



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **2026-03-17**
Time **09:30 - 12:30**
Location **Hybrid Microsoft Teams and HDD Picton - Tresaith ; HDD Picton - Tresaith**

Charitable Funds Committee Meeting

Charitable Funds Committee

NHS Wales

Agenda - 17 March 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 DECLARATION OF INTERESTS

09:30, 0 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.3 MINUTES FROM THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON 8 DECEMBER 2025

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 8 DECEMBER 2025

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, 10 min

Nadine Gould (Hywel Dda UHB - Deputy Director of Nursing, Quality & Patient Experience)

2 Staff/Patient Story: Support Group for Interstitial Lung Disease and Pulmonary Fibrosis Patients

09:52, 10 min

Jennifer Lynch-Wilson (Hywel Dda UHB - Lead ILD Specialist Nurse), Melanie Jowitt (Hywel Dda UHB - ILD Specialist Nurse)

3 PERFORMANCE

10:02, 0 min

3.1 INTEGRATED HYWEL DDA HEALTH CHARITIES PERFORMANCE REPORT

10:02, 15 min

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

3.2 HDdUHB INVESTMENT ADVISOR UPDATE - CCLA (EXTERNAL)

10:17, 20 min

antonia.cavalier@ccla.co.uk

4 APPROVAL OF CHARITABLE FUNDS EXPENDITURE

10:37, 0 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

5 IMPACT OF CHARITABLE EXPENDITURE

10:37, 0 min

5.1 UPDATE ON EXPENDITURE 'HEADS UP!' CANCER SERVICES HAIR LOSS SUPPORT

10:37, 10 min

Ceri Wisdom (Hywel Dda UHB - Service Delivery Manager)

5.2 Update on Expenditure: Arts in Health Provision Capacity Building Annual Review

10:47, 10 min

Kathryn Lambert (Hywel Dda UHB - Head of Arts and Health / Pennaeth y Celfyddydau ac Iechyd)

6 OPERATIONAL/STRATEGIC ISSUES

10:57, 0 min

6.1 Review of the Charitable Funds Financial Administration and Governance Procedure

10:57, 10 min

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

6.2 UPDATE ON THE RATIONALISATION OF CHARITABLE FUNDS HELD BY HYWEL DDA HEALTH CHARITIES

11:07, 15 min

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

6.3 FUTURE FUNDING REQUESTS TO THE MAKING A DIFFERENCE FUND

11:22, 10 min

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

7 SUB-COMMITTEE UPDATES

11:32, 0 min

7.1 CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT

11:32, 5 min

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

7.2 CHARITABLE FUNDS SUB-COMMITTEE ANNUAL REPORT

11:37, 10 min

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

8 FOR INFORMATION

11:47, 0 min

8.1 CHARITABLE FUNDS COMMITTEE ANNUAL WORK PROGRAMME

11:47, 0 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

9 MATTERS AND RISKS FOR ESCALATION TO THE BOARD

11:47, 0 min

10

ANY OTHER BUSINESS

11:47, 3 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

11

DATE OF NEXT MEETING

11:50, 0 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

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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 - DECLARATION OF INTERESTS

*Iwan Thomas (Hywel
Dda UHB -
Independent Board
Member)*

1.3

09:30, 2 Mins

1.3 - MINUTES FROM THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON 8 DECEMBER 2025

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

| For approval

Attachments

[2025-12-08 - Charitable Funds Committee Meeting - VIRTUAL MEETING - Minute~.pdf](#)

MINUTES OF THE Charitable Funds Committee (CFC) MEETING

Date of Meeting: **09:30, Monday 08 December 2025**

Venue: **Microsoft Teams (Virtual meeting)**

Present: Iwan Thomas, Independent Member, Committee Chair
Sarah Harraway, Independent Member, Committee Vice-Chair
Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
Ann Murphy, Independent Member
Huw Thomas, Executive Director of Finance

In Attendance: Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs
John Evans, Deputy Director, Medical Directorate
Nicola Llewelyn, Head of Hywel Dda Health Charities
James Severs, Executive Director of Allied Health Professions and Health Science
Anthony Dean, Staff Side Representative
Tim John, Head of Accounting & Statutory Reporting
Antonia Cavalier, CCLA Client Investment Director (part)
Bry Phillips, Senior Nurse Manager Oncology (part)
Kathryn Lambert, Head of Arts and Health (part)
Eldeg Rosser, Head of Capital Planning (part)
Anwen Pearce, Capital Programme Manager Planning (part)
Donna Blinston, Advanced Nurse Practitioner Hepatology (part)
Jessica Showler-Coulson, Head of Nursing Ceredigion System (part)
Tracy Davies, Deputy Head of Financial Accounting (part)
Christine Roberts, Assistant Head of Financial Accounting (part)
Clare Strudwick, Committee Services Officer

Minutes Ref.	Item	Action
CFC(25)139	Welcome and Apologies Mr Iwan Thomas welcomed everyone to the meeting. Apologies had been received from: Rhodri Evans , Independent Member	
CFC(25)140	Declarations of Interest Decision: There were no declarations of interest.	
CFC(25)141	Minutes from the Charitable Funds Committee Meeting held on 16 September 2025 The minutes of the Charitable Funds Committee (CFC) meeting held on 16 September 2025 were reviewed and approved as a correct record of proceedings.	

Decision:

RESOLVED - The minutes from the Charitable Funds Committee (CFC) meeting held on the 16 September 2025 were accepted as an accurate record of the meeting.

CFC(25)142 **Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 16 September 2025**

The Table of Actions arising from the CFC meeting on the 16 September 2025 was reviewed, with an update provided on the two outstanding actions as follows:

CFC(25)88: Hydrotherapy Pool at the Pentre Awel Village, Llanelli.

Mr Iwan Thomas confirmed that a full update to this outstanding action, including an additional verbal update, would be provided to Committee under agenda item 5.2.

CFC(25)135: Interactive Singing and Movement Sessions for Older Adult Mental Health & Adult Frailty Inpatient Wards

Mrs Nicola Llewelyn confirmed a meeting had taken place on 25 November 2025 with Tritech and that work was progressing.

Decision: The Table of Actions arising from the CFC meeting on the 16 September 2025 was reviewed.

CFC(25)143 **Ratification of any Approvals Made Outside the Meeting via Chair's Action**

Decision: There were no approvals made outside of the meeting via Chair's Actions.

CFC(25)144 **Assurance and Risk Report**

Mrs Sharon Daniel presented the Assurance and Risk Report. Regarding Risk 2045: *risk of not being able to retain a fundraising function due to a low return on investment (ROI)*, Mrs Daniel reported that the risk score remained at 12 despite controls being in place. Mrs Daniel was pleased to report a further upturn in income to 11% for the period to date, compared to the 5.9% increase reported at the 16 September 2025 CFC meeting, however, the risk remained high due to the unpredictable nature of charitable income.

Mr Iwan Thomas thanked Mrs Daniel for the clear and concise report.

Decision:

In relation to areas presented to this paper, to Risk Management: The Charitable Funds Committee **RECEIVED ASSURANCE** that identified controls are in place and working effectively: and **RECEIVED ASSURANCE** that all planned actions are credible and deliverable and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

CFC(25)145 **CFC Self-Assessment Six Month Update Report**

Mrs Sian-Marie James presented the CFC Self-Assessment Six Month Update Report. No questions were received.

Decision:

The Charitable Funds Committee **RECEIVE ASSURANCE** from the progress made against the actions being undertaken to improve its effectiveness.

CFC(25)146 **Integrated Hywel Dda Health Charities Performance Report**

Mr Tim John presented the Integrated Charities Performance Report to 30 September 2025. There had been a 11% increase in income from donations, legacies and grant funding compared to the same period in the previous financial year. Mr John further drew attention to the enhanced benchmark performance, with income generated per £1 of fundraising expenditure rising to £5.27, in comparison to £2.68 for the same period in the previous year. Expenditure remained consistent in the period to 30 September 2025, and Mr John emphasised the strong desire for this trend to continue so that as much charitable funds as possible can be directed towards impactful causes.

Mr Huw Thomas commented he was particularly pleased with the improvements shown in the benchmarking income position.

In reply to an enquiry from Mrs Sharon Daniel regarding the significant legacy increases during the period, Mrs Nicola Llewelyn reported that historically legacies had been managed within the Finance Team. However, now there was a proactive process of managing historic legacies in conjunction with support from Mrs James and her team as well as working closely with local solicitors. This was resulting in an effective system of moving historic legacies through to completion, funds included in the performance report this period represented cases which had been discussed at IC-CFC and had now progressed to a position whereby monies had been realised.

Mr Iwan Thomas commented with regards to the disparity in donations between counties, represented on slide three of Annex 1, and queried whether, given the strong support demonstrated for Withybush Hospital (WGH), whether additional support could be made to encourage legacy giving within Pembrokeshire.

Mrs Llewelyn confirmed whilst Pembrokeshire was historically the lowest county for donations, there was however strong local support for Ward 10 and areas such as Stroke and Frailty. It remained to be seen what the impact of the Clinical Services Plan (CSP) and key messages surrounding WGH would have on this variation in giving going forward.

In response to a query from Mrs Daniel, Mrs Llewelyn clarified that the 2000% increase in grant funding, was mainly as the result of a final payment of a grant awarded from NHS Charities Together in 2021-2022 for the Bronglais Hospital Independent Domestic Violence Advocate project. There had, however, been ongoing success with smaller grants and the development of new funding streams during the period,

including the submission of funding applications in conjunction with the Arts in Health Team.

In reply to a query from Mrs Sarah Haraway regarding the categorisation of funds being brought more in line with Board objectives rather than by geography, Mrs Llewelyn outlined that two initiatives are in progress to look at categorisation. Firstly, work is ongoing with Clinical Care Groups (CCG's) who will be asked to prepare expenditure plans for the March 2026 CFC meeting. Secondly the new online application forms, once implemented, will result in a simpler expenditure reporting system and therefore greater understanding of categorisation. This will enable the collection of more data and provide greater clarity on where to focus efforts to achieve more equitable and appropriate expenditure.

NL/
CCG's

Mrs Llewelyn, acknowledging that there had been a delay in the implementation of the online application, reported that a meeting had taken place last week with the lead software developer and that dedicated time had now been allocated to the project, which would ensure launch before the end of the financial year.

Mrs Llewelyn reported that CFC March 2026 will see an agenda item regarding a review of the charity's financial procedure and a revised scheme of delegation to ensure alignment with CCGs. Mr John Evans and the CFC Sub-Committee (CFSC) are currently engaging with CCGs and Clinical Leaders to ensure that HDdHC funds are in the forefront of planning, especially with regards to patient experience and staff welfare.

In response to Mrs Ann Murphy, Mrs Llewelyn advised that there were plans in place to provide further training and guidance to CCGs, to ensure consistency in applications for HDdHC funding. Mrs Llewelyn outlined that there is already significant support and internet guidance provided, however in light of the differing standards of applications received for the general fund, it was clear that more support was required.

Mrs Daniel emphasised there was a need for training and further guidance to ensure the application process is more equitable and did not rely on the ability to complete a form.

Mr Iwan Thomas noted that some external charities produce short 60 second videos explaining how to apply for funding and the evidence required and he offered to support HDdHC by signposting them to these resources.

Mr Iwan Thomas thanked the entire team for their huge amount of hard work in preparing the reports.

Decision:

The Charitable Funds Committee **DISCUSSED** the content of Hywel Dda Health Charities Integrated Performance Report on the charity's performance.

Mr John presented the draft annual accounts and supporting papers, emphasising that it had been hoped to present the final annual accounts to CFC. Unfortunately, due to a delay in receiving an external report regarding the administration of investments, Audit Wales had not concluded their audit of the draft accounts.

Mr John clarified that a delay had been encountered due to Audit Wales requesting a Type 2 report from CCLA.

Mr Iwan Thomas thanked the team for the hard work and dedication regarding the Rationalisation of Funds, whereby the number of funds had been reduced by 45, enabling the closure of funds containing £2.5 million.

In reply to Mrs Daniel's inquiry, Mr John clarified that the final accounts could be approved by the Corporate Trustee and were not required to return to CFC for approval. Acknowledging that the timeline appeared tight, Mr John provided assurance to the Committee that there was sufficient time for the external report to be returned from CCLA, for Corporate Trustee approval to take place and the submission of accounts to the Charities Commission on the 31 January 2026.

Decision:

The Charitable Funds Committee **PROVIDED SCRUTINY** and **RECEIVED ASSURANCE** by the draft annual accounts subject to the receipt of CCLAs independent assurance report.

CFC(25)148 HDdHC Investment Advisor Update - External CCLA

Ms Antonia Cavalier joined the meeting.

Ms Antonia Cavalier provided an update regarding the Jupiter Fund Management plc takeover of CCLA, which subject to FCA (Financial Conduct Authority) approval, should be signed by 1 February 2026.

Ms Cavalier advised that a public webinar featuring the CEO's of Jupiter plc and CCLA was available to view should that be of interest to Committee members. Ms Cavalier reassured members that all points of contact at CCLA for HDdHC will remain the same.

Ms Cavalier reported there was an expectation for greater income to be generated from the Ethical Fund next year, however the final level was yet to be approved internally within CCLA. The interest rate from the Deposit Fund was very much dependent on the Bank of England rate.

Apologising for disappointing performance returns of (1.9%) over the last 12 months Ms Cavalier explained that the surge in global equities had been concentrated within a narrow segment of AI and technology with other sectors had been disproportionately affected. Despite some difference to the market conditions to the 1990's, Ms Cavalier reported the current patterns suggested the market was operating in bubble territory and was being driven largely by momentum.

Ms Cavalier outlined CCLA's approach, to diversify through quality companies with strong balance sheets, little to no debt and strong measures of profitability and cash flow, had provided long-term

successes however this approach had underperformed in the last 18 months. Giving the example of health care, and specifically diagnostics, Ms Cavalier outlined how the sectors of the market CCLA traditionally favours has not been performing well in the current market environment, particularly with the impact of President Trump's policy on worldwide drugs pricing.

Ms Cavalier reassured Mr Huw Thomas that CCLA remained confident to achieve target return for the fund of inflation plus 4% over the longer term. Furthermore, Ms Cavalier saw no reason for Jupiter ownership to dilute CCLA's mission led investment approach and foresaw CCLA would retain autonomy on investment decisions.

Mr John reported that work was ongoing with Ms Cavalier to design and hold a workshop for committee members regarding HDdHC investment.

In response to a query from Mr Huw Thomas. Ms Cavalier reported that it was unusual to receive a request for a Type 2 report, as opposed to a Type 1 report from Audit Wales.

Mr Huw Thomas agreed to establish the reason why Hywel Dda University Health Board (HDdUHB) has been requested to provide a Type 2 report to Audit Wales

HT

Decision: The Charitable Funds Committee **NOTED** and **RECEIVED ASSURANCE** from the Investment Advisor Update Report.

Ms Antonia Cavalier left the meeting.

Ms Tracy Davies left the meeting.

CFC(25)149 **Active Investor Statement Scheme, CCLA**

Mr John reported that he and Ms Tracy Davies had met with the CCLA Deputy Head of Sustainability to explore CCLA's stewardship work in respect of mental health, with a view to the possibility of HDdUHB becoming a member of CCLA's Investor Coalition scheme.

Mr John reported CCLA has developed a benchmarking framework that ranks companies based on the measures they have in place to protect mental health at work and create conditions that enable staff to thrive. The Investor Coalition scheme runs alongside the benchmarking project and is a collection of 56 signatories representing an aggregate of circa \$10 trillion of asset under management. Following the publication of benchmarking data, CCLA issues correspondence to the Chief Executive Officer (CEO) of benchmarked companies, setting out the expectations of investors and providing bespoke recommendations designed to move the company forward with regards to protecting mental health at work. This correspondence is co-signed by members of the Investor Coalition, and Mr John drew the Committee's attention to appendix 2, which contains an example letter included within the meeting papers.

Mr John reported that published findings detail the estimated cost of mental ill-health at work to employers as much as £1,800 per employee.

Should CFC decide to join the Investor Coalition scheme there would be no costs and no additional work entailed.

Mr Huw Thomas expressed his support of this proposal, provided the areas HDdUHB are active in are restricted to and relevant to the work of the Health Board and did not range into wider more politically motivated sectors. From a governance perspective following approval at CFC the recommendation for approval would need to be presented to the Corporate Trustee for ratification.

Ms Daniel expressed concern regarding approving such a matter in isolation at CFC without prior consultation with the People Organisational Development and Culture Committee (PODCC) and agreed to seek confirmation with the PODCC Chair that they were content with the CFC's recommendation to approve membership of CCLA's Investor Coalition scheme.

SD/
TJ

Mrs Sian-Marie James concurred this was the best approach from a Corporate Governance perspective.

Decision:

Subject to consultation with the PODCC Chair, the Committee **APPROVED** Membership of CCLA's Investor Coalition for onward ratification by the Corporate Trustee.

CFC(25)150 **Consideration of funding requests from the charity's Making a Difference Fund**

Mrs Llewelyn reported this was the first instance that applications for funding had been opened for the general fund in this manner and acknowledged there had been considerable learning, particularly with regards to the varying quality of the applications received.

Mrs Llewelyn detailed that a scoring process approved by the CFSC had been applied to the eligible applications received and that 12 applications were considered to have met that benchmark for CFC consideration.

Mr John Evans believed it was the appropriate approach for the CFSC to lead this consideration process and supported Mrs Llewelyn's view regarding the significant learning gained. He added, however, the caveat that while these bids may not represent the most impactful use of funds, they had nonetheless met the required criteria and demonstrated alignment to the charity's objectives and improvements to the patient experience. The 12 bids presented in the papers were for consideration by the CFC to decide if they would like to award the funding requested.

Mr Huw Thomas was supportive of the robust process that had been employed. However, with regards to the application concerning high-fidelity simulation training manikins, Mr Huw Thomas emphasised there was often an underspend on clinical education revenue funding and this might be a more applicable source of funding than the general fund.

Mr Huw Thomas made a further observation, while recognising the importance of Arts in Health, he inquired whether funding should first address more fundamental needs within the Emergency Departments such as inadequate seating, an issue that had recently been raised with him by patients.

Mr John Evans acknowledged the Service Increment For Teaching (SIFT) budget was often underspent, noting that funding was usually intended for undergraduate medic purposes, he would however take that conversation forward. **JE**

Mrs Llewelyn clarified that a significant contribution had been made across all four HDdUHB sites recently as part of the Urgent and Emergency Care (UEC) work, including patient seating and other environmental improvements, and this work had been supported by local, departmental and site-specific funds. The application received for art work was something the sites believed was an enhancement above what their own funds could provide.

Mrs Llewelyn confirmed that the artwork UEC application had been supported by the Environmental Oversight Group.

Mrs Harraway expressed concern that the 12 applications for consideration might not necessarily represent the most impactful spends, with more impactful bids potentially being lost in the scoring system or filtered out as a result of poor applications.

Regarding the bids that should have applied to their own specific funds, Mrs Harraway inquired whether those 14 bids had been encouraged to re-apply and whether they had done so. Mrs Harraway reflected on the need for the smaller low level of funding application form to include a question on the impact of funding.

Mrs Llewelyn reported that of the 14 CCG funding bids received, all has been encouraged to re-apply to their own service specific funds and all but two had re-applied. With regards to the smaller lower-level funds, HDdHC were working with Trittech as part of the evaluation framework to strengthen impact reporting and looking at how to introduce logic models to those smaller applications. Mrs Llewelyn reflected that Mr Evans' comment regarding impact, most likely centred around receiving poor quality applications, that with more work and better articulation could present a highly impactful project, targeted guidance and greater support would be provided to those bids in future application rounds.

Mrs Ann Murphy expressed concern regarding alignment with the planning cycle and the exit strategy for the Parkinson's Co-ordinator application, and Mr James Severs agreed with the caution expressed regarding the proposed role.

Mr Severs emphasised the importance of ensuring maintenance and service contracts are in place for all equipment-related bids. Furthermore, whilst expressing his support for the professional education agenda and noting the significant impact of simulation

training within HDdUHB, Mr Severs raised concern that staff are still failing to attend mandatory resuscitation training and that the CFC should remain mindful of this issue.

Mrs Daniel reflected that Mrs Harraway's comments regarding the amount of funds HDdHC were holding had prompted this move to a different way of working regarding the general fund, and that significant learning had been made as part of the process. With phase two about to commence Mrs Daniel took the opportunity to thank Mrs Llewelyn, Mr Evans, the CCGs and their teams for all their hard work and emphasised that there would be a continuous refining and innovating of the process moving forward.

Mr Huw Thomas emphasised that several points raised in discussions were organisational matters for HDdUHB rather than issues for the CFC to resolve, noting in particular that it is not the CFC's role to fund staffing posts.

With regards to staff not undertaking mandatory training, yet seeking to invest in simulation training mannequins, Mr Huw Thomas reflected that there was a need for Mr Severs, Mrs Daniel and he to report this concern to the Executive Team. With regards to ongoing maintenance funding Mr Huw Thomas inquired as to whether there was a need to incorporate this into future principles of applications.

HT/JS/SD

Mr Iwan Thomas agreed that the CFC was responsible to provide enhancement through charitable funds, however there was an expectation for the organisation to meet the statutory requirements in order to maximise the value of HDdHC's contributions.

Mrs Llewelyn clarified to Mrs Harraway that an overspend of the ring-fenced amount for this round of applications would reduce the amount of funding available in the next round of general fund applications. Mrs Harraway expressed concern that approving all 12 applications in this first round might result in an inability to fund an excellent bid in the next round of applications.

Mrs Llewelyn clarified that all the bids received today were either unable to be fully funded by their service or the service had no access to charitable funds of their own, however there may be an element of match funding which could be explored surrounding these bids with regards to reducing the contribution from the general fund.

NL

Mr Huw Thomas agreed with this proposed approach regarding the exploration of match funding.

Mr Huw Thomas emphasised that a process had been followed, and learning had been made for the next round of funding applications e.g. that no staffing requests could be supported by charitable funds. Mr Huw Thomas stated that more robustness was required regarding the impact of funding, with the utilisation of Patient Reported Outcome Measures (PROMS) and Patient Reported Outcome Measures (PREMS) or another approach which should be codified into the process. Mr Huw Thomas suggested that perhaps advance

discussions at the Executive Team might have been beneficial, particularly with this regard.

Mr Huw Thomas also stated that tax efficiencies surrounding VAT recovery on certain medical devices and digital equipment should be considered as part of the process going forward.

Mrs Harraway expressed her concern with a blanket approval on all 12 applications and agreed with previous members that there should be a deferral of the Parkinson's Co-ordinator application due to recruitment and retention issues. Mrs Harraway expressed concern regarding the significantly higher value of application for funding for the simulation training mannequins and believed that the benefit of their impact could prove to be relatively narrow. On consideration Mrs Harraway reflected, if those two applications were deferred this would result in the full amount of funding being available for round two of applications in spring 2026.

Mr Huw Thomas suggested that Value Based Health Care funding may be available to support the Parkinsons Co-ordination role and Mrs Daniel agreed to feedback regarding the application for funding and to ensure this gets picked up through Value Based Health Care. **SD**

Mr Iwan Thomas summarised the CFC's findings as a decision to approve 10 of the 12 applications for progression. With a deferral on CF03360 (Appendix 6) Clinical Workforce and Organisation development Training Manikins to the value of £123,697.30 and CF03380 Parkinsons Co-ordinator (Appendix 7) to the value of £46,032.00.

Decision: The Charitable Funds Committee:

- **CONSIDERED** the 12 shortlisted funding applications, totalling £540,074.60, received for the HDdHC Making a Difference fund and **APPROVED** 10 of the 12 shortlisted funding applications to the total value of £370,345.30.
- **RECOMMENDED FOR BOARD APPROVAL**, in its capacity as Corporate Trustee, any individual funding requests over £100,000.
- **APPROVED** that the next funding round takes place between January and April 2026.
- **CONSIDERED** the value of funding that should be ring-fenced for the next funding round.
- **CONSIDERED** the value of funding that should retained in the Making a Difference fund to meet any new or emerging needs.

CFC(25)151 **BGH Fibroscanner Charitable Funds Request**

Ms Donna Blinston and Ms Jessica Showler-Coulson joined the meeting.

Mrs Llewelyn reported the request presented was to support the purchase of an additional Fibroscan machine for Bronglais Hospital (BGH) in Ceredigion, to the value of £98,235.00.

Ms Jessica Showler-Coulson provided context that the application was to ensure an upstream way of working, bringing care closer to

the community with a view to ensuring a more preventative approach and that Ms Blinston's work had now been recognised nationally.

Ms Blinston presented the request for an additional Fibroscan machine emphasising the request was to enable a greater number of screenings could be undertaken in the community. Giving the example of a recent health promotion conducted, Ms Blinston reported, of the 900 individuals screened, 144 were found to have moderate to advanced disease and ten to have blood cirrhosis. This early identification of individuals has a clear impact on the trajectory of future health outcomes. Furthermore, a new machine would bring the additional benefit of being able to provide Controlled Attenuation Parameter (CAP) readings which allows for the identification of fatty liver, the current scanning machine in use at Glangwili Hospital (GGH) does not offer this feature. Ms Blinston reported that an additional scanner would allow the team to undertake a greater number of outreach events often with hard-to-reach individuals such as the homeless, as well as drug service clinics and rural communities. In addition, increased numbers of scans could be conducted in hospital and through a greater number of clinics.

Mr Severs inquired about the possibility of upscaling the project HDdUHB wide and requested Ms Blinston and Ms Showler-Coulson discuss with county colleagues to enable the upscale of the acute outreach Fibroscan service.

JS-C/DB

Mrs Harraway expressed concern regarding consistency and parity of the approach around applications for funding especially contrasting those that are presented in person and those submitted through an application form for general funds.

Mr Severs emphasised there was a need for consistency in approach and that it would be helpful to receive more PROMs/ PREMs data from across the three counties, including the impact of the original bid which had been approved

JS-C/DB

Mrs Daniel congratulated Ms Blinston on her recent RCN Wales Nurse of the Year award and requested that Ms Showler-Coulson liaise with Ms Blinston and Mr Peter Skitt to establish how the Fibroscan project fits within the wider 24-7 healthcare model and how best to broaden the project scope and evaluate impact in terms of population health and how prevention links into UEC care pressures.

JS-C/DB

Mr Huw Thomas reflected on whether Mrs Llewelyn, Mrs Daniel and Mr John could work together to codify points raised in the meeting as a series of questions to support the Chair at the start of CFC meetings in the same way HDdUHB Chair does at Board.

NL/SD/TJ

Mr Huw Thomas requested Ms Blinston and Ms Showler-Coulson work to identify which other chronic conditions might be able to be supported through a similar model.

JS/DB

Mrs Llewelyn requested to work with Ms Showler-Coulson and Ms Blinston to use the Fibroscan project as a pilot for the new guidelines

and framework under development with the Tritech Quality Team, in achieving a more detailed approach to evaluation reports and to return with detailed overview of evaluation approach moving forward to CFC March 2026.

JS/DB/
NL

Mrs Murphy congratulated Ms Blinston on her recent award and noted that, having attended a recent health event in Cardigan delivered by Ms Blinston and team, she had seen firsthand the excellent service being provided to the community.

Decision:

The Charitable Funds Committee **CONSIDERED** and **APPROVED** the application for BGH Fibroscanner Charitable Funds Request of £98,235.

Ms Donna Blinston and Ms Jessica Showler-Coulson left the meeting.

CFC(25)152 **Update on Expenditure: Purchase of Six Replacement Paxman Scalp Cooling Units, plus five year maintenance & training contract**

Mx Bry Phillips joined the meeting.

Mx Bry Phillips, Senior Nurse Manager, Oncology presented the end of project evaluation report regarding the purchase of six replacement Paxman scalp cooling units, plus five-year maintenance and training contracts to the CFC.

Mx Philips reported that the ability to offer scalp cooling is greatly appreciated by patients and aims to alleviate much of the considerable patient anxiety regarding hair loss, by allowing patients to maintain their sense of self and knowing that everything which can be done in this regard is being undertaken.

Mr Iwan Thomas thanked Mx Phillips for the report acknowledging the support provided to patients by the scalp cooling project in such a sensitive area.

In reply to Mr Huw Thomas, Mx Philips reported that as of September 2025, 70 patients had been offered scalp cooling treatment and over the machines lifetime he hoped to see approximately 500 patients successfully offered treatment.

Mrs Harraway emphasised she would like to see PREM evaluation and feedback to be included in the redesign of the patient feedback questionnaire to strengthen the CFC's understanding of individual impact.

BP

Mrs Daniel thanked Mx Philips for all the hard work going into improving patient experience, including that undertaken by the *Heads Up!* teams. Mrs Daniel agreed with Mrs Harraway that evidence base individual experience was really important to be included, particularly with regards to patients who could not tolerate treatment.

Decision:

The Charitable Funds Committee **NOTED** the content of the evaluation report and **DISCUSSED** the positive impact of the approved charitable funds expenditure request.

Mx Bry Philips left the meeting.

CFC(25)153 **Creative Activities for Staff Wellbeing - Arts in Health**

Ms Kathryn Lambert joined the meeting.

Ms Kathryn Lambert presented the mid-term evaluation report for Creative Activities for Staff Wellbeing, Arts in Health, reporting that over 100 creative sessions for staff had already been delivered with nearly 1500 members of staff in attendance. Ms Lambert shared photos of a wide range of events as well as quotes from participants reflecting the positive impact of the project.

Mrs Harraway inquired as to whether evaluation around resilience in the workforce and metrics around staff sickness was being collated. Acknowledging this was a complex area to monitor, Ms Lambert reported she was currently working with VBHC and Tri-Tech to achieve this.

Mrs Daniel reported that whilst staff sickness and resilience metrics had previously been considered at PODCC, she would raise this aspect again with the Committee's Executive Lead to explore how the evaluation report could be strengthened. SD

Mr Huw Thomas expressed a desire to see Arts in Health move to a more mainstream funding, and to achieve this there had to be a greater understanding of evaluation of impact with regards to depth as well as breadth.

Decision:

The Charitable Funds Committee **NOTED** the content of the evaluation report and **DISCUSSED** the positive impact of the approved charitable funds expenditure request.

Ms Kathryn Lambert left the meeting.

CFC(25)154 **Review of the Charitable Funds Financial Administration and Governance Procedure**

Mr John presented the report regarding the review of the Charitable Funds Financial Administration and Governance Procedure (FP 420), requesting that the review date be extended to 17 March 2026. He advised that, given the ongoing audit it would be prudent to defer the review until the audit has concluded.

Decision:

The Charitable Funds Committee **APPROVED** an extension until 17 March 2026 to the review date of FP 420 Charitable Funds Financial Administration and Governance Procedure.

CFC(25)155 **Update on the release of funding for the hydrotherapy pool at the Pentre Awel Village, Llanelli**

Ms Eldeg Rosser, Head of Capital Planning and Ms Anwen Pearce, Capital Programme Manager, Planning joined the meeting.

Ms Anwen Pearce presented the report, providing an update on the release of funding for the hydrotherapy pool at the Pentre Awel Village, Llanelli.

Ms Pearce provided an additional verbal update to the report, advising that the collaboration agreement had been finalised during the previous week and was signed under seal by the HDdUHB Chair and Chief Executive (CEO) on Friday 5 December 2025, before being delivered by hand to County Hall for local authority colleagues to sign and seal. Once this agreement had formally been returned to HDdUHB, funds could be released to Carmarthen County Council (CCC). A request had been submitted to CCC for an invoice to be sent to HDdUHB in order to enable the release of funds.

Ms Pearce reported Pentre Awel had opened to the public on the 15 October 2025. However, the hydrotherapy pool had not been ready to be commissioned on that date and with work continuing over recent weeks, it is anticipated that the pool will open during the first week of January 2026.

Ms Pearce reported that concerns had been raised by the former Trustees of the Hydrotherapy Pool Charity, regarding the delays surrounding the development and commissioning of the pool. Mrs Llewelyn had been in constant contact with the former Trustees updating them of progress and that HDdUHB had drafted a letter to the Trustees reassuring them and explaining the reason for the delays and that the collaboration agreement has taken this length of time to ensure there would be a longevity of collaboration.

Ms Pearce reported that a separate hydrotherapy pool launch event would be held on the 22 December 2025, all Trustees would be invited to that event, and a plaque would be unveiled recognising all the different funding contributions to the Hydrotherapy pool.

Mrs James reported that a revised more detailed draft of the agreement had been provided in February 2025 and that some of the delays which had occurred were at the insistence of HDdUHB to ensure donations and legacies were protected in the best way possible. Mrs James provided assurance that very best endeavours had been undertaken to ensure any monies received were protected for as long as possible under the agreement.

Mr Iwan Thomas thanked Mrs James and the wider team for their due diligence and perseverance shown, remarking that Pentre Awel will provide an excellent facility for patients.

Decision: The Charitable Funds Committee:

- **TOOK ASSURANCE** of the progress to date on the work that has been undertaken to define and agree the operational and maintenance requirements within the Hydrotherapy Pool Procedures Document.

• **NOTED** the release of the funds to CCC will be actioned once the Collaboration Agreement is finalised and signed under seal.

*Ms Eldeg Rosser, Head of Capital Planning and
Ms Anwen Pearce, Capital Programme Manager, Planning left the
meeting.*

CFC(25)156 **Charitable Funds Sub-Committee Update Report**

Mr Evans presented the CFSC Update Report, reporting that there were no matters of which to alert or advise.

Mr Evans reported that he and Mrs Llewelyn had held positive engagement discussions with clinicians and clinical teams regarding charitable funds. He added that they are actively working to address delays arising as a result of the new CCG governance and operation structures.

Mr Evans reported that Mrs Christine Davies, CFSC Vice Chair (VC) had recently retired, with Ms Corinna Lloyd-Jones acting as VC until a new VC is appointed.

Mr Iwan Thomas extended his thanks to the CFSC for the level of scrutiny it undertakes and wished Mrs Christine Davies well in her retirement.

Decision:

The Charitable Funds Committee **RECEIVED ASSURANCE** from the items that the Committee is providing assurance on.

CFC(25)157 **Charitable Funds Committee Annual Work Programme**

The CFC Committee Annual Work Plan for 2025/2026 was presented for information.

Decision:

The Charitable Funds Committee **NOTED** the Committee Annual Work Plan for 2025/2026.

CFC(25)158 **ANY OTHER BUSINESS**

The Bi-monthly Charity Commission newsletter was shared for information.

In response to a question from Mrs Ann Murphy regarding the festive expenditure for 2025, Mrs Llewelyn confirmed that the approved funding had been allocated in full however the team had noted a significant increase of queries from staff who do not fall within the eligible groups for funding. She advised that an evaluation of this initiative is being undertaken in the new year which will form part of the recommendations for 2026.

Mrs Llewelyn shared a video recording of a Christmas carol being sung by children receiving support from the Paediatric Cardiology Team in GGH. It was noted that the song had been written by one of the consultant paediatricians.

Decision:

The Charitable Funds Committee **NOTED** the Bi-monthly Charity Commission newsletter.

DATE AND TIME OF NEXT MEETING

The date of the next CFC meeting is 17 March 2026, 09:30-12:15.

1.4

09:32, 5 Mins

1.4 - MATTERS ARISING AND TABLE OF
ACTIONS FROM THE CHARITABLE FUNDS
COMMITTEE MEETING HELD ON 8
DECEMBER 2025

*Iwan Thomas (Hywel
Dda UHB -
Independent Board
Member)*

| For approval

Attachments

[CFC TOA from 8 December 2025.pdf](#)

**CHARITABLE FUNDS COMMITTEE (CFC)/ PWYLLGOR CRONFEYDD ELUSENNOL
17/03/2026**

TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AP-Anwen Pearce; BP-Bry Phillips; DBI-Donna Blinston; HT-Huw Thomas; JE-John Evans; NL-Nicola Llewelyn; SD-Sharon Daniel

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
17/06/2025	CFC(25)88	<p>Hydrotherapy Pool at the Pentre Awel Village, Llanelli</p> <ul style="list-style-type: none"> • Photographic evidence to be returned to the Pittsburgh Bank to evidence funds from the J C Williams Trust (Elizabeth Williams Endowment) have been spent in an appropriate manner. 	AP	17/03/2026	<p>In progress</p> <p>Update 8/12/25: Collaboration Agreement agreed by both parties and signed under seal by CEO and legally completed 28 December 2025. An update report has been provided to Pittsburgh Bank (PNC) including a fly through video of Pentre Awel. Final confirmation of transfer of funds will be provided to PNC together with actual photographs of the facility once the Collaboration Agreement is signed.</p> <p>Update 16/9/25: to be discussed on 8 December</p> <p>Collaboration Agreement still being finalised. Final update and report to be sent to Pittsburgh Bank once Collaboration Agreement signed.</p>

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
16/09/2025	CFC(25)135	Interactive Singing and Movement Sessions for Older Adult Mental Health and Adult Frailty Inpatient Wards <ul style="list-style-type: none"> To liaise with Tri-Tech and colleagues to examine how best to improve the evaluation framework ensuring best practice at the conception of projects. 	SD	17/03/2026	In progress Review of the evaluation framework SBAR deferred to June 2026. Scope of the review wider than anticipated. Further engagement required to map existing data collection, capacity and practical implementation. PPH garden project and second BGH fibro scanner being used as worked examples to refine the new framework.
08/12/2025	CFC(25)150	Consideration of Funding Requests from The Charity's Making a Difference Fund. <ul style="list-style-type: none"> To feedback regarding the application for funding of Parkinsons Coordinator and to ensure this gets picked up via VBHC. 	NL	17/03/2026	Complete Feedback provided to the service and Service Director for the Community & Integrated Medicine Clinical Care Group. Introductions made to the Head of Value Based Healthcare.
08/12/2025	CFC(25)153	Creative Activities for Staff Wellbeing – Arts in Health <ul style="list-style-type: none"> To discuss metrics around staff sickness and resilience with the Executive Lead of PODCC Committee to explore how the evaluation report could be strengthened. 	SD	17/03/2026	Complete Assistant Director of Legal and Patient Support and Head of Arts and Health working with Interim Assistant Director of Organisation Development to incorporate workforce data into future evaluation reports.
08/12/2025	CFC(25)152	Update on Expenditure: Purchase of six replacement Paxman Scalp Cooling Units, Plus Five Year Maintenance and Training Contract <ul style="list-style-type: none"> PREM evaluation and feedback to be included in the redesign of the patient feedback questionnaire, including patients not able to tolerate treatment. 	BP	17/03/2026	Complete PREM evaluation will be explored for inclusion within the redesigned patient feedback questionnaire, with May identified as a realistic timeframe for circulation to patients.

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 Corporate Trustee approval to be requested following approval from the Chair of PODCC.
08/12/2025	CFC(25)151	BGH Fibroscanner Charitable Funds Request. • To work together to codify points raised in the meeting as a series of questions to support the Chair at the start of CFC meetings in the same way HDuHB Chair does at Board.	NL	17/03/2026	Complete Suggested decision-making principles for CFC sent to the Chair on 22/01/2026.
08/12/2025	CFC(25)151	BGH Fibroscanner Charitable Funds Request. • Ms Showler-Coulson to liaise with Donna Blinston and Peter Skitt to establish how the Fibroscan project fits within the wider 24-7 healthcare model and how best to broaden the project scope and evaluate impact in terms of population health and how prevention links into UEC care pressures.	DBI	17/03/2026	Complete Care pathways for acute outreach across chronic conditions have been reviewed using the liver disease model to inform wider prevention work. Further discussion planned. Quarterly CNS/ANP group being established to support role development and service alignment.
08/12/2025	CFC(25)151	BGH Fibroscanner Charitable Funds Request. • To provide greater PROMs/ PREMs data across the three counties, including the impact of the original bid which had been approved.	DBI	17/03/2026	Complete Working with the Value Based Healthcare team to pilot PROMs/PREMs collection using the PAM tool. Initial assessments completed for 78 patients identified with liver disease. Follow up data will be collected after ultrasound and clinic reviews, then again at six months to evidence impact of early identification and management.
08/12/2025	CFC(25)151	BGH Fibroscanner Charitable Funds Request. • To discuss with county colleagues to enable the upscale of the acute outreach Fibroscan service.	DBI	17/03/2026	Complete Update provided below under CFC(25)151

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
08/12/2025	CFC(25)150	Consideration of Funding Requests from The Charity's Making a Difference Fund. • To explore the possibility of match funding with regards to reducing the contribution from the general fund and with regards to maintenance contracts.	NL	17/03/2026	Complete One of the ten funded projects has sufficient funds to contribute match-funding, CCG approval pending of final amount.
08/12/2025	CFC(25)150	Consideration of Funding Requests from The Charity's Making a Difference Fund. • To report concerns to the Executive Team regarding staff failing to attend mandatory resuscitation training.	HT	17/03/2026	Complete Report scheduled for Business Executive Team on 11 March 2026
08/12/2025	CFC(25)150	Consideration of Funding Requests from The Charity's Making a Difference Fund. • To examine whether SIFT funding may be more appropriate source of funding for charitable applications regarding training going forward.	JE	17/03/2026	Complete SIFT funding only available to undergraduates and not for resident doctors. An option for undergraduates however likely that all training requirements will be accommodated by the host university.
08/12/2025	CFC(25)148	HDdHC Investment Advisor Update • To establish the reason why HDuHB has been requested to provide a Type 2 report to Audit Wales.	HT	17/03/2026	Complete Audit Wales confirmed that Type 2 required for appropriate audit evidence and assurance. However, Audit Wales will review requirement for future audits.
08/12/2025	CFC(25)146	Integrated HDdHC Performance Report • CCG's to be asked to attend March CFC meeting with the expenditure plans they have in place for the funds they are custodians of.	NL	17/03/2026	Complete Update provided in agenda item 6.3 (Update on the rationalisation of funds). CFC 17 March 2026

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
08/12/2025	CFC(25)151	BGH Fibroscanner Charitable Funds Request. • To use the Fibroscan project as a pilot for the new guidelines and framework under development with the Trittech Quality Team in achieving a more detailed approach to evaluation reports and to return with detailed overview of evaluation approach moving forward to CFC March 2026.	NL	17/03/2026	Complete Updates provided above under CFC(25)135 and CFC(25)151.

