Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date	**2026-09-08**
Time	**09:30 - 12:30**
Location	**Microsoft Teams Meeting**

Charitable Funds Committee (Virtual)

HDD_Charitable Funds Committee

NHS Wales

Agenda - 8 September 2026

1 GOVERNANCE

09:30, 0 min

1.1 Welcome and Apologies

09:30, 0 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.2 Declarations of Interest

09:30, 0 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.3 Minutes from the Charitable Funds Committee Meeting held on 9 June 2026

09:30, 2 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.4 Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 9 June 2026

09:32, 5 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.5 Ratification of any Approvals Made Outside the Meeting via Chair's Action

09:37, 5 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.6 Assurance and Risk Report

09:42, 5 min
Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience)

2 PERFORMANCE

09:47, 0 min

2.1 Integrated Hywel Dda Health Charities Performance Report

09:47, 15 min
Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting), Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

2.2 Draft Annual Accounts (2025/26)

10:02, 15 min
Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting), Tracy Davies (Hywel Dda UHB - Deputy Head of Financial Accounting)

2.3 HDdHC Investment Advisor Update - External CCLA

10:17, 20 min
daisy.mannifield@ccla.co.uk

3 CONSIDERATION OF CHARITABLE FUNDS EXPENDITURE

10:37, 0 min
Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

3.1 CF03525 - Equipment for Re-establishment of HOLEP Service

10:37, 15 min
Neil Griffiths (Hywel Dda UHB - Service Delivery Manager of Urology and Rheumatology)

3.2 CF03521 Perinatal Mental Health App

10:52, 15 min
Dana Scott (Hywel Dda UHB - Director of Midwifery & Professional Governance for Women & Children)

3.3 CF03648 Installation of Art in Emergency Departments

11:07, 15 min
Kathryn Lambert (Hywel Dda UHB - Head of Arts and Health / Pennaeth y Celfyddydau ac Iechyd), Debra Jones (Hywel Dda UHB - Senior Sister)

4 IMPACT OF CHARITABLE EXPENDITURE

11:22, 0 min
Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

4.1 **Enhancements to the Outpatient area at Bronglais General Hospital (BGH) Chemotherapy Day Unit (CDU) (end of project report) - DEFERRED**

11:22, 0 min

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5 **OPERATIONAL/STRATEGIC ISSUES - no items for discussion at this meeting**

11:22, 0 min

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6 **SUB-COMMITTEE**

11:22, 0 min

6.1 **Charitable Funds Sub-Committee Update Report**

11:22, 10 min
John Evans (Hywel Dda UHB - (Deputy Director, Medical Directorate]

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7 **FOR INFORMATION**

11:32, 0 min

7.1 **Charitable Funds Committee Annual Work Programme**

11:32, 0 min

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8 **MATTERS AND RISKS FOR ESCALATION TO THE BOARD**

11:32, 5 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

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9 **ANY OTHER BUSINESS**

11:37, 2 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

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10 **DATE AND TIME OF NEXT MEETING**

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

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1

09:30, 0 Mins

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1 - GOVERNANCE

1.1 **09:30, 0 Mins**

1.1 - Welcome and Apologies

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.2

09:30, 0 Mins

1.2 - Declarations of Interest

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

Register of interests, gifts, sponsorship and hospitality - Hywel Dda University Health Board

1.3

09:30, 2 Mins

1.3 - Minutes from the Charitable Funds Committee Meeting held on 9 June 2026

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

2026-06-09 - Charitable Funds Committee - Minutes.pdf

MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING

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

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

Minutes Ref.	Item	Action

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.

1.4

09:32, 5 Mins

1.4 - Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 9 June 2026

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

For assurance

Attachments

CFC Table of Actions 09.06.2026.pdf

CHARITABLE FUNDS COMMITTEE (CFC)/ PWYLLGOR CRONFEYDD ELUSENNOL
09/06/2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: CEv-Claire Evans; CJa-Clare James; JE-John Evans; NL-Nicola Llewelyn; SD-Sharon Daniel; SH-Sarah Harraway

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
08/12/2025	CFC(25)149	Active Investor Statement Scheme CCLA • To check with the Chair of PODCC that they are content with the CFC recommendation to approve Membership of CCLA's investor coalition scheme.	SD	17/03/2026	In progress In progress. This will be discussed by the Corporate Trustee at a future Board seminar session delivered by CCLA. Date to be confirmed.
17/03/2026	CFC(26)07	Staff/Patient Story: Support Group for Interstitial Lung Disease and Pulmonary Fibrosis Patients • To connect Ms Lynch-Wilson with Boehringer Ingelheim for potential support	SH	09/06/2026	In progress Update 27.08.26: SH has held 2 follow up conversations with BI, however there has been no progress to date.
17/03/2026	CFC(26)08	Integrated Hywel Dda Health Charities Performance Report • To seek advice from Sharon Daniel regarding whether the charity has a risk relating to the organisational change process, and whether further mitigating actions could be taken	NL	09/06/2026	Complete Complete. Risk assessment has been reviewed by Risk & Assurance with a recommendation that the impact is incorporated into corporate risk 1185, with mitigating actions to be considered by the Communications and Engagement Director.
10/06/2026	CFC(26)28	Charitable Funds Committee Annual Report 2025-26 • To correct the figure on page 9 from £3.1 to £3.1m	CEv	12/06/2026	Complete
10/06/2026	CFC(26)29	CFC Self-Assessment Outcome Report • To strengthened the action list by adding a more explicit reference to strategic impact and alignment.	CJa	01/07/2026	Complete Complete. Wording has been updated
10/06/2026	CFC(26)29	CFC Self-Assessment Outcome Report • To refine the wording of 3rd action in the table to reflect that they are more perceived barriers.	CJa	01/07/2026	Complete Complete. Wording has been updated

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
10/06/2026	CFC(26)32	Consideration of funding requests from the charity's Making a Difference Fund • Digital perinatal mental health platform proposal: To undertake further discussion on the perinatal mental health platform with digital and clinical colleagues, refine the proposal as needed, and bring it back for formal reconsideration	NL	31/08/2026	Complete Complete. Agenda item for the September CFC meeting
10/06/2026	CFC(26)32	Consideration of funding requests from the charity's Making a Difference Fund • Phlebotomy Booking System Proposal: To clarify digital alignment, organisational fit, and long-term sustainability of the phlebotomy booking system proposal and, if satisfactory, progress the decision by Chair's action	NL	31/08/2026	Complete Complete. Chair's action meeting held on 29/07/2026. Funding request approved and being presented to the September CFC meeting for ratification
10/06/2026	CFC(26)35	Charitable Funds Expenditure Report • To follow up the Committee's strategic concern about how charitable funds align with the organisation's future direction of travel, including prevention, community services, and care closer to home, and identify the most appropriate forum for further discussion	SD	31/08/2026	In progress In progress. Options are being explored for a Board seminar or dedicated workshop in autumn/winter 2026/27 to engage the Corporate Trustee in refreshing the charity's strategy beyond 2028 and agreeing priorities aligned to HDdUHB's future direction. Date to be confirmed.
10/06/2026	CFC(26)35	Charitable Funds Sub-Committee Update Report • Mr Evans would propose a future Sub-Committee agenda item to explore links with other sites and identify opportunities to replicate successful bids.	JE	30/06/2026	Complete Complete. Agenda item for the 15 September 2026 CFSC meeting
10/06/2026	CFC(26)35	Charitable Funds Sub-Committee Update Report • To add the Deputy Chief Operating Officer to the Membership of the Charitable Funds Sub-Committee Terms of Reference	JE	30/06/2026	Complete Complete. Terms of Reference have been updated

1.5 **09:37, 5 Mins**

1.5 - Ratification of any Approvals Made Outside the Meeting via Chair's Action

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

Attachments

2026-07-29 - Confirmed CFC Chair_s Action Meeting - Minutes.pdf

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.

1.6

09:42, 5 Mins

1.6 - Assurance and Risk Report

Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience)

This will be a verbal update.

2

09:47, 0 Mins

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2 - PERFORMANCE

2.1

09:47, 15 Mins

2.1 - Integrated Hywel Dda Health Charities Performance Report

Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting), Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

For assurance

Attachments

2.1 SBAR IP Report CFC June 2026.pdf

2.1 Appendix 1 Financial Overview to Q1 2026 V2.pdf

2.1 Appendix 2 Highlights at HDdHC Autumn 2026.pdf

Pwyllgor Cronfeydd Elusennol/ Charitable Funds Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 September 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda Health Charities Integrated Performance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Timothy John, Head of Accounting & Statutory Reporting Nicola Llewelyn, Head of Hywel Dda Health Charities

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/ For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Charitable Funds Committee (CFC), on behalf of the Corporate Trustee, with an integrated overview of Hywel Dda Health Charities' (HDdHC) performance and financial position as of 30 June 2026.

Cefndir / Background

Hywel Dda University Health Board's (HDdUHB) standing orders state that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board (HB) either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees."

In accordance with the Standing Orders (and the Health Board's Scheme of Delegation), the Board has nominated a committee to be known as the Charitable Funds Committee (CFC). The CFC has been established as a Committee of the Health Board and constituted from 22 July 2010.

HDdUHB is the Corporate Trustee of Hywel Dda Health Charities (HDdHC).

The purpose of the CFC is:

- To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
- To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.

- To develop the strategy and objectives for the Charity for consideration by the Board, and to provide assurance that an appropriate infrastructure is in place for the efficient and effective running of the Charity.
- To agree issues to be escalated to the Board with recommendations for action.

Asesiad / Assessment

The charity's key financial performance considerations for the period ended 30 June 2026 are detailed in the Integrated Performance Report slide pack attached at Appendix 1.

The Integrated Performance Report provides:

- An overview of incoming resources (donations, legacies, grants, trading income and investment income) compared with the same period in 2025/26 (slides 2 to 4).
- Analysis of resources expended, including charitable activities, fundraising, governance and support costs (slides 5 to 7) and commentary explaining any variances.
- An update in the delivery of 2026/27 objectives (slides 8 and 9).
- Supplementary financial information including the Statement of Financial Activity for the period, material outstanding commitments approved by the CFC and a summary of fund balances (slides 11 to 13).
- A summary of changes to the Charities SORP (Statement of Recommended Practice) coming into effect for year ended 31 March 2027 which introduce enhanced reporting and disclosure requirements for charities. While the changes are not expected to alter the underlying financial position of the charitable funds, they may affect the presentation and content of future annual reports and financial statements (slide 14).

In addition to the Integrated Performance Report at Appendix 1, attached at Appendix 2 is the Autumn 2026 highlights from the fundraising and communications support team.

Argymhelliad / Recommendation

The Charitable Funds Committee is requested to:

- **DISCUSS** the content of this report on the charity's performance.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1 To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework. 3.2 To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board. 3.3 To develop the strategy and objectives for the Charity for consideration by the Board, and to provide assurance that an appropriate infrastructure is in place for the efficient and effective running of the Charity. 3.4 To agree issues to be escalated to the Board with recommendations for action.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol:	Not Applicable

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ledger reports and investment reports.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn:	Deputy Head of Financial Accounting Assistant Head of Financial Accounting

Parties / Committees consulted prior to this meeting:	Fundraising Manager Senior Communications Officer

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The report sets out the financial position of the charity. Income generated from fundraising activities is a key source of income for Hywel Dda Health Charities. The charity is therefore duty bound to ensure that the correct controls and governance arrangements exist with regards to all aspects of fundraising.
Ansawdd / Gofal Claf: Quality / Patient Care:	Charity objects are in support of NHS services locally.
Gweithlu: Workforce:	Expenditure on governance and support costs (including fundraising and finance) included in the Integrated Performance Report.
Tegwch Iechyd: Health Equity:	No EqIA is considered necessary for a report of this type.
Risg: Risk:	Reputational risk if associated with unethical fundraising.
Cyfreithiol: Legal:	The charity's financial reporting is in line with charity law and guidance.
Enw Da: Reputational:	Reputational risk if associated with unethical fundraising.
Gyfrinachedd: Privacy:	No impact.
Cydraddoldeb: Equality:	No EqIA is considered necessary for a report of this type.

Elusennau Iechyd
HYWEL DDA
Health Charities

Integrated Performance Report

Financial Overview

2026/27 Quarter 1

Period ending 30 June 2026

1. Incoming Resources

Elusennau Iechyd HYWEL DDA Health Charities

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Income

Incoming Resources	Period ending 30th June 2026 £	Period ending 30th June 2025 £	Variance £	Variance %
Donations	157,688	143,308	14,380	10
Legacies	0	10,000	(10,000)	(100)
Grant funding received	0	5,090	(5,090)	(100)
Income from other trading activities (HDdHC lottery)	3,787	4,967	(1,180)	(24)
Investment income	96,579	120,715	(24,136)	(20)
Total income	258,054	284,080	(26,026)	(9)

Summary

- A positive start to the year with donations increasing by 10% compared to the same period last year. Income is expected to increase further as a significant proportion of planned fundraising activity is scheduled for later in the year, including the Cardiff Half Marathon, Charity of the Year initiatives and community fundraising events.
- Legacy and grant income are lower than the previous year's position but remain consistent with current income forecasts. The fundraising team expects overall income performance to strengthen during quarters 2 to 4 as planned fundraising activity is delivered throughout the remainder of the year.
- The reported reduction in lottery income is attributable to a prior-year reporting anomaly. Adjusting for this, quarter 1 lottery income for 2025/26 was £3,764, which is broadly in line with the current year's performance.
- Whilst the return of £2.49 generated for every £1 spent on fundraising in quarter 1 is below the annual target of £4.00, fundraising income is typically weighted towards the second half of the year. The fundraising team therefore remains confident that the full-year target will be achieved.

Benchmarks

Income generated for every £1 spent on fundraising

£2.49

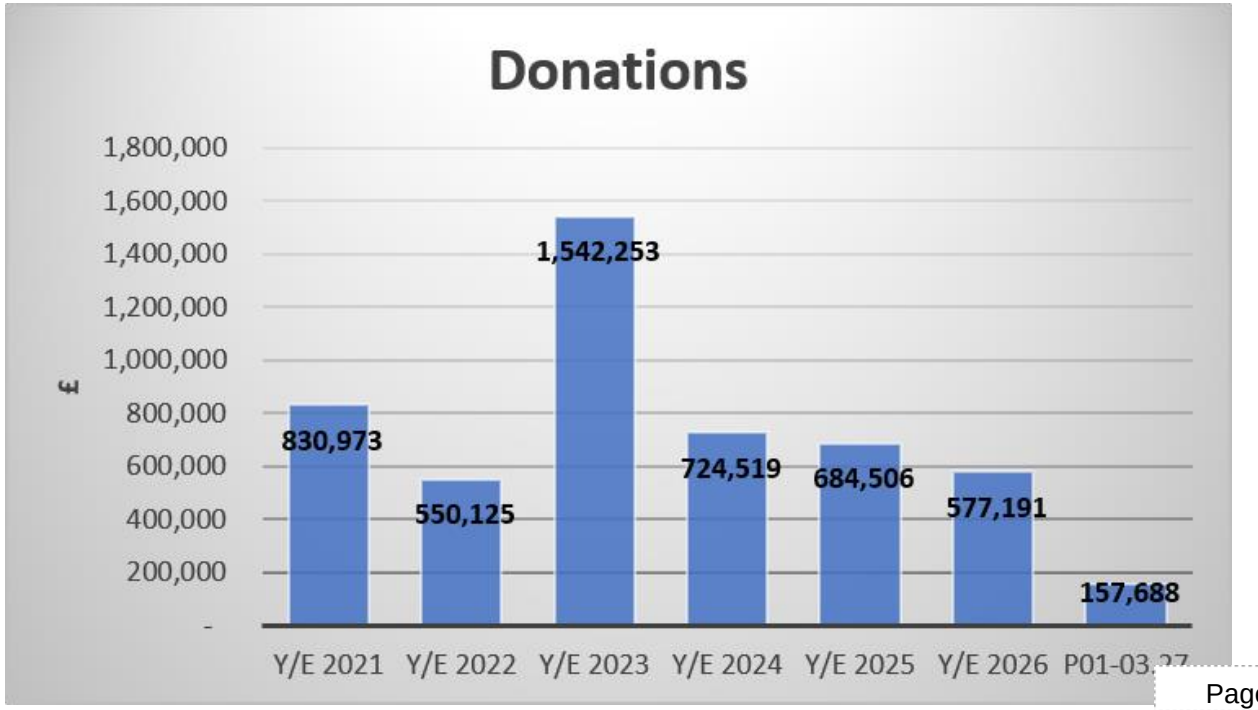
£2.41 to 30 June 2025

1.1 Donations

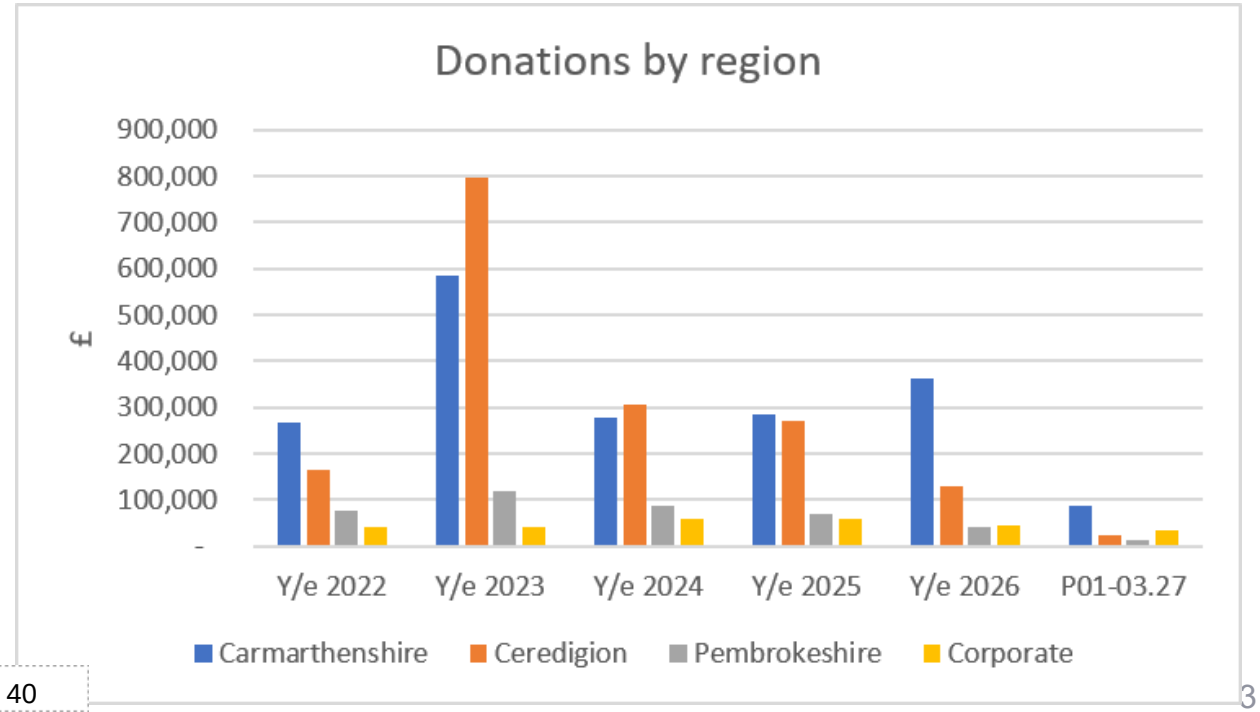
	Period ending 30 June 2026 £	Period ending 30 June 2025 £	Variance £	Variance %
Donations	157,688	143,308	14,380	10

- Donations levels have shown positive growth during the first quarter with a 10% increase compared with the same period in 2025/26.
- Growth has been supported by increased community engagement, corporate support and local fundraising activity.
- Fundraising team continues to monitor regional trends to identify opportunities for targeted fundraising activity ensuring resources are focused on the areas of greatest potential return to support sustainable income growth throughout the remainder of 2026/27.

Annual donations from 2021/22 to 30 June 2026/27



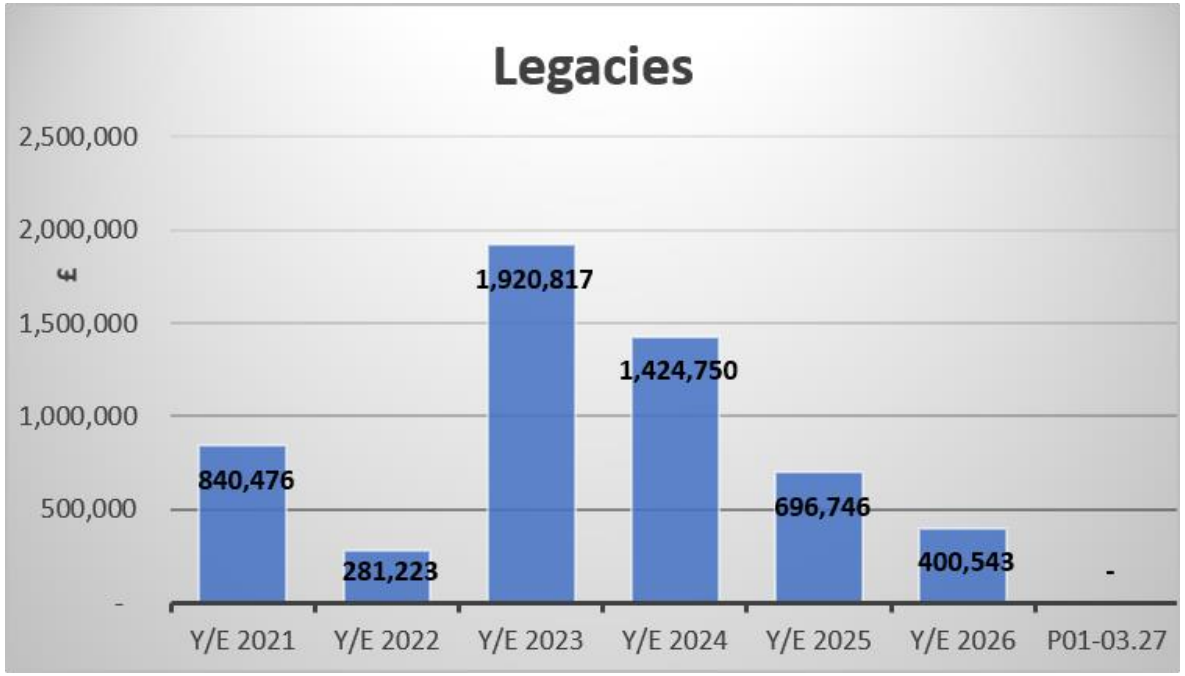
Annual donations split by region



1.2 Legacies

	Period ending 30 June 2026 £	Period ending 30 June 2025 £	Variance £	Variance %
Legacies	0	10,000	(10,000)	(100)

Legacy income from 2021/22 to 30 June 2026/27



- Legacy income remains inherently difficult to predict as the timing and value of receipts are influenced by factors outside the charity's control including probate timescales and estate administration processes.
- We currently have 14 active legacy cases under administration with an estimated combined value of £884,598. This is in addition to residual estate interests where final values have yet to be confirmed. This provides assurance regarding future legacy income and demonstrates continued supporter commitment.
- Whilst the timing of receipts remains uncertain, the value of the current pipeline provides assurance for a positive longer-term income outlook. The team continues to actively manage cases and maintain regular engagement with executors and solicitors.
- Legacy fundraising and stewardship remain a strategic priority with activity focused on progressing existing cases, maintaining strong relationships with pledges and enhancing supporter engagement that is intended to strengthen the long-term legacy pipeline and support sustainable future income growth.
- The annual "Make Your Will Month" campaign delivered positive results, generating 17 new wills and raising £2,500 during May. The campaign continues to play an important role in increasing awareness of legacy giving, encouraging supporters to consider gifts in their wills, and identifying future legacy prospects.
- Building on this success, a further targeted legacy campaign is planned for October 2026, aimed at increasing legacy awareness, securing additional pledges, and strengthening the pipeline of future gifts. This activity forms part of a longer-term strategy to grow legacy income and reduce reliance on the timing of individual estate settlements.

2. Resources Expended

Elusennau Iechyd HYWEL DDA Health Charities

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

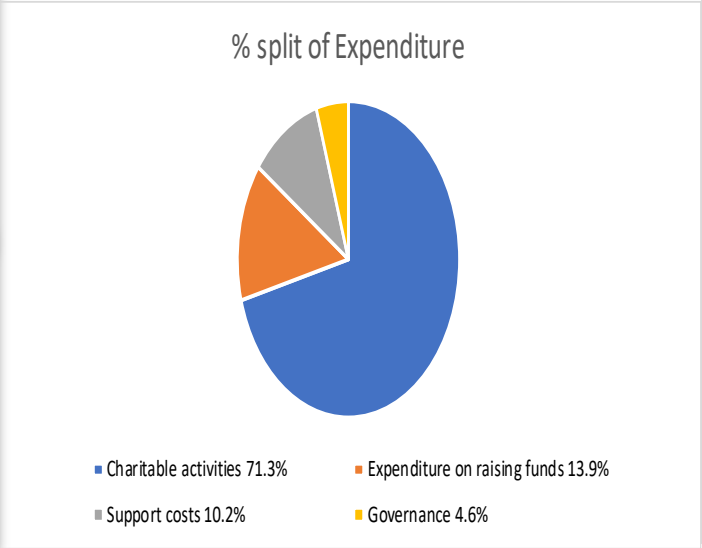
Expenditure

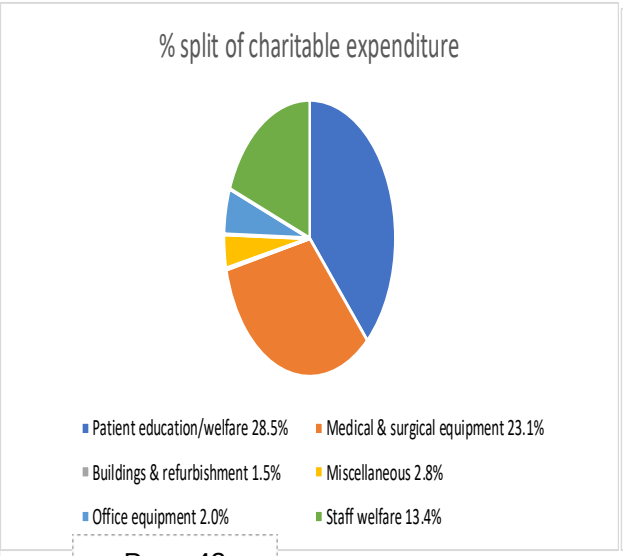
Resources Expended	Period ending 30th June 2026 £	Period ending 30th June 2025 £	Variance £	Variance %
Charitable Activities (Grant Making)	337,425	62,684	274,741	438
Expenditure on Raising Funds	65,284	68,122	(2,838)	(4)
Support Costs	48,314	45,570	2,744	6
Governance costs	21,978	21,302	676	3
Total Expenditure	**473,002**	**197,678**	**275,324**	**1**

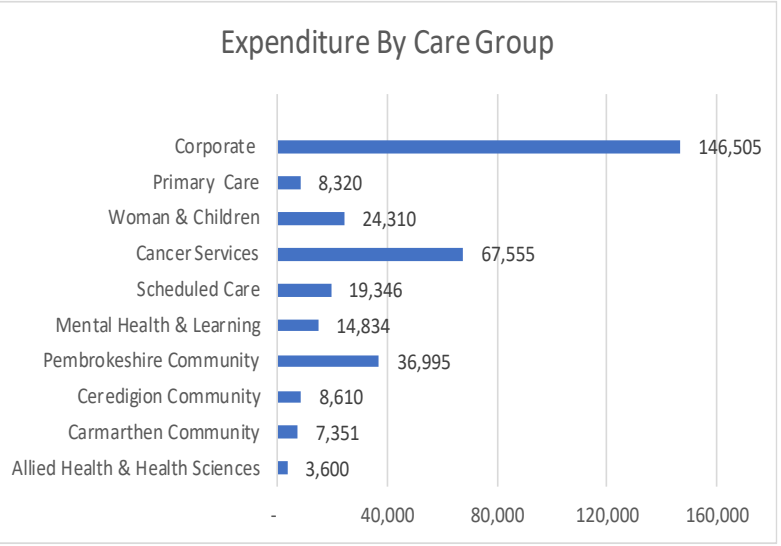
Summary

- Expenditure on charitable activities has increased significantly compared with the same period in 2025/26, reflecting the charity's objective of encouraging proactive expenditure to maximise patient, staff and community benefit.
- The majority of expenditure during the period relates to projects supported by the Making a Difference Fund which is reported within the 'Corporate' category in the 'Expenditure by Care Group' analysis below.

