

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 December 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Consideration of funding requests from 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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In June 2025, the Charitable Funds Committee (CFC) ring-fenced an allocation of £400,000 from the Making a Difference fund for an open call of the submission of applications to the Hywel Dda Health Charities (HDdHC) general fund. This report is presented to provide an overview of the application process, the applications received, the assessment process, and a summary of eligible funding applications for CFC consideration.

Cefndir / Background

1. Charitable Funds Committee approval

At the June 2025 CFC meeting, the CFC approved:

- The establishment of a twice-yearly application window for funding applications from the Making a Difference fund (formerly the Support for Life Response Fund), subject to the caveat that this may change year on year dependant on the availability of sufficient funds.
- The ring-fencing of £400,000 for an application window to take place between July and October 2025.
- Retaining the remaining balance of the Support for Life Response Fund for a second application window in spring 2026 and to also meet any new or emerging needs that may arise.

2. Promotion of funding opportunity

In early July 2025, services and departments from across Hywel Dda University Health Board (HDdUHB) were invited to submit proposals, for both capital and revenue projects, that aligned to the charity's strategic funding priorities:

- Patient experience: enhancing the patient experience throughout the whole care and treatment journey.
- Staff wellbeing: supporting the wellbeing and professional development of HDdUHB staff.

- Innovation: encouraging and supporting innovation and excellence in the delivery of healthcare across HDdUHB.

This opportunity was promoted widely to operational and clinical leaders and through forums such as Clinical Care Groups (CCG) and Charitable Funds-Sub Committee (CFSC). Proactive and targeted engagement took place with those with little or no direct access to service specific designated charitable funds.

3. Initial review of applications

A total of 61 applications were received, amounting to £1,960,185.39. Of these applications:

- Two applications did not meet the charitable funds eligibility criteria (£7,001). These were withdrawn and the applicants encouraged to apply for departmental funding.
- 14 applications were from areas that had sufficient service-specific charitable funds to support the expenditure (£58,021.74). These were withdrawn and the applicants encouraged to apply to their own funds.
- One application was withdrawn (£112,110.00) following a review of the applications received by the Finance Business Partner for Planning and Major Projects as it was being funded from the Carmarthen Hwb capital scheme.

4. Detailed assessment

The remaining 44 applications (£1,783,052.62) were then assessed against the following scoring criteria approved by the Charitable Funds Sub-Committee (CFSC):

Impact and reach

- Does the application demonstrate clear and meaningful benefit?
- How significant and wide-reaching are the expected benefits?
- Will the expenditure improve outcomes or experiences for a wide group of patients, service users, or staff?

Value for money

- Does the proposal demonstrate an efficient use of charitable funds and reflect good value for money?
- Can the impact be measured?
- Is this the only source of funding available to the service?

Application quality

- Is the application well-developed and clearly presented?
- Does it include all necessary approvals and supporting documentation?

Equity of access

- Does the proposal support a service with limited or no access to charitable funds?
- Will funding help address disparities in access to charitable support across the organisation?

5. Charitable Funds Sub-Committee consideration

Following the detailed assessment, 12 applications with a combined value of £541,855.00, achieved a score of 50% or higher to progress to the next stage. These shortlisted applications were then reviewed by CFSC members who raised no objections and endorsed their submission to the CFC for consideration.

Asesiad / Assessment

It is important to note that this application process has differed from the usual approach:

- To ensure fairness and avoidance of undue advantage, applicants did not receive detailed feedback to on the quality of their applications prior to, or following, submission. The overall quality of submissions is therefore not consistent with the standard typically submitted to the Committee.
- While all 12 shortlisted applications represent the strongest submissions received and the better-quality applications, they may not necessarily reflect the most impactful projects from the overall 62 applications received. Applications should be considered within this context.
- The total value of these applications exceeds the £400,000 ring-fenced by the CFC in June 2025. Members should therefore determine the approach they wish to take, which may include:
 - Approving applications based on the quality of submissions and impact and reach;
 - Approving applications up to the £400,000 limit;
 - Approving additional funding to enable all requests to be supported.

Despite these limitations, the proposals summarised below align with the charity's objectives to support initiatives that improve the health, wellbeing and experience of patients, service users and staff across HDdUHB and present opportunities to deliver meaningful impact.

1. Summary of applications:

The Charitable Funds Committee is asked to review and consider 12 funding applications, totalling £540,074.60.

The uncommitted balance of the general fund at 24 November 2025 was £475,728.30. This excludes the £400,000 ring-fenced by the CFC in June 2025.

Reference	Service	Value £	Summary of request	Score / 40	CFSC comments
CF03317 <i>Appendix 1</i>	Tenby Cottage Hospital Community & Integrated Medicine	34,072.40	Main waiting area refurbishment to create a comfortable and welcoming space for patients to wait for their appointments.	31	What's the degree of additionality? Work could be considered routine maintenance/ upgrading. Unlikely to be prioritised through Discretionary Capital (DCP).
CF03339 <i>Appendix 2</i>	Low Secure Unit (LSU) & Psychiatric Intensive Care Unit (PICU), Cwm Seren Mental Health & Learning Disabilities	8,092.00	Patient gym refurbishment and purchase of new equipment. Training for four members of staff to receive entry level gym instructor training.	28	N/A

CF03347 <i>Appendix 3</i>	Adult Speech & Language Therapy Allied Health & Health Sciences	33,118.00	Purchase of 12 x Iowa Oral Performance Instrument (IOPI) assessment and rehabilitation tools for acute and community adult dysphagia rehabilitation patients.	27	N/A
CF03398 <i>Appendix 4</i>	Main Theatre GGH Planned & Specialist Care	13,079.36	Upgrade the GGH theatres reception area and enhance the paediatric recovery bay.	27	Little information provided on additionality.
CF03375 <i>Appendix 5</i>	Obstetrics, Gynaecology & Sexual Health Community & Integrated Medicine	8,025.00	Electric gynaecologic chair to establish a dedicated vulval diagnostic clinic in GGH.	26	Equipment appears to be fundamental to service provision.
CF03360 <i>Appendix 6</i>	Clinical Education Workforce & Organisation Development	123,697.30	Simulation manikins to deliver dynamic learning sessions for Health Care Support Workers HCSW during induction and Clinical Practice Development (CPD).	25	£24,471.00 approved in November 2023 for a portable manikin.
CF03380 <i>Appendix 7</i>	Parkinson Services - General Medicine Planned & Specialist Care	46,032.00	Parkinson's coordinator role across HDdUHB to improve the patient experience, reduce wastage and improve efficiencies (two-year project).	25	How does the role align to the annual planning cycle? What is the exit strategy after year two?
CF03335 <i>Appendix 8</i>	Prevention & Population Health Public Health	47,520.00	Installation of four Lifestyle Checkpoint (K2) health kiosks to provide regular, accessible, self-service health-checks for HDdUHB staff (at acute sites).	24	Currently being piloted in General Practitioner (GP) practices as part of an Enabling Quality Improvement Programme (EQIIP). Value in waiting for the pilot's findings to take into a new project? What are the protocols if a health issue is identified?

					Equity for staff that are not based at an acute site. Funding of ongoing maintenance.
CF03353 <i>Appendix 9</i>	Endoscopy Planned & Specialist Care	152,160.00	Colon capsule pilot project. Collate evidence for providing additional diagnostic capacity within the lower gastrointestinal (GI) cancer pathway to investigate and detect pathology of the colon.	24	Staff have received training to deliver this initiative but are not clear on why equipment not available.
CF03212 <i>Appendix 10</i>	Clinical Neuro-physiology Planned & Specialist Care	3,472.00	Specialised reclining patient chair for electroencephalogram (EEG) sessions.	24	N/A
CF03362 <i>Appendix 11</i>	Arts & Health Nursing Quality & Patient Experience	60,000.00	Installation of art in emergency departments to create calmer, more welcoming spaces that enhance both patient and staff experience Bronglais Hospital, Glangwili Hospital and Withybush Hospital (BGH, GGH, WGH).	23	Provisional budget, not supported by quotations. Is this the best use of funds for an Emergency Department setting?
CF03356 <i>Appendix 12</i>	Community Neuro-rehabilitation Service (Occupational Therapy) Allied Health & Health Sciences	9,996.54	Rehabilitation equipment for intensive upper limb programmes for neurorehabilitation.	22	N/A

2. Appendices

Appendices one to 12 contain details of each of the shortlisted applications. These were submitted using two templates; one for funding requests under £10,000 and the other for requests over £10,000.

Appendix 13 provides a summary of the 32 applications not shortlisted for CFC consideration. These applicants will receive detailed feedback to help improve their submissions and will be encouraged to re-apply in the next funding round.

3. Next steps

For the next funding round, it is proposed that an open call for applications will take place between January and April 2026, with submissions to be considered at the June 2026 CFC meeting.

The CFC is asked to determine the amount of funding to be ring-fenced for this application window and to determine the value of funding to be retained in the Making a Difference fund to meet any new or emerging needs that may arise.

The uncommitted balance of the general fund at 24 November 2025 was £475,728.30. This excludes the £400,000 ring-fenced by the CFC in June 2025.

4. Lessons learnt

It is acknowledged that the approach taken for this funding round has differed from the usual approach and opportunities for improvement have been identified. For future rounds, the following changes will be implemented:

- Extend the timeline to allow sufficient time for feedback to applicants following the initial assessment stage to improve the overall quality of bids. This would enable applicants to receive detailed feedback on their submissions and, where appropriate, revise and resubmit their applications before progressing to the next stage.
- Extend the role of the Charitable Funds Sub-Committee following the detailed assessment process to provide an additional layer of scrutiny. This would involve the CFSC being asked to agree a prioritised list for CFC consideration resulting in improved efficiency at CFC meetings.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

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

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 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.

4.21 Provide scrutiny with a view to approving or rejecting all requests for expenditure over £50,000 and under £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.

4.22 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.
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:	Assistant Director of Finance (Financial Planning & Statutory Reporting) Head of Accounting & Statutory Reporting Deputy Head of Financial Accounting 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.
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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

Application for charitable funds expenditure over £10,000

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

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

Section 1: Applicant		
Lead applicant		
Contact name:	Sallyann Lampert	
Job title:	Business Service Officer	
Department/Service:	County Management Team	
Clinical Care Group:	Pemb's CIM	
Management contact		
Contact name:	Jo Riggs	
Job title:	Business Service Manager	
Section 2: Application summary		
2.1 Title of charitable funds application:		
Tenby Cottage Hospital Waiting Room		
2.2 Brief description of your application:		
In no more than 50 words please tell us what you are requesting charitable funds for.		
I am requesting charitable funds to support the refurbishment of the main waiting area in Tenby Cottage Hospital. This is a focal point of the hospital with most patients attending the hospital spending part of their journey here.		
2.3 Total value of charitable funds requested:		£34,072.40 (including VAT)
2.4 Duration of project		Project start date: October 2025
		Project end date: April 2026
2.5 Strategic priorities		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		
Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	Staff experience: Supporting the wellbeing and professional development of University Health Board staff.	Innovation: Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes	Yes	No

2.6 Expenditure type

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

Medical equipment <i>please also complete Appendix 1</i>	Service development or improvement	Staff welfare and wellbeing
No	Yes	No (not directly)
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type:</i>
Yes	Yes / No	

Section 3: Case for support

3.1 Funding request:

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

To support the refurbishment of the waiting room in Tenby Cottage hospital. This proposal outlines the transformation of the only and main waiting room at the Hospital, transforming it into a serene, comfortable and welcoming space for patients to wait for their appointments. The waiting room is utilised by patients attending the hospital for various reasons, from the nurse led Walk-in Centre, outpatients, podiatry, dental and many others.

The charitable funds request is for the following changes;

New flooring – the current flooring is pitted, damaged and dated resulting in it looking unkempt and dirty. The most recent Health and Safety audit for TCH, as well as the routine cleaning audits highlight that damaged and pitted floors are an infection control risk, as well as a potential trip hazard.

Walls – Dents and marks from years of use to be filled in and fresh paint in a calming colour to promote a calm environment. Current leaflet displays to be removed and their location reconfigured. This will also allow us to better display important health information, giving increased emphasis to health promotion.

Children's area – paint a calm and child-themed mural on the wall of the children's area to interest them during what can be an emotional and anxious time for children, especially if they are visiting the WIC for an unexpected accident. Volunteers have come forward to offer support with this and would therefore only be requesting the cost of the materials. One of the volunteers is a local artist who has created similar pieces in schools in the Tenby area.

Seating – a range of new seating for patients to wait in comfort for their appointments. This would include seating to support frail patients (high back chairs with arms and pressure relieving properties) and seating for children. Comfortable seating will also support those who are waiting extended times for treatment at the WIC during the busier periods, which could be for up to 4 hours.

Sundries – side tables and new boards– these will better comply with infection control standards and support in the promotion of a calm and organised environment.

3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

This waiting room is the one of the first impressions patients will receive when attending an appointment within TCH. It is where patients wait for their appointments and if they are attending the Walk-in Centre. The waiting room has not been refurbished since the opening of the hospital in 2000. The numbers of patients attending TCH is increasing each year, and new services are requesting space to hold clinics and see patients. The Walk in Centre saw 767 patients in August alone. (see section 4.2 for detailed figures) The hospital needs a multi-functional, and up to date waiting area to accommodate this.

From talking directly with patients, the Hospital has received anecdotal feedback regarding the aging environment, uncomfortable areas and the lack of facilities. Offers have been received from visitors to the walk in centre to support in the creation of a mural for the children's corner

3.3 Project delivery plan:

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

Once funding is agreed, Estates will begin on the large scale parts of the works – flooring and walls. Then the creation of a mural in the children's area. Work is expected to be completed by the end of January 2026. Estates are already aware of the plans and have supported by acquiring quotes. Ordering and installation of the new furniture and sundries. End February 2026. Infection control will be consulted with, as well as the Hotel Facilities team to ensure Minor works to install wall mounted items and finalisation of project. It is anticipated that this will all be complete by April 2026, in time for the expected increase in patient numbers.

3.4 Risks:

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

There is a risk that there will be high numbers of patients attending the hospital which can impact on the speed in which works are completed. The plan is to mitigate this by having the works completed in what has been historically the quietest time of the year for the hospital. Space will always be earmarked for patients while the work goes on. Notifications will be erected to advise patients of the ongoing works and apologise for any potential disruption. It is anticipated there will be some impact to services being delivered, i.e. noise. Where possible, services will be moved to the other side of the hospital, and the day centre will be considered as a temporary waiting room. Work will be scheduled to ensure the least disruption to patients and staff. Estates have costed to complete the work out of hours to ensure the disruption is kept to a minimum and to ensure the safety of patients. Hotel facilities will be included in the plan to ensure the impact of infection control is minimal as the work is ongoing (i.e. dust). There will also be a deep clean included in the project schedule once work has been completed.

3.5 Additionality:

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

The provision of a new waiting room within our healthcare facility represents a significant enhancement to the patient experience and goes above and beyond the scope of core NHS provision. While the NHS is committed to delivering high-quality clinical care and maintaining essential infrastructure, the creation of a modern, welcoming, and accessible waiting environment is not mandated within standard service delivery frameworks. By investing in this facility, we aim to reduce anxiety, improve efficiency, and foster a more positive environment for all who access our services. The new waiting room will serve as a tangible demonstration of our commitment to continuous improvement and the delivery of care that extends beyond clinical treatment.

Section 4: Impact

4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

Note: You will be required to submit an evaluation report to summarise the impact at a later date.

Attending a hospital appointment for patients can be a daunting experience and a comfortable place to wait can allay some of these fears prior to the appointment. Further benefits include;

Improves patient experience and satisfaction – patients are more likely to feel valued and respected as we have taken the effort to produce a dedicated and fit for purpose space for them to wait.

Reflects the values and standards of Hywel Dda Health Board – it signals professionalism and care and reinforces the Health Board’s commitment to patient centred care.

This donation will also benefit the staff as it will highlight the commitment the Health Board has to TCH and staff will feel proud to direct patients to the waiting room.

Studies also suggest that investment in services, including upgrades and good upkeep greatly benefits staff morale.

4.2 Beneficiaries:

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

It is anticipated that the refurbishment of the waiting room could benefit an average 533 patients per week.

TCH welcomes approximately 25 visiting clinics per week. Each clinic can see between 1 and 20 patients. (take a mean of $10 * 25 = 250$ patients per week) +250 Podiatry run daily clinics and see approximately 10 patients per day (this can fluctuate as podiatry will also support the WIC and run their own drop-in clinics, increasing their numbers) ($10 * 5 = 50$)

+50

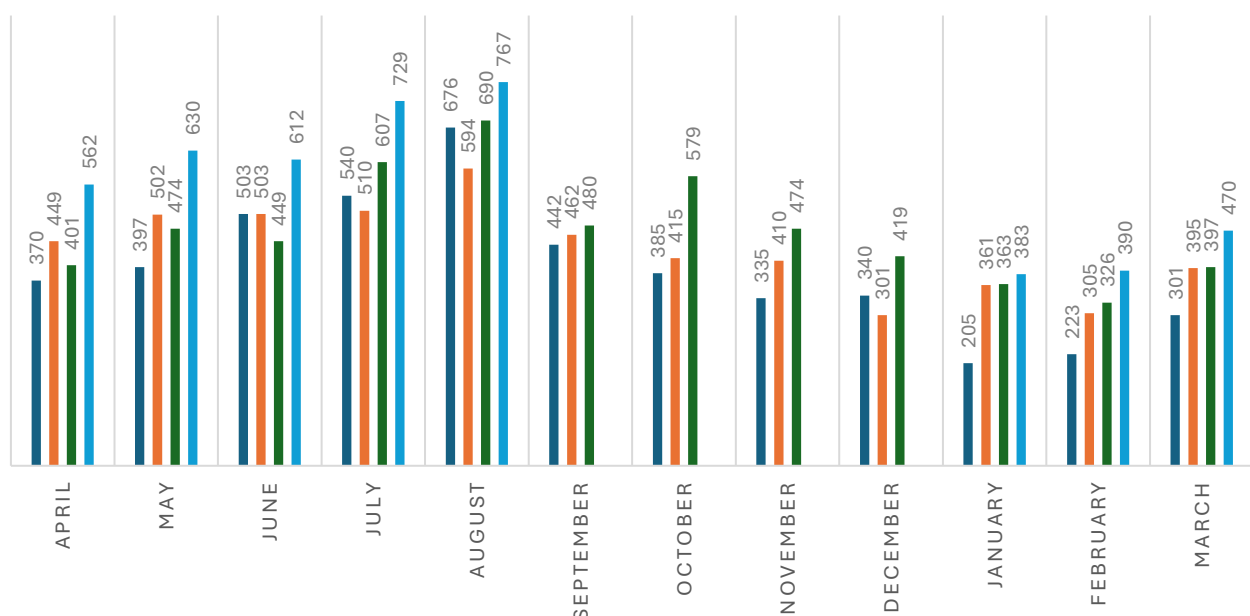
Dentistry run clinics 4 days per week

+20

Tenby Walk in Centre has seen a year-on-year increase of attendees as demonstrated in the graph below. 2025 data (Blue line) already shows a significant increase in attendees from January to August 2025. Each of these patients will have used the waiting room.

TWIC YEARLY COMPARISON

■ 2022 ■ 2023 ■ 2024 ■ 2025 (to Aug)



This year, this averages at 142 patients per week. This does not include figures of attending mums, dads, family members, carers, friends and spouses, which can fluctuate greatly, depending on the patient. (For the purpose of this exercise, it is

suggested a conservative estimate of 71 additional attendees per week. Some patients do come alone, but others will bring family and friends as highlighted above)
+142
+71

4.3 Evaluation methods:

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

The effectiveness of the expenditure will be measured by the collection of qualitative data from the following;

Patient Feedback Surveys – Regular surveys will be conducted to capture patient perceptions of the waiting environment, including comfort, accessibility, and overall satisfaction. Comparisons will be made with pre-installation feedback to assess improvements. We will also monitor responses specifically related to the waiting experience, identifying any positive shifts in sentiment following the refurbishment.
Staff Observations and Feedback – Staff working in the area will be invited to provide feedback on how the new space affects patients, communication, and their ability to deliver care effectively.

Usage and Accessibility Audits – Periodic audits will assess how well the space is being used, including accessibility for patients with mobility issues, sensory needs, or carers with children.

Baseline information will be gathered from User Groups to establish an overall feeling about the area prior to any anticipated works starting. Patient feedback has also highlighted discomfort and poor upkeep as recurring issues. This information has been gathered through informal complaints and comments to staff.

Section 5: Exit strategy (for revenue expenditure requests)

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

This will be a one-off expenditure which will greatly improve the space for years to come.

Section 6: Governance

6.1 Compliance:

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

This proposal will support in the management of Health and Safety, Cleaning audits and Infection Control, ensuring a safe environment.

This also respects HDUHB's Equality and Inclusion Policies, ensuring the space is accessible and inclusive.

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This request aligns with the Health Boards strategic objectives as it shows the HB's commitment to the following principles;

Safe – the proposed upgrade has been thought out with safety, quality and patient experience in mind. Ensuring that educational material is accessible and prominent within the design. Consideration has been given to the seating and overall layout of the proposed design to provide the best possible outcomes for patients.