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)*

None.

| For approval

1.6

09:42, 10 Mins

1.6 - ASSURANCE AND RISK REPORT

***Nadine Gould (Hywel
Dda UHB - Deputy
Director of Nursing,
Quality & Patient
Experience)***

| For assurance

Attachments

[CFC Assurance and Risk Report March 2026.pdf](#)

[Appendix 1 - CFC Risk Register.pdf](#)



Operational Risk Report

Charitable Funds Committee – 17th March 2026

Situation



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This report provides the Charitable Funds Committee (CFC) with the current status of the risks, audits and inspections recommendations, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) within its remit. The Committee is asked to seek assurance from Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections, WHCs and MDs are being implemented by the Health Board.

Principal Risks:
0

Corporate Risks:
0

Operational Risks
1

Audit and Inspection
Reports
0

Welsh Health
Circulars
0

Ministerial Directions
0

Risk Management - Overview



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Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

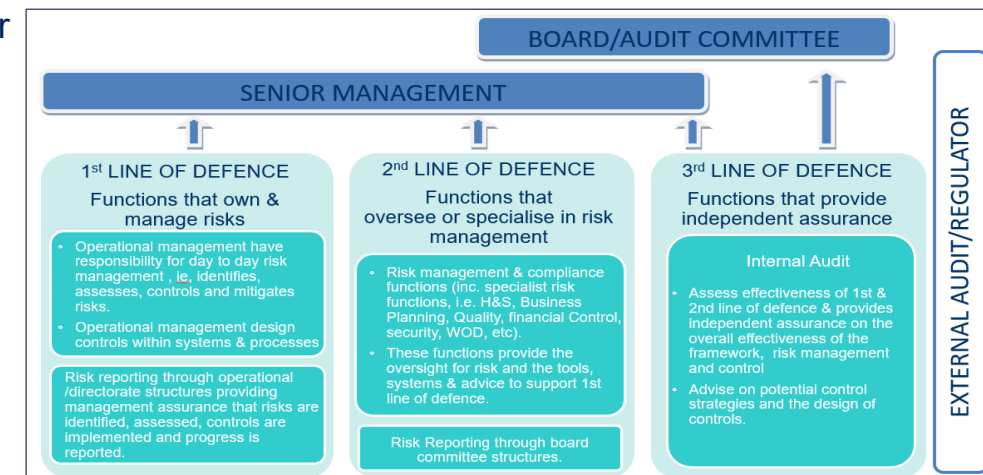
Operational risks must be managed within Functions, under the ownership and leadership of individual executive directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, there are formal monitoring and scrutiny processes in place within the Health Board with the aim of providing assurance to the Board that it is managing its risks effectively.

The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

All risks identified within the Datix Risk Module must be aligned to a formal Board Committee, Sub-Committee or Group who are responsible for the monitoring and scrutiny of risks which relate to their remit.

The Sub-Committee and Group structure is responsible for the monitoring and scrutiny of operational risks within their remit. They are responsible for:

- Scrutinising operational risks within their remit either through receiving the risk registers or through Service Reports
- Gaining assurance that risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented.
- Challenging pace of delivery of risk actions.
- Identifying through discussions, new and emerging risks and ensure these are assessed by those with the relevant responsibility.
- Providing assurance to its parent committee that risks are being managed effectively and report risks which have exceeded tolerance through its Sub-Committee/Group update report.
- Using risk registers to inform meeting agendas.



It is therefore essential that the membership of these sub-committees includes the appropriate representation and that they are in attendance to provide assurance and respond to queries.

Operational Risks assigned to CFC



1 operational risk on Datix has been aligned to the Charitable Funds Committee (CFC), which is within review date and has been identified as reportable to CFC based on the following criteria:

- The CFC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- The risk has been identified at operational level on the Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

Total Number of Open Risks meeting criteria for reporting	1
New risks since last report to CFC	0
Closed risks since last report to CFC	0
Increase in risk score since last report to CFC ↑	0
Decrease in risk score since last report to CFC ↓	0
No change in risk score since last report to CFC →	1
EXTREME (RED) Risks (based on 'Current Risk Score')	0
HIGH (AMBER) Risks (based on 'Current Risk Score')	1

The following slide summarises the operational risk aligned to CFC. The Risk Register attached at Appendix 1, provides full detail of the reportable risk, including control measures in place and the risk action plan to further manage and mitigate the risk.

Operational Risk assigned to CFC

- No Change in Risk Score since last report



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2045 - Risk of the Health Board not being able to sustain a paid fundraising function for its charity due to low returns on investment (ROI)	Director of Nursing, Quality and Patient Experience	12 → (Reviewed 30/01/26)	12	31/12/2025 31/12/2026

Rationale for Current Risk Score (CRS)

The charity's financial performance for Quarter Two was reported to the December 2025 Charitable Funds Committee, where an 11% increase in income for the period was noted. However, despite all the current control measures in place, the risk score remains high due to the unpredictable nature of charitable income.

Rationale for Target Risk Score (TRS)

The date expected to achieve the target risk score has been extended from December 2025 to December 2026, as the nature of charitable giving is unpredictable, and it is difficult to predict annual charitable income levels.

The committee is requested, in relation to the areas presented in this paper, to:

Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively; and
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
2045	Director of Nursing, Quality and Patient Experience	Nursing, Quality and Patient Experience	NQPE: Charitable Funds	Daniel, Sharon	Daniel, Sharon	Llewelyn, Nicola	Llewelyn, Nicola	13-Dec-24	<p>There is a risk of of HDdUHB not being able to sustain a paid fundraising function for its charity.</p> <p>This is caused by the increased investment in fundraising costs since 2021/22 and the level of charitable income generated by the charity resulting in variable levels of ROI (return on investment).</p> <p>This will lead to an impact/affect on 1. The charity's ability to sustain its current staffing structure. 2. The charity's ability to generate income from proactive fundraising activities in future years. 3. Staff wellbeing and morale: Fundraising staff may disengage and lose motivation if there is uncertainty regarding the sustainability of the team. 4. Loss of confidence if key stakeholders (NHS staff, public, donors) do not feel that the charity is using its resources efficiently. 5. The charity's ability to improve experiences for, and make a positive difference to, the health and wellbeing of Health Board's patients, service users and staff due to reduced resources.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> Review of the charity's fundraising and communications activities, including an assessment on the return on investment of fundraising costs, submitted to the December 2024 Charitable Funds Committee meeting for discussion. Charitable income and financial performance reported to the CFC on a quarterly basis for scrutiny. Financial reports submitted to the CFC include a comparison of the charity's performance against a sector wide recognised benchmark/ratio for return on investment. Annual work plans submitted to the CFC on an annual basis for consideration and approval. Progress reports on the annual work plan submitted to the CFC on a quarterly basis. Income reports produced by the Finance team on a monthly basis for scrutiny by the Head of Hywel Dda Health Charities (HDdHC) and Fundraising Team. Agreement to not fill the vacant positions (x2) within the fundraising/communications team without Executive Director consideration and approval when income levels have stabilised or increased. Fundraising Manager has monthly 1-2-1s with the fundraising team to discuss operational issues and progress against the fundraising workplan. Senior Communications Officer has monthly 1-2-1s with the Communications Assistant to discuss operational issues and progress against the communications workplan. Head of Hywel Dda Health Charities has a monthly 1-2-1 with the Fundraising Manager and Senior Communications Officer to discuss operational issues and progress against the workplan. Further analysis of the charity's performance undertaken during quarter 2 and presented to the Business Executive Team on 9 July 2025. 	Finance inc. claims	3	4	12	<p>The charity's financial performance for quarter 2 was reported to the December 2025 Charitable Funds Committee, where an 11% increase in income for the period was reported.</p> <p>However, with all the current control measures in place, the risk score remains high due to the unpredictable nature of charitable income.</p>	Review of the impact of holding two vacancies within the fundraising team to be undertaken and the findings presented to the Executive Team.	Llewelyn, Nicola	31/01/2026 31/03/2026	Further analysis of the charity's performance was undertaken during quarter 2 and presented to the Business Executive Team on 9 July 2025. The Executive Team discussed the charity's current running costs, current and previous income levels and the benchmarking data on fundraising performance. The Executive Team requested that a review of the impact of existing vacancies within the team be undertaken and this will be presented to Business Executive Team on 25th February 2026 to present the paper.	Charitable Funds Committee	3	4	12	The nature of charitable giving is unpredictable and it is difficult to predict annual charitable income levels.	31-Dec-25	Treat	30-Jan-26

2 - Staff/Patient Story: Support Group for
Interstitial Lung Disease and Pulmonary Fibrosis
Patients

*Jennifer Lynch-
Wilson (Hywel Dda
UHB - Lead ILD
Specialist Nurse),
Melanie Jowitt (Hywel
Dda UHB - ILD
Specialist Nurse)*

| For discussion

Attachments

[ILD Support Group presentation for Charitable Funds Meeting March 2026.pdf](#)

A Support Group for Interstitial Lung Disease and Pulmonary Fibrosis Patients

Jenny Lynch-Wilson, Lead ILD CNS for HDdUHB

Mel Jowitt, ILD CNS

What is Interstitial Lung Disease / Pulmonary Fibrosis



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University Health Board

- Interstitial lung disease (ILD) is an umbrella term for a large group of diseases that cause inflammation and scarring (pulmonary fibrosis) to the lungs. ILD can affect adults and children
- The scarring damages the tissue in or around the alveoli (lung's air sacs) and airways.
- This tissue becomes stiff and scarred, the air sacs cannot fully expand. This makes it harder to inhale and get oxygen into the body.
- Symptoms include progressive breathlessness, cough, weight loss, fatigue
- There are many known causes, however in the most progressive form idiopathic pulmonary fibrosis we do not know the cause
- Lung damage from ILDs is often irreversible, progressive and life limiting



Emotional Support

- Helps with feelings of isolation, loneliness, depression
- Sharing experiences, fears
- Meet with others who understand the challenges

Access to Information and Resources

- Exchanging tips on managing symptoms, adjusting daily routines
- Updates on treatments, research, oxygen

Benefit for families, friends, carers

- Learn from others in same circumstance, feel part of a community
- Understanding the condition better
- Building a support network



Supporting patients from
Pembrokeshire, Ceredigion and
Carmarthenshire

How many groups are required

Distance for patients to travel

Who should run the group (HCP vs
patient/carer)

Infection control

Suitable room, parking, accessibility

Cost, fundraising

Ongoing challenges

- Planning agendas
- RIP of patients
- Addressing difficult subjects
- Avoiding answering specific individual questions
- Managing patient advice vs evidenced based
- How to share dates/agendas/invite patients



This short video captures the real difference the ILD support groups are making.

[Support Group Impact](#)



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

3 - PERFORMANCE

3.1

10:02, 15 Mins

3.1 - INTEGRATED HYWEL DDA HEALTH CHARITIES PERFORMANCE REPORT

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

| For approval

Attachments

[SBAR IP Report CFC March 2026.pdf](#)

[Annex 1 Financial Overview to M9.pdf](#)

[Annex 2 Workplan Update Nov 25-Jan 26.pdf](#)

[Annex 3 Highlights at HDdHC Spring 2026.pdf](#)

[Annex 4 Staff Feedback Christmas Expenditure_March 2026.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 March 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 Penderfyniad/For Decision

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 31 December 2025. The report is intended to provide the CFC with key financial information and a summary of activities and key achievements in line with the charity's strategy.

The report also provides the CFC with the charity's proposed governance, support and fundraising costs budget for 2026/27 for consideration and recommendation for approval to the Board in its capacity as Corporate Trustee.

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 31 December 2025 are detailed in the Integrated Performance Report slide pack attached at Annex 1.

The Integrated Performance Report:

- Presents an overview of incoming resources (donations, legacies, grants, trading income and investment income) compared with the same period in 2024/25 and highlights the drivers behind movements in income (slides 2 to 4).
- Provides analysis of resources expended, including charitable activities, fundraising, governance and support costs (slides 5 to 7) and commentary explaining any variances.
- Sets out the proposed governance, support and fundraising costs and the focus for 2026/27 (slides 8 to 12).
- Contains supplementary financial information including the Statement of Financial Activity for the period, material outstanding commitments approved by the CFC and a detailed breakdown of the proposed 2026/27 governance, support and fundraising costs (slides 14 to 17).

In addition to the Integrated Performance Report at Annex 1, attached is the following information on the charity's key achievements, in line with the objectives of the approved work plan for 2025/26:

- Progress update on the 2025/26 workplan (Annex 2)
- Spring 2026 highlights from the fundraising and communications support team (Annex 3).
- Summary of staff feedback on 2025 festive expenditure demonstrating how the Christmas grant programme enhanced patient and staff wellbeing over the festive period (Annex 4).

Argymhelliad / Recommendation

The Charitable Funds Committee is requested to **DISCUSS** the content of this report on the charity's performance.

CONSIDER and **RECOMMEND FOR APPROVAL** to the Board in its capacity as Corporate Trustee the proposed governance, support and fundraising costs budget for 2026/27.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

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

	<p>criteria determined by the Board and consistent with the legislative framework.</p> <p>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.</p> <p>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.</p> <p>3.4 To agree issues to be escalated to the Board with recommendations for action.</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>Risk reference: 2045</p> <p>Risk description: There is a risk of HDdUHB not being able to sustain a paid fundraising function for its charity.</p> <p>Causes: This is caused by the increased investment in fundraising costs since 2021/22 and the level of charitable income generated by the charity resulting in variable levels of Return of Investment (ROI).</p>
<p>Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)</p>	Not Applicable
<p>Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)</p>	Not Applicable
<p>Amcanion Strategol y BIP: UHB Strategic Objectives:</p>	Not Applicable
<p>Amcanion Cynllunio Planning Objectives</p>	Not Applicable
<p>Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</p>	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
<p>Ar sail tystiolaeth: Evidence Base:</p>	Ledger reports and investment reports.
<p>Rhestr Termau: Glossary of Terms:</p>	Included within the body of the report.

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Deputy Head of Financial Accounting Assistant Head of Financial Accounting 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.
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
Month 9 2025/26

Incoming Resources

Income

Incoming Resources	Period ending 31 December 2025 £	Period ending 31 December 2024 £	Variance £	Variance %
Donations	446,272	571,270	(124,998)	(22)
Legacies	370,972	406,252	(35,280)	(9)
Grant funding received	96,374	34,952	61,422	176
Income from other trading activities (HDdHC Lottery)	11,192	13,494	(2,302)	(17)
Investment Income	361,632	431,523	(69,891)	(16)
Total Income	1,286,442	1,457,491	(171,049)	(12)

Summary

- Q3 fundraising activity focused on our Christmas campaigns and hands-on support for local community fundraisers to nurture long-term relationships and strengthen grassroots contributions.
- Approx. £19,600 of gifts in kind was secured for children's services reflecting the strong relationships that continue to be built with corporate and community partners including Dunelm, Gavin Griffiths Group, and the 3 Amigos and Dollies motorcycle group.
- Communications activity centred on encouraging Christmas giving and was supported by extensive media coverage across radio, TV, online and print platforms.
- Despite strong engagement, overall donations declined during this quarter. We believe this is largely driven by ongoing cost-of-living pressures and reduced disposable income alongside current perceptions of local NHS service changes. E.g. donations to Bronglais Hospital stroke services have declined by 54% compared with the same period last year.
- Benchmarking shows a fundraising return of £4.56 raised per £1 spent placing the charity above national benchmarks and demonstrating strong performance in a challenging financial climate.

Benchmarks

Income generated for every £1 spent on fundraising

£4.56

£4.66 to 31 December 2024

Amount available to spend on grants for every £1 donated

£0.68

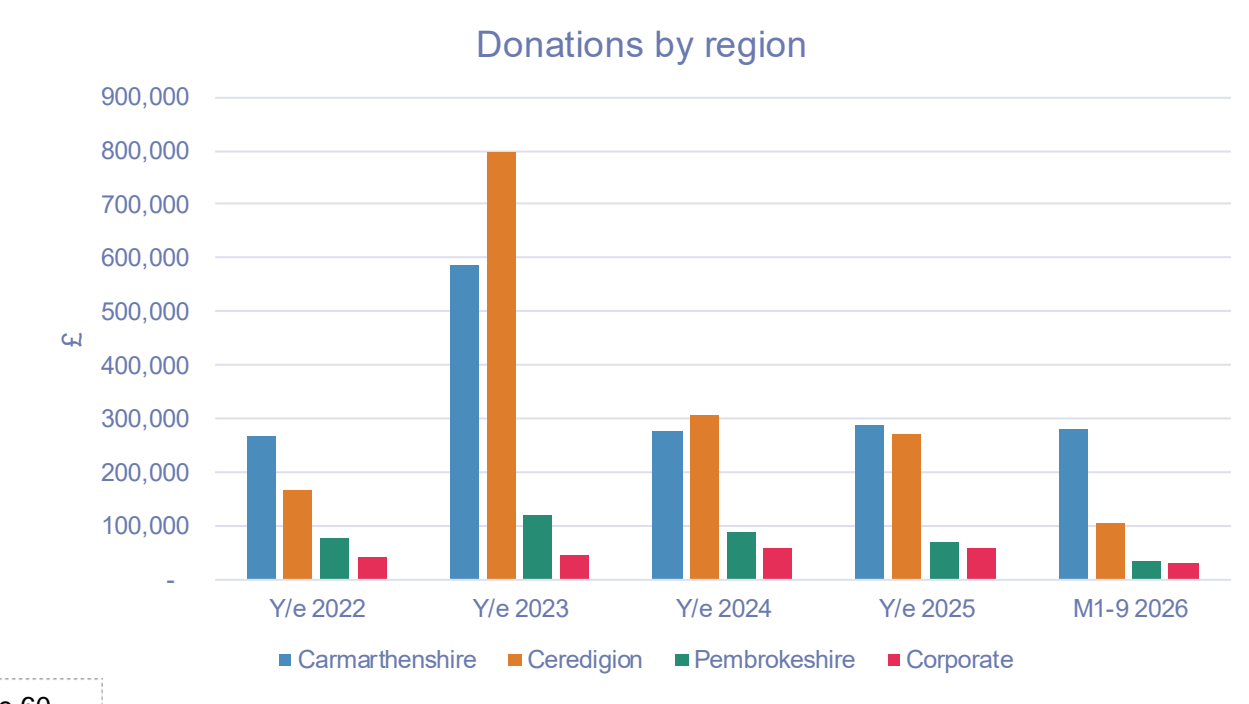
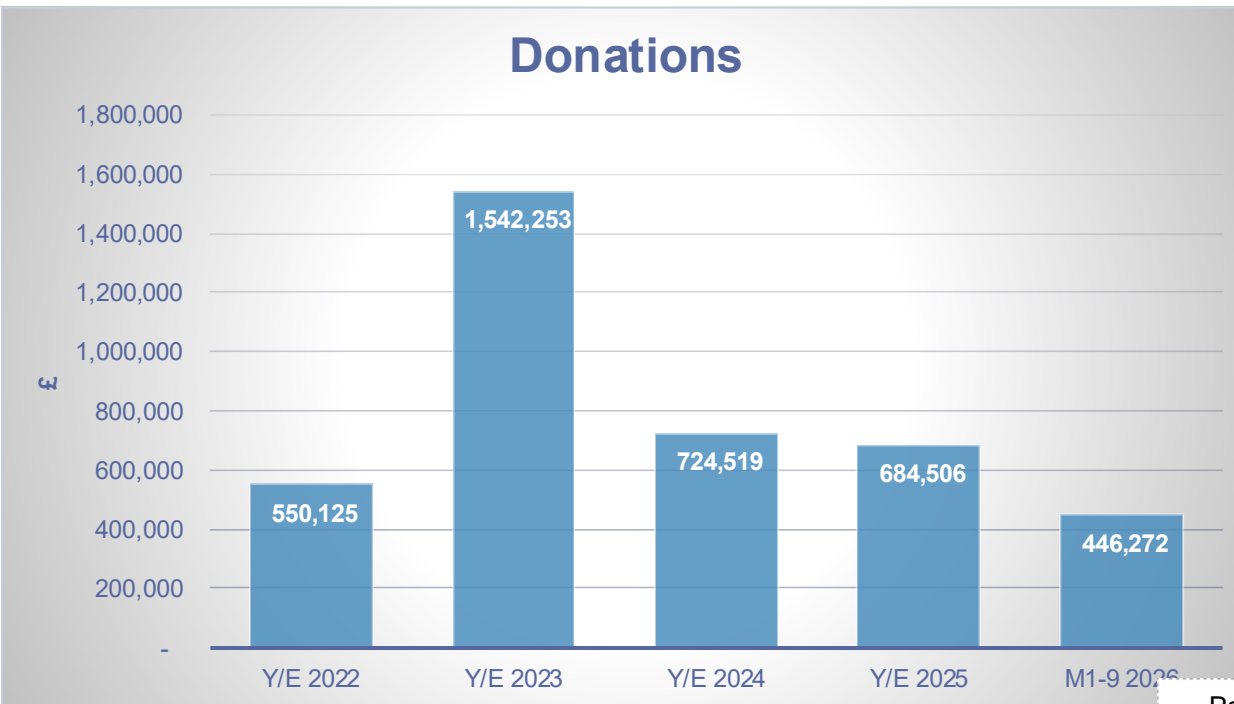
£0.71 to 31 December 2024

Donations

	Period ending 31 December 2025 £	Period ending 31 December 2024 £	Variance £	Variance %
Donations	446,272	571,270	(124,998)	(22)

Annual donations from 2021/22 to 31 December 2025/26

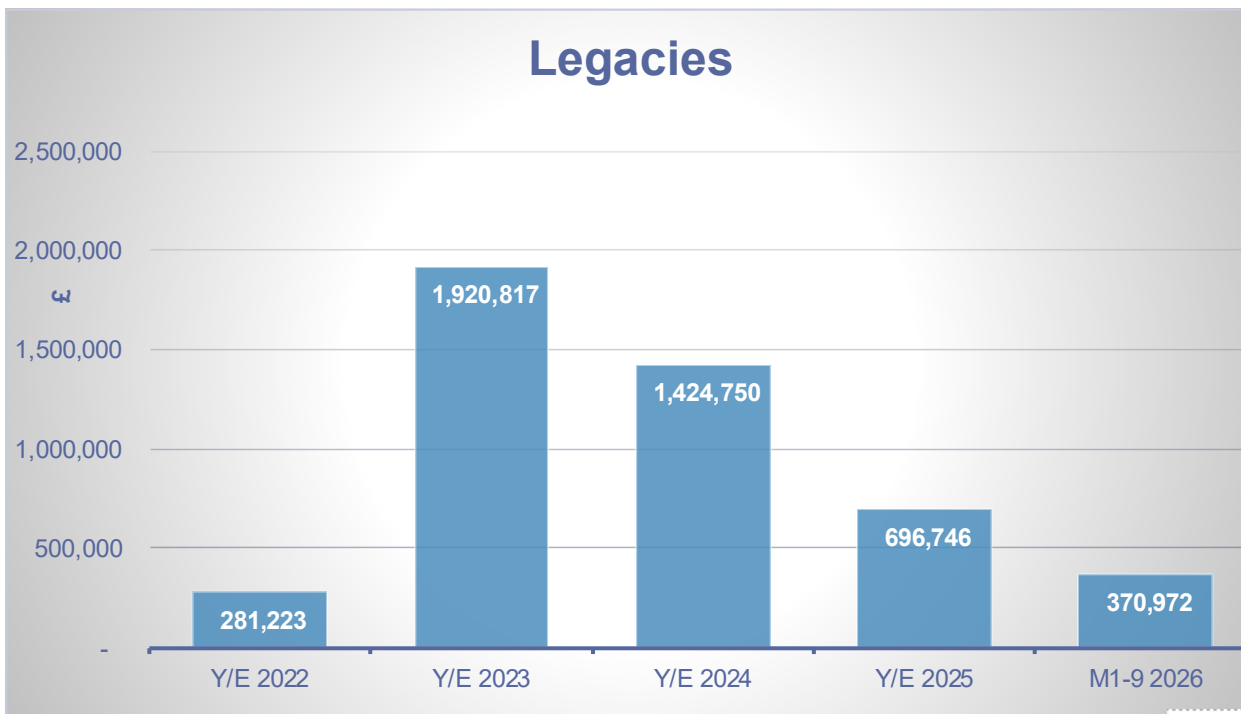
Annual donations split by region



Legacies

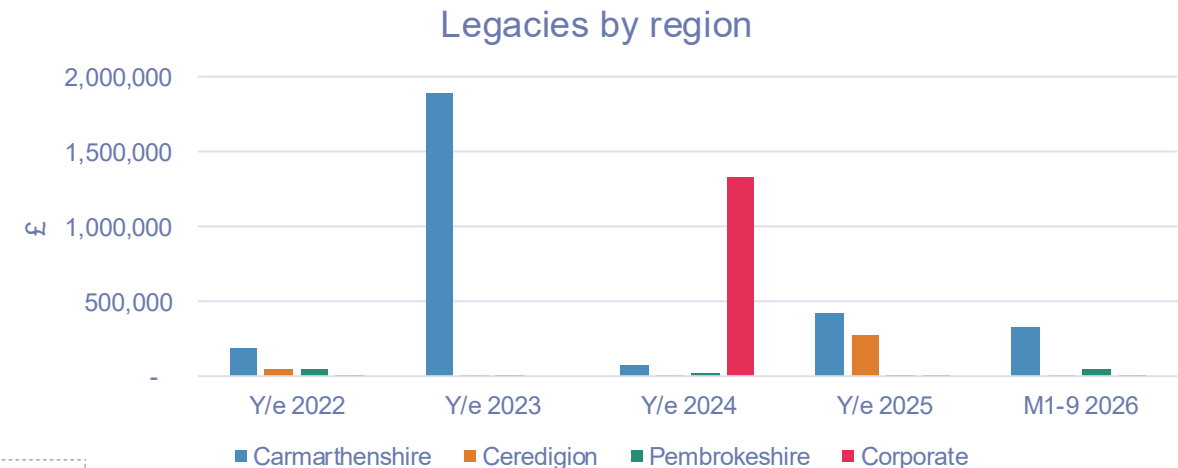
	Period ending 31 December 2025 £	Period ending 31 December 2024 £	Variance £	Variance %
Legacies	370,972	406,252	(35,280)	(9)

Legacy income from 2021/22 to 31 December 2025/26



- A key driver of the reported reduction of income in this quarter is timing. We have implemented a more structured approach to legacy stewardship, which has already accelerated progress on many pending and historic cases and improved visibility of future income but much of this benefit will fall into the next reporting period.
- The legacy gifts due to be received before year end will result in an increase in legacy income for this financial year.
- Legacy income is inherently unpredictable, with fluctuations driven by probate timelines, estate complexity, and legal process. For example, there are 12 legacy gifts pending with an estimated value of approximately £1.4m.
- A legacy marketing campaign is planned for 2026/27 to increase the number of pledges and build a stronger future pipeline of gifts in wills.
- Early planning is also underway for “Make Your Will Month” for May 2026, which will raise awareness, encourage conversations about legacy giving, and help increase legacy pledges.

Annual legacy income split by region



Resources Expended

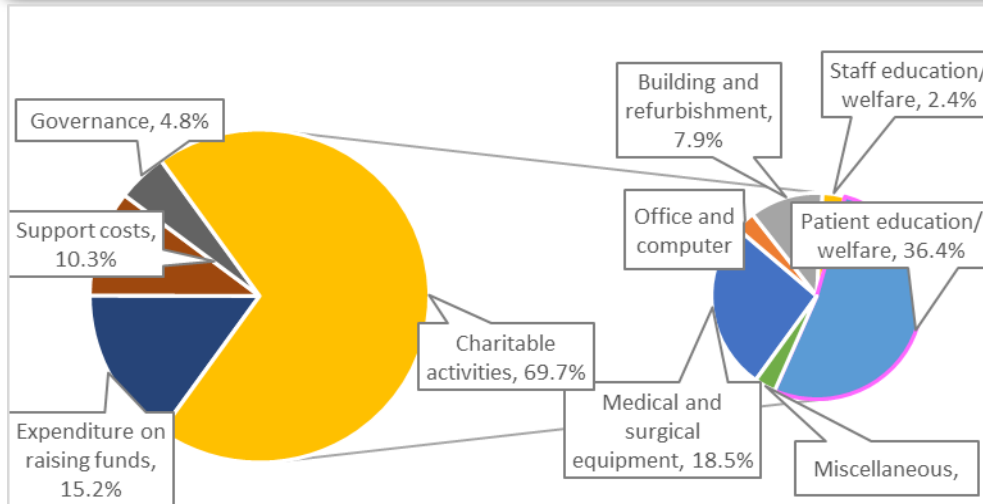
Expenditure

Resources Expended	Period ending 31 December 2025 £	Period ending 31 December 2024 £	Variance £	Variance %
Charitable activities (grant making)	940,613	722,870	217,743	30
Expenditure on raising funds	203,408	219,547	(16,139)	(7)
Support Costs	139,341	135,282	4,059	3
Governance Costs	64,995	60,800	4,195	7
Total Expenditure	1,348,357	1,138,499	209,858	18

Summary

- Expenditure on charitable activities (i.e. grants made) has increased by 30%, largely due to the grants made from the Making a Difference fund.
- There has been a decrease in expenditure on raising funds compared to the same period in 2024/25, due to staff vacancies.
- Support and governance costs have increased slightly compared to the prior year due to A4C pay increases.

Analysis of % spend by type



- Attached at Annex 4 is a summary of staff feedback on 2025 festive expenditure demonstrating how the Christmas grant programme enhanced patient and staff wellbeing over the festive period.
- This summarises staff views on the impact and effectiveness of the long-standing grant programme and provides suggestions for improvements and enhancements that will be considered as part of the planning for 2026 festive expenditure.

Charitable Activities

Expenditure on Charitable Activities

	Period ending 31 December 2025 £	Period ending 31 December 2025 %	2024/25 £	2023/24 £
Medical and surgical equipment	249,625	18.5%	1,959,934	759,159
Office and computer equipment	29,425	2.2%	63,232	86,223
Building and refurbishment	106,916	7.9%	144,869	1,394,762
Staff education/welfare	31,897	2.4%	64,508	186,759
Patient education/welfare	491,305	36.4%	148,270	411,174
Miscellaneous	31,445	2.3%	2,035	61,090
Total	940,613	69.7%	2,382,848	2,899,167

Notable expenditure incurred to 31 December 2025 (over £5,000):

Medical and surgical equipment

- Newborn Anne simulator/manikin for Carmarthen Children's Services (£5,417)
- Cubescan Biocon-900S Bladder scanner for Carmarthen (£5,405)
- Supply and install Croyde wall bed Carmarthen Community Midwifery (£16,123)
- 12 Iowa Oral Performance Instrument assessment & rehabilitation (£33,118)
- Patient Chairs for Emergency & Urgent Care at BGH (£17,088)
- Fibroscanner at BGH (£98,235)
- Rehab equipment for intensive upper limb programmes for neurorehabilitation (£9,997)
- Electric gynaecologic chair at GGH (£8,025)
- 4 Tilt in Space chairs at GGH (£10,572)
- 2 CPM Machines for GGH & PPH (£7,523)
- Over Bed Moto for stroke rehabilitation at BGH (£6,745)

Building and refurbishment

- Refurbishment of patient waiting room in GGH Chemotherapy Day Unit (£34,211)
- Refurbishment of staff rest room in WGH Pharmacy department (£15,554)
- Refurbishment of Tenby Cottage waiting area (£34,072)
- Upgrade GGH theatre reception area (£13,079)
- Conversion of locker room into quiet room at PPH AMAU (£7,998)

Patient education and welfare

- Development of Sensory Gardens at Prince Philip Hospital (£200,088)
- Heads Up! Initiative: Cancer Services Hair Loss Support (£99,235)
- HARP: Hywel Dda Arts Referral Programme (£25,050)
- Enhancement of outdoor play area at Cilgerran ward GGH (£15,745)
- Year 2 Health Domestic Violence Advocate project at BGH (£5,359)
- 4 Lifestyle Checkpoint (K2) Health Kiosks (£47,520)
- Installation of art in emergency departments at BGH, GGH & WGH (£60,000)
- Christmas festive expenditure 2025 (£25,000)

Expenditure on Governance, Support and Raising Funds

Governance, support and expenditure on fundraising					
£		Annual Budget 2025/26	Budget to 31 December 2025	Spend to 31 December 2025	(Under) / Over spend to 30 September 2025
Finance		107,487	80,615	80,615	0
Fundraising team	Pay	408,719	306,539	288,855	(17,684)
Fundraising	Non-Pay	46,910	35,183	25,511	(9,672)
Sub-total		563,116	422,337	394,981	(27,356)
Audit		17,016	12,762	12,762	0
Total		580,132	435,099	407,743	(27,356)

Apportionment of costs across funds			
£	Restricted/ Unrestricted Funds	Endowment Funds	Total
Investment Income	(308,839)	(52,793)	(361,632)
Governance & Support - Finance, Fundraising & Support Team	394,982	0	394,982
Audit Fees	12,762	0	12,762
Investment (Gains) & Losses	66,942	24,466	91,408
Surplus / (Deficit)	(165,847)	28,327	(137,520)

Costs analysed by category of spend				
£	Expenditure on raising funds	Support	Governance	Total
Fundraising Team				
Pay	177,896	86,070	24,889	288,855
Non-Pay	25,511	-	-	25,511
Finance	-	53,271	27,344	80,615
Audit	-	-	12,762	12,762
Total	203,407	139,341	64,995	407,743

- In March 2025, the CFC approved a total governance, support and fundraising budget of £563,116 for the 2025/26 financial year.
- For the period ending 31 December 2025, the reported position is an underspend of £27,356, 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 deficit from unrestricted/restricted apportionments (after investment gains) across funds of £165,847 for the period ending 31 December 2025.
- *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.*

In January 2026, the Health Board's Team Effectiveness Specialist facilitated a planning workshop for the charity team, as part of the team's commitment to continuous improvement. The workshop provided an opportunity for reflection and review and aimed to:

- Identify opportunities for development, growth and improvement to meet current and future demands.
- Shape the charity's plans for 2026/27 and identify the resources needed.
- Explore the team's evolving role beyond fundraising and understand relationships with other teams (e.g. finance and procurement) and respective roles and responsibilities.

The workshop identified five main themes:

- **Clarity on the team's primary purpose:** there was strong consensus that the charity team's core purpose is to raise funds and to provide opportunities and meaningful ways for local communities to show their appreciation for the NHS through charitable giving.
- **Acknowledgement of 'role drift':** it was acknowledged that the team frequently undertake tasks that sit outside a fundraising function, primarily aspects of charitable expenditure oversight (e.g. procurement administration, support with bid writing, project management), that stretches capacity and reduces the time available for fundraising innovation.
- **Capacity challenges with grant-making and charitable expenditure:** the charity lacks a dedicated resource to oversee grant-making processes and the increasing demand for charitable expenditure. The Head of Hywel Dda Health Charities role covers many areas traditionally provided by the Finance function (e.g. support with charitable funds bids, advising on funding eligibility).
- **Opportunities for growth:** several priority areas were identified to increase income and community engagement which included corporate fundraising, regular giving, implementing and utilising the new fundraising database and stronger internal staff engagement.
- **External risks to public support:** economic pressures and public perceptions of the health board were identified as areas that could lead to declining charitable support, making stewardship, impact reporting and public engagement increasingly important.

During 2026/27, the charity team will refocus on its core purpose of growing charitable income and enabling our local communities to support their local NHS. We will achieve this by strengthening our fundraising and communications plans and internal systems to clarify clear roles and responsibilities and create a clear model of support to increase charitable expenditure.

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

This will be achieved by:

- Prioritising fundraising over operational support tasks to make the best use of our resources and prioritise income generation opportunities.
- Working with finance, procurement, capital management and capital planning colleagues to develop and improve internal systems to support colleagues with applying for, and delivering, charitable funded projects.

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

This will be achieved by:

- Reviewing and the charity's grant-making function (including impact reporting) to ensure we have the right level of capacity to meet organisational demand.
- Exploring the use of Artificial Intelligence (AI) to help improve efficiency and reduce administrative demands.
- Reviewing the finance function re-charge arrangements to ensure the historic model of cost apportionment reflects the current needs of the charity.
- Moving to a capacity-building model that provides clear signposting, templates, guidance and tools so that frontline teams can easily apply for funding, prepare their own applications and deliver charitable funded projects.

Objective 3: Opportunities for stabilising and increasing income and community engagement

This will be achieved by:

- Reviewing and strengthening our fundraising and communications plans.
- Implementing the fundraising database for insight-led campaigns.
- Building on existing donor stewardship strategies for more personalised communications based on the upgraded database capability.
- Increasing visibility of patient experience improvements and charitable expenditure impact stories.
- Strengthening internal staff engagement.
- Expanding corporate fundraising through a targeted partnership strategy, including charity of the year partnerships, and sponsorship opportunities.
- Collaborating more closely with clinical teams to identify compelling fundraising priorities, authentic cases for support and potential future fundraising appeals.

The charity team is currently operating without two posts; a band 5 Fundraising Officer and a band 3 Administration Officer. During the recent planning workshop, the team reviewed the impact of these vacancies and the resource requirements for 2026/27.

Administration Officer vacancy: In the absence of dedicated administrative support, all administrative tasks have been absorbed by existing fundraising staff (e.g. thank you letters, donation processing and database updates). This has created inefficiencies and reduced the team's capacity to deliver charity-led fundraising initiatives and provide high-quality support to community fundraisers. Team members highlighted that they are 'spreading themselves too thinly', with administrative tasks detracting from fundraising work.

To address this, the re-instatement of the Administration Officer role is requested on a part-time basis (band 3, 0.6 WTE). This post is considered essential to restore an appropriate and sustainable workload balance, improve efficiencies, strengthen donor stewardship, ensure core administrative functions are delivered accurately and on time and ensure officers can focus on activity aligned to their fundraising roles.

Although the charity team does not currently use AI within its administrative work, we have identified potential for future efficiencies. The intention is to seek advice and support from Digital Services to explore AI solutions that can help reduce elements of manual tasks. The core function of donor stewardship and personal communication will always require human oversight, but we believe that reinstating the Administration Officer role on a part-time basis provides a sustainable solution while AI options are explored and understood while ensuring business continuity.

Fundraising Officer vacancy: The Fundraising Officer vacancy has resulted in a redistribution of responsibilities across the team however this role is not considered essential for 2026/27. The team believes that by addressing role drift and re-establishing the team's core purpose, sufficient capacity can be released without the need to recruit into this post at this stage. Once administrative capacity is restored and income trends show clearer income stabilisation, the need for the Fundraising Officer role can be reviewed. At present, re-instating the Administration Officer role alone will provide the support required for the team to operate effectively and meet its objectives for 2026/27.

Governance, support and fundraising costs for 2026/27



To ensure that the CFC is clear on its financial commitments for 2026/27, the Committee is presented with the charity’s proposed 2026/27 governance, support and fundraising costs for consideration and endorsement for Corporate Trustee approval.

Governance and support costs consist of a recharge from HDdUHB towards the cost of the finance function as well as the statutory audit fee and the time spent by the fundraising team on support and governance roles.

The finance team costs for 2025/26 were £107,487. The proposed 2026/27 finance team recharge is £110,711, which is the 2025/26 recharge uplifted by 3%. This recharge is based on the time spent by staff involved in the finance function, including the charitable funds accounts assistant post which deals with queries and fund analysis, as well as a recharge for the time spent by other members of the finance team for the preparation of the accounts, attending meetings, provision of support and a recharge for time spent by procurement, accounts payable and the general office. A full breakdown of costs can be found in Appendix 1 on page 16.

Fundraising costs consist of the salary costs for the fundraising team and non-pay fundraising costs. In 2025/26 the total fundraising budget (pay and non-pay) for the charity were £455,629. The proposed 2026/27 fundraising budget is £458,965, which is a slight increase of £3,339 (0.73%) from the approved 2025/26 budget. A full breakdown of costs can be found in Appendix 1 on page 17.

The CFC is asked to consider and recommend for approval to the Board in its capacity as Corporate Trustee a combined governance, support and fundraising costs budget for 2026/27 of £569,676 (£563,116 2025/26).