Analysis of % spend by type







2.1 Charitable Activities

Elusennau Iechyd HYWEL DDA Health Charities

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Expenditure on Charitable Activities

	Period ending 30 June 2026	Period ending 30 June 2026 % of total expenditure	2025/26 £	2024/25 £
Medical and Surgical equipment	109,476	32.4	319,904	1,959,934
Office and Computer Equipment	9,233	2.7	49,875	63,232
Building and refurbishment	7,157	2.1	109,842	144,869
Staff Education and Welfare	63,346	18.8	39,404	64,508
Patient Eductation/Welfare	135,030	40.0	649,626	148,270
Miscellaneous	13,182	3.9	71,484	2,035
Total	**337,425**	**100.0**	**1,240,135**	**2,382,848**

	Charitable Activity Expenditure £	%
Allied Health & Health Sciences	3,600	1%
Carmarthen Community	7,351	2%
Ceredigion Community	8,610	3%
Pembrokeshire Community	36,995	11%
Mental Health & Learning	14,834	4%
Scheduled Care	19,346	6%
Cancer Services	67,555	20%
Woman & Children	24,310	7%
Primary Care	8,320	2%
Corporate	146,505	43%
Total	**337,425**	**100%**

Notable expenditure incurred to 30 June 2026 (over £5,000):

Medical and surgical equipment

- AR glasses pain management Pembroke Dock HC (£9,902)
- Electric Gyno chair (£8,025)
- 2 Training models/mannequins (£8,009)
- Transforming GGH Madog Suite into a specialist stoma & colorectal hub (£64,942)

Staff Education & Welfare

- Staff recognition & appreciation programme June 2026 (£36,057)

Building & Refurbishment

- Upgrade of mortuary viewing areas BGH GGH PPH WGH (£7,663)

Patient education and welfare

- Upgrade of mortuary viewing areas BGH GGH PPH WGH (£18,922)
- 10 Stryker wheelchairs WGH (£17,601)
- Tranquil garden areas at GGH mortuary for bereaved families & staff (£17,820)
- Nutritional education videos MH Health centre (£7,200)
- Paxman scalp cooling consumables (£18,453)
- Interactive corridor flooring (£12,616)
- Interactive whiteboards & android tablets dementia (£7,304)
- Community Health & lifestyle Café for people with Learning Disabilities (£11,700)

2.2 Expenditure on Governance, Support and Raising Funds

Elusennau Iechyd HYWEL DDA Health Charities

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Governance, support and expenditure on fundraising

		Budget to 30/06/2026	Actual Costs to 30/06/2026	(Under) / Over budget to 30/06/2026
Finance		27,678	26,872	(806)
Fundraising team	Pay	103,014	98,600	(4,414)
Fundraising	Non Pay	11,728	5,850	(5,877)
Sub-total		**142,419**	**131,322**	**(11,097)**
Audit		4,254	4,254	0
Total		**146,673**	**135,576**	**(11,097)**

Apportionment of costs across funds

	Restricted/ Unrestricted	Endownment Funds (£)	Overall Total (£)
Investment Income	(78,441)	(18,138)	(96,579)
Governance & Support - Finance, Fundraising & Support Team	131,322	0	131,322
Audit Fees	4,254	0	4,254
Investment (Gains) & Losses	(424,885)	(155,290)	(580,175)
(Surplus)	**(367,750)**	**(173,428)**	**(541,178)**

Costs analysed by category of spend

£	Expenditure on raising funds	Support	Governance	Total
Fundraising team				
Pay	59,432	30,558	8,609	98,600
Non-Pay	5,850	-	-	5,850
Finance	-	17,757	9,115	26,872
Audit	-	-	4,254	4,254
Total	**65,283**	**48,314**	**21,978**	**135,576**

- In March 2026, the CFC approved a total governance, support and fundraising budget of £569,676 for the 2026/27 financial year.
- For the period ending 30 June 2026, the reported position is an underspend of £11,097, mainly due to a vacancy being held within the team.
- Dividend and interest on endowment funds have been applied to their restricted funds.
- There was a net surplus from unrestricted/restricted apportionments (after investment losses) across funds of £367,750 for the period ending 30 June 2026.

- *Unrestricted and restricted funds: income earned from surplus cash from general restricted funds invested. The income earned is apportioned against all unrestricted and restricted funds based on an average fund balance across the whole year.*
- *Endowment funds: income earned from an investment where the capital cannot be spent, and that income earned is to be used for a specific purpose and is therefore restricted and will not be generally apportioned across all funds.*

3. Update on delivery of 2026/27 objectives

Since March 2026, the charity team has progressed a programme of work to deliver the agreed objectives for 2026/27, with a focus on strengthening fundraising capacity, improving internal support arrangements and creating the foundations for sustainable income growth and increased charitable impact.

Objective 1: Address role drift and re-establish the core purpose of the fundraising and communications team

- A workshop was held with Procurement and Finance colleagues in April 2026 to review challenges within the funding application and expenditure process, identify areas of inefficiency, clarify roles and responsibilities, and agree improvements to better support for applicants and services.
- As a result, a Senior Procurement Business Manager has been appointed lead for the charitable funds portfolio. Working alongside the Head of Hywel Dda Health Charities, clearer guidance and support materials are being developed to help applicants understand procurement requirements at an earlier stage of the process, reducing delays and improving the quality of applications received.
- This work is intended to strengthen internal processes with the aim of reducing reliance on the fundraising team and providing a more efficient experience for applicants.

Objective 2: Build the capacity needed for effective grant-making

- Dedicated software development time has been secured for October 2026 to progress the new online charitable funds application process. This will be delivered in phases, beginning with the pilot of a bespoke Microsoft Forms application system during quarter 3, followed by the development of an administration and reporting function during quarter 1 2027/28.
- A workshop is scheduled for 29 September 2026, facilitated by the Team Effectiveness Specialist, bringing together fundraising and finance colleagues to review the charity's grant-making function, finance re-charge arrangements and support model, and assess whether current resources and processes remain fit for purpose.
- This work is intended to streamline application processes, reduce administrative burden, strengthen oversight and support a more sustainable model that enables frontline teams to access charitable funding m[illegible]dently.

3. Update on delivery of 2026/27 objectives

Elusennau Iechyd HYWEL DDA Health Charities

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Objective 3: Stabilise and increase income and community engagement

- Fundraising and communications plans have been refreshed to focus on priority growth areas including corporate fundraising, legacy fundraising and staff engagement.
- Donation income increased by 10% during Quarter 1 compared to the same period in 2025/26, supported by increased community engagement, corporate support and local fundraising activity.
- Legacy fundraising activity provides confidence in future income, with 14 active legacy cases under administration valued at an estimated £884,598.
- This work is intended to strengthen the foundations for sustainable income growth, increase supporter engagement and ensuring the team remains focused on its core purpose of growing charitable income and community support for the NHS.

Resources and capacity

- The Administration Officer vacancy has been filled following a competitive recruitment process and the successful candidate is due to join the team on 1 September 2026. This will restore dedicated administrative support and increase capacity for fundraising staff to focus on income generation and donor engagement.
- The Fundraising Support Officer commenced maternity leave in August 2026. Workforce arrangements are being reviewed following the appointment of the Administration Officer and wider work to address role drift to determine whether the role requires backfill without adversely affecting fundraising performance.

Appendix 1
Financial Performance
Supplementary Information

Position as at 30 June 2026

1. Statement of Financial Activity for the period ended 30 June 2026

HYWEL DDA LOCAL HEALTH BOARD
CHARITABLE FUND REPORT - SUMMARY

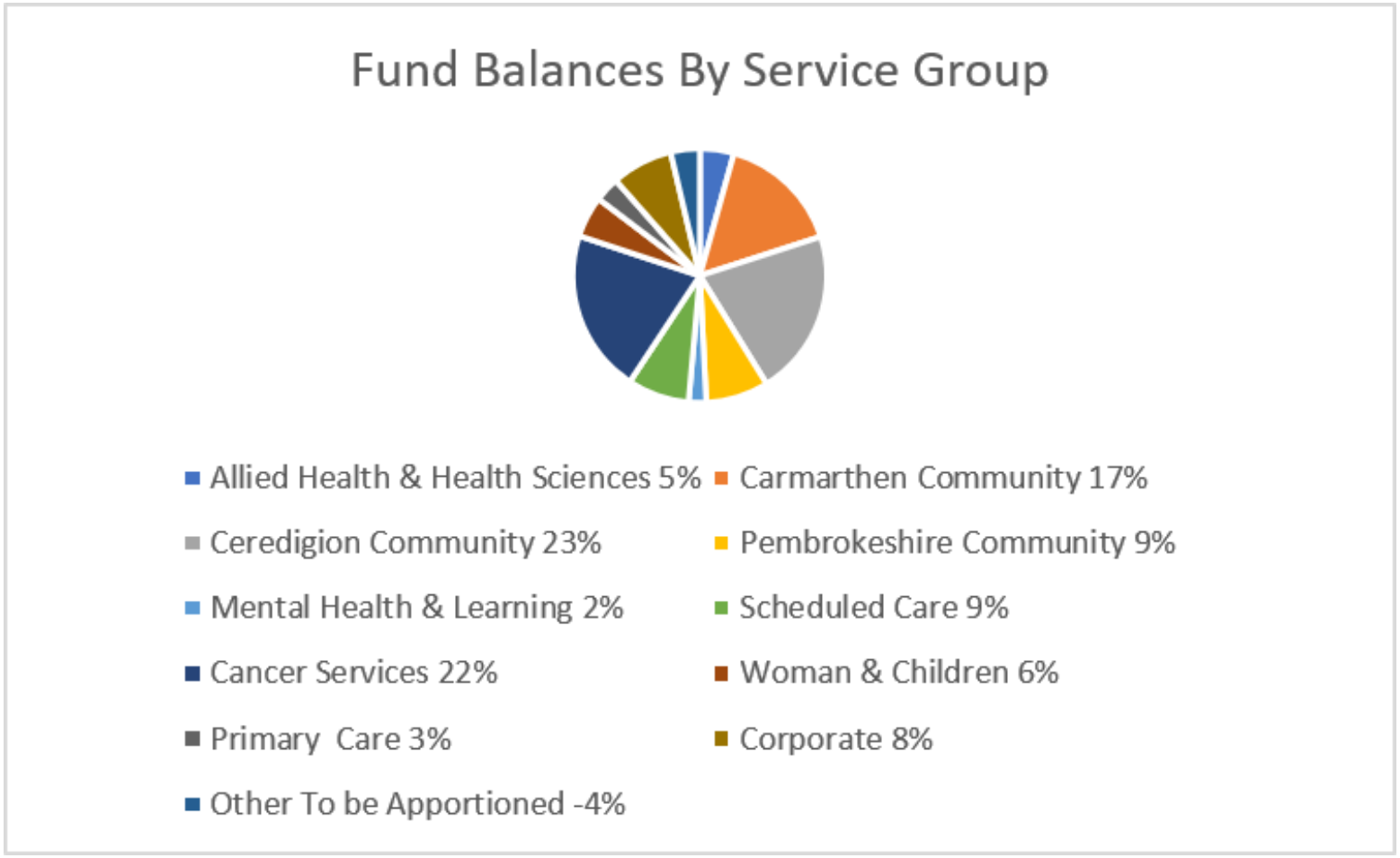
FOR THE PERIOD ENDING 30 JUNE 2026

	Community & Intergrated Medicine					Planned & Specialist Care						
	Allied Health & Health Sciences	Carmarthen Community	Ceredigion Community	Pembrokeshire Community	Mental Health & Learning Disabilities	Scheduled Care	Cancer Services	Woman & Children	Primary Care	Corporate	Other To be apportioned	Total
	£	£	£	£	£	£	£	£	£	£	£	£
Incoming resources												
Donations	3,926	35,743	9,945	7,379	4,044	24,698	43,935	18,462	3,991	5,565	0	**157,688**
Legacies	0	0	0	0	0	0	0	0	0	0	0	**0**
Grants receivable	0	0	0	0	0	0	0	0	0	0	0	**0**
Investment income	0	0	0	18,138	0	0	0	0	0	0	78,441	**96,579**
Income from other trading activities	0	0	0	0	0	0	0	0	0	3,787	0	**3,787**
Other incoming resources	0	0	0	0	0	0	0	0	0	0	0	**0**
	3,926	35,743	9,945	25,516	4,044	24,698	43,935	18,462	3,991	9,352	78,441	**258,054**
Resources expended												
Expenditure on raising funds	0	0	0	0	0					0	(65,284)	**(65,284)**
Charitable activities	(3,600)	(7,351)	(8,610)	(36,995)	(14,834)	(19,346)	(67,555)	(24,310)	(8,320)	(146,505)	0	**(337,425)**
Support Costs	0	0	0	0	0					0	(48,314)	**(48,314)**
Governance costs	0	0	0	0	0					0	(21,978)	**(21,978)**
Investment Management	0	0	0	0	0					0	0	**0**
	(3,600)	(7,351)	(8,610)	(36,995)	(14,834)	(19,346)	(67,555)	(24,310)	(8,320)	(146,505)	(135,576)	**(473,002)**
Net incoming/(outgoing) resources before transfers	**326**	**28,393**	**1,335**	**(11,479)**	**(10,790)**	**5,352**	**(23,620)**	**(5,848)**	**(4,329)**	**(137,153)**	**(57,135)**	**(214,948)**
Gross transfers between funds	0	0	0	0	0	0	0	0	0	0	0	**0**
Net incoming/(outgoing) resources	**326**	**28,393**	**1,335**	**(11,479)**	**(10,790)**	**5,352**	**(23,620)**	**(5,848)**	**(4,329)**	**(137,153)**	**(57,135)**	**(214,948)**
Gains/(losses) on investment assets												
Realised and Unrealised	0	0	0	155,290	0	0	0	0	0	0	424,885	**580,175**
Net movement in funds	**326**	**28,393**	**1,335**	**143,811**	**(10,790)**	**5,352**	**(23,620)**	**(5,848)**	**(4,329)**	**(137,153)**	**367,750**	**365,227**
Opening balance at 01 April 2026	364,353	1,333,973	1,870,761	2,708,220	198,994	656,741	1,771,038	447,725	270,295	793,732	**(679,472)**	**9,736,360**
Closing balance at 30 June 2026	**364,679**	**1,362,366**	**1,872,096**	**2,852,031**	**188,204**	**662,093**	**1,747,418**	**441,878**	**265,965**	**656,578**	**(311,722)**	**10,101,587**
Less Endownment funds (non-spendable)	0	42,310	91,363	2,178,991	0	0	0	0	0	0	0	2,312,663
Available to spend at 30 June 2026	**364,679**	**1,320,057**	**1,780,733**	**67**		**662,093**	**1,747,418**	**441,878**	**265,965**	**656,578**	**(311,722)**	**7,788,924**

2. Outstanding material commitments as at 30 June 2026 (approved by CFC)

Service	£	Description	Date Approved	Status
Cancer Service - Ceredigion	84,519	BGH Chemotherapy Development	Mar-24	Funds committed to the delivery of a new Chemotherapy Day Unit at BGH. Expenditure of funds will be aligned to the delivery of the capital scheme.
Arts and Health (Nursing, Quality & Patient Experience)	151,461	Arts and Health Capacity Building- to contribute to the salary and oncosts of a B6 Project Support Officer and activities budget for patients	Mar-24	On going project
Mental Health & Learning Disabilities, Community & Integretad Medicine	36,010	Interactive singing & movement sessions	Jun-24	On going project
Arts and Health (Nursing, Quality & Patient Experience)	25,050	HARP: Hywel Dda Arts Referral Programme	Sep-25	On going project
Carmarthenshire System - Community & Intregrated Medicine	103,336	Development of Sensory Gardens at Prince Philip Hospital	Sep-25	On going project
Public Health Directorate	47,520	4 Lifestyle Checkpoint (K2) health kiosks	Dec-25	On going project
Allied Health & Health Sciences	0	Purchase of 12 x Iowa Oral Performance Instrument (IOPI) assessment and rehabilitation tools for acute and community adult dysphagia	Dec-25	On going project
Arts and Health (Nursing, Quality & Patient Experience)	60,000	Installation of art in emergency departments (BGH, GGH, WGH)	Dec-25	On going project
Endoscopy & Gastroenterology	152,160	Colon Capsule project	Jan-26	On going project
Planned Care & Cancer	64,942	Transforming GGH Madog Suite into a specialist stoma & colorectal hub	May-26	On going project
Workforce & OD	36,057	Staff recognition & appreciation programme	Jun-26	On going project
Allied Health & Health Sciences	23,585	Upgrade of mortuary viewing area	Jun-26	On going project
	784,640			

3. Fund balances as at 30 June 2026



	Total Fund Balance	%
Allied Health & Health Sciences	364,679	5%
Carmarthen Community	1,320,057	17%
Ceredigion Community	1,780,733	23%
Pembrokeshire Community	673,040	9%
Mental Health & Learning	188,204	2%
Scheduled Care	662,093	9%
Cancer Services	1,747,418	22%
Woman & Children	441,878	6%
Primary Care	265,965	3%
Corporate	656,578	8%
Other To be Apportioned	- 311,722	-4%
Total	**7,788,924**	**100%**

Charities SORP 2026 Tier 2 Changes

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enhanced Trustees' Annual Report

- Greater focus on charitable impact and public benefit
- Stronger governance, decision-making and oversight reporting
- Expanded reserves, sustainability and future plans disclosures
- New ESG reporting requirements

Impact Reporting

- Greater emphasis on outcomes achieved
- Evidence of benefits delivered to beneficiaries and stakeholders

Financial Reporting

- Mandatory activity-based SOFA
- Revised income recognition requirements
- New lease accounting requirements

Key Actions for Trustees

- Review disclosures
- Strengthen impact reporting
- Assess lease implications
- Consider governance, reserves and resilience requirements

Overall Impact

Increased transparency, impact, governance and long-term sustainability reporting.

AUTUMN 2026

Highlights at

Elusennau Iechyd HYWEL DDA Health Charities




SPOTLIGHT ON STAFF ENGAGEMENT

While the charity is focused on raising funds to improve patient and staff experiences, we also provide key opportunities for staff engagement, wellbeing, teamwork and personal achievement, helping to build a positive and motivated workforce.

Summer 2026 has seen some fantastic fundraising by Hywel Dda staff – both as individuals and teams!

From mountain climbs and cycling challenges to golf days, running events and awareness campaigns, staff from a wide range of services have embraced fundraising as a way of giving something extra to the patients and communities they care for every day.

But the impact extends beyond fundraising. Many staff speak about the pride, camaraderie and sense of achievement that comes from working towards a challenge as a team. Whether training together, supporting colleagues during an event, or celebrating fundraising milestones, these activities help strengthen relationships across departments and create a positive workplace culture.

Tara Nickerson, Fundraising Manager, explained: "Staff fundraising offers an opportunity to step away from day-to-day pressures, connect with colleagues in a different setting and really make a difference for the service."

These are just a few examples of recent staff fundraising:

- Peter Havalda, Consultant in Anaesthesia and Intensive Care Medicine, successfully scaled Illimani – one of the highest peaks in the Andes – to raise funds for the Chemotherapy Day Unit in Glangwili
- A team of staff from the Chemotherapy Day Unit at Prince Philip raised an impressive £2,530 by climbing Pen y Fan and completing a swim challenge
- A team of staff from Ward 11 at Withybush raised funds by taking on the Carten100 cycle
- The Hepatology Team at Bronglais completed the Welsh Three Peaks challenge, raising over £2,500 to support patient education, outreach clinics and community-based equipment
- The Community Clinics Team at South Pembrokeshire Hospital raised funds in support of their service during Legs Matter Week by organising an awareness day and raffle for patients, former patients and their families
- Digital Communications Officer Laura Hiscox completed a skydive at Swansea Airport to raise funds for Bronglais's Enlli Ward
- Andrew Homfray organised his fourth annual charity golf day and raised £1,383 for the Psychological Integrated Therapies Service
- Dr Simon Fountain-Polley marked his 50th birthday by taking on the Porthcawl 10K to raise funds for the Hywel Dda Paediatric Diabetes service and Cilgerran Ward at Glangwili.

And the list goes on! Of course, the charity also provides dedicated opportunities for staff to take part in high-profile fundraising events. Through charity places in events such as the Cardiff Half Marathon and Long Course Weekend Wales, staff are able to challenge themselves while raising funds for the services that they are a part of.

For example, this year, Advanced Paramedic Practitioner Gareth Jones is using a Cardiff Half Marathon charity place to raise funds for Neyland and Johnston Surgeries, while Iesha Henderson was one of several staff who represented the charity at Long Course Weekend Wales, taking on the 10k to raise funds for the Frailty Unit at Withybush.

Read more about staff fundraising at hywelddahealthcharities.nhs.wales

ENGAGING OUR STAFF ON THE NHS'S 78TH BIRTHDAY

In July we visited sites across Hywel Dda and invited teams to have their photo taken with a selfie frame to celebrate the NHS's 78th birthday. Hundreds of photos were shared across our social media channels.

The posts generated significant engagement, providing a great opportunity for our local communities to thank Hywel Dda staff for the work they do. They also encouraged staff to visit our social media channels to view their photos and interact by liking, commenting and sharing.

It was a fantastic opportunity to visit so many teams, share a positive message, and engage staff with the charity's work. Thanks to everyone who took part!

LONG COURSE WEEKEND PARTNERSHIP GOES FROM STRENGTH TO STRENGTH

Long Course Weekend Wales 2026 delivered another successful year for the charity and marked the first year of our renewed three-year partnership with Activity Wales Events.

The event raised over £12,000 and was well received by participants, including several staff, who praised the support provided by the charity team throughout their fundraising journey and during the event weekend.

Our charity stand was in a prime location, helping us engage with supporters, while participant stories and social media activity generated strong engagement from friends, families and local communities. The partnership also provided valuable publicity, with coverage across a range of regional media outlets reaching thousands of people.

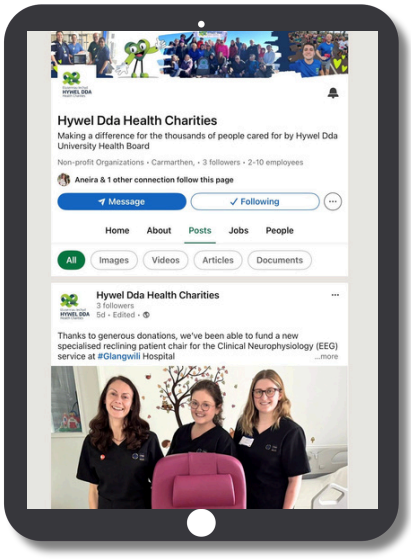
Overall, Long Course Weekend Wales remains one of our most successful fundraising partnerships, delivering income, awareness and community engagement while strengthening support for NHS services across the Hywel Dda area.

COMMUNICATIONS: NEW DEVELOPMENTS

Charity magazine:

We are currently in the process of distributing our new bilingual charity magazine across Health Board sites, including waiting areas, reception spaces and staff rooms, so please keep an eye open for it!

The publication provides charity news, showcases the impact of donations and promotes opportunities for patients, staff and the public to support the charity.



LinkedIn page:

Our new LinkedIn page has been launched to strengthen engagement with local businesses and corporate partners, helping to raise awareness of the charity and attract support.

The platform will also be used to engage staff and share charity news, success stories and fundraising opportunities.

Please feel free to follow us!

IN FOCUS:
HOW CHARITABLE DONATIONS ARE ENHANCING HEALTHCARE ACROSS HYWEL DDA

NEW TECHNOLOGY TO SUPPORT PATIENTS WITH COMMUNICATION AND SWALLOWING PROBLEMS

Thanks to generous donations from our local communities, we have awarded £33,118 to the Adult Speech and Language Therapy Service to purchase a suite of Iowa Oral Performance Instrument assessment and rehabilitation devices.

Alison Thomas, Head of the Adult Speech and Language Therapy Service at Hywel Dda, said: "Our teams are seeing increasing numbers of patients who require targeted therapy to help with swallowing and communication difficulties, so having access to these devices across multiple sites will make a significant difference to the care we can provide. The devices allow us to offer precise assessment and rehabilitation using objective measurement and biofeedback, which greatly improves patient engagement and outcomes."

SOFT TOYS HELP CHILDREN AND YOUNG PEOPLE UNDERSTAND BEREAVEMENT

Recently we have been able to fund a selection of soft toys for the families of patients on Meurig Ward at Bronglais Hospital who are facing bad news and bereavement.

Ellen Masters, Ward Administrator, said: "The teddies are given specifically to offer support and comfort to the children of patients on Meurig Ward when someone close to them is seriously ill or when they are bereaved, helping them feel safe and supported when their world feels uncertain.

"For children coping with loss, a soft toy can act as a steady, familiar presence at a time when emotions are overwhelming, giving them something to hold onto for warmth, stability, and emotional expression."

ENHANCED COMFORT AND CARE FOR EEG PATIENTS AT GLANGWILI

Patients attending electroencephalogram (EEG) appointments at Glangwili Hospital are set to benefit from improved comfort and enhanced diagnostic testing thanks to charitable funding.

A £3,472 award from the Making a Difference fund has enabled the purchase a new specialised reclining hospital patient chair for the Clinical Neurophysiology service, supporting patients who undergo lengthy and sensitive diagnostic procedures.

Donna Morris, Senior Service Manager for Ophthalmology and Neurology, said: "EEG tests require patients to remain still for extended periods, which can be challenging when seating isn't ideal. This new reclining chair has made a significant difference to patient comfort and helps us achieve more accurate diagnostic recordings."

CHARITY DONATIONS HELP TRANSFORM HOSPITAL GARDEN

Thanks to generous donations the charity has funded items that will help create a therapeutic, dementia-friendly courtyard garden space in Caebryn mental health unit at Prince Philip Hospital.

The funding has supported the purchase of safe, durable and appropriate seating and planters for the garden. The items have helped create a sensory-rich, accessible and calming outdoor environment for individuals living with dementia and those experiencing complex mental health conditions.

Emma Dobson, Older Adult Mental Health Clinical Lead Occupational Therapist, said: "The funded items have helped us create a meaningful and purposefully optimised care environment that supports emotional wellbeing, cognitive stimulation and relaxation, while also encouraging social interaction and therapeutic engagement."

NEW GAMES BOOST WELLBEING ON SUNDERLAND WARD

Using charitable funding, staff have been able to purchase games to enhance the experience and wellbeing of patients on Sunderland Ward at South Pembrokeshire Hospital.