Sustainable – this bid will support flexible and agile services. The use of Tenby Cottage Hospital encompasses Community, Primary and Specialist services.

It is a visual demonstration of the expected high standards within the hospital and supports an environment where staff are proud to say they work for HDUHB and in turn improves the reputational image of the Health Board.

Accessible – ensuring the facilities are fully accessible to groups within the population, including those with reduced abilities and specific challenges. Staff have been involved in the proposed layout and new seating suggestions to ensure that they are safe and suitable for all.

Kind – this proposal supports the specific needs of patients and their families to ensure a safe and welcoming environment to wait for their appointments.

Waiting Room improvements will also consider the Integration and Rebalancing Capital Fund (IRCF) revenue funded feasibility work currently underway, which relates to the development of Tenby Cottage Hospital into an Integrated Health and Wellbeing Centre as stated within the Health Board’s strategy ‘A Healthier Mid and West Wales’. This work will also align with the Pembrokeshire County Council Social Services Strategic Commissioning Plan and feasibility work supporting the intended development of a Care Campus in South East Pembrokeshire. Engagement and Co-production work, funded again through IRCF revenue funds, is taking place as part of both feasibility studies, to ensure input from the local community.



Section 7: Other

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

Section 8: Funding requirements

8.1 Cost breakdown:

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

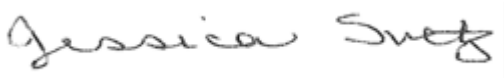
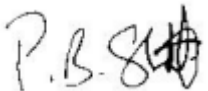
Item/Category	Cost (£)			Comments
	Net £ Exc. VAT	VAT £	Gross £ Inc VAT	
Flooring & Painting  Estates%20Department%20TENBY.docx			19,590.45	Total quote from Estates – see attached minor works form
Seating  quote 122540 rev1.pdf			8,219.52	
Mural			250.00	Up to £250 for materials only. Receipts to be provided as work progresses.
Lockable Fire Retardant Notice Board 900x1200mm x2 @£166.85 each (Lyreco) Via Oracle			333.70	

8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>	28,393.67	VAT £	5,678.73	Gross £ <i>Including VAT</i>	34,072.40
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8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
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Health Charities General Fund		T600
8.4 Alternative funding sources:		
Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.		
Due to financial constraints within the departmental budget, there is no ability to go above and beyond basic repairs and maintenance.		
Section 9: Authorisation		
9.1 Application prepared by:		
Contact name:	Job title:	Date:
Sallyann Lampert	Business Services Officer	10/9/25
9.2 Application authorised by:		
Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.		
Contact name:	Job title:	Date authorised:
Jessica Svetz 	General Manager Pembs CIM (Discussed and approved via Integrated Governance Group)	18/9/25
9.3 Clinical Care Group approval:		
Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.		
Contact name:	Job title:	Date authorised:
Peter Skitt 	Clinical Care Group Service Director – Community & Integrated Medicine	02/10/25
9.4 Finance Business Partner review:		
Please ensure that your Finance Business Partner has reviewed your application before submission.		
Contact name:	Job title:	Date reviewed:
Lynne Jones	Deputy Head of Business Control	26/09/25

Please return completed form via email to:
charitablefundsfinance.hdd@wales.nhs.uk

or via internal mail to:

Charitable Funds Support Officer
Finance Department
Ty Gorwel, Building 14
St David's Park, Job's Well Road
Carmarthen SA31 3BB

Appendix 1

Assessment for medical equipment (as per [Medical Devices Policy](#)):

Appendix 2

Assessment for building or refurbishment work (to be completed by Estates team):

Do you consider this request to be above and beyond routine maintenance work?	Yes	
Please explain your answer to the question above:	Estates revenue typically covers normal wear and tear. Refurbishment or replacement are typically capital funded.	
Are the costs provided based on a cost estimate or formal quotation?	Formal contractor quotes	
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	No more than normal	
If yes, please explain how these costs will be met.	N/A	
Estates authorisation I confirm that I have read this application in full and that I am supportive of the application. <i>M. Arnold</i>		
Contact name:	Job title:	Date reviewed:
Malcolm Arnold	Estates manager	21/11/2025

For Charitable Funds Finance Department

Application Reference Number:			
Fund Title:	Fund Code:	Current Fund Balance £:	
Finance review I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
Contact name:	Job title:	Date reviewed:	
Outcome of meeting CFSC/CFC I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
Meeting date:	Outcome:	Contact name:	Job title:

Estates Department

Request and Authorisation for Minor Works & Improvements

PART A: REQUEST FOR MINOR WORKS	
All of Part A must be completed by the client department and sent to one of the following:	
Llanelli	Stewart Evans, Site Operations Manager, Estates Dept. Prince Philip Hospital
Carmarthen	Kevin Jones, Site Operations Manager, Estates Dept. Glangwili Hospital
Pembrokeshire:	Malcolm Arnold, Site Operations Manager, Estates Dept. Withybush General Hospital
Ceredigion:	Elfyn Jones, Site Operations Manager, Estates Dept. Bronglais General Hospital
Locality/Directorate/	Community and Integrated Medicine, Pembrokeshire
SITE/Department/Ward	Tenby Cottage Hospital Waiting Room
Location of Work/Room Ref	Waiting room
Requested by	Sallyann Lampert Date: 1/9/25
Job Title	Business Service Officer
Contact Number	01437774052
Email Address	Sallyann.lampert@wales.nhs.uk
<u>Description of Work Required:</u>	
Walls in waiting room repainted neutral colour (magnolia or similar) holes filled where necessary. Flooring to be replaced	
PART B: MINOR WORKS COST ESTIMATE	
(To be completed by Maintenance Department and returned to requestor)	
<u>Scheme Title:</u>	
Redecoration to the waiting area at <u>Tenbys</u> cottage Hospital.	
<u>Full Extent of Works (full and detailed description required):</u>	
All works to be completed out of hours. Remove all furniture store safely preparation of walls <u>fill</u> and coat with primer	

Stain block to affected areas of waiting room. Making good to walls and ceiling's, applying two coats to ceilings and walls using emulsion to ceiling and acrylic eggshell to walls. Working out of hours as the area is in use 9 to 5 each day. Tower scaffolding will be required.

Flooring remove all old floors bond floor and fit vinal with skirting.

Estimate of Cost: a) Breakdown of all labour costs (specify type of labour); b) All estimated material costs c) Any other costs incurred	Labour – Electrician	
	Labour – Carpenter	
	Labour – Semi-Skilled	
	Labour - Mechanical	
	Labour - Painter	6075
	Labour - Building	5760
	Fees/Supervision	3657
	Materials	250
	VAT	3148
	Other Costs (Telecoms/IT/Hotel Services/10% supervision & Admin)	700
	Contingency	NIL
	Total	19590.45
Signed		
Job Title		
Reference Number Must be completed		
Scheme will be progressed via:	DLO In House	External Contractor
If using <u>contractor</u> please attach quotation obtained	Yes/No	Yes/No

Request for charitable funds expenditure

*For
Finance
use only*

Reference:

Fund Code:

1. Lead contact

Contact name: Caryl Griffiths	Job title: Ward Manager
Ward/Team/Department/Service/Directorate: Cwm Seren Low Secure Unit and Cwm Seren Psychiatric Intensive Care Unit. MHLD	
Contact address: Cwm Seren, Hafan Derwen, St David's Park, Carmarthen,	
Post code: SA31 3BB	
WHTN:	Mobile:
Telephone: 01267 239594	Email: caryl.griffiths@wales.nhs.uk

2. What item(s) are you asking us to fund and for what purpose?

Please give us as much information as possible so that we can determine whether your request is eligible for support. For any equipment, please provide details of supplier make, model and quote.

The request is for funds to refurbish the gym accessible for patients with new equipment, training for 4 members of the team and for estates to re-decorate.

Gym Equipment being requested all available from www.mirafit.co.uk:

1. RCM Pro treadmill £2,299.95
2. Mirafit air bike £799.95
3. Mirafit Olympic EZ curl bar with collars £59.95
4. Mirafit interlocking floor mats £44.95
5. Mirafit Olympic weight bar and bumper plates set £549.95
6. Mirafit Kettlebell set and weight rack £599.95
7. Mirafit Rubber Dumbbell set and 3 tier £999.95
8. Mirafit adjustable weight bench and squat Rack kit £279.95
9. Shipping £4.95

The training for staff would be at £435 per person x 4 people (£1,740) to achieve entry level gym instructor training. It is a fully online course provided by HFE ([Level 2 Certificate in Gym Instructing \(Online\) | HFE](#)), with recognised certification within the UK of Ofqual, and you can study at your own pace but recommends completion within 4-6 weeks.

Other

Viking Whiteboard Wall Mounted Magnetic Lacquered Steel Single sided 150 (w) x 100 (h)cm Available on www.viking-direct.co.uk £80.99

Estates

In addition the current gym requires cupboards to be removed from the walls, refreshing the room by painting and placing plastic splashback boards to prevent scuffs to walls, and installing a new whiteboard at a cost of £1,441.46

3. Why is this expenditure required?

Please provide details of how the need has been identified and who this has been discussed with.

The gym in Cwm Seren has been in situ for 10+ years with the current equipment which has now become condemned due to the wear and tear of all of the equipment making it unsafe to use. The gym was used daily by a number of patients from both wards in Cwm Seren and also the staff in Cwm Seren.

Patients with serious mental health problems often have poor physical health, with increased rates of obesity and related illnesses like cardiovascular disease and type 2 diabetes, gym facilities can help manage these physical comorbidities. The gym also offers the patients a structured, controlled way to engage in physical activity, which can significantly improve mood, reduce anxiety and depression and provide a healthy outlet for aggression. For many of the patients in Cwm Seren, they are an inpatient for a significant period of time (2+ years) with access to community restricted for prolonged periods of their inpatient time, having amenities like a gym for individuals helps alleviate boredom and frustration within the inpatient environment whilst promoting physical wellbeing. Access to gym facilities will be of tremendous benefits to patients health and improve patient experience.

Currently there is 1 staff who has previously had training to supervise patients using weights and develop exercise care plans with patients, others who trained have moved on from their posts in Cwm Seren. Having the additional 4 staff across the two wards trained would offer more flexibility for patients to utilise gym facilities across a 7 day period and additionally alleviate pressure of the remaining 1 member of staff. They would be able to develop and review physical health care plans as well as supervise patients utilising the equipment.

In addition to the patients utilising the gym there will also be scope for staff to utilise the facilities during their breaks. Having previously been able to access gym facilities on their breaks has contributed to improved staff wellbeing, team morale and productivity. Staff working 12.5 hour shifts with a 1 hour break generally do not have time to be able to travel to their gym and return within the allocated break. Cwm Seren LSU and PICU staff work in a challenging and stressful environment on a daily basis, having access to a gym will reduce stress as well as improve their physical and mental wellbeing and support improved focus and energy when caring for the patients on the ward.

This will also support us leading by example to our patient population, seeing staff caring about their physical wellbeing will help motivate patients to take care of their own physical wellbeing with the support of staff, and will blend into our healthy lifestyle programme that is delivered by Occupational health and nursing staff to our patients.

4. Why is this a charitable request?

Our charitable funds support expenditure over and above what the NHS can provide. All requests for support must offer value for money and demonstrate clear and direct benefits to patient care.

There is no budget enabling the replacement of the gym equipment. Having the gym refurbished and in working order will significantly improve patient experience for the inpatients at cwm seren, both LSU and PICU patients have greatly benefitted from it previously and since the equipment and room we have

is no longer available some patients (particularly those without leave to go into the community are struggling with boredom on the wards and the ability to maintain any physical exercise).

5. Total amount of funding requested

Net £
VAT £
Gross £
Excluding VAT *Including Vat*

Is this medical equipment?
Supplier name:

6. Fund details

Fund title:	General fund
Fund code:	T600

7a. Assessment for medical equipment

When buying medical equipment is it important to ensure that all UHB requirements are being met. Please answer the questions below as fully as possible.

Is this a new or replacement item?	Not applicable
Where will this equipment be located?	Not applicable
Have you consulted with the Medical Devices Steering Group?	Not applicable
Does this item appear on HDdUHB's Capital Planning List?	Not applicable
Risk: What risk assessments have been carried out?	Not applicable
Maintenance: Has support been gained from the maintenance/ estates department? Who will maintain the equipment?	Not applicable
Storage: Are there any storage implications?	Not applicable
Training: Are there any training implications?	Not applicable
Revenue costs: Details of any associated revenue costs and how they will be met	Not applicable
Capital costs: Details of any associated capital costs and how they will be met	Not applicable

Approval from Clinical Engineering Department: <i>Please attach supporting e-mail</i>	Not applicable
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8. Authorisation

Designation	Name, Job Title & Signature	Date
1. Requester	Name: Caryl Griffiths Job title: Ward Manager Signature: via email	01.10.25
2. Authorised signatory under £1,000	Name: Job title: Signature:	
Senior Nurse Manager, Service Delivery Manager, Head of Service or managers at equivalent level		
3. Authorised signatory under £10,000	Name: Lisa Bassett-Gravelle Job title: Head of Service Signature: 	01.10.25
Hospital or Service Director/General Manager, Head of Nursing or managers at equivalent level		
4. Authorised signatory under £50,000	<i>Charitable Funds Sub-Committee meeting reference:</i>	
Charitable Funds Sub-Committee		
5. Authorised signatory under £100,000	<i>Charitable Funds Committee meeting reference:</i>	
Charitable Funds Committee		
6. Authorised signatory over £100,000	<i>Corporate Trustee meeting reference:</i>	
Corporate Trustee		

FOR FINANCE DEPARTMENT

Directorate:	Reference Number:
Fund Title:	Fund Code:
Current Fund Balance:	Financial Code:
Eligible Expenditure: Y / N	Authorised Finance Signatory:

	Date:
--	-------

Please return this form to:

Charitable Funds Support Officer
Finance Department
Ty Gorwel, Building 14,
St David's Park, Job's Well Road,
Carmarthen, SA31 3BB

Tel: 01267 283055
WHTN: 01827 1655

Email: CharitableFundsFinance.HDd@wales.nhs.uk

Application for charitable funds expenditure over £10,000

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

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

Section 1: Applicant		
Lead applicant		
Contact name:	Sarah Davies	
Job title:	Clinical Lead Community Adult Speech and Language Therapy Service	
Department/Service:	Speech and Language Therapy	
Clinical Care Group:	Allied Health Professionals	
Management contact		
Contact name:	Alison Thomas	
Job title:	Deputy Head of Adult Speech and Language Therapy Services	
Section 2: Application summary		
2.1 Title of charitable funds application:		
Purchase of the Iowa Oral Performance Instrument (IOPI) assessment and rehabilitation tool		
2.2 Brief description of your application:		
In no more than 50 words please tell us what you are requesting charitable funds for.		
The request is to purchase the Iowa Oral Performance Instrument (IOPI) is a device used in dysphagia rehabilitation to measure and strengthen tongue and lip muscles. It supports safe swallowing by guiding isometric exercises with biofeedback, helping therapists set goals, track progress, and tailor therapy for improved motivation and outcomes.		
2.3 Total value of charitable funds requested:	£33,118	
2.4 Duration of project	Project start date:	Jan 2026
	Project end date:	---
2.5 Strategic priorities		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		

Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	Staff experience: Supporting the wellbeing and professional development of University Health Board staff.	Innovation: Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes	Yes	Yes

2.6 Expenditure type

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

Medical equipment <i>please also complete Appendix 1</i>	Service development or improvement	Staff welfare and wellbeing
Yes	Yes	No
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type:</i> N/A
No	No	

Section 3: Case for support

3.1 Funding request:

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

We are requesting charitable funds to purchase several Iowa Oral Performance Instrument (IOPI) for use in adult dysphagia rehabilitation within both acute and community Speech and Language Therapy services across Hywel Dda. The IOPI is a clinically validated device that measures and strengthens tongue and lip muscles, which are essential for safe and effective swallowing. It provides biofeedback during isometric exercises, allowing therapists to set personalised goals, monitor progress, and deliver targeted therapy. This tool would enhance patient outcomes, support recovery, and reduce long-term reliance on enteral feeding and hospital services.

3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

Currently, we have access to only one IOPI trainer device, which is restricted to a single site. However, this does not have the Pro system that is used to complement it which is utilised for assessment purposes and to develop therapy programmes. This significantly limits our ability to offer consistent, equitable care across the wider community caseload. Despite the limitations, where we have been able to use the device, we have seen positive outcomes in terms of patient engagement, measurable progress, and reduced reliance on long-term interventions.

Developments over recent years in our ability to offer instrumental assessments—such as videofluoroscopy and FEES—have led to an increase in recommendations for targeted dysphagia therapy, including exercises that benefit from objective measurement and biofeedback. However, our ability to deliver this therapy is constrained by limited access to the IOPI. We have been reliant on borrowing devices from the Cardiff Trauma Network and other services, which is not sustainable or scalable.

Without broader access to the IOPI, rehabilitation remains dependent on subjective observation and patient-reported effort, limiting the accuracy of assessment and effectiveness of therapy. Expanding access to this device would

allow us to deliver more targeted, evidence-based therapy and improve outcomes for a greater number of patients across our service.

Objective, targeted therapy using the IOPI can significantly accelerate recovery for patients with dysphagia, reducing the time they spend on modified diets and thickened fluids—both of which can negatively impact quality of life and nutritional status. By strengthening oral musculature, the device enhances airway protection, lowering the risk of aspiration pneumonia and related hospital admissions. The biofeedback provided by the IOPI improves patient engagement and adherence to therapy, as individuals can see and understand their progress. This leads to more efficient rehabilitation, quicker achievement of therapy goals, and earlier discharge from SLT caseloads. Expanding access to the IOPI across sites would ensure equitable, evidence-based care for all patients, regardless of location.

This has been discussed with Alison Thomas, Head of Adult Speech and Language Therapy Services and she has informed the Sara Quarrie the Director of the Allied Health Professionals and Healthcare Sciences Clinical Care Group. We are in the process of liaising with Clinical Engineering and Procurement Services and will update further on the progress of this.

3.3 Project delivery plan:

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

This project will be delivered by the Adult Community Speech and Language Therapy team within Hywel Dda University Health Board. The aim is to develop and expand access to the Iowa Oral Performance Instrument (IOPI) across multiple sites to support dysphagia rehabilitation.

Phase 1 – Procurement and Setup

- Purchase of additional IOPI device(s)
- Identification of priority sites based on caseload and current service gaps (likely stroke rehabilitation pathways initially due to high prevalence of dysphagia).

Phase 2 – Staff Training and Protocol Development

- Delivery of training sessions for SLTs on IOPI use and integration into therapy plans
- Development of standardised protocols for assessment, therapy, and documentation

Phase 3 – Initial Implementation in Stroke Rehabilitation

- Deployment of IOPI devices across the four acute hospital sites within Hywel Dda
- Integration into stroke rehabilitation pathways, where dysphagia is highly prevalent
- Staff training focused on stroke caseloads and early post-acute intervention

Phase 4 – Community Rollout and Continuity of Care

- Expansion of IOPI-supported therapy into community SLT teams
- Development of protocols to ensure continuity of care from hospital to community settings

- Ongoing training and support for community-based clinicians

Phase 5 – Monitoring and Evaluation

- Collection and analysis of patient outcome data (e.g. therapy duration, discharge rates)
- Patient and staff feedback

Progress will be monitored through Adult SLT Service meetings, outcome tracking, and feedback from clinicians and service users. This phased approach ensures targeted use in high-need areas first, followed by broader access to support continuity of care and equitable service delivery.

3.4 Risks:

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

1. Inaccurate Use or Interpretation

Risk: If used incorrectly, the IOPI may produce unreliable data or lead to inappropriate therapy decisions.

Mitigation: Provide comprehensive training for all SLTs using the device, including calibration, positioning, and interpretation of results. Develop standardised protocols and offer refresher sessions.

2. Patient Discomfort or Fatigue

Risk: Some patients may experience discomfort or fatigue during isometric exercises, especially those with neurological conditions or reduced oral sensation.

Mitigation: Begin with low-intensity exercises and gradually increase effort based on tolerance. Monitor patient response closely and adjust therapy plans accordingly.

3. Limited Access or Inequitable Use

Risk: If devices are not distributed fairly, some patients may miss out on the benefits of targeted therapy.

Mitigation: Use a phased rollout plan starting with high-need areas (e.g. stroke rehab), followed by community expansion. Track usage across sites to ensure equitable access.

4. Over-reliance on Device Data

Risk: Clinicians may focus too heavily on IOPI scores and overlook other clinical signs or patient-reported outcomes.

Mitigation: Emphasise that IOPI is a complementary tool. Encourage holistic assessment including clinical observation, instrumental findings, and patient feedback.

5. Maintenance and Device Failure

Risk: Devices may malfunction or degrade over time, impacting service delivery.

Mitigation: Establish a maintenance schedule, assign responsibility for device care, and ensure access to technical support or replacement parts.

