

CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT

Date of last meetings: 13 January and 3 March 2026

Quoracy: Met

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

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

Alert¹ (may require discussion)

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

Advise² (to monitor)

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

Assure³ (to note)

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

- At the CFSC meeting held on 13 January 2026, members considered and approved three expenditure requests with a combined value of £36,410. Further information can be found in Appendix 1.
- Members received updates on:
 - December 2025 Charitable Funds Committee meeting
 - Approved applications to the Making a Difference fund
 - Submission of CCG expenditure plans for 2026/27
- Members also discussed the review of the charity's evaluation framework. They emphasised the need for consideration of a proportionate and purposeful reporting process that supports meaningful insight without placing unnecessary burden on applicants, while still supporting clear, outcomes-based applications. Members also highlighted the importance of using existing organisational data to avoid duplication of effort and recognised the value of patient and staff stories in demonstrating impact. Members also recognised that some projects lend themselves to detailed evaluation more readily than others.
- At the CFSC meeting held on 3 March 2026, members considered and approved two expenditure requests with a combined value of £24,528.73. Further information can be found in Appendix 1.
- Members discussed and received updates on:
 - Proposed amendments to the CFSC Terms of Reference including updated membership arrangements for 2026/27, to be presented to the next CFSC meeting for approval.

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.

- Revised scoring criteria for the Making a Difference fund which was approved by members.
- Forthcoming assessment of Making a Difference applications, with several members confirming their support with the assessment process.
- Updates on the expenditure planning process, including receipt of initial plans from Planned & Specialist Care, Mental Health & Learning Disabilities, and Pharmacy and Medicines Management.
- Members supported proposed revisions to the charitable funds scheme of delegation, noting the changes aim to strengthen local approval processes, improve timeliness of expenditure to reduce unnecessary delays. Further awareness-raising within CCGs was identified as important to maximise the effectiveness of the changes.
- Members also considered a request to establish a new charitable fund for Pulmonary Rehabilitation. In line with CFC guidance, and due to an estimated income of only £1,000 per year, members agreed not to support the application. They recommended a 12-month review period and advised that any specific donations be ring-fenced within the most appropriate existing fund, with the case to be revisited in March 2027.

Review of Risks

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

Sharing of learning

There are no areas of learning to bring to the CFC's attention on this occasion.

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: 13 January 2026		
Item	Comments	Decision
<p>CF03111</p> <p>Patient seating</p> <p>Accident & Emergency Department, Glangwilli Hospital</p> <p>£11,290.00 VAT exempt</p>	<p>Request: Purchase of more functional and comfortable seating for the GGH emergency care setting (5 x Tilt in Space electrically adjustable bed-side patient chair and 10 x fixed arm height adjustable patient bed-side chair). Need identified as part of the project to improve the patient experience within our emergency care departments.</p> <p>Patient benefit: Comfortable and accessible seating at the bedside plays a crucial role in a patient's journey. The addition of new bedside chairs ensures that patients have a dedicated, supportive seat for themselves. This enables patients to sit out of bed more frequently, which is known to aid recovery. The availability of appropriate seating also helps patients maintain a sense of dignity and independence during their stay.</p> <p>Eligibility: Furniture, fixtures and fittings for use in clinical areas by patients, visitors, relatives or staff that create more welcoming and comfortable surroundings.</p>	Approved
<p>CF03443</p> <p>Wellness & Patient Focus Garden Scheme</p> <p>Amman Valley Hospital</p> <p>£25,000.00 Inclusive of VAT</p>	<p>Request: Fixed contribution of £25,000 towards the creation of a dementia friendly wellness garden, developed in collaboration with the AVH League of Friends who are the majority funder of the scheme.</p> <p>Patient benefit: The garden will span the front of the 28-bedded inpatient unit, designed to actively support rehabilitation, recovery, and emotional wellbeing for patients while also providing a restorative space for families, carers, volunteers, and staff. By enabling safe outdoor rehabilitation and sensory stimulation, the project will accelerate recovery, reduce stress and agitation, and support timely discharge; all while enhancing staff wellbeing and strengthening community involvement.</p> <p>Eligibility: Building and/or refurbishment works that create more welcoming and comfortable surroundings for patients, services users, visitors and staff where no NHS exchequer resources are available and will not be available for at least 5 years. Inc. improvement to outdoor spaces for patients, services users, visitors and staff.</p>	Approved
<p>CF03422</p> <p>Retrospective request</p> <p>Holistic Acute Recovery Programme (HARP) patient support group</p>	<p>Request: Expenditure will cover a non-clinical venue and refreshments for attendees at the patient support group. The submission of the application was overlooked due to staff shortages, bereavement leave and an increasing work load for the session held in November 2025.</p> <p>Patient benefit: The group provides support to head and neck patients post head and neck cancer treatment and during their long-term recovery/rehabilitation. Sessions provide a safe space for patients to support each other and shared experiences of treatment and recovery. Guest speakers also join the group to discuss topics that the patients have requested such as diet, lifestyle and lymphoedema.</p>	Approved