Nicola Zroud, Senior Nurse Manager, said: "These new activities will make a real difference to our patients. Many of the individuals we care for benefit greatly from moments of calm, creativity and independence. Having these resources available helps us provide a more positive, person-centred experience."

For more charity updates, please visit:
hywelddahealthcharities.nhs.wales

2.2 **10:02, 15 Mins**

2.2 - Draft Annual Accounts (2025/26)

Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting), Tracy Davies (Hywel Dda UHB - Deputy Head of Financial Accounting)

For information

Attachments

2025-25 SOFA and BS for CFC meeting 08.09.2026.pdf

Hywel Dda Health Charities
Statement of Financial Activities for the year ended 31 March 2026

	Note	Unrestricted funds £000	Restricted funds £000	Endowment funds £000	Total Funds 2025-26 £000
Incoming resources from generated funds:					
Donations, legacies & grants	3	986	110	0	**1,096**
Other trading activities	3	15	0	0	**15**
Investments Income	5	352	55	70	**477**
Total incoming resources		**1,353**	**165**	**70**	**1,588**
Expenditure on:					
Raising Funds	6	229	36	0	**265**
Charitable activities	7	1,366	160	0	**1,526**
Total expenditure		**1,595**	**196**	**0**	**1,791**
Net (loss) on investments	13	(473)	(73)	(212)	**(758)**
Net income / (expenditure)		**(715)**	**(104)**	**(142)**	**(961)**
Transfer between funds	18	(9)	79	(70)	**0**
Net movement in funds		**(724)**	**(25)**	**(212)**	**(961)**
Reconciliation of Funds					
Total Funds brought forward as at 1 April 2025	19	7,266	1,082	2,366	**10,714**
Total Funds carried forward as at 31 March 2026		**6,542**	**1,057**	**2,154**	**9,753**

Hywel Dda Health Charities
Statement of Financial Activities for the year ended 31 March 2025

	Unrestricted funds £000	Restricted funds £000	Endowment funds £000	Total Funds 2024-25 £000
Incoming resources from generated funds:				
Donations and legacies	1,141	298	0	**1,439**
Other trading activities	16	0	0	**16**
Investments Income	287	216	67	**570**
Total incoming resources	**1,444**	**514**	**67**	**2,025**
Expenditure on:				
Raising Funds	162	121	0	**283**
Charitable activities	590	2,056	0	**2,646**
Total expenditure	**752**	**2,177**	**0**	**2,929**
Net loss on investments	(157)	(118)	(101)	**(376)**
Net income / (expenditure)	**535**	**(1,781)**	**(34)**	**(1,280)**
Transfer between funds	2,493	(2,318)	(175)	**0**
Net movement in funds	**3,028**	**(4,099)**	**(209)**	**(1,280)**
Reconciliation of Funds				
Total Funds brought forward as at 1 April 2024	4,238	5,181	2,575	**11,994**
Total Funds carried forward as at 31 March 2025	**7,266**	**1,082**	**2,366**	**10,714**

The notes on pages 34-44 form part of these accounts

Hywel Dda Health Charities
Hywel Dda Health Charities Balance Sheet as at 31 March 2026

	Note	Unrestricted funds £000	Restricted funds £000	Endowment funds £000	**Total 2025-26 £000**	Total 2024-25 £000
Fixed assets:						
Investments	13	5,087	822	2,081	**7,990**	8,748
Total fixed assets		**5,087**	**822**	**2,081**	**7,990**	**8,748**
Current assets:						
Debtors	14	115	16	17	**148**	138
Cash at bank and in hand	15	2,348	387	56	**2,791**	4,986
Total current assets		**2,463**	**403**	**73**	**2,939**	**5,124**
Liabilities:						
Creditors falling due within one year	16	875	168	0	**1,043**	2,999
Net current assets		**1,588**	**235**	**73**	**1,896**	**2,125**
Total assets less current liabilities						
Creditors falling due after more than one year	16	133	0	0	**133**	159
Total net assets		**6,542**	**1,057**	**2,154**	**9,753**	**10,714**
The funds of the charity:						
Endowment funds	19	0	0	2,154	**2,154**	2,366
Restricted funds	19	0	1,057	0	**1,057**	1,082
Unrestricted funds	19	6,542	0	0	**6,542**	7,266
Total funds		**6,542**	**1,057**	**2,154**	**9,753**	**10,714**

The notes on pages 34-44 form part of these accounts

Signed : .....

Name : **Dr Neil Wooding** (Chair of the Corporate Trustee)

Date :

2.3 **10:17, 20 Mins**

2.3 - HDdHC Investment Advisor Update - External CCLA

daisy.mannifield@ccla.co.uk

For assurance

Attachments

2.3 2026-09-08 Investment update Hywel Dda Health Charities.pdf

Hywel Dda Health Charities

CCLA
GOOD INVESTMENT

Antonia Cavalier, Client Investment Director

Daisy Mannifield, Client Investment Director

9th September 2026

Image courtesy of Koestler Arts

Commitments made by Jupiter

Jupiter has committed to maintaining the following elements of CCLA's identity:

- Branding, visual identity, ethos and culture.
- Investment philosophy and client service model.
- Stewardship activities and ethical investment.
  - This is underpinned by an agreement from Jupiter to the CBF Trustees (as the largest shareholder of CCLA) to maintain the above commitment for 25 years.

CCLA's client interaction, now and once the deal completes, will remain exactly as it is – distinctive, purpose-led, and deeply personal. It is what makes them special, and it is what we are here to amplify.

Maximilian Guenzl, Co-Head of Client Group

Portfolio valuation

Holdings	Market value	Income yield	Forecast annual income
COIF Charities Ethical Investment Fund The General Investment Fund	£6,248,050	3.18%	£198,505
COIF Charities Ethical Investment Fund The Permanent Endowment Fund	£2,283,583	3.18%	£72,551
COIF Charities Deposit Fund	£2,522,026	3.74%	£94,271
Total portfolio	**£11,053,660**	**3.31%**	**£365,327**

Initial investment
General Investment (15 Dec 2022) – £5,907,001
Permanent Endowment (15 Dec 2022) – £2,158,934
Deposit Account (12 Dec 2023) - £6,000,000
- Sold £1,200,000 (17 Feb 2025)
- Sold £300,000 (27 Mar 2025)
- Sold £2,600,000 (17 March 2026)

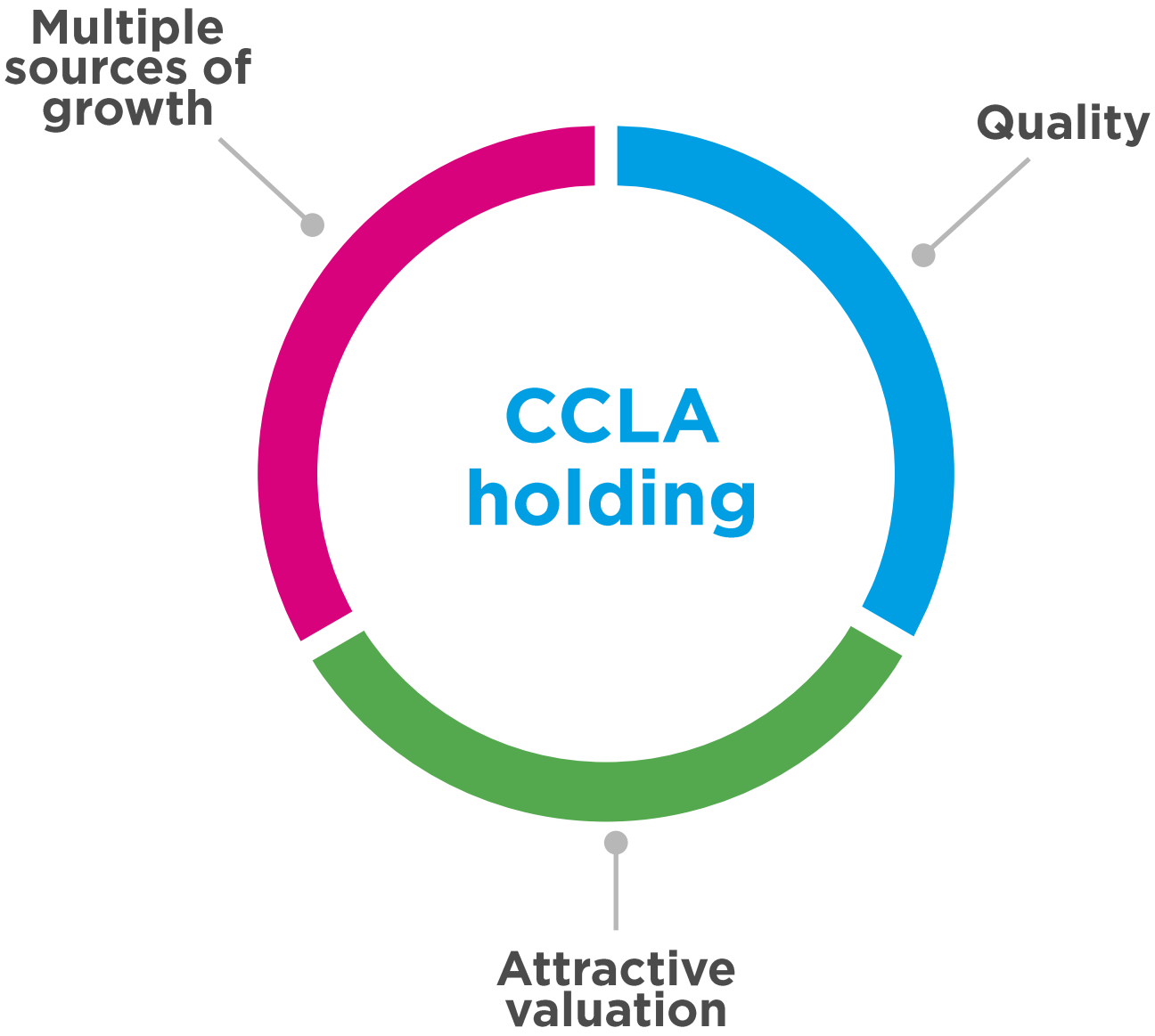
Income received to date:
General Investment – £654,010
Permanent Endowment – £239,032

Source: CCLA as at 21 August 2026. Annual income figures from long-term funds are based on current fund share holdings and forecast distributions per fund unit for calendar year 2026. Annual income figures for COIF Charities Deposit Fund balances are based on the current declared interest rate which is subject to change. Please note that this portfolio valuation is not intended for audit purposes. Forecast yields and annual income is not guaranteed. Please see valuation risk warning at the end of this presentation.

Investment philosophy and performance

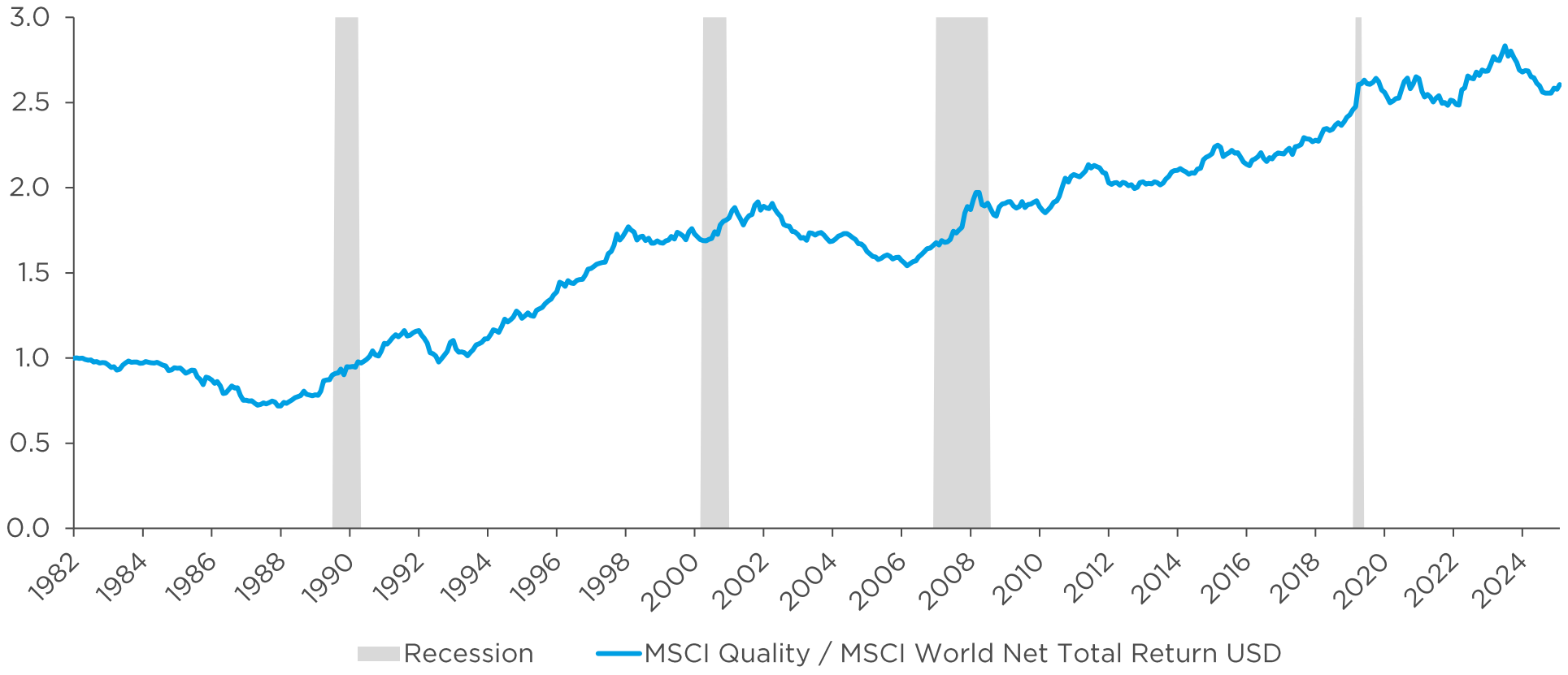
Investment philosophy and approach

- Over the long-term, share prices are driven by fundamentals
- We believe investing in high-quality companies, that can grow cash returns consistently, at valuations that are attractive, will lead to outperformance over the long term



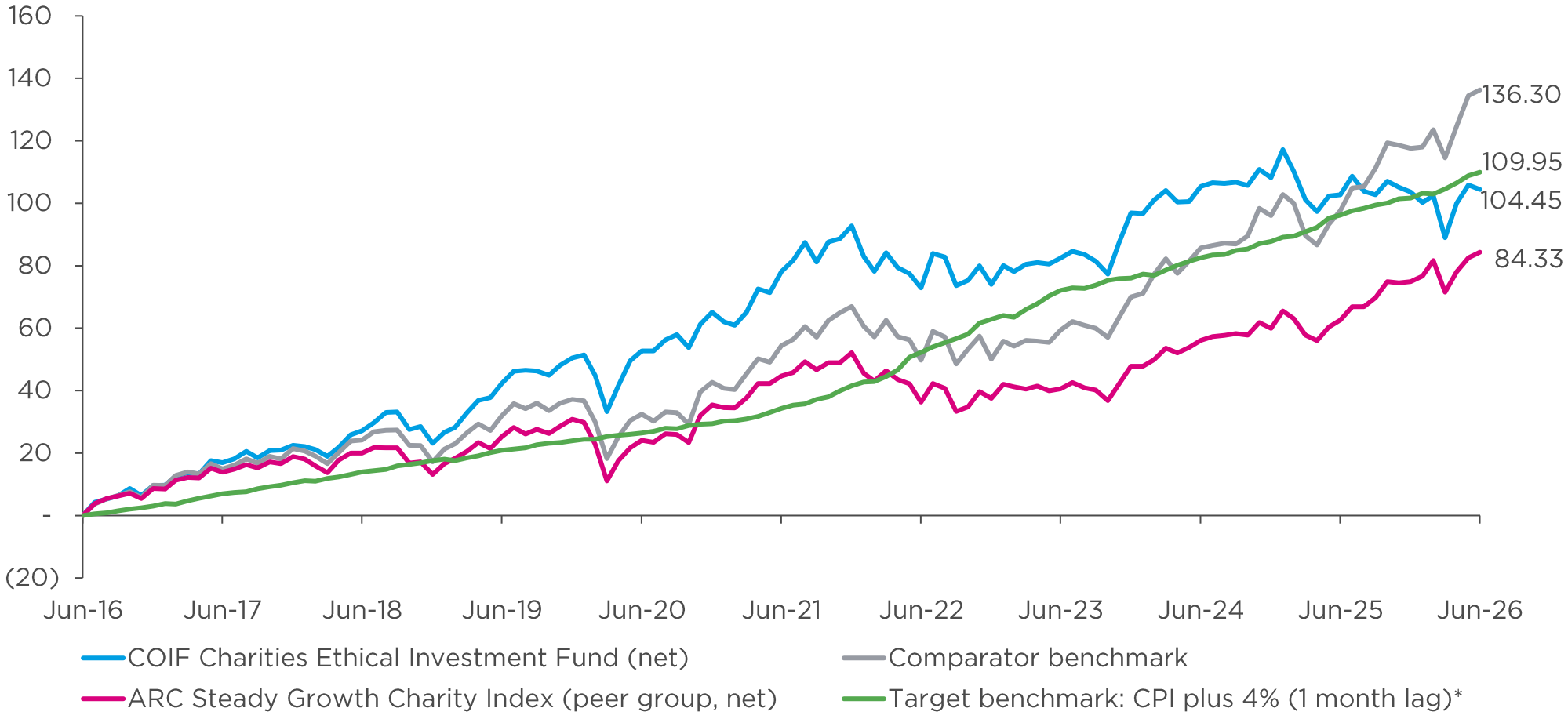
Over the long-term quality outperforms

Over the past 40 years MSCI World Quality has outperformed MSCI World by 2.2% p.a.



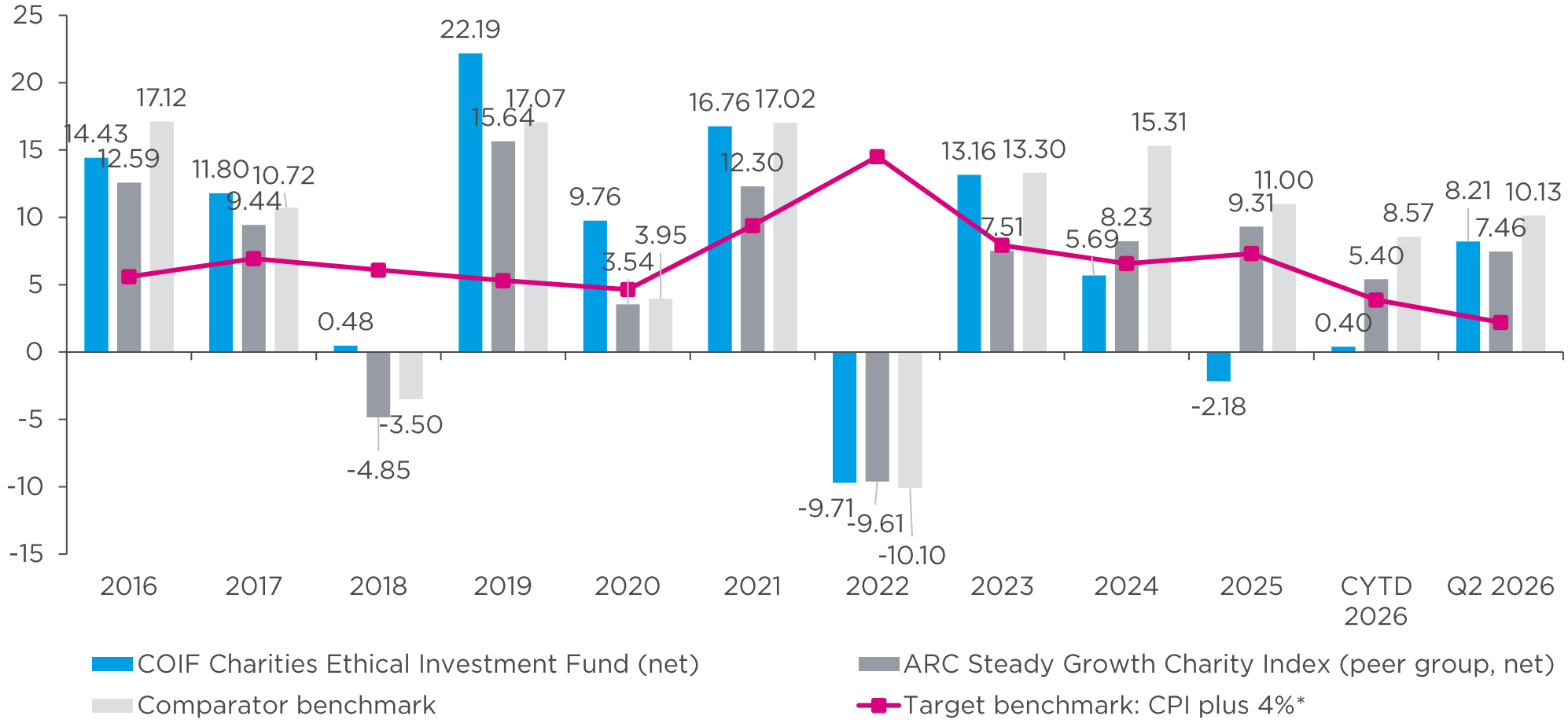
Source: CCLA and Bloomberg, showing the MSCI Quality relative to MSCI World, as at January 2026.

Cumulative performance (%)



Source: CCLA, 10-year net cumulative monthly performance, as at 30 June 2026 (provisional data). *Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested.
Past performance is not a reliable indicator of future returns.

Calendar and calendar year-to-date returns (%)



Source: CCLA, as at 30 June 2026 (provisional data). *Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested. **Past performance is not a reliable indicator of future returns.**

Performance factors second quarter 2026 (1 March – 30 June)

Communication services

- Strength in Google parent Alphabet (+22% for the quarter) and partial recovery in music publisher Universal Music Group (+10%)
- The equity portfolio outperformed its comparator benchmark in this industry segment.

Consumer discretionary

- Our focus on strong franchises with low pricing pressure paid off, e.g.: InterContinental Hotels Group (+30%), Compass Group (+16%), Amazon.com (+13%)
- The equity portfolio outperformed its comparator benchmark in this industry segment.

Consumer staples

- Top performers in the equity portfolio included Kerry Group, L'Oréal and Coca-Cola
- The equity portfolio outperformed its comparator benchmark in this industry segment.

Industrials

- The equity portfolio kept pace with its comparator benchmark in this industry segment
- European holdings in industrials performed particularly well, led by Epiroc, Schneider Electric and Siemens.

Information technology

- We returned 24% in this sector, led by semiconductor businesses ASML, TSMC and NXP and by software firm Fortinet
- This segment of the comparator benchmark returned 33%.

Materials

- Holdings CRH (+10%) and Air Liquide (+8%) outperformed the rest of the industry segment
- Overall, the equity portfolio kept pace with its comparator benchmark in this segment.

Energy

- Avoidance of the energy sector boosted relative performance
- Oil prices fell significantly and share prices in the energy sector fell 13%.

Financials

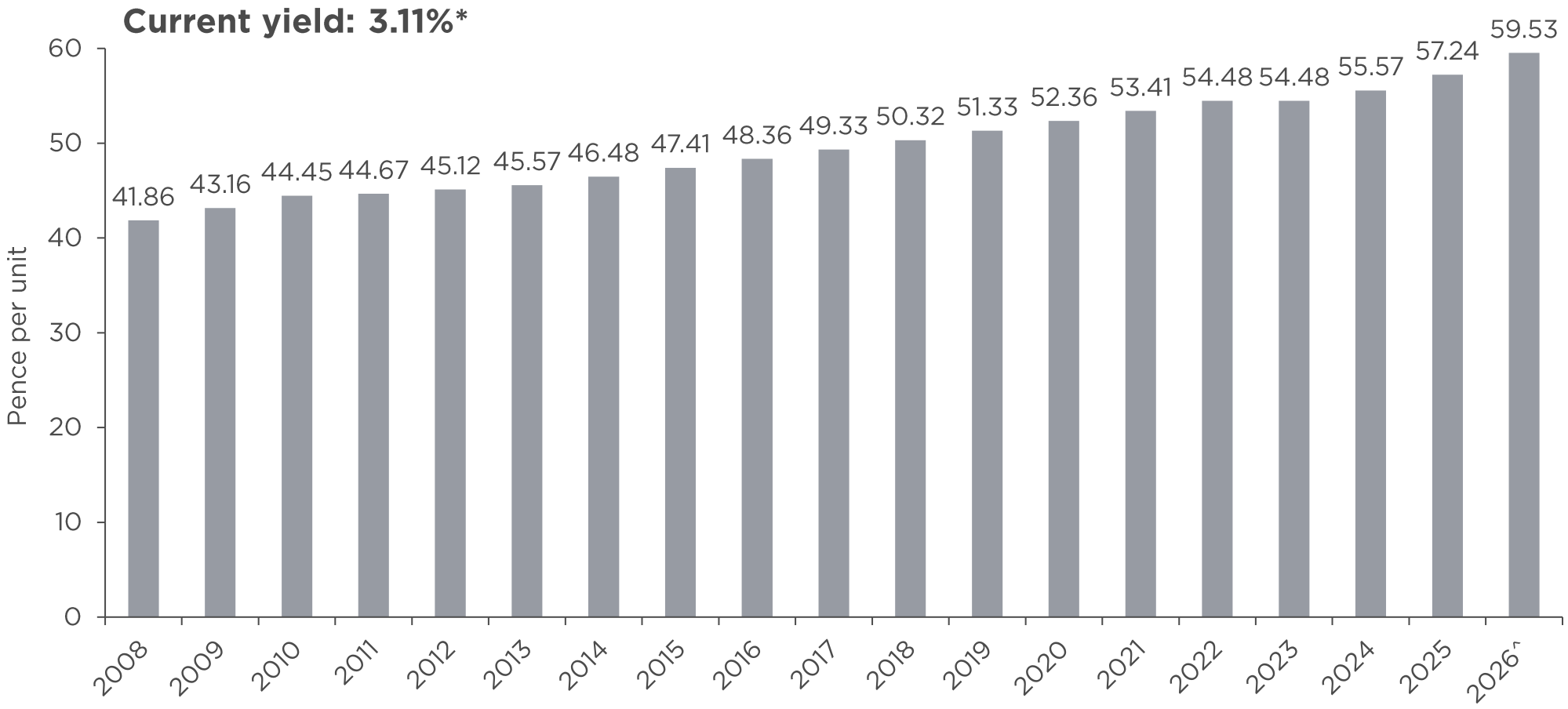
- Dutch bank ING (+27%) and Bank of America (+17%) led the performance
- Holdings in exchanges (e.g. London Stock Exchange) lagged, even though all delivered solid results and received earnings upgrades during the quarter.

Health care

- The equity portfolio's performance was weak because investors rotated away from defensive health care businesses
- We added to the position in Agilent, but sold Zoetis.

Source: CCLA, as of 30 June 2026.