3.5 Additionality:

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

While dysphagia rehabilitation is a recognised part of NHS Speech and Language Therapy services, access to advanced tools like the IOPI is not routinely funded or available across all sites. Currently, our service has access to only one device,

which is limited to a single location and this restricts our ability to deliver consistent, evidence-based care across the Health Board. The IOPI offers objective measurement and biofeedback that significantly enhance the quality and effectiveness of therapy, supporting faster recovery, reduced reliance on modified diets, and improved patient outcomes. These benefits go beyond what is achievable through traditional therapy methods alone. Expanding access to this technology would allow us to deliver a more equitable, innovative, and outcome-driven service that is not currently possible within standard NHS resource allocations.

Section 4: Impact

4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

Note: You will be required to submit an evaluation report to summarise the impact at a later date.

The IOPI (Iowa Oral Performance Instrument) offers several positive benefits for patients with speech and swallowing difficulties. It provides objective measurements of tongue and lip strength, allowing clinicians to identify oral motor weakness and allowing patient and clinicians to clearly track progress over time. By improving the strength of the muscles involved in the oral and pharyngeal stages of the swallow it helps to reduce aspiration risk and enhances bolus control which may reduce time on modified diet/fluids and reduce length of hospital stay.

For speech, the IOPI contributes to better articulation and oral motor control, especially in individuals with neurological conditions such as stroke, Parkinson's disease, or traumatic brain injury. Its biofeedback feature engages patients more actively in therapy, boosting motivation and adherence. Once a tailored exercise programme is devised by a clinician, patients can use the IOPI independently, including at home, which increases therapy intensity and accessibility. Clinically, it supports documentation and justification of therapy outcomes, making it a valuable tool for both patient care and service evaluation.

4.2 Beneficiaries:

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

The initial focus for introducing the IOPI device within the dysphagia rehabilitation service will be on patients recovering from stroke, given the high prevalence of swallowing difficulties in this group. According to the National Clinical Guidelines for Stroke, dysphagia—difficulty swallowing food, fluids, and saliva—occurs in approximately 40% to 78% of patients following an acute stroke. Within Hywel Dda University Health Board, there are four stroke units located at Bronglais, Glangwili, Prince Philip, and Witybush Hospitals.

The IOPI device will also benefit a wide range of patients with other neurological conditions such as Parkinson's disease, multiple sclerosis, and motor neurone disease in addition to patients with age related dysphagia due to frailty. As part of a targeted therapy programme, it can be utilised to maintain swallow function for longer in progressive neurological conditions.

While it is difficult to determine precise figures, it is estimated that over 80% of referrals to the Speech and Language Therapy service are related to dysphagia. This indicates that a substantial proportion of the caseload may benefit from the use of the IOPI device, provided they possess the cognitive capacity to actively engage in structured therapy programmes.

4.3 Evaluation methods:

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

Clinical outcome measures such as the Dysphagia Therapy Outcome Measures (TOMs) and the Functional Oral Intake Scale (FOIS) can be used to monitor changes in a patient's swallowing ability over time. The IOPI Report Generator software supports this by producing clear visual summaries of patient progress, which are valuable for audits, clinical supervision, and service evaluation. These visual outputs can be complemented by individual case studies to illustrate the impact of therapy on patient outcomes in a more personalised and meaningful way.

Section 5: Exit strategy (for revenue expenditure requests)

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

Once initial funding has been secured for the IOPI devices and consumables, the ongoing costs to the SLT service are relatively modest and primarily relate to consumables (replacement tongue bulbs for hygiene) and maintenance.

Section 6: Governance

6.1 Compliance:

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

The IOPI is a medical device which is suitable for use in NHS clinical settings and would be included in the Medical Device Management Policy. Use of the device would also be subject to infection control protocols and routine risk assessments. As part of the project a Standard Operating Procedure (SOP) will be developed for the use of the system.

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

The funding of the IOPI device to improve dysphagia rehab within Hywel Dda aligns closely with the strategic aims set out in "A healthier Mid and West Wales: Our Future Generations Living Well". The strategy emphasises a proactive, preventative model that promotes independence, wellbeing and recovery. The IOPI device supports this by enabling targeted, evidence-based rehab for individuals with acquired neurological conditions.

By improving oral motor function and maintaining swallow safety, the IOPI helps reduce complications such as aspiration pneumonia, malnutrition, and hospital readmissions—contributing to better long-term outcomes and more sustainable care.

Section 7: Other

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

[Home - IOPI Medical](#)

[Studies - IOPI Medical](#)

Section 8: Funding requirements

8.1 Cost breakdown:

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

Item/Category	Cost (£)			Comments
	Net £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
4 x IOPI Pro Standard System	£11,248			1 unit @ £2812
8 x IOPI Pro Trainer System	£15,360			1 unit @ £1920
Tongue Bulbs (box of 10) x 40	£6,480			1 box of 10 @ £162 10 x boxes per site = 100 bulbs per site £16200 (4 sites)
Delivery	£30.00			awaiting
				Price list also attached for info

8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>	VAT £	Gross £ <i>Including VAT</i>
33,118		

8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
Hywel Dda Health Charities General Fund	T600

8.4 Alternative funding sources:

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

Speech and Language Therapy is a relatively small service within Hywel Dda University Health Board and does not routinely receive charitable donations or external funding. As such, securing financial support for innovative tools such as the IOPI device represents a valuable opportunity to enhance the quality and effectiveness of care provided to patients with dysphagia.

Section 9: Authorisation

9.1 Application prepared by:

Contact name:	Job title:	Date:
Sarah Davies	Clinical Lead Speech and Language Therapist for Adult Community SLT Services	02/10/2025

9.2 Application authorised by:

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

Contact name:	Job title:	Date authorised:

Alison Thomas	Head of Adult Speech and Language Therapy Service	02/10/2025
9.3 Clinical Care Group approval: Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.		
Contact name:	Job title:	Date authorised:
Sara Quarrie	Service Director for Allied Health Professionals and Health Care Sciences	18-11-2025
9.4 Finance Business Partner review: Please ensure that your Finance Business Partner has reviewed your application before submission.		
Contact name:	Job title:	Date reviewed:
Sadie North	Finance Business Partner	20-11-2025

Please return completed form via email to:

charitablefundsfinance.hdd@wales.nhs.uk

or via internal mail to:

Charitable Funds Support Officer
Finance Department
Ty Gorwel, Building 14
St David's Park, Job's Well Road
Carmarthen SA31 3BB

Appendix 1

Assessment for medical equipment (as per [Medical Devices Policy](#)):

Supplier name:	Severn Healthcare
Equipment make and model:	IOPI Pro Device Model 3.1 IOPI Trainer Device Model 3.2
Please provide quote:	
Please tell us about what involvement the Clinical Engineering team has had in this request:	<i>Statement of Need request submitted and pending response. Liaison ongoing with the Clinical Engineering Team. Confirmation pending</i>
Please tell us about what involvement the Procurement team has had in this request:	<i>Liaison ongoing with the procurement team. Confirmation pending.</i>
Is this replacement equipment or is the equipment new to the health board? <i>A replacement device may also be a new make or model.</i>	Only one device in health board. These are additional devices.
If the equipment is new to the health board, has the Medical Devices Steering Group been consulted?	N/A
Will this equipment be used to undertake a new clinical procedure or intervention?	No, this intervention is currently being undertaken already but on a very small scale
If the equipment will be used to undertake a new clinical procedure or intervention, has the Clinical Effectiveness team been consulted?	N/A

Does this item appear on HDdUHB's Capital Planning List? If yes, please indicate priority rating.	No
Where will this equipment be located?	SLT departments in GGH, PPH, WGH, BGH
Are there any training implications? If so, have the Medical Device Training Team been consulted?	Yes, departmental training to be developed and completed as part of the SOP. Consultation ongoing with Medical Device training team. Confirmation pending
What is the life expectancy of the equipment?	Warranty 2 years
Who will maintain the equipment, in line with the Medical Devices Policy ?	Consultation ongoing with Clinical Engineering. Will update once further information received
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	None
Are there any capital costs associated with this request? If yes, please explain how these costs will be met.	No
Please confirm approved Statement of Need (SON) reference number and approval date:	Pending confirmation. Will update once approval gained

**Appendix 2
Assessment for building or refurbishment work (to be completed by Estates team):**

For Charitable Funds Finance Department

Application Reference Number:			
Fund Title:	Fund Code:	Current Fund Balance £:	
Finance review I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
Contact name:	Job title:	Date reviewed:	
Outcome of meeting CFSC/CFC I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
Meeting date:	Outcome:	Contact name:	Job title:

Application for charitable funds expenditure over £10,000

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

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

Section 1: Applicant		
Lead applicant		
Contact name:	Sarah Carmody	
Job title:	Interim Service Delivery Manager – Theatres	
Department/Service:	Scheduled Care	
Clinical Care Group:	Planned Care	
Management contact		
Contact name:	Lisa Humphrey	
Job title:	General Manager	
Section 2: Application summary		
2.1 Title of charitable funds application:		
Refurbishment of theatres reception area		
2.2 Brief description of your application:		
In no more than 50 words please tell us what you are requesting charitable funds for.		
Securing funding to upgrade the Glangwili Theatres reception area and enhance the paediatric recovery bay.		
2.3 Total value of charitable funds requested:	£13,079.36	
2.4 Duration of project	Project start date:	
	Project end date:	
2.5 Strategic priorities		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		
Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	Staff experience: Supporting the wellbeing and professional development of University Health Board staff.	Innovation: Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes / No	Yes / No	Yes / No
2.6 Expenditure type		
Please select the type of expenditure your application relates to (select all that apply).		

Medical equipment <i>please also complete Appendix 1</i>	Service development or improvement	Staff welfare and wellbeing
Yes / No	Yes / No	Yes / No
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box opposite</i>	<i>Expenditure type:</i>
Yes / No	Yes / No	

Section 3: Case for support

3.1 Funding request:

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

We aim to enhance our theatre reception area to elevate the patient experience by creating a high-quality, welcoming environment. Improving the surroundings is expected to help reduce patient anxiety and offer a calming focal point for individuals both before and after surgery.

As part of this initiative, we plan to install a new reception counter, redecorate the space, and introduce carefully selected wall art in both the theatre and recovery areas. These changes are designed not only to uplift the aesthetic appeal but also to foster a more soothing and supportive atmosphere for patients.

Additionally, it is well understood that a pleasant and thoughtfully designed workspace contributes positively to staff wellbeing, helping to create a more motivated and engaged team.

3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

In order to support the costs associated with purchase and installation. Discussions with both staff have highlighted the value of enhancing the space

3.3 Project delivery plan:

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

We hope to have the works completed as soon as possible, ideally within the next three months. The project will be carefully coordinated to ensure minimal disruption to the theatre environment and maintain continuity of care throughout the process.

3.4 Risks:

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

To mitigate any potential risks, we plan to carry out the work outside of regular operating hours. On previous occasions—such as during recent fire safety surveys—temporary alternative reception spaces were successfully created to maintain service continuity. We will adopt a similar approach to ensure minimal disruption and uphold patient safety and staff efficiency throughout the refurbishment.

3.5 Additionality:

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

Given the nature of this request, it is felt that funding through current departmental budgets would not be appropriate. As the proposed improvements are intended to

directly enhance the patient and staff experience, we hope to secure support through charitable funds to bring this initiative to fruition.

Section 4: Impact

4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

Note: You will be required to submit an evaluation report to summarise the impact at a later date.

A calming, well-designed environment—especially with familiar local artwork—can help ease pre-operative nerves and promote a sense of comfort during recovery.

A clean, modern, and welcoming space signals professionalism and attentiveness, helping patients feel more confident in the care they receive.

Thoughtful aesthetics and a peaceful atmosphere can positively influence mood.

clearly defined, visually appealing reception area helps patients feel less overwhelmed and more at ease when arriving or transitioning through the unit

4.2 Beneficiaries:

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

The improvements will benefit all service users—both patients and staff—with up to 100 individuals accessing the area daily. Enhancing this shared space will have a meaningful impact on the overall experience and wellbeing of everyone who uses the facility.

4.3 Evaluation methods:

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

Collect pre- and post-project feedback through surveys or comment cards to measure changes in patient satisfaction and perceived comfort.

Use staff surveys or focus groups to evaluate improvements in morale, wellbeing, and workflow efficiency.

Track any changes in reported patient anxiety, confusion, or complaints related to the reception area.

Section 5: Exit strategy (for revenue expenditure requests)

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

Section 6: Governance

6.1 Compliance:

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

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).


Section 7: Other

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

Section 8: Funding requirements

8.1 Cost breakdown:

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

Item/Category	Cost (£)			Comments
	Net £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
To supply and fit new reception counter and cupboard unit adjacent to new reception counter including void for electrical works.	£6,805.00	£1361.00	£8166.00	 Hywel Dda Theatre Reception Area.pdf Estates Minor Works Quote
To carry out upgrade of existing electrical circuit, alterations to existing power circuit, installation of dado trunking within new counter, installation of data containment in new counter (Data by Others). Installation of 4 no. double sockets.	£1,454.47	£290.89	£1745.36	Estates Minor Works Quote
To re-decorate existing walls and woodwork to approved colours including metal windows.	£1,690.00	£338.00	£2028.00	Estates Minor Works Quote
To supply and fit 2 no. wall art approximately 1750 x 1500mm.	£950.00	£190.00	£1140.00	Estates Minor Works Quote
8.2 Total amount of funding requested:				
Net £ <i>Excluding VAT</i>	10,899.47	VAT £	2,179.89	Gross £ 13079.36

				<i>Including VAT</i>
8.3 Designated charitable fund				
Name of charitable fund:		Charitable fund code/number:		
General Fund		T600		
8.4 Alternative funding sources:				
Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.				
Section 9: Authorisation				
9.1 Application prepared by:				
Contact name:		Job title:		Date:
Sarah Carmody		Interim SDM – Theatres		11.08.25
9.2 Application authorised by:				
Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.				
Contact name:		Job title:		Date authorised:
9.3 Clinical Care Group approval:				
Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.				
Contact name:		Job title:		Date authorised:
Paula Goode		Planned Care Director		14.10.25
9.4 Finance Business Partner review:				
Please ensure that your Finance Business Partner has reviewed your application before submission.				
Contact name:		Job title:		Date reviewed:

Please return completed form via email to:

charitablefundsfinance.hdd@wales.nhs.uk

or via internal mail to:

Charitable Funds Support Officer

Finance Department

Ty Gorwel, Building 14

St David's Park, Job's Well Road

Carmarthen SA31 3BB

Appendix 1

Assessment for medical equipment (as per [Medical Devices Policy](#)):

Appendix 2

Assessment for building or refurbishment work (to be completed by Estates team):

Do you consider this request to be above and beyond routine maintenance work?	Yes	
Please explain your answer to the question above:	Enhancing the reception area and recovery bay directly supports patient wellbeing, comfort, and dignity—especially for children and families. These upgrades are designed to create a more welcoming, calming, and efficient space, which is not typically covered by standard maintenance budgets.	
Are the costs provided based on a cost estimate or formal quotation?	Formal quotation	
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	No	
If yes, please explain how these costs will be met.	N/A	
Estates authorisation I confirm that I have read this application in full and that I am supportive of the application.		
Contact name:	Job title:	Date reviewed:
Andrew Stephens	Senior Estates Officer	July 2025

For Charitable Funds Finance Department

Application Reference Number:			
Fund Title:	Fund Code:	Current Fund Balance £:	
Finance review I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
Contact name:	Job title:	Date reviewed:	
Outcome of meeting CFSC/CFC I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
Meeting date:	Outcome:	Contact name:	Job title:

Request for charitable funds expenditure

*For
Finance
use only*

Reference:

Fund Code:

1. Lead contact

Contact name: Eman Elkattan	Job title: Consultant Obstetrician and Gynaecologist Clinical Lead of Obstetrics and Gynaecology
Ward/Team/Department/Service/Directorate: Women Health	
Contact address: Glangwili Hospital, Dolgwill Road, Carmarthen	
Post code: SA31 2AF	
WHTN:	Mobile: 07778436275
Telephone:	Email: Eman.Elkattan@wales.nhs.uk

2. What item(s) are you asking us to fund and for what purpose?

Please give us as much information as possible so that we can determine whether your request is eligible for support. For any equipment, please provide details of supplier make, model and quote.

Electric gynaecologic chair
Brennan & Co NI

3. Why is this expenditure required?

Please provide details of how the need has been identified and who this has been discussed with.

I am writing to request funding for a couch to equip one of our outpatient clinics and enable us to establish a dedicated vulval clinic.

We currently face a long waiting list for USC (suspicious of malignancy) vulval cases. These cases are difficult to accommodate within day surgery due to frequent cancellations caused by staff shortages and existing surgical backlogs. This delay impacts patient experience and can potentially delay diagnosis and treatment.

To address this, we are planning to establish vulval clinics on every site, starting with one at Withybush Hospital and another at Glangwili Hospital, to meet the increasing demand.

However, our outpatient clinics do not currently have a suitable couch for gynaecological examinations. Having this equipment in place would allow us to:

- Examine patients in a comfortable and appropriate setting
- Take biopsies during the same appointment when necessary
- Significantly shorten the patient journey, as they would no longer need a separate referral to DSU for biopsy

- Improve efficiency, patient satisfaction, and compliance with cancer waiting time targets

This is a relatively small investment that will have a substantial impact on patient care and service performance.

I would be very grateful for your consideration of this funding request so that we can move forward with this important improvement for our patients.

4. Why is this a charitable request?

Our charitable funds support expenditure over and above what the NHS can provide. All requests for support must offer value for money and demonstrate clear and direct benefits to patient care.

This will allow us to create a dedicated diagnostic clinic in GGH. This will allow us to address our long waiting list for this procedure. The chair will allow easy access to be able to undertake the procedure and will create a better experience for the patient.

These patients are on an Urgent Suspected Cancer Pathway and this will allow us to treat these patients in an outpatient setting instead of having to send patients to theatre.

5. Total amount of funding requested

Net £	8,025	VAT £	n/a	Gross £	8,025
<i>Excluding VAT</i>				<i>Including Vat</i>	

Is this medical equipment?	Yes / No	Supplier name:	Brennan & CO NI
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6. Fund details

Fund title:	General Funds
Fund code:	T600


7a. Assessment for medical equipment

When buying medical equipment is it important to ensure that all UHB requirements are being met. Please answer the questions below as fully as possible.

Is this a new or replacement item?	A new
Where will this equipment be located?	Outpatient clinic in GGH
Have you consulted with the Medical Devices Steering Group?	N/A
Does this item appear on HDdUHB's Capital Planning List?	No
Risk: What risk assessments have been carried out?	N/A

Maintenance: Has support been gained from the maintenance/ estates department? Who will maintain the equipment?	EBME
Storage: Are there any storage implications?	Gynaecology consultant room
Training: Are there any training implications?	no
Revenue costs: Details of any associated revenue costs and how they will be met	N/A
Capital costs: Details of any associated capital costs and how they will be met	N/A
Approval from Clinical Engineering Department: <i>Please attach supporting e-mail</i>	Yes / No

8. Authorisation

Designation	Name, Job Title & Signature	Date
1. Requester	Name: Eman Elkattan Job title: Consultant Obstetrician and Gynaecologist Signature:	29/09/2025
2. Authorised signatory under £1,000	Name: Lauren Davies Job title: Service Manager Signature: L.Davies	07/10/2025
Senior Nurse Manager, Service Delivery Manager, Head of Service or managers at equivalent level		
3. Authorised signatory under £10,000	Name: Tracy Owen Job title: GM Signature: 	03/10/2025
Hospital or Service Director/General Manager, Head of Nursing or managers at equivalent level		
4. Authorised signatory under £50,000	<i>Charitable Funds Sub-Committee meeting reference:</i>	
Charitable Funds Sub-Committee		
5. Authorised signatory under £100,000	<i>Charitable Funds Committee meeting reference:</i>	
Charitable Funds Committee		

6. Authorised signatory over £100,000	Corporate Trustee meeting reference:	
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Corporate Trustee

FOR FINANCE DEPARTMENT

Directorate:	Reference Number:
Fund Title:	Fund Code:
Current Fund Balance:	Financial Code:
Eligible Expenditure: Y / N	Authorised Finance Signatory: Date:

Please return this form to:

Charitable Funds Support Officer
Finance Department
Ty Gorwel, Building 14,
St David's Park, Job's Well Road,
Carmarthen, SA31 3BB

Tel: 01267 283055
WHTN: 01827 1655

Email: CharitableFundsFinance.HDd@wales.nhs.uk

Application for charitable funds expenditure over £10,000

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

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

Section 1: Applicant		
Lead applicant		
Contact name:	Rachel Perry	
Job title:	Clinical Induction Coordinator	
Department/Service:	Clinical Education	
Directorate:	Workforce and Organisational Development	
Lead director		
Contact name:	Lisa Gostling	
Job title:	Director of Workforce & OD/Deputy CEO	
Section 2: Application summary		
2.1 Title of charitable funds application:		
Funding request for high-fidelity simulation manikins to deliver dynamic learning sessions for our health care support workers during their induction and continuing professional development.		
2.2 Brief description of your application:		
In no more than 50 words please tell us what you are requesting charitable funds for.		
We are seeking charitable funding for high-fidelity Nursing manikins to support the development of our support workers. These advanced training manikins will provide dynamic and realistic training opportunities to practice their skills in a safe environment. This opportunity will lead to gains in self-confidence and improved quality of patient care.		
2.3 Total value of charitable funds requested:	£123,697.30 ex VAT	
2.4 Duration of project	Project start date:	October 2025
	Project end date:	October 2027
2.5 Strategic priorities		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		
Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	Staff experience: Supporting the wellbeing and professional development of	Innovation: Encouraging and supporting innovation and excellence in the delivery of healthcare.