Costs	WTE	2026/27 £
Finance team costs	-	110,711
Fundraising pay costs	7.6	412,055
Fundraising non-pay costs	-	46,910
Total		569,676

Appendix 1

Financial Performance

Supplementary Information

Position as at 31 December 2025

1. Statement of Financial Activity for the period ended 31 December 2025

HYWEL DDA LOCAL HEALTH BOARD CHARITABLE FUND REPORT - SUMMARY

FOR THE PERIOD ENDING 31 DECEMBER 2025

	Community & Integrated Medicine											Total	
	Allied Health & Health Sciences	Community & Integrated Medicine			Mental Health & Learning Disabilities	Planned & Specialist Care				Primary Care	Corporate		Other To be apportioned
		Carmarthen Community	Ceredigion Community	Pembrokeshire Community		Scheduled Care	Cancer Services	Woman & Children					
	£	£	£	£	£	£	£	£	£	£	£	£	
Incoming resources													
Donations	2,752	55,837	25,623	21,525	11,937	45,678	174,962	89,668	1,406	16,883	0	446,272	
Legacies	0	151,000	0	40,000	0	0	97,972	77,000	0	5,000	0	370,972	
Grants receivable	0	0	0	0	7,250	0	0	16,123	0	73,001	0	96,374	
Investment income	0	0	0	52,792	0	0	0	0	0	0	308,839	361,632	
Income from other trading activities	0	0	0	0	0	0	0	0	0	11,192	0	11,192	
Other incoming resources	0	0	0	0	0	0	0	0	0	0	0	0	
	2,752	206,837	25,623	114,318	19,187	45,678	272,934	182,792	1,406	106,075	308,839	1,286,441	
Resources expended													
Expenditure on raising funds	0	0	0	0	0					0	(203,408)	(203,408)	
Charitable activities	(1,159)	(187,046)	(132,907)	(13,287)	(47,270)	(12,878)	(141,249)	(60,892)	(22,998)	(320,928)	0	(940,613)	
Support Costs	0	0	0	0	0					0	(139,341)	(139,341)	
Governance costs	0	0	0	0	0					0	(64,995)	(64,995)	
Investment Management	0	0	0	0	0					0	0	0	
	(1,159)	(187,046)	(132,907)	(13,287)	(47,270)	(12,878)	(141,249)	(60,892)	(22,998)	(320,928)	(407,744)	(1,348,357)	
Net incoming/(outgoing) resources													
before transfers	1,593	19,791	(107,283)	101,030	(28,083)	32,801	131,685	121,900	(21,591)	(214,853)	(98,904)	(61,916)	
Gross transfers between funds	0	(0)	0	0	0	0	0	0	0	0	0	(0)	
Net incoming/(outgoing) resources	1,593	19,791	(107,283)	101,030	(28,083)	32,801	131,685	121,900	(21,591)	(214,853)	(98,904)	(61,916)	
Gains/(losses) on investment assets													
Realised and Unrealised	0	0	0	(24,466)	0	0	0	0	0	0	(66,942)	(91,408)	
Net movement in funds	1,593	19,791	(107,283)	76,564	(28,083)	32,801	131,685	121,900	(21,591)	(214,853)	(165,846)	(153,324)	
Opening balance at 01 April 2025	362,628	1,357,269	1,954,208	2,824,025	221,649	616,548	1,615,943	312,188	293,430	1,156,686	0	10,714,574	
Closing balance at 31 December 2025	364,222	1,377,059	1,846,924	2,900,589	193,566	649,349	1,747,629	434,089	271,838	941,833	(165,846)	10,561,251	

2. Outstanding material commitments as at 31 December 2025 (approved by CFC)

Service	£	Description	Date Approved	Status
Cancer Service - Ceredigion	88,609	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)	23,710	Creative Activities for Staff Wellbeing – Arts and Health	Sep-23	On going project
Arts and Health (Nursing, Quality & Patient Experience)	169,200	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 & Integrated Medicine	44,795	Interactive singing & movement sessions	Jun-24	On going project
Cancer Services - Health Board Wide	99,235	Heads Up! Initiative: Cancer Services Hair Loss Support	Sep-25	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 & Integrated Medicine	200,088	Development of Sensory Gardens at Prince Philip Hospital	Sep-25	On going project
Pembrokeshire System - Community & Integrated Medicine	34,072	Tenby Cottage Waiting Area refurbishment	Dec-25	On going project
Public Health Directorate	47,520	4 Lifestyle Checkpoint (K2) health kiosks	Dec-25	On going project
Allied Health & Health Sciences	33,118	Purchase of 12 x IOWA Oral Performance Instrument (IOP) assessment and rehabilitation tools for acute and community adult dysphagia rehabilitation patients.	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
Ceredigion System - Community & Integrated Medicine	98,235	Fibroscanner Bronglais Hospital	Dec-25	On going project
	923,632			

3. Proposed Finance Recharge for 2026/27

Governance, support and fundraising costs for 2026/27

Finance function

Name <u>Finance function</u>	Days per Month	2026/27 Budget £
Charitable Funds Officer (Queries and fund analysis)	All	38,427.00
Creditors	6	12,030.00
Procurement	5	10,025.00
Charitable Funds Accountant (General supervision, queries, annual accounts, trustee committee)	6	17,467.00
Finance Supervisory Support (Reconciliation/ledger control/gains/income)	8	18,410.00
General Offices	2	3,513.00
Finance Senior Lead	2	9,668.00
Overheads (HFMA / Training / Other)	n/a	1,171.00
	TOTAL	110,711.00

4. Proposed Fundraising Costs for 2026/27

<u>Fundraising Pay Costs</u>			Budget Request 2026/27
Job title	Band	WTE	
Head of Hywel Dda Health Charities	8b	1	
Fundraising Manager	7	1	
Senior Communications Officer	6	1	
Fundraising Officer	5	1	
Fundraising Officer	5	1	
Fundraising Support Officer	4	1	
Communications Assistant	4	1	
Administration Officer	3	0.6	
	TOTAL	7.6	<u>£ 412,055.00</u>

<u>Fundraising Non-Pay Costs</u>	Budget Request 2026/27
33610-Travel & Subsistence	£ 4,440.00
33020-Books, Journals & Subscriptions	£ 5,700.00
35550-Computer Software/License Fees	£ 1,570.00
33010-Stationery	£ 1,000.00
34200-Training Expenses	£ 500.00
34220-Conference & Seminars	£ 450.00
Fundraising Costs	£ 15,250.00
33000-Printing Costs	£ 7,500.00
33050-Design Costs	£ 3,000.00
32240-Publicity Services	£ 6,500.00
37470-Miscellaneous Expenditure	£ 1,000.00
TOTAL	<u>£ 46,910.00</u>



Elusennau Iechyd
HYWEL DDA
Health Charities

2025-26



Elusennau Iechyd
HYWEL DDA
Health Charities

Workplan 2025-26

Progress update November 2025 to January 2026

Strategic objective 1: Making a difference

Priority areas for 2025/26

	Activity	Update on progress to January 2026	RAG rating
1.	<p>Launch the new online charitable funds application process for expenditure requests under £10,000.</p> <p><i>Carried forward from 2024/25</i></p>	<ul style="list-style-type: none"> • Following a successful test phase the new study leave application process has been rolled out across the organisation and has replaced the previous paper-based process with positive feedback received. • The new online application process for expenditure requests under £10,000 has not progressed during this period due to the availability of dedicated software development time. This has not been escalated due to the pending consideration of revisions to the scheme of delegation which, if approved, will result in additional development work. The aim is to complete the project during quarters 1 and 2 2026/27. 	Yellow
2.	<p>Launch the internal communications campaign and associated user-friendly guidance to ensure that staff are aware of, and understand, the new charitable funds application process and new fund structure.</p> <p><i>Carried forward from 2024/25</i></p>	<p>Communications materials for the internal campaign have been developed in readiness for the launch of the new application process.</p>	Yellow
3.	<p>Launch the guidance for our fund managers to ensure that they understand the nature and value of the funds they are responsible for as well as their roles and responsibilities as custodians of our charitable funds.</p> <p><i>Carried forward from 2024/25</i></p>	<p>Guidance for fund managers has been developed in readiness for the launch of the new application process.</p>	Yellow
4.	<p>Develop an expenditure plan for the charity's general fund that provides equitable access to funding for areas where measurable improvements can be made to maximise patient benefit.</p>	<p>Complete.</p>	Green

Strategic objective 2: Fundraising and Communications

Priority areas for 2025/26

	Activities	Update on progress to January 2026	RAG rating
1.	<p>Complete the upgrade of the charity's current Customer Relationship Management (CRM) database to a new and improved web version.</p> <p><i>Carried forward from 2024/25</i></p>	<ul style="list-style-type: none"> • Risk assessment to proceed with the CRM upgrade approved by the Director of Finance and Head of Digital • Data Processing Agreement (DPA) and Service Level Agreement (SLA) being developed for review and approval by Legal and Information Governance colleagues. • Digital colleagues have been updated and are now awaiting the go-ahead to support the implementation of the upgrade and staff training quarters 1 and 2 2026/27. • The delays to date have not had a significant impact on service provision, as the existing CRM system remains fully operational. 	
2.	<p>Plan and deliver a new charity-led mass participation event to encourage increased fundraising for the charity</p>	<p>The charity-led Fire Walk held in October 2025 was successfully completed with recommendations to deliver another event during the next financial year.</p>	
3.	<p>Identify and apply for relevant funding opportunities from external grant-giving trusts and foundations for eligible projects across HDdUB to increase the charity's income from this funding source.</p>	<ul style="list-style-type: none"> • Continue to review all unsuccessful applications the Making a Difference fund to identify suitable external funding opportunities. • Awaiting outcome of the £25,000 funding application submitted for the Lottery's Meithrin Natur programme, in conjunction with Public Health and Arts in Health colleagues. Project aims to improve the health and wellbeing of children and their caregivers' through connecting with the natural environment. 	
4.	<p>Plan and deliver a fundraising campaign for Tonic Surf (surf therapy sessions) in aid of the Child and Adolescent Mental Health Service (CAMHS).</p>	<ul style="list-style-type: none"> • Fundraising target met to fund the summer 2025 programme and a good start made to securing funding for summer 2026 (75% of costs raised to date). • Application made for the customer vote in the Tesco Pembroke Dock store with the possibility of receiving an additional £1,500. 	
5.	<p>Further develop the charity's visibility across the HDdUHB estate by developing bespoke fundraising materials for four services (one in each acute hospital) as a pilot project with a view to rolling out to further services in future if successful. The package will include individualised branding, an online donation page, flyer, large poster and social media support.</p>	<ul style="list-style-type: none"> • Further marketing materials have been produced for Hywel Dda's colorectal services. • Materials for older adult mental health services are currently being planned and developed for quarter 1 2026/27. 	

Strategic objective 3: Maximising the contribution

Priority areas for 2025/26			
	Activities	Update on progress to January 2026	RAG rating
1.	Introduce the Qlik Sense data visualization platform to provide an improved financial reporting system for all charitable funds cost centres.	This work has been postponed until quarter 2 2026/27 due to the resources required for the compilation of the 2024/25 year end accounts.	

RAG rating performance status indicators		
Green	Amber	Red
On track, no substantial issues that require action.	Some issues requiring action to keep the project on track. Maintain a watching brief to ensure objective does not move into the red.	Serious issues requiring urgent action. Objective likely not to be delivered. Significant action required to prevent negative impact.



CHRISTMAS SEES HUGE ENGAGEMENT WITH THE CHARITY

Christmas 2025 saw significant engagement with the charity thanks to our Give a Gift campaign, Christmas Jumper Day, our Delivering Joy partnership with Dunelm, the continuing support of the 3 Amigos and Dollies, and our partnership with Scarlets Rugby.

In their 25th annual toy run, the **3 Amigos and Dollies Motorcycle Group** collected 16 one-tonne bags full of toys for children across Carmarthenshire, Ceredigion and Pembrokeshire.

The group also raised a fantastic £7,000 for Hywel Dda Children's Services and an extra £1,000 which went towards our Wish Fund campaign.

We ran a media campaign in the run up to Christmas celebrating the 3 Amigos 25th fundraising year, securing extensive coverage in the press and on ITV Wales news. We also recorded a thank you video for their 25th anniversary event.



Our second year as the nominated charity for **Dunelm Carmarthen's Delivering Joy** campaign also gained overwhelming support. Generous customers have donated over 450 gifts estimated to be worth over £7,500 over the past two years thanks to the campaign.

Meanwhile, **Scarlets Rugby** – our partner for the Wish Fund campaign – and their sponsors, Gavin Griffiths Group,

delivered a skip-full of gifts to Cilgerran children's ward in December. Players Archie Hughes, Eddie James and Jac Price visited the ward to hand out the gifts – and made Christmas very special for Scarlets fans on the ward (including staff!).



Finally, our **Christmas Jumper Day** in December saw hundreds of staff across all Hywel Dda sites don their festive fashion and show their support for the charity. It was a great opportunity for charity staff to visit the wards and increase our profile among the workforce.

Tara Nickerson, Fundraising Manager at Hywel Dda Health Charities, said: "At Christmas time our local communities often choose to support us in ways other than making a donation, and we are pleased to facilitate the receipt of the thousands of pounds worth of gifts in kind. Our Christmas campaign also provides the perfect opportunity to engage with staff – and provide them with a bit of light relief at what is a very pressured time.

"Of course, it's really about our young patients, and I'm delighted that the various strands of our Christmas campaign delivered a lot of joy to children receiving palliative care, and those receiving care over the Christmas period."

VOLUNTEER CAMPAIGN MARKS POSITIVE START TO PPH GARDENS DEVELOPMENT



In January we ran a campaign to recruit gardening volunteers who will support the maintenance of the new charitable-funded gardens for Mynydd Mawr and Bryngolau wards in Prince Philip Hospital.

The volunteers will ensure that following their creation, the gardens remain well-tended and inviting spaces for patients, their families and staff.

The campaign was successful and recruited five volunteers who were keen to support the upkeep of the gardens. The volunteers will now be inducted by the Future Workforce team in conjunction with the teams at Mynydd Mawr and Bryngolau.

CORPORATE FUNDRAISING: OUR CHARITY OF THE YEAR PARTNERSHIP WITH ONE OF THE BIGGEST ACCOUNTANCY FIRMS IN WEST WALES



One of the key priorities of the fundraising team is to increase income through corporate partnerships. So we are delighted that in March, we will launch a Charity of the Year partnership with LHP, one of the largest accountancy firms in west Wales, with offices in Carmarthen, Haverfordwest, Lampeter, Aberaeron, Tenby, Cross Hands and Llandovery.

The accountancy firm will be raising funds for the Special Baby Care Unit and the Chemotherapy Unit at Glangwili Hospital in memory of their much-loved colleague Elin, who they sadly lost to breast cancer.

The charity will be supporting LHP by promoting their events throughout the year. These will include a Golf Day in partnership with JCP Solicitors, an Easter raffle, a sponsored cycle and a football game. Four members of LHP staff are also raising funds by taking part in Long Course Weekend Wales, where Hywel Dda Health Charities is the official charity partner.

Fundraising Officer Claire Rumble said: "This is another great opportunity to demonstrate how we can work with corporates to raise funds, and boost staff morale and gain positive coverage in the process."

COMMUNICATIONS FOCUS: TV & RADIO COVERAGE

Hywel Dda Health Charities has its own dedicated communications team members who cover all its communications, marketing and media work. We are delighted to report that in recent months we have secured positive coverage of charitable activities on TV and radio, in addition to the ongoing extensive coverage online and in the press.

S4C's Prynawn Da produced a five-minute feature on "Heads Up", a hair loss support service for cancer patients funded by the charity in partnership with the Withybush Hospital Cancer Day Unit Appeal.



S4C

Cán o'r Galon's Christmas song, 'Pob Un Plentyn', which raised funds for the Paediatric Cardiology service, was featured on BBC Wales TV, radio and online channels in both English and Welsh.



And the Scarlets' visit to Cilgerran ward over Christmas to deliver gifts wasn't just featured on S4C's Prynawn Da - it will also be shown as part of an upcoming hour-long S4C documentary on the Scarlets!



IN FOCUS:

HOW CHARITABLE DONATIONS ARE ENHANCING HEALTHCARE ACROSS HYWEL DDA

NEW BED FOR BEREAVED PARENTS AT GLANGWILI



Thanks to a generous grant from Carmarthenshire and Pembrokeshire Sands, a volunteer-led Group, a bespoke pull-down bed has been installed in the bereavement room on the Labour Ward at Glangwili Hospital.

This new addition will allow parents to stay close and comfort one another during an incredibly difficult time, creating a more family-orientated and private space.

Alison Jones, Clinical and Operational Lead Midwife, said: "The loss of a baby is a devastating experience, and the environment in which families grieve can make a significant difference.

"This bespoke bed allows parents to be physically close, to hold each other, and to share their grief in a space that respects their need for privacy and comfort. It will have a profound impact, and we're incredibly grateful to Carmarthenshire & Pembrokeshire Sands for making it possible."



Saving babies' lives.
Supporting bereaved families.

BUDDY BEDS FOR BRONGLAIS

We're delighted that we have been able to fund six Buddy Day Bed Chairs worth over £7,500 which will enable parents and carers to have a comfortable stay with their children on Angharad Ward at Bronglais Hospital.

Bethan Hughes, Ward Manager, said: "The chairs are a valuable item in providing patient/family-centred care as without them, parents, carers and family members are unable to stay overnight with their children and patients wouldn't have suitable seating when out of bed.

"We have been able to fund these beds thanks to the fundraising efforts of four members of the Angharad Ward team: Meinir Morris, Sian Davies, Bethan Fitz Griffiths and Rachel Davies."



PEMBROKESHIRE WELLBEING DAY FOR WISH FUND FAMILIES



Thanks to generous donations to our Wish Fund campaign, the parents and carers of the children and young people supported by the Paediatric Palliative Care Team were able to attend a wellbeing day at St Brides Spa Hotel.

Our Wish Fund is a campaign which creates lasting memories for children and young people with life-threatening and life-limiting conditions and their families.

Thanks to the funding, the families and carers visited St Brides Hotel and Spa for a much-needed respite trip which included a one-hour sound bath session, a buffet lunch and a 90-minute session in the Marine Spa.

Rachel Brown, Paediatric Palliative Care Play Specialist, said: "Caring for a seriously ill child is an emotionally and physically demanding experience, often leaving parents with little time to focus on their own wellbeing. Many face high levels of stress, anxiety, and isolation, which can impact their ability to provide care. This day was a special experience for the parents and carers we support. They were able to relax, take care of themselves, step away from their daily responsibilities, connect with others who understand their journey, and engage in activities that promote relaxation and emotional healing."

WELLNESS BOXES FOR CHEMO PATIENTS

Thanks to generous funding from the Co-op Local Community Fund, patients undergoing chemotherapy at Bronglais Hospital in Aberystwyth and Prince Philip Hospital in Llanelli have benefitted from specially curated wellness boxes.

The grant has enabled us to purchase 75 wellness boxes each for the chemotherapy day units. Each box contains items carefully chosen by nursing staff to support patients' mental and physical wellbeing during and after treatment. These include warm beanie hats, hand and body creams, and socks and gloves.



For more charity updates, please visit:
hywelldahealthcharities.org.uk



Staff feedback

Christmas monies

The Hywel Dda Health Charities Christmas grant programme supports Hywel Dda staff to enhance patient experience with festive activities and items throughout the Christmas and New Year period. The funding is used to support expenditure on items such as gifts for inpatients and decorations for inpatient and outpatient areas across the health board.

There is a long-standing tradition that the health board's charitable funds are used to support expenditure over the festive period to improve the experience of patients visiting or staying in hospital and of staff required to work in a healthcare setting over this period.



**in Christmas grants
was awarded in 2025**

How the Christmas grant programme made a difference in 2025

Staff were asked to score on a scale of 1-5 the extent to which Christmas monies enhanced the wellbeing and experience of patients and service users over the festive period. The average score was:

4.39*

Patients were extremely grateful for their present on Christmas day

Brings festive cheer to patients that are having to be in hospital over Christmas

Staff were asked to score on a scale of 1-5 the extent to which Christmas monies enhanced the wellbeing and experience of staff over the festive period. The average score was:

4.58

Made them feel appreciated for all their work over the festive period

Promoted staff well-being which radiated to the care provided to service users



Continues overleaf....

*Please note that this staff score is higher than the patient score because the applications relating to staff only (e.g. support services, community nursing) scored most highly in the patient section.

How the Christmas grant programme made a difference in 2025

When asked whether they believe this was an appropriate use of charitable funds, the percentage of respondents saying yes was:

Yes, certainly - it is a direct benefit to patients and staff

100%

Yes - staff felt appreciated and noticed

Staff were asked to score on a scale of 1-5 whether they agree that the process for applying for Christmas monies was straightforward and easy to understand. The average score was:

4.85

Staff were asked if they had any suggested changes to how this funding is allocated in future, or any suggestions for other initiatives that would have a greater impact during the festive period. Responses included:

As the cost of living has gone up, it might be good if the fund allocated could be in line with that

Some light entertainment such a choir/brass band

Allocate funds earlier as when the funding was given out Tesco had very few decorations left

Being able to provide Christmas lunch buffets over a couple of days

Not much choice of shops we can go to with gift cards



3.2

10:17, 20 Mins

3.2 - HDdUHB INVESTMENT ADVISOR
UPDATE - CCLA (EXTERNAL)

antonia.cavalier@ccla.co.uk

| For discussion

Attachments

[2025-03-17 Investment update Hywel Dda Health Charities \(AC, CCLA\).pdf](#)

Hywel Dda Health Charities

Antonia Cavalier, Client Investment Director

17th March 2026



CCLA's partnership with Jupiter

- On 10 July 2025, Jupiter Fund Management plc (Jupiter) announced a partnership with CCLA Investment Management.
- This has been approved by the regulator, the Financial Conduct Authority (FCA). CCLA officially became part of the Jupiter Group on 2 February 2026.
- This partnership concludes a long process which was driven by CCLA for several reasons:
 - Governance (converting our funds to Charities Authorised Investment Funds (CAIFs))
 - Resilience (an ongoing commitment to our clients of all sizes)
 - Growth (improvements in our operational infrastructure)

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	Forecast income yield	Forecast annual income
COIF Charities Ethical Investment Fund The General Investment Fund	£6,083,382	3.26%	£198,505
COIF Charities Ethical Investment Fund The Permanent Endowment Fund	£2,223,382	3.25%	£72,551
COIF Charities Deposit Fund	£5,065,188	3.66%	£185,421
Total portfolio	£13,371,903	3.41%	£456,477

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)

Income received to date:

General Investment – £555,391
 Permanent Endowment – £202,989

Source: CCLA as at 19 February 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

Asset allocation overview

Our overarching goal is to deliver investment performance of CPI+5% gross of fees

Equities

Through direct participation in economic growth, equities are expected to provide most of the long-term increase in capital value

Allocation range:
50–85%¹

Alternatives and property

Including infrastructure, contractual income, property, and private equity as a source of diversification and capital growth

Allocation range:
0–35%²

Fixed income

Fixed income assets traditionally used to provide diversification, relative valuation versus equities and other asset classes has improved

Allocation range:
0–50%³

Cash

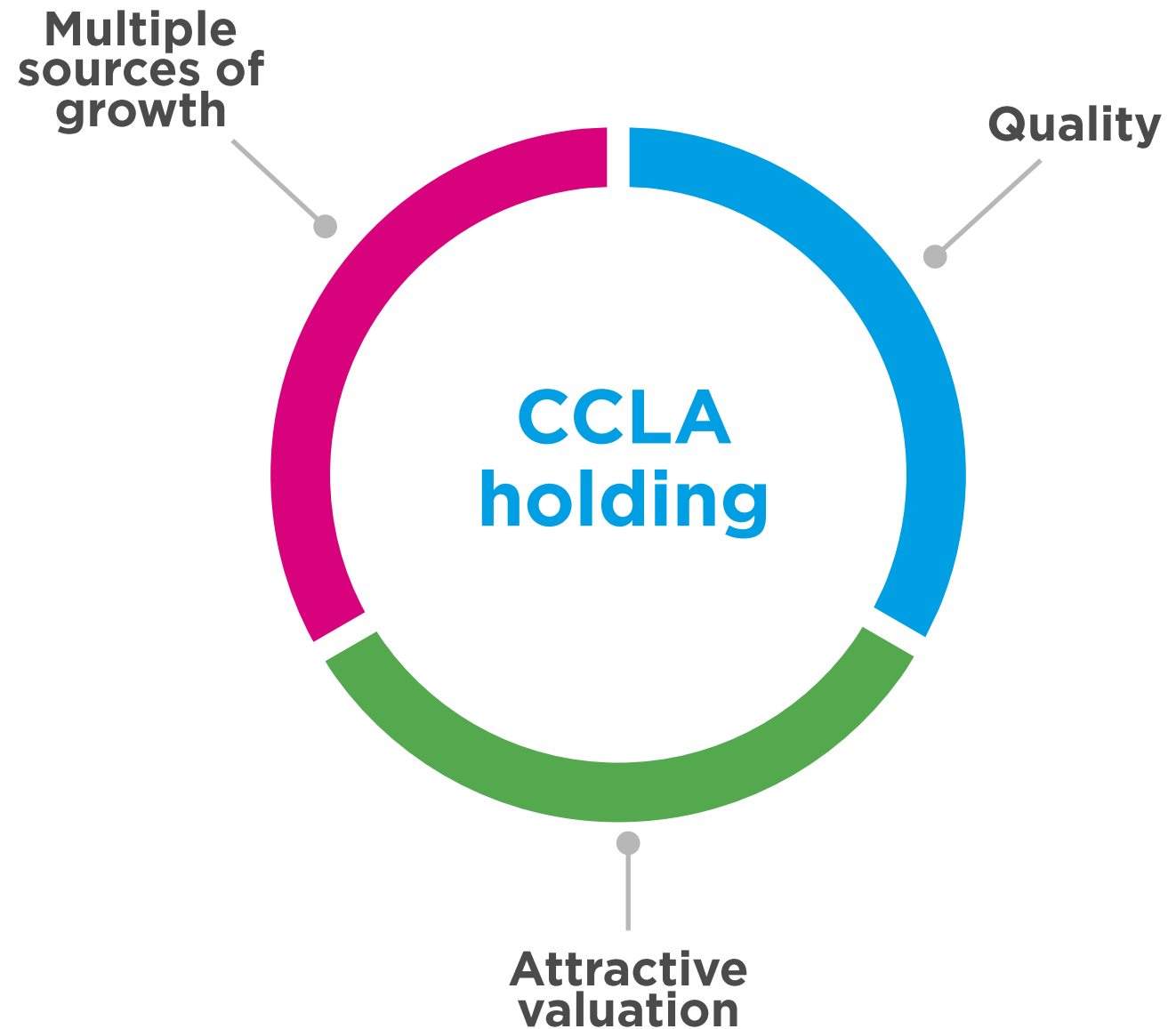
Cash, as an almost riskless asset, acts as a further source of risk reduction where necessary

Allocation range:
0–10%

¹Excludes listed investment trusts and companies with underlying exposure to alternatives such as property. ²Property exposure is limited to 10% of the portfolio. ³Includes near-cash and money-market instruments. 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. The asset allocation ranges are subject to periodic review and change.

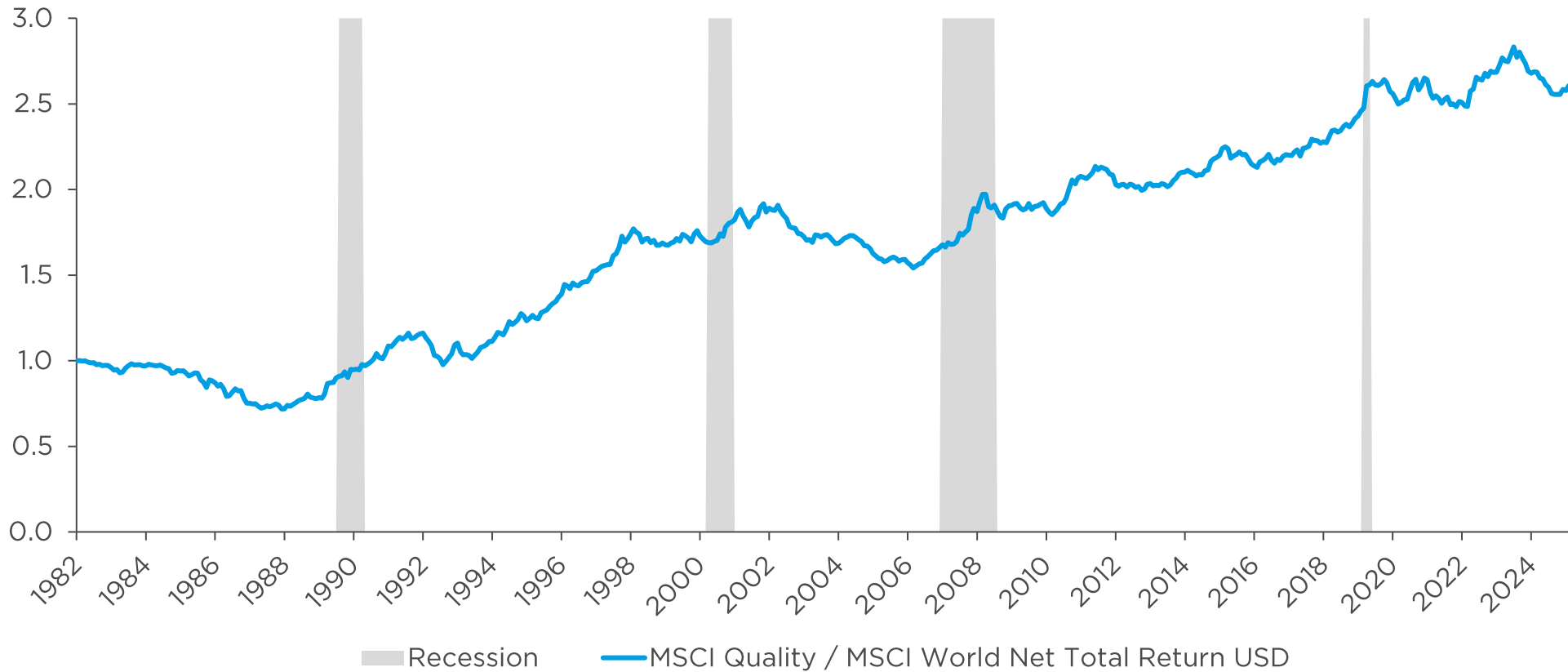
Investment philosophy and approach

- 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



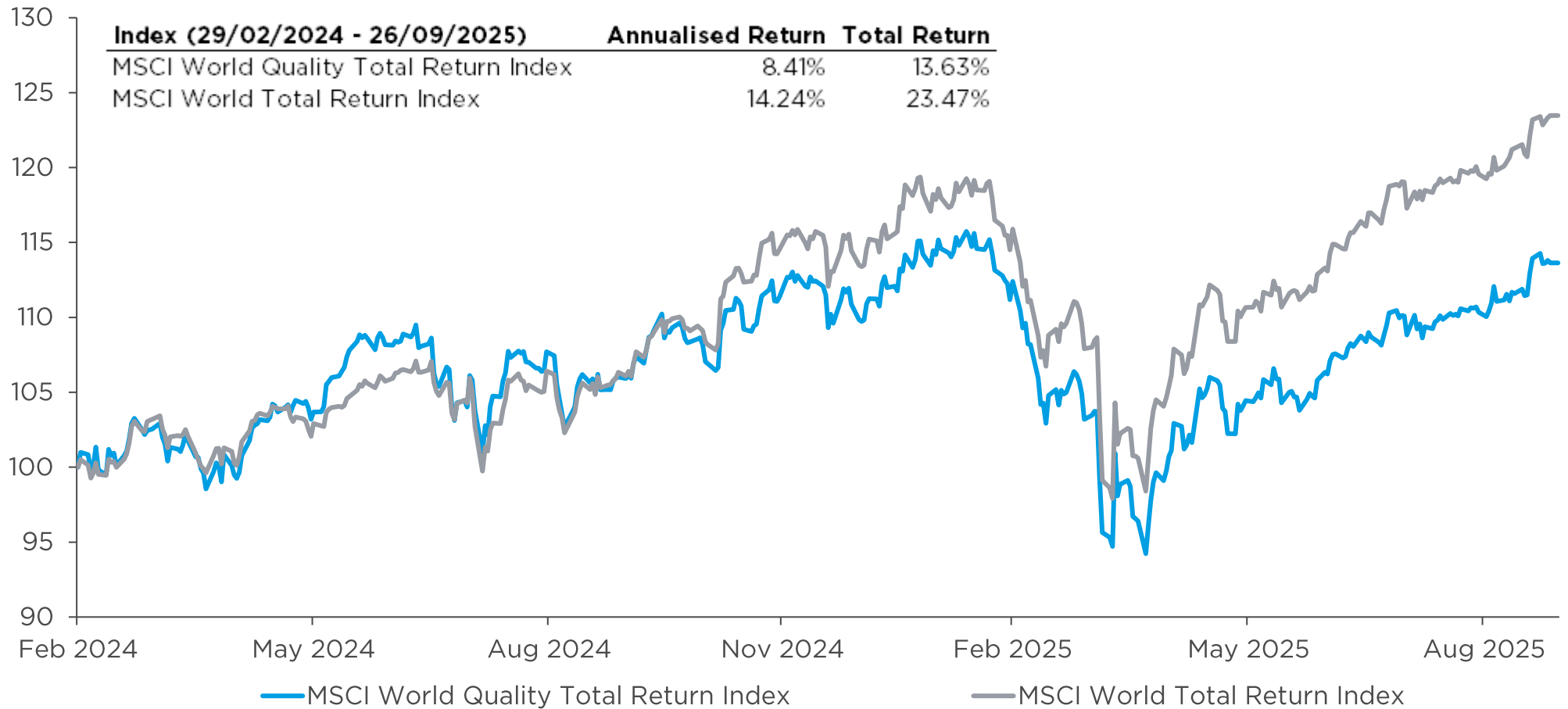
Over the long-term quality outperforms

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



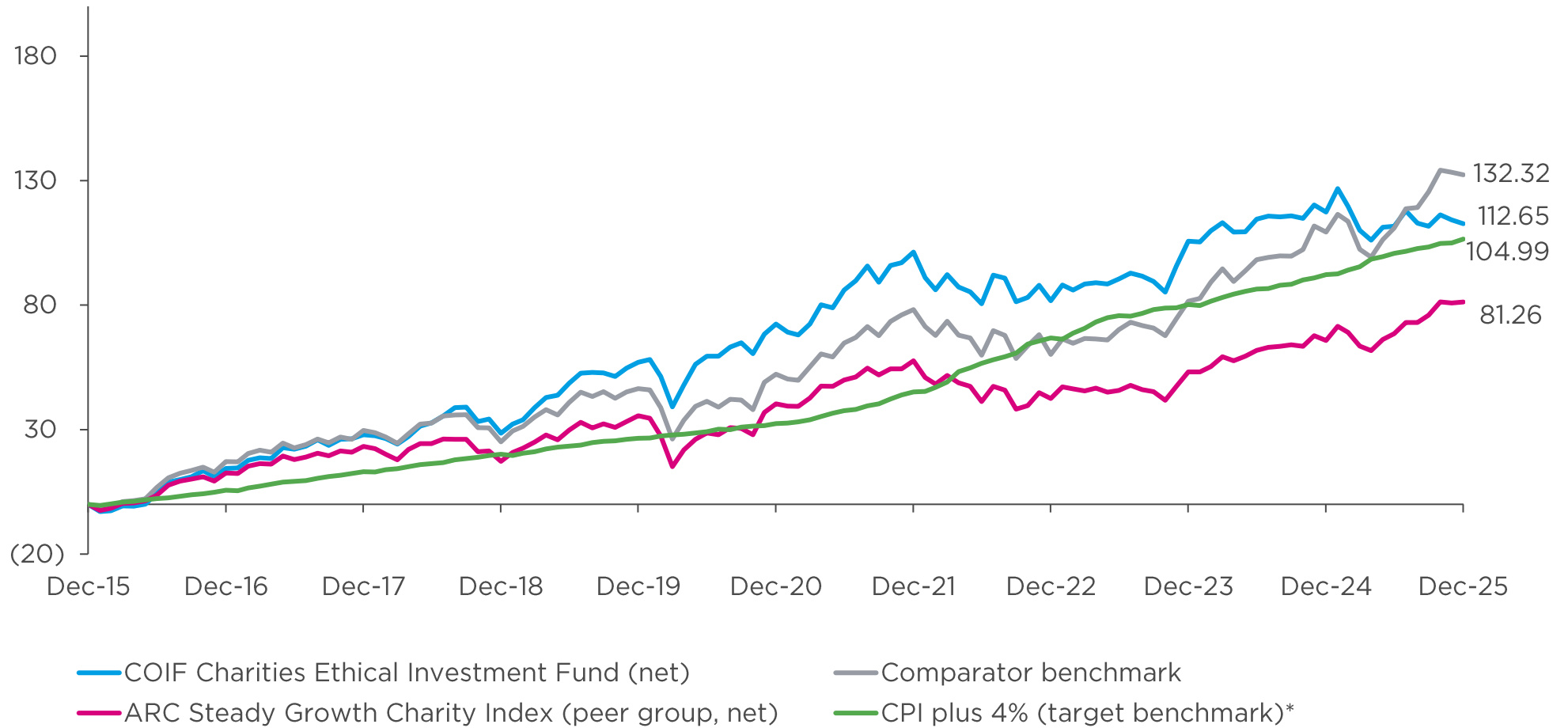
Source: CCLA and Bloomberg, showing the MSCI Quality relative to MSCI World, as at January 2026.

Quality underperforming



Source: Bloomberg, as of 29 September 2025.

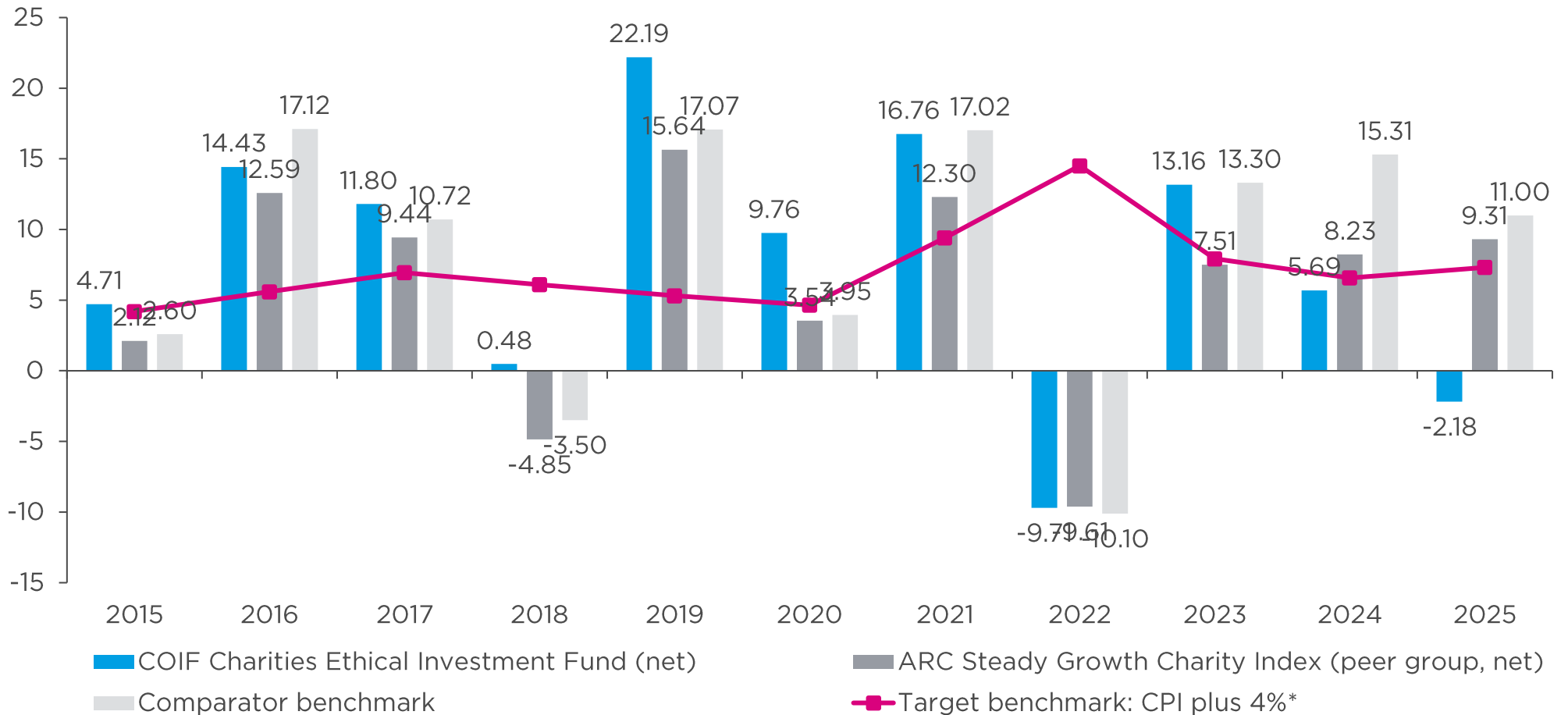
Cumulative performance (%)



Source: CCLA, 10-year net cumulative monthly performance, as at 31 December 2025. *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 year returns (%)



Source: CCLA, as at 31 December 2025. *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 in 2025

Health care



- Life science tools faced cyclical and political headwinds driving a de-rating
- Long term demand for health care remains robust
- We have focused on the stronger life science franchises and exited managed care
- Sentiment improved in late 2025 and valuations have moved back towards long-term averages

Financials



- Holdings in exchanges and data companies hit in Q3 by concerns over AI disruption, which we see as overdone
- We lagged a rally in bank shares, but falling rates and higher valuations keep us cautious
- We have added to exchange and insurance holdings on weakness
- Improving realisations should be supportive to private equity holdings

IT



- Performance has diverged between AI enablers (semi-conductors and their supply chain) and AI losers (software)
- We are well represented in AI enablers with holdings including Broadcom, ASML and Disco
- We exited names such as Adobe and Nice where we see disruption pressures
- Valuations in software now look very compelling and have decoupled from strong fundamental. Holdings include Intuit and ServiceNow

Industrials



- Industrial end-markets have generally been weak with tariffs adding to the uncertainty
- Long-term themes of electrification, automation and onshoring remain intact
- We have diversified our industrial end market exposure with names such as Epiroc and Siemens
- Professional services companies have been hit by AI disruption fears. We exited Wolters Kluwer but retain exposure to RELX and Experian

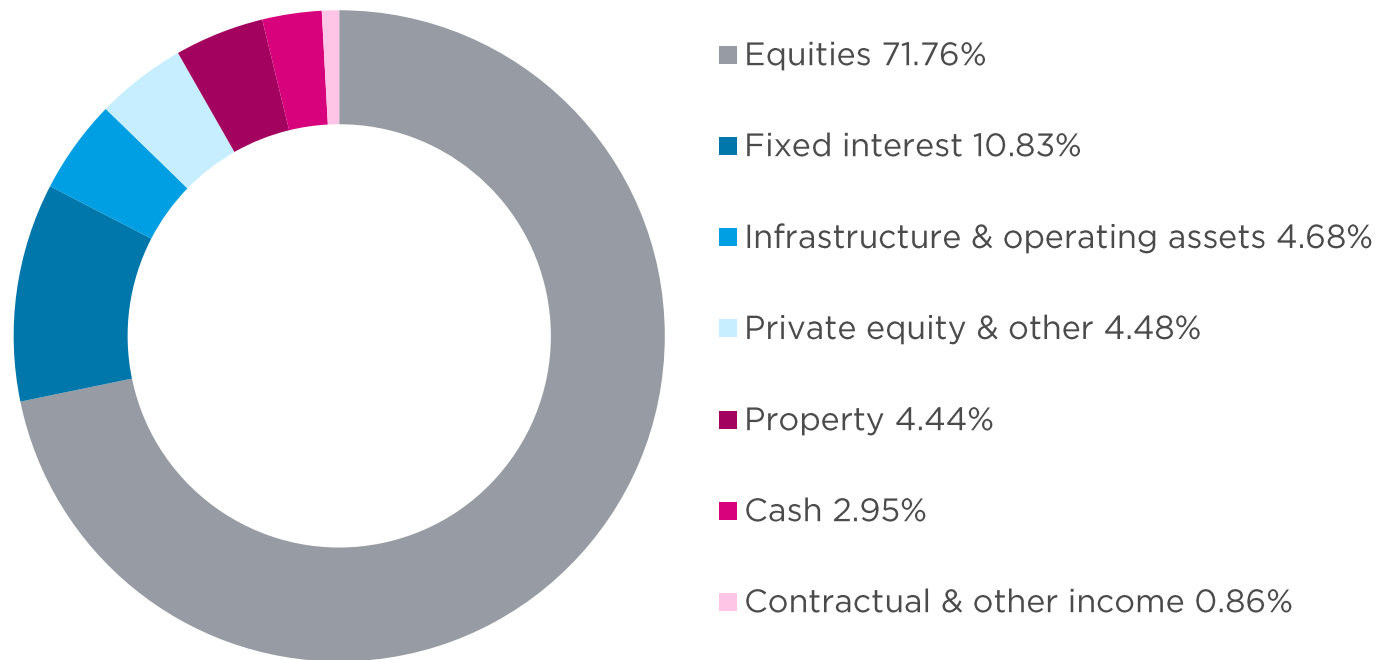
Source: CCLA, as at January 2026.