Historical and projected annual distribution



Source: CCLA, as at 30 June 2026. Data shows COIF Investment Fund. ^Projected annual distribution for COIF Investment Fund. Projections are subject to change. *Yield is based on unit price as at 30 June 2026 and a projected annual distribution of 59.53 pence per share. Forecast yields are not guaranteed. **Past distribution is not a reliable indicator of future results.**

Positioning and outlook

What are we not changing

- The underlying investment philosophy remains
- Serve our clients through long-term returns and stable & growing income stream
- ESG principles and active Stewardship remain key

WHAT IS NOT CHANGING

Investment Philosophy based around long-term returns
A focus on quality stocks with strong fundamentals
Desire for stable and growing distributions
Focus on implementing ESG considerations
Continued focus on stewardship activities – Act, Assess & Align
Client first approach to service

Changes Made to Improve Performance

- Always looking to evolve the investment process
- This has been a staple of our investment approach for 60+ years

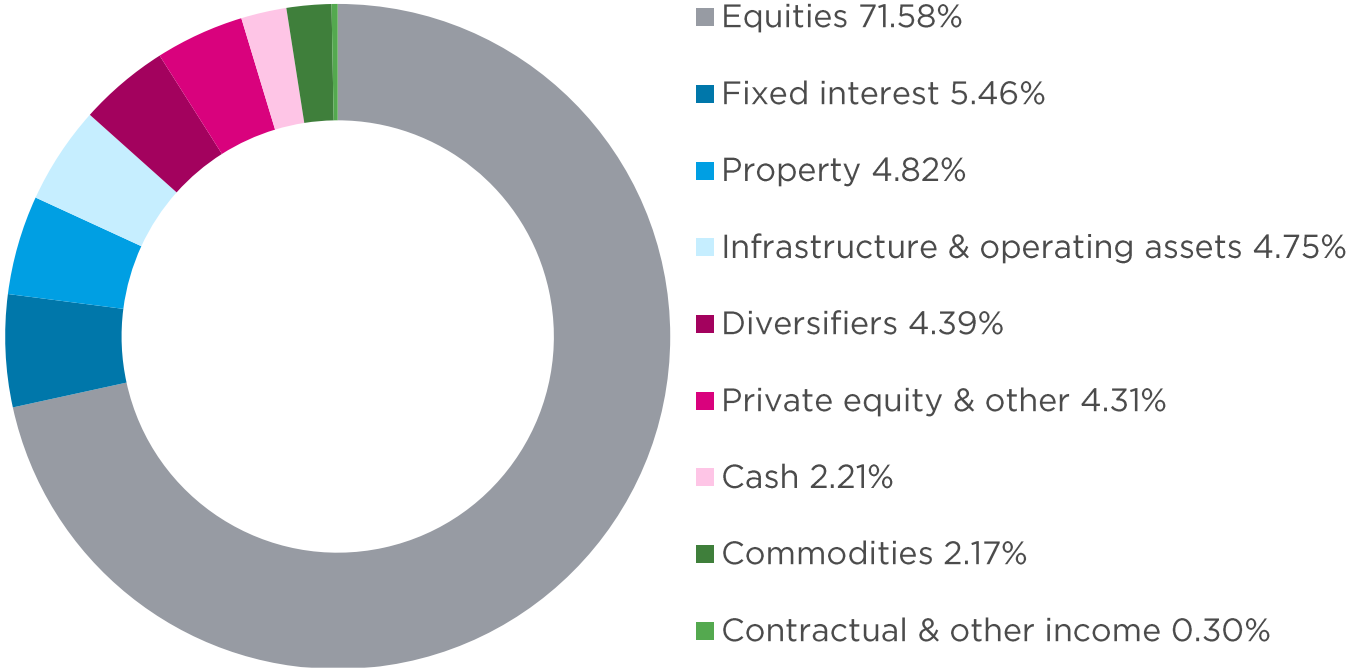
CHANGE	OBJECTIVE
Streamlined Review Process	Faster idea generation and execution
Focus on Earnings Momentum	Mitigate short-term revision risk
Narrower Decision-Making Group	Improve speed and clarity in portfolio construction
Systematic Equity Allocation	Adapt to momentum-driven markets
Absolute Return Strategies	Diversify returns; perform in downturns
Commodity Allocation	Hedge monetization risk; maintain distributions

COIF Ethical Investment Fund

- A multi-asset, long-term fund suitable for eligible charity investors
- Seeks to provide highly diversified and well-balanced spread of investments
- Managed to meet ethical and responsible investment standards

Fund size:

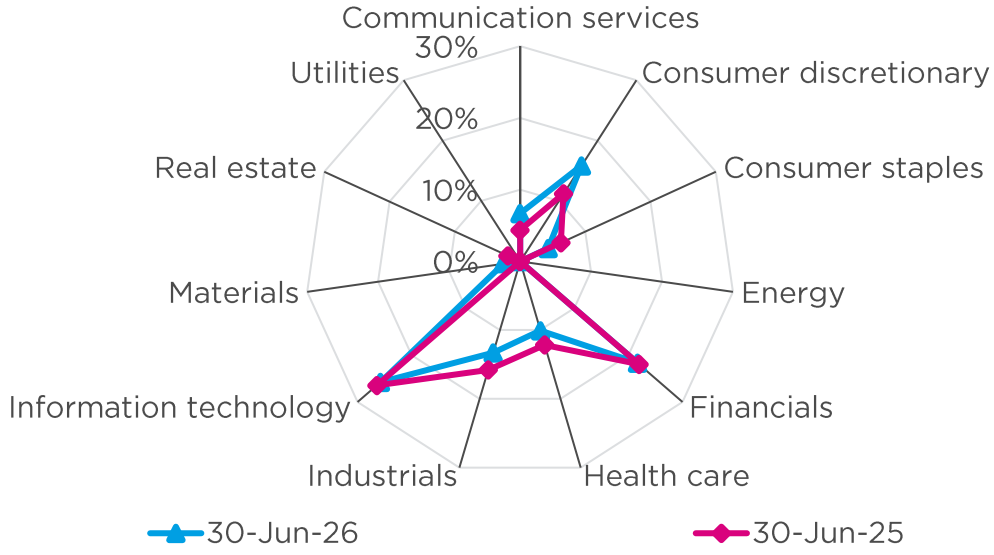
£1,904m



Source: CCLA, as at 30 June 2026. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

Equity positioning

- Over the past 12 months IT has remained the largest sector weight in the portfolio. We have increased exposure to the semiconductor sector through adding to existing positions as well as new positions such as Disco and Nvidia. Exposure to software has fallen via sales of companies such as Nice, Accenture, Roper and Intuit.
- Health care exposure has fallen due to muted performance and uncertainty over US healthcare policy. We have exited positions in Novo Nordisk, Recordati, DiaSorin and Zoetis and added Boston Scientific as we rebalanced this area of the portfolio.
- Exposure to financials has risen with the purchase of Bank of America and ING Group.
- Within industrials, TransUnion, Wolters Kluwer, Ashtead and Union Pacific have been sold. In materials, a new position in Air Liquide and CRH has been added.
- In consumer, new positions have been initiated in Ferrari, Inditex and Mercado Libre, whilst Watches of Switzerland has been sold. Consumer staples exposure has been reduced as weak consumer spending continues to impact fundamentals. Netflix has been added to the communication services portfolio.



Source: CCLA, as at 30 June 2026. Data showing COIF Ethical Fund. Sector weights are the percentage of the total equity assets in the portfolio. Asset allocation is subject to change. The market review, analysis, and any projections contained in this slide represent the house view and should not be relied upon to form the basis of any investment decisions. **Past performance is not a reliable indicator for future results.**

Exposure to artificial intelligence

Companies we own that play into the trend of investment into AI

ASML

Only provider of high end EUV lithography machines capable of manufacturing high end semiconductors

SYNOPSYS®

Leading EDA software provider. Enables increasingly complex design of semiconductors and benefits as investment into ASIC technology by hyperscalers continues

BROADCOM

Provides networking equipment that connect data centres as well as design partner for ASIC development at Alphabet, Meta & Bytedance

tsmc

Leading outsourced manufacturer of semiconductors and only business capable of making most advanced AI semis at scale

Microsoft

Leading cloud/AI infrastructure provider and application software developer

amazon

Leading cloud/ AI infrastructure provider

Alphabet

Leading cloud infrastructure provider, search engine and LLM developer

Schneider Electric

Provider of electrical equipment and power management systems. Supplies data centres as well as other end markets

DISCO

Market leader in grinding and dicing equipment used in semiconductor manufacturing.

NVIDIA®

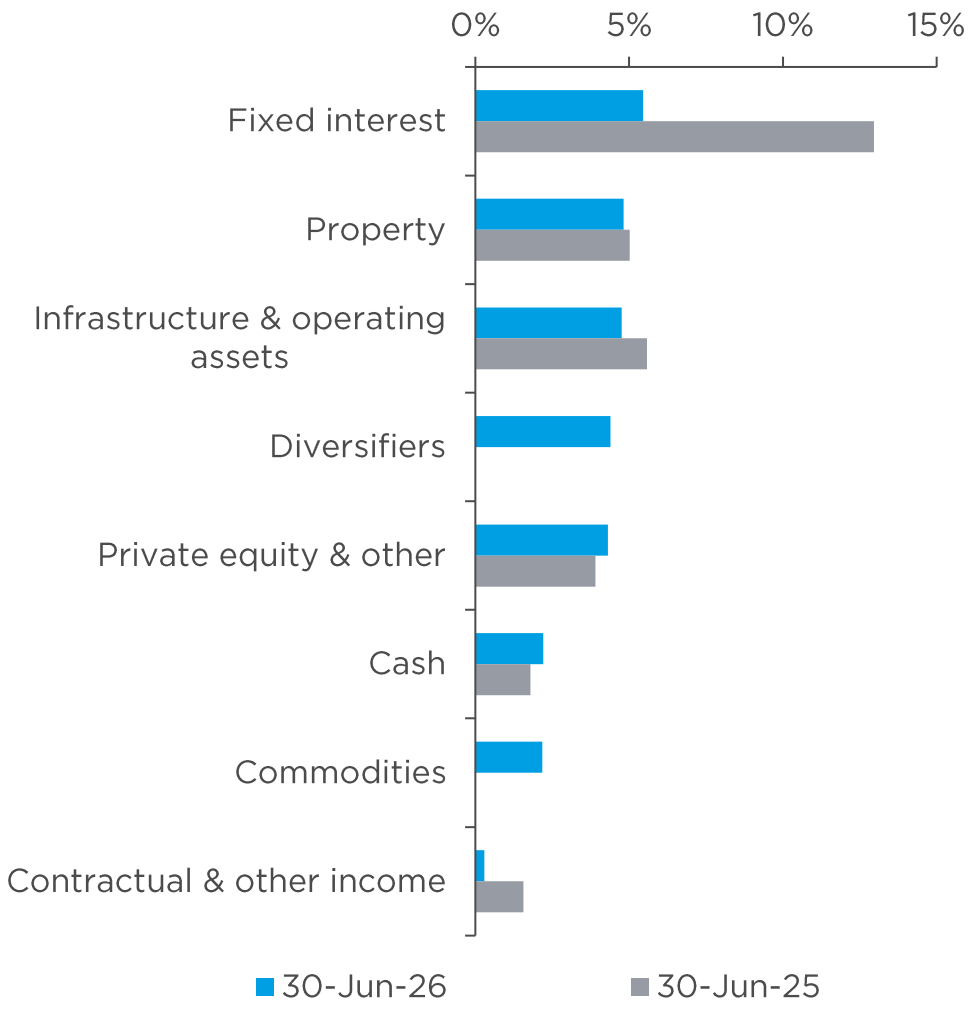
Market leader in AI semiconductors and used to train and run AI models

TRANE TECHNOLOGIES

Provider of HVAC equipment. Supplies data centres as well as other end markets

Source: CCLA.

Positioning in other assets



- The non-equity assets provide diversification and contribute to returns over time.
- We have pivoted the infrastructure allocation from European renewable assets towards more global renewable assets.
- Fixed interest and cash allocation was reduced to fund the new positions within commodities and diversifiers, where we have allocated to two absolute return strategies; earnings momentum long-short and free cash flow yield long-short.

Source: CCLA, as at 30 June 2026. Data showing COIF Ethical Fund. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

Equity portfolio characteristics

Metric	COIF Charities Ethical Investment Fund	Equity benchmark	Difference
Price/earnings	**18.08x**	**16.58x**	**1.50x**
Earnings yield	5.53%	6.03%	-0.50%
Gross margin	47.70%	26.74%	20.95%
Operating margin	33.59%	19.96%	13.64%
Cash flow return on investment	27.14%	22.67%	4.47%
Return on equity	24.68%	20.47%	4.21%
Sales growth	12.33%	7.43%	4.90%
Earnings growth	14.97%	16.10%	-1.13%
Volatility	19.12%	19.72%	-0.59%
Net debt to shareholders' equity	19.85%	35.14%	-15.30%
Active share	81.48%		
Tracking error	5.23%		

Source: UBS HOLT and UBS Quant Answers, as at 30 June 2026. Equity benchmark: MSCI £ World. Risk metrics and portfolio characteristics are for equities only. Please see the definitions in the appendix.

Sustainability

Good Investment

Our approach is guided by three imperatives.

Act

Driving change

Healthy markets require healthy communities and a healthy planet

Assess

Re-assessing the fundamentals

Changing regulation, legislation and consumer choice will harm unsustainable businesses

Align

Aligning with our clients

We are the guardians, not the owners of the assets that we manage

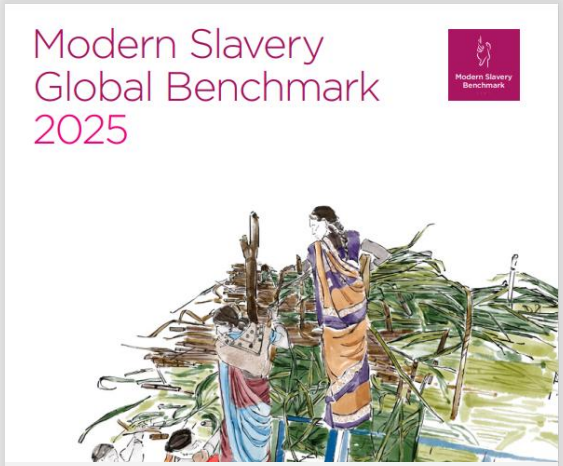
A track record of catalysing real change

Pushing for better workforce mental health

- Created the CCLA Corporate Mental Health Benchmarks, ranking 220 companies on their mental health commitments
- In 2022–26, 77 companies improved their ranking, with a combined workforce of 5.5 million
- CCLA's Global Investor Coalition on Workplace Mental Health now supported by £8 trillion in AUM*

Net-zero portfolios through real-world action

- Climate engagement dating to 2010
- Founder signatory to the Net Zero Asset Manager's Initiative
- Co-created the Powering Past Coal Alliance Finance Principles
- Corporate engagement targeting all portfolio companies
- Policy engagement to push for progressive climate regulation



Improving the business response to modern slavery

- CCLA's policy engagement is led by former Anti-Slavery Commissioner, Dame Sara Thornton
- Created 'Find It, Fix It, Prevent It' investor coalition, now supported by £13 trillion AUM*
- Since 2023, 48 companies under engagement have improved their modern slavery approach
- CCLA's benchmark referenced in Home Office statutory guidance

Source: CCLA, as at July 2026. *Supporting assets under management (AUM) correct as at 31 December 2025 and updated annually.

Values-based restrictions

Value alignment	Further details	COIF Charities Ethical Investment Fund
Adult entertainment		>10% revenue from production and/or distribution of adult entertainment
Alcohol		>10% revenue from production and/or retail of alcohol and related services
Animal testing		Companies involved in animal testing without positive indicators (specific sectors)
Armaments	Civilian firearms	>10% revenue from civilian firearms production and/or retail (including key components)
	Controversial weapons	Production of landmines, cluster munitions, chemical or biological weapons (core weapons and components)
	Military and defence industry	>10% revenue from the production of military weapons and equipment (core weapons, components, equipment/services) + the provision of key non-weapons related tailor-made products for the defence industry
	Nuclear weapons	Production of nuclear weapons (core weapons and components)
Breast milk substitutes		Does not meet CCLA's minimum standard using Access to Nutrition Initiative BMS/CF index scores
Cannabis		>10% revenue from production and/or retail of non-medicinal cannabis
Climate change	Coal	Companies which produce more than 10 million metric tons of coal or have plans to expand their coal production
		Companies expanding coal-fired power generation or primarily generating electricity without aligning with the Paris Climate Agreement (as defined by CCLA).
	Oil and gas	>10% revenue from oil and gas extraction, refining or production
	Oil/tar sands	>5% revenue from oil/tar sands extraction
	Thermal coal	>5% revenue from thermal coal extraction

Values-based restrictions continued

Value alignment	Further details	COIF Charities Ethical Investment Fund
Gambling		>10% revenue from the operation of gambling establishments and the provision of key support services and products
High interest rate lending		>10% revenue from high interest rate lending
Oppressive regimes		The fund will not purchase sovereign debt issued by countries identified as being among the world's most oppressive*
Sanctity of life		Production of single-use abortifacients
Tobacco		Production of tobacco
		>5% revenue from retail of tobacco and related services
Minimum ESG risk restrictions	CCLA governance	Companies with poor CCLA governance rating require investment committee approval
	Controversies	Companies that fail our controversy process including non-conformance with the UN Global Compact, the UN Guiding Principles on Business and Human Rights and/or other factors defined by CCLA require investment committee approval
	ESG rating	Companies with poor Sustainalytics ESG ratings require investment committee approval

*See Approach to sovereign debt. Further details of restrictions can be found on our website.

Appendix

A force for Good

No.1

Largest manager of UK charities by number[1]

160+

Team of staff supporting clients across the UK

60+

Years of experience investing sustainably

5 star

Rating in all PRI equity categories

Catalyst

A leader in driving real & positive change

Ethical

investing is rooted in our investments

c.£14bn+

In assets under management[2]

£16tn+

Of assets supporting CCLA initiatives[3]

Find it, Fix it, Prevent it

Campaign against modern slavery

[1]Charity Finance surveys 2020 to 2024. [2]CCLA, May 2026. [3]CCLA initiatives and investor coalitions include modern slavery, mental health and climate change. Supporting assets under management (AUM) correct as at 31 December 2025 and updated annually.

CCLA's deposit funds

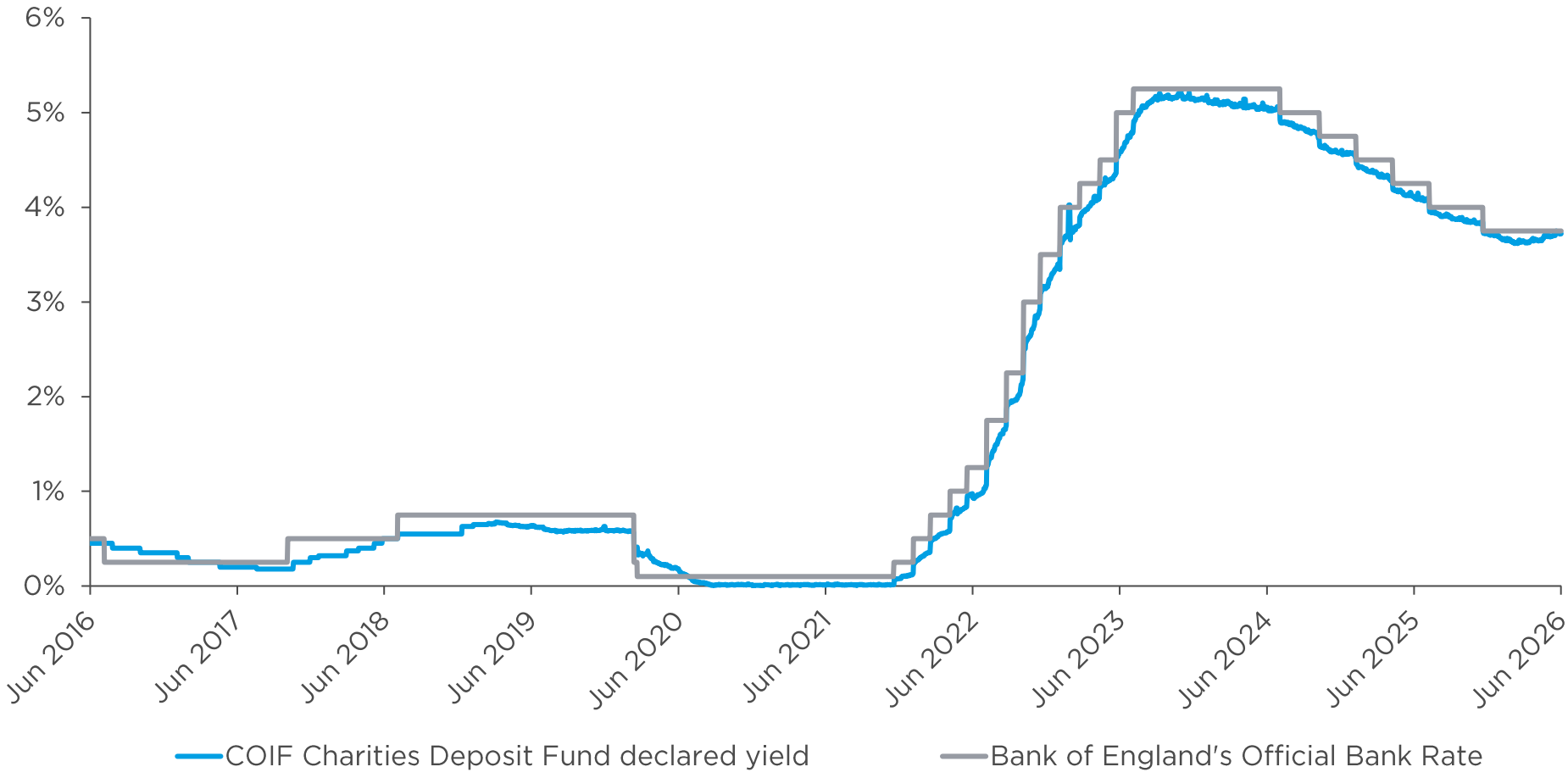
Total cash funds
£4.834bn

- CBF Church of England Deposit Fund (£1.044bn)
- COIF Charities Deposit Fund (£2.365bn)
- Public Sector Deposit Fund (£1.426bn)

COIF Charities Deposit Fund	As at 30 June 2026
Launched	1985
Rating	AAAmmf
Yield	3.7835% AEY* (3.8870% for balances over £15m)
Total assets	£2.365bn
Number of clients	9,669
Average external account balance	£202,529
Largest account – external	£92.955m
Regulator	Charity Commission
Money Market Fund Regulation	Yes
Type: deposit/investment	Deposit
Minimum	£1

Source: CCLA, as at 30 June 2026.
*AEY = annual equivalent yield, which illustrates what the annual interest rate would be if the monthly interest rates were compounded.

Money market funds are offering better rates



Source: CCLA, as at 30 June 2026. Declared yield is net of fees. **Past yield is not a reliable indicator of future results.**

Equity investment philosophy and approach

Enduring competitive advantage

- Network effects
- High switching costs
- Intangible assets such as brands, patents, and trade secrets
- Cost advantages
- Efficient scale

Multiple sources of growth

- Preference for long-term structural growth trends
- Persistent compounding of growth
- Market share gainers
- Growth optionality
- Resilience through the economic cycle

Efficient use of capital

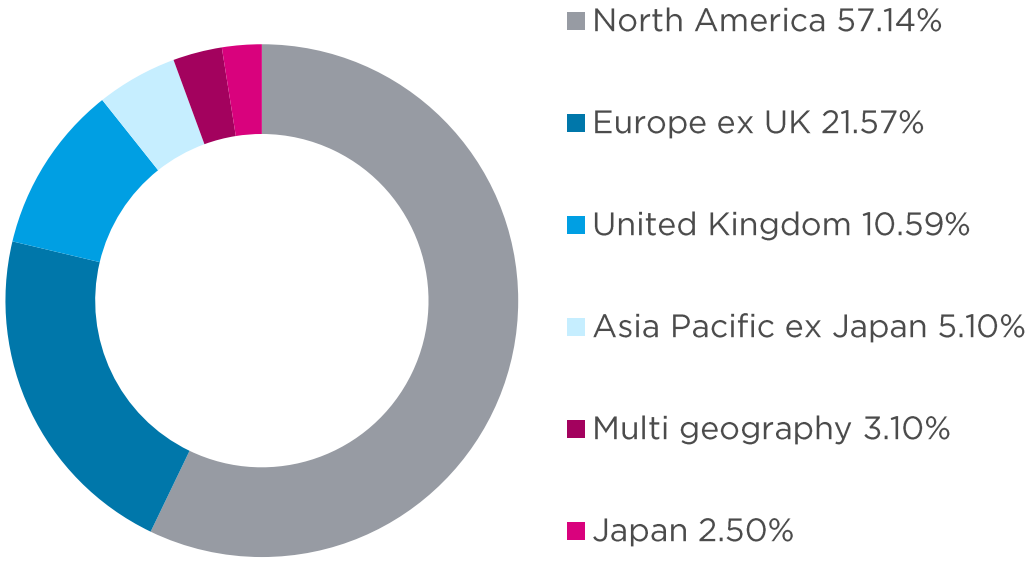
- Track record of successful capital allocation
- Robust returns on investment
- High cash conversion
- Strong balance sheets with conservative financial gearing
- Focus on shareholder returns

ESG standards

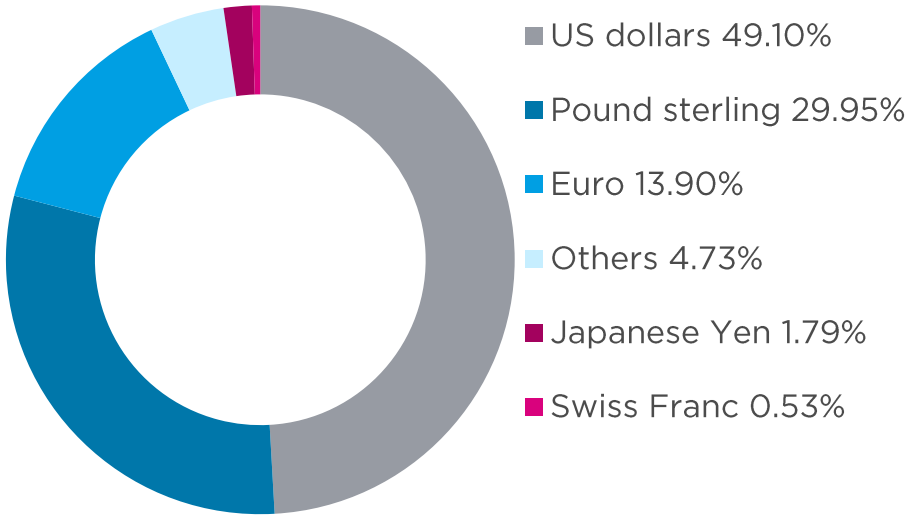
- CCLA Corporate Governance Rating, covering 8,000+ stocks
- Analysis of each holding against sector relevant non-financial sustainability risks
- A formalised approach to considering the impact of ESG controversies

Statement of positioning

Equity region weighting (equities only)



Currency exposure (total fund)



Source CCLA, as at 30 June 2026. Data showing COIF Ethical Fund. Regional weights shown are the percentage of total equity of the portfolio. Asset allocation is subject to change.

