Helping you make a difference

# Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at Charities - Home (sharepoint.com) to help you with completing your funding request. Please direct any questions to: charitablefundsfinance.hdd@wales.nhs.uk / 01267 283055 / 01827 1655.

| **Section 1: Applicant** | |
|---|---|
| **Lead applicant** | |
| Contact name: | Neil Griffiths |
| Job title: | Service Delivery Manager – Urology and Rheumatology |
| Department/Service: | Urology |
| Clinical Care Group: | Planned and Specialist Care |
| **Management contact** | |
| Contact name: | Lisa Humphrey |
| Job title: | General Manager |

| **Section 2: Application summary** | | |
|---|---|---|
| **2.1 Title of charitable funds application:** | | |
| Re-establishment of HOLEP (Holmium Laser Enucleation of Prostate) Service at Prince Philip Hospital (PPH) | | |
| **2.2 Brief description of your application:**<br>In no more than 50 words please tell us what you are requesting charitable funds for. | | |
| Purchase of new HOLEP laser equipment and associated system to reinstate a sustainable BOO pathway in PPH, providing gold-standard treatment for large prostates. This will avoid multiple TURPs, reduce anaesthetic exposure, prevent costly IPFR referrals, and significantly improve patient experience. | | |
| **2.3 Total value of charitable funds requested:** | £58,000 from Urology T709 | |
| **2.4 Duration of project** | Project start date: | September 2026 |
| | Project end date: | Ongoing service provision |

| **2.5 Strategic priorities**<br>Please identify which of the charity's strategic priorities this application relates to (select all that apply). | | |
|---|---|---|
| **Patient experience:**<br>Enhancing the patient experience throughout the whole care and treatment journey. | **Staff experience:**<br>Supporting the wellbeing and professional development of University Health Board staff. | **Innovation:**<br>Encouraging and supporting innovation and excellence in the delivery of healthcare. |
| Yes | No | Yes |

**2.6 Expenditure type**
Please select the type of expenditure your application relates to (select all that apply).

| **Medical equipment** *please also complete Appendix 1* | **Service development or improvement** | **Staff welfare an wellbeing** |
|---|---|---|
| Yes | Yes | No |
| **Building/refurbishment Work** *please also complete Appendix 2* | **Other** *If 'yes' selected, please state expenditure type in box opposi* | *Expenditure type:* |
| No | No | |

## Section 3: Case for support

**3.1 Funding request:**
Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

This application seeks charitable funding to purchase the Richard Wolf Piranha morcellation system and compatible resectoscope equipment, required to safely deliver HOLEP at PPH. The supplier quotation totals £34,000 (Richard Wolf, 17/10/2025 - 182263) plus £24,000 (Richard Wolf 03/03/2026 - 186835) – both VAT exempt.

**3.2 Reason for request:**
Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

HOLEP had been safely delivered in HDdUHB for over a decade and is the recognised optimum intervention for bladder outlet obstruction (BOO) in men with very large prostates. The existing morcellator failed in 2022 and was condemned in 2023, resulting in complete loss of local HOLEP provision and a backlog of patients awaiting definitive treatment.

Approximately 50 patients are currently awaiting HOLEP. With no local provision, patients face either:

IPFR referral to ABUHB (limited capacity, £7–8k per case); or Multiple TURP procedures, requiring repeated GA exposure and occupying scarce theatre capacity.

Currently, IPFR referral costs for HOLEP are approximately **£7–8k per patient**. With an estimated **30–50 cases per annum**, reinstating HOLEP locally represents an annual avoided cost of **£210,000–£400,000**, significantly exceeding the one-off capital investment requested.

The recent GIRFT review identifies BOO as one of the longest backlogs in Urology nationally, with men in retention particularly at risk of poor outcomes. GIRFT also states that HDUHB's current BOO provision is "poor, both in terms of treatment options and unacceptably long waiting times" and specifically notes that men with large prostates "cannot currently access Holmium Enucleation of the Prostate (HOLEP) on-site, which would be the current standard of care".