Positioning and outlook

COIF Ethical Investment Fund

Fund size:
£2,186m

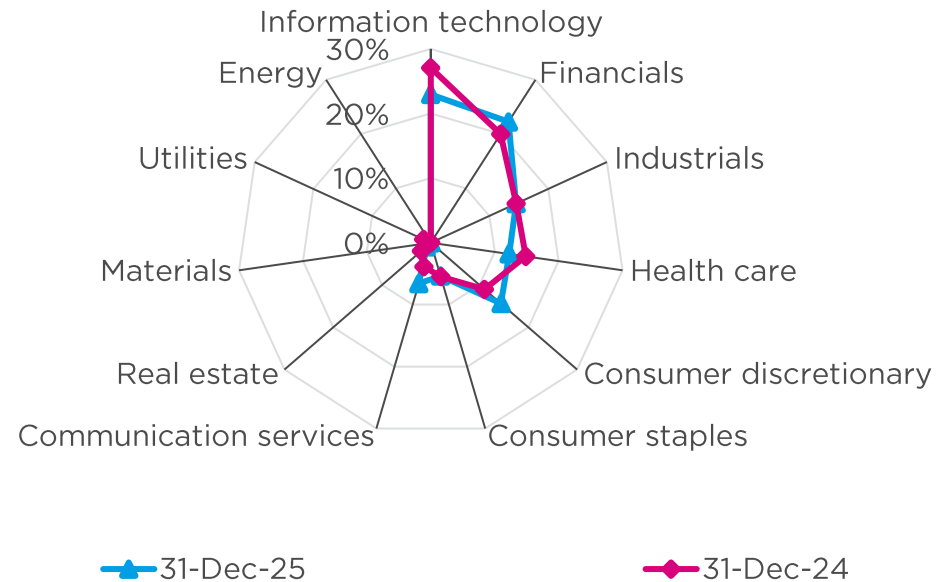
- A multi-asset, long-term fund suitable for eligible charity investors
- Seeks to provide highly diversified and well-balanced spread of investments
- Managed to meet ethical and responsible investment standards
- Uses alternative asset types to provide contractual cash flows



Source: CCLA, as at 31 December 2025. 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 exposure to IT has reduced slightly. Exposure to semiconductors is higher due to strong performance from Broadcom, TSMC and ASML, as well as new positions in semiconductor equipment maker Disco. Exposure to software/services has been reduced via sales of Adobe, Nice, Hexagon and Accenture.
- Health care exposure has fallen due to muted performance and uncertainty over US healthcare policy. We have exited positions in United Health, Avantor, Icon & Illumina and added to Agilent and Danaher as we rebalanced this area of the portfolio.
- Overall exposure to financials has risen with the purchase of Bank of America and ICG.
- Within industrials, we introduced a new holdings in Siemens, a leader in industrial automation and software with a European focus. Union Pacific Railway, Spirax Sarco, IDEX and Wolters Kluwer have been sold.
- In consumer, new positions have been initiated in TJX, Booking.com and Mercadolibre whilst Watches of Switzerland has been sold.



Source: CCLA, as at 31 December 2025. 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



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

Microsoft

Leading cloud/AI infrastructure provider & application software developer

amazon

Leading cloud/AI infrastructure provider

Alphabet

Leading cloud infrastructure provider, search engine and LLM developer

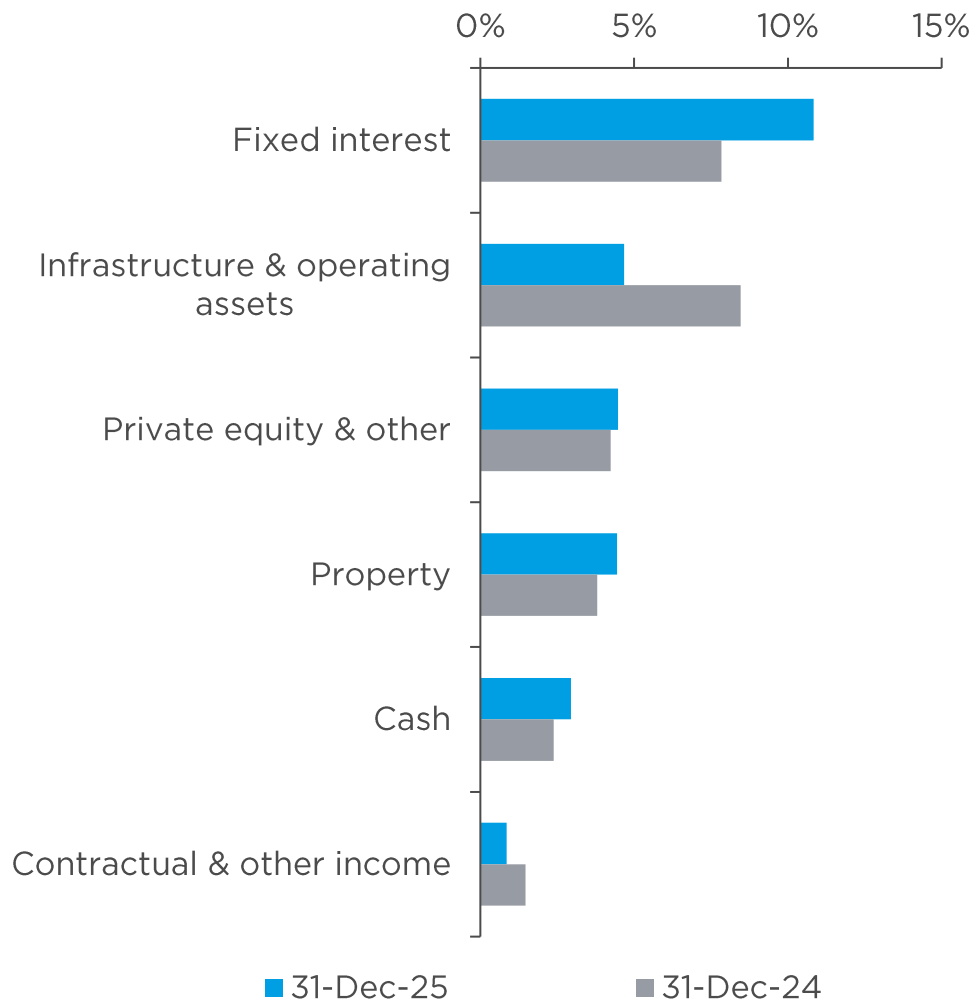
Schneider Electric

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

TRANE TECHNOLOGIES

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

Positioning in other assets



- The non-equity assets provide diversification and contribute to returns over time.
- We invest in high-quality real assets such as traditional infrastructure, renewable energy, and logistics warehousing.
- A structurally higher interest rate environment is a headwind for assets that derive the majority of their return from a fixed stream of cashflows, distributed as dividends. We have pivoted the alternatives allocation towards assets that derive a higher proportion of their forward-looking returns from capital growth. This explains the year-on-year reduction in the infrastructure and operating assets.
- This has been reinvested into fixed income assets that provide portfolio diversification and income to support the distribution.
- Private equity exposure has increased due to the increase in value in CCLA shares.

Source: CCLA, as at 31 December 2025. 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	20.40x	17.70x	2.70x
Earnings yield	4.90%	5.65%	-0.75%
Gross margin	47.66%	26.14%	21.52%
Operating margin	27.95%	18.31%	9.65%
Cash flow return on investment	27.62%	20.76%	6.86%
Return on equity	21.87%	18.47%	3.40%
Sales growth	9.70%	6.46%	3.25%
Earnings growth	13.17%	13.94%	-0.76%
Volatility	14.95%	15.99%	-1.05%
Net debt to shareholders' equity	27.62%	38.34%	-10.71%
Active share	79.70%		
Tracking error	4.30%		

Source: UBS HOLT and UBS Quant Answers, as at 31 December 2025. Equity benchmark: MSCI E World. Risk metrics and portfolio characteristics are for equities only. Please see the definitions in the appendix.

Conclusion

- We remain confident we can achieve our long-term objective of CPI+4%
- We continue to believe quality is the right approach for charity and faith clients
- Market conditions are exceptional – risks are rising
- We have taken action on areas of the portfolio where the long-term outlook has deteriorated and continue to introduce new ideas
- The fundamentals of our equity holdings remain strong and are very attractively valued with an anticipated internal rate of return (IRR) in excess of the index
- We continue to evolve our process and are actively looking at new means to diversify portfolios

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

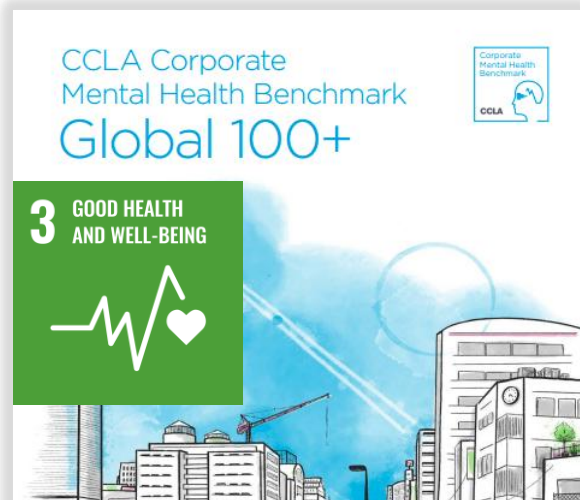
Changing regulation, legislation and consumer choice will harm unsustainable businesses

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 2022-25, 71 companies improved their ranking, with a combined workforce of 5.2 million
- CCLA's Global Investor Coalition on Workplace Mental Health now supported by £8 trillion in AUM*



Net-zero portfolios through real-world action

- Long heritage of climate engagement, dating to 2010
- Founder signatory to the Net Zero Asset Manager's Initiative
- Co-created the Powering Past Coal Alliance Finance Principles
- Represented on the Delivery Group of the UK Transition Plan Taskforce
- Corporate engagement targeting top portfolio emitters



Improving the business response to modern slavery

- Former Independent Anti-Slavery Commissioner, Dame Sara Thornton, leads CCLA's modern slavery policy engagement
- Created 'Find It, Fix It, Prevent It' investor coalition, now supported by £13.4 trillion AUM*
- CCLA's Modern Slavery UK Benchmark has incentivised 48 companies to improve approach
- Focused hospitality/construction sector engagements underway

Source: CCLA, as at 31 December 2025. * 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 number¹



170⁺

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



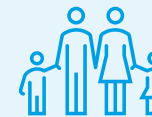
c. £15bn+

In assets under management²



£22tn+

Of assets supporting CCLA initiatives³



Find it, Fix it, Prevent it

Campaign against modern slavery

¹Charity Finance surveys 2020 to 2024. ²CCLA, 30 September 2025.

³CCLA initiatives and investor coalitions include modern slavery, mental health and climate change.

CCLA's deposit funds

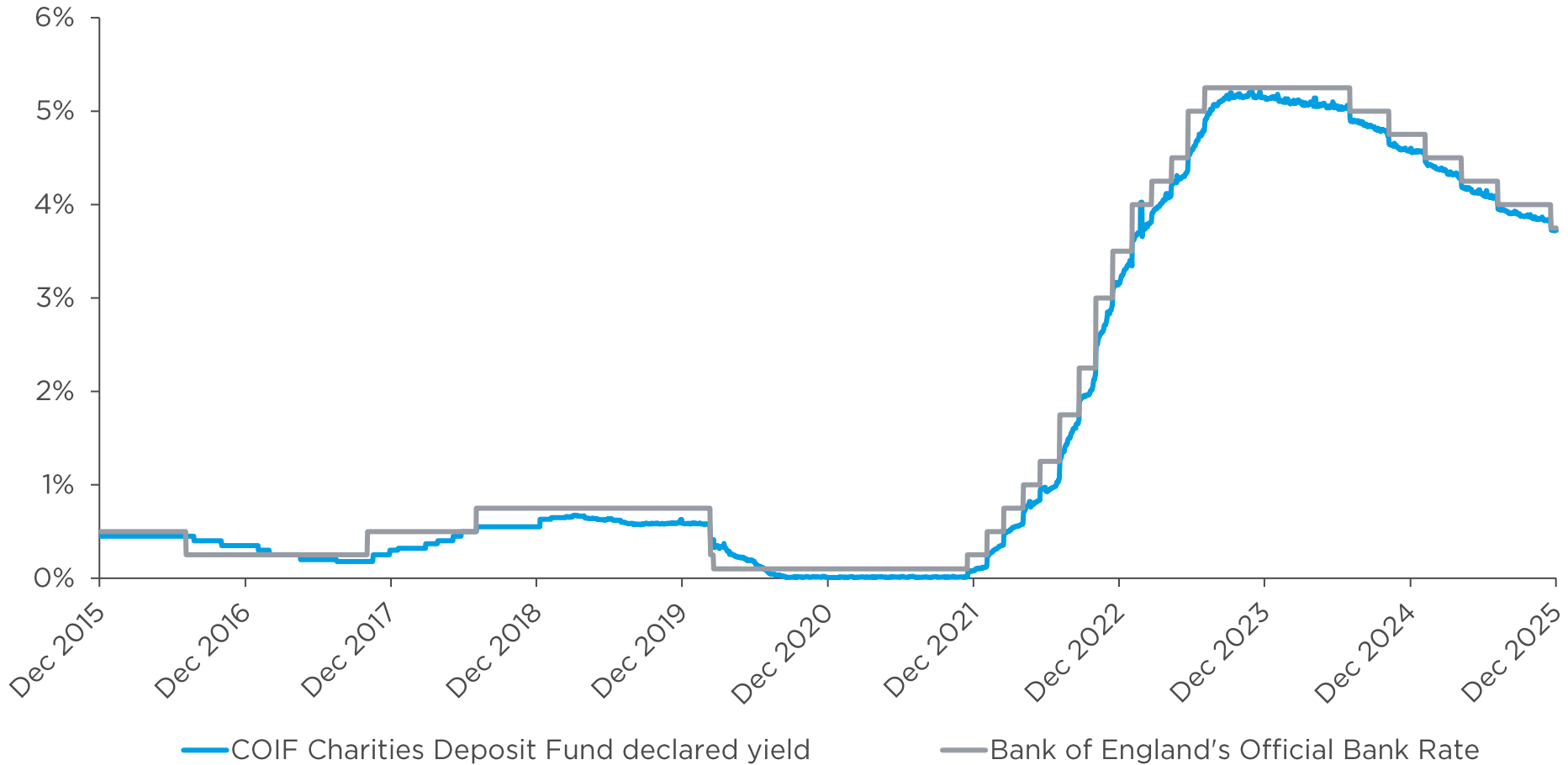
Total cash funds
£4.367bn

- CBF Church of England Deposit Fund (£0.979bn)
- COIF Charities Deposit Fund (£2.164bn)
- Public Sector Deposit Fund (£1.224bn)

COIF Charities Deposit Fund	As at 31 December 2025
Launched	1985
Rating	AAAmmf
Yield	3.7870% AEY* (3.8905% for balances over £15m)
Total assets	£2.164bn
Number of clients	9,710
Average external account balance	£184,588
Largest account - external	£46.520m
Regulator	Charity Commission
Money Market Fund Regulation	Yes
Type: deposit/investment	Deposit
Minimum	£1

Source: CCLA, as at 31 December 2025. *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 31 December 2025. Declared yield is net of fees. **Past yield is not a reliable indicator of future results.**

Why CPI+4%

The fund's investment objective is CPI+4%, which aligns with client needs

- CPI to maintain real value of endowment
- + 3% distribution to fund current endowment operations
- + 1% for real growth in the endowment
- = CPI+4% (net)

Progressive distribution

- Approx. 75% of COIF IF investors hold the income share class, so rely on distributions
- Paying out <90% of underlying free cash flow avoids over-distribution from capital
- Smoothing over rolling three and five years keeps it progressive

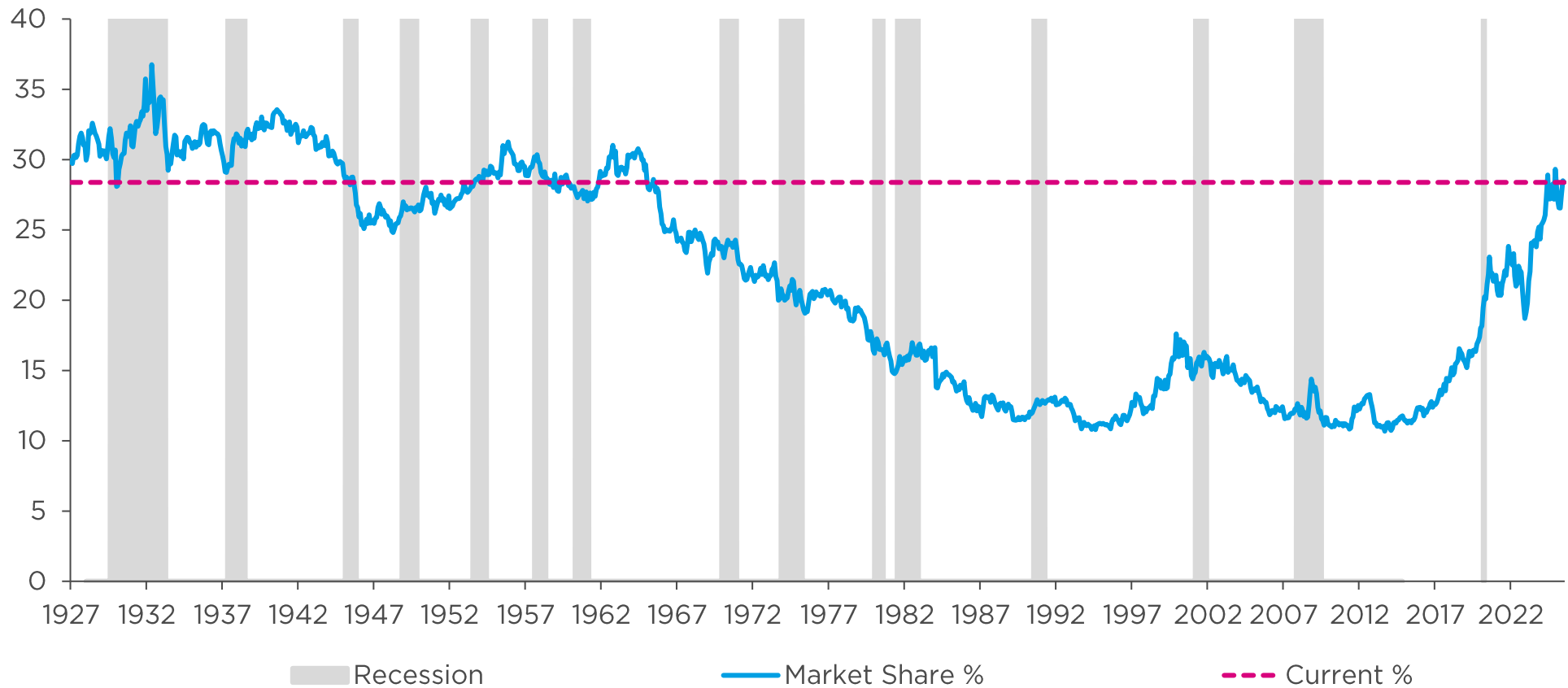
Use of the comparator

- The principal use of the comparator is as a check on whether the investment process is adding alpha to a passive replication of our strategy
- Clients may use the comparator as a check on alpha
- When we construct portfolios we start with a blank sheet of paper, not with an index or comparator (both for asset allocation and for stock selection)

Diversification vs concentration

Our equity portfolios constructed with c.70–90 names; no single name exceeds 4% exposure

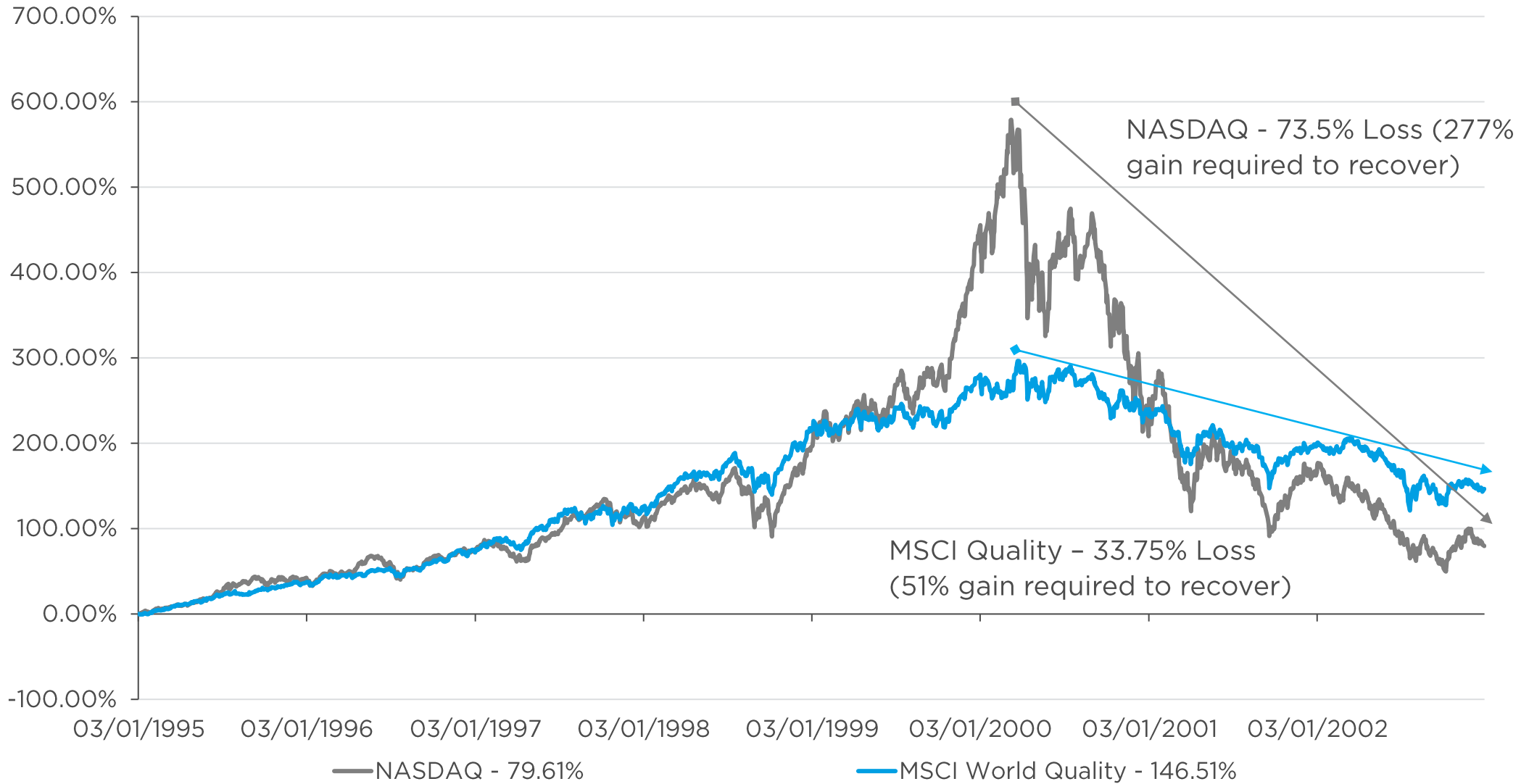
Share of US equity market capitalisation from the largest seven stocks



Source: Empirical Research Partners. Last datapoint July 2025.

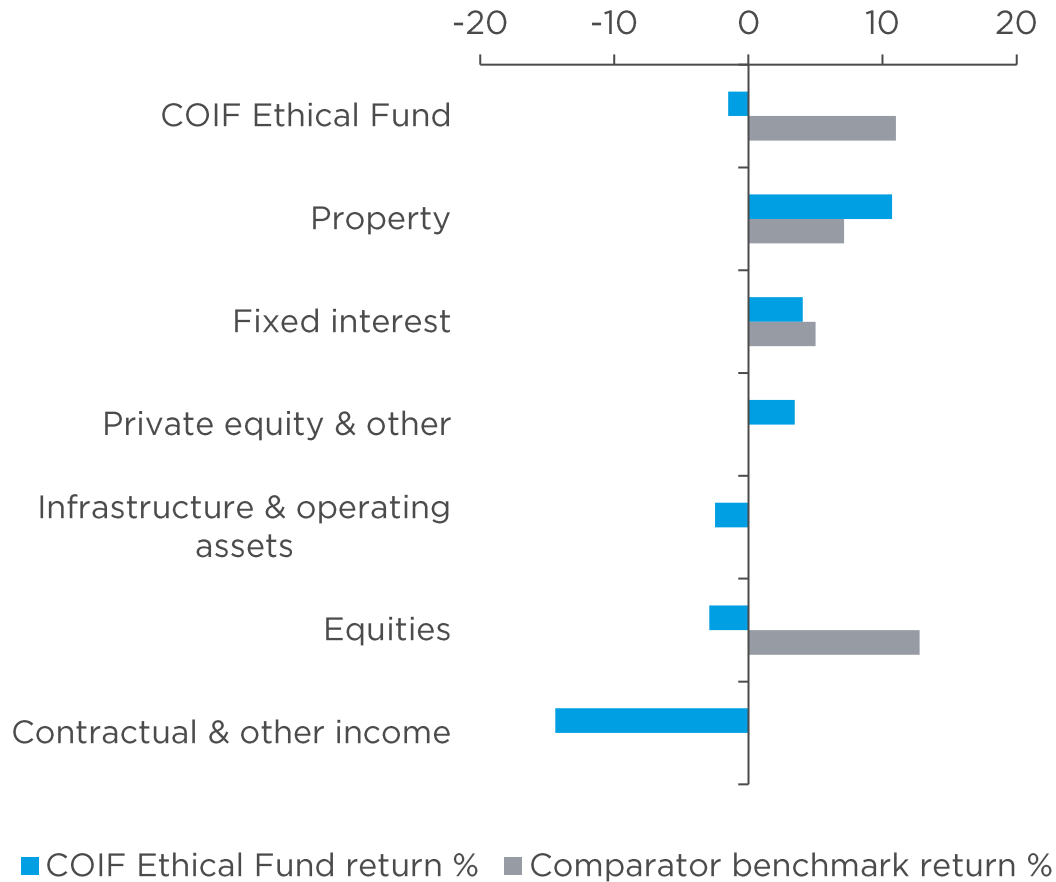
Slow and steady wins the race?

NASDAQ vs MSCI Quality



Source: Bloomberg, Investing.com as at 6th November 2025. Data from 01/01/1995 to 31/12/2002

Performance in absolute terms, by asset class

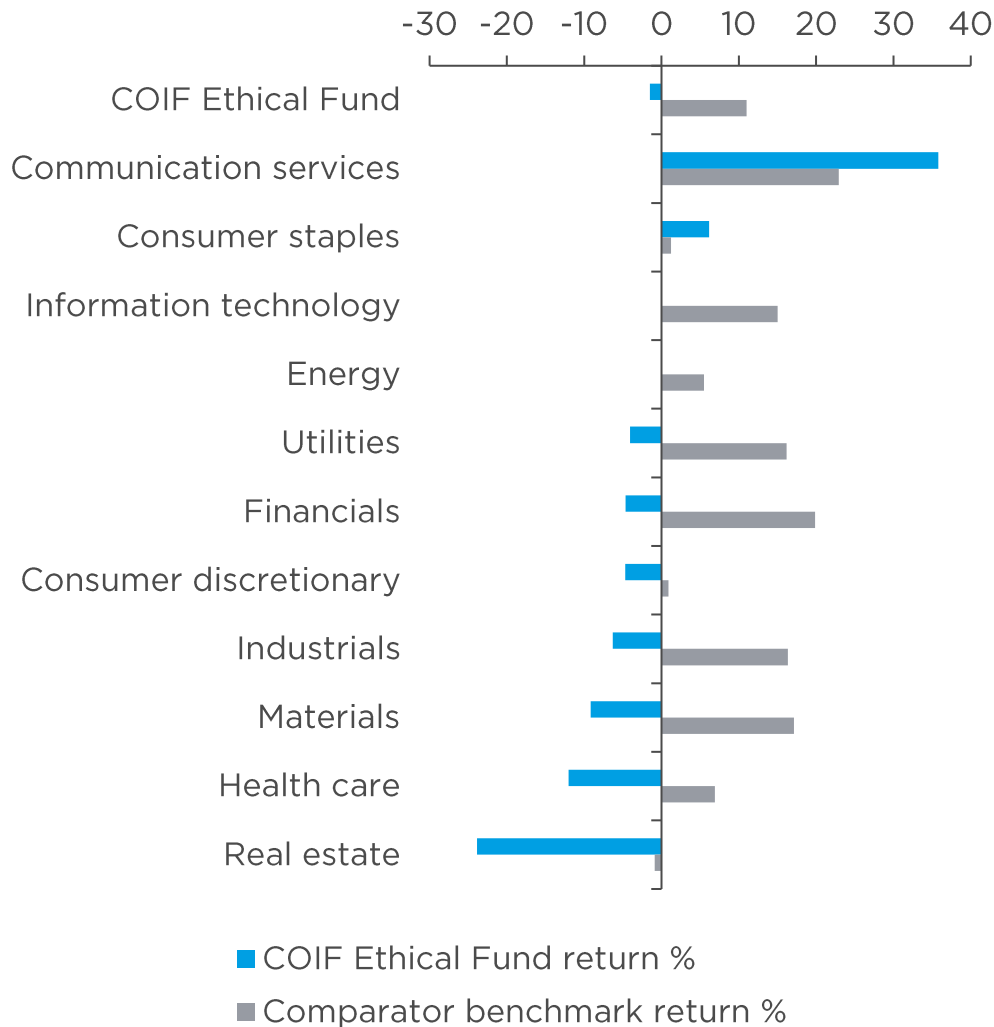


What were the key factors in the portfolio's total return performance?

- In 2025, asset class returns were mixed, with strength in property and private equity offset by weaker performance in equities, infrastructure and contractual income.
- Equity returns detracted from performance, underperforming the broader market. A sustained period of market concentration and strong performance from cyclicals, momentum and lower-quality stocks weighed on portfolios tilted towards quality.
- Fixed income held up well, with good performance particularly from the longer duration UK gilts following a series of Bank of England rate cuts throughout the year.

Source: CCLA showing total return performance for the COIF Ethical Fund, one year to 31 December 2025. Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONIA. 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. Please note the cash return has been excluded; this is because the zero start balances of these balances created distorted returns. **Past performance is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

Performance in absolute terms, by equity sector

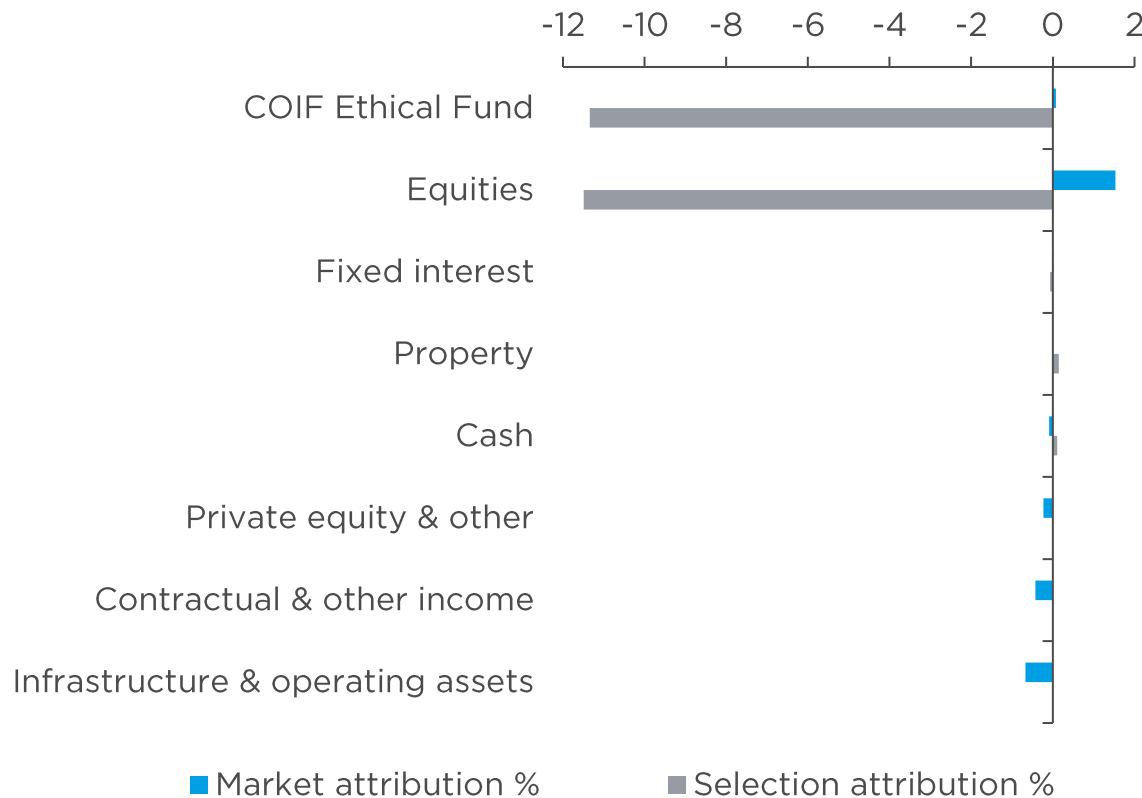


What were the key factors in the absolute performance of different equity sectors?

- Financials was the largest detractor, where strength in the banking sector drove sector performance, while higher-quality market infrastructure, asset managers and payments businesses underperformed amid risk-on conditions and AI disruption concerns.
- Healthcare performance was weak, driven by softness in life sciences and pharmaceuticals as policy uncertainty and competitive pressures weighed on returns, despite some recovery in healthcare equipment names later in the year.
- Industrials disappointed, with sector leadership concentrated in aerospace, defence and power-related companies, while weakness in professional services and some US industrials reflected cyclical pressures and concerns around AI disruption.
- In technology, strong returns from semiconductor holdings were offset by weaker performance in software and services, where sentiment remained challenging due to concerns around AI-related disruption and capital rotation within the sector.

Source: CCLA showing total return performance for the COIF Ethical Fund, one year to 31 December 2025. Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONA. **Past performance is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

Performance relative to the benchmark, by asset class



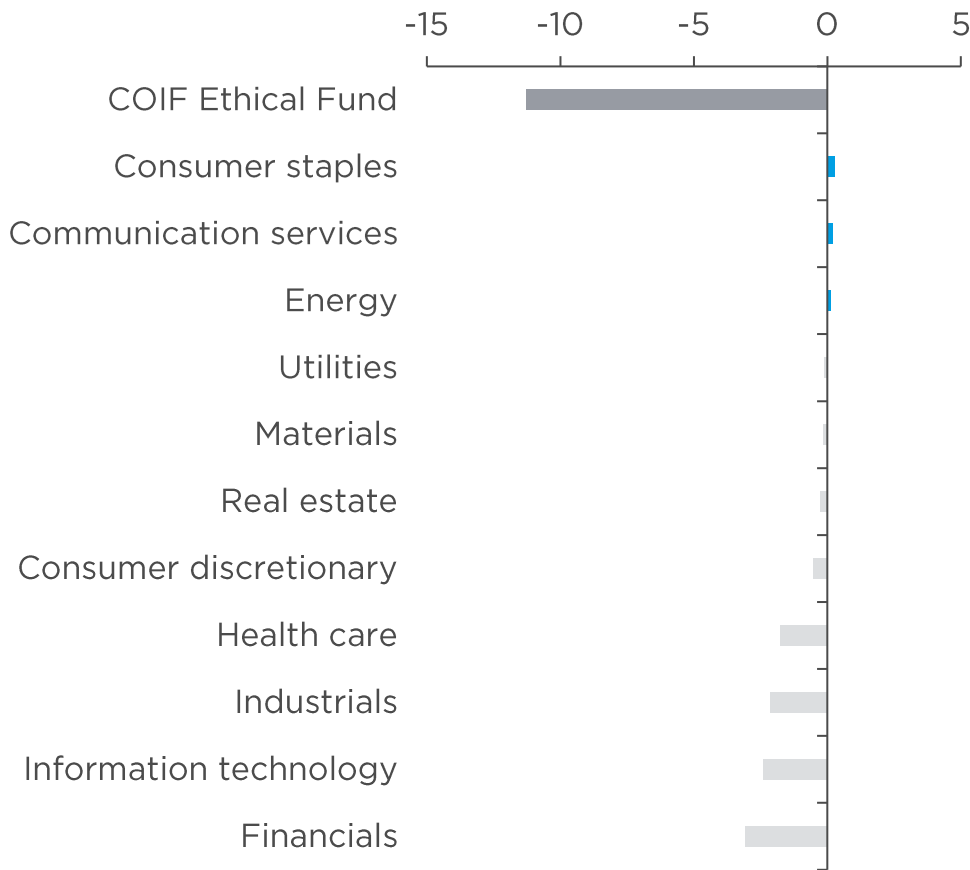
What were the key factors in the portfolio's performance relative to the comparator benchmark?

- Asset allocation effect was minimal, whilst security selection was a negative over the period
- The underweight to fixed income was a positive, however this was partially offset by the allocation to infrastructure which delivered negative returns over the year
- Stock selection in equities was the largest detractor to relative performance over the period, with benchmark returns concentrated in a small number of stocks and the quality factor underperforming.

Source: CCLA showing COIF Ethical Fund, one year to 31 December 2025. Allocation effect = (portfolio weighting - benchmark weighting) x benchmark return. Selection effect = (portfolio return - benchmark return) x benchmark weight. Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONIA. Cash is made up of forward contracts, money market instruments and cash. 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. **Past performance contribution and attribution is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

Performance relative to the benchmark, by equity sector

Total attribution (%)



Examples of contributors to and detractors from the performance of the fund's equity holdings, relative to the equity benchmark:

- In financials, an underweight to banks was a relative headwind, with stocks such as London Stock Exchange, Tradeweb, Partners Group and Intermediate Capital underperforming, partly offset by stronger returns from Visa and Mastercard.
- In information technology, strong gains from semiconductor holdings including ASML, TSMC and Broadcom were offset by weakness in software names such as ServiceNow, Synopsys and Intuit.
- Healthcare detracted from performance with weakness in life sciences and pharmaceuticals, including Novo Nordisk (now sold), despite some recovery in Thermo Fisher and Agilent.
- Industrials performance was mixed, with positive contributions from capital goods businesses Siemens and Epiroc outweighed by weakness in US industrials such as Ingersoll Rand and IDEX (now sold).
- Communication services was a positive contributor, driven by strong performance from Alphabet.

Source: CCLA showing COIF Ethical Fund, one year to 31 December 2025. Attribution = (asset weight - benchmark asset weight) x (asset performance - benchmark asset performance). Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONIA. Please note fund fair value pricing adjustments have been excluded from the chart. **Past performance and attribution is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

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

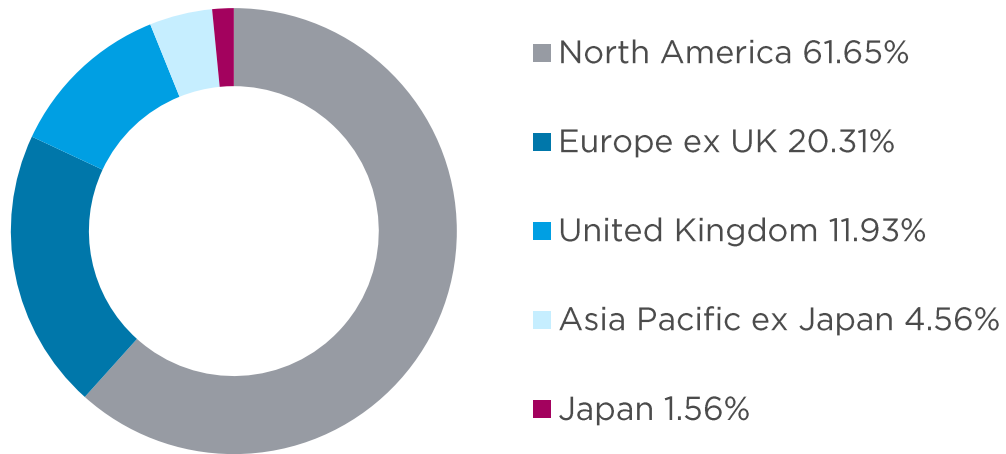
ESG standards



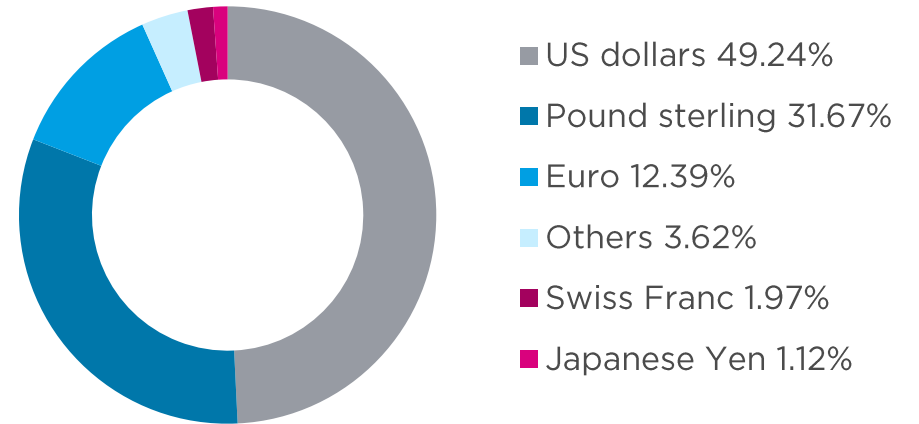
- CCLA Corporate Governance Rating, covering 8,000+ stocks
- Analysis of each holding against sector relevant non-financial sustainability risks
- A formalised approach to considering the impact of ESG controversies

Statement of positioning

Equity region weighting (equities only)



Currency exposure (total fund)



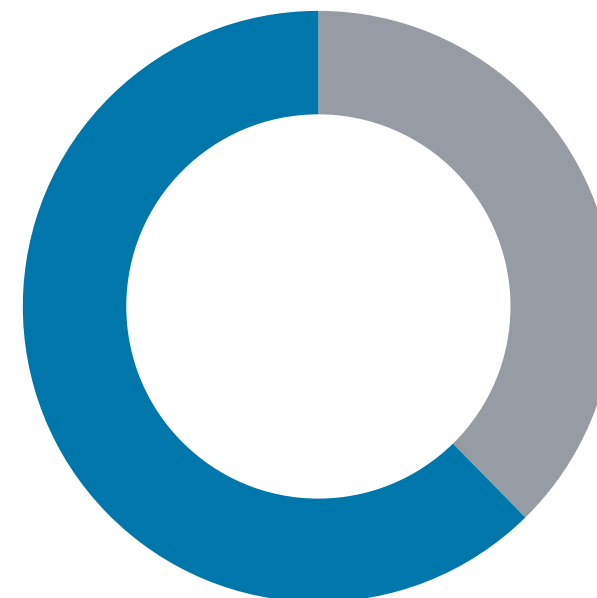
Source CCLA, as at 31 December 2025. Data showing COIF Ethical Fund. Regional weights shown are the percentage of total equity of the portfolio. Asset allocation is subject to change.