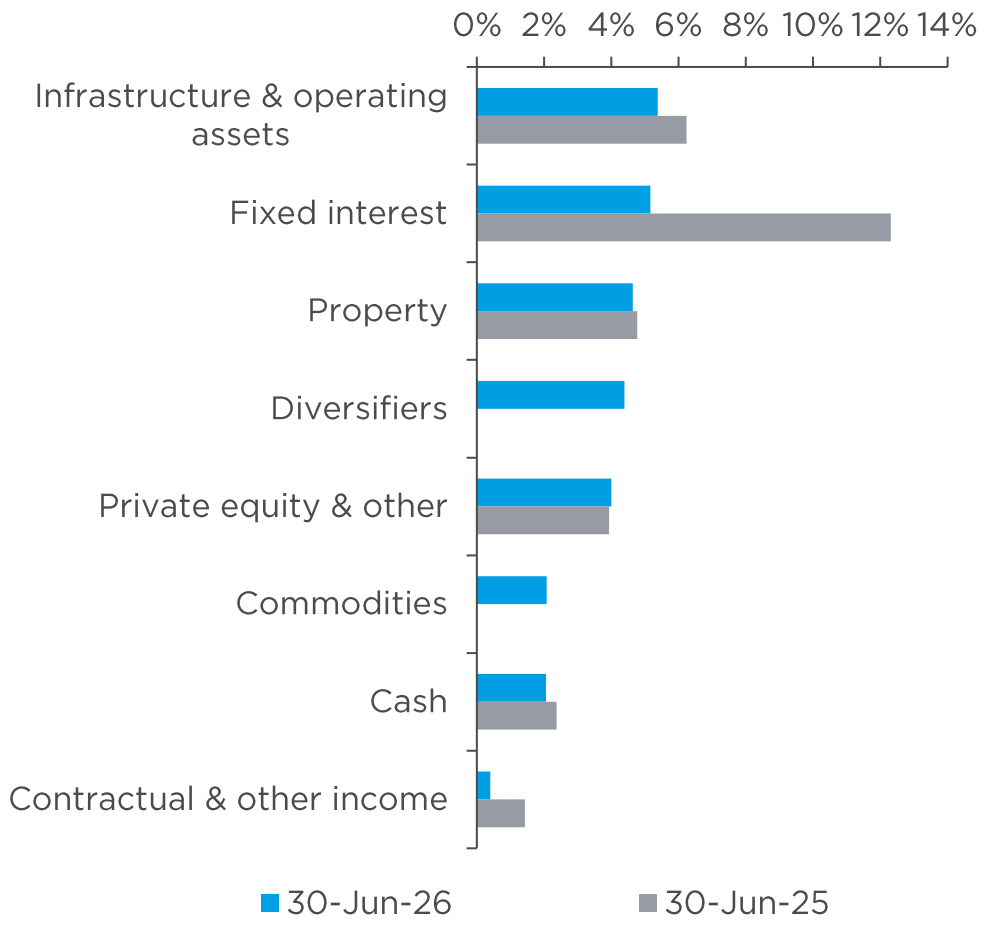
Top 20 holdings

COIF Charities Ethical Investment Fund

Security name	Portfolio weight %
Federated Hermes Sustainable Global IG Credit Fund	3.47
Alphabet	3.27
COIF Charities Property Fund	2.92
TSMC	2.90
Amazon	2.43
Microsoft	2.31
Earnings Momentum Absolute Return	2.27
Broadcom	2.27
CCLA Systematic Global Equities	2.22
CCLA Conditioned FCF	2.12
COIF Charities Short Duration Bond Fund	2.01
NVIDIA	1.53
Brookfield Infrastructure	1.50
ING Group	1.47
Bank Of America	1.42
ASML	1.37
Visa	1.37
WisdomTree Copper	1.35
Schneider Electric	1.33
Danaher	1.31

Source: CCLA, as at 30 June 2026. Holdings are subject to change.

Positioning in other assets



- The non-equity assets provide diversification and contribute to returns over time.
- We have pivoted the infrastructure allocation from European renewable assets towards more global renewable assets.
- Fixed interest and cash allocation was reduced to fund the new positions within commodities and diversifiers, where we have allocated to two absolute return strategies; earnings momentum long-short and free cash flow yield long-short.

Source: CCLA, as at 30 June 2026. Data for COIF Investment Fund. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

Fixed income

Allocation in the COIF Charities Ethical Investment Fund

Fund/security	Portfolio weight (%)	Modified duration (yrs)	Spread duration (%)	Yield to worst (%)
COIF Charities Short Duration Bond Fund*	2.01	2.02	4.02	5.00
Federated Hermes Sustainable Global Investment Grade Credit Fund	3.47	5.98	5.24	4.26
Weighted average	**100.00**	**4.60**	**4.82**	**4.52**
Fund level	**5.49**	**0.24**	**0.25**	**4.52**

Source: CCLA and Federated Hermes, as at 30 June 2026. Allocation is subject to change. *Portfolio management of the fund has been delegated to Federated Hermes under the oversight of CCLA and fund management remains the responsibility of CCLA as of 27 July 2022.

Alternatives positioning

Asset class	Sub-asset class	COIF Ethical Fund %
Contractual and other income	Alternative Credit	0.30
Infrastructure and operating assets	General Infrastructure	3.66
	Renewable Infrastructure	1.06
	Student Accommodation	0.02
	Care Home Property	0.02
Private equity and other	Private Equity	4.31
Property	Generalist Commercial	3.18
	Logistics Warehouses	1.64
Diversifiers	Absolute Equity return - Earnings momentum	2.27
	Absolute Equity return - Conditioned free cash flow	2.12
Commodities	Copper	1.35
	Gold	0.61
	Silver	0.22
Total		20.75

Source: CCLA, as at 30 June 2026. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

Costs and charges

COIF Charities Ethical Investment Fund	Cost % p.a.
Annual management charge (AMC)	0.60
Other expenses	0.11
Fund management fee (FMF)	**0.71**
Costs of underlying investments	0.20
Total ongoing charges figure (OCF)	**0.91**

Source: CCLA, as at July 2026. The ongoing charges figure (OCF) shows the total annual operating costs taken from the fund. The OCF is the sum of two components: these are the fund management fee (FMF) and the cost of underlying investments. The FMF includes CCLA's annual management charge (AMC), VAT payable thereon where applicable (including any VAT reclaims received during the accounting period that the FMF is based on), and other costs and expenses of operating and administering the fund such as trustee/depositary, audit, custody, legal, regulatory and professional fees, and may include other charges such as Fitch Rating fees if applicable. The underlying investments' costs are the impact to the fund of costs incurred in other funds or similar investments (e.g. investment trusts, limited liability partnerships) in which the CCLA fund invests. The OCF does not include the fund's transaction costs (i.e. the costs of buying and selling the underlying investments in a fund). For more information on costs, including transaction costs, please refer to the fund's key information document.

Definitions of equity portfolio characteristics

Metric	Definition
Price/earnings	Share price divided by earnings per share
Earnings yield	Earnings per share divided by share price
Gross margin	(Revenue – cost of goods sold)/revenue
Operating margin	Operating profit margin: operating profits/sales
Cash flow return on investment	Represents the economic rate of return a firm earns on its total capital base and takes into account both on- and off-balance sheet assets
Return on equity	Net income/shareholders' equity*
Sales growth	Market consensus annualised year-on-year sales growth over the next three years
Earnings growth	Market consensus annualised year-on-year earnings growth over the next three years
Volatility	Estimated annualised volatility calculated using UBS Quant Answers Risk Model
Net debt to shareholders' equity	Net income/shareholders' equity*
Active share	A measure of how actively managed a portfolio is. A figure above 60 for a portfolio is considered actively managed
Tracking error	Estimated tracking error is the standard deviation of the difference between the return of the portfolio and the return of the benchmark. Calculated using Bloomberg MAC2 Risk Model

Source: HOLT Credit Suisse and UBS Quant Answers. *Shareholders' equity defined as: total assets – total liabilities.

Performance comparator explained

The COIF Charities Investment Fund and the COIF Charities Ethical Investment Fund are actively managed to achieve their target benchmark. Over time, they aim to achieve an average annual total return after costs of inflation (as measured by the UK Consumer Prices Index) plus 4%. (Note: the actual target benchmark is gross returns of CPI+5%. CPI+4% has been used to give a comparable net figure by assuming 1% costs.)

To give our clients insight into the progress of their investments over shorter periods we have created a composite comparator benchmark. This is not a formal target, neither does it constrain the types of investments in which the fund may invest, but is intended as a guide. It is based on established investment market indices, weighted in proportions designed to broadly reflect the risk and return profile of the underlying assets of the fund over the long term.

To keep the information relevant the comparator benchmark may be adjusted from time to time to reflect changes in long term return expectations and any structural changes in the fund.

Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and Sterling Overnight Index Average (5%).

The comparator benchmark (blended index returns) is calculated by CCLA using end-of-day index-level values licensed from MSCI (MSCI data). For the avoidance of doubt, MSCI is not the benchmark administrator for, or a contributor, submitter or supervised contributor to, the blended index returns, and the MSCI data is not considered a contribution or submission in relation to the blended returns, as those terms may be defined in any rules, laws, regulations, legislation or international standards. MSCI data is provided as is, without warranty or liability and no copying or distribution is permitted. MSCI does not make any representation regarding the advisability of any investment or strategy and does not sponsor, promote, issue, sell or otherwise recommend or endorse any investment or strategy, including any financial products or strategies based on, tracking or otherwise utilising any MSCI data, models, analytics or other materials or information.

Comparator benchmark detail and history are as follows:

From: 1.1.2021: MSCI World Index 75%; MSCI UK Monthly Property Index, 5%; Markit iBoxx £ Gilts Index, 15% and SONIA (Sterling Overnight Index Average), 5%.

From 1.1.18 to 31.12.2020: MSCI World ex UK Index, 45%; MSCI UK Investable Market Index, 30%; MSCI UK Monthly Property Index, 5%; Markit iBoxx £ Gilts Index, 15% and 7-day LIBID, 5%.

From 1.1.16 to 31.12.17: MSCI UK Investable Market Index, 45%; MSCI Europe ex UK Index, 10%; MSCI North America Index,10%; MSCI Pacific Index, 10%; IPD UK All Property Index, 5%; Markit iBoxx £ Gilts Index, 15% and 7-day LIBID, 5%.

From 01.01.12 to 31.12.2015 MSCI UK All Cap 45%, MSCI Europe Ex UK (50% Hedged) 10%, MSCI North America (50% Hedged) 10%, MSCI Pacific (50% Hedged) 10%, IPD All Property Index 5%, BarCap Gilt 15% & 7 Day LIBID 5%.

Important information

This document is a financial promotion and is for information only. It does not provide financial, investment or other professional advice.

To make sure you understand whether our product is suitable for you, please read the key information document and the scheme particulars and consider the risk factors identified in those documents. The sustainability approach for each of our funds is outlined in its consumer-facing disclosure document. We strongly recommend you get independent professional advice before investing.

Past performance is not a reliable indicator of future results. The value of investments and the income from them may fall as well as rise. You may not get back the amount you originally invested and may lose money.

The fund can invest in different currencies. Changes in exchange rates will therefore affect the value of your investment. Investing in emerging markets involves a greater risk of loss as such investments can be more sensitive to political and economic conditions than developed markets. The annual management charge is paid from capital (except for the Short Duration Bond Fund). Where charges are taken from capital rather than income, capital growth will be constrained and there is a risk of capital loss.

Any forward-looking statements are based on our current opinions, expectations, and projections. We do not have to update or amend these. Actual results could be significantly different than expected.

Investment in a CCLA COIF Charities fund is only available to charities within the meaning of section 1(1) of the Charities Act 2011. The CCLA COIF Charities funds are approved by the Charity Commission as Common Investment Funds under section 24 of the Charities Act 1993 (as has been replaced by the Charities Act 2011) and are Unregulated Collective Investment Schemes and unauthorised Alternative Investment Funds.

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CCLA

BECAUSE GOOD IS BETTER

3

10:37, 0 Mins

3 - CONSIDERATION OF CHARITABLE FUNDS EXPENDITURE

Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

Attachments

3. Covering SBAR CFC Expenditure Requests August 2026.pdf

Pwyllgor Cronfeydd Elusennol/ Charitable Funds Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Consideration of charitable funds expenditure
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Nicola Llewelyn, Head of Hywel Dda Health Charities

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is presented to the Charitable Funds Committee to consider three funding requests against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.

Cefndir / Background

Hywel Dda University Health Board's (HDdUHB) standing orders provide that "The Board may and, where directed by the Welsh Ministers must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees."

In accordance with the Standing Orders (and the Health Board's Scheme of Delegation), the Board established the Charitable Funds Committee (CFC) from 22 July 2010.

HDdUHB is the Corporate Trustee of Hywel Dda Health Charities (the Charity).

The purpose of the CFC is:

- To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
- To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.
- To develop the strategy and objectives for the Charity for consideration by the Board, and to oversee the implementation of an infrastructure appropriate to the efficient and effective running of the Charity.
- To agree issues to be escalated to the Board with recommendations for action.

In relation to the consideration and approval of charitable funds expenditure requests, the CFC's Terms of Reference state that the Committee's key responsibilities are to:

- Provide scrutiny with a view to approving or rejecting all requests for expenditure over £50,000 and under £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.
- Consider and recommend for approval to the Board in its capacity as Corporate Trustee all requests for expenditure over £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.
- Provide scrutiny with a view to approving or rejecting all requests for expenditure, regardless of value, for the following expenditure types:
  - Research and development expenditure.
  - Pay expenditure.
  - Requests of any nature resulting in ongoing charitable funds commitment.

Asesiad / Assessment

The accompanying charitable funds expenditure requests are submitted to the Charitable Funds Committee (CFC) for scrutiny and decision in accordance with the Scheme of Delegation for the Authorisation of Charitable Funds Expenditure. The CFC is asked to consider each request and either approve, reject, or, where required by the Scheme of Delegation, recommend the request to the Board in its capacity as Corporate Trustee for approval.

Agenda item	Application	Reporting officer(s)	Value of request	Designated fund(s)
Item 3.1	CF03525 Equipment for re-establishment of the HOLEP service	Neil Griffiths, Service Delivery Manager of Urology and Rheumatology	£58,000	T709 Hywel Dda Urology
Item 3.2	CF03521 Perinatal Mental Health App	Dana Scott, Director of Midwifery & Professional Governance for Women & Children	£36,000	T754 Carmarthenshire Maternity Services T603 Mental Health & Learning Disabilities Services T600 Making a Difference
Item 3.3	CF03648 Installation of Art in Emergency Departments	Kathryn Lambert, Head of Arts and Health and Catrin Rooney, Senior Nurse Manager	£18,794	T600 Making a Difference

Summarised within the main body of the expenditure requests are key considerations including:

1. Strategic priorities: which of the charity's strategic priorities the funding requests relate to.
2. Reason for request: why the expenditure is needed and how the need has been identified.
3. Risks: whether any risks have been identified and how they will be mitigated.
4. Additionality: how the expenditure is considered 'above and beyond' core NHS provision.
5. Impact: the positive changes or effects that will take place as a result of the expenditure.
6. Patient benefit: how patients will benefit.
7. Beneficiaries: the number of people expected to benefit.
8. Evaluation methods: what methods will be used to measure the effectiveness of the expenditure and the difference it makes.

9. Exit strategy: how the benefits of this expenditure will be sustained beyond the end of the time-limited period of charitable funding.
10. Compliance: details of relevant legislative requirements or standards as well as any Hywel Dda policies and procedures.
11. Strategic alignment: alignment with the Health Board's strategic objectives.
12. Cost breakdown: details of all costs associated with the funding request.

Prior to submission to the CFC, the requests have been reviewed by the Charitable Funds Finance Team and Head of Hywel Dda Health Charities to ensure compliance with the charity's eligibility criteria as set out in the Charitable Funds Financial Administration and Governance Procedure (FP 420).

The CFC is asked to assess each funding request against the charity's decision-making principles and to ensure that any approvals:

- Align with our charitable purpose of supporting our local NHS to make a positive difference for patients, service users, families, carers and staff across Carmarthenshire, Ceredigion and Pembrokeshire.
- Be affordable and sustainable and not set an unhelpful precedent that could lead to future over-commitments or long-term obligations that cannot be met.
- Add value to, or complement, the health board strategy by providing additionality rather than replacing core NHS funding.
- Deliver measurable benefits and outcomes that result in tangible improvements to patient experience, staff wellbeing, or service quality.
- Be transparent and accountable, where decisions can be clearly explained to donors, the public and regulatory bodies.
- Be respectful of donor wishes and intent to uphold the spirit of why donations are made to ensure funds are used as intended.
- Be fair and equitable, ensuring that funding decisions result in equity for patients and staff across sites, services, and patient groups.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to provide scrutiny with a view to approving or rejecting the funding requests listed below:

Agenda item	Application	Value of funding request
Item 3.1	CF03525 Equipment for re-establishment of the HOLEP service	£58,000
Item 3.2	CF03521 Perinatal Mental Health App	£30,000
Item 3.3	CF03648 Installation of Art in Emergency Departments	£18,794

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	4.19 Provide scrutiny with a view to approving or rejecting all requests for expenditure over £50,000 and under £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.

	4.20 Consider and recommend for approval to the Board in its capacity as Corporate Trustee all requests for expenditure over £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure. 4.21 Provide scrutiny with a view to approving or rejecting all requests for expenditure, regardless of value, for the following expenditure types: • Research and development expenditure. • Pay expenditure. • Requests of any nature resulting in ongoing charitable funds commitment.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item. Choose an item.
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu	7. All Apply Choose an item. Choose an item. Choose an item.

newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Choose an item. Choose an item. Choose an item. Choose an item.
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	CFC Terms of Reference Charitable Funds Financial Administration and Governance Procedure (FP 420)
Rhestr Termau: Glossary of Terms:	Included within the main body of the reports attached as agenda items 3.1 to 3.3
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Included within the main body of the reports attached as agenda items 3.1 to 3.3

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Any issues and considerations are identified in the expenditure requests attached in agenda items 3.1 to 3.3
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Any issues and considerations are identified in the expenditure requests attached in agenda items 3.1 to 3.3
Gweithlu: **Workforce:**	Any issues and considerations are identified in the expenditure requests attached in agenda items 3.1 to 3.3
Tegwch Iechyd: **Health Equity:**	Any issues and considerations are identified in the expenditure requests attached in agenda items 3.1 to 3.3
Risg: **Risk:**	Any issues and considerations are identified in the expenditure requests attached in agenda items 3.1 to 3.3
Cyfreithiol: **Legal:**	Any issues and considerations are identified in the expenditure requests attached in agenda items 3.1 to 3.3
Enw Da: **Reputational:**	Any issues and considerations are identified in the expenditure requests attached in agenda items 3.1 to 3.3
Gyfrinachedd: **Privacy:**	Any issues and considerations are identified in the expenditure requests attached in agenda items 3.1 to 3.3
Cydraddoldeb: **Equality:**	Any issues and considerations are identified in the expenditure requests attached in agenda items 3.1 to 3.3

3.1

10:37, 15 Mins

3.1 - CF03525 - Equipment for Re-establishment of HOLEP Service

Neil Griffiths (Hywel Dda UHB - Service Delivery Manager of Urology and Rheumatology)

For approval

Attachments

3.1 CF03525 Holep Urology final Aug 2026.pdf

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: 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 Please identify which of the charity's strategic priorities this application relates to (select all that apply).		
Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	**Staff experience:** Supporting the wellbeing and professional development of University Health Board staff.	**Innovation:** 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: 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: 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: 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 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? 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 2026-408  Statement Of Need 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 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:

3.2

10:52, 15 Mins

3.2 - CF03521 Perinatal Mental Health App

Dana Scott (Hywel Dda UHB - Director of Midwifery & Professional Governance for Women & Children)

For approval

Attachments

3.2 CFC SBAR Template June 2026.pdf

3.2 CF03521_final_Perinatal Mental Health App Aug2026.pdf

Pwyllgor Cronfeydd Elusennol/ Charitable Funds Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 September 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Maternally Perinatal Mental Health and wellbeing App
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paula Good Service Director. Planned and Specialist Care Clinical Care Group; Liz Stevens Mental Health
SWYDDOG ADRODD: REPORTING OFFICER:	Dana Scott: Director of Midwifery/ Professional Governance Lead: Jane Whalley Perinatal Mental

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This paper returns the Maternally charitable funding application to the Committee following its consideration in June 2026. The Committee indicated in-principle support subject to further assurance regarding the clinical model and translation of platform outputs into clinical action; service capacity, particularly for mild-to-moderate need; digital integration, information governance and data management; and clinical and digital risk. The application and accompanying Executive Assurance Paper have been revised to address those questions. The Committee is asked to approve £30,000 charitable funding over two years (£20,000 Year 1 and £10,000 Year 2; £36,000 including VAT) to develop, implement and evaluate Maternally as a time-limited pilot within maternity and perinatal mental health services.

Post Year 2 the Mental Health Team and Maternity Service team will absorb the ongoing costs If the project produces positive support for woman and their families.

Cefndir / Background

Perinatal mental health is a significant patient safety, quality and public health issue. Around one in five women experience perinatal mental health difficulties. Current maternity pathways do not provide structured longitudinal digital wellbeing monitoring, trauma-informed psychological care planning, routine Patient Reported Outcome Measures (PROMs)/Patient Reported Experience Measures (PREMs), maternal-infant bonding interventions or integrated postnatal wellbeing support. Local experience indicates that anxiety, low mood and trauma-related distress may be identified late, including at crisis point.

Maternally has been jointly developed by maternity and mental health services as a preventative, trauma-informed pathway enabled through a digital platform. It complements rather than replaces maternity, health visiting, primary care and specialist perinatal mental health services. It supports validated wellbeing assessment, monitoring, self-management, psychological care planning, birth reflection, maternal-infant bonding, signposting and proportionate escalation through existing clinical pathways.

The proposal aligns with Health Board priorities for prevention, early intervention, patient experience, health equity, digital innovation and sustainable services, and responds to recognised national maternity and neonatal assurance themes concerning perinatal mental health and postnatal support.

Maternally is not an emergency or real-time monitoring service. If women are concerned about their mental or physical health needs or need urgent assistance, they are encouraged to contact their midwife, GP or Ambulance, advised by their midwife. With the introduction of Badgernet the Maternity electronic system women are made aware how and who to contact. The risk already exists for women to escalate with mental health whilst at home, women do deteriorate between clinical contacts, the pilot will tell us if the platform creates an additional risk of false assurance, or better self help and management support.

Asesiad / Assessment

The revised clinical model describes five stages: engagement and assessment; monitoring; risk stratification; escalation and clinical review; and recovery/ongoing support. Clinical responsibility remains with the woman's existing care team. The platform supports, but does not independently make, treatment decisions. Women will be explicitly informed that maternally is not continuously monitored, is not an emergency response service and does not replace urgent clinical advice or routine maternity care.

The model will complement the separately funded Enjoy your Bump and Enjoy Your Baby CBT-Informed modules, with maternity staff trained to support their use, strengthening the range of early intervention and self-management support available for women with mild-to-moderate needs.

The pilot is designed to operate within existing clinical capacity and improve targeting of existing resources rather than establish a new clinical service. Women with mild needs will primarily access evidence-based self-management resources and routine review. Only women meeting agreed escalation thresholds will require additional professional review through existing maternity, health visiting, GP or specialist perinatal mental health pathways. Referral patterns, escalation rates, workforce impact and capacity will be evaluated during the pilot.

Digital and information governance arrangements include UK-hosted data, GDPR requirements, a Data Protection Impact Assessment (DPIA), Data Security and Protection Toolkit (DSPT), Cyber Essentials Plus and Digital Technology Assessment Criteria (DTAC) compliance. Required Health Board governance approvals must be completed before implementation. The pilot will initially operate as a standalone clinically governed platform, with future interoperability with maternity digital infrastructure, including BadgerNet, considered subject to successful evaluation.

The pilot will recruit approximately 50-100 women in Year 1. Measures include engagement and reach, PROMs/PREMs, early identification and escalation, referral patterns, workforce impact, equity, staff experience and sustainability. Proposed Key Performance Indicators (KPIs) include >70% of enrolled women completing at least one weekly check-in, >60% sustained engagement and >80% reporting that they feel more supported and listened to. Key clinical, capacity, digital exclusion, workforce, information governance and sustainability risks have identified mitigations and will be monitored through established governance arrangements.

The proposal is also aligned with the Welsh Government Mental Health and Wellbeing Strategy and the emerging Open Access/One at a Time (OAAT) Stepped Care 2.0 model being

implemented across mental health services in Wales. Maternally supports a prevention and early intervention approach through the provision of timely access to evidence-based self-management resources, digital psychoeducation, wellbeing monitoring and proportionate escalation according to clinical need. The platform supports delivery of the OAAT principles by enabling women and families to access support at the earliest opportunity, reducing barriers to care and facilitating movement between levels of intervention based on presenting need and outcomes.

The model further supports the growing emphasis on lived experience, co-production and peer support within mental health services. Subject to local governance and service development arrangements, opportunities exist to incorporate lived experience resources, peer support content and recovery-focused stories within the platform to enhance engagement, normalise perinatal mental health difficulties and strengthen person-centred care.

For women experiencing mild to moderate emotional wellbeing and mental health difficulties, the platform complements existing evidence-based pathways, including guided self-help resources and digital therapeutic interventions such as SilverCloud. This strengthens the range of intervention options available, supports appropriate signposting and helps ensure women receive support at the least intensive and most effective level of care, consistent with stepped care principles.

Outcome monitoring will align with national mental health measurement approaches where appropriate. Consideration will be given to the inclusion of Recovering Quality of Life (ReQoL), alongside other relevant PROMs and PREMs, reflecting the increasing adoption of ReQoL across Wales and supporting the collection of meaningful outcome data regarding quality of life, recovery and wellbeing.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

- APPROVE the revised application for £30,000 charitable funding over two years to enable the development, implementation and evaluation of the Maternally digital perinatal mental health and wellbeing pilot, subject to completion of all required clinical, digital, information governance and procurement approvals.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	4.19 Provide scrutiny with a view to approving or rejecting all requests for expenditure over £50,000 and under £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure. 4.20 Consider and recommend for approval to the Board in its capacity as Corporate Trustee all requests for expenditure over £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure. 4.21 Provide scrutiny with a view to approving or rejecting all requests for expenditure, regardless of value, for the following expenditure types: • Research and development expenditure.

