

## 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](mailto:charitablefundsfinance.hdd@wales.nhs.uk) / 01267 283055 / 01827 1655.

<b>Section 1: Applicant</b>		
<b>Lead applicant</b>		
Contact name:	Donna Blinston	
Job title:	Hepatology Clinical Nurse Specialist	
Department/Service:	Medical-Hepatology	
Clinical Care Group:	Medical	
<b>Management contact</b>		
Contact name:	Dawn Jones	
Job title:	Hospital Head of Nursing	
<b>Section 2: Application summary</b>		
<b>2.1 Title of charitable funds application:</b>		
An Additional Fibroscan Machine to Increased Identification of Liver Disease, Enabling Health Promotion, Health Education, Health Prevention and Earlier Access to Secondary Care Intervention.		
<b>2.2 Brief description of your application:</b>		
In no more than 50 words please tell us what you are requesting charitable funds for.		
Early identification and prevention of liver disease enables patients to make the lifestyle changes that will prevent liver disease progression. Providing a platform for quicker access to services, targeted health promotion, education and prevention of health deterioration. Ultimately saving the NHS money and the patient poor health outcomes.		
<b>2.3 Total value of charitable funds requested:</b>	£98,235.00	
<b>2.4 Duration of project</b>	Project start date:	ASAP
	Project end date:	Ongoing
<b>2.5 Strategic priorities</b>		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		

<b>Patient experience:</b> Enhancing the patient experience throughout the whole care and treatment journey.	<b>Staff experience:</b> Supporting the wellbeing and professional development of University Health Board staff.	<b>Innovation:</b> 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).

<b>Medical equipment</b> <i>please also complete Appendix 1</i>	<b>Service development or improvement</b>	<b>Staff welfare and wellbeing</b>
Yes	Yes	Yes
<b>Building/refurbishment Work</b> <i>please also complete Appendix 2</i>	<b>Other</b> <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type:</i>
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.

The reason for this charity request for an additional fibroscan machine is due to the impact our recent Fibroscan purchase has had on our service and the acute outreach and Liver Health Awareness/Liver disease prevention events that we as a Hepatology Service are delivering.

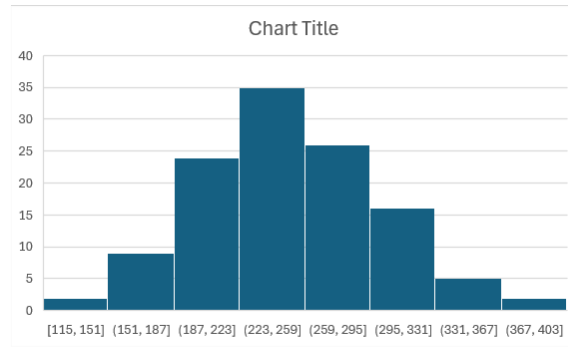
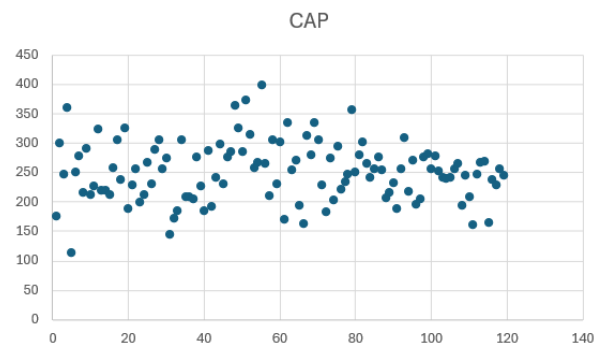
At every liver health event we have a positive scan result on around 15% of those we scan. Which is a significant amount of people with moderate to advanced liver disease when we are scanning between 35-90 people at each event. Identifying these people early, changes the trajectory of their future health outcomes. Enabling early identification of the type of liver disease they have (for which there are 18 different types), initiating treatment early and delivering tailored health education and health promotion. This year we will have scanned nearly 1000 'worried well' members of the public. We have identified a few people with blood borne viruses, people with sub-clinical Primary Biliary Cholangitis, a couple with Alpha 1 Antitripsin deficiency and the rest with Metabolic Associated Fatty Liver Disease/Metabolic Associated Steatosis Hepatitis. In addition, we hold acute outreach clinics in the community where we are scanning and assessing people from areas of deprivation and poverty. Identifying their liver disease early is paramount as the level of support they need is greater.