Top 20 holdings

COIF Charities Ethical Investment Fund

Security name	Portfolio weight %
Alphabet	3.51
Federated Hermes Sustainable Global IG Credit Fund	3.05
Microsoft	2.82
COIF Charities Property Fund	2.56
UK ILG 0.125% 10/08/2028	2.54
Amazon	2.28
COIF Charities Short Duration Bond Fund	2.01
TSMC	1.98
Broadcom	1.82
HG Capital Trust	1.61
Brookfield Infrastructure	1.60
Visa	1.49
Thermo Fisher Scientific	1.37
S&P Global	1.37
Danaher	1.35
Coca-Cola	1.32
HDFC Bank	1.29
Experian	1.23
Partners Group	1.22
London Stock Exchange	1.22

Source: CCLA, as at 31 December 2025. Holdings are subject to change.



- Top 20 holdings 37.65%
- Rest of the portfolio 62.35%

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*	1.97	1.87	3.14	4.71
Federated Hermes Sustainable Global Investment Grade Credit Fund	3.01	5.86	5.16	4.28
UKT 4.50% 12/42	1.02	11.73	--	5.27
UKT 3.25% 01/44	1.00	13.17	--	5.37
UKT IL 0.125% 8/28	2.50	2.75	--	0.54
UKT IL 1.25% 11/27	1.14	2.04	--	0.48
Weighted average	100.00	5.29	2.11	3.35
Fund level	10.64	0.55	0.22	3.35

Source: CCLA and Federated Hermes, as at 30 September 2025. 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

Source: CCLA, as at 31 December 2025. 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.

Asset class	Sub-asset class	COIF Ethical Fund %
Contractual and other income	Alternative Credit	0.86
Infrastructure and operating assets	General Infrastructure	3.11
	Renewable Infrastructure	1.52
	Student Accommodation	0.02
	Care Home Property	0.02
Private equity and other	Private Equity	4.48
Property	Generalist Commercial	2.56
	Logistics Warehouses	1.88
Total		14.46

Costs and charges

COIF Charities Ethical Investment Fund	Cost % p.a.
Annual management charge (AMC)	0.60
Other expenses	0.08
Fund management fee (FMF)	0.68
Costs of underlying investments	0.17
Total ongoing charges figure (OCF)	0.85

Source: CCLA, as at October 2025. 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

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CCLA

BECAUSE GOOD IS BETTER

4 - APPROVAL OF CHARITABLE FUNDS EXPENDITURE

*Iwan Thomas (Hywel
Dda UHB -
Independent Board
Member)*

No expenditure requests to consider received to date.

5 - IMPACT OF CHARITABLE EXPENDITURE

| For discussion

Attachments

[CFC Evaluation Reports SBAR March 2026.pdf](#)



**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Demonstrating the impact of charitable-funded expenditure requests
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 Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is presented to the Charitable Funds Committee (CFC) to demonstrate the impact of charitable funds expenditure requests approved by the CFC and/or Corporate Trustee, within the scheme of delegation for the authorisation of charitable expenditure.

Cefndir / Background

The Hywel Dda Health Charities (HDdHC) evaluation framework has been developed to:

- Demonstrate the positive impact the charity makes on the health, wellbeing and experience of NHS patients, service users and staff across Carmarthenshire, Ceredigion and Pembrokeshire.
- Share learning and best practice to further improve experiences and outcomes for NHS patients, service users and staff.
- Develop case studies for future marketing and fundraising campaigns to tell the story of the positive difference we make.
- Inform the development of future grant-making priorities.
- Access additional data to support statutory reporting requirements on public benefit, demonstrating how we fulfil our charitable objectives.

The evaluation framework is comprised of a number of data capture processes and reporting mechanisms, proportionate to the value of funding awarded, that enables the charity to evidence the effectiveness and impact of our charitable expenditure.

The evaluation framework is currently being reviewed with the support of the Value Based Healthcare Team and Tritech Institute and proposals for a revised framework will be presented to the CFC in June 2026.

Asesiad / Assessment

The accompanying evaluation reports, attached at Annex 1 and Annex 2, are intended to provide an overview of the impact and positive difference of the charitable funds expenditure

request listed below, approved by the CFC and/or Corporate Trustee within the scheme of delegation for the authorisation of charitable expenditure:

Annex	Application	Reporting officer	Funding approved	Value of funding	Reporting period
Annex 1	Heads Up Initiative Cancer Services Hair Loss Support	Ceri Wisdom, Service Delivery Manager	26 September 2023	£115,500	Final report
Annex 2	Arts and Health: Capacity Building Provision	Kathryn Lambert, Head of Arts and Health	12 March 2024	£198,065	End of year 1 report

Summarised within the main body of the evaluation reports at Annex 1 and Annex 2 are key considerations including:

1. Key achievements: what has been achieved and to what extent have the intended aims and objectives been achieved.
2. Impact: the positive changes or effects that have taken place and to what extent the anticipated benefits have been achieved.
3. Beneficiaries: the number of people that have benefited.
4. Lessons learnt: what went well and not so well.
5. Exit strategy: how funded projects will continue beyond the time-limited period of funding or will be brought to a close.
6. Summary of expenditure: breakdown of expenditure associated with the funding requests.

Argymhelliad / Recommendation

The Charitable Funds Committee is requested to **NOTE** the content of the evaluation report attached at Annex 1 and Annex 2 and **DISCUSS** the positive impact of the approved charitable funds expenditure request.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.1 Within the budget, priorities and spending criteria determined by the Health Board as trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts), to apply the charitable funds in accordance with its respective governing documents. 4.8 Seek assurance on delivery against the strategic objectives aligned to the Committee, considering and scrutinising the programmes and processes that are developed and implemented, supporting and endorsing these as appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
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
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Financial reports Evaluation data gathered by applicants CFC Terms of Reference
Rhestr Termau: Glossary of Terms:	Included within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Finance Business Partner (Accounting & Statutory Reporting)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues and considerations are identified in the evaluation report attached at Annex 1 and Annex 2
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues and considerations are identified in the evaluation report attached at Annex 1 and Annex 2
Gweithlu: Workforce:	Any issues and considerations are identified in the evaluation report attached at Annex 1 and Annex 2
Risg: Risk:	Any issues and considerations are identified in the evaluation report attached at Annex 1 and Annex 2
Cyfreithiol: Legal:	Any issues and considerations are identified in the evaluation report attached at Annex 1 and Annex 2
Enw Da: Reputational:	Any issues and considerations are identified in the evaluation report attached at Annex 1 and Annex 2
Gyfrinachedd: Privacy:	Any issues and considerations are identified in the evaluation report attached at Annex 1 and Annex 2
Cydraddoldeb: Equality:	Any issues and considerations are identified in the evaluation report attached at Annex 1 and Annex 2

5.1

10:37, 10 Mins

5.1 - UPDATE ON EXPENDITURE 'HEADS UP!'
CANCER SERVICES HAIR LOSS SUPPORT

*Ceri Wisdom (Hywel
Dda UHB - Service
Delivery Manager)*

| For discussion

Attachments

[5.1 - Update On Expenditure 'HEADS UP!' Cancer Services Hair Loss Support \(~.pdf](#)

Evaluation report for charitable-funded requests over £10,000

Please complete this form to tell us about the impact that your charitable funded application has had. We're keen to understand how this funding has made a difference to our patients and service users, their families, carers and Hywel Dda staff.

Please read the guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com).

Please direct any questions to CharitableFundsFinance.HDd@wales.nhs.uk / 01267 283055 / 01827 1655.

Section 1: Applicant

Lead applicant:

Contact name:	Gina Beard
Job title:	Lead Cancer Nurse
Department/Service:	Cancer Services
Directorate:	Planned Care and Specialist Services

Lead director:

Contact name:	James Sheldon
Job title:	Head of Nursing, Planned Care and Specialist Services

Section 2: Application summary

2.1 Title of application:	"Heads Up!" Initiative- Cancer services Hair Loss Support
2.2 Application reference:	
2.3 Date approved by CFSC/CFC:	26 September 2023
2.4 Value of funding approved:	£165,000
2.5 Project start date:	1 January 2024
2.6 Project end date/ estimated completion date:	31 December 2025

Reporting period:

2.7 Please indicate the period this evaluation report relates to?

Mid-term:		End of funding:	<input checked="" type="checkbox"/>
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2.8 Brief description of your application:

In no more than 50 words please tell us what you received approval of charitable funds for.

The Charitable Funds Committee approved £165,000 of cancer services charitable funds to provide an expert, person centred, holistic hair loss support service for patients. This service brings together healthcare professionals and haircare professionals from our local communities to empower patients with the knowledge and products they need to manage their hair loss journey with dignity and choice. The project received additional funding from the external charity Withybush Hospital Cancer Day Unit (WHCDU) Appeal Fund and this covered the Pembrokeshire element of the project with a grant of £49,500, reducing the actual HDUHB Charitable contribution to

Section 3: Evaluation report

3.1 Key achievements:

Please tell us about what has been achieved as a result of the funding awarded and to what extent the aims and objectives (as set out in the application form) have been achieved.

Patient Services

Patients have accessed services within hospital settings, at salons, in their own homes (via outreach) and within the community. Services have included:

- **In - hospital hair loss services:** consultations, hairdressing services, practical sessions (e.g. wearing wig well, headwear), trolley service of free hair loss items (e.g. headwear, eyelashes). On average three in-hospital sessions were provided every week. In person services have been available at Withybush Hospital (WGH), Glangwili Hospital (GGH) and Prince Philip Hospital (PPH). In person services became available to patients at Bronglais Hospital (BGH) in May 2025 with the opening of the newly refurbished Leri Cancer Day Unit.
- **In salons –** Heads Up specially trained local hairdressers have been providing cuts, colours, wig trims and consultations (e.g. scalp cooling hair care adjustment).
- **At home -** outreach services including online sessions, telephone consultations, free packs sent to home and E-consultations, have served those who are not available for an in-hospital service.
- **Signposting** - one key element of the services is being able to signpost patients to appropriate, local support. For example, explaining to them how the wig referral system works and what to expect was a key part of many consultations. Patients who use scalp cooling have had access to scalp cooling booklets and relevant online support. Patients have appreciated reliable and trustworthy signposting.
- **Patient packs** - nurses have reported how supported patients feel to be provided with free, good quality, appropriate hair loss item such as a scarf, eyelashes, wig cap et cetera.

Photos: Patients attended hair loss workshops (patient consent gained for photographs) and the Heads Up hair loss trolley makes its way round hospitals every week. Supplying patients with practical ideas, a trained expert hairdresser to talk to and free hair loss packs.



Cultivating the hairdressing community to deliver supportive free hairdressing services

Hairdressers have attended community events, in hospitals and at education sessions to upscale their knowledge in Chemotherapy Induced Alopecia and related hairdressing services. Cultivating the local hairdressing community has been an essential part of making sure that patients can access free, specialist services. The project built a community of 'Head's Up' hairdressers.



Photo: Some of the hairdressers who have attended training at an education event at John Burns Centre, Kidwelly

"Now when a patient comes to me I know that I am providing them with the best advice. I've always wanted to give something back to the community and I am very proud to be a hairdresser involved with Head's Up" (hairdresser feedback)

Healthcare Professional Training

Nurses and healthcare professionals have received training and education around chemo related hair loss



"I didn't know what I didn't know!" (Nurse feedback following education event)

3.2 Impact:

Please focus on the positive changes or effects that have taken place as a result of the

funding awarded and to what extent the anticipated benefits (as set out in the application form) have been achieved.

The following key themes have been seen through patient feedback

- Increased self-esteem - patients felt better able to cope with hair loss after a consultation
- Being heard - patients valued having a trained professional to hear their concerns
- Learning new skills and ideas - learning how to tie a scarf, put on false lashes or adjust hair due to hair thinning have all been a valuable part of the patient experience
- Feeling supported - on a regular basis patients praised the hospital (Health Board) for providing a holistic service that they did not expect
- Patients not limited by personal, financial restraints - patients have been delighted and surprised to receive free headwear items and hairdressing services

Impacting the local community

- Local hairdressers have received training and education improving the availability of good evidence-based support for patients in high street businesses
- Local hairdressers were employed by the service (via host charity “Cancer Haircare”) to provide local expertise and training, supporting the local economy
- Local community has caught the vision and raised the awareness of Heads Up
- Local Knit and Natter Group knit hair loss dolls to provide to patients who need to have conversations about hair loss with children
"These dolls are such a good idea. I could not believe it when the hairdresser gave me one. She also told me that some local ladies had knitted them. Heartwarming moments during hair loss and chemo where not expected" (patient feedback)

Photos:

- **Local hairdressers wear fun wigs to work to raise awareness of Heads Up Service**
- **Local volunteers from Knit and Natter Group**
- **Two local core Heads Up Hairdressers**



Impacting Hair Loss support across the nation

Hywel Dda University Health Board (HDdUHB) is currently the only health board in Wales to provide holistic hair loss support to people experiencing hair loss due to cancer treatment. During 2024 there was an all Wales working group to support a new tender for NHS wig provision. Hywel Dda Lead Cancer Nurse, being part of this working group, introduced the group to the wider patient quality and experience aspects of wig selection and patient support that the Heads Up service highlights and there is now a mandatory training and education session for all Welsh businesses

seeking to achieve the tender for NHS wig supply, impacting the quality of care for patients across the nation.

Inclusion

Reaching individuals who may have specific needs around hair loss support has been a vital part of the project. Nurses, hairdressers and patients were educated and made aware of inclusive approaches. For example:

- free afro fringes, handmade by volunteers
- Availability of Afro wig suppliers
- Education regarding the specific needs of people with afro hair who experience hair loss, use scalp cooling.
- Education around cultural issues around hair loss, bespoke hijabs suitable for women who have lost their hair
- Specific support and education around the issues men may have regarding hair loss, facial hair loss.

Photos:

- **Two of the project hairdressers discuss afro hair wigs and men's services**
- **Hairdressers learning about afro hair wig supply in Wales**
- **Modest headwear such as Hijab's suitable for hair loss**





“I hadn’t ever thought about how people with afro hair might feel if a wig wasn’t offered that included their hair type. I think every hairdresser should do this training.” (Hairdresser feedback)

3.3 Beneficiaries:

Please tell us how many people have benefited as a result of the funding awarded and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

Total number of patients (or number of services) receiving specialist hair loss services. Including hairdressing, wig services, consultations, information, support, attending any service related to hair loss. Services might be in person or remote (virtual workshop or consultation) e.g. via help desk (phone call) – 1547

Breakdown

- Co-create & support group sessions (group/ patient input online and in person for co-creation) – **265**
- Outreach and face to face hair loss support packs provided including headwear, lashes, etc. sent via post and distributed by nurses and allocated support network – **1540**
- Patients receiving printed support resources (including sign posting to support network) - **3202**

Total number of patient touchpoints: 5007

- Number of nurses and health care professionals reached with education and training to further support patient– **119**
- Number of hairdressers reached with education and training to offer local hair loss support - **130**

Total number of professionals educated – 249

3.4 Evaluation methods:

Please tell us what methods you have used to measure the effectiveness of the funding awarded.

The Service has been evaluated in the following ways:

- Activity and services are logged onto a weekly log sheet.
- Patients, health care professionals, hairdressers give feedback via feedback forms and consultations.
- Regular review meetings are held with Oncology Senior Nurse Manager and Oncology Coordinator to ensure there are no operational issues, concerns or feedback.
- Workshops and engagement events have been held involving patients, healthcare

professionals and local hairdressers to ensure that as the service is co-created it is responsive to the needs of those it seeks to serve.

- Patients have helped to select new items of headwear for their free packs, given feedback on services and shared their experiences and insights.

“You have helped me so much this year, especially Rhiannon on her visits to the chemo unit at Glangwili Hospital and provided me with headwear. Also Valerie, who phoned me and gave me lots of valuable information about hair care, skin care and nutrition.” (Patient feedback)

[Heads Up Web Site](#)

3.5 Lessons learnt:

Please tell us what lessons have been learnt from the delivery of your funded project in terms of what went well and not so well. Did you have to adapt your delivery, or did you face any unforeseen challenges? If so, how did you adapt or overcome any challenges? Will any lessons be shared with colleagues across the organisation?

The value of user involvement

Heads Up began with a sense of “we could do this better” from the nursing teams in the Cancer Treatment units in HDdUHB. It was important to ensure that our senses were, however, in line with the patients’ thoughts and needs and therefore a baseline patient experience survey was shared with patients, resulting in 66 responses received. The results confirmed that patients did not feel supported with good information during their hair loss journey.

Examples of baseline patient feedback:

“It is very distressing to lose your hair because you stop looking like you, yet another part of you has to let go of. My kids did not want me to cut my hair off. I had no information about how to cover up lashes and eyebrow loss and that has been quite distressing too.”

“I used my own hairdresser and made my own decision to cut my hair shorter. No information was provided. Who would have provided this?”

Throughout the Heads Up Project there has been a continued focus on ensuring we are delivering a service that is in line with what patients need, in addition to what support healthcare professionals and the local hairdressing community need, to best support people experiencing cancer treatment related hair loss. The service was responsive and sought to co-create as it evolved, based on the continued feedback from those who accessed the services available.

Opportunities to spread and scale

The detail and impact of the Heads Up service has been shared with other cancer teams through the clinical networks that exist across the nation. It has also had an impact on the procurement process across Wales, improving the quality of service provided to people accessing wig provision through local businesses who have gone through the NHS tender process.

The value of partnership

The HDdUHB team knew they wanted to provide a better service but did not have the knowledge or expertise to make the change or deliver what was needed. Finding an existing charity that provided this led to the partnership where Hywel Dda Charities was able to fund the local service, with support from the national charity, Cancer Haircare, who were able to deliver the service, expert knowledge base and also an element of match funding. Heads Up also partnered with a local Pembrokeshire Charity, Withybush Cancer Day Unit Appeal, who funded the Pembrokeshire element of the service.

Project challenges

Procurement issues- this was a unique service that required specific procurement management in keeping with NHS contracts, audit etc and there was learning for both the cancer team and the

procurement team in getting this right

Staff sickness - as with all services navigating staff sickness has caused issues. However, whenever Heads Up had to cancel a service, the team swiftly replaced services with other options. Any missed hospital sessions were re-booked into the schedule.

Patients booking and cancelling - providing a hairdressing service in hospital proved to be complex. The combination of room availability, hairdresser and patients being well enough to attend has been problematic. However, Heads Up continued to adapt the services and expand the in-the community hairdressing services that could be more flexible and at a time and location that best worked for the patient

Staffing - recruiting and retaining hairdressers was more complicated than expected. Hairdressers were initially very interested but often have competing priorities due to their own businesses. Some have, upon completing their training and onboarding process, proved to be unreliable and so the service had to put in clear expectations to ensure patients were not let down and received the best possible service.

3.6 Exit strategy (for revenue expenditure requests):

Please tell us if, and how, the funded project will continue or has continued beyond the end of the time-limited period of charitable funding. If this project will not continue, please tell us how the project will or has been brought to a close.

This initiative is above and beyond what the NHS is funded to provide and due to the current financial climate it is not envisaged that the service could be mainstreamed into NHS exchequer funds following the initial two-year funding period. Cancer services are fortunate to receive significant support from patients, their families and our local communities on an annual basis. Having submitted a successful application to Charitable Funds Committee for Phase 2 of Heads Up this has now commenced and will run from January 2026-December 2027.

3.7 Other:

Please provide any other relevant information about your funding award and its delivery that you would like to share with us.

Section 4: Expenditure

4.1 Expenditure breakdown:

Please provide a breakdown of all expenditure associated with the funding awarded that has been incurred to date.

Item/Category	Budget (£)	Actual (£)	% Variance <i>budget vs actual</i>
Year 1 Q1 (including set up)	£115,500	39086.76	
	HDUHB		
	Charitable		
	Funds		
	£49,500		
	External		
	grant		
	(WHCDU		
	Appeal)		
Q2		19543.38	
Q3		19543.38	
Q4		21512.25	
Year 2 Q1		21512.25	
Q2		21512.25	
Q3/4 Final Phase 1 invoice		21512.25	
Totals	165,000	164222.52	

4.2 Outstanding expenditure:

For mid-term evaluation reports, please provide a summary of outstanding expenditure and discuss whether predicted future expenditure is on track:

Section 5: Authorisation

5.1 Evaluation report prepared by:

Contact name:	Job title:	Date:
Gina Beard	Lead Cancer Nurse	17 February 2026

5.2 Evaluation report authorised by:

Contact name:	Job title:	Date authorised:
Sara Jones	Service Delivery Manager and Chair of Planned care and Cancer Services Business meeting	26 February 2026

For Charitable Funds Finance Department

Finance review:

I confirm that I have reviewed this report and that the expenditure incurred to date is an accurate reflection of the project spend.

Contact name:	Job title:	Date reviewed:
Jessica Elderfield-Scott	Accounts Assistant	25 February 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

5.2

10:47, 10 Mins

5.2 - Update on Expenditure: Arts in Health
Provision Capacity Building Annual Review

*Kathryn Lambert
(Hywel Dda UHB -
Head of Arts and
Health / Pennaeth y
Celfyddydau ac
Iechyd)*

| For discussion

Attachments

[5.2 Update on Expenditure Arts in Health Provision Capacity Building Ann~.pdf](#)

Evaluation report for charitable-funded requests over £10,000

Please complete this form to tell us about the impact that your charitable funded application has had. We're keen to understand how this funding has made a difference to our patients and service users, their families, carers and Hywel Dda staff.

Please read the guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com).

Please direct any questions to CharitableFundsFinance.HDd@wales.nhs.uk / 01267 283055 / 01827 1655.

Section 1: Applicant			
Lead applicant:			
Contact name:	Kathryn Lambert		
Job title:	Head of Arts and Health		
Department/Service:	Arts and Health		
Directorate:	Nursing, Quality and Patient Experience		
Lead director:			
Contact name:	Louise O'Connor		
Job title:	Assistant Director (Legal and Patient Support) Complaints		
Section 2: Application summary			
2.1 Title of application:	Arts and Health – Capacity Building		
2.2 Application reference:	Not applicable		
2.3 Date approved by CFSC/CFC:	12 March 2024		
2.4 Value of funding approved:	£198,065		
2.5 Project start date:	Originally March 2024 Revised with approval to 18 March 2025		
2.6 Project end date/ estimated completion date:	Original end date: 17 March 2028 Extension Agreed: 18 March 2025 New Project end Date: March / June 2029		
Reporting period:			
2.7 Please indicate the period this evaluation report relates to?			
Mid-term:	✓ (end of year 1 of 4 year project)	End of funding:	
2.8 Brief description of your application:			

In no more than 50 words please tell us what you received approval of charitable funds for.

We received approval for charitable funds to expand the Arts and Health Team through a new full-time Arts and Health Project Manager post, associated support costs, and a patient programme budget (2025-2029). This investment will build capacity to deliver the Arts and Health Charter and develop sustainable, high-quality arts and health projects across Hywel Dda University Health Board (HDdUHB).

Section 3: Evaluation report

3.1 Key achievements:

Please tell us about what has been achieved as a result of the funding awarded and to what extent the aims and objectives (as set out in the application form) have been achieved.

Putting creativity at the heart of health and wellbeing

This year has seen exceptional growth in Arts and Health across HDdUHB as a result of our capacity building programme.

We have been able to incorporate 279 creative sessions—including music performances, visual arts, singing, sculpture, creative writing, photography, dance, collage and more reaching approximately 1,764 patients, families, communities and staff across Carmarthenshire, Ceredigion and Pembrokeshire. This figure includes all arts and health activities for 2025/26. Some individuals will have many repeat and deep engagements whilst others will have had one engagement.

Our Arts and Health provision has reached some of the most vulnerable people in our communities, including young people experiencing mental health difficulties, in-patients living with dementia, people with complex long-term conditions, those experiencing anxiety or loneliness, patients in critical care, new mums and babies supported by perinatal mental health services, cancer patients, unaccompanied asylum seekers and our healthcare staff.

Thanks to Capacity Building funding from Hywel Dda Charities and the commitment of our talented artist community, we have been able to bring in £195,789 of additional funding in 2024/25 and £231,075 in 2025/26 (excluding this grant) and we have delivered a wide range of high-quality creative programmes for our patients, communities and staff.

Through the arts we have been able to:

- Support young people with mental health needs through creative expression.
- Improve the patient experience for some of the most vulnerable people in our hospitals by comforting and soothing patients in critical care with live music.
- Enhance our healthcare environments, making them calmer and more welcoming through incorporation of art.
- Help people live well for longer by connecting them with arts opportunities in their local communities.
- Support new parents to bond with their babies through singing, art and connection.
- Create meaningful social connection for people who may otherwise feel isolated.
- Begin to promote the arts as the fifth lifestyle pillar for health (alongside Diet, Sleep, Exercise, Nature, Art).
- Support staff emotional wellbeing and offer moments of relief, creativity and joy.
- Reduce distress, improve wellbeing and provide enriching, purposeful activity for in-patients living with dementia.

This report provides an update at the end of Year One of our Arts and Health Capacity Building Programme, in which we have laid the essential structural, strategic and operational foundations to enable full rollout of the Arts & Health Charter.

During Year One of this project (2025/26), we strengthened our Arts and Health Team capacity by recruiting, inducting and supporting our new Band 6 Arts and Health Project Manager job-share, bringing two experienced arts leaders into the team. This has helped us to build our capacity, strengthen our programme delivery and expand the scope of our arts-based health interventions.

Despite a delayed start, current evidence shows that the programme is already delivering high-quality, high-impact outcomes across all life stages and clinical care groups.

This narrative is supported by:

- Hywel Dda Arts and Health Charter <https://hduhb.nhs.wales/arts-and-health-charter/>
- Arts and Health Capacity Building Extension Request SBAR (previous papers)
- Arts and Health Annual Reports 24/25 [ArtsAndHealthAnnualReport2024](#)

Key achievements:

<p>Develop and deliver a series of high-quality person-centred arts and health projects, with a project at each of the four key life stages (Starting well, living well, ageing well and dying well)</p>	<p>We held:</p> <ul style="list-style-type: none"> • 64 arts referral Hywel Dda Arts Referral Pathway (HARP), workshops (for GP patients with complex and long-term conditions, depression, anxiety, chronic pain and social isolation). • 18 multimedia arts workshops for Young People known to our Children and Adolescent Mental Health Services (CAMHS) • 23 live music sessions in Intensive Therapy Unit (ITU) for our Critical Care patients, staff and families. • 98 Singing and movement and visual arts and crafts with our in-patients living with dementia across ten healthcare sites including our Older Adult Mental Health settings, Adult Frailty in our acute Hospitals, and across our Community Hospitals. • 34 creative activities for wellbeing sessions to support our healthcare staff (wellbeing and workforce support). • 36 arts sessions with new mums and babies known to the Perinatal Mental Health Service. • One creative engagement workshop with Unaccompanied Asylum Seekers. • Promoted healthy living messages with arts and health at five Living Well Community sessions. • Supported numerous other schemes such as our Lifestyle medicine Pilot in Pembrokeshire and Launch of the Leri Cancer Unit.
<p>Work Together through a range of collaborative approaches to help grow the HDdUHB Arts and Health movement</p>	<p>We have firmly positioned Hywel Dda as a national leader in Arts and Health, demonstrating innovation, collaboration, and strong organisational leadership through award-winning practice, high-quality projects, knowledge sharing and sector-leading initiatives.</p>

	<p>We have established and led a series of multidisciplinary Working Groups to draw in talent and expertise into Arts and Health from right across the Health Board with our Arts and Health Steering Group Creative Prescribing Working Group Creative Collective – Creative Activities for staff wellbeing community. And forthcoming Improving Environments Working Group</p> <p>We are working together across Public Health, Primary Care, Value Based Healthcare, Research and Evaluation and the arts sector to help find a way to better connect people with the arts in their local community through HARP (Hywel Dda Arts Referral Pathway) - A Creative Health Preventions Programme - supporting people to find ways to lead Healthy Lives, Well Lived.</p> <p><i>"this group has really sort of saved my life, really. To what I was like two months ago. Where I had the emergency psychiatric team out, I was suicidal, and it's just given me confidence to go past that."</i></p>
<p>Creative Develop an Improving Healthcare Environments Plan to create more welcoming surroundings for patients, families and staff - building learning, public art development processes and policies across HDdUHB</p>	<ul style="list-style-type: none"> • We have delivered an award-winning flagship public art project for the Leri Cancer Unit, generating significant learning and impact. • We are establishing an Improving Healthcare Environments Working Group to drive a shared vision and sustainable approach across the Health Board. <p>We are supporting other environmental improvements by:</p> <ul style="list-style-type: none"> • Supporting the commission of a mural in Pili Pala Bereavement suite in Glangwili Maternity Ward. • Supporting the production and installation of donated art boxes by Carmarthen School of Art in Glangwili Hospital (GGH) Outpatients to display local art students work. • Secured Hywel Dda Charities funding to launch an Art in Emergency Department programme to improve the emergency environment with calming art.
<p>Innovative Contribute to the growing evidence base of the impact of Arts and Health through the development of an Arts and Health Evaluation Plan and a series of arts and health evaluation, innovation and research projects</p>	<p>We have taken a real world approach to evaluation with support from our evaluation partners TriTech and Value Based Healthcare, which is outlined in our overview Arts and Health Evaluation Plan.</p> <p>All Arts and Health activity is treated as Innovation Projects. This means that everything we do is designed to test new approaches, generate learning, and strengthen the evidence base.</p> <p>We have trialled and tested a range of Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) for different projects and patients.</p>

	<p>We have grown our academic capability within Arts and Health with our Arts and Health Project Managers, Dr Ruth Jones and Dr Sarah Pace, who both hold doctorates in arts-based research.</p> <p>Quantitative and qualitative evidence consistently demonstrates a positive impact on patients, communities, and staff. Improvements in wellbeing scores, alongside compelling patient stories and staff feedback, highlight the meaningful difference our programmes are making.</p>
<p>Inclusive Develop a fully accessible arts and health programme that builds on the evidence base that the arts have the capacity to tackle health inequality, incorporating the lived experience in everything we do</p>	<p>Delivered health-equity-focused arts projects with the Community Development Outreach Team and trusted partners, engaging Gypsy and Traveller communities, Welsh speakers, and Unaccompanied Asylum Seekers, ensuring lived experience informs an accessible programme.</p>
<p>Safe Build a set of Arts and Health Resources for all healthcare staff to use, making arts in health and wellbeing everyone's business and developing best practice and signposting to training and resources and empowering others to help themselves and sustainably responding to the scale of the need</p>	<p>Created accessible Arts and Health resources for all staff, including an intranet hub, newsletter, and Arts and Health Viva community, with clear signposting to national best-practice tools such as the National Arts in Hospitals Network - Art in Hospitals Toolkit, and the Creative Health Quality Framework.</p> <p>We have worked closely with our Future Workforce Team to develop and secure Trade Union approval for Arts and Health Volunteer Role Descriptions and now an Arts and Health Work Experience Role.</p> <p>We have launched a campaign to recruit volunteers and hosted our first work placement.</p>
<p>Sustainable Establish the groundwork for the development of a sustainable Arts and Health Service to improve the health and wellbeing of our patients, communities and staff</p>	<p>The initial arts programme investment of £25,000 (over two years) leveraged a further £107,000, representing a 441% return on the original funding." Every pound invested generated £4.41 in matched or additional funding.</p> <p>We have secured £50,000 over two more years of match funding from the Arts Council of Wales to support the Arts and Health Project Manager Post.</p> <p>Overall, we have brought in £231,075 of funding for 2025/26 towards arts and health. This does include other Hywel Dda Charities funded schemes.</p> <p>Made progress on Arts and Health Planning Outputs with draft Sustainable Funding Plan and emerging Improving</p>

	<p>Healthcare Environments Plan and overview Evaluation Plan.</p> <p>Attended Climate Emergency Spread and Scale Academy to further our vision for Make Art Not Waste - A national Creative Health campaign to save people and the planet and presented our vision to use the arts to reduce healthcare use at the Climate Justice Day. Ran a Nature Based staff Photography Competition for exhibition on digital screens in our Accident & Emergency departments.</p>
<p>Local Nurture, support and develop the local arts sector and talent to grow in line with the service</p>	<p>By collaborating with 73 artists and directing £110,539 of targeted investment into the arts and health ecosystem, we have strengthened the sector locally and created new opportunities for patients and communities in West Wales to access high-quality creative experiences that support wellbeing.</p> <p>We want to thank our arts partners: Aberystwyth Arts Centre, Arts Care Gofal Celf. Arts4Wellbeing, Cynefin, Forget Me Not Chorus, Haul, Live Music Now, Music in Hospitals and Care, National Eisteddfod, People Speak Up, Small World Theatre, SPAN Arts, Wales Arts Health and Wellbeing Network, Welsh National Opera, Y Ty Celf and a wide range of talented freelance artists for their ideas, passion and commitment.</p> <p>We are also proud to have a case study featured in the new Future Generations Guidance in Working with Freelancers. Working together for culture: A guide for public bodies working with cultural freelancers</p>

3.2 Impact:

Please focus on the positive changes or effects that have taken place as a result of the funding awarded and to what extent the anticipated benefits (as set out in the application form) have been achieved.

Across all programmes, Arts and Health activities consistently improve wellbeing, confidence, social connection, emotional expression and care experiences for patients, communities and staff, while also strengthening staff morale and demonstrating strong potential for preventative, person-centred and holistic healthcare impact.

Key Themes of impact include:

- **Improved emotional and mental wellbeing** (reduced stress/anxiety, improved mood, increased confidence).
- **Enhanced social connection and reduced loneliness** across all groups.
- **Stronger patient experience and therapeutic relationships**, especially in intensive care units (ICU), dementia care and frailty settings.
- **Meaningful creative engagement** supporting self-expression, inclusion, skill development and ongoing participation.
- **Positive impact on staff wellbeing and morale**, including reduced stress and improved workplace experience.

- **Early indicators of clinical and preventative benefit**, including reduced agitation, potential deconditioning benefits and improved self-management.
- **Strong promise as a preventative, community-based and rural health model**, especially through HARP.
- **Inclusive, culturally sensitive engagement**, including with Gypsy & Traveller communities, Welsh speakers and asylum seekers

Programme - IMPACT for Each project?

Arts Boost 3 (2024) and 4 (2025)- (Art for Children and Young Persons (CYP) Mental Health in partnership with Specialist Child and Adolescent Mental Health Services (SCAMHS)

Arts Boost 3 and 4 demonstrated clear improvements in young people's wellbeing, confidence and social connection, as evidenced through interviews, focus groups and outcome measures including Goal Based Outcomes (GBOs), Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) and creative wellbeing scales.

"Everyone is respected and nobody feels left out."

[AB4 Evaluation Report](#)

[Economic Impact of the Arts Report – See pg 21 for Arts Boost Case Study](#)

Arts & Dementia - The arts and dementia programme has delivered clear, measurable benefits across Older Adult Mental Health and Adult Frailty wards by enhancing wellbeing, reducing agitation, improving social interaction and patient experience, strengthening staff morale and therapeutic relationships, and showing early potential to reduce deconditioning in patients.

"The music brightened up my day and made me feel happy inside."

Reference to Interim Arts and Dementia Report already shared.

Live Music in ITU – The year-long live music programme in our ICU's has delivered highly positive and measurable benefits—most notably significantly reducing stress and anxiety for patients, staff and families, enhancing emotional wellbeing and alleviating loneliness, and improving staff morale—demonstrating that live, responsive music-making is a powerful and patient-centred intervention that enriches the ICU environment and consistently supports holistic care. One patient commented

"Whoever came up with this idea certainly has patient care as top priority".

Our Live Music in ITU Report is available on request.

Art, inclusion and tackling inequalities –

We partnered with the Community Development Outreach Team to deliver creative workshops that built trust with Gypsy and Traveller communities, boosted wellbeing, and showed the arts to be an effective way of sharing culturally sensitive health messages. Building on this, we began supporting the emotional wellbeing of unaccompanied asylum seekers through collaborative creative sessions, which helped establish trust and revealed their strong interest in rap, music and spoken word for future engagement.

You can find out more about the project via our **[Gypsy Roma Traveller Arts Case Study](#)**

HARP 1 - The HARP programme received 49 referrals and supported 23 patients with complex chronic conditions, who reported reduced stress, increased confidence, stronger social connection and improved self-management, demonstrating strong promise as an innovative rural preventative care model despite early GP-capacity barriers.

"this group has really sort of saved my life, really. To what I was like two months

ago. Where I had the emergency psychiatric team out, I was suicidal, and it's just given me confidence to go past that.”

Leri Cancer Unit - The Leri Cancer Unit Art Programme transformed Bronglais Hospital's new cancer facility into a calming, culturally rooted space by co-producing public art with patients, staff, and Welsh artists. Evaluation shows the artwork significantly improved emotional comfort and staff morale, with one patient noting it

“creates a healing environment... in what will be for many a difficult circumstance.”
[Leri Cancer Unit Case Study](#)

Creative Activities for Staff Wellbeing (CA4SW) - The Creative Collective programme received overwhelmingly positive staff feedback, with over 90% respondents reporting improved wellbeing, better mood, and uplifting, high-quality sessions that fostered connection and creative discovery, while the inclusive, bilingual approach strengthened engagement and staff recognised how these benefits enhanced their ability to support and inspire patients.

“In terms of my well-being, I feel the benefits because it lifted me out of the fast-paced stress of work for 30 minutes and allowed my brain to switch to relaxed and creative mode.”

Reference to Interim CA4SW Report already shared.

StARTing Well - This initiative demonstrates that arts-based interventions in perinatal care are not a luxury, but a vital, cost-effective response to maternal mental health challenges. The ripple effects of the programme extend into homes, communities, and health systems—fostering emotional wellbeing, creative confidence, and social connection during the maternity and perinatal period. *(Katie Icton, Senior Public Health Practitioner)*

“Making the collage helped me put my feelings into something I could see and share.”
“I loved the storybook activity; it made me reflect on my journey.”

“We’re grateful for this funding—it’s been one of the most meaningful parts of our work. We’ve seen mums re-engage with their creativity, confidence, and identity, and the nurturing sessions have supported bonding, wellbeing, and genuine growth for both mothers and babies.” *(Diane Lewis, Specialist Perinatal OT)*

Evaluation Report to follow.

A Sustainable Funding Plan for Arts and Health

We said we would	We have
Secure funding for arts and health projects as per the Sustainable Funding Plan making the post fully funded by external funding by 2028.	Secured multi-partner funding for arts and health delivery, successfully attracting external grants and leveraging national programmes.
Focus on the development and delivery of larger programmes of work and large-scale funding bids.	Delivered several HDdUHB wide programmes and submitted collaborative large-scale funding bids with arts, community and academic partners, strengthening our regional and national presence.
Evaluate and improve the Health Board’s understanding of the impact of arts and health projects on service provision and value based health care.	Established evaluation frameworks, partnered with TriTech Research and Innovation and Value Based Healthcare Teams and gathered evidence from live programmes to demonstrate impact on

	patient experience, staff wellbeing, and value-based healthcare outcomes.
Using the programme budget as match to draw down larger funding applications thereby doubling or even tripling its value.	Successfully used programme funds as match-funding, unlocking significantly larger investment and amplifying the value of our core budget through regional, national, and charitable sources.
Guide external partners to design arts and health schemes that meet the needs of our patients and people bringing in other funds to the sector.	Provided strategic guidance and co-design opportunities for partners, resulting in new schemes aligned with patient needs and increased external funding flowing into arts and health across the three counties.
Generate interest and investment in arts and health across HDdUHB for the benefit of our patients, communities and staff.	Raised the profile of arts and health through the launch of the Charter, successful programmes, staff engagement, and public visibility, leading to growing interest, participation, and investment across the organisation.

We are developing a draft Sustainable Funding Plan that outlines our vision for sustainability, funding targets, financial strategies, potential funders and priorities which is now under discussion as part of our Arts and Health Strategic Planning Programme which will take place in 2026.

We are in the process of setting Funding Targets and have brought in £300,000 for 2026/27. Our funding is aligned to programmes rather than financial years.

Funding Priorities

- **Secure and sustain the Arts Project Manager post** through a blended funding model, ensuring the role is fully supported beyond 2029. This includes:
 - Using external grants and multi-agency investment to fund the post in the short and medium term;
 - Embedding the role within Health Board workforce planning in the longer term;
 - Demonstrating the post's value through evidence, outcomes, and cost-avoidance data so it becomes recognised as essential infrastructure.
- **Seed new initiatives to demonstrate impact and potential**, enabling innovative pilots that build evidence and unlock future investment.
- **Leverage external funding and partnership** support by working collaboratively with cultural, community, academic, and charitable partners to amplify resources and broaden delivery capacity.
- **Use evidence to demonstrate impact and strengthen the case for long-term integration**, ensuring Arts and Health becomes fully embedded in healthcare planning, commissioning, and resource allocation through Clinical Care Groups (CCG's).

3.3 Beneficiaries:

Please tell us how many people have benefited as a result of the funding awarded and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

Arts and Health Activity Summary

Arts and Health activities have been taking place across a wide range of settings within the organisation, engaging diverse patient groups, staff, and communities. These activities span all CCG's, demonstrating the breadth and inclusivity of the Arts and Health Programme.

This cross-cutting reach ensures that creative approaches to wellbeing support are embedded throughout the Health Board.