	• Pay expenditure. • Requests of any nature resulting in ongoing charitable funds commitment.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	No Datix risk Register
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	1. A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives.
Gwybodaeth Ychwanegol: Further Information:	

Ar sail tystiolaeth: Evidence Base:	MBRRACE-UK maternal mortality learning; national maternity and neonatal assurance findings; Welsh Government Mental Health and Wellbeing Strategy; Open Access/One at a Time (OAAT) Stepped Care 2.0 model; evidence supporting trauma-informed care, co-production, lived experience and peer support approaches; validated perinatal mental health assessment tools; digital mental health interventions including SilverCloud and CBT-informed self-management programmes; national PROMs and PREMs frameworks including ReQoL; local maternity and perinatal mental health service experience; and pilot evaluation data.
Rhestr Termau: Glossary of Terms:	DPIA - Data Protection Impact Assessment DSPT - Data Security and Protection Toolkit DTAC - Digital Technology Assessment Criteria PROMs - Patient Reported Outcome Measures PREMs - Patient Reported Experience Measures HCI - Health and Care Innovations GP - General Practitioner
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Maternity Services; Perinatal Mental Health Services; Health Visiting; Information Governance; Digital Services; Finance Business Partner; HCI/CONNECTPlus; women and families through planned co-design. Revised papers circulated to the Executive Director of Nursing and a Non-Executive Member for review in advance of resubmission.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	£30,000 net charitable funding requested over two years: £20,000 Year 1 and £10,000 Year 2 (£36,000 including VAT). Year 1 supports development/configuration, project management, content and Welsh translation; Year 2 supports ongoing CONNECTPlus hosting/licensing. Health Board implementation, staff support and evaluation use existing resources/in-kind contribution. Continuation beyond the pilot would require a separate sustainability/business case and Health Board planning decision.
Ansawdd / Gofal Claf: Quality / Patient Care:	Positive intended impact: earlier identification of emotional distress; trauma-informed support; improved continuity, maternal wellbeing, psychological recovery and maternal-infant bonding; improved patient experience; and proportionate escalation. The platform complements rather than replaces clinical care. Clinical responsibility remains with existing care teams and established urgent/emergency pathways remain in place. The platform supports a stepped care approach by facilitating access to early intervention, self-

	management and recovery-focused resources, whilst maintaining clear escalation pathways into existing maternity, primary care and specialist mental health services. It also provides opportunities to integrate lived experience and peer support resources to improve engagement, choice and patient experience.
Gweithlu: **Workforce:**	No additional workforce or backfill is requested for the pilot. Delivery will use existing maternity, community, health visiting and perinatal mental health staff. Capacity is an explicit pilot measure: escalation rates, referral patterns, workforce impact and staff experience will be monitored. The model aims to improve targeting of clinical resources and reduce avoidable crisis-driven activity.
Tegwch Iechyd: **Health Equity:**	Potential impacts on health equity considered: Yes. The model provides universal access with proportionate support for women experiencing greater vulnerability. Digital exclusion is mitigated through supported onboarding, continuation of face-to-face pathways and existing charitable provision for devices/SIM access where required. Welsh and English delivery and culturally sensitive co-design are planned. Equity-focused Health Impact Assessment: not evidenced as completed within the submitted papers - confirm locally if required.
Risg: **Risk:**	Key risks: inappropriate reliance on digital monitoring; failure to identify deterioration; increased demand; digital exclusion; data governance/cyber risk; workforce adoption; and sustainability. Mitigations include clear non-real-time messaging, validated tools and escalation thresholds, existing clinical oversight, phased pilot/evaluation, alternative access routes, DPIA/DSPT/DTAC/Cyber Essentials Plus requirements, co-design/training and a defined sustainability decision point.
Cyfreithiol: **Legal:**	The proposal states compliance with GDPR, Health Board information governance and procurement requirements, the Equality Act 2010 and the Well-being of Future Generations (Wales) Act 2015. No specific likelihood of legal challenge is identified in the submitted papers. Implementation is conditional on completion of required governance approvals.
Enw Da: **Reputational:**	Potential positive reputational impact through innovation, prevention and responding to recognised gaps in perinatal mental health support. Potential reputational risk if clinical/digital governance is inadequate or expectations are not appropriately managed; mitigated through phased implementation, explicit patient information, established clinical pathways and formal governance oversight.

Gyfrinachedd: **Privacy:**	Personal and health information will be processed through the platform. The application describes UK-hosted data, GDPR compliance, a completed/developing DPIA with the Health Board Information Governance team, and provider DSPT, Cyber Essentials Plus and DTAC compliance. No implementation will proceed until required information governance, digital and clinical safety approvals are complete.
Cydraddoldeb: **Equality:**	The proposal is intended to have a positive equality impact through universal access, bilingual Welsh/English delivery, culturally sensitive co-design and targeted support for vulnerable and neurodivergent women and families. Existing face-to-face pathways remain available for women unable or choosing not to engage digitally. EqIA screening/full EqIA status is not evidenced within the submitted papers - confirm locally and attach if required.

Elusennau Iechyd HYWEL DDA Health Charities

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:	Dana Scott
Job title:	Director of Midwifery
Department/Service:	Maternity
Directorate:	Planned and Specialist Care
Lead director	
Contact name:	Dana Scott
Job title:	Director of Midwifery
Section 2: Application summary	
2.1 Title of charitable funds application:	
A Trauma Informed Digital Perinatal Mental Health Platform	
2.2 Brief description of your application: In no more than 50 words please tell us what you are requesting charitable funds for.	
This application seeks charitable funding to pilot "Maternally", a trauma-informed digital perinatal mental health pathway embedded within maternity services. The programme supports early identification, psychologically safe care, and enhanced monitoring to improve outcomes and experiences for women, babies and families, while supporting staff to deliver proactive compassionate care. Within Hywel Dda University Health Board, with approximately 3,000 births per year, this equates to a significant number of women experiencing perinatal mental health difficulties. Local service experience indicates increasing presentations of anxiety, low mood, and trauma-related distress, often	

identified late and at the point of crisis. Demand on community midwifery, health visiting, and specialist perinatal mental health services continue to rise, and limited capacity for early intervention. This reinforces the need for a preventative, scalable approach to support women earlier in their care pathway.		
2.3 Total value of charitable funds requested:	£24,000 year one £12,000 year two	
2.4 Duration of project	Project start date:	1st October 2026
	Project end date:	31st October 2028

2.5 Strategic priorities
Please identify which of the charity's strategic priorities this application relates to (select all that apply).

Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	**Staff experience:** Supporting the wellbeing and professional development of University Health Board staff.	**Innovation:** Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes	Yes	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 and wellbeing**
No	Yes Develops a new trauma-informed perinatal mental health pathway. Improves early identification, continuity, and experience of care. Responds directly to national maternity and neonatal assurance findings.	Yes The application explicitly demonstrates that the platform; • Reduces crisis driven workload • Improves visibility of need • Supports psychological safe, proactive care • Reduces emotional burden on staff
Building/refurbishment Work *please also complete Appendix 2*	**Other** *If 'yes' selected, please state expenditure type in box opposite.*	*Expenditure type:*

No	No	*Service development and improvement: development and hosting of a trauma-informed digital perinatal mental health pathway to support early identification, continuity of care, and staff wellbeing within maternity services.*

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.

We are requesting £30,000Plus VAT (£36,000gross) of charitable funding over two years to support the development, configuration, implementation and hosting of a Maternally, a trauma-informed digital perinatal mental health pathway delivered through the CONNECTPLUS platform.

Year 1 (£20,000) will fund platform development and technical configuration, project management and governance, enhancement and development of clinical content, and Welsh Language translation.

Year 2. (£10,000) will fund ongoing platform hosting and support embedding of the pathway within routine maternity services.

The funding will enable a time-limited pilot to test the feasibility, acceptability, and impact of the pathway before any decision regarding longer-term adoption. Health Board clinical input, implementation support, staff training, co-design and evaluation will be provided through existing resources alongside significant in-kind contribution from HCI/CONNECTPLUS

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.

Maternal mental health is a significant and growing challenge within maternity services. Around one in five women experience perinatal mental health difficulties, up to one in three describe their birth as traumatic, and 4–5% develop postnatal PTSD. Many women experience anxiety, low mood, or trauma-related symptoms that do not meet thresholds for specialist services but still significantly affect wellbeing, bonding, and functioning.

The current birth rate in HDUHB is 3000 per year, it is estimated up to 60% of women will identify with trauma, we have not current effect screening tool, which would allow for early identification and enhanced care provision. Often women attend services in a crisis. Our approach will reduce crisis presentations and promote self-care
with early warning scores. It is well evidenced that the long-term impact on child wellbeing when mothers have mental health issues. Evidence shows that disrupted maternal-infant bonding is associated with poor maternal mental health, increased anxiety and depression, and adverse long-term developmental, emotional and behavioral outcomes for children, Failure to support early attachment can contribute to intergenerational harm, increased demand for health, education and social care services, and reduce family resilience. Strengthening bonding antenatally and postnatally is therefore a critical protective intervention, not an optional enhancement.

Current systems rely heavily on self-disclosure and reactive escalation, meaning support is often provided only once distress has intensified. This contributes to crisis presentations, safeguarding concerns, and long-term morbidity for mothers and children. Maternally represents a positive shift towards early engagement and psychologically safe care. By embedding trauma-informed support and routine monitoring within maternity services, the platform enables earlier identification of need, timely intervention, and proportionate responses aligned to existing care pathways.

Delivered in partnership with HCI and using their CONNECTPlus patient facing app, the digital pathway will include:
• Antenatal trauma-informed psychological care planning and birth choice support
• Weekly (or more frequent) digital mood monitoring using validated tools (EPDS, PHQ-9, PDSS)
• Enhanced surveillance for women with mild to moderate mental health needs
• Evidence-based self-help and healthy lifestyle modules
• Guided maternal–infant bonding activities
• A digital birth reflection space to support recovery and learning

Automated alerts and traffic-light dashboards will support staff to respond early, reducing reliance on crisis escalation and supporting continuity of care.

National Gap in Perinatal Mental health. The recent maternity and neonatal assurance assessment for Wales confirms a persistent and systematic gap in accessible, integrated perinatal mental health support. The assessment highlights that mental health needs are frequently unmet, particularly in the postnatal period, and that provision remains fragmented, inconsistent, and inequitable across Wales.

These gaps disproportionately affect women in rural and deprived areas.

Post Natal care as a risk point.
The assessment identifies postnatal care as one of the most fragile and under-resourced points in the maternity pathway. Women report poor follow-up, limited emotional support, and a sense of being “dropped” once discharged from maternity services. These gaps

contribute to avoidable distress, escalation of mental health need, and potential harm to women and families.

For women and families, The Maternally Platform will improve confidence, emotional safety, recovery, and bonding. Early support reduces escalation of distress and the risk of long-term mental and physical health problems.

For staff, the platform improves visibility of need, supports proactive care, and reduces the emotional and operational burden associated with crisis management. This contributes to improved staff wellbeing and safer, more sustainable services.

This project has been designed to promote equitable access and inclusion, recognising that digital solutions must not inadvertently increase health inequalities.
The maternity team have gone live 14/04/2026 with digital electronic maternity records, to ensure no women is excluded we have secure charitable funding to provide a device and sim plan for any woman affected by digital exclusion, for a 12-month period, no woman will be excluded.

Engagement with the platform will be supported by midwives as part of routine care, ensuring that women are introduced to the toll in a supported and personalised way. For women who are unable or chose not to engage digitally, care will continue through existing face to face pathways, with the platform acting to enhance, not replace, traditional models of care.

The use of digital tools will enable more efficient use of clinical time, allowing staff to focus additional time on women with higher levels of need, including those who may be less able to engage digitally. This supports a more equitable distribution of care and resources.

The platform will be available in both Welsh and English, with culturally sensitive content, and will be co-designed with women from diverse backgrounds, including those with lived experience of trauma. Engagement and uptake will be monitored throughout the pilot to identify and address any disparities in access or experience.

This approach ensures that the intervention supports inclusion and equity, while strengthening the ability of services to respond to the needs of all women and families.

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.

The project will be delivered over two years, enabling both the **development** and **launch** of the Perinatal Mental Health Digital Platform (Maternally) (Year 1) and **embedding for longevity and sustainability** across the full pregnancy and postnatal journey in Year 2. Delivery will be phased, with clear milestones, monitoring points, and evaluation to ensure safe implementation and effective use of charitable funds.

Year 1 Platform development. Pilot and Launch (£20,000)
Focus: Build, test and implement the platform within maternity and perinatal mental health services.

Phase 1: Co-design and Preparation 9 (May-July 2026) (month 1-3)
Activity:

- Establish project governance and reporting arrangements within maternity and perinatal health services.
- Co-design workshops with women (including those with lived experience of trauma) Midwives Health Visitors, and perinatal mental health colleagues.
- Finalise platform requirements, trauma-informed language, care pathways, and escalation thresholds.
- Confirm evaluation measures, (PROMS, PREMS, engagement metrics).

Milestones:

- Co-design workshops completed
- Agreed functional specification
- Evaluation frameworks sign off

Monitoring:

- Monthly project check-ins
- Workshop outputs documented and reviewed

Phase 2: Platform Build and Configuration (months 4-6)
Activity:

- Digital configuration of the Maternally Platform in partnership with HCI
- Development of antenatal care planning, postnatal monitoring, self-help and maternal-infant bonding modules.
- Welsh Language implementation
- Staff orientation
- Soft testing with a group of up to 10 women

Milestones:

- Platform build completed
- Welsh/English functionality live
- Clinical safety and governance checks completed

Monitoring:

- Build progress reviews
- User testing feedback loops

Phase 3: Pilot Launch and delivery (months 7-12)
Activity:

- Launch pilot within maternity services
- Recruit 50 to 100 women across pregnancy and postnatal stages to test concept
- Review and revise the platform based on feedback received
- Deliver routine digital monitoring, care planning, and support across the perinatal journey
- Ongoing staff engagement and troubleshooting

Milestones:

- Pilot goes live
- Target recruitment achieved

- Platform in routine use

Monitoring:

- Monthly engagement and usage reports
- Early outcome signals reviewed
- Issues logged and addressed in real time

Phase 4: Evaluation and Learning (Months 10-12)

Activity:

- Evaluate usability, engagement, acceptability, and early impact.
- Capture PROMS, PREMS, staff feedback and equity indicators

Milestones:

- Produce a learning and evaluation report

Monitoring:

- Evaluation milestones tracked
- Findings reviewed at governance meetings

Year 2: Longevity, embedding in full perinatal journey (£10,000)

Focus: Sustain and extend the platform across the Full **Pregnancy and Postnatal Pathway** embedding learning from Year 1.

Phase 5: Refinement and Enhancement (Months 13-18).

Activity:

- Refine platform based on evaluation findings.
- Enhance content to fully support antenatal through to extended postnatal care
- Strengthen maternal-infant bonding modules and self-management resources
- Expand inclusion and accessibility features
- Extend roll-out to full population (circa 1500 to 1800 women per annum)

Milestones:

- Platform refinements completed
- Enhanced perinatal pathway live
- Large scale adoption across the whole population

Monitoring:

- Usage and engagement trends
- Ongoing user feedback

Phase 6: Embedding and Sustainability (Months 19-24)

Activity:

- Embed platform into routine maternity pathways
- Support wider staff awareness and confidence
- Develop a sustainability and business case for longer-term adoption
- Share learning across the health board.

Milestones:

- Platform embedded within maternity services
- Sustainability plan completed
- Decision point for future adoption

Monitoring:

- Final evaluation and impact review
- Reporting to maternity governance structures.

Progress Monitoring and Assurance

Progress will be monitored through:

- Clear milestones at each point regular project oversight within maternity services
- Engagement, usage and outcomes metrics

- Continuous feedback from women and staff

This phased approach ensures safe delivery, measurable impact, and responsible use of charitable funds. While enabling meaningful improvement across the full pregnancy and postnatal journey.

Workforce Capability and Clinical Responsibility

The platform will be delivered using existing maternity, community, and perinatal mental health staff, with no requirement for additional workforce or backfill during the pilot phase. The intervention is designed to support staff by enabling earlier identification of need and reducing crisis-driven workload.

Community midwives and health visitors will support use of the platform, with outputs informing routine care. Clinical responsibility remains with the named midwife, GP of Health Visitor, in line with existing pathways.

The platform is not a real-time monitoring system. It provides additional information to support clinical decision-making, enabling earlier and more proactive intervention where required.

Alerts and screening outputs will be reviewed within routine care contacts or remote review processes, with escalation aligned to existing perinatal mental health pathways.
Clinical safety and oversight will be managed through established Health Board governance structures, including maternity governance and perinatal mental health forums

SMART Objectives

1. By Month 6, co-design, configure and launch a trauma-informed digital perinatal mental health platform within maternity services, informed by women lived experience and national learning.
2. By Month 12, support at least 50 women across pregnancy and the postnatal period to engage with the platform, with ≥70% completing routine digital wellbeing check-ins.
3. During the pilot period, achieved a measurable improvement in patient-reported wellbeing and experience, demonstrated through PROMs and PREMs collected via the platform.
4. By the end of Year 1, demonstrate evidence of earlier identification of emerging mental health needs, with timely escalation to appropriate support pathways where indicated.
5. By the end of Year 2, embed the platform to support the full pregnancy and postnatal journey, incorporating learning from Year 1 and producing a sustainability and business case to inform future funding through the IMTP.
6. Throughout the project, demonstrate a positive impact on staff experience, including improved visibility of need and reduced reliance on crisis-driven responses, evidenced through staff feedback.

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

Risk 1: Low engagement or Uptake by Women
Description:
Currently there is not a screening tool for trauma in the maternity system. Women experiencing psychological distress or trauma may find it difficult to engage if the platform feels unsafe, burdensome and impersonal.

Mitigation:
The platform and the screening tool will be co-designed with women with lived experience to ensure trauma-informed language, choice and flexibility of use.
Engagement will be optional and proportionate, with multiple entry points across pregnancy and postnatal care. Bilingual delivery (Welsh & English) and culturally sensitive design will support inclusion.

Risk 2: Digital Exclusion or Inequitable Access

Description:
Some women may experience barriers to digital access or confidence, potentially reinforcing inequality.

Mitigation:
The platform will be mobile-first, low data, and simple to use. Midwives and Community Teams will introduce the app as part of routine care and offer support where needed. Engagement patterns will be monitored to identify and address inequalities early.

Risk 3: Over reliance on Digital Tools

Description:
There is a risk that digital support could be perceived as replacing face to face care or clinical judgement.

Mitigation:
The platform is designed to complement, not replace, existing maternity and community services. It provides enhanced surveillance and early warning. All clinical decision-making remains with professionals. Clear escalation pathways aligned to existing services will be embedded.

Risk 4: Clinical Safety and Escalation

Description:
Failure to identify or respond appropriately to deteriorating mental health could pose a safety risk.

Mitigation:
Validated screening tools (EPDS, PHQ-9, PDSS) will be used alongside clearly defined traffic-light thresholds and escalation pathways. The platform will not be used as the sole safety mechanism and will operate alongside existing clinical oversight. Maternally is not a real-time or emergency response service and will not replace established routes for accessing urgent maternity, mental health or emergency care. Women will receive clear information at onboarding and throughout their use of the platform that information entered into maternally should not be relied upon to obtain urgent clinical assistance. Where responses indicate significant deterioration or high levels of concern, prominent safety messaging will direct women to access that appropriate established clinical or emergency pathway without waiting for their platform responses to be reviewed.

Risk 5: Workforce Capacity and Acceptance.

Description:
Staff may perceive the platform as adding workload or may lack confidence in digital approaches.

Mitigation:
Staff will be involved in co-design and testing to ensure the platform supports, rather than burdens, practice.
The focus on early identification and planned responses is intended to reduce crisis driven workload and supports staff wellbeing.

Risk 6: Sustainability Beyond the Pilot

Description:
There is a risk that the platform may not be sustained beyond the initial funding period.

Mitigation:

The project is time-limited with a clear evaluation plan. Learning from the pilot will inform decisions about embedding, scaling, or discontinuation. If continuation is not feasible. Learning will be integrated into existing maternity practice.

Risk 7: Impact of not funding the Project

Description:
There is a clear risk associated with not progressing this work. National assurance reviews, women's feedback, and local learning consistently highlight gaps in perinatal mental health support, early identification and continuity of care.
Without this intervention, maternity services will continue to rely on reactive responses once harm has escalated, rather than preventative, psychologically safe support.

Impact:
Failure to act risks continued avoidable distress for women, poorer maternal-infant bonding, escalation to crisis mental health presentations, safeguarding involvement, and long-term harm affecting mothers, babies, and families. It also risks undermining trust where women have been invited to share feedback but see limited tangible change.

Mitigation:
Charitable funding enables the Health Board to respond proactively and compassionately to nationally identified risks and women lived experience. It supports timely action where statutory funding is not yet available and demonstrates organisational commitment to learning, prevention and improvement.

Summary:
The risk-managed, phased approach ensures that charitable funds are used responsibly to reduce known risks, improve safety and experience, and prevent avoidable harm. The greatest unmanaged risk is inaction, particularly where evidence indicates that early support interventions can make meaningful difference

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

This expenditure is 'above and beyond' core NHS provision because it funds a preventative care model addressing a critical gap outside statutory funding. While core NHS services manage routine maternity care and severe mental illness, there remains an unfunded gap in Wales for integrated support for mild-to-moderate perinatal mental health needs.

This proposal exceeds core provision by:

- Addressing an Unfunded Gap: Despite recommendations from the All-Wales Perinatal Engagement Framework, no dedicated national funding exists for proactive early-intervention roles. There is no statutory obligation to provide this specific paid role, making charitable funding essential.
- Extending Care Continuity: Core services rely on traditional appointments and strict discharge timelines. Maternally maintains contact and provides continuity beyond routine discharge, stepping in where the system currently struggles to keep women engaged.
- Enabling Proactive Intervention: Recent national reviews highlight that Wales lags behind in postnatal perinatal mental health provision. Maternally introduces enhanced surveillance, enabling staff to identify deteriorating wellbeing early and intervene before distress becomes a clinical crisis.

Appropriate Use of Funds
While addressing vital safety themes from national reviews, we believe that this is an acceptable use of donated funds. because it complements rather than replaces existing statutory services, piloting a value-based, preventative approach currently unfunded by core budgets and this pilot aligns with strategic goals to improve patient experience, reduce inequalities, and support staff. Crucially, by supporting mothers to feel emotionally well, the project strengthens the entire family unit, delivering long-term benefits for babies, partners, and the wider community.

Section 4: Impact

4.1 Impact:
Please tell us about the positive changes or effects that will take place as a result of this expenditure (e.g. improved patient experience, improvements to patient health, efficiencies in the provision of care). You will be required to submit an evaluation report to summarise the impact at a later date.

Better Health Outcomes
For women and families, The Perinatal Mental Health Digital Platform, will improve confidence, emotional safety, recovery, and bonding. Early support reduces escalation of distress and the risk of long-term mental and physical health problems.

For staff, the platform improves visibility of need, supports proactive care, and reduces the emotional and operational burden associated with crisis management. This contributes to improved staff wellbeing and safer, more sustainable services.

Positive Impact on Women's Health and Wellbeing
This pilot will deliver meaningful improvements in women's psychological health and wellbeing by enabling earlier engagement, trauma-informed support, and continuity of care across pregnancy and the postnatal period. Women will have access to a psychologically safe digital space that supports emotional regulation, self-care, and recovery, reducing the escalation of mild to moderate distress into more severe mental health conditions. Early identification and enhanced surveillance will support timely intervention, reducing the risk of postnatal depression, anxiety, trauma-related symptoms, and longer-term morbidity.

Improved Experience of Care
The platform will significantly enhance women's experience of maternity care by addressing one of the most frequently reported concerns: feeling unheard, unsupported, or "dropped" following discharge. By extending support beyond traditional appointments, the pilot provides continuity at points where the system currently struggles to maintain contact. Women will feel more listened to, better informed, and more actively involved in their care, improving confidence, trust, and overall satisfaction with maternity services.

Strengthened Maternal–Infant Bonding
Guided maternal–infant bonding activities embedded within the platform will support early attachment and confidence in parenting. Stronger bonding is associated with improved maternal mental health, reduced anxiety, and positive long-term developmental outcomes for babies. Supporting bonding antenatally and postnatally contributes to healthier family relationships and resilience.

Positive Impact on Staff and Services
For staff, the pilot will support a shift from reactive crisis management to proactive, planned care. Improved visibility of women's needs through routine monitoring enables more proportionate responses, reducing emotional and operational pressure on maternity, community, and mental health teams. This supports staff well-being, professional confidence, and safer decision-making, while aligning with compassionate, trauma-informed practice.

Improved Equity and Access
The digital nature of the platform will improve equity of access for women who face barriers related to geography, rurality, deprivation, or service capacity. By reducing reliance on physical attendance and providing consistent support regardless of postcode, the pilot directly addresses inequalities highlighted in national reviews and supports inclusive, accessible care.

Measurable Improvements and Learning
The pilot will generate measurable improvements in:

- Women's reported wellbeing and confidence
- Satisfaction with maternity and postnatal care
- Engagement with support during the postnatal period
- Early identification and response to emerging mental health needs

It will also produce learning that informs future service design, supports sustainability, and demonstrates the value of preventative, compassionate interventions funded through charitable investment.

Overall Impact

In summary, this charitable expenditure will deliver tangible improvements in health, wellbeing, experience, satisfaction, and safety for women and families, while supporting staff and reducing avoidable escalation and harm. It represents a responsible, preventative use of charitable funds that translates national learning and women's feedback into real, practical change.

4.2 Patient benefit:

Please summarise how patients will benefit from this expenditure. 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.

How Patients Will Benefit from the Expenditure

This charitable expenditure will enable women to access earlier, trauma-informed psychological support throughout pregnancy and the postnatal period. Women will benefit from improved continuity of care, enhanced emotional safety, and timely identification of emerging mental health needs. Access to guided self-care, routine wellbeing check-ins, and maternal–infant bonding support will reduce distress, improve confidence and recovery, and lower the risk of escalation to crisis or longer-term harm. The digital platform will also improve equity of access, particularly for women in rural or underserved communities, ensuring support is available regardless of location or service capacity.

How Staff Will Benefit from the Expenditure

Staff will benefit from improved visibility of women's needs and earlier identification of risk, enabling more proactive and proportionate responses. By supporting early engagement and planned intervention, the platform reduces reliance on crisis-driven escalation and the associated emotional and operational burden on maternity, community, and mental health teams. This supports staff wellbeing, professional confidence, and safer decision-making, while enabling staff to deliver compassionate, trauma-informed care within existing workforce constraints.

4.3 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.

The primary beneficiaries of this project are women receiving care from maternity services who are experiencing, or at risk of, perinatal mental health difficulties. Through early engagement, trauma-informed support, and enhanced surveillance, women will benefit from improved emotional wellbeing, continuity of care, and timely access to support across pregnancy and the postnatal period.

Babies and children will benefit from improved maternal mental health, stronger maternal–infant bonding, and more stable early caregiving environments, which are known to support healthy emotional and developmental outcomes.

Fathers and partners will benefit from greater understanding, guidance, and confidence in supporting maternal wellbeing and early parenting, strengthening family relationships.

The family is the fundamental unit of society, and when mothers are supported to feel safe, heard, and emotionally well, the benefits extend beyond the individual. By caring for the mother, this project strengthens families, supports healthier early parenting, and contributes to improved outcomes for babies, families, and the wider community.

Maternity, community, and mental health staff are also key beneficiaries. Improved visibility of need and earlier identification of risk enable more proactive, planned care, reducing crisis-driven escalation and supporting staff wellbeing and professional confidence.

4.4 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.

Evaluation: What Will Be Measured and How

Current maternity pathways do not provide routine, structured digital monitoring of maternal mental health across pregnancy and the postnatal period. Identification of need is largely dependent on self-disclosure and point-in-time assessment, with limited ability to track changes over time. Local service experience indicates that many women present later in their care pathway, often at the point of escalation or crisis. This pilot will establish a baseline for earlier identification, engagement and continuity of support.

The pilot will include a proportionate but robust evaluation to assess effectiveness, experience, and feasibility, ensuring responsible use of charitable funds and clear learning.

1. Women's Health and Wellbeing Outcomes (What)

We will measure changes in women's emotional wellbeing, confidence, and recovery across pregnancy and the postnatal period.

How:

- Validated patient-reported outcome measures (PROMs), including mood and wellbeing scores collected through the platform
- Self-reported confidence, coping, and emotional safety indicators
- Monitoring of changes over time to identify improvement or deterioration

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2. Experience and Satisfaction (What)

We will assess women's experience of care, feeling listened to, supported, and involved in decisions.

How:

- Patient-reported experience measures (PREMs) captured digitally
- Feedback on continuity of care, postnatal support, and overall satisfaction
- Qualitative feedback from women on usability and perceived value

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3. Engagement and Reach (What)

We will evaluate whether women are engaging with the platform and whether it is accessible and inclusive.

How:

- Platform usage data (log-ins, completion of check-ins, use of self-help modules)
- Monitoring engagement across pregnancy and postnatal stages
- Review of uptake across different groups to identify any equity gaps

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4. Early Identification and Escalation (What)

We will assess whether the platform supports earlier identification of need and timely responses.