<p>Head & Neck Cancer Team</p> <p>£120.00 <i>Inclusive of VAT</i></p>	<p>Eligibility: Wellbeing initiatives which demonstrate Improved experiences and outcomes for patients and service users (e.g. arts in health programmes, patient support groups, surf therapy).</p>	
<p>Meeting: 3 March 2026</p>		
Item	Comments	Decision
<p>CF03477</p> <p>Portable ECG devices x 3</p> <p>Pembs Community Cardiology</p> <p>£18,060.00 <i>VAT exempt</i></p>	<p>Request: Purchase of three portable ECG devices for use with cardiac patients in the community, either experiencing cardiac rehabilitation (x 1 device) or under the care of the Community Heart Failure Team (x 2 devices). The devices are required by teams who do not currently have access to a suitable device. The models requested offer a significant upgrade to the equipment that the teams can current loan.</p> <p>Patient benefit: The portable ECG machines will enable early detection of cardiac abnormalities, improve access to diagnostics for patients with mobility or rural barriers, and supports faster clinical decisions with immediate, high-quality results. Continuity of care for those with chronic conditions will be strengthened with the aim of reducing hospital admissions and delivering a more patient-centred approach. They will also enhance multidisciplinary teamwork by providing accessible, real-time data during home visits, clinics, and rehabilitation.</p> <p>Eligibility: Medical and surgical equipment and its maintenance (when service plans are purchased with the equipment) for NHS patient care, education and research.</p> <p>Member comments: Assured that the request is justified and will deliver clear clinical benefits. The need for three devices is due to geographical location, and the new models will significantly enhance diagnostic capability. The ability for nurse prescribers to act promptly on results is a strong advantage. Equity concerns were addressed, and with capital funds under pressure, the dedicated Pembrokeshire cardiology charitable fund offers an appropriate and timely funding route.</p>	<p>Approved</p>
<p>CF03327</p> <p>Paid chair role for the Maternity and Neonatal Voices Partnership</p> <p>Midwifery</p> <p>£6,468.73 <i>VAT not applicable</i></p>	<p>Request: Funding request to support a one-year pilot to remunerate a paid Chair for the Maternity and Neonatal Voices Partnership (MNVP). The role will be 0.4 WTE (2 days per week) and provide dedicated leadership to re-establish and strengthen the MNVP following its closure in 2024 due to lack of sustainable voluntary engagement.</p> <p>Patient benefit: The role will ensure that service-user voices are embedded in maternity and neonatal governance, improving safety, quality, and equity of care. The role will enable active engagement with diverse and seldom-heard communities, strengthen transparency, and provide continuous real-time feedback to inform service improvements. By offering dedicated leadership, the role enhances accountability, reduces inequalities, and supports co-production, ultimately improving the experiences and outcomes of women, birthing people, babies, and families across the health board area.</p> <p>Eligibility: Staff posts for a limited time period (maximum of three years) where no other source of funding</p>	<p>Approved</p>

	<p>exists. E.g. projects piloting new models of care or part of a wider service development offering the most effective use of the funds available.</p> <p>Member comments: Assured that the request is appropriate and reflects established practice elsewhere in Wales. Members emphasised the need for impartiality, noting the role should not sit with an existing employee. Options for third-sector delivery and extending the pilot to two years were discussed and the service asked to consider. Although risks and joint appointment with another health board were considered, the modest investment, strong patient benefit and opportunity to test a new model of engagement provided sufficient assurance to support the proposal.</p>	
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