	University Health Board staff.	
Yes	Yes	Yes

2.6 Expenditure type

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

Medical equipment <i>please also complete Appendix 1</i>	Service development or improvement	Staff welfare and wellbeing
No	Yes	Yes
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box oppo</i>	<i>Expenditure type:</i>
No	Yes – training	

Section 3: Case for support

3.1 Funding request:

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

This advanced manikin provides realistic, hands-on training in clinical scenarios such as patient assessment, basic life support, and personal care. It allows staff to practice and refine essential skills in a safe, controlled environment, boosting their confidence and competence before entering clinical practice.

Along with clinical skills the manikin technology provides learners with the opportunity to practice and develop their communication skills, including Welsh language engagement and person specific questioning along with empathetic and compassionate listening. The technology allows an educator, sited in a different room to communicate through the manikin in real time. This allows simulation of a range of emotions that the learner will navigate through, testing their communication and listening skills.

Support workers play a vital role in patient care, and ensuring they are well-trained directly impacts the quality and safety of care delivered. The simulator will be used across multiple training programmes, helping standardise education, reduce variation in practice, and improve patient experience. From new starter induction to continuing professional development, simulation-based education manikins will significantly enhance our ability to deliver high-quality, experiential learning, aligning with our commitment to workforce development and excellence in patient care.

Simulation based education, utilising a high-fidelity manikin provided previously by Hywel Dda Health Charities has already been successfully piloted in Carmarthen. Support workers now engage in scenarios on recognising and assessing patient deterioration. These scenarios are designed for both community and secondary care support workers. Participants provided positive feedback, stating that simulation allowed them to practice the skills learned in the classroom on a realistic patient without risk of harm. This hands-on experience was highly valued and seen as essential for bridging the gap between theory and practice.

However, due to limited resources, we are currently unable to offer this simulation experience consistently throughout the Health Board footprint. Successful charitable funding would enable us to expand access, ensuring that all support workers benefit from this impactful learning method.

An evaluation report will be submitted to summarise the outcomes, including qualitative and quantitative data on learner development and patient care improvements.

3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

While we currently have access to basic manikins, they are limited in functionality and do not support the delivery of essential clinical skills training such as realistic patient assessment, responsive care, or scenario-based simulation.

The need for this investment was identified during a recent review and revision of our support worker education programme. We have shifted towards a more practical, simulation-based approach to better prepare staff for real-world clinical environments. This change was informed by feedback from learners, educators, and clinical leads, who highlighted the importance of hands-on, immersive learning to build confidence and competence. This approach is also underpinned by educational research examining adult learning theory and cognitive overload. Results demonstrate that experiential learning increases knowledge and generates gains in learner self-confidence, leading to improved practice and gains in the quality of patient care.

The proposal has been discussed with key stakeholders, including the Clinical Education Manager and Assistant Director of People Development, and is aligned with our wider workforce development strategy. The Nursing Anne simulator will allow us to deliver high-quality, standardised training that reflects the complexity of modern healthcare, ultimately improving patient safety and care outcomes.

3.3 Project delivery plan:

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

Project Delivery Plan: Nursing Anne Simulator for Support Worker Development

Project Start Date: Upon confirmation of funding.

Phase 1: Procurement & Setup (Month 1–2)

Week 1–2: Finalise procurement process and place order for the Nursing Anne simulator.

Week 3–4: Receive delivery and complete installation at the designated training site.

Milestone: Simulator installed and tested for functionality.

Phase 2: Staff Training & Programme Integration (Month 2–3)

Week 5–6: Train educators and facilitators on the use of the simulator.

Week 7–8: Integrate simulator into revised support worker development programme.

Milestone: Staff trained and simulation scenarios embedded into curriculum.

Phase 3: Pilot & Evaluation (Month 3–4)

Week 9–10: Run pilot sessions with selected support worker cohorts.

Week 11–12: Collect feedback and evaluate impact on learning outcomes.

Milestone: Pilot completed and evaluation report produced.

Phase 4: Ongoing Monitoring & Reporting (month 4-24)

Regular feedback from learners and educators.

Quarterly review of simulator usage and impact on clinical skills development.

Focus group sessions with learners and clinical line managers to identify the impact of simulation.

Report to charitable funders detailing outcomes and sustainability.

3.4 Risks:

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

1. Risk: Delays in procurement or delivery of the simulator

Mitigation: We will work with approved suppliers and follow established procurement procedures to ensure timely ordering. A buffer period has been built into the project timeline to accommodate potential delays.

2. Risk: Staff unfamiliarity with the new equipment

Mitigation: A dedicated training session will be provided for educators and facilitators to ensure they are confident in using the simulator effectively within the programme. Ongoing support for usage of equipment and delivery of simulation-based education will be provided by the Health Board Simulated Learning Coordinator.

3. Risk: Limited use or underutilisation of the simulator

Mitigation: The simulator will be embedded into the revised support worker clinical induction programme, with scheduled simulation sessions and ongoing monitoring to ensure consistent use. It will be utilised as part of the new band 2-4 support worker development programme to further develop staff confidence and competency. The simulator will also be used to be able to continue to support the interprofessional education agenda across the health board.

4. Risk: Technical issues or maintenance needs

Mitigation: We will ensure the simulator is covered by a service and maintenance agreement, and staff will be trained in basic troubleshooting. Technical support will be available from the supplier.

5. Risk: Existing manikins do not meet training needs

Mitigation: This project directly addresses this risk by replacing basic manikins with a high-fidelity simulator capable of supporting the delivery of essential clinical skills.

3.5 Additionality:

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

This expenditure goes above and beyond core NHS provision by introducing an innovative and enhanced approach to support worker education that is not currently funded or widely implemented. We will be the first in Wales to embed simulation-based learning into the induction programme for support workers. Additionally, we are pioneering ongoing CPD sessions specifically tailored to support workers, which include simulation-based scenarios, an approach that is not standard practice within NHS education frameworks.

Across the UK, simulation is predominantly focused on the development of registered healthcare professionals, with limited investment or literature supporting its use for support worker training. Our initiative addresses this gap by recognising the critical role support workers play in patient care and equipping them with high-quality, experiential learning opportunities.

This project represents a significant step forward in workforce development, promoting equity in training and ensuring that all staff, regardless of registration status, have access to the tools and experiences needed to deliver safe, effective care.

Section 4: Impact

4.1 Impact:

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

The purchase of a high-fidelity Nursing Anne simulator will lead to several measurable improvements in both workforce development and patient care:

1. Improved Patient Experience and Safety

Support workers will be better prepared to deliver safe, compassionate and empathetic care through realistic, hands-on training. They will have the opportunity to engage in building support worker/patient relationships, developing adaptive communication and listening skills. These skills are fundamental to developing a professional relationship built on mutual respect and trust.

2. Enhanced Clinical Skills and Competence

The simulation manikin supports the development of essential clinical skills such as patient assessment, basic life support, and personal care. This leads to more consistent and effective care delivery. Simulation Based Education allows learners to practice clinical procedures before encountering them in real settings, leading to improved confidence and a reduction in errors.

3. Increased Efficiency in Care Provision

Well-trained support workers can work more independently and effectively, reducing the burden on registered staff and improving overall team efficiency.

4. Innovation in Workforce Development

This initiative positions us as the first in Wales to embed simulation into support worker induction and CPD programmes. It sets a precedent for inclusive, high-quality training that recognises the value of all staff roles.

5. Long-Term Impact and Sustainability

The simulator will be used across multiple cohorts and programmes, ensuring ongoing benefit. Evaluation data will be collected to measure improvements in learner confidence, skill acquisition, and patient outcomes, and will be shared in a formal impact report.

4.2 Patient benefit:

Please summarise how patients will benefit from this expenditure. If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

While the primary beneficiaries of this expenditure are support worker staff, patients will benefit indirectly but significantly through improved care delivery. Simulation-based training will enhance staff competence, confidence, and consistency in clinical skills, leading to:

- Safer care through reduced errors and better decision-making.
- Improved patient experience due to more confident and compassionate interactions.
- Greater efficiency in care provision, freeing up registered staff for complex tasks.
- Higher standards of care across the workforce, contributing to better health outcomes.

This investment supports a more skilled and empowered support worker workforce, which directly impacts the quality and safety of patient care.

4.3 Beneficiaries:

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

Clinical induction -

HB Acute Induction Attendees By Year

YEAR 2023 / 2024	
COUNTY	ATTENDEES
Carms	201
Ceredigion	52
Pembs	62

YEAR 2024 / 2025	
COUNTY	ATTENDEES
Carms	155
Ceredigion	26
Pembs	65

Support worker development programme - 748 people have registered interest in the programme by filling out the MS Form. 192 people have attended one of the CPD sessions since its launch in February 2025. The available sessions were minimal initially but continue to expand.

4.4 Evaluation methods:

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

To evaluate the effectiveness of this expenditure and the difference it makes, we will implement a mixed-methods approach combining quantitative and qualitative data collection:

1. Learner Questionnaires

Utilising recognised and validated pre- and post-training questionnaires we will assess changes in confidence, competence, and preparedness for clinical practice. These will be administered at induction and after simulation-based sessions.

2. Focus Groups

Structured focus groups will be held with support worker learners to gather in-depth feedback on their learning experience and the impact of simulation.

Additional focus groups will be conducted with clinical line managers to understand observed changes in staff performance and readiness in the workplace.

3. Baseline Information

Previous qualitative data from induction evaluations highlighted a clear need for more practical, hands-on training. Learners expressed that simulation would better prepare them for the clinical responsibilities of their role.

This feedback directly informed the redesign of the programme and the request for high-fidelity simulation equipment.

4. Ongoing Monitoring

Attendance, engagement, and simulator usage will be tracked.

Feedback will be reviewed quarterly to inform continuous improvement.

A longitudinal impact survey will be designed to directly measure impact on quality of patient care.

5. Final Evaluation Report

A comprehensive impact report will be produced summarising:

- Learner outcomes
- Staff and manager feedback
- Improvements in clinical readiness
- Indirect benefits to patient care where identified.

Section 5: Exit strategy (for revenue expenditure requests)

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

The benefits of this expenditure will be sustained well beyond the initial period of charitable funding. The Nursing Anne simulator will become a core component of our support worker development programme, embedded into both induction and ongoing CPD sessions. We have already revised our programme to include simulation-based learning, and this investment will allow us to deliver it consistently across the Health Board footprint, rather than relying on limited access as in the Carmarthen pilot. The simulator will be used across multiple cohorts, ensuring long-term value and impact.

To support sustainability:

Training for educators will ensure continued effective use of the simulator.

Maintenance and servicing will be covered through existing budgets or service agreements.

Ongoing programme delivery will be funded through core education budgets, with simulation now embedded as a standard practice.

Evaluation data will be used to demonstrate impact and secure future support if needed.

This project is not a one-off initiative—it represents a strategic shift in how we train and support our workforce, with lasting benefits for staff development and patient care.

Once purchased there is no ongoing costs other than replace any broken aspects. People development service will be able to utilise internal funds or external band 2-4 funding to replace any aspects that needs to be replaced.

Section 6: Governance

6.1 Compliance:

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

This expenditure aligns with relevant legislative requirements, NHS Wales standards, and Hywel Dda University Health Board (HDUHB) policies:

1. Compliance with NHS Wales Standards

The use of simulation equipment meets the requirements of Health and Care Standards – Standard 2.9: Medical Devices, Equipment and Diagnostic Systems, which emphasises safe procurement, maintenance, and training in the use of medical devices. The Nursing Anne simulator will be maintained and used in accordance with manufacturer guidelines and NHS Wales protocols.

2. Alignment with HDUHB Learning and Development Policy

The project supports the HDUHB’s commitment to continuous professional development (CPD) and equitable access to learning opportunities for all staff groups. The Learning and Development Policy promotes experiential learning and prioritises development activities that enhance workforce capability and service delivery.

3. Data Protection and Information Governance

The simulator does not collect or store personal data. However, any associated training records or evaluations will be managed in accordance with the General Data Protection Regulation (GDPR) and HDUHB’s Information Governance Framework and General Data Protection Policy.

4. Clinical Governance and Safety

Simulation-based training contributes to clinical governance by improving staff competence, reducing risk, and enhancing patient safety. The programme will be overseen by qualified educators and integrated into existing governance structures to ensure quality assurance and accountability.

This project is fully aligned with HDUHB’s strategic priorities and national standards, ensuring responsible use of charitable funds and long-term benefit to both staff and patients. The Health Board’s Interprofessional Education Strategy aims to embed cross-professional learning across all staff groups, with simulation identified as a key driver of this approach. Both the induction and development programmes for support workers are designed as interprofessional learning experiences, encouraging staff from different roles to train together and build shared understanding and collaboration.

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board’s [strategic objectives](#).

This funding request aligns closely with several of Hywel Dda University Health Board’s strategic objectives, particularly those focused on:

- Workforce development and sustainability
- Improving patient safety and experience
- Promoting innovation and excellence in education
- Delivering high-quality, person-centred care

By investing in a high-fidelity simulator, we are supporting the Health Board’s commitment to developing a skilled, confident, and compassionate workforce. The simulator will enhance the quality of education for support workers, ensuring they are well-prepared to deliver safe and effective care.

This initiative also supports the Health Board’s Interprofessional Education Strategy, which promotes collaborative learning across staff groups. Simulation is a key enabler of this approach, and our revised induction and CPD programmes are designed to bring support workers together in shared learning environments.

Furthermore, this project contributes to the Health Board’s goals around equity in training access, ensuring that support workers, who are often underrepresented in simulation-based education, receive the same high-quality learning opportunities as registered professionals.

Section 7: Other

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

See quote attached to application.

Section 8: Funding requirements

8.1 Cost breakdown:

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

Item/Category	Cost (£)	Comments
Nursing Anne simulator male, medium	17,849.00	Manikin for one location
Sim pad Plus	872.00	
LLEAP simpad PLUS	2,624.00	
Tablet- PC monitor	1,942	
Simulator implementation	1,942	
Value plus NAS male silver	9589.50	
Nursing Anne simulator male, medium	17,849.00	Manikin for second location
Sim pad Plus	872.00	
LLEAP simpad PLUS	2,624.00	
Tablet- PC monitor	1,942	
Simulator implementation	5,077	
Value plus NAS male silver	9589.50	
Nursing Anne Simulator Geriatric Dark	17,849.00	Manikin for third location
Sim pad Plus	872.00	
LLEAP simpad PLUS	2,624.00	
Tablet- PC monitor	1,942	
Simulator implementation	2,099	
Value plus NAS male silver	9069.30	
Nursing Anne Simulator Geriatric Dark Upgrade Kit	7,454.00	To allow the gender and ethnicity of the manikin to be changed. Will allow for gender reassignment simulation to be developed.
Nursing Anne Simulator Geriatric Medium Upgrade Kit	7,454.00	To allow the gender and ethnicity of the manikin to be changed. Will allow for gender reassignment simulation to be developed.
Transport Case; Nursing Anne Simulator	1,312.00	To transport manikins, only one required as can

		share amongst the three sites.	
Shipping/Handling charge	250.00	For delivery to site	
8.2 Total amount of funding requested:			
Net £ <i>Excluding VAT</i>	123,697.30	VAT £	N/A
		Gross £ <i>Including VAT</i>	123,697.30
8.3 Designated charitable fund			
Name of charitable fund:		Charitable fund code/number:	
General Fund		T600	
8.4 Alternative funding sources:			
Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.			
Before submitting this application, we explored alternative funding options, including the departmental budget allocated for education and training. However, due to ongoing staffing costs and the financial demands of maintaining training facilities, the departmental budget is unable to support the purchase of a high-fidelity simulator. We have also reviewed internal funding streams and discretionary budgets across the Health Board, but no suitable or available funding has been identified to support this expenditure. As such, all other potential sources have been exhausted, and charitable funding is the only viable route to enable this important development in support worker education.			
Section 9: Authorisation			
9.1 Application prepared by:			
Contact name:	Job title:	Date:	
Rachel Perry	Clinical Induction Coordinator	17/09/25	
9.2 Application authorised by:			
Please ensure that your fund manager (approver up to £10,000) has reviewed your application before submission.			
Contact name:	Job title:	Date authorised:	
Tracy Walmsly	Assistant Director People Development	03/10/25	
9.3 Finance Business Partner review:			
Please ensure that your Finance Business Partner has reviewed your application before submission.			
Contact name:	Job title:	Date reviewed:	
Quazi Ferdous	Business Controller	20-11-25	

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

V1 July 2024

Appendix 1

Assessment for medical equipment (as per [Medical Devices Policy](#)):

Appendix 2

Assessment for building or refurbishment work (to be completed by Estates team):

For Charitable Funds Finance Department

Application Reference Number:			
Fund Title:	Fund Code:	Current Fund Balance £:	
Finance review I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
Contact name:	Job title:	Date reviewed:	
Outcome of meeting CFC/CFSC I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
Meeting date:	Outcome:	Contact name:	Job title:

Application for charitable funds expenditure over £10,000

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

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

Section 1: Applicant		
Lead applicant		
Contact name:	SUBRAMANIAM NAGASAYI	
Job title:	CONSULTANT PHYSICIAN	
Department/Service:	MEDICINE	
Clinical Care Group:	GERIATRICS	
Management contact		
Contact name:	BETHAN ANDREWS	
Job title:	Service delivery Manager for Care of the Elderly (Parkinson's Service)	
Section 2: Application summary		
2.1 Title of charitable funds application:		
Transformation of Parkinson's (PD) services in Hywel Dda UHB: An innovative centralised PD coordinator role.		
2.2 Brief description of your application:		
In no more than 50 words please tell us what you are requesting charitable funds for.		
There are currently 4 different Parkinson's services in the Hywel Dda University health board serving approximately 1500 patients that is ever growing in demand but limited in capacity to accommodate the needs. Currently there is considerable unnecessary variation that cause inefficiencies in the system leading to poor patient care alongside reduced clinical time of Consultants and PD specialist nurses.		
A central PD coordinator role would provide key administrative and clinical coordination that would improve patient experience, reduce wastage and improve efficiencies.		
2.3 Total value of charitable funds requested:	£46,032 (over 2 years)	
2.4 Duration of project	Project start date:	01/04/2026
	Project end date:	01/04/2028

2.5 Strategic priorities

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

Patient experience:

Enhancing the patient experience throughout the whole care and treatment journey.

Staff experience:

Supporting the wellbeing and professional development of University Health Board staff.

Innovation:

Encouraging and supporting innovation and excellence in the delivery of healthcare.

Yes

Yes

Yes

2.6 Expenditure type

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

Medical equipment

please also complete Appendix 1

Service development or improvement

Staff welfare and wellbeing

No

Yes

Yes

Building/refurbishment

Work *please also complete Appendix 2*

Other

If 'yes' selected, please state expenditure type in box opposite.

Expenditure type:

No

Yes / No

Section 3: Case for support

3.1 Funding request:

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

There are challenges in sustaining four Parkinson's services in its **current** state, across rural Mid and West Wales served by Hywel Dda University Health board (HDUHB) (**approximately 1400 patients** with an ever-increasing demand but limited and fragile clinical capacity)

- a) Artificial, administrative boundaries, limited clinic spaces and an inefficient clinic booking system, jointly contribute to errors in appointments, duplication, unfilled clinic slots, cancellations and crucial loss/delays of appropriate follow ups.
- b) Retirement and inability to recruit have led to unsustainable, limited consultant and specialist nurse capacity across the health board (including Powys)
- c) The amount of non-clinical work addressed by PD Clinical Nurse Specialists (CNS) through the PD Helpline coupled with inadequate, inequitable administrative support across the four sites compromises their clinical capacity.

Hence, we are seeking to appoint a Parkinson's service (PD) Coordinator role at Band 4 level (0.6 WTE) to coordinate clinical and administrative support across the four counties.

This would be a new project over two years through which we wish to provide evidence of its intended benefits to both patient care and service delivery innovation. The funding request is only for this post and any additional costs for equipment etc would be covered by the services.

We request charitable funding for 2 years to support a Band 4 Parkinson's Coordinator post.(0.6WTE)

Estimated costs (per annum):

- Salary and On-costs (NI, pension): £23,016
- Training / CPD: £NA
- Resources / materials: £NA

Total annual cost: £23,016

3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

Referrals for both new and follow ups of existing patients with Parkinson's disease are requested by Primary Care. Since the 4 PD services in the healthboard function independently of each other, there is considerable variation between the sites and hence the current overall inefficiencies of the service.

Equally, there are ongoing challenges in recruitment and retention of Consultants across the organisation who are vital to initial diagnosis, support for PD CNS and follow up of these complex patients. The smooth day to day functioning of the service is reliant on PD Specialist Nurse specialists (PD CNS) who provide expertise through clinical and emotional support to patients and their carers. However their current clinical time is not efficiently used causing dissatisfaction and burnout.