Patient and Community Groups Reached

Arts and Health activities have been delivered with the following patient groups and communities:

Group	Estimated beneficiaries
Young people (CAMHS)	16
Complex long-term conditions adults	23
ICU patients/families/staff	194
In patients living with dementia	904, across 10 sites,
Perinatal Mental Health (mums/babies)	33
Staff	414 (25/26)
Unaccompanied Asylum Seekers	3
Cancer patients and staff	9
Community Living Well Events	168
Total	1764

These groups have participated in a variety of creative and therapeutic sessions designed to support emotional wellbeing, social connection, cognitive function, and overall quality of life.

3.4 Evaluation methods:

Please tell us what methods you have used to measure the effectiveness of the funding awarded.

Group	How measured – PROM or PREM	How measured – Qualitative
Young people (CAMHS)	GBO's SWEMWBS, Outcome Rating Scales(ORS) Creative wellbeing Scales	Feedback forms and interviews
Complex long-term conditions adults	SWEMWBS, Social Services and Well Being (SSWBS) , GP DATA	Focus group and interviews
ICU patients/families/staff	Piloting Pain Score Measurement	Feedback forms
In patients living with dementia	EQ5D tested. Now using new PREM	Feedback forms and staff interviews
Perinatal Mental Health (mums/babies)	Valued Living Questionnaire and Core-OM (Season1)	Feedback forms, debrief sessions

	Barkin Index of Maternal function & CORE-OM & Edinburgh Postnatal depression scale (Season 2).	
Staff	Piloting wellbeing poll.	Feedback forms and focus group
Unaccompanied Asylum Seekers		Creative engagement - Graffiti Art
Cancer patients and staff		Interviews and feedback forms

We have undertaken a real world evaluation approach to Arts and Health. Taking established and understood arts programs and integrating them into health services. The aim is to evaluate the impact and value of Arts and Health by gathering and creating evidence from the different arts programs being delivered. We are taking a pragmatic approach to the evaluation, hoping to link any changes to health and wellbeing as well as people’s perspectives and opinions on Arts and Health. Our evaluation is:

- Patient centred – i.e. sensitive and accessible to those take part (e.g. patients living with dementia, non English speakers, patients who are delirious or under sedation in ITU for example)
- Proportionate to the funds and resources available for evaluation

We have been working with a set of internal and external Evaluation partners including TriTech, clinical teams, Value Based Healthcare, higher education partners, the Arts Council of Wales, Wales Arts Health and Wellbeing Network, the arts sector and capturing feedback from service users.

What they have shown?

- Arts and Health programmes have shown positive impact on patient, community and staff wellbeing with lots of qualitative feedback.
- Some PROMS (SWEMWBS, ORS) and PREMS have been used with some positive results.
- Some programmes generate almost exclusively positive feedback which we are capturing through interviews, feedback forms and focus groups.
- We have already learnt a lot and identified a set of challenges and opportunities from the work programme to date.

What have the schemes helped others show?

- The potential for meaningful change if scaled – Arts Boost is highlighted as Case Study two in this national economic Impact Study [Assessing the Economic Impact of the Arts on Health and Healthcare Services in Wales | Arts Council of Wales](#) which suggests that “Using published SWEMWBS valuations (as used in Granger et al., 2025)²⁹ and applying them to the mean changes in wellbeing reported by CYP in the first two cohorts, we estimate the mental health and wellbeing benefits of Arts Boost to be £3,621 per year, per participant.” Pg 21
- “*Coming to Our Senses* programme may be effective in generating positive social value by improving self-reported mental health and wellbeing among NHS healthcare workers in Wales”. <https://www.mdpi.com/3703024>

Challenges & Next Steps

- Difficulty capturing quantitative data
- Need for feasible PROMS/PREMS

- Need for patient centred approach
- Lack of baseline data in most cases
- Capacity – for healthcare staff, evaluation staff, research staff, artists
- Aim for cost-effectiveness study
- Need to map evidence and research gaps and opportunities from the Health Boards perspective.

We understand there is a lot more to do in building the evidence base in the way the Health Board seeks to understand the impact of Arts and Health.

Our Key Evaluation Priorities are:

- Impact on patient/community wellbeing, outcomes and experiences
- Impact on Reduced Healthcare Use (RHCU)
- Impact on staff wellbeing/retention/sickness

Overall themes of evaluation findings:

- Emotional wellbeing and mental health benefits
 - Increased confidence and empowerment
 - Reduced loneliness and stronger social connection
 - Enhanced care environments and patient experience
 - Improved staff morale and therapeutic relationships
 - Culturally sensitive engagement and trust building
 - Better communication and emotional expression
 - Increased motivation, attendance, and ongoing engagement
 - Skills development and creative confidence
 - Support for prevention and self-management and enhanced patient activation

3.5 Lessons learnt:

Please tell us what lessons have been learnt from the delivery of your funded project in terms of what went well and not so well. Did you have to adapt your delivery, or did you face any unforeseen challenges? If so, how did you adapt or overcome any challenges? Will any lessons be shared with colleagues across the organisation?

Despite strong evidence, Arts and Health continues to face challenges—being seen as non-essential, difficulties with procurement, limited capacity, evaluation barriers, rural delivery issues, and inconsistent engagement from artists and staff. To address this, the programme is developing strategic development workshops, a new Arts and Health Procurement Framework, training and resources, multidisciplinary groups, improved evaluation approaches, collaborative partnerships, and a long-term sustainable funding plan.

What went not so well?	How are we adapting? What are we doing?
Arts and Health is still considered a 'nice to have' rather than an embedded part of healthcare, in spite of the evidence base.	We now have executive approval to hold three Arts and Health Strategic Development Workshops in 2026 to help co-create a vision and move arts and health from 'nice to have' to an integrated part of healthcare planning and delivery.
Procuring artists and arts partners is difficult as procurement guidelines and systems are built for large scale organisations not small scale and freelancers.	We are working with our Procurement colleagues to develop a new Arts and Health Procurement Framework.

Freelance artists and arts partners have gaps in knowledge and understanding of healthcare.	Speaking with Wales Arts Health and Wellbeing Network to help shape Arts Sector Training and Support. Developing guidance around Artist Wellbeing. Providing more detailed induction packs and workshops ahead of programme delivery.
Healthcare staff have gaps in knowledge, understanding and training in the benefits of arts and health.	Supporting partners to develop arts and health training for healthcare staff and we have: <ul style="list-style-type: none"> provided clinical conversation guides for staff supported Health Education and Improvement Wales (HEIW) to develop an Arts and Health Module for Occupational Therapy Support Workers. supported Dr Cath Jenkins to make an Emerging Researcher Award application to support her to develop as a researcher to build the evidence base for arts and health.
People have long held ways of receiving healthcare – so art can come as a surprising offer or be difficult for clinicians to prescribe.	We are developing films, resources, guides, and sharing training for staff and providing taster sessions – all leading to our goal to transform our understanding of healthcare.
Capacity – We are experience huge levels of need and opportunity – difficulty in prioritising – new requests come in weekly.	We are building a movement, through partnership work with Future Workforce and recruitment of volunteers, through hosting Multidisciplinary Working Groups and inviting others to chair. Our strategic planning workshops will help guide us with agreeing shared priorities.
Difficulties remain with evaluation of arts and health due to – lack of suitable tools, poor fit with patients and experience, lack of confidence and skill in arts sector	Need to design and accept projects that have strong potential for creating change and capturing impact of change e.g. New focus on Y Bwa – New deconditioning project. Map gaps in evidence better to inform research partners and sector where to place their research efforts.
PROMS are not a good fit for arts and health?	Continue to trial and test new PROMS and PREMS where possible as a priority part of our evaluation planning. Challenge notion of PROMS being the best and most accessible and inclusive tool to capture complex change.
Designing a service right across a rural geography	Focus on the development of rural provision, building in transport and connecting with rural and community arts assets.
Challenges with staff sickness, bereavements across the team and diagnosis.	Our Administrator has now reduced their hours to part time to allow for recruitment into the role.

Lack of time for staff (to commit to evaluation)	Focus on securing research funding to bring in capacity to support data capture.
Lack of engagement from Welsh speaking artists	Collaboration with the Eisteddfod in 2026
Bringing in funds to support the posts long term	Develop and implement Sustainable Funding Plan

Lessons will be shared through Hywel Dda Arts and Health Steering Group, various project working groups, staff training, and future planning. We will also share through various knowledge sharing opportunities, poster presentations, networking events such as the National Network for Arts and Health Wales Arts, Health and Wellbeing.

3.6 Exit strategy (for revenue expenditure requests):

Please tell us if, and how, the funded project will continue or has continued beyond the end of the time-limited period of charitable funding. If this project will not continue, please tell us how the project will or has been brought to a close.

At this stage we are reporting only on the end of year one of a four-year project, during which we have successfully recruited, inducted, and supported our new Arts and Health Project Managers and established the core structures required for long-term sustainability. Our exit strategy, as set out in the original application, focuses on: leveraging in additional funding, supporting national arts and health policy development, and demonstrating how integrating the arts into healthcare can improve wellbeing while reducing pressure on the NHS.

We are actively delivering this strategy through:

- **Strategic Planning Workshops** to embed Arts and Health into healthcare planning and CCG's.
- A drafted **Sustainable Funding Plan**, alongside securing multi partner investment to support posts and programme delivery beyond the charitable funding period.
- **Developing a long-term Arts and Health Evaluation Plan** to strengthen the evidence base and reinforce the case for ongoing investment.
 - **Considering splitting post responsibilities** to support long-term integration via project development and funding.
 - E.g. one part time post to focus on *Staff wellbeing, environment/climate and strategic development (Make Art Not Waste)*.
 - *And one part time post on Patient experience and preventions (including HARP)*.
- **Building the evidence base** through real-world evaluation, economic impact studies, and alignment with national benchmarks such as National Health Workforce Accounts (NAHN) workforce ratios.

These actions ensure that the programme is on track to sustain itself beyond the charitable funding period through diversified income, strengthened strategic alignment, and demonstrable value across the organisation.

3.7 Other:

Please provide any other relevant information about your funding award and its delivery that you would like to share with us.

We have been delighted to win several awards and nominations/recognition of our work this year as follows:

- Leri Cancer Unit won Runner Up in the Environment of Care Category and Finalist in the Cancer Experience of Care Category at the National Patient Experience Awards (PENNA).
- Arts Boost Team Awarded Highly Commended in Chair's Commendation
- Kathryn Lambert was nominated for Hywel Dda's Applause and the WWRPB West Wales Health and Social Care Awards.

We have also presented our work and represented Hywel Dda Charities at numerous knowledge sharing events this year as follows:

- Rural Health and Care Wales Conference – HARP poster
- Welsh Government Cross Party Group on Arts and Health - Arts Boost
- All Parliamentary Group on Arts and Health focused on Children and Young people's mental health Arts Boost (Presented by Dr Cath Jenkins)
- Weave – National Conference on Arts and Health – Arts Boost - Katie O'Shea, Consultant Systemic Psychotherapist and Lead for Psychological Therapies CAMHS Hywel Dda who co-presented with Kathryn Lambert
- Climate Emergency Leadership Day in Cardiff - Make Art Not Waste

We have had an articles published and/or work highlighted here:

- Our Leri Cancer Unit project was highlighted by PENNA in their Book of Best Practice which maps the winners against the NHS 10 year Plan [Patient Experience and the NHS 10 Year Plan](#) .
- Featured an article in Public Health Network Cymru E-bulletin - [HARP](#) See page 23-24
- Used as a Case Study in [Working together for culture: A guide for public bodies working with cultural freelancers](#)
- Been mentioned in Future Gens 25 report

4.1 Expenditure breakdown:

Please provide a breakdown of all expenditure associated with the funding awarded that has been incurred to date.

Item/Category	Budget (£)	Actual (£)	% Variance <i>budget vs actual</i>
Arts and Health Project Manager Post (1 year)	£23,173	£21,242	8% decrease
Arts and Health Programme 2024/26	£25,000	£12,785	49% decrease
Totals	£48,173	£34,027	29% decrease

The above budget reflects a full year i.e. to 31 March 2026, whereas actual costs relate to the period up to the end of February 2026. Future spend is on track.

At the point of reporting, we have not yet completed the financial year 2025/26. The project manager post budget will be fully spent by the end of the year.

We still expect to receive invoices totalling circa £6,500 before the end of the year bringing our spend against our annual programme budget of £25,000 to £19,285 as 50% of one contract will fall into the next financial year. In the original application we also budgeted for expenses. However, we have received additional funding from the Arts Council of Wales to cover expenses for 2025/26. Otherwise, we are all on track to spend as planned.

Section 5: Authorisation

5.1 Evaluation report prepared by:

Contact name:	Job title:	Date:
Kathryn Lambert	Head of Arts and Health	26/02/26

5.2 Evaluation report authorised by:

Contact name:	Job title:	Date authorised:
Sharon Daniel	Executive Director of Nursing, Quality and Patient Experience	
Louise O'Connor	Assistant Director of Nursing (Legal & Patient Support)	

For Charitable Funds Finance Department

Finance review:

I confirm that I have reviewed this report and that the expenditure incurred to date is an accurate reflection of the project spend.

Contact name:	Job title:	Date reviewed:
Tracy Davies	Deputy Head of Financial Accounting	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

6 - OPERATIONAL/STRATEGIC ISSUES

6.1

10:57, 10 Mins

6.1 - Review of the Charitable Funds Financial Administration and Governance Procedure

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

| For approval

Attachments

[CF Financial Procedure 420 -SBAR.pdf](#)

[420-CharitableFundAdminProcedure CFC Mar-26 for approval.pdf](#)

[420 EglA Screening form Charitable Funds.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review of the Charitable Funds Financial Administration and Governance Procedure
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Nicola Llewelyn, Head of Hywel Dda Health Charities Tim John, Head of Accounting & Statutory Reporting

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

Each year planned reviews are undertaken of the financial procedures operated by Hywel Dda University Health Board (HDdUHB). The procedures, which set out the main financial system controls, are reviewed in terms of:

- Relevance
- Best practice
- Audit recommendations
- System change
- Health Board policy

The Charitable Funds Financial Administration and Governance Procedure (Financial Procedure 420) is one such procedure.

This report requests that the Charitable Funds Committee (CFC) considers and approves the updated Charitable Funds Financial Administration and Governance Procedure (Financial Procedure 420). The CFC can take assurance that there is a robust review process in place in respect of this procedure.

Cefndir / Background

The aim of the Charitable Funds Financial Administration and Governance Procedure (the Procedure), attached at Appendix 1, is to provide comprehensive guidance to all Hywel Dda University Health Board (HDdUHB) staff relating to the financial administration and governance of charity affairs. The Procedure applies to all HDdUHB staff that have an involvement in charitable funds.

An interim review of the Procedure was undertaken in March 2025 and a final review was due to be conducted prior to 26 October 2025. An extension to 17 March 2026 was granted at the December 2025 CFC meeting in order to ensure that any relevant issues highlighted during the 2024/25 external audit process could be incorporated into the revised procedure.

Asesiad / Assessment

An Equality Impact Assessment (EqIA) Screening Template (Appendix 2) has been completed for the proposed amendments to the Financial Procedure. The HDdUHB Diversity and Inclusion Team does not consider that an EqIA is necessary for this procedure as it does not impact anyone with any protected characteristics.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **APPROVE** the Charitable Funds Financial Administration and Governance Procedure.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.2 Approve appropriate procedures and policies to ensure that fundraising and accounting systems are robust, donations are received and coded as instructed and that all expenditure is reasonable, clinically and ethically appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
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:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Previous procedures, internal audit report recommendations, standing financial instructions.
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Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Finance team colleagues (Financial Planning & Statutory Reporting) Learning and Development Co-ordinator Fundraising Manager Charitable Funds Sub-Committee Staff consultation via Global email

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Ensure correct controls and governance arrangements are in place to provide assurance that charitable funds within HDdUHB are appropriately managed.
Ansawdd / Gofal Claf: Quality / Patient Care:	Develop a proactive and standardised approach to the expenditure of charitable funds to ensure that appropriate service needs and additional benefits to patient care is supported.
Gweithlu: Workforce:	There are no workforce impacts from the implementation of the recommendations within this report.
Risg: Risk:	Reputational risk if charitable funds are not appropriately managed and governance controls are not followed.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Reputational risk if charitable funds are not properly managed and governance controls are not followed correctly.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	An Equality Impact Assessment (EqIA) Screening Template has been completed. An EqIA is not considered necessary for this procedure as it does not impact anyone with any protected characteristics .

CHARITABLE FUNDS

FINANCIAL ADMINISTRATION AND GOVERNANCE PROCEDURE

Procedure information

Procedure number: 420

Classification: Corporate/Financial

Supersedes: Previous versions

Version number: 6

Date of Equality Impact Assessment: 04.03.2026

Approval information

Approved by: Charitable Funds Committee

Date of approval

Date made active:

Review date

Summary of document:

To outline Charitable Funds administration and governance practices to ensure safe custody of those funds

Scope:

This procedure applies to all staff that have an involvement in Charitable Funds. This procedure should be read in conjunction with Standing Orders, Standing Financial Instructions and Financial Procedures

To be read in conjunction with:

Standing Orders

Standing Financial Instructions

[Other Financial Procedures](#) (opens in a new tab)

[435 – AW Procedure for NHS to raise concerns \(whistleblowing\)](#) (opens in a new tab)

[815 – Counter Fraud Policy](#) (opens in a new tab)

[248 – Standards of Behaviour Policy](#) (opens in a new tab)

[467 – Medical Devices Policy](#) (opens in a new tab)

Owning group:

Finance Committee/Charitable Funds Team

Executive Director job title:

[Director of Finance](#)

Reviews and updates:

- 1 – new policy April 2015
- 2 – revised 9.3.2017
- 3 – full review including changed to a procedure 26.1.2021
- 4 – additions made to the procedure 26.10.2022
- 5 – additions and amendments made to the procedure 18.03.2025
- 6– Full review:

Keywords: Charitable

Glossary of terms:

HDdUHB – Hywel Dda University Health Board
The Charity - Hywel Dda Health Charities
SON – Statement of Need

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INTRODUCTION

Hywel Dda Health Charities (the Charity), is the official charity of Hywel Dda University Health Board (HDdUHB) and exists to make a difference to the thousands of people cared for by HDdUHB each year. The Charity does not replace NHS funding but uses the generous donations received to provide services and activities beyond what the NHS can provide.

Hywel Dda Health Charities is registered with the Charity Commission for England and Wales (registered charity number 1147863) and is subject to the provisions of the Charities Act 2011. The registered charity is a separate legal entity to HDdUHB and for this reason the charitable funds must be held and accounted for separately from the exchequer funds of HDdUHB. HDdUHB is the corporate trustee of Hywel Dda Health Charities, in accordance with NHS legislation.

HDdUHB, in the conduct of its responsibilities connected with the charitable funds, shall take into account relevant guidance produced by the Charity Commission. HDdUHB has appointed a Charitable Funds Committee to assist in the discharge of its corporate trustee responsibilities in respect of charitable funds. This is in accordance with Standing Orders.

NHS legislation enables NHS bodies, such as HDdUHB, to hold property on trust and also defines the objects, or purpose, of NHS charities for the public benefit.

NHS bodies themselves are not the beneficiaries of NHS charities. Most NHS charities however choose to provide support to their beneficiaries via their linked NHS body. Beneficiaries of NHS charities are primarily NHS patients rather than the charities linked NHS bodies. The majority of grant payments are made as contributions to the NHS. Other grant payments are made for patient and staff welfare and amenities.

STATEMENT

The purpose of this procedure is to support staff and those charged with governance in their financial responsibilities with regards to Charitable Funds.

SCOPE

This procedure applies to all staff that have an involvement in Charitable Funds. This procedure should be read in conjunction with Standing Orders, Standing Financial Instructions and Financial Procedures. Appropriate action will be taken should any member of staff not comply with the requirements of this procedure.

AIMS

The purpose of this procedure is to provide comprehensive guidance to all staff relating to the financial administration and governance of charity affairs.

OBJECTIVES

The aim will be achieved by

- Setting out the process to be followed to ensure all income due to the charity is identified and appropriate controls are in place for income collection and banking
- Outlining the criteria required for charitable funds reimbursement of expenditure
- Detailing the Charity Investment Policy, Ethical Policy and Reserves Policy
- Covering internal and external reporting requirements
- Explaining how the charity administers its investments
- Detailing the registrations required of the Charity

INCOME

Receiving and Banking Donations

At Ward/Department

It is the responsibility of the member of staff receiving the donation to ensure all donations to the Charity are banked in accordance with this procedure. When charitable donations are received directly by a ward/department it is the responsibility of the member of staff receiving the donation to, complete a receipt in the ward/department Charitable Funds Donation Book, whether the donation is received in person or by post. The Donation Book is classed as controlled stationery and every ward/department should have their own Donation book. Donation books can be requested via email (CharitableFundsFinance.hdd@wales.nhs.uk) from the Finance Department.

The Charitable Funds Donation Book must be completed as fully as possible with details of the donation. Details on completion can be found inside the cover of the book. A sample charitable funds donation form and flowchart can be found in [Appendix 1. \(opens in a new tab\)](#)

Always ensure when paying money in that it has been counted twice and ensure the donation form has been signed by the donor and the person accepting the donation. All cheques should be made payable to Hywel Dda Health Charities. All receipts should be promptly passed to the nearest General Office for banking.

It is the responsibility of the member of staff accepting the donation on behalf of the Health Board to formally establish the intention of the donor as to its use. The officer should use the Charitable Funds Donation Book to record the specific fund the donation is intended for. The Health Board's official donation record form shall be completed; a copy of the donation record form (yellow copy) shall be sent to the Finance Department by General Office staff.

A receipt (the white copy) of the Donation form shall be made available to the originator of the donation. The receipt will bear an expression of thanks and the charity registration number. It is recommended that a letter of thanks be sent to the donor (minimum value £10).

The blue copy of the form should remain in the book and retained for ward/department records.

Where donations are received in the post, not in person, a letter of thanks together with the official receipt will be sent out by the officer receiving the donation. If there is no supporting documentation with the donation indicating the use to which the donation is to be put (no Hospital, Service, Department or type of expenditure indicated) the donation shall be banked in HDdUHB's General Purpose Fund (Making a Difference Fund T600).

If it appears likely that it is not possible to make use of a donation because the donor wishes it to be used for;

- a purpose not relating to the health service,
- a purpose for which a much larger sum is required and there appears little likelihood of such a sum being made available in the foreseeable future,
- a purpose from which there may be significant revenue consequences, the donor shall be advised of the situation, with the suggestion that the donation is made available for an alternative purpose.

BACS

Where charitable donations are received via bank transfer, it is the responsibility of the Charitable Funds Support Officer to complete a donation form and ensure the donation is allocated to the appropriate fund as per the intention of the donor.

A letter of thanks and the white copy of the donation form will be sent out to the donor where sufficient information has been provided. Where applicable, a retrospective Gift Aid claim form will be sent out to the donor with the letter of thanks.

Online Sources of Income

Fundraisers wishing to raise monies for Hywel Dda Health Charities online should refer to the 'Support Hywel Dda Health Charities' section on the Hywel Dda Health Charities' website ([Support us - Hywel Dda Health charities](#) - (opens in a new tab)).

Once fundraisers have created a new online fundraising page, linked to the charity's JustGiving or Enthuse accounts (<https://justgiving.com/hywelddahealthcharities> and [Help us provide the little extras that make a big difference.](#) – opens in a new tab - an e-mail is automatically generated by the system and sent to the Fundraising Team, confirming that a new page has been created. Once received, the team will notify the Charitable Funds Support Officer

of the page along with the specific fund to be credited with the donation. If it is not clear from the fundraising page which charitable fund the money is to be raised for, then the Fundraising Team will make contact with the fundraiser to clarify to be able to allocate income to the correct fund.

The Charitable Funds Support Officer will extract monthly details of payments from the JustGiving Enthuse pages and will allocate the donations to the relevant fund. This report will then be used to enable the receipts to be allocated to the correct Charitable Fund. The online platforms manage the gift aid reclaim process including the reporting and communication to HMRC and the Charity.

Another online source available to receive charitable fund donations is Memory Giving (<https://www.memorygiving.com>). The Fundraising Team inform Finance where to allocate income received.

In line with The Fundraising Regulator's Code of Fundraising Practice, these platforms must be clear about fees and provide a straightforward way for donors to remove voluntary tips.

Legacies

The Director of Finance (or nominated Deputy) will be informed immediately of any legacies due to the charitable funds. The Director of Finance will retain a legacy notification service to advise HDdUHB of legacies that are due.

The Fundraising Team will maintain a register of legacies, which will be reviewed and updated on a regular basis. Details of the legacy will be recorded from the time it is brought to the attention of HDdUHB and will be proactively managed until HDdUHB has received all proceeds that are due. The full value of the legacy will be recognised in the accounts as soon as HDdUHB is advised of the legacy, as long as the value can be accurately measured and receipt of the bequest being certain. No legacies will be recognised to individual designated fund level until they are physically received.

The extracting solicitors shall be informed that the Director of Finance is the person empowered to give a valid discharge of legacies. The relevant extract from the will shall be requested. Copies of wills are forwarded at point of notification from external agency.

If it is necessary for HDdUHB to obtain grant of probate or to make application for grant of letters of administration in order to obtain a legacy due to the charitable funds under the terms of a will, the Director of Finance will be HDdUHB's nominee for this purpose.

Any correspondence relating to legacy income for any HDdUHB should be directed to the Fundraising Team at the address below for processing:

Hywel Dda Health Charities, Second Floor, Block C, Government Buildings, Picton Terrace, Carmarthen, SA31 3BT.

Support from Companies

The Charity only accepts donations from companies, which are acceptable within the framework of our Investments and Ethics Policy and the Health Board's Standards of Behaviour policy. [See Appendix 3 - \(opens in a new tab\)](#)

Grants Received

This relates to monies received from outside organisations such as grant making trusts and foundations.

All grant applications for external funding in the name of the Charity must be submitted and approved by the fundraising team. The submission of grant applications in the Charity's name without the approval and knowledge of the fundraising team is strictly forbidden.

The Fundraising Team will be responsible for submitting grant applications and retaining all relevant correspondence on file. Copies of the grant application, award letter, spend plan and remittance is to be forwarded to Finance. The Finance Department will create a new fund account for each grant award.

Successful applicants must ensure they are familiar and comply with these together with any specific conditions attached to their grant as set out in the award letter.

There is no requirement for a charitable funds request form to be completed for expenditure relating to external grant funding. A purchase order will need to be raised, attached electronically to the requisition should be a copy of the approved application form along with a copy of the grant award letter.

Finance will be responsible for maintaining a record of all grants received in year, monitoring and recording expenditure to ensure it is appropriate and incurred with the timescales specified with the terms and conditions of the grant.

Evaluation and end of grant reports will be completed by the applicant with support provided from the Fundraising Team and Finance to complete any financial returns.

Non Charitable Income

Not all income received by HDdUHB for health purposes is charitable. If you are unsure whether something should be classed as charitable or not, please contact Finance. Monies received from

organisations for work done by members of staff during HDdUHB time should not be banked into one of the Charity's funds, but should be banked into the main HDdUHB exchequer funds.

Income arising from the provision of health care, or goods or services connected with the operation of health care activities is classed as trading activity and must be accounted for through revenue (exchequer) funds.

The following activities are not classed as charitable donations and **MUST** therefore be accounted for through normal income generation (revenue) methods:

- Payment in Return for Access to Staff, Patients and Premises
- Clinical trials and research
- Payment made to an individual as a direct result of their employment by HDdUHB
- Income that could be perceived as NHS income (income generation) will not be credited to a charitable fund
- Attendance fees for training courses/conferences organised by HDdUHB

Gift Aid

If a taxpayer makes a donation to a registered charity and completes a Gift Aid declaration, then the Charity can re-claim the basic rate tax on that donation. Currently, this is an additional 25% of the original donation.

When a donation is received, the donor should always be asked to complete the Gift Aid declaration section of the Charitable Funds donation form, if they are eligible (i.e. a UK taxpayer). This maximises the donation to the Charity, at no additional cost to the donor.

Should an opportunity to claim Gift Aid be missed on receipt of the donation, Hywel Dda Fundraising Team send a retrospective claim form to the donor for all claims over £50.

The finance department will ensure that Gift Aid is recovered annually and by the necessary deadlines on form R68. A gift aid form is included as [Appendix 4.](#) **(opens in a new tab)**

Investment Income

The investments held by the Charity have been invested solely for the purpose of the Charity with no pooling arrangement in place.

An officer of the Finance Department will obtain such valuations in order to determine the valuation gains and losses of individual investments.

Income from dividends and interest, and realised and unrealised gains and losses will be distributed on a quarterly basis to each charitable fund. The average monthly balance of the individual charitable funds will be used to apportion investment returns.

A record of investment transactions will be maintained.

Donated items and gifts in kind

All potential donated assets (medical equipment, furnishings) and gifts in kind must follow the guidance given in the Standards of Behaviour Policy which is available on the intranet.

Sponsorship

All potential sponsorship agreements must be in line with the [Standards of Behaviour Policy](#).
(opens in a new tab).

Acceptance of charitable income

As stated in guidance issued by the Chartered Institute of Fundraising, charitable income should only be rejected if it would be unlawful to accept or if accepting the income would be detrimental to the achievement of the purposes of the Charity.

High risk sectors

The following industry sectors are considered high risk and detrimental to the achievement of the purposes of the Charity. Donations, grants, proceeds of fundraising or partnerships from organisations or individuals that are derived directly from the following will be refused:

- Armament sales, manufacture or export
- Manufacture or production of tobacco products
- Manufacture or production of alcoholic beverages, where more than 10% of income is derived from this source.

Other sectors may be reviewed and identified as high risk at the discretion of the Charitable Funds Committee and Lead Executive Directors.

Reputational considerations and due diligence

Charitable income will be declined or returned when it is known, or there are reasonable grounds to believe that:

- Funds have been obtained illegally or through unethical approaches
- There are risks to the Charity or HDdUHB's integrity and reputation
- There is a conflict of interest with the Charity or HDdUHB
- There is evidence that a donor lacks capacity to make an informed decision

- The income would require reciprocal endorsement or recognition which may be detrimental to the reputation of the Charity or HDdUHB

Any charitable income that is refused or returned will be logged on the Charity's fundraising database with a full explanation of the process followed and justification for the decision and subsequently reported to the Charitable Funds Committee.

In line with recommendations made by the Fundraising Regulator, the Charity will carry out due diligence checks, appropriate for the size and nature of the charitable income, on both the financial and reputational dealings of possible donors before accepting any charitable income.

Value of charitable income	Due diligence checks required	Action required
Up to £10,000	No checks required	No action required
£10,001 - under £50,000	Level 1 due diligence checks	Any potential risk to be highlighted to the Lead Executive Director for decision-making
£50,001 - £250,000	Level 2 due diligence checks	Any potential risk to be highlighted to the Charitable Funds Committee for decision-making
Equal to or over £250,000	Level 3 due diligence checks	Any potential risk to be highlighted to the Corporate Trustee for decision-making

The due diligence checks that will be undertaken, coordinated by the Head of Hywel Dda Health Charities and Fundraising Manager, can be summarised as follows:

	Level 1 £10,001 - under £50,000	Level 2 £50,001 - under £250,000	Level 3 Equal to or over £250,000
Online key word search	✓	✓	✓
Review of social media	✓	✓	✓
Review of media coverage	✓	✓	✓
Review of any previous charitable giving and partnerships	-	✓	✓
Google alert set-up for ongoing media review	-	✓	✓
Review of corporate social responsibility and giving policies (for organisations)	-	✓	✓
Review of board/ senior management team (for organisations)	-	✓	✓
Dun & Bradstreet business credit report	-	✓	✓

Anonymous donations

If a donation is offered or received anonymously, information from the donor’s representatives will be sought to ensure that it would be appropriate for the Charity to accept the funds. In the event of the receipt of an anonymous donation where there is no paperwork or the ability to identify the donor and it is impossible to return the donation, we will accept donations up to the value of £10,000. Anonymous donations over the value of £10,000 will be referred to the Charitable Funds Committee for decision making. All anonymous donations will be recorded on our fundraising database.

Return of charitable donations

In line with the Fundraising Regulator's Code of Fundraising Practice, charitable donations cannot routinely be returned or refunded to donors.

In cases where donations with agreed restrictions have been received and circumstances have changed so that the original purpose of the gift cannot be fulfilled in whole or part, the Charity will typically seek to use the funds in a way that closely corresponds to the original objectives of the donor, consulting the donor or the donor's representatives wherever possible.

In the event of a cancellation of an activity or event managed by the Charity, individuals who have paid to participate in said event will be contacted to discuss the rescheduling of the event or to be offered a refund.

Acknowledgement of charitable donations

The Charity recognises the significant role that charitable income brings to the Charity and HDdUHB. The practice of naming buildings and facilities funded by charitable income should however only be considered in exceptional circumstances, in line with HDdUHB policies and procedures.

The Lead Executive Director for Hywel Dda Health Charities, in conjunction with the Charitable Funds Committee, will be responsible for considering requests in relation to the naming of buildings or facilities funded, or part funded, by charitable income, for approval in line with HDdUHB policies and procedures.

The following guidelines are intended to support discussions:

Precedence

Previous decisions made by HDdUHB should not be seen as a precedent for the recognition of individuals or organisations making a similar contribution, with each decision being made on a case-by-case basis.

Values

In all cases where a naming opportunity is being considered in relation to charitable income, the naming opportunity should reflect the core values and integrity of the Charity and HDdUHB and reflect the diverse nature of those who contribute to the Charity.

Construction of new or refurbishment of existing buildings

The suggested value of a financial contribution to be recognised through a building naming opportunity (e.g. hospital, health centre) should be a minimum of 51% of the construction costs of a new building or the refurbishment costs of an existing building.

Where it is proposed that a charitable gift is to be recognised through the naming of a building, the actual name and period of naming should be discussed and agreed in advance by the principal decision makers.

Construction of new or refurbishment of existing facilities

The suggested value of a financial contribution to be recognised through a facility naming opportunity (e.g. ward, service, department, laboratory) should be a minimum of 75% of the construction costs of a new facility or the refurbishment costs of an existing facility.

Where it is proposed that a charitable gift is to be recognised through the naming of a facility, the actual name and period of naming should be discussed and agreed in advance by the principal decision makers.

Capital fundraising appeals

Where appropriate, a facility or room naming list should be prepared prior to the launch of a capital fundraising appeal. This list should include the proposed values for naming associated with each facility or room aligned with the development. The specific value of gifts for naming opportunities will be agreed on a case-by-case basis for each a capital fundraising appeal in line with HDdUHB policies and procedures.

In line with the Code of Fundraising Practice, charitable institutions and fundraisers in the UK are required to provide clear, transparent information regarding how donations will be used if a fundraising appeal raises more or less than the target. This is designed to ensure donors are treated fairly and can make informed decisions.

FUNDRAISING

Fundraising

Fundraising for Hywel Dda Health Charities (the charity) is actively encouraged. Anyone who wishes to raise money for the charity, whether it be staff, patients, their families, local businesses or the general public, should be encouraged to contact our Fundraising Team at the earliest opportunity.

The Fundraising Team is able to provide fundraising guidance and support for those who wish to raise funds for the charity to ensure that the fundraising complies with the relevant legal requirements and fundraising best practice:

Telephone: 01267 239815

E-mail: Fundraising.HywelDda@wales.nhs.uk

Fundraising Complaints Statement

In line with the requirements of the Code of Fundraising Practice and to ensure Hywel Dda Health Charities maintains a clear, accessible and public complaints process for all fundraising activity, the charity's Fundraising Complaints Statement forms part of this Financial Procedure (see [Appendix 8 – \(opens in a new tab\)](#))

Staff fundraising for Hywel Dda Health Charities

The participation in fundraising activities for the charity by members of HDdUHB staff is entirely voluntary and should not be imposed upon any individual member of staff.

Members of HDdUHB staff are however encouraged to work with the Fundraising Team to promote charitable giving and fundraising for the charity as well as their individual wards, services and departments.

Where individual members of staff, or a group of staff, wish to fundraise for the charity, they are encouraged to contact the Fundraising Team to ensure that the fundraising complies with the relevant legal requirements, fundraising best practice and for any relevant support to be provided.

As staff participation in fundraising activities for the charity is voluntary, fundraising activities must not take place during working hours or utilise HDdUHB resources without prior line management approval.

Members of staff must ensure that all staff led fundraising activities must not attract adverse publicity or meet with public disapproval that could damage the reputation of both the HDdUHB and the charity.

Fundraising must not take place at the bedside. Members of staff must not directly approach patients or visitors to request support for their fundraising activity; however, if they are approached by patients or visitors regarding the fundraising activity then offers of support can be accepted.

It is permissible to display information on staff fundraising activities for the charity within the HDdUHB estate, such as in patient waiting areas and on notice boards.

Staff fundraising for external charities

The participation of staff members in major national fundraising events (e.g. Children in Need, Red Nose Day, Macmillan Coffee Morning, Genes for Jeans) is permitted during the duration of each individual appeal, with line management approval.

Staff members are not permitted to fundraise or support the fundraising activities of external charities during working hours or to utilise HDdUHB resources (e.g. name, premises, email, office equipment etc) in relation to this.

In line with HDdUHB's Standards of Behaviour Policy, all HDdUHB staff must ensure that they declare any relevant interests (including those of close family members or associates) in external charities or charitable organisations to the HDdUHB for recording in the Register of Interests, which may include:

- A position of authority in a charity or voluntary body in the field of health and social care; and/or
- Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.

Charitable donations and external charities

All charitable income, including donations, received by HDdUHB staff must be banked, held and administered by HDdUHB. This applies to all charitable income intended to benefit HDdUHB's patients or staff including donations made as a token of thanks for care received.

Staff members are not permitted to hold any charitable income in external bank accounts or direct this income to any external charity or organisation not governed by HDdUHB.

Fundraising on the HDdUHB estate

To protect our patients, visitors and staff from the risks and confusion associated with fundraising activity by multiple charities, HDdUHB does not permit fundraising activities by external charities on the HDdUHB estate.

HDdUHB does however recognise a number of 'partner' charities who raise funds solely, or for the majority, in support of HDdUHB's services, patients and staff and whose aims are closely aligned to those of the charity.

HDdUHB permits its partner charities to raise funds on the HDdUHB estate. The nature of all partner charity fundraising activities on the HDdUHB estate requires the approval of the relevant relationship manager and the Head of Hywel Dda Health Charities.

Partner charities:

Organisation	Registered charity number	Relationship manager
Cardigan Hospital and Community League of Friends	1062054	General Manager Ceredigion System

Organisation	Registered charity number	Relationship manager
Friends of Glangwili General Hospital	250482	General Manager Carmarthenshire System
League of Friends of Aberystwyth Hospitals and Welfare Homes	253992	General Manager Ceredigion System
Amman Valley Hospital League of Friends	1038522	General Manager Carmarthenshire System
The League of Friends of the Llandovery Hospital	512714	General Manager Carmarthenshire System
The Llanelli and District League of Hospital Friends	501207	General Manager Carmarthenshire System
The Llanelli-Dinefwr Hospice Appeal Fund (Tŷ Bryngwyn)	702507	General Manager Carmarthenshire System
Prince Philip Hospital Breast Care Unit Fund (PPH BCU Fund)	1140533	General Manager Planned Care
Tŷ Cymorth (Carmarthen & District) Hospice Care Appeal	1020279	General Manager Carmarthenshire System
Withybush Hospital Cancer Day Unit Appeal	1130261	General Manager Cancer Services

External charities or organisations, other than HDdUHB’s partner charities, can seek permission to fundraise on the HDdUHB estate for the benefit of NHS services across mid and west Wales. Requests will be considered on a case by case basis by the Charitable Funds Sub-Committee. Applications should be made in writing to the Head of Hywel Dda Health Charities.

Supporting people in vulnerable circumstances

Hywel Dda Health Charities is committed to ensuring that all fundraising activity conducted by, for, or on behalf of the Charity is delivered safely, ethically and in a way that protects individuals who may be in vulnerable circumstances. This requirement aligns with the Fundraising Regulator’s Code of Fundraising Practice.

Vulnerability may arise from, for example: cognitive impairment or learning disability; illness, frailty or mental health conditions; bereavement or distress during care episodes; language/communication barriers; reduced capacity due to medication, confusion or clinical environment.

All staff communication with donor must be done sensitively, clearly and without pressure; monitor for signs of distress, confusion or misunderstanding; allow time and space for decision-making; decline or pause any donation if the individual may lack capacity; escalate concerns to the Fundraising Manager or the Safeguarding Team.

The Fundraising Manager will have oversight and report any concerns via established Charitable Funds governance structures. Oversight will include a routine review of fundraising activity, including complaints, concerns or safeguarding issues raised and incidents recorded where donations were declined due to vulnerability. Advice will be sought from HDdUHB's Safeguarding Team where themes or risks are identified.

EXPENDITURE

Expenditure from charitable funds will be for exclusively charitable purposes only, as defined by the Charity Commission. The expenditure shall satisfy both the objects of the relevant registered charity and the deed of trust of the specific fund.

It should be noted that expenditure on NHS staff is charitable only because it is perceived as conducive to the furtherance of the charitable purposes of HDdUHB.

The Corporate Trustee has a duty to apply funds unless the charity's governing document gives them the power to accumulate income or they have plans for specific applications. Clinical Care Groups are required to develop and submit annual expenditure plans to ensure that available funds are proactively and appropriately allocated.

The expenditure of restricted funds shall be within the terms of the original receipt. Applying these funds to other charitable purposes shall only be with prior consultation and agreement of the Charity Commission.

The expenditure relating to unrestricted funds should be spent within the original intention of the donor. Where these funds cannot be spent within the original terms, then they can only be reapplied for other purposes through Charitable Funds Committee approval.

All payments shall be made from the HDdUHB's general account and then recharged to the Charitable Funds bank account.

Purchase to Payment Process

All items of expenditure, **will need to be approved prior to the expenditure being incurred**. For this reason disbursements from petty cash from charitable funds are not permitted.

A 'Request for charitable funds expenditure' form (or equivalent electronic application form/business case template) needs to be completed in the first instance detailing the item of expenditure and

justification for spend, ensuring spend is eligible. [Appendix 6](#) (opens in a new tab) outlines the **list of eligible and ineligible expenditure under charitable funds**. A copy of the charity's funding application forms can be found at https://nhs.wales365.sharepoint.com/sites/HDD_Charities

Dependent on the type of expenditure being considered a number of pre-approval checks are required to ensure the items to be purchased are compatible with items purchased via exchequer funds.