How:

- Tracking alerts and escalation triggers generated through the platform
- Review of actions taken following identified concerns
- Comparison with baseline patterns of reactive escalation where available

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5. Impact on Staff and Services (What)

We will evaluate the effect on staff experience and service delivery.

How:

- Staff feedback on workload, confidence, and usefulness of the platform
- Review of perceived reduction in crisis-driven interventions
- Qualitative insights from maternity and community teams

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6. Overall Feasibility and Sustainability (What)

We will determine whether the platform is feasible to embed and sustain.

How:

- Assessment of acceptability to women and staff

- Identification of technical, operational, and governance requirements
- Development of a learning and evaluation report to inform future decisions

Use of Findings

Evaluation findings will be reviewed through maternity governance arrangements and used to:

- Inform decisions about continuation and scale-up
- Support future business cases or funding applications
- Embed learning into routine maternity practice

This approach ensures the project delivers measurable benefit, meaningful learning, and accountability for charitable investment.

Key Performance Indicators (KPI's)

The following KPI's will be used to assess impact.

- >70%of enrolled women complete at least one weekly check-in
- >60% sustained engagement across pregnancy/postnatal period
- Demonstratable improvement In PROMS (e.g. reduction in EDS / PHQ-9 score where appropriate)
- >80% of women report feeling more supported and listened to (PREMs)
- Evidence of earlier identification of need, including increased detection of mild - moderate distress prior to escalation
- Positive staff feedback indicating improved visibility of need and reduced reliance on crisis management

Data Analysis and Reporting

Data collected through the platform will be presented via a secure digit dashboard, enabling real time visibility of individual and aggregated responses. Analysis of outcomes, trends and impact will be undertaken by the Health Board maternity and evaluation teams, with findings reported through governance structures and shared with the charitable funds committee. This will include both qualitive data (PROMs, engagement metrics) and qualitative feedback from women and staff.

Section 5: Exit strategy (for revenue expenditure requests)

Please tell us how the benefits of this expenditure will be sustained beyond the end of this 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.

Exit Strategy

This project is designed as a time-limited, charitable-funded pilot to enable early implementation, learning, and evaluation of a trauma-informed digital perinatal mental health pathway within maternity services.

The recent national maternity and neonatal assurance review highlights that Wales continues to lag behind England and Scotland in the provision of perinatal mental health services, reinforcing the need for timely, preventative interventions that improve early identification, continuity, and access to support. The pilot will generate local evidence to demonstrate impact, feasibility, and value, supporting informed decision-making about longer-term adoption.

Subject to positive evaluation outcomes, it is anticipated that Health Board funding would be considered to sustain the platform beyond the charitable funding period, recognising its contribution to patient experience, safety, equity, and workforce sustainability. Business development will follow established planning and governance routes, with the learning and outcomes from the pilot informing inclusion within the Integrated Medium-Term Plan (IMTP) and wider maternity and perinatal mental health strategies.

If ongoing funding is not secured, learning from the pilot will still deliver value by informing service improvement, trauma-informed practice, and future commissioning decisions. Any elements that cannot be sustained digitally will be embedded into existing maternity pathways where possible.

This approach ensures charitable funding is used responsibly as an enabler of innovation and improvement, while positioning the Health Board to respond proactively to national priorities and assurance findings.

Subject to positive evaluation outcomes, ongoing funding for platform licensing would be considered through Health Board commissioning and planning processes, including the integrated Medium Term Plam (IMTP). If ongoing funding is not secured, women will be safely transitioned off the platform at the end of their perinatal care period, with continuity maintained through existing services.

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.).

Information Governance and Data Security
Hywel Dda University Health Board will act as the Data Controller, with CONNECTPlus operating as the Data Processor under a formal Data Processing Agreement. All Data will be securely hosted within the UK in compliance with NHS data security standards and GDPR requirements

The platform provider holds recognised certification including DSPT, Cyber Essentials Plus, and DTCA compliance with NHS data security standards and GDPR requirements.

A Data Protection Impact Assessment (DIPA) has been completed in collaboration with the Health Board's Information Governance team, with no significant risks identified to date.

Digital and Cyber Approval
A digital support request has been submitted to the health board's digital Services team to ensure full alignment with information governance, cyber security and technical requirements. Confirmation of approval will be provided as part of the final governance process.

Procurement and Value for Money
Procurement processes will be followed in line with Health Board requirements to ensure compliance with financial governance and value for money. The proposed partnership with CONNECTPlus reflets an established, NHS-tested platform with demonstrated capability, and includes significant in-kind contribution, representing a cost-effective and low risk approach to pilot delivery.

It supports Clinical Governance principles by embedding the service user voice into quality improvement and safety processes, in line with the Welsh Government's maternity strategy and NICE guidance on patient involvement. All engagement follows Hywel Dda's policies on safeguarding, equality, and inclusion, ensuring representation from seldom-heard groups and adherence to the Health and Care Standards for Wales.

The partnership also promotes transparency and accountability, meeting statutory duties under the Equality Act 2010 and the Well-being of Future Generations (Wales) Act 2015.

HCI has the following accreditations:
- DSPT (Ref: 8KF58)
- ICO (Ref: ZA281329)
- Cyber Essentials Plus (last certification 2023-06-08. Certificate provided on request)
- IASME (last certification 2023-06-30. Certificate provided on request)
- NHS England Technology Assessment Criteria (DTAC) Compliant
- Annual Penetration Test (Report available on request)

In addition HCI is already working with our Information Governance team to complete a Data Protection Impact Assessment (DPIA) to reflect the functionality that we will be using.

6.2 Strategic alignment:

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

This project aligns with local maternity improvement priorities with Hywel Dda, including strengthening postnatal care, improving perinatal mental health support, and responding to the themes identified through internal governance, incident reviews, and national internal governance, incident review, and national maternity and neonatal assurance findings. It supports the need for earlier identification of risk, improved continuity of care, and enhanced psychological support, which have been identified as key safety and quality priorities within maternity services.

Strategic Alignment with Health Board Objectives
This project aligns strongly with Hywel Dda University Health Board's strategic objectives to deliver safe, kind, equitable, and sustainable care, with a clear focus on prevention, early intervention, and improving patient and staff experience.

Improving Patient Experience and Outcomes
The platform directly supports the Health Board's commitment to improving patient experience by addressing nationally and locally recognised gaps in perinatal mental health and postnatal care. By enabling earlier engagement, trauma-informed psychological support, and continuity across pregnancy and the postnatal period, the project responds to women's feedback about feeling unheard or unsupported and translates learning into tangible service improvement.

Prevention and Early Intervention
The project aligns with the Health Board's prevention agenda by shifting care upstream—supporting early identification of need and timely, proportionate intervention before distress escalates into crisis, safeguarding involvement, or longer-term morbidity. This supports improved health outcomes for women, babies, and families while reducing avoidable demand on acute and specialist services.

Equity and Reducing Inequalities
The digital delivery model supports the Health Board's objective to reduce health inequalities, particularly in rural and underserved communities. By reducing reliance on physical attendance and improving access regardless of postcode, the project promotes equitable access to support and aligns with the principles of the Well-being of Future Generations (Wales) Act.

Supporting Staff Wellbeing and Workforce Sustainability
The platform supports workforce sustainability by improving visibility of women's needs, enabling proactive care, and reducing reliance on crisis-driven responses. This aligns with the Health Board's commitment to staff wellbeing, compassionate leadership, and enabling staff to work at the top of their professional role within existing capacity constraints.

Innovation and Learning
The project demonstrates the Health Board's commitment to innovation and continuous learning, responding proactively to national maternity and neonatal assurance findings that highlight gaps in perinatal mental health provision in Wales. Charitable funding enables responsible testing and evaluation of a new approach, de-risking future investment and supporting evidence-based decision-making.

Strategic Planning and Sustainability
Learning from the pilot will inform future business planning and commissioning decisions, with clear routes into the Integrated Medium-Term Plan (IMTP) and wider maternity and perinatal mental health strategies. This ensures alignment between charitable investment, Organisational priorities, and long-term sustainability.

Section 7: Other

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

The platform is designed to support, not replace, clinical decision-making. It does not hold independent decision-making authority; responsibility for assessment, escalation and care planning remains with the named midwife, health visitor of GP or specialist team in line with existing clinical pathways. The role of the platform is to provide additional information and insight to support earlier, more informed and proportionate clinical decision-making.
Engagement with seldom-heard voices and diverse communities will be embedded throughout the project. Co-designed activity will include women with lived experience from a range of backgrounds, including those who may traditionally experience barriers to accessing services. Midwives and health visitors will support inclusive onboarding, and uptake and engagement will be monitored to identify any inequalities.
Where digital engagement is limited, existing face-to-face care pathways will continue to ensure no woman is excluded, with the platform supporting more efficient use of clinical time to enable targeted support for those with greatest need.

Additional Information

This proposal has been developed in direct response to women's feedback, national maternity and neonatal assurance findings, and the recognised gap in accessible, integrated perinatal mental health support across Wales. Recent national maternity reviews highlight that Wales continues to lag England and Scotland in this area, with fragility in postnatal care and the early identification of deteriorating wellbeing. This project provides a timely, practical, and compassionate solution to these challenges.
Maternally represents a ground-breaking step forward, shifting care from reactive, fragmented support to early, psychologically safe engagement. While digital tools are increasingly common in other healthcare sectors, maternity services in Wales currently lack an integrated, trauma-informed digital pathway.
Maternally bridges this gap by supporting early engagement and enhanced surveillance for women experiencing mild-to-moderate mental health needs across the full pregnancy and postnatal journey. It directly complements existing statutory services by:

- Extending continuity of support beyond routine clinical discharge.
- Improving visibility of need for maternity and mental health staff.
- Enabling earlier, proportionate intervention before emotional distress escalates into a clinical crisis.

By embedding this approach within routine maternity pathways, the project moves beyond incremental improvement and introduces a much-needed step-change in perinatal care. It empowers women to be seen and supported earlier, amplifies lived experience in real time, and equips staff to deliver compassionate care within existing workforce constraints.
Furthermore, this pilot aligns seamlessly with the Health Board's strategic objectives to improve patient experience, reduce health inequalities, support staff wellbeing, and deliver preventative, value-based care. A phased delivery plan, clear governance arrangements, and a proportionate evaluation framework provide complete assurance that charitable funds will be utilised responsibly for measurable impact.
Crucially, this project supports not only women but also babies, partners, and families. When mothers are supported to feel safe, heard, and emotionally well, the benefits extend far beyond the individual, strengthening the family unit, enriching communities, and improving long-term outcomes for children.
Charitable funding provides a unique, timely opportunity to enable this transformational approach at pace. It will allow the Health Board to lead nationally in trauma-informed maternity care, setting a new standard for delivering equitable, compassionate, and sustainable perinatal mental health support.

Contract Type

Time-limited hosting and service delivery agreement

A two-year charitable-funded agreement with CONNECTPlus to host, configure, and support the Maternally digital perinatal mental health platform for maternity services.
Year 1 will focus on platform development, configuration, launch, and pilot delivery.
Year 2 will provide continuity and longevity, supporting women across the full pregnancy and postnatal journey, refinement of the platform, and sustainability planning.
This project positions Hywel Dda University Health Board at the forefront of trauma-informed, preventative maternity care in Wales, demonstrating what is possible when innovation is driven by women's voices and national learning.

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
Initial design and development cost Year 1	**£20,000 Year 1**	
HDUHB and HCI Teams scoping	£0	Uses existing HDUHB resources and contribution in kind from HCI
HDUHB support with evaluation - scoping and impact measurement	£0	Uses existing HDUHB resources
HCI Project Management, Governance, and Reporting	£6,000	
Co-design and Preparation	£0	Led by and uses existing HDUHB resources
HCI Platform Development and Technical Delivery	£2,000	
HCI Existing content enhancement and new content production	£4,000	
HCI translation in to Welsh (content and platform)	£8,000	
HDUHB HCI User Engagement & Piloting	£0	Uses existing HDUHB resources and contribution in kind from HCI
HCI Exec Leadership	£0	Contribution in kind from HCI
HCI CONNECTPlus Year 1 licence fee	£0	Contribution in kind from HCI (Standard cost £10,000 pa)
CONNECTPlus Ongoing hosting costs	**£10,000 Year 2**	
HDUHB implementation, staff training and support	£0	Uses existing HDUHB resources and contribution in kind from HCI
HDUHB support with evaluation - scoping and impact measurement	£0	Uses existing HDUHB resources
HCI CONNECTPlus Year 1 license fee	£10,000	

8.2 Total amount of funding requested:					
Net £ *Excluding VAT*	**£30,000**	**VAT £**	£6,000	**Gross £** *Including VAT*	**£36,000**

8.3 Designated charitable fund	
Name of charitable fund:	**Charitable fund code/number:**
Hywel Dda Charitable Fund – 'Making a Difference Fund'	T600 £12,000.00
Mental Health & Learning Disabilities Services	T603 £12,000.00
Carmarthenshire Maternity Services	T754 £12,000.00

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.

The option of supporting the role from the existing maternity and neonatal budget has been explored, however given the financial status of the Health Board it was not possible to release funds from the existing budget

Section 9: Authorisation

9.1 Application prepared by:

Contact name:	**Job title:**	**Date:**
Dana Scott	**Dana Scott**	**27/02/2026**

9.2 Application authorised by:
Please ensure that your fund manager (approver up to £10,000) has reviewed your application before submission.

Contact name:	**Job title:**	**Date authorised:**
Dana Scott	**Director of Midwifery Professional Governance Lead**	**27/02/2026**

9.3 Finance Business Partner review:
Please ensure that your Finance Business Partner has reviewed your application before submission.

Contact name:	**Job title:**	**Date reviewed:**
Alison Wride	**FBP**	**27/02/2026**

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):
Not applicable for this application

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

For Charitable Funds Finance Department

Application Reference Number:	CF03521	
Fund Title:	**Fund Code:**	**Current Fund Balance £:**
Making a Difference Fund Mental Health & LD Services Corporate Carmarthenshire Maternity Services	T600 T603 T754	£358,599.70 £43,088.17 £44,363.09

Finance review 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	25-08-2026

Outcome of meeting CFC/CFSC 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:**

3.3

11:07, 15 Mins

3.3 - CF03648 Installation of Art in Emergency Departments

Kathryn Lambert (Hywel Dda UHB - Head of Arts and Health / Pennaeth y Celfyddydau ac Iechyd), Debra Jones (Hywel Dda UHB - Senior Sister)

For approval

Attachments

3.4 SBAR Art in ED Update Aug 26.pdf

3.4 Art in ED UCC Charitable Funds Request updated.pdf

Pwyllgor Cronfeydd Elusennol/ Charitable Funds Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Art in ED (Emergency Departments) – Summer 2026 Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Nadine Gould, Deputy Director of Nursing, Quality & Patient Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update on the Art in Emergency Departments (EDs) project, for which an initial £60,000 charitable funds award was approved in December 2025. It sets out progress against the original funding award, confirms the current status of the project, and explains the rationale for the submission of a request for additional charitable funding to extend the programme to include the Prince Philip Hospital (PPH) Acute Medical Assessment Unit (AMAU).

The Charitable Funds Committee (CFC) is asked to:

- Review the progress made against the original Art in ED funding award.
- Note the current status of the project and its delivery to date.
- Consider the rationale for the separate additional funding request to extend the project into PPH AMAU.
- Review this update report alongside the accompanying charitable funds application and provide a decision on the additional funding request from the charity's 'Making a Difference' Fund, as set out in the recommendation section.

Cefndir / Background

In December 2025 the CFC approved £60,000 of charitable funding to support the creation and installation of artwork within the Emergency Departments at Withybush, Glangwili and Bronglais Hospitals. The funding was approved from the Making a Difference' Fund to enhance both the patient experience and staff wellbeing through improvements to the clinical environment.

At the time the original funding application was developed, the Arts and Health Team understood that the PPH AMAU was progressing its own plans for environmental improvements and had either secured, or was seeking, separate funding for artwork. As a result, PPH AMAU was not included within the original Art in ED proposal.

As the Art in ED project has progressed, it has become clear that the PPH AMAU team is keen to participate in the programme to ensure parity with the other emergency care settings across Hywel Dda. Inclusion within the programme would enable the unit to benefit from the same level of specialist support, engagement and charitable investment as the other sites, helping to create a consistent and welcoming environment for patients, visitors and staff.

PPH AMAU has already secured £1,206 towards artwork. Consequently, the additional funding request for the unit is lower than that of the other sites, ensuring that the total charitable investment allocated to each participating emergency and urgent care environment is equivalent at £20,000 per site.

Asesiad / Assessment

The Art in ED project continues to make progress across the EDs at Withybush Hospital (WGH), Glangwili Hospital (GGH) and Bronglais Hospital (BGH), with the key governance and engagement foundations now established to support delivery of the programme.

Key achievements to date include:

- Establishment of an Art in ED Working Group, with agreed Terms of Reference, representation from all participating sites, and identified clinical leads for each department.
- Appointment of the Deputy Director of Nursing, Quality & Patient Experience as Working Group Chair and implementation of an agreed governance structure.
- Completion of three Working Group meetings, providing oversight and direction for the programme.
- Delivery of 'Through Our Lens', a nature-based staff photography project designed to promote staff wellbeing and connection. The project received 88 photographic submissions, with 20 staff photographs selected for display on ED digital screens and an online exhibition created to showcase all submissions.
- Installation of creative mood boards in staff areas across all EDs to support engagement and gather ideas for future environmental improvements.
- Completion of an online staff survey, with findings analysed and presented to stakeholders to inform the development of artwork proposals.
- Ongoing consultation and engagement with staff and key stakeholders to identify priorities for each site and ensure that artwork proposals reflect local needs and aspirations.
- Agreement in principle to extend the programme to include PPH AMAU, subject to approval of the additional funding request.

Key challenges and revised timeline:

While good progress has been made, the programme has taken longer to mobilise than originally anticipated.

In June 2026, a revised timetable and project extension was approved in recognition of a number of factors that affected the early stages of project delivery, including:

- Significant winter pressures experienced across EDs, which limited staff capacity to engage with project planning and consultation activities.
- Delays in establishing the necessary governance arrangements, including the formation of the Art in ED Working Group and appointment of a Chair.
- Limited opportunities to align the project with wider environmental improvement work, as the Environment Operational Delivery Group had not met during the period.

- The need to coordinate artwork proposals with wider capital, estates and service developments which have been identified, for example a major remodelling of the GGH ED reception and waiting area is under feasibility stage. Members of the Art in ED Working group agreed that progression of artwork within the reception area should be temporarily paused until greater clarity is available regarding refurbishment plans.
- Reduced administrative capacity within the Arts and Health Team has impacted the pace of project delivery. This has arisen from a prolonged period of reduced administrative support due to long-term staff absence, subsequent resignation, and current restrictions on recruitment to administrative posts.

As a result, a one-year extension to the project timeline was agreed, with a revised completion date of March 2028. This will allow sufficient time for consultation, design development, procurement and installation activities to be completed in a coordinated and sustainable manner, ensuring the programme achieves its intended benefits for patients, visitors and staff.

A revised timetable is being considered by the Art in ED Working Group as follows:

Timeline	**Item**
January to May 2026	Art in ED governance arrangements
June to July 2026	Early engagement
Sites 1 and 2	
August to October 2026	Procurement
Nov – Dec 2026	Creative production
Jan – Feb 2027	Compliance and safety
March 2027	Installation and evaluation
Sites 3 and 4	
April to June 2027	Engagement
July to Sept 2027	Procurement
Oct to Nov 2027	Creative production
Dec to Feb 2028	Compliance and safety
March 2028	Installation and evaluation

Staff and Patient Engagement Findings
Early engagement activity has provided valuable insights into how patients and staff would like ED environments to feel and the role that artwork can play in supporting wellbeing.

The findings demonstrate a strong and consistent preference for environments that feel calm, safe, reassuring and welcoming. Respondents viewed artwork not simply as decoration, but as a means of reducing anxiety, supporting emotional wellbeing, and creating a greater sense of comfort during periods of stress and uncertainty.

Nature-based imagery emerged as the clear preference, with coastal scenes, woodlands, wildlife and local landscapes identified as the most appealing visual themes. There was particular support for reflecting the distinctive environments of West Wales, helping to create a sense of familiarity, connection and place.

Participants also highlighted the importance of artwork conveying messages of safety, care, hope and reassurance, helping patients and visitors feel supported while accessing services.

Artwork is expected to communicate emotional support such as:
- “You are safe here”
- “Everything is under control”

- “We've got you”
- “Positivity hope”
- “all will be well”
- “breathe”

These findings will inform the next phase of the project, with future artwork commissions likely to prioritise calming natural imagery, local identity and themes of reassurance.

Argymhelliad / Recommendation

The Charitable Funds Committee (CFC) is asked to:

- REVIEW the progress made against the original Art in ED funding award.
- NOTE the current status of the project and its delivery to date.
- CONSIDER the rationale for the separate additional funding request to extend the project into PPH AMAU.
- APPROVE OR REJECT the request for additional funding request from the charity’s ‘Making a Difference’ Fund to extend the Art in ED programme to the Prince Philip Hospital Acute Medical Assessment Unit.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	4.19 Provide scrutiny with a view to approving or rejecting all requests for expenditure over £50,000 and under £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure. 4.20 Consider and recommend for approval to the Board in its capacity as Corporate Trustee all requests for expenditure over £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure. 4.21 Provide scrutiny with a view to approving or rejecting all requests for expenditure, regardless of value, for the following expenditure types: • Research and development expenditure. • Pay expenditure. • Requests of any nature resulting in ongoing charitable funds commitment.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care 1. Striving teams 2. Healthier communities
Nodau Cynllunio 2026/27 Planning Goals 2026/27	8. Fit for Purpose, Modern Facilities and Services 2. Customer Service Excellence 6. Safe, Timely, High Quality Care 7. Future Orientated
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	A substantial evidence base demonstrates that arts and creativity can improve health, wellbeing and healthcare delivery. The World Health Organisation's review of over 3,000 studies found that the arts support health promotion, prevention, treatment, recovery and wellbeing across the life course. Evidence shows that arts and creativity can: • Improve mental wellbeing and emotional resilience • Reduce loneliness and strengthen social connections • Support healthy behaviours and engagement with services • Help manage long-term conditions and support rehabilitation

	• Promote healthy ageing and quality of life Research also shows that integrating art into healthcare environments can: • Reduce stress, anxiety and emotional distress • Create calmer, more welcoming and inclusive spaces • Improve patient, visitor and staff experience • Enhance comfort, dignity, belonging and wellbeing • Provide positive distraction during treatment and waiting • Strengthen local identity and connection to community Evidence bespoke to the role of art in improving the ED environments are: Improving Patient Experience in A&E.pdf Reducing violence and aggression in A&E through design NLaG Urgent and Emergency Care / P+HS Architects
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Art in ED Working Group Nursing Directorate PPH AMAU

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No current funds available to support a project of this nature hence a submission being made to the Charitable Funds Committee.
Ansawdd / Gofal Claf: Quality / Patient Care:	Patient experience will be enhanced as a result of the programme based on the accepted evidence base that demonstrates the arts have powerful role to play in improving the healing environment.
Gweithlu: Workforce:	Staff wellbeing will be improved through improved working conditions and improved sense of pride and value in relation to staff experience.
Tegwch Iechyd: Health Equity:	The Art in ED programme has the potential to do more than improve the Emergency Department environment. If designed intentionally, it could help reduce some of the unequal experiences and outcomes faced by people who are most likely to use emergency care. Potential Health Equity Impacts • Improving the experience of people experiencing the greatest disadvantage • Supporting people with high levels of anxiety and distress • Creating a more inclusive environment • Supporting people who experience loneliness and social isolation

	• Reducing inequalities in access to arts and cultural participation • Better outcomes for rural communities
Risg: **Risk:**	The Art in ED Working Group has been established to ensure the management of risk throughout.
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	Not applicable - As the programme directly benefits patients and NHS staff there is no likelihood of public/patient opposition.
Gyfrinachedd: **Privacy:**	We will follow Hywel Dda Privacy Policy to ensure that we protect all data and identities at all times. We will not share any data with any external agencies without express permission. We will always ensure that we gain informed consent from all involved for any photography/video or documentation and feedback.
Cydraddoldeb: **Equality:**	The Art in ED programme has the potential to advance health equality by ensuring that creative wellbeing support is accessible to a diverse range of patients, carers and families attending the Emergency Department. Through inclusive, bilingual and person-centred delivery, the programme could help reduce barriers to participation, improve accessibility for people with protected characteristics, and contribute to a more welcoming and supportive healthcare environment for all. The programme will ensure that the Art in ED programme is equitable to all ED sites across the Health Board.

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:	Debra Jones	
Job title:	Senior Sister	
Department/Service:	PPH MIU	
Clinical Care Group:	Carmarthenshire System Unscheduled Care	
Management contact		
Contact name:	Catrin Rooney	
Job title:	Senior Nurse Manager	
Section 2: Application summary		
2.1 Title of charitable funds application:		
ART in ED for PPH		
2.2 Brief description of your application: In no more than 50 words please tell us what you are requesting charitable funds for.		
Funding request £18,794 for participation in the Art in ED programme within the new Urgent Care Centre at Prince Philip Hospital. The funding will support the design, production and installation of therapeutic artwork throughout the Urgent Care Centre, including waiting areas, treatment rooms and clinical spaces. The project will be delivered through the Art in ED Programme and will involve staff engagement to ensure the artwork reflects the needs of our local community and population of Llanelli and surrounding area. The aim is to create a welcoming, calming environment for patients, relatives and the staff accessing the service.		
2.3 Total value of charitable funds requested:	£18,794	
2.4 Duration of project	Project start date:	September 2026

	Project end date:	March 2028

2.5 Strategic priorities
Please identify which of the charity's strategic priorities this application relates to (select all that apply).

Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	**Staff experience:** Supporting the wellbeing and professional development of University Health Board staff.	**Innovation:** Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes	Yes	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 and wellbeing**
No	Yes	Yes
Building/refurbishment Work *please also complete Appendix 2*	**Other** *If 'yes' selected, please state expenditure type in box opposite.*	*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.

Funding request is for participation in the Art in ED programme within the new Urgent Care Centre at Prince Philip Hospital.
This initiative—*Art in Emergency Departments*—aims to help transform high-pressure clinical environments into calmer, more welcoming spaces that enhance both patient and staff experience.

The programme will fund the co-creation and installation of at least three bespoke artworks per site, developed in collaboration with local staff, patients, and professional artists. These artworks will be tailored to the needs of each site and will be installed in priority areas (identified by local teams) such as:

- Waiting rooms and reception areas
- Quiet rooms for patients with additional needs, cognitive impairments or neurodivergence
- Relatives' rooms
- Paediatric areas
- Staff rest areas and associated outdoor spaces

The programme is designed to:

- **Improve patient experience** by reducing anxiety, supporting emotional wellbeing, and enhancing dignity, privacy, and communication.
- **Support staff wellbeing** by improving rest environments and fostering pride in the workplace.

- **Strengthen community identity** by incorporating local culture, language, and artistic expression.
- **Enhance wayfinding and spatial clarity**, supporting patient flow and reducing confusion in busy ED settings.
- **Innovation -** supporting innovation and excellence in the delivery of healthcare across the health board by committing to our Arts and Health Charter.

Strategic and Operational Alignment

This programme is being delivered in close collaboration with the Environmental Operational Delivery Group (Environmental ODG), part of the Accelerated Urgent and Emergency Care (UEC) Programme. The Environmental ODG was established to ensure the full implementation of the *Scheduling the Unscheduled* programme, with the goal of achieving significant improvements in environmental conditions and patient experience across UEC areas.