Therefore, persons with Parkinson's face increasing challenges in accessing timely, coordinated care. There are examples of a PD Coordinator role in other healthboards (Swansea Bay and Cardiff & Vale) in Wales with significant positive impact to their service, patient satisfaction and staff wellbeing. Currently we have identified need for a similar role for Hywel Dda that would improve efficiencies and quality of care provided to people living with Parkinson's disease.

This need has been identified by collecting data on:

- 1) Number of hours spent by PD CNS on administrative tasks (per site)
- 2) Number of calls attended through the PD Helpline- that are PD and non-PD related
- 3) Length of time patients wait for a NEW clinic appointment with a Consultant (and variability across the sites)
- 4) Number of DNAs to clinics caused by administrative errors in the booking system
- 5) Number of referrals for PD related queries (new or follow up) to Geriatrics and Neurology services

This role will:

- Provide a consistent point of contact and reduce wastage/ duplication of clinic appointments.
- Improve coordination across the four services.
- Increase clinical time spent by PD CNSes.
- Enhance quality of life for patients and carers.
- Offer flexibility and patient choice to attend clinics wherever clinic spaces are available

Charitable funding is sought as this transformational role sits outside the scope

of NHS core provision. This request and rationale have been discussed with all the clinicians involved with Parkinson's Service in the healthboard.

Consultants: Dr Christopher James, Dr Granville Morris, Dr Mark Sheehan, Dr Subramaniam Nagasayi
and

Parkinson Specialist Nurses (PD CNS): Sian Clutterbuck, Sara Bassett, Laura Edwards, Rhian Lewis, Patricia Bird

Service Delivery Manager: Bethan Andrews

3.3 Project delivery plan:

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

Phase 1: April 2025- February 2026 (currently underway)

Establish a common PD specific ailments' management system to improve access to single point of communication (in Welsh & English language) and rationalise PD CNS workload via an existing and established Health Board chronic disease management service that works well for other conditions.

Phase 2: Aim to commence in mid-2026 (subject to funding)

Central PD Coordinator

There are examples of an urban based PD Coordinator in Cardiff & Vale HB and Swansea Bay UHB. A similar role, to centralise processes of our rural PD service, would reduce inefficiencies.

Aim:

To enhance the quality and accessibility of Parkinson's disease services in Hywel Dda UHB using a centralised coordinated approach (administrative and clinical) ensuring they are person-centered, timely, and evidence-based. [NICE](#)

SMART Objectives:

- **Specific:** Improve collaboration and communication between service providers and NEW users (PD referrals).
- **Measurable**
 - a) Reduction of unfilled clinic appointments (by 20%)
 - b) Improvement in waiting times for new patients (by 20% seen within 6 weeks of referral)
 - c) Increase in clinical time spent by PD CNS, (20% initial contact within 8 weeks of diagnosis for NEW patients)
 - d) Collection of Patient Reported Experience Measure (PREM) of the service
 - e) Increase in PDCNs satisfaction scores
 - **Achievable:** Implement single point access for patients and streamlining of clinical and administrative tasks.
 - **Relevant:** Aligns with the *Hywel Dda Healthier Mid and West Wales Strategy, Welsh Government's Neurological Conditions Quality Statement and the NICE Quality Standard for Parkinson's disease.*

- **Time-bound:** Complete the implementation and initial evaluation within 24 months.

QI Framework:

We use Model for Improvement as the framework to guide our improvement work. We have undertaken root cause analysis of current imbalance of demand vs limited fixed clinical capacity

Further using driver diagrams, few change ideas were generated that would be implemented in a phased manner (PDSA Cycles).

Methodology:

- **Plan-Do-Study-Act (PDSA) Cycles:** To test changes on a small scale before full implementation across all patient groups.
 - **Co-production:** Engage patients and carers in the design, improvement and evaluation of services .
 - **Data Collection:** Baseline and post intervention data
 - a) waiting times for new patients from WelshPas
 - b) self-reported satisfaction surveys for service providers
 - c) call-logs for PD helpline and Communication Hub
 - d) PD CNS logs for time taken from diagnosis to educate/meet new patients.
-

OUTCOMES

Primary Outcomes:

- Improved communication and collaboration between providers and users of the service.
- Standardized assessment and NEW patient care pathways leading to reductions in waiting times.
- Enhanced patient, carer and provider satisfaction with the process.

Beneficiaries:

Though the initial phase (12 months) would benefit only new patients referred to the service, the improved coordination would benefit approximately 1400 patients across the entire health board.

The service providers (consultants and PD CNS) would also benefit from reduced wastage and improved clinical efficiency thereby tackling burnout and risk of highly skilled clinicians leaving their work.

Data Collection Tools

- **WelshPAS (Patient Administration System)**
 - To extract referral dates, appointment scheduling, and waiting time data.
- **Value-Based Healthcare Platform**
 - For collecting and analyzing PROMs and PREMs using validated ICHOM measures.
- **PD CNS Activity Logs**

- To document time spent on clinical vs. non-clinical tasks, initial contact timelines, and patient follow-ups.
- **Communication Hub Call Logs**
 - To capture call volume, query types, resolution times, and workload distribution.
- **Clinic Audit Templates**
 - For tracking unfilled slots, appointment efficiency,
 - **Patient and Carer Surveys**
 - Self-reported satisfaction, access to information, and experience of care.
- **Staff Feedback Tools**
 - To measure PD CNS satisfaction and perceived role effectiveness (e.g., via online forms or pulse surveys).

Evaluation Metrics:

- PREMs, PROMs
- Self-reported satisfactions scores for PDCNS
- Waiting times for new patients
- Unfilled Clinic slots
- NEW patient reviews by PDCNS
- Balancing measures: increased workload on the communication hub and PD Coordinator (call logs)

Outcome Measures

1. Reduction in waiting times for new patients (target: 25% seen within 8 weeks)
2. Decrease in unfilled clinic slots (target: 10% reduction)
3. Increase in clinical contact for new patients by PD CNS (target: 25% seen within 8 weeks of diagnosis)
4. Improved patient-reported experience (PREM scores)
5. Improved self-management support (PROM scores)
6. Increased PD CNS job satisfaction (staff surveys)
7. Improved access to information and support (patient feedback)

Process Measures

1. Volume and response rates of Communication Hub queries
2. Time from referral to initial appointment
3. Number of patients receiving structured education post-diagnosis
4. Completion rate of PROMs/PREMs
5. Call handling and routing efficiency in the hub
6. PD Coordinator activity logs (referral follow-up, care coordination tasks)

INVOLVEMENT OF THE PARKINSON'S COMMUNITY

Stakeholders to Involve:

- **Patients and Carers:** Engage in co-design and feedback processes.
- **Healthcare Professionals:** Include clinicians and service managers in the 4 hospitals.
- **Parkinson's UK:** Collaborate for resources and guidance.

Engagement Strategies:

- **Workshops and Focus Groups:** Facilitate discussions to gather insights.
- **Surveys and Feedback Forms:** Collect ongoing input throughout the project.
- **Regular Updates:** Keep stakeholders informed of progress and outcomes.

PATHWAY TO SERVICE IMPROVEMENT

Implementation Steps:

1. **Stakeholder Engagement:** Initiate discussions with all relevant parties. (Patient groups, Communication Hub, Service delivery manager, PD CNS)
2. **Baseline Assessment:** Conduct initial audits/data collection to identify current practices.
3. **Intervention Design:** Develop standardized protocols and training materials. (PD specific common communication templates, PD Coordinator job description)
4. **Pilot Testing:** Implement changes in selected areas (across NEW patients and reevaluate).
5. **Full Implementation:** Roll out successful strategies across all services and then for ALL patient categories.
6. **Ongoing Evaluation:** Monitor outcomes and make adjustments as needed.

Long-Term Impact:

- Establish a culture of continuous improvement within Parkinson's services.
- Create a replicable model for service enhancement applicable across Wales.
- Contribute to the national objectives outlined in the Neurological Conditions Implementation Group's strategy

This structured approach ensures that the project aligns with national standards, addresses identified service gaps, and actively involves the Parkinson's community in the improvement process.

3.4 Risks:

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

Risks and Mitigation

1. Recruitment challenges

- *Risk:* Difficulty recruiting to the Parkinson's Coordinator post could delay implementation.
- *Mitigation:* Advertise widely across NHS networks and professional bodies; consider flexible working options; develop interim arrangements with existing staff if recruitment is delayed.

2. Role dependency

- *Risk:* Patients and services may become overly reliant on a single post-holder.
- *Mitigation:* Develop clear referral pathways, protocols, and documentation processes; ensure learning is shared with the wider team; embed the role within the service to avoid isolation.

3. Sustainability of funding

- *Risk:* Risk that the role may not continue once charitable funding ends.

- *Mitigation:* Build an evaluation framework from the outset to demonstrate impact; engage with Health Board leadership and Parkinson’s UK to explore longer-term funding streams; present evidence to support mainstreaming the role into core NHS budgets.

4. Service integration

- *Risk:* Difficulty embedding the role across multiple sites and teams within the Health Board.
- *Mitigation:* Establish a steering group with representatives from neurology, therapies, primary care, and voluntary sector partners; ensure regular communication and clear governance.

5. Patient engagement

- *Risk:* Some patients and carers may be unaware of the service or hesitant to engage.
- *Mitigation:* Work with Parkinson’s UK, community networks, and clinical teams to promote the role; use patient/carer feedback to shape the service; ensure materials are accessible and bilingual (Welsh/English).

3.5 Additionality:

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

Core NHS services provide essential clinical care for people with Parkinson’s, but resources are limited and do not currently include a dedicated role focused solely on care coordination of this complex neurodegenerative condition.

Patients and carers often must navigate complex systems themselves, leading to delays, confusion, and unmet needs.

This funding request goes **above and beyond** what the NHS can provide by:

- **Creating a dedicated Parkinson’s Coordinator role** to act as a consistent point of contact for patients, carers, and professionals — something not available within current core funding.
- **Enhancing patient and carer experience** by offering proactive support, education, and guidance tailored to the individual journey.
- **Bridging gaps between hospital, community, and voluntary services**, ensuring a smoother, more holistic pathway of care.
- **Reducing pressure on existing NHS teams** by improving efficiency, reducing duplication, and helping to prevent avoidable hospital admissions.
- **Providing innovation and added value**, by piloting a model that could be replicated or scaled, but which would not be possible without charitable investment.

By supporting this project, Hywel Dda Health Charities will enable us to offer a level of personalised care that extends beyond the limits of statutory NHS provision, directly improving quality of life for people with Parkinson’s and their families.

Section 4: Impact

4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not

directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

Note: You will be required to submit an evaluation report to summarise the impact at a later date.

Primary Outcomes:

- Improved communication and collaboration between providers and users of the service.
- Standardized assessment and NEW patient care pathways leading to reductions in waiting times.
- Enhanced patient, carer and provider satisfaction with the process.

4.2 Beneficiaries:

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

Though the initial phase (12 months) would benefit only new patients referred to the service, the improved coordination would benefit approximately 1400 patients across the entire health board. The service providers would also benefit from reduced wastage and improved clinical efficiency.

This would also benefit the service provided by clinicians through achieving Health Board Strategic Standards:

- The project supports Hywel Dda's focus on safe, effective, person-centred care.
- It contributes to the Health Board's objectives on improving outcomes, supporting staff, and strengthening community partnerships.

4.3 Evaluation methods:

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

Objective: Enhance service quality and accessibility through a centralized administrative and clinical approach

Key Goals:(over 18-24 months)

- Reduce missed appointments by 10%
- Shorten waiting times 25% of new patients to be seen within 8 weeks
- Increase clinical time for Parkinson's Disease Clinical Nurse Specialists (CNS) by 25%
- Improve patient satisfaction
- Enhance staff satisfaction

Implementation Phases:

1. Phase 1: Communication Hub
 - Establish a single point of contact for patients and professionals
 - Streamline administrative tasks to free up clinical staff
2. Phase 2: Parkinson's Coordinator Role
 - Create a dedicated role to oversee referrals and patient pathways
 - Ensure timely and efficient patient management

Community Involvement:

- Engage patients and carers in service design and feedback
- Collaborate with healthcare professionals across the health board
- Partner with Parkinson's UK for resources and guidance

We will measure service impact using quantitative and qualitative data.

Key metrics include:

- Waiting times (via WelshPAS)
- Unfilled clinic slots (clinic audit logs)
- PD CNS activity logs (tracking clinical vs. non-clinical time)
- Call volume and resolution rates (Communication Hub logs)
- Patient and provider satisfaction (self-reported surveys)

Tools include:

- Standardised patient and staff surveys
- Monthly service utilisation audits
- PDSA cycle evaluations for change testing

These data points will inform continuous improvement, assess intervention effectiveness, and support business cases for long-term integration.

Section 5: Exit strategy (for revenue expenditure requests)

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

1. The Parkinson's Communication Hub will be embedded within Hywel Dda's core services through integration with existing systems, staff training, and digital tools, ensuring sustainability beyond temporary funding.
2. A dedicated Coordinator post with defined responsibilities will be established and proposed as a permanent role based on demonstrated service impact.
3. Role redesign and upskilling will shift appropriate tasks from clinical to non-clinical staff, enhancing efficiency and access.
4. A culture of co-production will be maintained through stakeholder engagement and continuous improvement using the PDSA cycle.
5. The project's alignment with Hywel Dda UHB's strategy and the Welsh Government's Neurological Conditions Quality Statement ensures integration into wider regional and national frameworks, supporting long-term adoption and potential replication.

Through this service development, we are confident that we can achieve our goals and provide evidence of how such changes offer value for money of one central and coordinating role. By presenting the data, we will then submit a business case for a new permanent role.

Section 6: Governance

6.1 Compliance:

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

This funding request has been developed in line with the governance, legislative, and quality standards required by Hywel Dda University Health Board and NHS Wales.

Specifically:

1. Governance and Accountability

- The post will be managed within existing Health Board structures, ensuring accountability for charitable expenditure.
- Monitoring and reporting will be aligned with Hywel Dda Health Charities' requirements, with transparent use of funds.

2. Equality and Diversity (Equality Act 2010, Welsh Language Standards)

- The role will support equitable access to services for all patients, ensuring no group is disadvantaged.
- Information and resources will be made available bilingually in Welsh and English in line with the Welsh Language Standards.

3. Clinical Standards and Guidelines

- The Coordinator will work within NICE guidelines for Parkinson's disease (NG71), ensuring best practice in care coordination and access to therapies.
- The role will also support adherence to national patient safety and quality frameworks.

4. Health Board Strategic Standards

- The project supports Hywel Dda's focus on safe, effective, person-centred care.
- It contributes to the Health Board's objectives on improving outcomes, supporting staff, and strengthening community partnerships.

5. Use of Charitable Funds

- This expenditure is clearly additional to core NHS funding and will enhance, rather than replace, statutory services.
- It represents appropriate use of charitable resources by directly improving patient experience and outcomes, in line with Hywel Dda Health Charities' charitable purpose.

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This proposal aligns closely with the strategic aims of Hywel Dda University Health Board, supporting its vision of "Working together to be the best rural health and care system in the UK" and strategy called 'A Healthier Mid and West Wales: Our future generations living well'. This shares our reasons for changing and our vision for improving health and well-being for our communities.

1. Improving Health and Wellbeing

- The Parkinson's Coordinator will enable coordination, streamline of access to clinic appointments and offer patient choice for accessing the right service.

2. Delivering Excellent Patient and Carer Experience

- The role ensures patients and families feel listened to, supported, and connected to the right services, directly enhancing their experience of NHS care.

3. Supporting Staff and Sustainable Services

- By coordinating care, the role reduces duplication, supports more efficient working, and frees up specialist staff time to focus on clinical priorities.
- Staff benefit from a knowledgeable resource who can provide guidance, education, and practical support.

4. Partnership and Community Focus

- The coordinator will strengthen links with voluntary organisations such as Parkinson’s UK and community groups, ensuring a truly integrated approach to care.

5. Innovation and Transformation

- This project pilots a new model of care that goes beyond core NHS provision with the potential to be scaled across other long-term conditions and inform future service redesign.

By funding this role, Hywel Dda Health Charities will help deliver against the Health Board’s strategic objectives, improving outcomes for patients, supporting staff, and strengthening partnerships across our communities.

Section 7: Other

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

NA

Section 8: Funding requirements

8.1 Cost breakdown:

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

Item/Category	Cost (£)			Comments
	Net £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
Cost of 0.6WTE Band 4 post per year			£23,016	Salary and On-costs (NI, pension) All costs
Cost of 0.6WTE Band 4 post per year			£23,016	Salary and On-costs (NI, pension) All costs

8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>		VAT £		Gross £ <i>Including VAT</i>	46,032 (For 2 years)
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8.3 Designated charitable fund		
Name of charitable fund:	Charitable fund code/number:	
General Fund	T600	
8.4 Alternative funding sources:		
Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.		
This is an entirely new post and hence no NHS level funding available for this post.		
In May 2025, we sought alternative funding via a grant preapplication to Parkinson's UK for a fulltime PD Coordinator role, however, the application was unsuccessful.		
Since then we have refined our objectives, process and outcome measures for this service development including submission for a part-time role.		
Section 9: Authorisation		
9.1 Application prepared by:		
Contact name:	Job title:	Date:
Subramaniam Nagasayi	Consultant	25/09/2025
9.2 Application authorised by:		
Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.		
Contact name:	Job title:	Date authorised:
Bethan Andrews	Service Delivery Manager	25/09/2025
9.3 Clinical Care Group approval:		
Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.		
Contact name:	Job title:	Date authorised:
Community & Integrated Medicine Clinical Care Group: Bethan Andrews	Service Delivery Manager (Parkinson's Service across Pembrokeshire, Carmarthenshire and Ceredigion)	25/09/2025
9.4 Finance Business Partner review:		
Please ensure that your Finance Business Partner has reviewed your application before submission.		
Contact name:	Job title:	Date reviewed:
Lynne Jones	Deputy Head of Business Control	3/10/2025

Please return completed form via email to:

charitablefundsfinance.hdd@wales.nhs.uk

or via internal mail to:

Charitable Funds Support Officer

Finance Department

Ty Gorwel, Building 14
 St David's Park, Job's Well Road
 Carmarthen SA31 3BB

Appendix 1

Assessment for medical equipment (as per [Medical Devices Policy](#)):

Appendix 2

Assessment for building or refurbishment work (to be completed by Estates team):

For Charitable Funds Finance Department

Application Reference Number:			
Fund Title:	Fund Code:	Current Fund Balance £:	
Finance review I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
Contact name:	Job title:	Date reviewed:	
Outcome of meeting CFSC/CFC I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
Meeting date:	Outcome:	Contact name:	Job title:

Application for charitable funds expenditure over £10,000

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

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

Section 1: Applicant

Lead applicant

Contact name:	CRAIG JONES
Job title:	PREVENTION AND POPULATION HEALTH IMPROVEMENT MANAGER
Department/Service:	PUBLIC HEALTH DIRECTORATE
Clinical Care Group:	

Management contact

Contact name:	ARDIANA GJINI
Job title:	EXECUTIVE DIRECTOR OF PUBLIC HEALTH

Section 2: Application summary

2.1 Title of charitable funds application:

Staff Health & Wellbeing: Deployment of 4 Lifestyle Checkpoint (K2) health kiosks

2.2 Brief description of your application:

In no more than 50 words please tell us what you are requesting charitable funds for.

To procure four Lifestyle Checkpoint (K2) health kiosks to provide regular, accessible, self-service health-checks for Hywel Dda staff. The kiosks deliver quick measurements (blood pressure, weight/BMI, body composition, SpO₂, temperature and risk feedback) and short, anonymised reports to support staff wellbeing, early detection of risks and targeted occupational health interventions.

2.3 Total value of charitable funds requested:	£47,520
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2.4 Duration of project	Project start date:	1.1.26
	Project end date:	31.12.26

2.5 Strategic priorities

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

Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	Staff experience: Supporting the wellbeing and professional development of University Health Board staff.	Innovation: Encouraging and supporting innovation and excellence in the delivery of healthcare.
No	Yes	Yes

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

Medical equipment <i>please also complete Appendix 1</i>	Service development or improvement	Staff welfare and wellbeing
No	Yes	Yes
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type:</i>
Yes	No	

Section 3: Case for support

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

We are seeking funding to procure, install and evaluate four Lifestyle Checkpoint (K2) health kiosks across Hywel Dda University Health Board's main acute hospital sites (Glangwili, Prince Philip, Bronglais and Withybush). These are robust, mid-range, self-service health monitoring pods designed for use in high-footfall staff environments.

Each kiosk provides an accessible, user-friendly way for staff to carry out quick health checks, including:

- Blood pressure and heart rate
- Weight, height, BMI and body composition
- Oxygen saturation (SpO₂) and temperature
- A simple, instant health report (printed or displayed)

By placing one kiosk in each of the Health Board's four acute hospitals, the project ensures that staff across our large and rural geography have equitable access to proactive health monitoring. The kiosks will be situated in secure, staff-only areas (such as wellbeing hubs, staff canteens or rest areas) to maximise convenience, privacy and uptake.

This investment will enable staff to identify health risks early, encourage healthier lifestyle choices, and support timely Occupational Health interventions. The kiosks also generate anonymised, aggregated usage data so the Health Board can evaluate trends, measure impact, and direct wellbeing resources where they are most needed.