- IT – requests involving the purchase of any IT equipment must be supported by the ICT Department
- Medical devices – requests for the purchase of medical devices must be accompanied by evidence of Statement of Need (SON) approval to ensure that support has been received from the Clinical Engineering Department and from the Head of Decontamination. A medical device is any piece of equipment that comes into contact with a patient and has diagnosis, treatment or alleviation of condition as its purpose, or any equipment connected to such devices e.g. infusion pump, bladder scanner, blood glucose meter
- Estates – requests involving any building or groundworks must be supported by the relevant estates site operations management team.

All requests for expenditure shall be approved by the appropriate authorisation level and processed by the Charitable Funds Support Officer who will check to ensure eligibility, approval and that there are sufficient funds in place.

Approved charitable funds request forms are valid for 3 months, during which time the expenditure must be spent or the approval of funds will be withdrawn after this time.

Purchase order expenditure requests shall be made through the Finance Oracle iProcurement System in accordance with self-service procurement desk top instructions.

Detailed process for approving & authorising charitable funds expenditure claims is outlined in [Appendix 5](#) (opens in a new tab)

Payment against orders will be made in the normal way following receipt of goods or services and the supplier invoice. The payment will be made by BACS transfer or cheque from the Health Board's General Account.

No retrospective submissions for reimbursement of expenditure should be made. Expenditure forms should include the nearest estimate of costs if costs are not known and should always be

completed before the expenditure is incurred. Where there are retrospective claims, these will be forwarded to the Charitable Funds Sub-Committee for consideration.

Procurement requirements

The procedure for requisitioning any items or services using money held in charitable funds is identical to that for Exchequer funds (revenue), therefore all procurement policies must be deemed to apply equally.

For items over £5,000 (excluding VAT)

In addition to the process set out above, completed and approved expenditure forms should be sent to the Finance Department along with evidence of compliance with procurement rules. Such evidence is:

- Items purchased are on Oracle catalogue
- 3 competitive quotations have been obtained (copies should be provided with the Expenditure form), and if not, justification
- There is a compliant public sector framework that the Health Board can utilise

For items over £25,000 (excluding VAT)

In addition to the process set out above, completed and approved expenditure forms should be sent to the Finance Department along with evidence of compliance with procurement rules. Such evidence is:

- Items purchased are on Oracle catalogue
- 4 competitive tenders have been obtained (copies should be provided with the Expenditure form) (and OJEU process followed for items above prevailing threshold)
- A single tender application (STA) form has to be completed and approved by the Fund Manager and sent to Procurement.
- There is a compliant public sector contract/ framework that the Health Board can utilize.

Where such evidence is not provided the expenditure request form will be returned to the requestor.

Tolerance levels for charitable expenditure approvals under £10,000

For funding applications up to and including £10,000, a tolerance level, equivalent to the lower of 15% or £150 of the value of funding approved, will be applied when approving Oracle requisitions subject to sufficient funds being held to cover the overall spend. This is to minimise the need for applications to be re-submitted for approval where there may be small discrepancies between the supplier quote value and the value of funding requested by a service. If as a result the actual cost exceeds £10,000, approval will be required from the Charitable Funds Sub-Committee before the spend can be incurred.

Capital Expenditure

Items over £5,000 in value and falling within the capital definition will need to be capitalised.

Requests to make capital purchases from the Charity may be put forward by the Fund manager, with appropriate approval. The revenue consequences of the purchase must be considered and details included in the request.

Charitable Funding for Study Leave

There is no requirement for applicants requesting charitable funding for study leave (courses or conferences) to complete the ‘Request for charitable funds expenditure’ form. Instead, requests for charitable funded study leave are incorporated into the Health Board’s study leave application process. This process enables applicants to apply for study leave that is scrutinised and approved for appropriateness by Learning and Development before being authorised by the relevant charitable funds signatories. This process will also ensure that all expenditure is approved prior to it being incurred. The application form can be found at https://nhs.wales365.sharepoint.com/sites/HDD_Workforce-development/SitePages/Study-Leave.aspx

Delegated Authorisation Level

The Finance Department will maintain a list of all authorised signatories, and will only process requests for expenditure that have been suitably authorised. The list of authorised signatories is available on the [intranet](#) and will require periodic review by the Service and Finance to ensure it is up to date.

Approval levels are as follows:

Expenditure Amount	Approval Required
Up to £2,000	Senior Nurse Manager Service Delivery Manager
Up to £5,000	System Assistant General Manager System Deputy Head of Nursing Deputy Head of Service
Up to £10,000	System General Manager System Head of Nursing Service General Manager Head of Service
£10,001 to £50,000	Charitable Funds Sub-Committee
£50,001 to £100,000	Charitable Funds Committee
>£100,000	Corporate Trustee

Where expenditure is in excess of £5,000 and satisfies the definition of capital expenditure the expenditure will be recorded as appropriate on the capital asset register.

Christmas festivities

The Charity is **not** able to support any staff celebrations or parties including gifts for staff.

The purchase of Christmas presents for inpatients is allowable under charitable funds with the following guiding principles:

- Gifts of a nominal value of up to a maximum of £10 per inpatient will be authorised by the Charity. An allocation to each inpatient ward will be calculated centrally and will need to be validated by Operational Managers.
- All patient Christmas gifts **must be non-monetary**. The distribution of money direct to patients at any time is strictly forbidden. Ward Managers should therefore arrange to buy suitable gifts (taking into account age, gender of anticipated patients) prior to Christmas for distribution on Christmas Day.
- No alcohol or tobacco to be purchased.
- Finance should be notified of any monies not used and this must be banked back into the Charity
- Receipts must be provided for all items purchased, with a deadline of mid January in the following year. If the receipts for all expenditure are not received by this date, Finance will reserve the right to inform Counter Fraud.
- No receipts dated after 25th December will be accepted as the gift is for the patients who are in hospital on Christmas Day

The Charity will also consider additional items of expenditure relating to the Christmas period for inpatient and other direct patient contact areas. The allocation will be up to a maximum of £150 per inpatient area and £60 for other departments. The Managers should apply for this by emailing the Charitable Funds Support Officer in Finance no later than the date advertised annually,

Final approval of the charitable funds Christmas monies will be sought from the Charitable Funds Sub Committee and a follow up report will be presented to the Charitable Funds Sub-Committee and Charitable Funds Committee in the quarter following Christmas.

Value Added Tax

The purchase of certain items/goods by or on behalf of an NHS body may be zero rated for VAT, provided they are:

- Purchased **wholly** from charitable funds

- Purchased by an eligible body wholly from funds provided by a charity or voluntary contributions
- Relevant goods as categorised below:
 - Medical, scientific, computer, video, sterilising, laboratory or refrigeration equipment used in medical research, training, diagnosis or treatment
 - Parts and accessories for use with the above item
 - Qualifying aids for the handicapped
 - Computer software solely for use in medical research, diagnosis or treatment and its repair and maintenance

To qualify for VAT zero-rating, the item must be used solely for the declared purpose, e.g. a computer may qualify where used entirely for medical research, however, if it were used partly for research and partly for general administrative work, exemption would not apply.

Before making a request for funds, a quote or other written assurance should be sought from the supplier that the zero rate would be applied. By completing a VAT zero-rating certificate will not guarantee that the zero-rate will be applied. It is at the supplier discretion to be satisfied that the item is eligible and all other conditions are met.

The Fund Holder should ensure that any items requisitioned from charitable funds are clearly marked as such on the requisition and marked as **Non-Catalogue** so that the additional information is visible to Procurement. In the 'Note to Buyer' section of the requisition the following statement should be included:

'THIS ORDER IS FROM CHARITABLE FUNDS. PLEASE ISSUE A VAT ZERO-RATING CERTIFICATE WITH THE ORDER'.

The VAT zero-rating certification is processed by NWSSP Procurement.

VAT exemption is also available where items are purchased specifically for fund raising. Such items include:

- Printed stationery
- Collecting envelopes
- Secure collection boxes which are capable of being locked or sealed containing the charity name
- Label badges, stickers, pens which are given free as an acknowledgement of a donation. Such items are not VAT exempt if sold to raise funds

Further information regarding the VAT zero-rating can be found in HMRC's VAT Notice 701/6. Section 4.11 of the notice includes a comprehensive list of the types of expenditure eligible and not eligible to the relief.

<https://www.gov.uk/guidance/charity-funded-equipment-for-medical-and-veterinary-uses-notice-7016#qualifying-goods-and-services> (opens in a new tab)

Donation of medical devices and other equipment

Where items are purchased and donated by an individual or organisation, outside the standard procurement process, all warranties should be in HDdUHB's name. Wherever possible we advise against using this method of purchase. It is best practice for the individual to donate the purchase cost and for HDdUHB to carry out the procurement.

Reporting

Fund managers will be sent a charitable fund report on a regular basis. The Finance Department will be responsible for maintaining an up-to-date distribution list.

The financial position of the charitable funds will be reported by the Director of Finance to the Charitable Funds Committee on a quarterly basis or otherwise as directed. The Charitable Fund Committee will be advised of all fund balances as requested.

The Charitable Funds Committee will also be advised of the performance of the investments held by the Charity.

The annual report and annual accounts of the charitable funds incorporating the full, not abridged, annual accounts will be submitted to the Charity Commissioners in accordance with Charity Commission guidance.

Investments

Currently the general power of investment means the power of investment, which is given to trustees by section 3 of the Trustee Act 2000. This Act imposes a duty on those acting as charity trustees, when exercising their powers of investment, to consider the need for diversification, in order to reduce the risk of loss should an investment fail.

Hywel Dda Health Charities shall contract an external Investment Advisor to provide advice on investment of surplus funds. The principles of the appointment will be as specified in the Investment Policy ([Appendix 3](#)). (Opens in a new tab)

In addition as corporate trustee, HDdUHB, in line with the ethos of promoting patient care, attempts to ensure that all investments are ethically and environmentally sound, and are not opposed to the "objects" of the charity. To support this the Charity shall maintain an ethical policy statement ([Appendix 3](#)) (opens in a new tab) which clearly states any ethical restrictions that it sees appropriate.

To ensure that appropriate advice and guidance is available for investments the following has been agreed:

- The Charitable Funds Committee on behalf of HDdUHB has the delegated authority to appoint investment advisors
- The external adviser appointed will be required to submit quarterly performance reports, and to attend the committee on an annual basis to advise on current performance, investment trends, opportunities and possible concerns.
- External adviser's performance will be reviewed quarterly by the Trustees, and will be subject to re-appointment on a 3 yearly basis. Any proposed change in provider shall be subject to formal tender procedures
- The bank deposit account will be subject to an annual review to ensure that competitive rates of interest are being obtained
- Interest will be received on investments on a regular basis. This will be apportioned over all funds, based on an average monthly balance method
- A separate fund will be maintained for the Permanent Endowment legacy due to this being a material capital in perpetuity. The interest can be spent, however the initial capital remains intact unless the Trustee adopts a total return approach
- Fees payable for external and advice on management of investments will be apportioned across all funds on an average monthly balance basis.

CASH AT BANK

The Charitable Fund bank account will be used to fund all charitable fund expenditure. Any surplus not required for immediate use shall be transferred for investment to the deposit account. The Charitable Fund bank account will be operated in accordance with HDdUHB's banking mandate. Any long term cash surpluses shall be transferred to the Charity's investment advisors.

Working balances & Reserves Policy

The working balances will be reviewed on regular basis to ensure there are sufficient accessible funds to meet its daily needs. Income expectations and future expenditure commitments and expenditure expectations will be taken account in the assessment.

The charity should not accumulate significant reserves and the charity has a reserves policy which justifies the holding of certain reserves ([Appendix 7](#)). (opens in a new tab)

Registration

HDdUHB will register with the Charity Commission, as per guidance, and will be required to submit annual accounts and an annual report to the Charity Commission for the charity. All bank accounts and investments of the charitable fund will be held in the name of the charity

HDdUHB will register further charities where there is a clear requirement to do so.

RESPONSIBILITIES

The Director of Finance is responsible for ensuring that robust processes and procedures are in place to ensure the management of charitable funds is within the objects of the Charity, and also within the rules and regulations as laid down by the Charity Commission.

The Charitable Funds Committee's purpose, acting as representative of the Corporate Trustee, is:

- To make and monitor arrangements for the control and management of the 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 trustees of the charitable funds held and administered by the Health Board.
- To agree issues to be escalated to the Board with recommendations for action.

FRAUD

All staff are required to comply with the Health Boards policies and procedures and apply best practice in order to prevent fraud, bribery and corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the [AW Raising Concerns \(Whistleblowing\) Policy](#) (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption then they can make a referral by contacting the Local Counter Fraud Department by telephone on 01267 266268, by emailing HDUHB.CounterFraudTeam.HDD@wales.nhs.uk or by making an online referral at <https://reportfraud.cfa.nhs.uk> (opens in a new tab). An anonymous referral can also be made by telephoning Crimestoppers on 0800 028 40 60.

The use of the Health Board or Charity name, brand or any implied association that has not been approved will be regarded as false representation and will fall under the auspices of the Health Boards Counter Fraud, Bribery and Corruption Policy and appropriate action will be taken. Those found not to be complying with the Charitable Funds Financial Administration and Governance Policy or are suspected of illegal activity may be referred to the Local Counter Fraud Department and risk disciplinary action.

Fraud Act 2006

The Fraud Act 2006 came into force on 15 January 2007 and provided, for the first time, a general offence of fraud. The act sets out three ways in which an offence under the Act may be committed, which are:

- Fraud by false representation
- Fraud by failing to disclose information
- Fraud by abuse of position

Bribery Act 2010

This can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind, which may influence the action of any person. Corruption does not always result in a loss. The corrupt person does not need benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

Offences covered by the Fraud Act 2006, and the Bribery Act 2010, may be considered and investigated in accordance with the Health Boards [815 - Counter Fraud, Bribery and Corruption Policy](#) (opens in a new tab)

Money laundering

This is a process by which the proceeds of crime are converted into assets which appear to have a legitimate origin, so that they can be retained permanently or recycled into further criminal enterprises. Criminals will attempt to distance themselves from their crimes by finding safe havens for their profits where they can avoid confiscation orders, and where the proceeds can be made to appear legitimate.

Money Laundering Regulations 2017 apply to any high value dealer, i.e. any organisation that accepts cash transactions in excess of €10,000 (approximately £9,000). However, the Proceeds of Crime Act 2002 applies to all transactions and can include dealings with agents, third parties, property or equipment, cheques, cash or bank transfers.

Offences covered by the Proceeds of Crime Act 2002 and the Money Laundering Regulations 2017 will be considered in accordance with the Health Boards 815 [Counter Fraud, Bribery and Corruption Policy](#) (opens in a new tab) and referred to NHS Counter Fraud Services Wales team for investigation where appropriate.

TRAINING

Training will be through dissemination of the procedure by global email, and will be accessible through HDdUHB's Intranet. Where there is a need identified in specific areas then a bespoke training programme will be developed to meet the specific area's needs.

IMPLEMENTATION

The procedure will be circulated globally by email and posted on HDdUHB's Intranet. Advice on the procedure may also be sought from the Finance Department.

FURTHER INFORMATION

Further information can be obtained from the Charity Commission web site <https://www.gov.uk/government/organisations/charity-commission> (opens in a new tab).

Appendix 1 – Sample Charitable funds donation form and flowchart

COMPLETING A CHARITABLE FUNDS DONATION FORM

1. DONOR'S CONTACT DETAILS

- Complete as fully as possible.
- All personal information is protected in line with UHB data protection policies.

2. DONATION DETAILS

- Insert amount of donation and state whether cheque, cash or card payment.
- *Card payments only available in General Offices at acute hospitals.*
- State clearly where the donor wishes to direct their donation if they have a specific purpose in mind.
- Note the name of the ward/department and code for the relevant charitable fund. (e.g. T900).
- Complete as fully as possible to ensure donations are directed to the correct fund.
- If the donor does not indicate where the donation should be directed, the donation will be banked in the hospital's general purpose fund.

3. SIGNATURES

- In person: Donor to sign the donation form.
- By post: If donation received by post, tick the relevant box.
- Officer accepting the donation must complete their details fully to confirm receipt of donation.

4. REASON FOR DONATION

- Include as much information as possible to ensure that thank you letters are personalised.
- Where appropriate, the Fundraising Team will access this information to contact donors for permission to publicise their support.

5. LETTERS OF THANKS

- State who is responsible for writing and sending a letter of thanks.
- It is recommended that a Thank you letter be sent for all donations over the value of £10.
- Ensure that copies of thank you letters are kept on file.

6. GIFT AID

- Please ask all donors to consent that the charity claims Gift Aid on their donation.
- Ensure that donor is aware that they must be a UK tax payer for their donation to qualify for Gift Aid.
- Gift Aid gives us an extra 25p for every pound donated. It is an income tax relief designed to benefit charities at no extra cost to the donor.
- In person: Donors should be asked to tick the Gift Aid box if they consent for us to claim Gift Aid.
- By post: For donations over £50, the Fundraising Team will contact the donor to obtain consent to reclaim Gift Aid.
- Gift Aid only applies to individual donations, not donations made by an organisation or community group.
- For sponsored/fundraising events, Gift Aid can only be claimed with completed sponsorship/Gift Aid forms.

IMPORTANT

- Donations must be kept secure and deposited at the nearest General Office within 48 hours.
- White copy of donation form must be sent to the donor as an official receipt of their donation (if not given in person at the time of making the donation)
- Yellow copy will be sent to Finance by General Office.
- Blue copy should be retained in the donation book.

Teitl / Title:	Enw(au) cyntaf / Forename(s):	Cyfenw / Surname:
Enw/Rhif Tŷ / House Name/Number:	Enw'r Stryd / Street Name:	
Tref/Pentref / Town/Village:	Sir / County:	Côd Post / Post Code:
Ffôn / Telephone:	Ebost / Email:	

Rwy'n rhoi i ymddiriedolwyr Elusennau Iechyd Hywel Dda, at ddibenion cyffredinol yr elusen honno, y swm o:
I give to the trustees of Hywel Dda Health Charities for the general purposes of that charity the sum of: £

Siec / Cheque: **Arian parod / Cash:** **Cerdyn debyd, credyd / Debit, credit card:**

Heb ymrwymiad, fy nymuniad yw y dylai'r rhodd gael ei ddefnddio ar gyfer:
Without imposing any trust it is my wish that the donation should be used for:

.....

Llfnod y rhoddwr / Donor's signature:

Ddim un perthnasol, rhodd trwy'r post / Not applicable, donation by post:

Derbyniwyd y rhodd gan / Donation accepted by:

Enw / Name: **Teitl swydd / Job title:**

Dyddiad derbybuwyd / Date received: **Llofnod / Signature:**

Rheswm dros gyfranny / Reason for donation:

Gwerthfawrogiad o'r gofal a dderbyniwyd / *Appreciation for care received*

Er cof am anwylyn / *In memory of a loved one*

Gweithgaredd/digwyddiad codi arian / *Fund raising event/activity*

Arall / *Other*

Gwybodaeth pellach / Further information:

Llythyr o ddiolch i'w paratol gan / Letter of thanks to be issued by:

Ward **Adran / Department** **Swyddfa cyffredinol / General office** **Tim codi arian / Fundraising team** **Arall / Other**

<p>Dim ond y rhoddwr, neu unigolyn â chaniatâd y rhoddwr gellir ticio'r blwch</p> <p><i>Rwyf am roi Rhodd Cymorth ar fy nghyfraniad ac ynrhyw gyfraniad a wnaif yn y dyfodol neu rwyf wedi'i wneud yn 4 mlynedd diwethal</i> <input type="checkbox"/></p> <p><i>Rwyf yn drethdalwr yn y DU ac yn deal os byddaf yn talu llai o Dreth Incwm a/neu Dreth Enillion Cyfalaf na swm y Rhodd Cymorth a hawliwyd ar fy holl gyfraniadau yn y flwyddyn dreth honno, fy nghrifoldeb i yw talu unrhyw wahaniaeth</i></p> <p><i>Rhowchwybod I ni os (i) ydych am ganslo'r datganiad hwn (ii) ydych am newid eich enw neu'ch cyfeiriad gartref (iii) nad ydych bellach yn talu treth ddigonol ar eich incwm a/neuch enillion cyfalaf.</i></p>		<p><i>Gift Aid box must only be ticked by the donor or with the donor's Consent</i></p> <p><i>I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years</i> <input type="checkbox"/></p> <p><i>I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid Claimed on all my donations it is my responsibility to pay any difference.</i></p> <p><i>Please notify us if you (i) want to cancel this declaration (ii) change your name or home address (iii) no longer pay sufficient tax on your income and/or capital gains.</i></p>	
ADRAN CYLLID A SWYDDFEYDD CYFFREDINOL YN UNIG – FINANCE / GENERAL OFFICE USE ONLY:			
Rhif taleb / Receipt number:			
Côd cyllidol / Financial code:	Derbyniwyd y rhodd gan / Donation received by:	Dyddiad / Date:	
GWYN/WHITE – RHODDWR / DONOR MELYN/YELLOW – CYLLID / FINANCE GLAS/BUE – ADRAN / DEPARTMENT			



**FFURFLEN RHODDION ELUSENNOL
CHARITABLE FUNDS DONATION FORM**

Rhif/Number:

Appendix 3 – Investments and Ethics Policy

1 BACKGROUND

The Trustee Board aims to ensure that donations and funds held by the Charity are spent effectively and efficiently for the benefit of the patients of Hywel Dda University Health Board. This means that they may not need to be spent straight away and there will be time between receiving donations and spending them when they can be invested to further increase their value and earn extra income for the Charity as well as to protect them in the short to medium term so that they are available to meet future expenditure on committed projects.

The Trustees have adopted this Investment Policy to regulate the activities of their Investment Manager from time to time and to meet the requirements of the Trustee Act 2000.

2 DEFINITIONS

Total return describes an investment approach that charities can adopt to manage their investments. Under this approach, the form in which investment return is received (for example, income, dividend or capital growth) does not matter. Instead, investments are managed to make the most of the total investment return they generate. A total return approach can give charities greater flexibility in achieving their investment objectives. This is because the focus is on investments that are expected to give the best overall performance, rather than on investments which will produce a particular level of income. Cash for the Charity's needs can be generated from both income and from cashing in the capital growth.

Short term portfolio: investments managed so as to be available to meet day to day cashflow needs, immediate funding requirements and to pay out grants awarded and other short term commitments made but not yet paid.

Long term portfolio: investments representing funds not required in the immediate or short term, and which are expected to be held for at least five years. Some short term risk to capital value can be tolerated in the interests of generating a longer term return.

Endowment: property held by the Charity under specific trusts where the capital cannot be spent but is invested to generate an income to be used for charitable purposes. Short and medium term risk to the capital value can be tolerated provided the real value of the capital is preserved over the longer term. Investments must produce an income distinct from the capital growth which the Trustee Board can spend on charitable activity.

3 THE LAW

As an unincorporated Charity our Trustee Board has the general powers of investment and duties provided for in the Trustee Act 2000, subject only to any specific provisions in the governing document. The Trustee Board makes full use of its powers to invest for the benefit of the Charity and its beneficiaries and reserves the right to hold any asset for the purpose of generating money, whether income or capital growth, with which to further the work of the Charity.

In accordance with the Trustee Act 2000 the Trustee Board will:

- exercise care and skill when making investment decisions
- select investments that are right for their charity; this means taking account of:
- how suitable any investment is for the Charity
- the need to diversify investments
- take advice from someone experienced in investment matters unless they have good reason for not doing so
- ensure there is a written agreement with anyone they decide to appoint to manage investments on their behalf, including a provision that the manager should comply with this Policy
- review investments from time to time
- explain their investment policy in the Annual Report and Accounts

4 LEVEL OF INVESTMENT

The Investment policy below will be as specified in the tender document for the appointment of the Investment Advisor. This shall be reviewed when the current appointment ends, or through the Charitable Fund Committee should circumstances dictate.

The investment fund is to be split into two, each with a different objective, as follows:

- Permanent endowment to be invested with the objective of maximising income, where the income is to be released from the fund.
- The remaining general investment with the objective of maximising the investment return, where the income, and capital are to be retained within the fund.
- The value of the investment fund may increase, or decrease over time dependent on the resource commitment of the charity
- The investment advisor is required to actively manage the investment fund. The Trustee is also open to suggestions to alternative approaches that investment managers may wish to put forward that they consider appropriate
- Investments are to have either a low or medium risk profile, and will be guided with advice from the successful investment advisor linked to past performance of those investments.
- The income stream of the charity comes mainly from donations and legacies. The Trustees are committed under Charity Commission guidance not to accumulate funds unnecessarily, and aims to spend income within a reasonable period. This commitment may affect the level of

investment, and an annual review and discussion with the investment advisor will be undertaken to adjustments required.

- As the investment fund is in relation to an NHS charity, the investments should take account of the contents of its ethical investment policy.

The Trustee Board cannot tolerate any risk to the capital value of its short term portfolio. The investment advisor will be expected to use a diversified mix of cash deposits and other assets with a guaranteed capital value to minimise the risks from institutional failure. Any income or capital growth will be incidental.

Costs can materially impact the long term value of an investment portfolio and are an important component in assessing different investment strategies. This does not necessarily imply that costs have to be minimised, as there are often circumstances when paying extra will be more than compensated by increased returns. Nonetheless careful management of costs is important in achieving the highest quality of returns on the portfolios and investment performance will be monitored net of all investment management fees.

5 ETHICAL POLICY

It has been determined that the following investments conflict with the charitable objects and purposes of the charity;

- Investment in the production, manufacturing or supply of tobacco products.
- Investment in the production, manufacturing or supply of alcoholic beverages.

Clearly there are some companies, in particular in the retail sector, which derive part of their turnover from the above two product groups. In proportion to harm caused by the moderate consumption of either the following limits are set, above which investment will not take place;

- Investment in the production or manufacturing of tobacco products at any level of turnover
- Investment in the supply of tobacco products where turnover of more than 5% is derived from this source.
- Investment in the production, manufacturing of alcoholic beverages where more than 25% is derived from this source.

6 REPORTING AND MONITORING

At the end of each quarter a valuation and accompanying report is to be provided by the investment manager(s) containing the following:

- a list of all investments held together with their respective book costs, current market value, and estimated income and yield
- a performance analysis for the period covered by the report providing the statistics necessary to allow monitoring against the performance requirements detailed in this policy
- a transaction schedule detailing both purchases and sales

- details of any non-market transactions and rights issues, capitalisations or other corporate actions
- a detailed review of the market environment for the period including specific comment on any strategic considerations affecting asset allocation or individual holdings in the portfolio, and any other economic considerations that are relevant.

The Charitable Funds Committee will consider the reports and presentations from the investment manager(s) together with current cashflow reports and forecasts.

Appendix 4 – GIFT AID Declaration form



GIFT AID DECLARATION FORM

Boost your donations by 25% of Gift Aid for every £1 you donate.

Gift Aid is a free, aimed benefit from the charity that you pay for the cumulative tax you pay. Your address is needed to identify you as a UK taxpayer.

giftaid it

I want to Gift Aid my donation of £: _____ and any donation(s) I make in the future or have made in the past 4 years.

Name of charity: Hywel Dda Health Charities

I am a UK taxpayer and understand that if I pay Income Tax and/or Capital Gains Tax then I am entitled to a Gift Aid claim on all my donations in the tax year. It is my responsibility to pay any difference.

My details

Title	First Name	Surname
Address		
Postcode		
Telephone	Email	

Please notify us if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

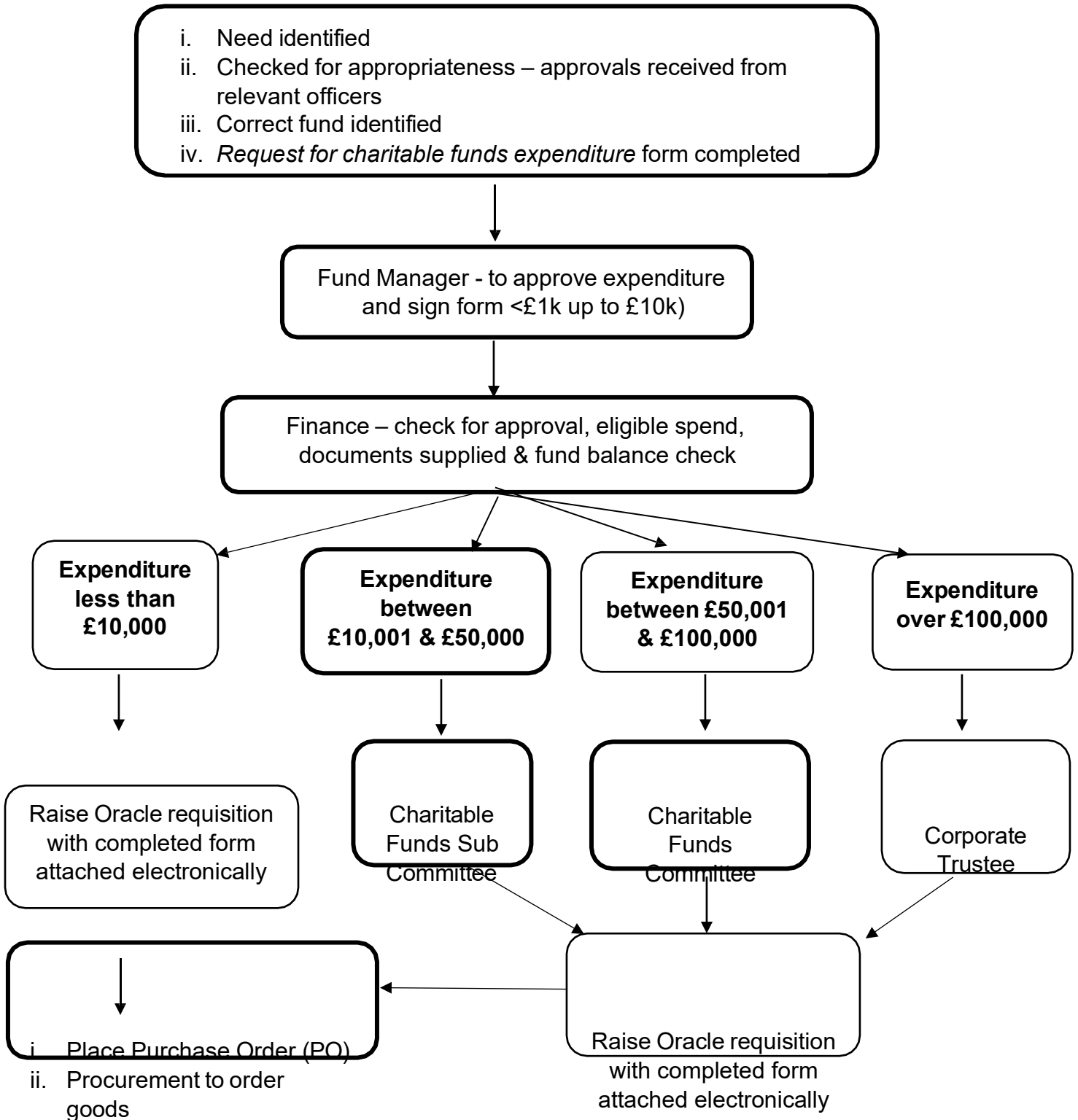
If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief, you must include all your Gift Aid declarations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please complete and return this form to:

Hywel Dda Health Charities, Second Floor, Block C, Government Buildings, Piccadilly, Cardiff, SA31 3BT

TE: 01267 239815 Email: Fundraising.HywelDda@wales.nhs.uk
Hywel Dda Health Charities - Registered Charity Number: 11478£3

Appendix 5 - Process for approving charitable funds requests and request for charitable funds expenditure form



Note: All requisitions must be completed within 3 months of the above checks. Any commitments older than 4 months will be unable to proceed without a new dated balance check

Committee / Trustee to also consider:

- i. Unusual expenditure
- ii. Requests with ongoing fund commitments
- iii. Revenue resource
- iv. Higher Awards & IT

Appendix 6 - Eligible and ineligible charitable expenditure



The Charitable Funds Committee has approved the following list of items that can and cannot be funded from our charitable funds.

Items that CAN be funded by charitable funds	Items NOT to be funded by charitable funds
1. Medical Equipment & Consumables	
<p>Medical and surgical equipment and its maintenance (when service plans are purchased with the equipment) for NHS patient care, education and research.</p> <p><i>Confirmation on how any running costs associated with the equipment will be met must be in place prior to purchase.</i></p>	<p>Medical and surgical equipment and its maintenance for private patient care unless such use is incidental to its main NHS use (i.e. less than 2% of total activity).</p> <p>Service plans for equipment purchased from other funding sources.</p>
<p>Medical and surgical consumables for new charitable funded equipment when ordered together. Incidental 'start up' stock to constitute no more than the first year's supply.</p>	<p>Ongoing medical and surgical consumables (e.g. dressings, implants, cannulae, hypodermic syringes, needles).</p>
<p>Medical and surgical consumables for new charitable funded equipment when ordered together. Incidental 'start up' stock to constitute no more than the first year's supply.</p>	<p>Ongoing medical and surgical consumables (e.g. dressings, implants, cannulae, hypodermic syringes, needles).</p>
Items that CAN be funded by charitable funds	Items NOT to be funded by charitable funds
2. Staff Education & Training	
<i>All charitable funds requests must comply with the UHB's Learning & Development Policy.</i>	
<p>Education and training (courses, conferences, higher award and academic studies), over and above that provided by the NHS, which will improve staff knowledge and performance in their roles within the NHS and demonstrate significant benefits to NHS patients. 100% of fees and associated costs can be funded in line with NHS subsistence rates.</p>	<p>Statutory, mandatory, or essential education and training (e.g. required by law, identified as necessary for staff to undertake their roles within the NHS, required for maintenance of professional registration, or considered essential to deliver service/workforce strategies).</p> <p>Backfill for staff attending education and training programmes.</p> <p>Applications for education and training which has already taken place.</p>
<p>Running costs associated with internally or externally run courses or conferences (including team skills development days) which are linked to identified education and</p>	<p>Alcohol for course refreshments.</p> <p>Honorariums above and beyond out of pocket expenses, in line with HMRC guidelines.</p>

training needs. E.g. speaker fees, room/equipment hire, refreshments (in line with NHS subsistence rates), honorariums, visiting speakers' accommodation.	Team building days/time out not linked to identified education and training needs.
Attendance at awards ceremonies (in line with NHS subsistence rates) when linked to identified education and training needs which will improve staff knowledge and performance in their roles within the NHS and translate to improved care to patients.	Attendance at awards ceremonies not linked to identified education and training needs or improvements in care to patients.
Overseas courses and conferences where there is clear patient benefit and no UK provision available within 12 months. Maximum of 75% of all reasonable costs, in line with NHS subsistence rates. Accommodation for a maximum of 1 night before and 1 night after the event. All applications will be referred to the Charitable Funds Sub-Committee for consideration on a case-by-case basis.	Cost of accompanying family members.
Library facilities and resources that enable NHS staff to improve their knowledge and performance in their roles.	
Items that <u>CAN</u> be funded by charitable funds	Items <u>NOT</u> to be funded by charitable funds
3. Patient Experience & Wellbeing	
Items that offer additional comforts to patients, their families, relatives and carers to make time spent in hospital more comfortable (e.g. arts and crafts materials, children's themed duvet covers, themed curtains, patient library facilities, TVs, radios).	Patient refreshments (e.g. tea, coffee, water, water coolers) as patient hydration is a mandatory requirement in the NHS.
Christmas extras for inpatient wards and patient facing areas including gifts of nominal value for those inpatients in hospital on Christmas Day. <i>Allocation of Christmas monies is coordinated centrally on an annual basis.</i>	Distributions of money to patients at any time. All patient gifts at Christmas must be non-monetary.
Books, educational DVDs, posters, leaflets, information screens for patient care.	
Wellbeing initiatives which demonstrate improved experiences and outcomes for patients and service users (e.g. arts in health programmes, patient support groups, surf therapy).	
Items that <u>CAN</u> be funded by charitable funds	Items <u>NOT</u> to be funded by charitable funds
4. Staff Wellbeing	

Tax implications can arise from staff benefits, tax advice should be sought if considered necessary.	
Initiatives that promote staff wellbeing which demonstrate a clear improvement in the wellbeing of staff that translate to improved care to patients.	Staff celebrations or parties (including weddings, special birthdays or retirements). Gifts for staff including flowers, monetary and non-monetary gifts.
Books, educational DVDs, posters, leaflets, information screens for education of staff or staff welfare and wellbeing.	Games or other entertainment for staff (e.g. gaming equipment).
Ward and departmental subscriptions to clinical journals where such journals are not available from the local staff library.	Personal subscriptions/memberships and professional insurance fees.
	Regulation staff uniforms, protective clothing, theatre shoes, non-static shoes, staff lockers. Including team fleeces or hoodies.
Refurbishment works or furniture, fixtures and fittings for indoor and outdoor staff rest areas or accommodation, which would result in an improvement in staff rest and welfare facilities where such enhancements would not normally be funded by NHS resources.	Furniture, fixtures and fittings for use in non-clinical areas by staff (e.g. offices) unless forming part of a charitably funded building/refurbishment project.
Items that CAN be funded by charitable funds	Items NOT to be funded by charitable funds
5. Building, Refurbishment & Improvements to Healthcare Environments	
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. Including improvement to outdoor spaces for patients, services users, visitors and staff.	Planned preventative maintenance or maintenance repair works (building and engineering). Health and safety expenditure consequent upon charitably funded works (e.g. safe asbestos removal). Upgrading/replacement of existing infrastructure or fixed plant (e.g. boilers, central switchgear) unless consequent on a charitably funded scheme. Where absolutely required and where no NHS exchequer funds are available, charitable funding of such works should never exceed 20% of total scheme cost.
Furniture, fixtures and fittings for use in clinical areas by patients, visitors, relatives or staff (e.g. beds, chairs, treatment couches, bedside lockers, artwork, curtains) that create more welcoming and comfortable surroundings.	Furniture, fixtures and fittings for use in non-clinical areas unless forming part of a charitably funded building/refurbishment project.
Items that CAN be funded by	Items NOT to be funded by

charitable funds	charitable funds
6. Research & Development	
Non-commercial medical research with direct benefits to NHS patients where ethical approval has already been granted and no other source of funding exists.	Commercial research or non-medical research.
Research where clear public/patient benefit potential is anticipated and where the results will be made publicly available. Funding will generally be limited to the balances in those funds that are raised and held specifically for purposes of research.	Research where the charity or UHB is unable to secure the intellectual property or other rights if the research is successful.
Items that CAN be funded by charitable funds	Items NOT to be funded by charitable funds
7. Other	
Staff posts for a limited time period (maximum of three years) where no other source of funding 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. Applications must outline the benefits to patients and the wider NHS and include a detailed exit strategy.	Recurring staff posts, except for situations where the role is undertaken exclusively for the benefit of the charity, i.e. fundraising staff funded from investment income.
Computer equipment and software for use in direct patient care (e.g. attached to radiography equipment, tablet computers for use in direct diagnosis or care and communication, virtual reality technology).	Computer equipment and software where used in administrative and support roles (e.g. patient administration or business support).
	Office furniture, equipment and materials for use in administrative and support roles (e.g. stationery, filing cabinets, notes trolleys, printers, scanners).
	Health and safety items (e.g. antibacterial gels, cleaning products/equipment, access equipment, industrial dishwashers).
	Portable heaters. Fans and air conditioning units.
	Staff communication and navigation equipment (e.g. phones, mobile phones and chargers, satellite navigation systems).

The public perception test

When considering applying for charitable funds, ask yourself the following questions:

- Would someone who puts a pound in a collection box be happy for it to be spent in this way?
- Would you be proud to tell a donor about this expenditure and the difference it will make?
- Is this a justifiable charitable purchase or should it come from an NHS budget?
- Is there a more effective use of the funds available?

Appendix 7 - Reserves Policy

1 INTRODUCTION

1.1 Terms of Reference

This policy is a requirement of the Charity Commission and has been prepared in accordance with guidance issued by the Charity commission, viz, CC19 Charities Reserves, March 2008.

A charity needs to have sufficient reserves to allow it to cover known liabilities and contingencies, absorb setbacks and take advantage of change and opportunity. Setting and keeping under review a reserves policy is a key part of effective governance.

The Trustee Board acknowledges its responsibility for ensuring the Charity has identified an appropriate level of reserves and for taking steps to achieve and maintain that level, and for keeping the level under review. This Reserves Policy sets the framework within which the Trustee Board will fulfil its responsibilities.

1.2 Background

Reserves are that part of a charity's unrestricted income funds that is freely available to spend on any of the charity's purposes.

The Trustee Board recognises the importance of deciding an appropriate level of reserves as part of active financial management and forward financial planning for sustainability. Failure to do this may result in reserves which are either:

- higher than necessary which would limit the amount that could be spent on charitable activities and therefore the potential benefits the Charity can provide to patients; or
- too low, creating a risk to the Charity's ability to carry on its activities in future, especially in the event of financial difficulties or unforeseen events, and therefore creating a risk of unplanned and unmanaged closure, and even insolvency.

This Reserves Policy aims to:

- fully justify and clearly explain why the Charity needs to keep a level of reserves
- demonstrate resilience and capacity to manage unforeseen financial requirements and give assurance the Charity can meet its financial commitments
- identify and plan for the ongoing effective, responsive and valuable support of the beneficiary NHS Body for the benefit of its patients
- reflect and help to address the risks of unplanned closure
- give funders and donors an understanding of why their support is needed to undertake a particular project or activity

- manage the risk to the Charity's reputation from holding substantial unspent funds without explanation
- explain to funders, beneficiaries, the public and the Charity Commission exactly what reserves are kept (or not kept) for and when they are to be used

In setting the level of reserves the Trustee Board has considered guidance from the Charity Commission including CC19: Charity reserves: building resilience.

1.3 Definition

"Reserves" is that part of a charity's income that is freely available for its general purposes. Reserves are the resources the charity can make available to spend for any or all of the charity's purposes once it has met its commitments and covered its other planned expenditure.

This definition therefore excludes;

- Permanent endowment
- Restricted funds
- Committed designated funds

The reason for inclusion of uncommitted designated funds within reserves is due to there being no legal restriction preventing the Trustees treating them as general purpose funds, and also if Trustees wish they can re designate these funds for different purposes.

This policy applies to both the umbrella charity and special purpose charities.

1.4 The Law

Charity law requires any income received by a charity to be spent within a reasonable period of receipt. The Trustee Board must be able to justify the holding of income as reserves.