The report recommends investment to expand the number of BOO modalities available and explicitly lists HOLEP as a required part of the modern BOO surgical portfolio, stating that HDUHB has an opportunity to develop a centre of excellence with the right investment in equipment and training.

Re-establishing HOLEP responds directly to an urgent local service gap, national GIRFT recommendations, and a clear patient safety and equity issue.

**3.3 Project delivery plan:**
Please tell us how you will deliver this charitable-funded project. Provide a timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

- Procurement & commissioning – Month 1
- Installation & safety checks – Month 1–2
- Clinician training continuity assured: Mr Yeung Ng and Mr David Lau have commenced training
- Service Go-Live at PPH – Month 3
- Expected flow: 3–4 cases per month initially, returning to pre-2022 activity levels

Procurement colleagues have been engaged to support this request. A compliant procurement exercise has been undertaken, resulting in supplier quotations from Richard Wolf. Updated quotations have been obtained and submitted with validity confirmed until **at least 25/09/2026**, in line with the funding decision timeline.

**3.4 Risks:**
Please tell us what risks have been identified and how they will be mitigated.

| Risk | Mitigation |
|---|---|
| Equipment delivery delays | Early order, Procurement & Clinical Engineering oversight |
| Surgical skill continuity | Training already underway for two clinicians |
| Theatre capacity issues | PPH has confirmed available capacity |
| Ongoing costs | Funded within core Urology/Theatres budgets |

**3.5 Additionality:**
Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

This bid aligns with the charity's purpose to fund projects beyond core NHS funding. GIRFT (Getting it right first time) highlights that BOO provision in HDUHB requires new investment in surgical modalities to meet modern standards and reduce unwarranted variation. HOLEP reinstatement is therefore clearly "above and beyond" core replacement funding and directly supports nationally endorsed quality improvements.

## Section 4: Impact

**4.1 Impact and patient benefit:**
Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health,efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.
*Note: You will be required to submit an evaluation report to summarise the impact at a later date.*

Re-establishing HOLEP will:

- Provide the current standard of care for men with very large prostates (GIRFT)
- Address a recognised priority backlog in BOO surgery and reduce clinical risk for men in retention (GIRFT)
- Reduce waiting times for 40 current patients and 30–50 patients per year thereafter

- Prevent the need for multiple TURPs, reducing GA exposure, theatre time and inpatient stays
- Avoid high-cost IPFR referrals to ABUHB
- Improve patient-reported outcomes (e.g., IPSS) and reduce complications

GIRFT also stresses that BOO surgery should increasingly be delivered through efficient day-case pathways, and HOLEP is ideally suited to this model, supporting improved flow and reduced inpatient pressure.

**Clinical effectiveness: HOLEP vs TURP**

HOLEP is the gold standard procedure for men with large prostates (>80–100g), offering superior long-term outcomes compared to TURP, including:

- Lower re-operation rates
- More complete adenoma removal
- Reduced bleeding and transfusion risk
- Shorter catheterisation and length of stay

In contrast, TURP in very large prostates is frequently **suboptimal**, often requiring **staged or repeat procedures**, increasing cumulative anaesthetic exposure, complication risk and overall cost.

Patients currently awaiting HOLEP remain at increased risk of:

- Recurrent urinary retention
- Catheter dependency and infection
- Emergency admissions
- Deterioration in renal function
- Reduced quality of life while on prolonged waiting lists

**Health inequalities addressed**

Reinstating local HOLEP provision directly reduces inequality for:

- Rural patients facing long travel distances to tertiary centres
- Older, frailer men less able to tolerate multiple procedures
- Patients currently unable to access out-of-HB treatment due to limited IPFR capacity

This ensures equitable access to standard-of-care treatment within HDUHB.

**4.2 Beneficiaries:**
Please tell us how many people are expected to benefit as a result of this expenditure and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

- 40 patients currently awaiting HOLEP
- 30–50 new BOO patients per year
- Theatre efficiency and beds freed from avoiding double-TURPs
- Staff benefiting from a safer, more sustainable BOO pathway

**4.3 Evaluation methods:**
Please tell us what methods you will use to measure the effectiveness of your expenditure and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position.