In short, we are asking for funds to:

1. Purchase four Lifestyle Checkpoint (K2) kiosks (unit price £7,950).
2. Install and commission the kiosks across the four acute hospital sites.
3. Provide training and support to Occupational Health and Wellbeing staff for effective promotion and usage.
4. Evaluate the impact on staff wellbeing, early identification of health risks, and potential reductions in sickness absence.

This project directly supports the Health Board's workforce wellbeing strategy, improves

access to preventative health tools for over 13,000 staff, and demonstrates a visible commitment to staff health and retention.

3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

- Hywel Dda employs ~13,291 staff (headcount as of 31 March 2024). Proactive, easy-to-access screening supports staff health, reduces sickness absence and helps target wellbeing resources.
- The Health Board covers a largely rural area with workforce spread across multiple sites; placing kiosks at the four acute sites targets high footfall staff locations and makes access equitable.
- Early identification of elevated blood pressure, high BMI or low oxygen saturation can lead to earlier clinical follow-up and reduce long-term staff sickness and productivity loss.

This project would sit within and impact upon the initiation of the 20-4-7 framework and would be a key factor in embedding the concept of prevention across the Health Board. This project is supported by the Executive Director of Public Health and the overall approach to staff health has been discussed with the Director of Workforce and Organisational Development.

3.3 Project delivery plan:

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



HDUHB_Project_Plan
_Gantt.docx

The embedded file outlines a detailed timeline for delivery and evaluation of the project throughout 2026.

3.4 Risks:

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

Risks of doing the project

- Low uptake by staff: Despite installation, staff may not use the kiosks.
Mitigation: Clear communications campaign, visible placement in staff hubs, integration into wellbeing programmes, and promotion by line managers.
- Data security/privacy concerns: Staff may worry about confidentiality of results.
Mitigation: Kiosks can operate in anonymous mode, with only aggregated data reported to Occupational Health. Full compliance with NHS Wales Information Governance and GDPR.
- Maintenance or downtime: Technical issues could disrupt access.
Mitigation: Annual service contract and local site contact trained to troubleshoot. Contingency for repairs.
- Equity of access: Sites without a kiosk may perceive unequal access.
Mitigation: Initial rollout covers the four acute hospitals with highest staff density; future phases expand to community sites.

Risks of not doing the project

- Missed opportunities for early detection: Hypertension, obesity, and other risks may remain undiagnosed until they cause absence or more serious illness.
Mitigation: The kiosks directly address this by enabling quick, routine self-checks in staff spaces.
- Sickness absence and reduced productivity remain high: Without proactive screening, preventative health issues continue to affect workforce capacity.
Mitigation: The project aims to cut sickness absence through earlier intervention.

- Staff wellbeing perception gap: Not investing may be seen as a lack of commitment to staff health and wellbeing, which could affect morale and retention.

Mitigation: Visible investment in staff wellbeing infrastructure signals support and helps staff feel valued.

The kiosks are best positioned as a promotional and engagement tool, not a substitute for clinical assessment. As such, it's important to explicitly acknowledge the limitations of kiosk-based assessments, including:

- False positives and negatives: These are inevitable given the nature of self-service, non-diagnostic tools. The bid should clarify that results are indicative only and not clinically validated, and that staff will be encouraged to seek follow-up via Occupational Health or their GP where appropriate.
- Risk feedback protocols: If approved, a T&F group to support implementation will be needed and should consider including a simple decision tree or guidance sheet for staff on what to do if their results fall outside normal ranges. This could help mitigate anxiety and ensure appropriate next steps.

3.5 Additionality:

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

This project is innovative and most importantly 'new.' It is an exciting way to engage with staff about their own health and the additional impacts to their families and, importantly, patients cannot be over-valued. If the Health Board can demonstrate how effectively it looks after their own 'family' then it gives us more kudos with the public – and let us not forget that our staff are also our public.

Section 4: Impact

4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

Note: You will be required to submit an evaluation report to summarise the impact at a later date.

Value for Staff

The introduction of Lifestyle Checkpoint Pods provides staff with a unique and accessible opportunity to monitor their own health and wellbeing in the workplace. For many NHS staff, accessing traditional health services can be difficult due to irregular shifts, long hours, and competing personal commitments. By situating these kiosks within the hospital environment, the Health Board removes several barriers to engagement with health monitoring.

Key aspects of value include:

- Convenience & Accessibility – Staff can undertake a health check in just 5–10 minutes, without the need to book GP appointments or attend external clinics. This is especially valuable for night-shift workers, junior doctors, and those with demanding clinical schedules.
- Privacy & Discretion – Staff may feel more comfortable checking their health confidentially in a pod, without stigma or pressure from colleagues. Results are immediate and private, enabling individuals to act on information in their own time.
- Early Awareness & Prevention – The kiosks offer an immediate snapshot of key health metrics such as blood pressure, weight, and body composition. By highlighting high-risk results (e.g., elevated blood pressure), staff are empowered to seek help earlier, reducing the likelihood of serious illness.

- Encouragement of Healthy Behaviours – Regular, convenient access to these checks can prompt lifestyle changes in diet, exercise, smoking, or alcohol use, particularly when staff see tangible improvements over time.
- Integration with Staff Wellbeing Culture – The pods demonstrate that the Health Board is visibly investing in its staff, creating a stronger culture of care, which may in turn boost morale and engagement.

Benefits for the Organisation

The investment in health pods not only benefits individual staff members but also provides significant organisational advantages that align with both strategic workforce goals and wider NHS Wales priorities.

Key benefits include:

- Healthier Workforce, Reduced Sickness Absence – By identifying and addressing risks earlier, the Health Board can expect reductions in long-term sickness absence, particularly related to cardiovascular disease, stress, and metabolic conditions. Even modest improvements in absence rates can translate into significant cost savings for the organisation.
- Improved Retention & Staff Satisfaction – Demonstrating a visible and practical commitment to staff wellbeing can enhance organisational reputation, supporting recruitment and retention at a time when NHS staffing is under unprecedented pressure.
- Support for Occupational Health Services – The pods provide a first line of screening and self-awareness. This allows Occupational Health teams to focus their resources more effectively on higher-risk individuals, rather than routine monitoring.
- Data-Driven Workforce Planning – Anonymised, aggregated data from the pods will highlight patterns in staff wellbeing across sites. This insight can be used to target wellbeing interventions (e.g., if hypertension risk is higher in certain staff groups or hospitals).
- Alignment with National Strategy – By investing in preventative staff health initiatives, Hywel Dda UHB aligns directly with Welsh Government and NHS Wales' focus on prevention, wellbeing, and value-based healthcare. This positions the Health Board as a leader in staff wellbeing innovation across Wales.

To ensure the kiosks are embedded meaningfully into Occupational Health and GP care, thus building on all round benefits, it is recommended that the following are achieved:

- Formal Occupational Health endorsement: seeking input and support from the OH team to ensure they are prepared for potential increases in referrals and can advise on appropriate triage pathways.
- Primary Care engagement: garnering a statement of support or intent from Primary Care colleagues, especially around how kiosk results might be flagged or referred for GP consultations.
- Training and signposting: focussing on making Every Contact Count as an approach to staff engagement and management

4.2 Beneficiaries:

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

Lifestyle Checkpoint Pods – Beneficiary Cohort

Primary Beneficiaries – Hywel Dda UHB Staff

The project directly targets all staff employed across Hywel Dda University Health Board (c. 12,000 staff across acute hospitals, community, and primary care). The initial measurable cohort is 20% of staff (approx. 2,400 individuals) engaging with the pods during Year 1.

Staff will benefit from:

- Early identification of hypertension, obesity, and stress-related risks
- Empowerment to make positive lifestyle changes
- Reduced barriers to accessing basic health checks (especially for shift workers)
- Improved morale and perception of organisational support

Secondary Beneficiaries – Families and Households

Healthier staff are more likely to influence family behaviours at home. Increased health awareness in staff can create a multiplier effect, improving wellbeing across households.

- Positive role modelling for children and dependents
- Encouragement of exercise, diet, and smoking cessation within households
- Reduced stress and illness burden on families

Tertiary Beneficiaries – Patients and Service Users

Staff who are healthier and less fatigued are better able to deliver safe, compassionate, and high-quality care. Reduced stress and illness in staff contribute to better patient–staff interactions and overall experience of care.

- Continuity of care strengthened by reduced sickness absence
- Improved patient experience through more engaged and healthier staff
- Safer care delivery by reducing fatigue and stress-related errors

System-Level Beneficiaries – Organisation and NHS Wales

Beyond individual and family benefits, the wider organisation and NHS Wales system will also gain. This includes measurable savings, reputational benefits, and strategic alignment.

- Reduced sickness absence costs – fewer agency staff and temporary cover required
- Improved retention and reduced turnover – lowering recruitment and training costs
- Enhanced reputation as an employer of choice in Wales
- Alignment with NHS Wales prevention and workforce wellbeing priorities
- Anonymised workforce health data to inform wider staff wellbeing strategies

4.3 Evaluation methods:

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

Objectives & measurable outcomes

The project will be evaluated using a mixed-methods approach, combining quantitative data from the pods with qualitative feedback from staff:

1. Usage Metrics

- Uptake against target (20% of staff in Year 1, ~2,400 individuals).
- Frequency of repeat use (e.g. proportion of staff using pods more than once).

- Variation across hospital sites and staff groups.
2. Health Outcomes (anonymised, aggregate data)
- Prevalence of key risk factors (e.g. hypertension, BMI).
 - Changes in risk profile among repeat users over the year.
 - Referrals/signposting to Occupational Health or GP services.
3. Organisational Outcomes
- Sickness absence data compared with baseline trends.
 - Occupational Health workload (shift from routine checks to targeted interventions).
 - Potential cost avoidance (agency staff, lost time).
4. Staff Experience
- Staff survey on usability, privacy, and perceived value of pods.
 - Focus groups with staff wellbeing champions to understand barriers and enablers.
5. Reporting
- Interim report at 9 months (Sept 2026).
 - Final evaluation report at project close (Dec 2026), including recommendations for sustainability.

In summary

1. Reach: 20% of workforce (~2,660 staff) use kiosks in year one.
2. Screening outputs: Identify $\geq 5\%$ of users with elevated risk factors and refer for follow-up.
3. Sickness reduction: 5% reduction in short-term sickness in target cohorts.
4. Staff satisfaction: $\geq 70\%$ of users report satisfaction.

To further support the work, the following will also be considered

- A short protocol for follow-up pathways based on kiosk results (e.g. elevated BP leading to OH referral or GP appointment).
- Clarity on the mechanism for staff feedback on how useful or actionable they found the kiosk results

Section 5: Exit strategy (for revenue expenditure requests)

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

The project is designed with sustainability beyond initial funding in mind:

1. Handover to Business-as-Usual
 - After the evaluation phase, successful kiosks will be embedded into the Staff Wellbeing infrastructure.
 - Maintenance contracts and training will be transitioned to Estates/IT and Occupational Health teams.
2. Data-Informed Continuation

- Decisions on future investment (expansion or relocation of pods) will be based on usage and outcome data.
- Sites with strong uptake will be prioritised for retention and expansion.

3. Alternative Funding / Partnerships

- Explore integration into wider NHS Wales wellbeing initiatives.
- Potential to align with Public Health Wales or Welsh Government prevention budgets.
- Consider partnership with staff benefits schemes or charitable funds (Hywel Dda Charities).

4. Decommissioning (if required)

- If pods are under-utilised or fail to demonstrate value, the Board will pursue resale, redeployment, or transfer to partner organisations.
- Staff wellbeing focus will continue via existing Occupational Health programmes, ensuring no loss of support.

Section 6: Governance

6.1 Compliance:

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

It will be ensured that the process meets all procurement rules and follows policy re data protection

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This bid is key to shifting the focus from illness to prevention by encouraging staff to take ownership of their own health. It is also a step towards better research, innovation and in the long term, an improvement in staff capacity. It will also empower and support staff through encouraging better health. The bid also helps improve the digital transformation of healthcare services.

Section 7: Other

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

Section 8: Funding requirements

8.1 Cost breakdown:

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

Item/Category	Cost (£)			Comments
	Net £ Exc. VAT	VAT £	Gross £ Inc VAT	
Budget summary		20%		
4 Lifestyle Checkpoint (K2) kiosk including shipping, site works and installation	33,500			
Local HB Estates work	2,500			
12-month software/support	2,000			

Training	600			
Local IT/ WIFI costs	1000			
Total requested	39600	7920	47520	

8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>	£39,600	VAT £	£7,920	Gross £ <i>Including VAT</i>	£47,520
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8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
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HYWEL DDA HEALTH CHARITIES GENERAL FUND	T600
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8.4 Alternative funding sources:

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

Section 9: Authorisation

9.1 Application prepared by:

Contact name:	Job title:	Date:
CRAIG JONES	PREVENTION AND POPULATION HEALTH IMPROVEMENT STRATEGY MANAGER	19.9.25

9.2 Application authorised by:

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

Contact name:	Job title:	Date authorised:
ARDINANA GJINI	EXECUTIVE DIRECTOR OF PUBLIC HEALTH	25.9.25

9.3 Clinical Care Group approval:

Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.

Contact name:	Job title:	Date authorised:
BETHAN LEWIS	ASSISTANT DIRECTOR OF PUBLIC HEALTH	2.10.25

9.4 Finance Business Partner review:

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

Contact name:	Job title:	Date reviewed:
SADIE NORTH	FINANCE BUSINESS PARTNER	2.10.25

Please return completed form via email to:

charitablefundsfinance.hdd@wales.nhs.uk

or via internal mail to:

Charitable Funds Support Officer
Finance Department
Ty Gorwel, Building 14
St David's Park, Job's Well Road
Carmarthen SA31 3BB

Appendix 1

Assessment for medical equipment (as per [Medical Devices Policy](#)):

Supplier name:	
Equipment make and model:	
Please provide quote:	<i>Insert quote here</i>
Please tell us about what involvement the Clinical Engineering team has had in this request:	
Please tell us about what involvement the Procurement team has had in this request:	
Is this replacement equipment or is the equipment new to the health board? <i>A replacement device may also be a new make or model.</i>	
If the equipment is new to the health board, has the Medical Devices Steering Group been consulted?	
Will this equipment be used to undertake a new clinical procedure or intervention?	
If the equipment will be used to undertake a new clinical procedure or intervention, has the Clinical Effectiveness team been consulted?	
Does this item appear on HDdUHB's Capital Planning List? If yes, please indicate priority rating.	
Where will this equipment be located?	
Are there any training implications? If so, have the Medical Device Training Team been consulted?	
What is the life expectancy of the equipment?	
Who will maintain the equipment, in line with the Medical Devices Policy ?	
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	
Are there any capital costs associated with this request? If yes, please explain how these costs will be met.	
Please confirm approved Statement of Need (SON) reference number and approval date:	

Appendix 2

Assessment for building or refurbishment work (to be completed by Estates team):

Do you consider this request to be above and beyond routine maintenance work?	
Please explain your answer to the question above:	
Are the costs provided based on a cost estimate or formal quotation?	
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	
If yes, please explain how these costs will be met.	
Estates authorisation	
I confirm that I have read this application in full and that I am supportive of the application.	
Contact name:	Job title:
Date reviewed:	

For Charitable Funds Finance Department

Application Reference Number:		
Fund Title:	Fund Code:	Current Fund Balance £:
Finance review		
I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.		
Contact name:	Job title:	Date reviewed:
Outcome of meeting CFSC/CFC		
I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.		
Meeting date:	Outcome:	Contact name:
		Job title:

Application for charitable funds expenditure over £10,000

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

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

Section 1: Applicant

Lead applicant

Contact name:	Sara Jones
Job title:	Service Delivery Manager
Department/Service:	Endoscopy & Gastroenterology
Clinical Care Group:	Planned Care & Cancer Services

Management contact

Contact name:	Lisa Humphrey
Job title:	General Manager

Section 2: Application summary

2.1 Title of charitable funds application:

Colon Capsule Equipment

2.2 Brief description of your application:

In no more than 50 words please tell us what you are requesting charitable funds for.

This proposal seeks investment to support the roll-out of a colon capsule pilot, to research and collate evidence of the benefits the service could present to providing additional diagnostic capacity within the lower GI cancer pathway for clinicians to investigate and detect pathology of the colon, including colorectal cancer. The long term aim would be to seek substantive investment from the HB to roll-out the service.

2.3 Total value of charitable funds requested:

£152,160 (equipment, licensing and training)

2.4 Duration of project

Project start date:

November 2025

Project end date:

April 2026

2.5 Strategic priorities

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

Patient experience:

Enhancing the patient experience throughout the whole care and treatment journey.

Staff experience:

Supporting the wellbeing and professional development of University Health Board staff.

Innovation:

Encouraging and supporting innovation and excellence in the delivery of healthcare.

Yes	Yes	Yes
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2.6 Expenditure type

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

Medical equipment <i>please also complete Appendix 1</i>	Service development or improvement	Staff welfare and wellbeing
Yes	Yes	Yes
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type:</i>
No		

Section 3: Case for support

3.1 Funding request:

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

According to NHS data, around half of colorectal cancers are diagnosed at a late stage, with late-stage diagnosis being associated with poorer outcomes. The endoscopy service within the Health Board is faced with growing demand (5% year on year), particularly for lower gastrointestinal procedures. As such, opportunities to expand current service provision and develop new investigative pathways are critical to ensuring there is adequate service capacity to accommodate growing patient demand.

Colon capsule endoscopy (CCE) presents an opportunity to provide additional diagnostic capacity within the lower GI cancer pathway, by providing an alternative diagnostic option for clinicians to investigate and detect pathology of the colon, including colorectal cancer. The high sensitivity and specificity of the procedure (for the detection of polyps & colon cancer) has the potential reduce the need for standard endoscopic colonoscopy (i.e. reducing demand on a highly stretched resource within the HB).

CCE is a minimally invasive diagnostic investigation, whereby patients swallow a pill containing two tiny cameras to examine the colon. The patient wears a sensor belt around the waist for the duration of the test (11 hours) or occasionally a sensor array where the sensors are attached to the patient. CCE has high acceptance rates amongst patients, who report the test to be preferable to colonoscopy. It is used to investigate appropriate patients with lower GI symptoms and can safely and effectively reduce time to diagnosis for patients. It can be undertaken in a clinic / outpatient setting rather than an endoscopy theatre environment and has a reduced staffing requirement via a nurse led service model.

CCE has the potential to reduce the demand of colonoscopy, freeing endoscopy capacity by 10 to 20% by diverting patients with the appropriate indications to CCE, and reducing expensive insourcing capacity increase models. CCE has a nurse led service model and the procedure is performed in a clinic area setting and therefore uses less high-cost endoscopic resource, such as Consultant (operator) time, and endoscopic theatre space.

3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

This proposal involves introduction of a CCE service within Hywel Dda. The expenditure will support funding:

- for the training of a dedicated nurse (to commence a pilot) to pre-assess and consent patients pre-procedure & supply the capsule equipment & data recorder kits to patients, likely from an outpatient setting;
- to purchase CCE equipment, including capsule consumables, data recorder kits, download station & remote readers;
- dedicated PC software license.

This will be supported by a clinical endoscopist and consultant gastroenterologist (already trained in colon capsule), who will be responsible for reviewing the images captured from the data recorder kits, manage

any clinical administration post CCE procedure and provide dedicated consultant oversight for the service.

Funding will therefore be utilised to recruit new dedicated CCE workforce & the associated equipment required to deliver the service. The service aims to dedicate 5 sessions of clinical Endoscopist time per week for CCE – enabling review of 10 CCE recordings per week.

The roll-out of the service is endorsed by the National Endoscopy Programme and is advocated by the NHS Executive/Welsh Government as part of HB performance meetings. An all-Wales network of CCE services has been developed to encourage and support the roll-out of the service at local HB level. Wales piloted the use of CCE in the lower gastrointestinal investigation pathway across 4 Health Boards (BCUHB, C&VUHB, ABUHB, SBUHB) – which has been shared with the Health Board in the CCE network meeting.

3.3 Project delivery plan:

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

1. Purchase new equipment & arrange PC licenses and appropriate software
2. Recruit & dedicated colon capsule nurse to support the already trained endoscopists who will deliver the service
3. Roll-out pilot in Glangwili Endoscopy Unit – clinical endoscopist led service, supported by a nurse and overseen by a Consultant Gastroenterologist
4. Review data outputs of service & productivity gains to inform decision making on further roll-out of the service
5. Continue to engage with the National Endoscopy Programme to review roll-out of the service in other HB's and review of evidence.

Longer term:

Aim to develop service business proposal seeking substantive staff investment.

3.4 Risks:

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

The Health Boards will be required to adjust job plans to accommodate the roll-out of the service, however a Clinical Endoscopist & Consultant Gastroenterologist have already completed training in colon capsule and plans have been discussed to create capacity within their job plans to accommodate this service already.

Timeline for training for the nurse post to support the endoscopist to deliver the service – limited however as this is a 1-2 day training programme. The aim would be to train a number of endoscopy nursing staff to ensure continuity of service provision during any leave or unexpected absence.

Additional outpatient facilities or rooms within the endoscopy suites (not procedure rooms) will need to be designated to carry out the procedures and provide dedicated reading areas.