Within my team three additional members of staff are qualified to Fibroscan, all of whom do so during their clinics. However, one or two of the team have a clinic each day of the week, which prevents the scanner being used around the wards or at additional acute outreach clinics/events. The additional scanner would enable more opportunistic scanning and prevent people having to wait for a scan or our team not being able to attend the health and wellbeing events that we are invited to. Therefore, an additional fibro scanner would enable clinics in the hospital, ad hoc when patient is admitted as new patients with abnormal liver enzymes and need a scan to inform clinical management, and/or were due into clinic but attended via Accident & Emergency due to another health related issue and/or in a community drug services/acute outreach clinic. It is difficult to quantify the numbers affected, but any patient admitted while the scanner in being used in clinics is impacted. We typically get between 3-15 new referrals a week, who have to wait for the scan to the following day or evening or early morning pre clinics.

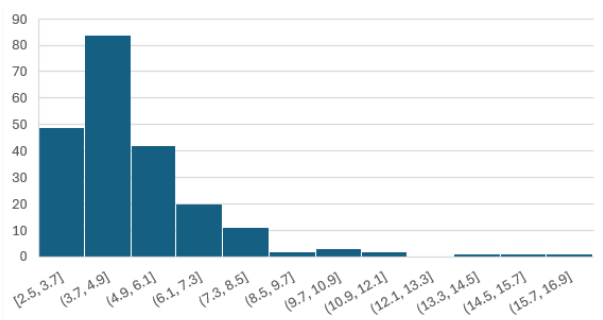
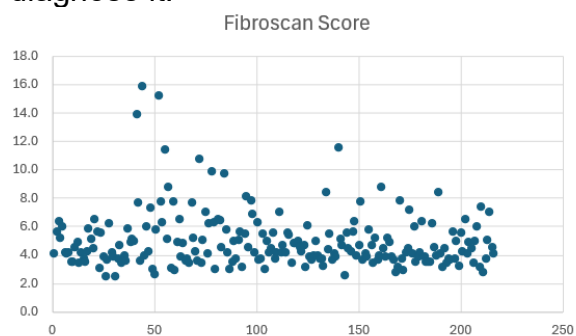
In June and July 2025 the Hepatology Team has delivered two liver health awareness events in the Bandstand on Aberystwyth Promenade, during which we have scanned around 240

members of the public. The data as below shows that 33 people were identified as having moderate to advanced liver stiffness/fibrosis and five were identified as having liver cirrhosis.

All of whom did not know they had a problem with their liver. During the events NHS staff from Dietetics, Diabetes, Stroke, Menopause, Alcohol and Drug services, The British Liver Trust, SilverCloud and sexual health were there to provide direct advice following the patient's identification of fatty liver disease. The Hepatology Team provide health education and health promotion and was able to send the members of the public to the stalls to get further health promotion and advice. All those that had a positive Fibroscan reading have since been seen, and had full liver profiles, viral screening and Ultrasound Scans (USS). During our 'One Stop Shop' Clinics further health promotion and education is provided. This will prevent further health deterioration and improve the patient's health outcomes reducing the impact on the NHS in the future. Below is the data that we collected:



Of the 240 patients, 119 had a Controlled Attenuation Parameter (CAP) reading and as per the graphs scores >240 represent patients with Mild-Severe Liver Steatosis. Unfortunately, the Fibroscan from Glangwili Hospital (GGH) does not offer a CAP measurement (machine is not fitted with a CAP Measurement). Which suggests that 121 members of the public were not offered the same level of health promotion, however we can visibly see that the liver is brighter than it should be so we will have suggested that they have fatty liver but no data to official diagnose it.



These two graphs show how stiff the liver was <5.8Kpa is normal but as you can see a significant proportion had evidence of increased liver stiffness that could be due to fat in the liver, an auto immune, biliary, genetic, metabolic, viral or alcohol cause.

