quality impact assessment and associated planning actions would be progressed following the meeting. Mrs Daniel emphasised that the assessment should be informed by the proposed exit strategy and should consider how sustainability could be incorporated into service planning over the coming years, thereby reducing the risk of an unplanned return to the current model. Ms Rooke confirmed her agreement with this approach.

Members were broadly satisfied that the proposal represented an appropriate use of charitable funding, subject to the development of a defined framework, and completion of a quality impact assessment to support the exit strategy. On this basis, and with those conditions attached, the Committee approved the application.

Decision: The application for £25,000 to support the BookingLab phlebotomy booking system was **approved**, subject to an agreed evaluation framework and completion of a quality impact assessment to support the exit strategy.