3.5 Additionality:

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

CCE provides a cost-effective alternative to colonoscopy as the service is nurse led and uses an ordinary clinic room rather than full endoscopy procedure room, lending the service, in time, to be located in diagnostic centres or the community. The cost and maintenance for the CCE kit is minimal compared to colonoscopes, endoscopy stacks and staffing.

Section 4: Impact

4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

Note: You will be required to submit an evaluation report to summarise the impact at a later date.

Implementing CCE presents a wide range of benefits that can be realized shortly after the launch of the service:

-Reduced Colonoscopy Waiting Times: CCE can serve as an effective triage tool, redirecting patients who do not require therapeutic intervention, thus freeing colonoscopy capacity for those needing further investigation.

-Enhanced Cancer Pathway Compliance: The initiative supports earlier diagnosis and treatment within SCP timelines, improving compliance and reducing delays.

Increased Diagnostic Capacity: Provides an alternative diagnostic pathway without additional demands on endoscopy suite infrastructure, potentially reducing the need for expensive infrastructure expansion.

-Improved Patient Experience:

- **Less Invasive and More Comfortable:** CCE is performed without sedation or invasive techniques, minimizing discomfort, pain, and patient anxiety compared to colonoscopy.
- **At-Home Accessibility:** Patients can complete the procedure from home, reducing the burden on hospital resources and making the diagnostic process more convenient.
-

-Enhanced Safety Profile: CCE presents lower risks of complications (e.g., bowel perforation, bleeding) than traditional colonoscopy and CT colonography, ensuring a safer diagnostic process.

-Cost Savings: With an estimated reduction in symptomatic colonoscopy procedures by 10%, the projected productivity gain for the endoscopy service is around £10,068 per week. The aim of this pilot would be to monitor outcomes to identify whether this productivity gain can be realised.

-Targeted Resource Allocation: By reducing unnecessary procedures, the service can reallocate resources to patients requiring more complex interventions, ultimately improving service efficiency.

-Alignment with National Endoscopy Goals: CCE aligns with national endoscopy strategies for expanded, sustainable diagnostic pathways across Wales.

4.2 Beneficiaries:

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

NHS England's evidence base describes that of 4,128 participants who underwent CCE, 70% avoided colonoscopy, and 59% required no further bowel investigation.

This pilot would support delivery of 10 colon capsule procedures per week, equating to 420 patients over a 42 week period. Applying the results NHS England have reported to Hywel Dda, the pilot has the potential to reduce colonoscopy demand by circa 300 patients/year - further supporting cost-effective resource utilisation and service efficiency.

4.3 Evaluation methods:

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

The following areas will be closely monitored to identify benefits from introducing the pilot:

- Colonoscopy waiting times (reportable information already available as a baseline)
- Single cancer pathway performance (reportable information already available as a baseline)
- Colonoscopy referral demand (reportable information already available as a baseline)
- Productivity metrics - failed procedures numbers (available via the endoscopy reporting system and weekly endoscopy sitrep meetings)
- Patient reported outcome measures (patient surveys)
- Patient comfort scores (available via the endoscopy reporting system)

Section 5: Exit strategy (for revenue expenditure requests)

Section 9: Authorisation

9.1 Application prepared by:

Contact name:	Job title:	Date:
Sara Jones	Service Delivery Manager	02/10/2025

9.2 Application authorised by:

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

Contact name:	Job title:	Date authorised:
Lisa Humphrey	General Manager	18/11/2025

9.3 Clinical Care Group approval:

Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.

Contact name:	Job title:	Date authorised:
Paula Goode	Service Director for Planned and Specialist Care	03/10/2025

9.4 Finance Business Partner review:

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

Contact name:	Job title:	Date reviewed:
Alison Wride	Finance Business Partner	18/11/2025

Please return completed form via email to:

charitablefundsfinance.hdd@wales.nhs.uk

or via internal mail to:

Charitable Funds Support Officer
 Finance Department
 Ty Gorwel, Building 14
 St David's Park, Job's Well Road
 Carmarthen SA31 3BB

Appendix 1

Assessment for medical equipment (as per [Medical Devices Policy](#)):

Supplier name:	Medtronic
Equipment make and model:	PillCam Colon Capsules & Data Recorder Kits
Please provide quote:	<i>Insert quote here</i>
Please tell us about what involvement the Clinical Engineering team has had in this request:	Actively engaged in discussions re: new equipment
Please tell us about what involvement the Procurement team has had in this request:	Early stage discussions with procurement – likely to continue working with supplier the endoscopy unit we already have a contract with
Is this replacement equipment or is the equipment new to the health board? <i>A replacement device may also be a new make or model.</i>	New equipment
If the equipment is new to the health board, has the Medical Devices Steering Group been consulted?	Actively engaged in discussions re: new equipment
Will this equipment be used to undertake a new clinical procedure or	Yes

intervention?	
If the equipment will be used to undertake a new clinical procedure or intervention, has the Clinical Effectiveness team been consulted?	A national service specification document has been developed and endorsed at WG level – the clinical effectiveness team will be consulted if funding is awarded.
Does this item appear on HDdUHB's Capital Planning List? If yes, please indicate priority rating.	No
Where will this equipment be located?	Glangwili General Hospital
Are there any training implications? If so, have the Medical Device Training Team been consulted?	No
What is the life expectancy of the equipment?	Circa 10 years
Who will maintain the equipment, in line with the Medical Devices Policy ?	Service Delivery Manager
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	12-month PillCam Cloud Reader License (£4,166.66+VAT)
Are there any capital costs associated with this request? If yes, please explain how these costs will be met.	None above those already outlined
Please confirm approved Statement of Need (SON) reference number and approval date:	

Appendix 2

Assessment for building or refurbishment work (to be completed by Estates team):

For Charitable Funds Finance Department

Application Reference Number:			
Fund Title:	Fund Code:	Current Fund Balance £:	
Finance review			
I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
Contact name:	Job title:	Date reviewed:	
Outcome of meeting CFSC/CFC			
I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
Meeting date:	Outcome:	Contact name:	Job title:

Request for charitable funds expenditure

*For
Finance
use only*

Reference:

Fund Code:

1. Lead contact

Contact name: Laura Matthew	Job title: Principal Clinical Scientist (Neurophysiology)
Ward/Team/Department/Service/Directorate: Clinical Neurophysiology, Scheduled Care	
Contact address: Glangwili General Hospital, Dolgwilli Road, Carmarthen	
Post code: SA31 2AF	
WHTN:	Mobile:
Telephone: 01267 283 278	Email: Laura.matthew@wales.nhs.uk

2. What item(s) are you asking us to fund and for what purpose?

Please give us as much information as possible so that we can determine whether your request is eligible for support. For any equipment, please provide details of supplier make, model and quote.

The EEG department requires a specialised reclining hospital patient chair to improve patient comfort, support accurate diagnostic procedures, and enhance workflow efficiency. Current seating arrangements are inadequate for EEG sessions, leading to patient discomfort, increased movement artefacts, and reduced test quality.

Justification for Investment:

- Patient Comfort and Safety: Reclining chairs allow patients to remain comfortable and still during lengthy EEG procedures, reducing artefacts caused by movement.
- Improved Diagnostic Accuracy: Stable and comfortable positioning enhances the quality and reliability of EEG recordings.
- Enhanced Patient Experience: A comfortable environment reduces anxiety and contributes to better patient cooperation and overall satisfaction.
- Operational Efficiency: Reduced need for repositioning or repeating tests saves staff time and department resources.

Without appropriate equipment, there is a risk of compromised diagnostic outcomes, increased test repetition rates, and potential delays in patient care. The new reclining chair will mitigate these risks by ensuring patient stability and enabling optimal test conditions. The long-term value would be reduced test errors, fewer repeat appointments, and improved workflow efficiency which will offset the initial investment.

Investing in a reclining hospital patient chair for the EEG department is essential for improving diagnostic accuracy, patient experience, and departmental efficiency. This capital bid represents a proactive step toward enhancing service quality and reducing long-term operational risks.

Ocura Healthcare furniture
Avento patient reclining chair with removable head, padded arm cushions and neck rest.
Colour berry
£4166.40 including 30% discount gross



CF03212 -
Quote.pdf

3. Why is this expenditure required?

Please provide details of how the need has been identified and who this has been discussed with.

The motivation for this application is to address the current limitations in patient comfort and diagnostic accuracy within the EEG department. Prolonged EEG procedures require patients to remain still for extended periods, but existing seating options are inadequate, leading to discomfort, increased movement, and compromised test results. A specialized reclining hospital patient chair will significantly improve patient comfort, reduce movement artefacts, and enhance the quality of EEG recordings. This investment will not only improve the patient experience but also support more efficient use of staff time and resources, ultimately contributing to better overall healthcare outcomes.

4. Why is this a charitable request?

Our charitable funds support expenditure over and above what the NHS can provide. All requests for support must offer value for money and demonstrate clear and direct benefits to patient care.

The proposed investment in a reclining hospital patient chair for the EEG department will deliver significant benefits, including improved patient comfort during prolonged procedures, reduced movement artefacts, and enhanced diagnostic accuracy. By minimizing patient discomfort and the need for repeated tests, the chair will also optimize staff efficiency and resource utilization. Additionally, a more comfortable and patient-friendly experience will contribute to higher patient satisfaction and compliance, ultimately supporting better healthcare outcomes. This investment represents a cost-effective solution with long-term benefits for both patients and clinical operations.

5. Total amount of funding requested

Net £ <i>Excluding VAT</i>	3,472.00	VAT £	0.00	Gross £ <i>Including Vat</i>	3,472.00
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Is this medical equipment?	No	Supplier name:	Ocura Healthcare Furniture
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6. Fund details


Fund title:	General fund
Fund code:	T600


7a. Assessment for medical equipment

When buying medical equipment is it important to ensure that all UHB requirements are being met. Please answer the questions below as fully as possible.

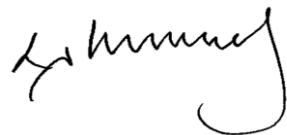
Is this a new or replacement item?	New
Where will this equipment be located?	Clinical Neurophysiology clinic room
Have you consulted with the Medical Devices Steering Group?	No – not a medical device
Does this item appear on HDdUHB's Capital Planning List?	No
Risk: What risk assessments have been carried out?	Patient safety risk assessment
Maintenance: Has support been gained from the maintenance/ estates department? Who will maintain the equipment?	Equipment maintained by department and clinical engineering Infection prevention and control guidelines to clean and maintain chair in line with manufacturer recommendation between patients
Storage: Are there any storage implications?	No
Training: Are there any training implications?	No
Revenue costs: Details of any associated revenue costs and how they will be met	Cost to procure chair is £3472.00 through CF bid
Capital costs: Details of any associated capital costs and how they will be met	Cost to procure chair is £3472.00 through CF bid
Approval from Clinical Engineering Department: <i>Please attach supporting e-mail</i>	Yes (supporting SON attached) Statement Of Need 2025-325 (approved 11-06-2025)

8. Authorisation

Designation	Name, Job Title & Signature	Date
1. Requester	Name: Laura Matthew Job title: Principal Clinical Scientist (Neurophysiology) Signature: 	27/03/2025
2. Authorised signatory under £1,000	Name: Victoria Coppack Job title:	03/06/2025

	Signature: Senior Service Delivery Manager for Ophthalmology and Neurology 	
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**Senior Nurse Manager, Service Delivery Manager,
Head of Service or managers at equivalent level**

3. Authorised signatory under £10,000	Name: Lisa Humphrey Job title: General Manager Signature: 	18/11/2025
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Hospital or Service Director/General Manager, Head of Nursing or managers at equivalent level

4. Authorised signatory under £50,000	<i>Charitable Funds Sub-Committee meeting reference:</i>	
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Charitable Funds Sub-Committee

5. Authorised signatory under £100,000	<i>Charitable Funds Committee meeting reference:</i>	
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Charitable Funds Committee

6. Authorised signatory over £100,000	<i>Corporate Trustee meeting reference:</i>	
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Corporate Trustee

FOR FINANCE DEPARTMENT

Directorate:	Reference Number:
Fund Title:	Fund Code:
Current Fund Balance:	Financial Code:
Eligible Expenditure: Y / N	Authorised Finance Signatory: Date:





YOUR QUOTATION

Customer Name:	Laura Matthew	Quotation Number:	A1070292
Job Title:	Clinical Neurophysiology Service Manager	Quotation Date:	Jun 6, 2025
Department:	Neurophysiology Department	Quotation Valid For:	90 Days
Hospital/Company:	Glangwill General Hospital	Account Manager:	Stephen Knight
		Telephone:	01732 367777
		Email:	sales@ocura.co.uk

Thank you for your valued enquiry. We are pleased to provide the following quotation:

Delivery Lead Time: 10 week(s)

from the date of the order

Image	Code	Description	Unit Price	Discounted Unit Price	Quantity	Total Price
	BE2039	Avento Manual height-adjustable patient reclining chair with central locking castors Discount: 30% Colour: Berry	£ 4,073.00	£ 2,971.50	1	£ 2,971.50
	BE2071	Mauro/Avento Removable head section Discount: 30% Colour: Berry	£ 195.00	£ 147.00	1	£ 147.00
	BE2013	Padded removable armrest covers (pair) Discount: 30% Colour: Berry	£ 210.00	£ 147.00	2	£ 294.00
	BE2906	Neckrest Cushion Discount: 30% Colour: Berry	£ 75.00	£ 59.50	1	£ 59.50

Net Amount	£ 3,472.00
Vat @ 20%	£ 694.40
Gross Total	£ 4,166.40

There is a delivery charge of £50 for all orders under £500 delivered to mainland UK.
Where applicable, please specify colour choice when ordering.
Images are for representation purposes only (and may not reflect the colour selected).

Other information

Delivery is to stores unless otherwise stated.

Terms and conditions apply - copy available on request.

Ocura Healthcare Furniture is an approved supplier under the NHS Supply Chain National Contract No. 2024/S 000-025534 and NHS Shared Business Services Contract SBS/19/MA/TYX/9363/5 Ward, Bedside and Non-medical Theatre Equipment

Application for charitable funds expenditure over £10,000

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

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

Section 1: Applicant

Lead applicant

Contact name:	Kathryn Lambert
Job title:	Head of Arts and Health
Department/Service:	Arts and Health
Clinical Care Group:	Directorate of Nursing, Quality and Patient Experience

Management contact

Contact name:	Anna Chiffi,
Job title:	Assistant Director of Nursing, Patient Safety and Quality (Community and Integrated Medicine)

Section 2: Application summary

2.1 Title of charitable funds application:

Art in Emergency Departments

2.2 Brief description of your application:

In no more than 50 words please tell us what you are requesting charitable funds for.

This funding will support artwork in Emergency Departments to enhance patient experience and staff wellbeing. Identified through audits, staff feedback, and the Environmental ODG, the Art in ED programme promotes calm, dignity, and emotional support—using art to provide visual relief and reflect the compassion and quality of care delivered.

2.3 Total value of charitable funds requested:

£60,000

2.4 Duration of project

Project start date:	1 st January 2026
Project end date:	1 st March 2027

2.5 Strategic priorities

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

Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	Staff experience: Supporting the wellbeing and professional development of University Health Board staff.	Innovation: Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes	Yes	Yes

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

Medical equipment <i>please also complete Appendix 1</i>	Service development or improvement	Staff welfare and wellbeing
No	Yes	Yes
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box opposite.</i>	
Yes	No	

Section 3: Case for support

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

We are requesting charitable funds to support the creation and inclusion of artwork in the Emergency Departments (EDs) across Hywel Dda University Health Board. This initiative—*Art in Emergency Departments*—aims to help transform high-pressure clinical environments into calmer, more welcoming spaces that enhance both patient and staff experience.

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

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

The programme is designed to:

- **Improve patient experience** by reducing anxiety, supporting emotional wellbeing, and enhancing dignity, privacy, and communication.
- **Support staff wellbeing** by improving rest environments and fostering pride in the workplace.
- **Strengthen community identity** by incorporating local culture, language, and artistic expression.
- **Enhance wayfinding and spatial clarity**, supporting patient flow and reducing confusion in busy ED settings.
- **Innovation** - supporting innovation and excellence in the delivery of healthcare across the health board by committing to our Arts and Health Charter.

Strategic and Operational Alignment

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

The Environmental ODG has identified the following priorities:

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

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

Alignment with Hywel Dda Health Charities’ Objectives

This request aligns with the charitable purposes of **Hywel Dda Health Charities** including:

- **Enhancing the experience of NHS patients** through improved environments that support healing, dignity, and emotional wellbeing.
- **Supporting NHS staff** by improving working conditions and promoting morale, pride, and retention.
- **Delivering value beyond core NHS provision** through non-clinical, arts-based interventions that complement statutory services.
- **Encouraging innovation and excellence** in healthcare delivery through creative, co-produced solutions.

The programme also reflects the principles of the **Hywel Dda Arts and Health Charter**, particularly the commitment to “draw on all artforms to transform healthcare environments to aid healing and recovery and to support people to live healthier and happier lives.”

Staff and Clinical Support

The programme is underpinned by strong clinical and staff engagement. Local ED teams have already identified priority areas for artwork at each site:

Withybush	Glangwili	Bronglais ED	AMAU, PPH
Staff room and garden	Waiting area and reception	Reception Wall	Quiet Room
Relatives Room	Quiet Room for people with additional needs	Relatives Room	Family Waiting Room
Pediatric Room	Pediatric Room	Pediatric Room	n/a

We are seeking funding of £20,000 per ED. AMAU local team are already taking forward artwork and building this ask into their own requests for funding.

This request for funding is supported by:

BGH - Dawn Jones (Head of Hospital Head of Nursing, Unscheduled Care)

GGH - Louisa Standeven (Interim Deputy Head of Nursing, Unscheduled Care)

WGH - Jessica Svetz (General Manager Pembrokeshire System, Pembrokeshire County Team)

3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

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

- **The Accelerated Urgent and Emergency Care (UEC) Programme**, which highlights the importance of improving environmental conditions to enhance patient experience.
- **Environmental Operational Delivery Group (Environmental ODG)** priorities, including cleanliness, communication, privacy, and dignity.
- **ED audits, service user feedback, and staff surveys**, which consistently point to the need for more compassionate, clearly defined, and inclusive environments.
- **Clinical and staff engagement**, with local teams identifying priority areas for improvement and expressing strong support for the inclusion of art.

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

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

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

3.3 Project delivery plan:

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

Our Arts and Health Team will report to the EODG on a fortnightly basis and align programme plans along with other Architectural and Environmental Timelines.

1. Further Engagement (Oct – Dec 2025):

Arts and Health Team will join Local Teams focused on Environment in each Hospital to further consultation

Confirm identification of priorities

Engage with staff to co-create local artistic vision – ensuring colours, themes and imagery meet staff and patient needs

2. Commission Artists (Jan 2026 – Mar 2026)

Establish shortlisting panel made up of local staff and patients
Write and circulate artist briefs following Health Board Procurement procedures
Select artists and commission artwork

3. Design Development and Production (April – Aug 2026)

Support artists to design and fabricate artwork in line with all infection prevention and fire safety guidelines.

4. Installation (Sept – Dec 2026)

Work with our Estates teams, Discretionary Projects Teams and artists to install work inline with infection prevention and fire safety protocols.

5. Evaluation & Reporting (Jan – Mar 2027)

We will work with colleagues across the Health Board to develop an approach to evaluating the impact of this work. We will dovetail our Evaluation Strategy with the Quality Improvement Plan for the Environment ODG.

3.4 Risks:

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

Infection and Fire Safety:

Work within agreed outline policy framework to ensure that artists create artwork that comply with all regulations.

Installation challenges within an ED environment:

Work with Estates Teams to plan and manage a reasonable installation plan that can be designed through each local team to dovetail with other improvement plans and facilities works.

Ensuring everyone is happy with end results:

Prioritise engagement to ensure that everyone's views are captured and heard. Enable discussion and development of ideas.

High pressures in ED environment:

We are very mindful that the ED teams are under immense pressure. Operate sensitively and efficiently in a way that is very respectful of any time that clinical teams can offer. Design accessible engagement plans that meet the needs and capabilities of staff to respond.

Duplication of efforts:

Ensure that we work closely with Local, Environmental ODG and Discretionary Projects Architect Teams to ensure that any plans for artwork dovetail with all other plans for the area.

3.5 Additionality:

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

This expenditure is considered 'above and beyond' core NHS provision because it delivers a non-clinical, arts-based intervention that complements but does not replace statutory healthcare services.

The Art in ED programme provides ED settings, sites and staff with a unique opportunity to accelerate the improvements to the ED environment for the benefit of all by:

- Enhancing patient wellbeing through the inclusion of artwork in an ED

setting, which is not part of standard NHS capital improvement projects.

- Improving patient experience by offering comfort, connection, and emotional support in accessible community settings.
- Improving staff wellbeing by helping to improve the healthcare environment, and staff areas to show staff they are valued and cared for and promoting pride in the ED environment.

The programme meets charitable funding criteria by delivering demonstrable benefits to NHS patients and staff.

It builds on successful pilots and robust evaluation, offering improvements in the ED Environment that would not be possible through NHS core funding alone.

Section 4: Impact

4.1 Impact and patient benefit:

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

Note: You will be required to submit an evaluation report to summarise the impact at a later date.