GIRFT notes that BOO waits are a major national backlog, and that increasing surgical modalities is required to improve outcomes — this provides a clear evaluation context showing why measuring waiting time and procedure volumes is essential.

**Baseline position (2025/26):**

- HOLEP activity: 0 cases locally
- Patients awaiting HOLEP: ~40
- Repeat TURPs in large prostates: Ongoing
- Day case BOO surgery rate: Below GIRFT expectation

**Targets within 12 months of go live:**

- Clear existing HOLEP waiting list
- Deliver 30–50 HOLEP cases per year
- ≥80% day case pathway for HOLEP
- Eliminate need for IPFR HOLEP referrals

**PROMs collection and reporting**

PROMs (IPSS and QoL scores) will be collected preoperatively and at routine postoperative follow-up, led by the Urology clinical team, with quarterly reporting through directorate governance structures.

## Section 5: Exit strategy (for revenue expenditure requests)

Please tell us how the benefits of this expenditure will be sustained beyond the end of thi time-limited period of charitable funding. For project funding, please tell us if it will continue, and how it will be funded. If it will not continue, please tell us how it will be brought to a close.

As this is a one-off capital purchase, no ongoing charitable funding is required. Consumables, fibres and servicing will be met by core Urology/Theatres budgets, ensuring long-term sustainability.

This ensures the charitable investment delivers a long-lasting patient benefit without creating future reliance on charitable funds.”

## Section 6: Governance

**6.1 Compliance:**

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

Procurement and Clinical Engineering will ensure compliance with Medical Devices Policy. Manufacturer service agreements and on-site governance structures will ensure safe operation.

**6.2 Strategic alignment:**

Please tell us how this funding request aligns with the health board’s strategic objectives.

This project supports HDUHB’s strategic objective to deliver and develop excellent services and matches GIRFT recommendations regarding BOO pathway expansion

**Sustainability**

- Service contract duration: Standard manufacturer service agreement
- Maintenance: Covered within existing Theatre/Urology budgets
- Consumables (fibres/blades): Routine costs already absorbed within current activity baselines
- Equipment life expectancy: ~15 years

- Future replacement funding: To be considered via capital planning or charitable routes at end of lifecycle
- No additional annual servicing costs beyond routine maintenance

## Section 7: Other

Please provide any other relevant information in support of your funding request.

PPH is identified by GIRFT as the main scheduled care site for Urology, making it the appropriate location for HOLEP reinstatement.

The service can commence rapidly once equipment is received.

This is a key enabler of day-case-driven elective recovery, fully GIRFT-aligned.

## Section 8: Funding requirements

### 8.1 Cost breakdown:

Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

| Item/Category | Cost (£) | | | Comments |
|---|---|---|---|---|
| | Net £ *Exc. VAT* | VAT £ | Gross £ *Inc VAT* | |
| Richard Wolf Piranha Morcellation system | £34,000 | 0.00 | £34,000 | From quotation ref 182263 17/10/2025 |
| Richard Wolf Shark Resectoscope kit | £24,000 | 0.00 | £24,000 | From Quotation ref 186835 03/03/2026 |

### 8.2 Total amount of funding requested:

| **Net £** *Excluding VAT* | £58,000 | **VAT £** | Exempt | **Gross £** *Including VAT* | £58,000 |
|---|---|---|---|---|---|

### 8.3 Designated charitable fund

| Name of charitable fund: | Charitable fund code/number: | |
|---|---|---|
| Urology charitable fund | T709 | £58,000 |

### 8.4 Alternative funding sources:

Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.

Formal discussions were undertaken to explore internal capital funding routes. These were not progressed due to:

- Competing Health Board wide capital priorities
- The non-recurrent nature of this specific service reinstatement
- The urgency of addressing patient safety and backlog risk

Charitable funding was therefore identified as the most appropriate and timely mechanism to enable delivery. The current balance of the T709 Urology Fund is £74,427.52 (as of 31/03/2026).

Given the scale, strategic importance and long-term system benefit of reinstating HOLEP — including avoidance of recurring £7–8k IPFR costs and repeat TURPs — this application is therefore more appropriately positioned against a charitable fund.