Charities holding reserves that are greater than their needs will be subject to scrutiny and possible investigation by the Charity Commission. Trustees are justified in exercising their power to hold reserves only if in their considered view it is necessary to do so in the charity's best interests. If their power is used without justification then the holding of income in reserve might amount to a breach of trust.

The Charity Commission expects trustees to decide, publish, implement and monitor their charity's reserves policy so that they can comply with their legal duties to:

- act in the interests of their charity and its beneficiaries
- protect and safeguard the assets of their charity
- act with reasonable care and skill

- ensure their charity is accountable

The Charities SORP requires the Trustee Board to include in its Annual Report and Accounts:

- a statement of its policy on reserves;
- the level of reserves held and an explanation of why they are held;
- where material funds have been designated, the amount and the purpose of the designation should be explained;
- where designated funds are set aside for future expenditure, the likely timing of that expenditure.

2 THE NEED FOR RESERVES

2.1 There are a number of reasons why the charity needs reserves; as follows;

2.2 There could be insufficient balances in individual restricted and designated funds to meet the requirements or objectives of those funds.

2.3 There may be a requirement to incur expenditure which is exclusively charitable, and cannot be funded from revenue, for which there is not a relevant fund.

2.4 Future levels of income cannot be guaranteed with any certainty. The value of donations and legacies varies significantly from one year to the next.

2.5 To safeguard funds against fluctuation in the value of investments.

3 LEVEL OF RESERVES

3.1 Designated funds can only be excluded from the definition of reserves if there is planned expenditure for these funds. For this reason it is essential that fund managers formulate expenditure plans for these funds.

3.2 The value of fixed asset investments can go up or down. When values go down funds need to be safeguarded from such losses through the level of reserves retained.

3.3 There is no single level, or even a range, of reserves that is right for all charities. In setting an appropriate level of reserves for the Charity the Trustee Board should take into account the Charity's financial circumstances and other relevant factors. These include the need to:

- fund working capital – including fundraising, support and governance costs

- fund unexpected expenditure, for example when projects overrun or unplanned events occur
- fund shortfalls in income, when income does not reach expected levels
- optimise the balance between short-term spending and longer-term sustainability

Based on the definition of reserves above, and an assessment of the need for reserves by the Trustees, the following level should be maintained:

- A separate fixed asset investment reserve, based on 10% of the value of fixed asset investments retained (circa £550,000)
- A minimum of £500,000 to ensure there is sufficient funds for on-going commitments.

3.4 The fixed asset investment reserve shall only fall below 10% to cover losses in the value of fixed assets.

4 MANAGEMENT OF RESERVES

4.1 In order to maintain as low a level of reserves, it is important that expenditure plans are formulated for all the relevant funds.

4.2 Monthly financial reports are produced for all funds and in this way overall expenditure is currently monitored. Any designated funds where expenditure has not taken place as planned or expected will be reviewed to establish if the designation is still required.

4.3 The value of fixed asset investments performance reviewed on a quarterly basis.

4.4 The Director of Finance is responsible for these reviews. Any significant variances of reserves from the target level or range, and the reasons for them, will be reported to the Trustee Board by the Finance Director.

Appendix 8 - Fundraising Complaints Statement

Introduction

Hywel Dda Health Charities, registered charity number 1147863, is committed to providing the highest standards of service to our supporters, beneficiaries, and partners.

We take complaints seriously, as they help us improve and ensure transparency, accountability, and trust in our work.

This statement explains how to make a complaint, how it will be handled, and what you can expect from us.

Hywel Dda Health Charities is regulated by the Fundraising Regulator, the independent regulator of charity fundraising. The Fundraising Regulator sets and promotes the standards for all fundraising activity, known as the “[Code of Fundraising Practice | Fundraising Regulator](#)” (opens in a new tab).

Scope

This statement covers complaints about:

- The conduct or actions of the charity or its representatives (staff, fundraisers, or volunteers)
- The way our fundraising, communications, or services are delivered
- Concerns about how we have handled personal information

It does not cover:

- Matters relating to NHS care or treatment (these should be raised through [Patient support services \(complaints & feedback\) - Hywel Dda University Health Board](#)) (opens in a new tab).
- Employment grievances (handled through HR procedures)

How to Make a Complaint

We aim to resolve complaints quickly and fairly. We define a complaint as a situation or instance where either an individual or organisation, considers that Hywel Dda Health Charities has fallen short of their reasonable expectations and wishes to express their dissatisfaction.

You can make a complaint:

- In writing: Corporate Office, Second Floor, Block C, Government Buildings, Picton Terrace, Carmarthen, SA31 3BT
- By email: fundraising.hyweldda@wales.nhs.uk (opens in a new tab).
- By phone: 01267 239815

Please include:

- Your name and contact details
- A clear description of your complaint (including dates, people involved, and what outcome you're seeking)
- Any supporting information
- We encourage complaints to be made within 3 months of the issue arising.

Our Complaints Process

Stage 1 – Informal Resolution

- Where possible, we will try to resolve your concern informally and quickly (for example, by the relevant staff member or team).
- We aim to respond within 5 working days.
- If you're not satisfied, or if the matter is serious, it will move to Stage 2.

Stage 2 – Formal Investigation

Your complaint will be acknowledged within 5 working days of receipt.

A manager (or designated Complaints Lead) will investigate and may contact you for further details.

We aim to provide a full written response within 20 working days.

If the investigation takes longer, we'll keep you informed of progress and expected timeframes.

The response will include:

- A summary of your complaint
- What we found during our investigation
- Any actions we are taking to address the issue
- Information on how to appeal if you remain dissatisfied

Internal Review

We will analyse all feedback and complaints to identify any patterns, root causes, or areas where our services, fundraising practices, or supporter care may be strengthened. Internally, this may include reviewing procedures, updating guidance for staff and volunteers, implementing additional training, and making operational improvements to prevent similar issues from recurring. Outcomes and learning will be shared with relevant teams to ensure continuous improvement across the charity.

Appeals Process

If you are not satisfied with the outcome of the formal investigation, you have the right to appeal. The appeal must relate to how the complaint was handled or the outcome reached.

How to Appeal

You should submit your appeal in writing within 20 working days of receiving our formal response.

Please explain:

- Why you believe the outcome is incorrect
- Any aspects of the investigation you feel were incomplete or not fully considered

Who Will Review the Appeal

Your appeal will be reviewed by a senior manager who was not involved in the original investigation to ensure fairness and independence.

Appeals Process and Timescale

- We will acknowledge your appeal within 5 working days.
- A full review will be carried out, which may include revisiting evidence, speaking with staff involved, or requesting further information from you.
- We aim to provide a written response within 20 working days.
- If the review requires more time, we will update you on the revised timescale and next steps.

External Review

If you remain dissatisfied after our internal process is complete, you can refer your complaint to:

- The Fundraising Regulator (for fundraising complaints):
Website: www.fundraisingregulator.org.uk (opens in a new tab).
- The Charity Commission for England and Wales (for serious governance concerns):
Website: www.gov.uk/complain-about-charity (opens in a new tab).

Confidentiality

All complaints will be handled sensitively and in line with data protection law.

Information will only be shared with those directly involved in investigating or resolving the complaint.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Huw Thomas, Finance
Service Area	Hywel Dda University Health Board wide

Title of Procedure, Project, Proposal, Policy being screened:	FP 420 – Charitable Funds Financial Administration & Governance Procedure
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The purpose of this procedure is to ensure effective governance, correct and timely execution of financial duties, effective use of health board resources and protection of the public purse.

The aim will be achieved by

- Setting out the process to be followed to ensure all income due to the charity is identified and appropriate controls are in place for income collection and banking
- Outlining the criteria required for charitable funds reimbursement of expenditure
- Detailing the Charity Investment Policy, Ethical Policy and Reserves Policy
- Covering internal and external reporting requirements
- Explaining how the charity administers its investments
- Detailing the registrations required of the Charity

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures

The procedures required by the Finance Dept of the Health Board are for the most part mandated by the Dept of Health and the Treasury. Research of other Health Boards and an analysis of complaints received regarding previous procedures has shown that there is no impact on service users, staff or external bodies in relation to protected characteristics or human rights. Financial procedures are relevant to all those affected and apply equally to all regardless of protected characteristics. The procedures were drawn up by the Director of Finance with appropriate assistance from designated colleagues and were based on predecessor procedures.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](http://sharepoint.com)

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on people of different age groups.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will not have an impact on those with a disability.					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no effect on individuals who have undergone gender reassignment.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on individuals who are married or in a civil partnership.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on those who are pregnant or are on maternity.					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on people of different race or ethnicity.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on people who have a religious belief.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on one sex more than the other.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on individuals regardless of their sexual orientation.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on members of the Armed Forces and their families.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>

Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on individuals of different socio-economic group.			
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>
No Impact	<input checked="" type="checkbox"/>		
Justification of impact identified: This procedure applies to all staff that have an involvement in Charitable Funds. It will have no impact on opportunities for people to use the Welsh language.			

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](https://sharepoint.com)

Screening Completed by:	Name	Tim John
	Title	Head of Accounting & Statutory Reporting
	Contact details	Timothy.john@wales.nhs.uk
	Date	03.03.26
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Tim John
	Title	Head of Accounting & Statutory Reporting
	Contact details	Timothy.john@wales.nhs.uk
	Date	03.03.26
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/3/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

6.2

11:07, 15 Mins

6.2 - UPDATE ON THE RATIONALISATION OF CHARITABLE FUNDS HELD BY HYWEL DDA HEALTH CHARITIES

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

| For approval

Attachments

[Update on the rationalisation of charitable funds held by Hywel Dda Health Charities.pdf](#)

[Appendix 1 MHLD New Structure.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 March 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on the rationalisation of charitable funds held by Hywel Dda Health Charities
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Nicola Llewelyn, Head of Hywel Dda Health Charities Timothy John, Head of Financial Accounting

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

At its meeting on 20 March 2023, the Charitable Funds Committee (CFC) approved a programme of work to rationalise the number of charitable funds held within Hywel Dda Health Charities (HDdHC), with the aim of simplifying access.

Following extensive service and fund holder engagement, the CFC approved a number of changes to the charity's funds structure in March 2025.

This report provides the CFC with an update following the implementation of the new charitable funds structure during the 2025/26 financial year.

Cefndir / Background

The programme of work to rationalise the charity's funds was undertaken to address long-standing challenges within the charity's fund structure. With over 280 individual funds, many holding low balances that were difficult to spend, the existing structure limited the charity's ability to use donations efficiently. A substantial proportion of funds were also restricted or designated, meaning that large areas of HDdUHB had limited or no access to charitable funding. In addition, the number of funds created a significant administrative burden.

To respond to these issues, the approved programme of work focused on simplifying and the fund structure, providing clarity around the classification of fund, aligning funds to management structures and service pathways, and engaging with fund managers and services to ensure that charitable resources could be used more effectively across the organisation.

At its meeting on 18 March 2025, the CFC approved the implementation of a new structure which reduced the number of designated charitable funds from 289 funds to 180 funds.

Asesiad / Assessment

1. Expenditure on charitable activities to 31 December 2025

Expenditure on charitable activities has increased by 30% during the period ending 31 December 2025 compared to the same period in the previous financial year. The increase is largely due to the grants approved from the Making a Difference fund at the December 2025 CFC meeting (£370,345).

Figure 1: Expenditure on charitable activities to 31 December 2025

Resources Expended	Period ending 31 December 2025 £	Period ending 31 December 2024 £	Variance £	Variance %
Charitable activities (grant making)	940,613	722,870	217,743	30

However, charitable expenditure data also demonstrates an improvement in the utilisation of funds within the majority of the Clinical Care Groups (CCGs) suggesting that fund managers are now accessing funds more readily and in a more timely manner to support service priorities and enhance patient experience.

Figure 2: Comparison of CCG expenditure on charitable activities

	Dec-25 £	Dec-24 £	% Variance
Allied Health & Health Sciences	(1,159)	(475)	144%
Mental Health & Learning Disabilities	(47,270)	(23,938)	97%
Carmarthenshire System	(187,046)	(182,879)	2%
Ceredigion System	(132,907)	(44,776)	197%
Pembrokeshire System	(13,287)	(55,437)	-76%
Planned Care	(12,878)	(38,403)	-66%
Cancer Services	(141,249)	(103,838)	36%
Children, Women & Family Health	(60,892)	(38,690)	57%
Primary Care	(22,998)	(34,493)	-33%
Corporate	(320,928)	(199,943)	61%
Total	(940,614)	(722,872)	30%

While this overall trend is positive and consistent with the charity's intention to reduce the accumulation of unspent funds, a small number of areas continue to record low or minimal spend. Targeted engagement with these services will therefore take place during 2026/27 to support the proactive identification and progression of expenditure outside of centrally administered grant schemes.

2. Development of Clinical Care Group expenditure plans

Following the action agreed at a previous CFC meeting, a template was circulated to all CCGs requesting the development of an expenditure plan covering the next 12 to 24 months. A series of questions were included, designed to provide the CFC with a clearer, more detailed understanding of how charitable funds can best support their services.

Each CCG was asked to outline anticipated short-term expenditure and longer-term priorities as well as what local planning and staff engagement processes are in place to encourage the proactive use of funds. Questions were also posed on knowledge of funds and any challenges that may be preventing access to help us identify ways that we can improve the support services we provide.

To date, submissions have been received from Planned and Specialist Care, Mental Health and Learning Disabilities (MHL), and Pharmacy and Medicines Management. The

submissions provide a helpful insight into current planning approaches and highlight areas where further support may be required:

Priorities and planned use of funds

- Planned and Specialist Care identified cancer pathways, estate refresh and rapid access services as areas where charitable funds could add value, alongside needs relating to ortho-geriatrics and trauma.
- MHLD indicated that charitable funds are used to provide additional support beyond core NHS budgets, although no specific expenditure items were forecast at this time.
- Pharmacy outlined a clear intention to focus on staff wellbeing and education and development.

Planning and governance arrangements

- Planned and Specialist Care highlighted the need to further develop mechanisms for forward planning.
- MHLD and Pharmacy reported that charitable funds are standing agenda items at their respective governance meetings to facilitate approval processes and structured planning.

Awareness and engagement

- MHLD noted limited staff awareness of charitable funds across services and suggested a need for improved communication to encourage broader.
- Similarly, Planned and Specialist Care indicated that staff engagement is currently limited to senior teams.

Barriers and challenges

- All three submissions reported minimal barriers to accessing charitable funds, with established governance forums supporting appropriate use.
- MHLD noted that some services had been unsuccessful in accessing central funds such as the Making a Difference Fund however detailed feedback had been received to enable the services to re-apply.

To support all CCGs to produce full expenditure plans, the Head of Hywel Dda Health Charities and Head of Financial Accounting will work with the Deputy Chief Operating Officer and CCG service directors during the next quarter to strengthen forward planning within the CCGs and improve the visibility of available funds.

3. MHLD Clinical Care Group

A revised fund structure for the MHLD CCG is presented for the CFC's consideration and approval as Appendix 1. This follows the March 2025 CFC paper, which noted that the proposed structure for MHLD funds remained subject to approval from the relevant management teams. The draft structure previously submitted to the CFC was not supported by the wider MHLD management team. The original proposal recommended reducing the number of funds from 40 to 9 however the wider management team felt strongly that consolidating service specific funds into a small number of broader funds would risk reducing staff motivation to fundraise and undermine donor intention. In response to this feedback, the revised proposal reduces the number of unrestricted funds from 40 to 25 and introduces two new unrestricted funds for health board-wide services that are hosted by MHLD that operate separately from the core MHLD services.

4. Future priorities

During 2026/27, the following actions will be undertaken to progress to make further improvements to the charity's fund structure:

- **Re-align fund balances:** complete the accounting exercise to re-align fund balances where structural changes have resulted in funds needing to be moved into newly created or more appropriate designated funds. This will ensure that all fund balance reports accurately reflect the revised fund structure and provide a reliable basis for future financial planning and CCG expenditure plans.
- **Review of endowment funds:** undertake a review of endowment funds held by the charity in line with the updated Charities Act 2022 provisions to maximise the return and impact of permanent endowments for patient care. This will include assessing opportunities to utilise new flexibilities such as spending from smaller permanent endowment funds (up to £25,000) without Charity Commission approval and considering whether a 'total return' approach would enhance longer-term value. Recommendations will be made to the CFC for consideration.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

- **NOTE** the progress made in rationalising the charitable funds structure and the future actions identified to make further improvements.
- **NOTE** progress on the development of Clinical Care Group expenditure plans and the work underway to support the production of full plans.
- **APPROVE** the revised fund structure for the Mental Health and Learning Disabilities Clinical Care Group.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 To make and monitor arrangements for the control and management of the Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
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

Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Charities Guidance (updated 31/10/22) Charities Statement of Recommended Practice Streamlining NHS charitable funds – Healthcare Financial Management Association (HFMA) briefing December 2022
Rhestr Termau: Glossary of Terms:	Included in document.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The intention is to make it as easy as possible to access and spend donations in a timely manner on appropriate items to improve the patient experience.
Ansawdd / Gofal Claf: Quality / Patient Care:	The intention is to make it as easy as possible to access and spend donations in a timely manner on appropriate items to improve the patient experience.
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Area	Fund Name	Fund Type	Revised Fund Balance P10-26 £
Hywel Dda Wide			
	T552-Child and Adolescent Mental Health Service (CAMHS)	Restricted	79.22
	T603-Mental Health & Learning Disabilities Services	Unrestricted	55,945.37
	T605-Surf Tonic (CAHMS)	Unrestricted	2,045.72
	T612-Psychological Therapies	Unrestricted	3,723.87
	T613-Crisis Resolution & Home Treatment	Unrestricted	193.49
	T783-Child and Adolescent Mental Health Service (CAMHS)	Unrestricted	6,768.06
	T797-Community Substance Misuse	Unrestricted	1,592.34
	T798-Community Learning Disabilities	Unrestricted	2,948.61
	T969-Dementia Services (New fund)	Unrestricted	-
	T970-Neurodevelopmental Services (New fund)	Unrestricted	-
Carmarthenshire			
	T407-Cwm Seren Ward Fund	Restricted	1,139.25
	T415-Wellfield Resource Centre	Restricted	10,372.17
	T586-Low Secure Unit Cwm Seren	Restricted	1,103.77
	T691-Bryngolau Ward PPH	Unrestricted -	2,168.99
	T692-Swn y Gwynt Adult Mental Health	Unrestricted	2,374.27
	T693-Brynmair Adult Mental Health	Unrestricted	2,573.72
	T694-North Carmarthenshire Older Adult Mental Health Services	Unrestricted	1,888.61
	T695-Bryngofal Ward PPH	Unrestricted	16,276.91
	T697-South Carmarthenshire Older Adult Mental Health	Unrestricted	891.09
	T699-Morlais Ward GGH	Unrestricted	2,988.88
	T734-Wellfield Resource Centre	Unrestricted	5,002.86
	T795-Low Secure Unit Cwm Seren	Unrestricted	1,151.68
	T799-Cwm Seren Psychiatric Intensive Care Unit	Unrestricted	4,664.71
Ceredigion			
	T397-Enlli Ward	Restricted	181.06
	T871-Enlli Ward BGH	Unrestricted	2,761.43
	T872-Ceredigion Older Adult Mental Health Services	Unrestricted	258.40
	T873-Gorwelion Adult Mental Health	Unrestricted	6,103.17
Pembrokeshire			
	T737- Bro Cerwyn DH Fund	Unrestricted	27,013.32
	T931-St Non's Ward WGH	Unrestricted	33,012.30
	T932-St Caradog Ward Fund WGH	Unrestricted	3,068.55
	T934-Pembrokeshire Older Adult Mental Health Service	Unrestricted	794.15
	T937-Bro Cerwyn Adult Mental Health	Unrestricted	140.67

6.3

11:22, 10 Mins

6.3 - FUTURE FUNDING REQUESTS TO THE
MAKING A DIFFERENCE FUND

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

| For information

Attachments

[Update on Making a Difference Fund CFC March 2026.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Future funding requests to the Hywel Dda Health Charities Making a Difference Fund
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)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is presented to the Charitable Funds Committee (CFC) to provide a summary of the approach being taken for the next phase of applications to the Hywel Dda Health Charities (HDdHC) Making a Difference Fund.

Cefndir / Background

In June 2025, the CFC approved the ring fencing of £400,000 from the Making a Difference Fund to support an open call for applications between July and October 2025, with the intention of establishing twice yearly application windows moving forward.

The 2025 application window generated a significant level of interest, with 61 funding applications totalling £1.96m received. Of these, 44 progressed to full assessment and the 12 highest scoring applications were shortlisted for CFC consideration.

At its December 2025 meeting, the CFC approved funding for 10 applications (£370,345.30) and agreed that the next funding window should take place between January and April 2026, with recommendations to be made to the June 2026 CFC meeting.

Asesiad / Assessment

At its December 2025 meeting, the CFC considered the first round of open call applications to the Making a Difference Fund. This was the first time the general fund had been opened in this way and learning from the process was acknowledged in respect of:

- Wide variation of application quality.
- The potential for high impact ideas to be lost due to insufficiently developed applications.
- Strengthening consideration of exit strategies where relevant.
- Ensuring match funding opportunities are explored where appropriate.
- The need for clearer articulation of impact, including Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs), where appropriate.

- Staff posts should not be funded by the Making a Difference fund and applications re-directed to more appropriate funding routes.

The learnings from the first open call of applications have shaped the design of the second funding window and have been embedded in the approach being undertaken:

- **Eligibility criteria:** guidance has been refined to clarify that we are unable to accept applications for staff posts or from services that have sufficient designated funds to support the request.
- **Feedback to applicants:** structured feedback will be given to applicants following detailed assessment of bids. Applicants will be given an opportunity to revise their bids based on the feedback received and re-submit prior to final assessment. This aims to ensure that high impact projects are not lost due to poor quality applications.
- **Evaluation plans:** shortlisted applications will be asked to submit a comprehensive evaluation plan, proportionate to the value of funding requested, to ensure that the anticipated benefits can be clearly demonstrated, measured and reported. This aims to ensure that funded projects can evidence meaningful improvements for patients, service users or staff.
- **Scoring criteria:** the scoring criteria have been strengthened so that bids are assessed on set criteria focused on the demonstration of clear and meaningful patient benefit (impact and reach), how success will be measured and evidenced (impact), demonstrating value for money (efficient and appropriate use of funds) and ensuring lasting benefits beyond the funding period (exit strategy and sustainability).
- **Role of the Charitable Funds Sub-Committee (CFSC):** the role of the CFSC has been strengthened to approve the revised scoring criteria, review the scored applications and agree a prioritised list for CFC consideration. This aims to provide greater scrutiny and consistency for improved efficiency at CFC meetings.

The closing date for applications to the second funding round is 6 March 2026.

Bids will undergo an initial assessment and where improvements are required, detailed feedback will be provided, and applicants will be given the opportunity to strengthen their applications.

The closing date for final draft applications is 17 April 2026.

Scored applications will be considered by the CFSC on 5 May 2026 and a prioritised list for consideration will be submitted to the CFC meeting being held on 9 June 2026.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **NOTE** the summary of the approach being taken for the next phase of applications to the Hywel Dda Health Charities Making a Difference Fund.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

4.1 Within the budget, priorities and spending criteria determined by the Health Board as Corporate Trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts), apply the charitable funds in accordance with its respective governing documents.

	<p>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.</p> <p>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.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
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
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Financial reports CFC Terms of Reference Charitable Funds Financial Administration and Governance Procedure (FP 420)
Rhestr Termiau: Glossary of Terms:	Included within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Head of Accounting & Statutory Reporting Fundraising Manager Senior Communications Officer

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
Ansawdd / Gofal Claf: Quality / Patient Care:	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
Gweithlu: Workforce:	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Any recommendations within the report are in compliance with HDdUHB's Standing Orders
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	No EqIA is considered necessary for a paper of this type

7 - SUB-COMMITTEE UPDATES

7.1

11:32, 5 Mins

7.1 - CHARITABLE FUNDS SUB-COMMITTEE
UPDATE REPORT

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

| For assurance

Attachments

[CFSC Update Report_March 2026.pdf](#)

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
CF03111 Patient seating Accident & Emergency Department, Glangwilli Hospital £11,290.00 VAT exempt	<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
CF03443 Wellness & Patient Focus Garden Scheme Amman Valley Hospital £25,000.00 Inclusive of VAT	<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
CF03422 Retrospective request Holistic Acute Recovery Programme (HARP) patient support group	<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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7.2

11:37, 10 Mins

7.2 - CHARITABLE FUNDS SUB-COMMITTEE
ANNUAL REPORT

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

| For approval

Attachments

[CFSC Annual Report 2025.26.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Sub-Committee Annual Report 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	John Evans, Deputy Director Medical Directorate and Chair of the Charitable Funds Sub-Committee

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

The purpose of this paper is to present the Charitable Funds Committee (CFC) with the Charitable Funds Sub-Committee's (CFSC) Annual Report for the 2025/26 financial year.

The CFSC Annual Report outlines how the Sub-Committee has complied with the key responsibilities delegated by the CFC through its terms of reference to provide assurance in respect of the work that the Sub-Committee has undertaken during 2025/26.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) was appointed corporate trustee of the charitable funds by virtue of Statutory Instrument 2009 No. 778 (W.66), with the Board serving as its agent in the administration of the charitable funds held by HDdUHB.

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

The CFC has established the CFSC to ensure that HDdUHB's policies and procedures are followed in relation to its specialist designated and restricted funds, within the scheme of delegation for the charity.

As part of the CFSC's Terms of Reference, the Sub-Committee Chair is required to present an annual report within six weeks of the end of the financial year.

Asesiad / Assessment

1. Principal duties and key responsibilities

The overall purpose of the CFSC is to ensure that HDdUHB's policies and procedures are followed in relation to the expenditure of our named charitable funds. In particular to:

- Apply HDdUHB's charitable funds within the budget, priorities and spending criteria determined by HDdUHB as corporate trustee, in line with the charity's scheme of delegation, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts).
- Implement appropriate policies and procedures to ensure that all expenditure is reasonable, clinically and ethically appropriate.
- Agree issues to be escalated to the CFC with recommendations for action.

In respect of its provision of assurance to the CFC, the CFSC is required to:

- Provide scrutiny with a view to approving or rejecting all requests for expenditure over £10,000 and under £50,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.
- Provide scrutiny and onward assurance to the CFC on charitable expenditure.
- Provide scrutiny with a view to approving or rejecting:
 - Unusual or novel expenditure requests under £50,000
 - Overseas training requests including conferences and seminars requiring the attendance of participants outside of the UK.
- Requests from external charities or organisations, other than the Health Board's partner charities, to fundraise on the Health Board estate for the benefit of NHS services across mid and west Wales.
- Consider with a view to approving or rejecting all requests for the establishment of new charitable funds.
- Provide quarterly written updates to the CFC.

2. Meetings

The CFSC meets on a bi-monthly basis and, since April 2025, meetings have been held on five occasions and were quorate at each of the following meeting dates:

- 6 May 2025
- 8 July 2025
- 4 November 2025
- 13 January 2026
- 3 March 2026

The CFSC meeting scheduled for 9 September 2025 was stood down due to lack of quorum; a Chair's Action meeting was held on 16 September 2025 instead.

3. Membership

In September 2020, the CFC reviewed the function of the CFSC and approved amendments to the CFSC's terms of reference (ToRs) in relation to its overall purpose, operational responsibilities, membership, frequency and format of meetings. The CFSC ToRs are reviewed annually. The most recent review took place on 6 May 2025, and was subsequently approved by the CFC on 17 June 2025.

The CFSC's membership is comprised of colleagues from across HDdUHB with both operational and clinical backgrounds from within the portfolios of members of the Executive Team:

Membership during 2025/26:

- Assistant Director of Nursing, Patient Safety, Quality and Experience (Mental Health and Learning Disabilities Clinical Care Group)

- Deputy Director of Operations
- Head of Accounting & Statutory Reporting
- Deputy Director Medical Directorate (Chair)
- Deputy Director of Allied Health Professions
- Assistant Director of Organisation Development (Vice-Chair)
- Head of Capital Planning
- Assistant Director of Primary Care
- Assistant Director of Public Health Strategic Business and Operations
- Assistant Director Legal and Patient Support

In attendance:

- Staff Side Representative
- Head of Hywel Dda Health Charities
- Deputy Head of Financial Accounting
- Charitable Funds Accounts Assistant

4. Reporting to the Charitable Funds Committee

During 2025/26, the CFC received four written reports from the CFSC providing assurance that the Sub-Committee is exercising its duties in line with its terms of reference and operational responsibilities. The written reports have highlighted the expenditure approvals made within the CFSC's scheme of delegation in addition to any issues or matters of concern for the CFC.

CFSC update to the June 2025 CFC meeting

- Members received an update on the work of the Sub-Committee for the period 4 March to 6 May 2025.
- The CFC was updated on two expenditure requests with a combined value of £32,727.60 which had been approved.
- Members received assurance that the annual review of the Sub-Committee's Terms of Reference had been undertaken and was being reported to the June 2025 CFC meeting for consideration and approval as a separate agenda item.

CFSC update to the September 2025 CFC meeting

- Members received an update on the work of the Sub-Committee for the period 7 May to 8 July 2025.
- The CFC was updated on three expenditure requests with a combined value of £47,422.56 which had been approved.
- Members also considered an expenditure request that had previously been approved at the May 2025 CFSC meeting (CF03195 patient waiting room and kitchen refurbishment for Glangwili General Hospital Chemotherapy Day Unit). The request was re-submitted due to changes to the scheme that had been made at the request of the Senior Sister following her return from a period of absence (lighting and furniture choices) resulting in a cost increase of £1,483.51 which the CFSC approved.
- The funding requests submitted by the Planned and Specialist Care Clinical Care Group (CCG) were considered and approved pending CCG approval. This was due to the new governance processes that are being implemented within the CCG for charitable expenditure requests over the value of £10,000.

CFSC update to the December 2025 CFC meeting

- Members received an update on the work of the Sub-Committee for the period 8 July to 4 November 2025.

- The CFC was updated on four expenditure requests with a combined value of £53,259.83 which had been approved, one via Chair's Actions on 16 September 2025.
- During this period, the CFSC declined one expenditure request (CF03257) as the service did not adhere to the charity's financial procedure.
- Members discussed new governance arrangements requiring charitable requests to be routed through CCGs rather than delegated officers, noting this has caused confusion, delays, and may deter applications. Members were advised of meetings scheduled with CCG clinical and operational leads to encourage increased charitable spending and the proactive planning of expenditure.
- Members discussed the most transparent process for assessing and shortlisting funding applications received for the charity's general fund. It was agreed that the highest scoring bids would be prioritised for consideration at the December CFC meeting and that lower scoring bids should receive detailed feedback and be encouraged to re-apply to a future funding round.
- Members noted the Vice-Chair role will become vacant in December 2025 due to retirement and that the Director of Workforce and Organisation Development would be asked to nominate a deputy to maintain full Sub-Committee membership.

CFSC update to the March 2026 CFC meeting

- Members received an update on the work of the Sub-Committee for the period 4 November 2025 to 3 March 2026.
- The CFC was updated on five expenditure requests with a combined value of £60,938.73 which had been approved.
- Members 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.
- Members approved revised scoring criteria for the Making a Difference fund.
- 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.

5. Matters Escalated to the Charitable Funds Committee

During 2025/26 no issues or matters of concern were highlighted to the CFC.

6. CFSC meeting dates for 2026/27

The CFSC meeting dates for 2026/27 are set out below, together with the reporting timeframe for quarterly updates to the CFC:

Charitable Funds Sub-Committee	Update report to Charitable Funds Committee
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5 May 2026	9 June 2026
7 July 2026	8 September 2026
15 September 2026	8 December 2026
10 November 2026	8 December 2026
19 January 2027	11 March 2027
9 March 2027	11 March 2027

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **APPROVE** the Charitable Funds Sub-Committee Annual Report for 2025/26 and in respect of the work that the Sub-Committee has undertaken during 2025/26.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<u>Charitable Funds Committee</u> 12.6 The Committee shall establish the Charitable Funds Sub-Committee to ensure that the UHB's policies and procedures are followed in relation to specialist designated and restricted funds.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
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
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of CFSC meetings 2025/26
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Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Charitable Funds Sub-Committee Head of Hywel Dda Health Charities

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, as evidenced in the Sub-Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds.
Ansawdd / Gofal Claf: Quality / Patient Care:	The beneficiaries of NHS charities are NHS patients. All charitable funds expenditure requests considered by the CFSC demonstrate how spending will benefit NHS patients.
Gweithlu: Workforce:	Charitable funds expenditure will often be applied for the benefit of NHS staff however the overriding concern for the CFSC is how expenditure in aid of NHS staff will benefit NHS patients.
Risg: Risk:	A sound system of internal control, as evidenced in the Sub-Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.
Cyfreithiol: Legal:	Compliance with the Health Board's Standing Orders, and the Sub-Committee's Terms of Reference, requires the submission of an Annual Report to the Committee.
Enw Da: Reputational:	Risk to the charity and Health Board's reputation if it is perceived that charitable funds are used inappropriately.
Gyfrinachedd: Privacy:	Not applicable for this paper.
Cydraddoldeb: Equality:	Not applicable for this paper.

8 - FOR INFORMATION

8.1

11:47, 0 Mins

8.1 - CHARITABLE FUNDS COMMITTEE
ANNUAL WORK PROGRAMME

*Iwan Thomas (Hywel
Dda UHB -
Independent Board
Member)*

| For information

Attachments

[CFC Work Plan 2025-26.pdf](#)

HYWEL DDA HEALTH BOARD – CHARITABLE FUNDS COMMITTEE WORK PLAN 2025/2026

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 2025 – March 2026.

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper Deadline 3 June 2025 Exec Approved Papers to be received PRIOR to this date</i>	16 September 2025 <i>Final Paper Deadline 2 September 2025 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2025 <i>Final Paper Deadline 24 November 2025 Exec Approved Papers to be received PRIOR to this date</i>	17 March 2026 <i>Final Paper Deadline 3 March 2026 Exec Approved Papers to be received PRIOR to this date</i>
Governance					
Apologies	Chair	✓	✓	✓	✓
Declaration of Interests	Chair	✓	✓	✓	✓
Minutes from Previous Meeting	Chair	✓	✓	✓	✓
Table of Actions and Matters Arising	Chair	✓	✓	✓	✓
Annual Review of Terms of Reference	Chair	✓			
Annual Review of Scheme of Delegation	NLI/TJ			✓	
Annual Review of Charitable Expenditure Eligibility Criteria	NLI/TJ			✓	
CFC Annual Report to Board	Chair/SD / CSO	✓ (Draft 2024/25)			
CFC Self-assessment of Outcome Report – progress update (6 monthly)	CSO	✓		✓	
Risk & Assurance					
Assurance and Risk Report	NG				✓
Sub-Committee Terms of Reference: • Charitable Funds Sub-Committee	CFSC Chair	✓			

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper</i> <i>Deadline 3 June</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	16 September 2025 <i>Final Paper</i> <i>Deadline 2</i> <i>September 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	8 December 2025 <i>Final Paper</i> <i>Deadline 24</i> <i>November 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	17 March 2026 <i>Final Paper</i> <i>Deadline 3 March</i> <i>2026 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>
Sub-Committee Update Reports: • Charitable Funds Sub-Committee	CFSC Chair	✓	✓	✓	✓
Sub-Committee Annual Report: • Charitable Funds Sub-Committee	CFSC Chair				✓
Charitable Funds Committee Risk Register	SD	✓	✓	✓	✓
Operational/Strategic Issues					
Approval of policies and procedures relating to charitable funds on behalf of the Board (as required)	TJ	✓	✓	✓	✓
Consideration of charitable funds expenditure over £50,000 (as required)	Chair	✓	✓	✓	✓
Review of any approvals made outside the meeting via Chair's Action or via Corporate Trustee	Chair	✓	✓	✓	✓
Acceptance and recommendation of other relevant strategies, policies, procedures, and reports relating to charitable funds, as appropriate for ratification by Board (as required)	All	✓	✓	✓	✓
Review of the Rationalisation of Charitable Funds. (Streamlining of charitable funds.)	TJ/NLI				✓
Hywel Dda Health Charities Expenditure Plan	NLI	✓			

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper Deadline 3 June 2025 Exec Approved Papers to be received PRIOR to this date</i>	16 September 2025 <i>Final Paper Deadline 2 September 2025 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2025 <i>Final Paper Deadline 24 November 2025 Exec Approved Papers to be received PRIOR to this date</i>	17 March 2026 <i>Final Paper Deadline 3 March 2026 Exec Approved Papers to be received PRIOR to this date</i>
Annual Governance and support costs associated with the running of the Charity (for Board approval)	TJ/NLI				✓
Hywel Dda Health Charities Workplan 2025/26	NLI				
Future Funding Requests to the Making a Difference Fund	NLI				✓
<u>IMPACT OF CHARITABLE EXPENDITURE EVALUATION REPORTS:</u>					
COVERING INTRODUCTORY SBAR	NLI	✓	✓	✓	✓
Patient Experience: Bronglais Hospital FibroScan Ultrasound DB to present a patient story to CFC in 6-9 months.	DB	✓ DB - Confirmed 17 June 2025. Meeting invite forwarded.			
Update on Expenditure: Cancer Psychological Supports (CAPS) Project (Phase 2)	GB				
Update on Expenditure: 'Heads Up!' – Cancer Services Hair Loss Support	GB				✓ Final report
Update on Expenditure: Bronglais Hospital Chemotherapy Unit Project Closure Report	PS		✓		
Update on Expenditure: Arts in Health Provision Capacity Building Annual Review	LOC/KL				✓ Mid-term report (yr1)

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper Deadline 3 June 2025 Exec Approved Papers to be received PRIOR to this date</i>	16 September 2025 <i>Final Paper Deadline 2 September 2025 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2025 <i>Final Paper Deadline 24 November 2025 Exec Approved Papers to be received PRIOR to this date</i>	17 March 2026 <i>Final Paper Deadline 3 March 2026 Exec Approved Papers to be received PRIOR to this date</i>
Update on Expenditure: Therapeutic Live Music Programme for Critical Care (End of project)	ADT		✓ TBC Sept/Dec 2025	✓ TBC Sept/Dec 2025	
Update on Expenditure: Creative Activities for Staff Wellbeing - Arts in Health	KL/LoC				
Trainee Haematology Clinical Nurse Specialist Proposal for Ceredigion and Pembrokeshire. (End of project)	GB	✓ Final report			
Interactive singing and movement sessions for Older Adult Mental Health and Adult Frailty inpatient wards	KL		✓ Mid-term report		
Purchase of six replacement Paxman scalp cooling units, plus five-year maintenance and training contract	BP		✓ Final report		
Enhancement to the Outpatient area at BGH Chemotherapy Day Unit (CDU)	AP				June 2026 - Final report
<u>APPROVAL OF CHARITABLE FUNDS EXPENDITURE:</u>					
COVERING INTRODUCTORY SBAR	NLI	✓	✓	✓	✓
Performance					
Integrated Hywel Dda Health Charities Performance Report including: <ul style="list-style-type: none"> Investment performance 	NLI/TJ	✓	✓	✓	✓

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper</i> <i>Deadline 3 June</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	16 September 2025 <i>Final Paper</i> <i>Deadline 2</i> <i>September 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	8 December 2025 <i>Final Paper</i> <i>Deadline 24</i> <i>November 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	17 March 2026 <i>Final Paper</i> <i>Deadline 3 March</i> <i>2026 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>
<ul style="list-style-type: none"> Delivery of annual workplan against Strategic Objectives. 					
Allocation and Level of Cash Holdings (Report on the appropriate allocation of funds for the HDdHC to hold in cash, in addition to determining a reasonable level of risk on any such allocation across cash and investments.)	TJ	✓			
Draft Annual Accounts (2024/25)	HT/RD		✓		
Final Annual Report & Accounts (2024/25)	HT/RD			✓	
Annual Review of the Deposit Account Balance.	RD/NLI		✓		
HDdHC Investment Advisor Update (External CCLA) * NB Investment Advisor - to attend the June and December meetings in person and attend virtually in March and September.	DM/AC	✓ In person	✓ Virtual	✓ In person	✓ Virtual
For Information					
Matters and Risks for Escalation to the Board	SD	✓	✓	✓	✓
CFC Workplan 2024/25	CSO	✓	✓	✓	✓
Administration					
Agenda setting meeting with Chair & Lead Exec at least 6 weeks prior to meeting	CSO	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive	CSO	✓	✓	✓	✓

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper</i> <i>Deadline 3 June</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	16 September 2025 <i>Final Paper</i> <i>Deadline 2</i> <i>September 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	8 December 2025 <i>Final Paper</i> <i>Deadline 24</i> <i>November 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	17 March 2026 <i>Final Paper</i> <i>Deadline 3 March</i> <i>2026 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>
papers at least 14 days before the meeting					
Quality check agenda and papers prior to dissemination	CSO	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to meeting	CSO	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	CSO	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Exec review	CSO	✓	✓	✓	✓
Prepare 3 A's report to Board (to be signed off by Chair & Lead Exec prior to submission)	CSO	✓	✓	✓	✓
Prepare schedule of meeting dates for next financial year	CSO	✓	✓	✓	✓
Prepare Annual Workplan for next financial year	CSO	✓	✓	✓	✓
Invite Audit Wales representative	CSO			✓	
Corporate Trustee SBAR paper for board. Produced following each CFC meeting. <i>If no approval for funding over £100k can be stood down.</i> (Liaise with CM.)	NLI (SD is ED lead)	✓	✓	✓	✓

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

SD	Sharon Daniel	HT	Huw Thomas	JW	Joanne Wilson	NLI	Nicola Llewelyn
RD	Rhian Davies	TJ	Tim John	CFSC	Carly Hill	SMJ	Sian Marie James
DB	Donna Blinston	GB	Gina Beard	PS	Peter Skitt	LOC	Louise O'Connor
KL	Kathryn Lambert	ADT	Abbi Daneil Thomas	ST	Suzanne Tarrant	HH	Heather Hinkin
DM	Daisy Mannifield	CM	Clare Moorcroft	AC	Antonia Cavalier	D	Deferred
CSO	Committee Services Officer						

9 - MATTERS AND RISKS FOR ESCALATION
TO THE BOARD

10 - ANY OTHER BUSINESS

*Iwan Thomas (Hywel
Dda UHB -
Independent Board
Member)*

11 - DATE OF NEXT MEETING

*Iwan Thomas (Hywel
Dda UHB -
Independent Board
Member)*

9 JUNE 2026; 09:30 - 12:15