The Environmental ODG has identified the following priorities:

1. Deliver improvements across EDs at Bronglais, Glangwili, Withybush, and AMAU/UCC at Prince Philip Hospital to enhance both patient and staff environments.
2. Focus on five key areas:
    - Cleanliness
    - Professionalism
    - Communication
    - Privacy, dignity, and confidentiality
    - Nutrition and hydration
3. Respond to key drivers for change, including overcrowding, service user feedback, external inspections, audits, and incident reports.

The *Art in ED* programme directly supports these objectives by delivering creative, evidence-based environmental enhancements that respond to site audit findings and staff-identified priorities.

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.

The funding will support the design, production and installation of 3 therapeutic artworks for display in agreed priority areas of the Urgent Care Centre, including waiting areas, treatment rooms and clinical spaces. The project will be delivered through the Art in ED Programme and will involve staff engagement to ensure the artwork reflects the needs of our local community and population of Llanelli and surrounding area. The aim is to create a welcoming, calming environment for patients, relatives and the staff accessing the service.

This funding is needed to support the transformation of Emergency Department (ED) environments across Hywel Dda into spaces that are more welcoming, calming, and supportive for patients and staff. The need has been identified through:

- **The Accelerated Urgent and Emergency Care (UEC) Programme**, which highlights the importance of improving environmental conditions to enhance patient experience.

- **Environmental Operational Delivery Group (Environmental ODG)** priorities, including cleanliness, communication, privacy, and dignity.
- **ED audits, service user feedback, and staff surveys**, which consistently point to the need for more compassionate, clearly defined, and inclusive environments.
- **Clinical and staff engagement**, with local teams identifying priority areas for improvement and expressing strong support for the inclusion of art.

"*Through cultural engagement with staff, there is a clear desire to humanise the Emergency Department environment and introduce elements of warmth and wellbeing, with a suggestion of artwork playing a key role in creating a more welcoming and supportive space for both patients and staff.*" Rea John, Organisational Development Manager)

"*I recently visited Cardigan Integrated Care Centre and the difference compared to any of our other front door areas across the HB. Beautiful art and feeling of calm felt by the staff and the patients. It made me want to work there!*" Vicki Hughes, Consultant, Emergency Medicine.

This proposal has been discussed with the Environmental ODG, local ED teams, the Arts and Health Team, Estates and Facilities, and the Patient Experience and Organisational Development leads.

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.

Working collaboratively with Arts and Health Team. Staff surveys and mood board to be implemented. There are regular meetings between the health board, Assistant Director of Nursing and Head of Arts and Health to continue tracking the project. Within this work group an artist/s will be identified, and each acute site will liaise to ensure that the artwork chosen is suitable for the clinical area.
This project will form part of our wider Art in ED programme inline with the timeline and milestones indicated in the attached SBAR update which has been completed.

3.4 Risks:

Please tell us what risks have been identified and how they will be mitigated.

Infection and Fire Safety: We will work within agreed outline policy framework to ensure that artists create artwork that comply with all regulations.
Installation challenges within the environment: Work with Estates Teams to plan and manage a reasonable installation plan that can be designed through each local team to dovetail with other improvement plans and facilities works.
Ensuring everyone is happy with end results: Prioritise engagement to ensure that everyone's views are captured and heard. Enable discussion and development of ideas.
High pressures in the environment: We are very mindful that the teams are under immense pressure. We will operate sensitively and efficiently in a way that is very respectful of any time that clinical teams can offer. Design accessible engagement plans that meet the needs and capabilities of staff to respond.

3.5 Additionality:

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

This expenditure is considered 'above and beyond' core NHS provision because it delivers a non-clinical, arts-based intervention that complements but does not replace statutory healthcare services. The Art in ED programme provides ED settings, sites and staff with a unique opportunity to accelerate the improvements to the ED environment for the benefit of all by:

- Enhancing patient wellbeing through the inclusion of artwork in an ED V2 July 2025 6 setting, which is not part of standard NHS capital improvement projects.
- Improving patient experience by offering comfort, connection, and emotional support in accessible community settings.
- Improving staff wellbeing by helping to improve the healthcare environment, and staff areas to show staff they are valued and cared for and promoting pride in the ED environment.

The programme meets charitable funding criteria by delivering demonstrable benefits to NHS patients and staff. It builds on successful pilots and robust evaluation, offering improvements in the ED Environment that would not be possible through NHS core funding alone.
The project ensures equality across the Health Board ensuring that all staff and communities have access to high quality caring environments.

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.

The proposed Art in ED programme will bring about a range of positive changes for both patients and staff across the Emergency Departments (EDs) in Hywel Dda University Health Board. This investment in the environment will directly enhance patient experience and indirectly support improvements in care delivery and staff wellbeing.

Benefits to Patients:

Improved Patient Experience and Emotional Wellbeing
The inclusion of carefully designed, co-created artwork will help create a calmer, more welcoming and less clinical environment. This is particularly important in EDs, where patients often arrive in distress, pain or confusion. A more humanised space can reduce anxiety, support emotional regulation, and help patients feel more cared for and respected.

Enhanced Dignity, Privacy and Confidentiality
Artworks will be used to define zones, improve wayfinding, and create more private and respectful spaces, particularly in waiting areas and quiet rooms. This supports the Health Board's priorities around dignity and confidentiality.

Support for Vulnerable Groups
Specialist artwork will be developed for quiet rooms and paediatric areas, supporting patients with cognitive impairments, learning disabilities,

neurodivergence, and children. These tailored environments will help reduce sensory overload and improve communication and comfort for these groups.

Improved Navigation and Flow
Art will be cognisant of signage and spatial design and will support clearer wayfinding, helping patients understand where they are and where they need to go. This reduces confusion and frustration, which can escalate distress or aggressive behaviour.

Evidence-Based Impact on Health Outcomes
Research shows that well-designed environments can positively influence clinical outcomes by reducing stress, improving communication, and building trust between patients and clinicians. This programme aligns with that evidence base.

The King's Fund 'Enhancing the Healing Environment' programme found that integrating art into high stress areas such as Accident and Emergency departments reduced patient aggression towards staff and improved staff recruitment and retention. See **a&e_8steps.pdf**

Benefits to Staff:

Improved Working Environment and Morale
Staff rooms and outdoor areas will be enhanced with artwork, creating spaces for rest and recovery. This is essential in high-pressure ED settings, where staff wellbeing directly impacts performance and retention.

Support for Recruitment and Retention
A more attractive and dignified working environment helps staff feel valued and proud of their workplace. As noted by a Consultant in ED, the presence of art in other healthcare settings has already inspired a desire to work in those environments.

Co-Creation Builds Ownership and Engagement
Staff will be actively involved in the design and commissioning process, ensuring the artwork reflects their needs and values. This collaborative approach fosters a sense of ownership and strengthens team cohesion.

Indirect Benefits to Patients via Staff Wellbeing
A supported, motivated and emotionally resilient workforce is better equipped to deliver high-quality, compassionate care. By improving the staff environment, this programme indirectly enhances patient safety, communication, and overall care quality.

Learning:
• A full evaluation report will be submitted to summarise impact and inform future commissioning.

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.

According to Hywel Dda Annual Report 2024/25, 170,000 people are estimated to attend all 4 ED sites whom we expect to benefit annually. (These figures include attendance at AMAU of 40,000 people). Artwork will be installed to last, benefitting patients and staff for years to come. Many families and carers, who support their loved ones to attend the UCC will also benefit. 7 V2 July 2025 Hywel Dda University Health Board image will be enhanced with patients and staff feeling more cared for, and acknowledgement that the Health Board is going above and beyond to support its patient and staff. The Health Board will also be recognised for embedding its Arts and Health Charter.

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.

To measure the effectiveness of the expenditure and the difference it makes, we will implement a mixed methods evaluation plan aligned with the Health Board's Quality Improvement Plan and the Environmental Operational Delivery Group (ODG) objectives. This will include:

1. Baseline Information We have already gathered baseline data through:

- Environmental audits of ED sites.
- Staff surveys and feedback identifying priority areas for improvement and findings from the wider Staff Survey for ED.
- Service user feedback highlighting the need for more compassionate and inclusive environments.
- Incident reports and external inspections pointing to environmental stressors and communication challenges. This baseline establishes the current state of ED environments and informs the areas where art interventions can make the most impact.

2. Evaluation Methods We will use both quantitative and qualitative approaches:

- Focus groups and interviews with staff, patients, and carers to gather in depth feedback on the impact of the artwork.
- Observation and environmental walkthroughs to assess changes in spatial clarity, wayfinding, and atmosphere.
- Staff wellbeing metrics, including retention rates, morale indicators, and feedback on rest areas.
- Patient experience data, including complaints, compliments, and feedback collected via the Patient Experience Team.
- Engagement tracking, including participation in co-creation workshops and artist selection panels.
- Case studies from each ED site to document the process, outcomes, and lessons learned.

3. Reporting An Evaluation Report will be prepared at the end of the funding period (Jan–Mar 2027), summarising:

- The impact of the artwork on patient and staff experience.
- Alignment with strategic priorities.
- Recommendations for future arts-based interventions in clinical settings.

Section 5: Exit strategy (for revenue expenditure requests)

Please tell us how the benefits of this expenditure will be sustained beyond the end of this 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.

The benefits of this expenditure will be sustained for many years as the artwork will be installed for an ED environment, withstanding as much wear and tear that we can achieve for the resources we have.

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.).

This expenditure request for the Art in ED programme complies with relevant legislative requirements and Hywel Dda University Health Board policies and procedures.
Key areas of compliance include:

- Infection Control and Fire Safety: Artworks will be designed to comply with Infection Prevention and Fire Safety guidelines and we will work with Hywel Dda Teams to ensure artwork is fit for purpose and built to last.
- Health & Safety: Artworks will be installed in partnership with the Estates and Facilities Teams through risk-assessments and safety protocols for the ED environment.
- Equality and Inclusion: Artworks will be designed to be inclusive, and well suited to individuals with additional needs. We will take advice from our Inclusion and Diversity Teams about this.
- Welsh Language: Artworks will be accessible, with bilingual signage, celebrate Welsh language and culture. If words/text are chosen we will work with our Welsh language team to ensure all artworks comply with Welsh Language standards.
- Evaluation and Accountability: A formal evaluation report will be submitted at the end of the funding period, ensuring transparency and accountability in line with Hywel Dda's policies on monitoring and reporting charitable-funded activity.
- Finance We will continue to work with the finance team to explore the most efficient and effective ways to administer project funds in line with financial policies and procedures.

6.2 Strategic alignment:

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

This funding request for the Art in Emergency Departments programme aligns closely with Hywel Dda University Health Board's strategic objectives as outlined in:
A Healthier Mid and West Wales strategy
Hywel Dda's Arts and Health Charter
Wales Audit Office's 2024 review of urgent and emergency care (UEC) demand management

1. Supporting Strategic Priorities for Patient and Staff Experience The programme directly supports the Health Board's strategic aims to:
Improve patient experience by creating more compassionate, calming, and culturally relevant environments.
Enhance staff wellbeing and morale through improved rest areas and co created spaces that foster pride and ownership.
Promote dignity, privacy, and communication—key themes in both the Health Board's UEC improvement priorities and the Arts and Health Charter.

2.Addressing Key Findings from the Wales Audit Office Review The 2024 Auditor General's report identified several challenges in Hywel Dda's UEC system, including: Overcrowding and poor patient flow
Ambulance handover delays
Need for stronger staff and patient engagement
Environmental conditions that do not support optimal care delivery [Art V2 July 202 10 in Emergency departments] The Art in ED programme responds directly to these findings by:
Improving spatial clarity and flow through visual zoning and signage, helping reduce confusion and delays.
Creating calmer, more dignified environments that reduce patient anxiety and support better communication.
Engaging staff and patients in co-design, strengthening local ownership and aligning with the report's call for better engagement.
Complementing clinical improvements with environmental enhancements that support the delivery of safe, effective, and compassionate care.

3. **Enabling Innovation and Value Beyond Core Provision** This programme exemplifies innovation in healthcare delivery by:

- Using arts-based interventions to address non-clinical barriers to care quality.
- Enhancing the healing environment in ways that traditional capital investment cannot.
- Delivering long-term value through durable, inclusive, and culturally resonant design. It also supports the Health Board's goal to "go above and beyond" core NHS provision by embedding creativity and community identity into the heart of emergency care.

Section 7: Other

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

Not applicable

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*	
Art Budget	15,661.67	3,132.33	18,794	

8.2 Total amount of funding requested:

Net £ *Excluding VAT*	15,661.67	**VAT £**	3,132.33	**Gross £** *Including VAT*	18,794

8.3 Designated charitable fund

Name of charitable fund:	**Charitable fund code/number:**
Making a Difference Fund	T600

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.

The proposed programme of work has been identified as a priority for the Health Board. Before applying for charitable funds, we have actively sought alternative funding to support the programme.
Core NHS Funding: We have explored NHS service budgets, but due to the programme's non-clinical and preventative nature, it falls outside core NHS provision and is not eligible for standard NHS funding.
Partnership Contributions: We will continue to explore alternative funding opportunities but these we need a core budget to initially work with to guide setting priorities and decision making, use as match funding to lever in other funds and meet the expectation and need/demand expressed by clinical teams to the Environment ODG.
PPH AMAU has already secured £1,206 towards artwork. Consequently, the additional funding request for the unit is lower than that of the other sites, ensuring that the total charitable investment allocated to each participating emergency and urgent care environment is broadly equivalent at £20,000 per site.

Section 9: Authorisation

9.1 Application prepared by:

Contact name:	**Job title:**	**Date:**
Debra Jones	Senior Sister	5/6/26

9.2 Application authorised by:

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:**
Mandy Davies	Interim GM Carms System	27 July 2026

9.3 Clinical Care Group approval:

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:**
Peter Skitt	Clinical Care Group Service Director Community & Integrated Medicine	28 July 2026

9.4 Finance Business Partner review:

Please ensure that your Finance Business Partner has reviewed your application before final submission.		
Contact name:	**Job title:**	**Date reviewed:**
Stephen Gravell	Assistant Finance Business Partner	28 July 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):
Not applicable for this request

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:	CF03648	
Fund Title:	**Fund Code:**	**Current Fund Balance £:**
Making a Difference Fund	T600	£358,599.70
Finance review 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	25 August 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:**

4

11:22, 0 Mins

4 - IMPACT OF CHARITABLE EXPENDITURE

Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

For discussion

4.1 **11:22, 0 Mins**

4.1 - Enhancements to the Outpatient area at Bronglais General Hospital (BGH) Chemotherapy Day Unit (CDU) (end of project report) - DEFERRED

Deferred to December 2026 following Capital Sub-Committee consideration on 17 September 2026

For approval

5

11:22, 0 Mins

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5 - OPERATIONAL/STRATEGIC ISSUES - no items for discussion at this meeting

6

11:22, 0 Mins

6 - SUB-COMMITTEE

6.1

11:22, 10 Mins

6.1 - Charitable Funds Sub-Committee Update Report

John Evans (Hywel Dda UHB - (Deputy Director, Medical Directorate]

For assurance

Attachments

6.1 CFSC Update Report_September 2026.pdf

CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT

Date of last meetings: 7 July 2026

Quoracy: Met

Report by: John Evans (Deputy Director Medical Directorate), Sub-Committee Chair

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KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert[1] (may require discussion)

The Charitable Funds Sub-Committee (CFSC) had no matters of which to **alert** members of the Charitable Funds Committee (CFC).

Advise[2] (to monitor)

The CFSC had no matters of which to **advise** members of the CFC.

Assure[3] (to note)

The CFSC wishes to **assure** members of the CFC:

- At the CFSC meeting held on 7 July 2026, members considered one expenditure request for a replacement Fujifilm SonoSite MT ultrasound machine for Glangwili Hospital Emergency Department (CF03627 £26,783.75 VAT exempt) and approved the request in principle, subject to Clinical Care Group (CCG) and Statement of Need approval. Further information can be found in Appendix 1.
- Members noted that Bronglais Hospital's Angharad Ward interactive flooring proposal remained pending due to installation and ward decant considerations and is with resubmission anticipated ahead of planned fire improvement works in spring 2027.
- Members noted updated CFSC membership arrangements following approval by the Charitable Funds Committee in June 2026.
- Members received updates regarding charitable funds expenditure planning to strengthen strategic investment, financial stewardship and alignment with charity priorities.
- Members noted the revised charity Evaluation Framework approved by the CFC to strengthen impact measurement, reporting and outcome assessment.
- Members reviewed outcomes from the second Making a Difference Fund round. Seven applications totalling £215,104 were considered by the CFC, with five approved and two deferred pending further assurance.
- Following discussion of several funding requests submitted to support International Nurses Day celebrations across Planned Care, members agreed

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*

[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.*

[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

that requests linked to NHS professional awareness and appreciation days should not receive automatic approval and should instead be considered on a case-by-case basis to ensure consistency and equity across the Health Board. Members also requested that feedback be provided to the Culture and Workforce Experience Team on the importance of adopting a strategic, Health Board-wide approach to staff recognition and appreciation. This was considered particularly important given the recent approval of charitable funding for the Staff Recognition and Appreciation Programme (CF03518, £36,056.67)) to ensure alignment between local funding requests and broader organisational initiatives.

Review of Risks

There are no key risks or areas of concern to bring to the CFC's attention.

Sharing of learning

- Members reflected on the digital applications deferred by the CFC in June 2026 and noted that the additional assurance requested presented an opportunity to strengthen consideration of digital governance, clinical informatics, alignment with Health Board digital strategies and the sustainability of ongoing revenue costs within future funding assessments. Members agreed to seek feedback from the Digital Director and explore options for greater digital representation within the CFSC to enhance the bid review process.

Recommendation

The Charitable Funds Committee is requested to **take assurance** from the items that the CFSC is providing assurance on.

Agenda, papers and minutes of the CFSC are available on request from Fundraising.HywelDda@wales.nhs.uk

APPENDIX 1

Summary of expenditure requests considered by the Charitable Funds Sub-Committee:

Meeting: 7 July 2026		
Item	**Comments**	**Decision**
CF03627 Replacement Fujifilm SonoSite MT ultrasound machine Glangwili General Hospital Emergency Department £26,783.75 VAT exempt	**Request:** Purchase of a replacement point-of-care ultrasound machine, including three transducers and a five-year warranty. The equipment will support bedside assessment of critically ill and injured patients, ultrasound-guided procedures, and timely emergency treatment. Required due to equipment failure and unavailable replacement parts. **Patient benefit:** The ultrasound machine will support rapid diagnosis of life-threatening conditions, improve the speed and accuracy of clinical decision-making, facilitate bedside trauma assessment, and enable earlier treatment of emergency patients. It will improve success rates for ultrasound-guided vascular access procedures, reduce patient discomfort associated with multiple cannulation attempts, minimise diagnostic delays, and contribute to safer, faster and more effective emergency care for over 55,000 annual ED attendances. **Eligibility:** Medical and surgical equipment and its maintenance (when service plans are purchased with the equipment) for NHS patient care, education and research. **Member comments:** Assured that the request represents an appropriate charitable investment. That the ultrasound provides additionality through improved portability and functionality, has been successfully trialled, and includes a five-year warranty. The expenditure aligns with the wishes of the family who recently made a significant donation and were keen to see a tangible impact from their contribution. The department will capture and report on the benefits achieved. Confirmation received that no health board capital funding was available. Members noted the need for a more robust equipment replacement process to be flagged to the CFC.	Approved in principle subject to CCG and Statement of Need approval

7

11:32, 0 Mins

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7 - FOR INFORMATION

7.1

11:32, 0 Mins

7.1 - Charitable Funds Committee Annual Work Programme

Attachments

CFC Work Plan 2026-27.pdf

HYWEL DDA HEALTH BOARD – CHARITABLE FUNDS COMMITTEE WORK PLAN 2026/2027

The Charitable Funds Committee (CFC) meets quarterly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic workplan - April 2026 – March 2027.

AGENDA ITEM/ISSUE	Lead	Responsible Officer	Purpose	9 June 2026	8 September 2026	8 December 2026	11 March 2027
Governance							
Apologies	**Chair**		N/A	✓	✓	✓	✓
Declaration of Interests	**Chair**		N/A	✓	✓	✓	✓
Minutes from Previous Meeting	**Chair**		APPROVAL	✓	✓	✓	✓
Table of Actions and Matters Arising	**Chair**		ASSURANCE	✓	✓	✓	✓
Annual Review of Terms of Reference	**Chair**		APPROVAL	✓			
CFC Annual Report to Board	**Chair/SD / CSO**		APPROVAL	✓			
CFC Self-assessment of Outcome Report – progress update (6 monthly)	**CSO**		ASSURANCE	✓		✓	
Risk & Assurance							
Assurance and Risk Report	**SD**		ASSURANCE	✓			✓
Sub-Committee Terms of Reference: • Charitable Funds Sub-Committee	**CFSC Chair**		APPROVAL	✓			
Sub-Committee Update Reports: • Charitable Funds Sub-Committee	**CFSC Chair**		ASSURANCE	✓	✓	✓	✓
Sub-Committee Annual Report: • Charitable Funds Sub-Committee	**CFSC Chair**		APPROVAL	✓			
Administrative Committee Annual Meeting (Hydrotherapy Pool: JC Williams (Elizabeth Williams	**LD**	**ER, AP, RD, NLI**	ASSURANCE	✓			

AGENDA ITEM/ISSUE	Lead	Responsible Officer	Purpose	9 June 2026	8 September 2026	8 December 2026	11 March 2027
Endowment) Trust Fund) Update Report (March 2026)							
Operational Issues							
Charitable Funds Expenditure Plans	**NLI**		ASSURANCE	✓			
Strategic Issues							
Impact of Charitable Expenditure Evaluation Reports:							
COVERING INTRODUCTORY SBAR	**SD**	**NLI**	ASSURANCE	✓	✓	✓	✓
Evaluation Framework for Hywel Dda Health Charities	**SD**	**NLI**	APPROVAL	✓			
Arts and Health Capacity Building (end of year 2 report)	**SD**	KL	ASSURANCE				✓
Creative Activities for Staff Wellbeing – Arts in Health (end of project report)	**SD**	KL	ASSURANCE				✓
Interactive singing and movement sessions for Older Adult Mental Health and Adult Frailty inpatient wards (end of project report)	**SD**	KL	ASSURANCE				✓
Enhancements to the Outpatient area at Bronglais General Hospital (BGH) Chemotherapy Day Unit (CDU) (end of project report)	**SD**	RS/PS	ASSURANCE		D	✓	
Pentre Awel Hydrotherapy Pool (end of project report)	**SD**	AP	ASSURANCE				✓
HARP (Hywel Dda Arts Referral Pathway) (end of project report)	**SD**	KL & RR	ASSURANCE				✓
Heads Up Initiative Cancer Services Hair Loss Support (Phase 2) (mid-term report)	**SD**	GB	ASSURANCE				✓

AGENDA ITEM/ISSUE	Lead	Responsible Officer	Purpose	9 June 2026	8 September 2026	8 December 2026	11 March 2027
BGH Fibroscanner	**SD**	DB/JS-C	ASSURANCE				✓
Approval of Charitable Funds Expenditure:							
COVERING INTRODUCTORY SBAR	**NLI**		ASSURANCE	✓	✓	✓	✓
Consideration of funding requests from the charity's Making a Difference Fund	**NLI**		APPROVAL	✓	✓	✓	✓
Consideration of funding requests within the CFC's scheme of delegation	**NLI**		APPROVAL	✓	✓	✓	✓
CF03525 - Equipment for re establishment of HOLEP service	**NLI**		APPROVAL		✓		
CF03521 Perinatal Mental Health App	**NLI**		APPROVAL		✓		
Art in ED (Emergency Departments): Summer 2026 update and additional funding request	**NLI**		APPROVAL		✓		
CF03353 Colon Capsule Project	**NLI**		APPROVAL			✓	
CF03335 Lifestyle Checkpoint Health Kiosks	**NLI**		APPROVAL			✓	
Immunotherapy Proof of Concept	**NLI**		APPROVAL			✓	
Continuation funding: Arts Programme for Dementia and Frailty Patients	**NLI**		APPROVAL			✓	
Live Music in Critical Care across Hywel Dda University Health Board	**NLI**		APPROVAL			✓	
Performance							
Integrated Hywel Dda Health Charities Performance Report including: • Investment performance	**NLI/TJ**		ASSURANCE	✓	✓	✓	✓

AGENDA ITEM/ISSUE	Lead	Responsible Officer	Purpose	9 June 2026	8 September 2026	8 December 2026	11 March 2027
• Delivery of annual workplan against Strategic Objectives.							
Draft Annual Accounts (2025/26)	**HT/TJ**		ASSURANCE		✓	✓	
Final Annual Report & Accounts (2025/26)	**HT/TJ**		ASSURANCE			✓	
HDdHC Investment Advisor Update (External CCLA)	**AC**			✓ Virtual	✓ Virtual	✓ Virtual	✓ Virtual
For Information							
Matters and Risks for Escalation to the Board	**SD**		ASSURANCE	✓	✓	✓	✓
CFC Workplan 2026/27	**CSO**		N/A	✓	✓	✓	✓
Administration							
Agenda setting meeting with Chair & Lead Exec at least 6 weeks prior to meeting	**CSO**		N/A	✓	✓	✓	✓
Draft agenda to go to Executive Team	**CSO**		N/A	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	**CSO**		N/A	✓	✓	✓	✓
Quality check agenda and papers prior to dissemination	**CSO**		N/A	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to meeting	**CSO**		N/A	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	**CSO**		N/A	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	**CSO**		N/A	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Exec review	**CSO**		N/A	✓	✓	✓	✓

AGENDA ITEM/ISSUE	Lead	Responsible Officer	Purpose	9 June 2026	8 September 2026	8 December 2026	11 March 2027
Prepare 3 A's report to Board (to be signed off by Chair & Lead Exec prior to submission)	**CSO**		N/A	✓	✓	✓	✓
Prepare schedule of meeting dates for next financial year	**CSO**		N/A	✓	✓	✓	✓
Prepare Annual Workplan for next financial year	**CSO**		N/A	✓	✓	✓	✓
Invite Audit Wales representative	**CSO**		N/A			✓	
Corporate Trustee SBAR paper for board. Produced following each CFC meeting. ***If no approval for funding over £100k can be stood down*****.** (Liaise with CM.)	**NLI (SD is ED lead)**		N/A	✓	✓	✓	✓

Chair: Iwan Thomas **Vice Chair:** Sarah Harraway **Lead Executive:** Sharon Daniel

SD Sharon Daniel
NLI Nicola Llewelyn
TJ Tim John
HT Huw Thomas
AC Antonia Cavilier
CFSC Chair John Evans
AP Anwen Pearce
PS Peter Skitt
GB Gina Beard
ER Eldeg Rosser
KL Kathryn Lambert (Head of Arts and Health)
RS Rachel Stuart (Planning Project Manager)
DB Dona Blinston (Advanced Nurse Practitioner Hepatology)
RR Rhian Rees (Senior Public Health Practitioner)
JSC Jessica Showler-Coulson (Head of Nursing- Ceredigion System)

CSO Committee Services Officer **D** Deferred

8

11:32, 5 Mins

8 - MATTERS AND RISKS FOR ESCALATION TO THE BOARD

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

Verbal, Iwan Thomas.

9

11:37, 2 Mins

9 - ANY OTHER BUSINESS

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

10

11:39,

10 - DATE AND TIME OF NEXT MEETING

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

8 December 2026; 09:30 - 12:30