## Section 9: Authorisation

| | | |
|---|---|---|
| **9.1 Application prepared by:** | | |
| **Contact name:** | **Job title:** | **Date:** |
| Neil Griffiths | Service Delivery Manager | 17/07/2026 |
| **9.2 Application authorised by:**<br>Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission. | | |
| **Contact name:** | **Job title:** | **Date authorised:** |
| Lisa Humphrey | General Manager | 17/07/2026 |
| **9.3 Clinical Care Group approval:**<br>Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above. | | |
| **Contact name:** | **Job title:** | **Date authorised:** |
| Paula Goode | Service Director | 06/08/2026 |
| **9.4 Finance Business Partner review:**<br>Please ensure that your Finance Business Partner has reviewed your application before submission. | | |
| **Contact name:** | **Job title:** | **Date reviewed:** |
| Alison Wride | Deputy Head of Business Control | 17/07/2026 |

**Please return completed form via email to:**
charitablefundsfinance.hdd@wales.nhs.uk
**or via internal mail to:**
Charitable Funds Support Officer
Finance Department
Ty Gorwel, Building 14
St David's Park, Job's Well Road
Carmarthen SA31 3BB

**Appendix 1**

**Assessment for medical equipment (as per Medical Devices Policy):**

| | |
|---|---|
| Supplier name: | Richard Wolf |
| Equipment make and model: | Piranha Morcellator kit |
| Please provide quote: | Prince Philip 182263.PDF<br>Prince Phillip 186835 (2).PDF |
| Please tell us about what involvement the Clinical Engineering team has had in this request: | Clinical Engineering are aware that the previous morcellator was decommissioned 2 years ago and that we are looking to re-establish the service. |
| Please tell us about what involvement the Procurement team has had in this request: | Procurement colleagues have been engaged to support this request. A compliant procurement exercise has been undertaken, resulting in supplier quotations from Richard Wolf. Updated quotations have been obtained and submitted with validity confirmed until **at least 25/09/2026**, in line with the funding decision timeline. |
| Is this replacement equipment or is the equipment new to the health | Replacement although there has been an extended period since the last kit was used. |

| | |
|---|---|
| board? *A replacement device may also be a new make or model.* | |
| If the equipment is new to the health board, has the Medical Devices Steering Group been consulted? | Not applicable – not new to the health board |
| Will this equipment be used to undertake a new clinical procedure or intervention? | No |
| If the equipment will be used to undertake a new clinical procedure or intervention, has the Clinical Effectiveness team been consulted? | Not applicable |
| Does this item appear on HDdUHB's Capital Planning List?<br>If yes, please indicate priority rating. | No |
| Where will this equipment be located? | PPH |
| Are there any training implications? If so, have the Medical Device Training Team been consulted? | Team have used similar equipment previously so minimal training other than the surgeons will be required. This will be arranged with the company directly. |
| What is the life expectancy of the equipment? | 15 years |
| Who will maintain the equipment, in line with the Medical Devices Policy? | Theatres and Urology |
| Are there any immediate or ongoing revenue or maintenance costs associated with this request? | No |
| Are there any capital costs associated with this request? If yes, please explain how these costs will be met. | None other than those included in the bid |
| Please confirm approved Statement of Need (SON) reference number and approval date: | Submitted 2/3/26<br><br>2026-408<br>  <br>Statement Of Need<br>2026-408 has been Ap |

**Appendix 2**
**Assessment for building or refurbishment work (to be completed by Estates team):**
Not applicable for this request

**For Charitable Funds Finance Department**

| **Application Reference Number:** | | CF03525 |
|---|---|---|
| **Fund Title:** | **Fund Code:** | **Current Fund Balance £:** |
| Hywel Dda Urology | T709 | £76,387.40 |
| **Finance review**<br>I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration. | | |
| **Contact name:** | **Job title:** | **Date reviewed:** |

| | | |
|---|---|---|
| Jessica Elderfield-Scott | Accounts Assistant | 21/08/2026 |

**Outcome of meeting CFSC/CFC**

I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.

| Meeting date: | Outcome: | Contact name: | Job title: |
|---|---|---|---|
| | | | |