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

Benefits to Patients:

Improved Patient Experience and Emotional Wellbeing

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

Enhanced Dignity, Privacy and Confidentiality

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

Support for Vulnerable Groups

Specialist artwork will be developed for quiet rooms and paediatric areas, supporting patients with cognitive impairments, learning disabilities, neurodivergence, and children. These tailored environments will help reduce sensory overload and improve communication and comfort for these groups.

Improved Navigation and Flow

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

Evidence-Based Impact on Health Outcomes

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

The King's Fund 'Enhancing the Healing Environment' programme found that integrating art into high stress areas such as Accident and Emergency departments reduced patient aggression towards staff and improved staff recruitment and retention. See [a&e 8steps.pdf](#)

Benefits to Staff:

Improved Working Environment and Morale

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

Support for Recruitment and Retention

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

Co-Creation Builds Ownership and Engagement

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

Indirect Benefits to Patients via Staff Wellbeing

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

Learning:

- A full evaluation report will be submitted to summarise impact and inform future commissioning.

4.2 Beneficiaries:

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

According to Hywel Dda Annual Report 2024/25, 170,000 people are estimated to attend all 4 ED sites whom we expect to benefit annually. (These figures include attendance at AMAU of 40,000 people). So 130,000 people annually.

Artwork will be installed to last, benefitting **patients** and staff for years to come.

Circa 100 **staff** per ED will benefit due to the improved ED environment and facilities for staff.

Many **families and carers**, who support their loved ones to attend ED will also benefit.

Hywel Dda University Health Board image will be enhanced with patients and staff feeling more cared for, and acknowledgement that the Health Board is going above and beyond to support its patient and staff. The Health Board will also be recognised for embedding its Arts and Health Charter.

4.3 Evaluation methods:

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

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

1. Baseline Information

We have already gathered baseline data through:

- Environmental audits of ED sites.
- Staff surveys and feedback identifying priority areas for improvement and findings from the wider Staff Survey for ED.
- Service user feedback highlighting the need for more compassionate and inclusive environments.
- Incident reports and external inspections pointing to environmental stressors and communication challenges.

This baseline establishes the current state of ED environments and informs the areas where art interventions can make the most impact.

2. Evaluation Methods

We will use both quantitative and qualitative approaches:

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

3. Reporting

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

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

Section 5: Exit strategy (for revenue expenditure requests)

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

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

Section 6: Governance

6.1 Compliance:

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

This expenditure request for the Art in ED programme complies with relevant legislative requirements and Hywel Dda University Health Board policies and procedures.

Key areas of compliance include:

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

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This funding request for the *Art in Emergency Departments* programme aligns closely with Hywel Dda University Health Board's strategic objectives as outlined in:

- **A Healthier Mid and West Wales** strategy
- **Hywel Dda's Arts and Health Charter**
- **Wales Audit Office's 2024 review** of urgent and emergency care (UEC) demand management

1. Supporting Strategic Priorities for Patient and Staff Experience

The programme directly supports the Health Board's strategic aims to:

- Improve patient experience by creating more compassionate, calming, and culturally relevant environments.
- Enhance staff wellbeing and morale through improved rest areas and co-created spaces that foster pride and ownership.
- Promote dignity, privacy, and communication—key themes in both the Health Board's UEC improvement priorities and the Arts and Health Charter.

2. Addressing Key Findings from the Wales Audit Office Review

The 2024 Auditor General's report identified several challenges in Hywel Dda's UEC system, including:

- **Overcrowding and poor patient flow**
- **Ambulance handover delays**
- **Need for stronger staff and patient engagement**
- **Environmental conditions that do not support optimal care delivery** [\[A\]](#)

[in Eme...epartments\]](#)

The *Art in ED* programme responds directly to these findings by:

- **Improving spatial clarity and flow** through visual zoning and signage, helping reduce confusion and delays.
- **Creating calmer, more dignified environments** that reduce patient anxiety and support better communication.
- **Engaging staff and patients in co-design**, strengthening local ownership and aligning with the report's call for better engagement.
- **Complementing clinical improvements** with environmental enhancements that support the delivery of safe, effective, and compassionate care.

3. Enabling Innovation and Value Beyond Core Provision

This programme exemplifies innovation in healthcare delivery by:

- Using arts-based interventions to address non-clinical barriers to care quality.
- Enhancing the healing environment in ways that traditional capital investment cannot.
- Delivering long-term value through durable, inclusive, and culturally resonant design.

It also supports the Health Board's goal to "go above and beyond" core NHS provision by embedding creativity and community identity into the heart of emergency care.

Section 7: Other

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

Section 8: Funding requirements

8.1 Cost breakdown:

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

Item/Category	Cost (£)			Comments
	Net £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
£20,000 art budget per ED (x3)	60,000	0	60,000	Most artists are not VAT registered.

8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>	60,000	VAT £	0	Gross £ <i>Including VAT</i>	60,000
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8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
General Fund	T600

8.4 Alternative funding sources:

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

The proposed programme of work has been identified as a priority for the Health Board.

Before applying for charitable funds, we have actively sought alternative funding to support the HARP programme:

- **Core NHS Funding:** We have explored NHS service budgets, but due to the

programme's non-clinical and preventative nature, it falls outside core NHS provision and is not eligible for standard NHS funding.

- **Partnership Contributions:** We will continue to explore alternative funding opportunities but these we need a core budget to initially work with to guide setting priorities and decision making, use as match funding to lever in other funds and meet the expectation and need/demand expressed by clinical teams to the Environment ODG.

Section 9: Authorisation

9.1 Application prepared by:

Contact name:	Job title:	Date:
Kathryn Lambert	Head of Arts and Health	03/10/25

9.2 Application authorised by:

Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.

Contact name:	Job title:	Date authorised:
Louise O'Connor	Assistant Director (Patient Support and Legal)	03/10/25

9.3 Clinical Care Group approval:

Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.

Contact name:	Job title:	Date authorised:
Anna Chiffi	Assistant Director of Nursing, Patient Safety and Quality (Community and Integrated Medicine)	03\10\2025

9.4 Finance Business Partner review:

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

Contact name:	Job title:	Date reviewed:
Stephen Gravelle	AFBP	03\10\2025

Please return completed form via email to:

charitablefundsfinance.hdd@wales.nhs.uk

or via internal mail to:

Charitable Funds Support Officer

Finance Department

Ty Gorwel, Building 14

St David's Park, Job's Well Road

Carmarthen SA31 3BB

Appendix 1**Assessment for medical equipment (as per [Medical Devices Policy](#)):****Appendix 2****Assessment for building or refurbishment work (to be completed by Estates team):****For Charitable Funds Finance Department**

Application Reference Number:			
Fund Title:	Fund Code:	Current Fund Balance £:	
Finance review I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
Contact name:	Job title:	Date reviewed:	
Outcome of meeting CFSC/CFC I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
Meeting date:	Outcome:	Contact name:	Job title:

Request for charitable funds expenditure

*For
Finance
use only*

Reference:

Fund Code:

1. Lead contact

Contact name: Tanya O'Sullivan Renee Groenevelt	Job title: Advanced Practitioner Occupational Therapist Clinical lead physiotherapist
Ward/Team/Department/Service/Directorate: Community Neurorehabilitation Service/ Occupational Therapy Service/ Therapies and Health Sciences	
Contact address: Community Neurorehabilitation Service Priory Day Hospital Glangwilli General Hospital Post code: SA31 3SU	
WHTN:	Mobile:
Telephone: 01267 227805	Email: BrainInjuryAndNeuroRehabilitationTeam@hdd.Wales.co.uk

2. What item(s) are you asking us to fund and for what purpose?

Please give us as much information as possible so that we can determine whether your request is eligible for support. For any equipment, please provide details of supplier make, model and quote.

Over the past 12 months, we have developed an innovative hybrid model of intensive upper limb rehabilitation as part of a Bevan Exemplar project. This model supports patients with neurological conditions across HDUHB, addressing common upper limb deficits that significantly affect independence, participation, and quality of life.

Evidence and national guidelines advocate for high-intensity, multidisciplinary rehabilitation to optimise outcomes. While other UK services have demonstrated success with daily outpatient programmes, replicating this in rural settings presents challenges due to staffing, travel, and infrastructure.

Our hybrid model combines face-to-face sessions, online delivery, and a structured self management home therapy programme. The inaugural programme in September 2025 showed promising functional outcomes, improved service efficiency, and high patient satisfaction.

To scale this model across the health board, we require access to evidence-based rehabilitation equipment that supports remote monitoring, self-management, and intensity of practice.

These resources will be used across CRT, Stroke ESD, CIST, and Community Neurorehabilitation teams, ensuring equitable access to specialist upper limb rehabilitation.

When not in use for the intensive upper limb programmes, the equipment will support ongoing community-based neurorehabilitation, aligned with NICE guidelines and best practice.

PLEASE SEE ATTACHED LIST [FINAL UPPER LIMB EQUIPMENT Oct 2025.xlsx](#)

ITEM	COMPANY	PRODUCT NO	QUANTITY	COST without VAT	VAT	Carriage	COST (inc
Sammons Preston Shoulder Pulley	performancehealth.co.uk	O91259555	1	8.92	1.78	0	10.7
Grippable	Therapy Supplies		2	850	170	0	2040
blaze pod - ultimate training bundle	Trainer Bundle – BlazePod		1	608.7432	121.74	0	730.48
SaeboGlide Plus	Saebo UK		1	78	17.3	8.5	103.8
Saebo Mirror Box	Saebo UK		2	77	17.1	8.5	205.2
SaeboStim One Treatment Kit	Saebo UK		1	1027	209.85	22.25	1259.1
SaeboStretch	Saebo UK		4	150.0	31.7	8.5	760.8
SaeboStretch Cover	Saebo UK		4	80	17.7	8.5	424.8
SaeboStim Pro	Saebo UK		3	239	49.5	8.5	891
SaeboStim Pro Treatment Kit	Saebo UK		1	1180	240.45	22.25	1442.7
SaeboGlove	Saebo UK		3	308	63.3	8.5	1139.4
SaeboGlove Tensioner Set	Saebo UK		2	12.15	3.18	3.75	38.16
SaeboGlove Replacement Liners	Saebo UK		4	188	38.35	3.75	920.4
Saebo MAS service	Shop Saebo UK		1	453.6	0	0	453.6
TOTAL				5110.4132	981.95		9966.54

3. Why is this expenditure required?

Please provide details of how the need has been identified and who this has been discussed with.

This programme addresses a growing need for effective neurorehabilitation, driven by increasing survival rates and complexity of neurological conditions. It supports the Welsh Neurological Delivery Plan's aim to reduce service variation and improve clinical outcomes.

By enabling rehabilitation closer to home and empowering patients to take ownership of their recovery, we aim to deliver sustainable, high-quality care. The equipment is essential to replicate the success of our pilot and meet clinical guidelines.

The proposal has been discussed with the Bevan Commission, HDUHB Upper Limb Steering Group, Community Neurorehabilitation Service, and senior leadership including Gethin Harries (Manager of Multimodal Rehabilitation) and Jon Adams (Head of OT Service).

4. Why is this a charitable request?

Our charitable funds support expenditure over and above what the NHS can provide. All requests for support must offer value for money and demonstrate clear and direct benefits to patient care.

Therapies services lack dedicated budgets for rehabilitation equipment. All requested items are supported by clinical guidelines and research evidence demonstrating their effectiveness in improving patient outcomes.

This programme enhances patient experience by delivering specialist care closer to home, supporting self-management, and reducing reliance on face-to-face clinician time. It offers excellent value for money by increasing service capacity and efficiency.

5. Total amount of funding requested

Net £ <i>Excluding VAT</i>	7973.22	VAT £	1993.32	Gross £ <i>Including Vat</i>	9.996.54
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Is this medical equipment?

YES

Supplier name:

See list

6. Fund details

Fund title:	Neurorehabilitation Equipment (SCALING THE UPPER LIMB BEVAN PROJECT)
Fund code:	T600


7a. Assessment for medical equipment

When buying medical equipment is it important to ensure that all UHB requirements are being met.

Please answer the questions below as fully as possible.

Is this a new or replacement item?	New – these items are being introduced to support the scaling of the Bevan Upper Limb Programme
Where will this equipment be located?	Community Neuro Rehabilitation Service – Locked Store Room, Priory Day Hospital. Equipment will be distributed and used across Community Neurorehabilitation Service within HDdUHB
Have you consulted with the Medical Devices Steering Group?	Consultation pending – we will liaise with the group to ensure compliance with HDdUHB medical device governance. Please note these are established devices utilised elsewhere within physiotherapy and pain services across the healthboard
Does this item appear on HDdUHB's Capital Planning List?	No – this is a charitable request for items not covered by capital planning
Risk: What risk assessments have been carried out?	Clinical risk assessments have been undertaken during the pilot phase. All equipment will be used under professional supervision and in line with manufacturer guidance.
Maintenance: Has support been gained from the maintenance/ estates department? Who will maintain the equipment?	Maintenance will be managed by the clinical teams. Most items are low-maintenance and do not require estates involvement. Electrical testing will be completed yearly, for plugs. Manufacturer warranties and user manuals will be retained
Storage: Are there any storage implications?	Equipment will be stored within team bases and clinics.
Training: Are there any training implications?	Yes – training will be provided to staff during rollout, utilising a train the trainer approach. FES and other devices will be used by trained clinicians only. Manufacturer training materials and CPD sessions will be utilised.
Revenue costs: Details of any associated revenue costs and how they will be met	Minimal – costs are primarily upfront. Any consumables or replacements will be managed within team budgets or future charitable bids
Capital costs: Details of any associated capital costs and how they will be met	Not applicable – this is a charitable fund request.
Approval from Clinical Engineering Department: <i>Please attach supporting e-mail</i>	No To be confirmed – we will seek approval where required for additional devices classified as medical equipment

8. Authorisation

Designation	Name, Job Title & Signature	Date
1. Requester	Name: Tanya O'Sullivan Job title: Advanced Practitioner Occupational Therapist in Neurorehabilitation Signature: 	03/10/2025
2. Authorised signatory under £1,000	Name: Gethin Harries Job title: Multi Model rehabilitation service lead Signature: G. Harries	03/10/2025

Senior Nurse Manager, Service Delivery Manager, Head of Service or managers at equivalent level

3. Authorised signatory under £10,000	Name: Jon Adams Job title: Head of Occupational Therapy Signature: J.Adams	03/10/2025
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Hospital or Service Director/General Manager, Head of Nursing or managers at equivalent level

4. Authorised signatory under £50,000	<i>Charitable Funds Sub-Committee meeting reference:</i>	
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Charitable Funds Sub-Committee

5. Authorised signatory under £100,000	<i>Charitable Funds Committee meeting reference:</i>	
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Charitable Funds Committee

6. Authorised signatory over £100,000	<i>Corporate Trustee meeting reference:</i>	
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Corporate Trustee

FOR FINANCE DEPARTMENT

Directorate:	Reference Number:
Fund Title:	Fund Code:
Current Fund Balance:	Financial Code:

Eligible Expenditure: Y / N	Authorised Finance Signatory: Date:
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Please return this form to:

Charitable Funds Support Officer
Finance Department
Ty Gorwel, Building 14,
St David's Park, Job's Well Road,
Carmarthen, SA31 3BB

Tel: 01267 283055
WHTN: 01827 1655

Email: CharitableFundsFinance.HDd@wales.nhs.uk

Hywel Dda Health Charities - Not Shortlisted - Funding Round October 2025

Form Number	Clinical Care Group/Directorate	Ward/Service/Department	Value £	Summary of request
CF03301	Medical	Library Services	7,598.40	One person meeting pod for individual/private working space
CF03322	Allied Health & Health Sciences	Medical Photography	6,726.00	Large format (A0) printer and cartridges to support education, training and provide professionally illustrated patient information across the health board
CF03323	Mental Health & Learning Disabilities	Community Drugs & Alcohol Team	4,790.95	Upgrade staff kitchen area (sink, unit, flooring and fridge). Can also be used to prepare drinks for visitors and clients
CF03328	Planned & Specialist Care	Colorectal Cancer Team	68,400.00	12-month virtual ward programme for 100 colorectal patients at PPH using wearable monitoring and app-based communication (devices, licenses, onboarding, evaluation)
CF03332	Mental Health & Learning Disabilities	Mental Health Primary Care Liaison Service	1,500.00	Nature-based outdoor staff wellbeing day. For 10-12 members of staff. Based on the 5 Ways to Wellbeing
CF03333	Mental Health & Learning Disabilities	Electroconvulsive Therapy (ECT) Clinic	212.70	Minor improvements to patient waiting area (cushions, paint, artwork)
CF03334	Workforce & OD	Learning & Development	9,500.00	Refurbishment of the Bro Cerwyn training facility (only areas managed by L&D)
CF03336	Public Health	Prevention & Population Health	42,000.00	Development of an intranet-based health check and manager's portal for Hywel Dda staff - an accessible and integrated health improvement tool
CF03337	Mental Health & Learning Disabilities	Recovery College	5,000.00	Develop two creative Recovery college style courses to support individuals in managing and improving their mental health and wellbeing
CF03340	Allied Health & Health Sciences	Occupational Therapy PPH	5,821.89	Repurposing an old kitchen assessment area to create a multi-purpose quiet AHP patient assessment area on ward 9 PPH
CF03342	Planned & Specialist Care	Dermatology	32,526.31	WABA Mobile Phone Application to take and store photos of a patient's condition (e.g. wounds, rashes, lesions)
CF03343	Allied Health & Health Sciences	Post viral fatigue/Neuro Rehab/Pulmonary Rehab	26,535.00	12-month project providing music therapy for long-term conditions. Tailored 1:1/group interventions delivered with measurable rehab goals to complement clinical rehab
CF03344	Allied Health & Health Sciences	Long Covid and ME/CFS Service	1,146.00	Loan heart rate monitors for long Covid/ME/CFS service patients (x 10)
CF03345	Allied Health & Health Sciences	Pulmonary Rehabilitation	2,774.78	iPads x 6 for patients to complete questionnaires at pre and post assessment. Weights to loan to patients. Personal issue handheld fans for patients.
CF03355	Planned & Specialist Care	Cleddau Surgical Assessment Unit, Preseli Theatres SDEC	400,000.00	Refurbishment/Improvements to Cleddau /SAU and the adjoining decommissioned theatre GGH
CF03356	Allied Health & Health Sciences	Community Neurorehabilitation Service	9,996.54	Rehabilitation equipment for intensive upper limb programmes for neurorehabilitation
CF03358	Primary Care	Self Management Programme - Community and Long-Term Care	377,102.56	Embedding Wellbeing in the Workplace: A Self-Management Initiative to address a gap in support for staff living with long-term health conditions (3-year funding)
CF03361	Community & Integrated Medicine	Carmarthenshire System (Integrated Services)	17,637.00	Your Health Matters: 16 week pilot program to improve employee health & wellbeing through a structured lifestyle intervention (for 48 Carmarthenshire staff)
CF03363	Primary Care	Primary Care and Community Services Academy	118,880.00	Development of a simulation training faculty to enable the Primary Care workforce to practice/rehearse real life situations in a safe environment
CF03364	Mental Health & Learning Disabilities	Early Intervention in Psychosis (EIP)	7,200.00	2-year music workshop programme (90 weeks of 2 hour sessions)
CF03370	Mental Health & Learning Disabilities	Child and Adolescent Mental Health Service (CAMHS)	2,329.88	Therapy chairs, waiting room bean bags, garden furniture, sensory toys
CF03371	Mental Health & Learning Disabilities	Dialectical Behavioural Therapy	2,234.00	Therapy materials and sensory tools that promote emotional regulation, engagement and comfort during Dialectical Behavioural Therapy sessions
CF03372	Mental Health & Learning Disabilities	Child and Adolescent Mental Health Service (CAMHS)	157.65	Gardening items to form part of our interventions with clients in an outdoor setting
CF03373	Mental Health & Learning Disabilities	Eating Disorder Team	642.95	Sedentary activity items - Board games and creative craft supplies. Help patients to manage eating disorder symptoms
CF03374	Mental Health & Learning Disabilities	Primary Mental Health	695.47	Sensory items for young people to utilise as a way of relaxation and distraction
CF03376	Workforce & OD	Culture and Workforce Experience	40,393.00	Staff appreciation programme
CF03379	Community & Integrated Medicine	Respiratory Services	34,860.00	Thoracic ultrasound for pleural service - Sonosite PX Ultrasound System, stand and 3 transducer probes. To reduce patient travel to GGH
CF03386	Workforce & OD	Business Partnership & Inclusion	440.00	Welsh entry level 1 & 2 courses plus travel and subsistence
CF03396	Planned & Specialist Care	Main Theatre PPH	810.00	Art work for main theatre waiting/reception area
CF03399	Planned & Specialist Care	Pre-assessment Service	1,228.99	TV and bracket for WGH Pre-Assessment Clinic patient waiting area
CF03400	Planned & Specialist Care	Main Theatre WGH	4,137.98	Seating for staff rest room
CF03407	Operations Directorate	Central Transport Unit	9,700.00	12-month trial of regional single point of contact for patients requiring community transport solutions to attend health board appointments

1,242,978.05