In addition, we as a Hepatology Team are working a lot in the community, providing a service to vulnerable groups who don't access services, have poor relationships with the General Practice practices and/or live a chaotic lifestyle. We deliver alternate week drop-in clinics in the homeless buildings within Aberystwyth which is gaining a lot of momentum but does mean that the fibro scanner is not available in the hospital. An additional scanner would allow us to base ourselves in the homeless clinic for longer which offers more flexibility and empathy to the situations the homeless person is in. It would also allow us to deliver clinics in the hospital and community on the same day. Therefore, freeing up clinic space, reducing waiting lists and increasing access to care. In addition, doing more liver health events will increase the awareness of liver disease within the community and reduce the stigma around liver disease being due to alcohol.

### 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.

Collaborative care reduces patient waiting times, promotes Multidisciplinary team working and embodies the true philosophy of nursing practice. In 2024, 519 patients were referred into the hepatology service, 274 were direct referrals from primary/ secondary care (not seen by the consultant), 98 were bounce referrals (taken off the consultant waiting list). By July 2025, 280 alcohol direct referrals and 200 hepatology referrals were received, 89/200 were bounce referrals, all were seen within six weeks.

As per the above, our liver health event scanned 218 patients, identifying 33 patients who did not know that they had liver disease and identifying five with liver cirrhosis. All patients received health promotion and health education-preventing future negative health outcomes.

Each fibroscan takes between 5-15 minutes, which limits the number of scans that can be done at one time, and in one place. Our ethos is to deliver the right care at the right time in the right place. This is not always in the hospital setting, often it is in our acute outreach drug and alcohol services, the homeless shelters, health promotion events and/or in a patient's home (if they are unable to travel and the Fibroscan could determine treatment options). Having two scanners will enable us to reach more patients and enable more than one clinic to run at any one time. We have the capacity and need to run at least six hospital clinics a week. Currently we have two permanent clinics and ad hoc/most weeks we can fit in two other clinics. This is limited by room availability and not being out in the community. If we had two scanners it would mean I could access clinic rooms on a Tuesday, Wednesday and Thursday when we currently have acute outreach clinics using the scanner. Every clinic we see between 8-15 patients in the hospital and our active caseload is 1450 patients.

We are currently on day six of a nine day Free of Hep C project for which we have scanned and tested 400 patients to date we have - picked up 58 patients with liver disease. All the patients were given blood tests form on the day and an USS was requested. To date 30 patients have had blood tests, all of whom had abnormal liver enzymes and are awaiting liver profile blood test results (takes 14-28 days to return). The plan is to see these patients in clinic in February 26 following their USS scan unless they have a treatable disease identified in which case they will be seen before that date. The number of patients we are identifying will mean that the scanner will be in use thereby, adding to a build-up of waiting lists, an additional Fibroscan would prevent this occurring waiting lists unless we can get another fibroscan to keep on top.

### **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.

Being able to deliver the right care at the right time and in the right place is at the core of our service and how we want to deliver our service is in line with the Rural Integrated Care Plan for Ceredigion. To be able to deliver on this to its fullness and not impact on Secondary Care will need an additional Fibroscan machine. Delivering acute outreach events prevents admission to hospital and reduces the long term cost of liver disease by reversing the disease before it is too late.

I intend on running a community-based liver health event every three-four months as a pure Liver health event with other cross symptoms attending (Cardiology, Respiratory, Menopause, Stroke services.....). In addition, we are now joining the quarterly community health events, that are arrange by the Health and Wellbeing teams that work across the north and south of the county. There will be approximately one of these events each month in the different community hubs, health centres, sanctuaries and homeless charities. Currently we can only join one in three of the proposed dates.

I will also be looking to join the Wallich Homeless Charity bus and be able to offer testing to

our high risk deprived communities. In working with the charity in October 2025 we scanned 119 patients in two afternoons/evenings. Identifying one person with Hepatitis C, one person with HIV, one person with Hepatitis B and five people with liver cirrhosis. I co-ordinate these events and they allow us to travel around the county.

### **3.4 Risks:**

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

There are no risks identified, other than capacity. However, I will be in discussion with my management team to expand the service as part of the service progression and succession planning. Both scanners will be used every day, which will not only improve our accuracy but ensure that more people can be reached. The Vaccination Teams are also being trained to provide scans as are the community Drug and Alcohol Teams which will enable cross cover during periods of annual leave and sickness.

### **3.5 Additionality:**

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

As a Hepatology service we are trying to prevent liver disease and ensure early detection, rather than waiting for patients to be referred in. The NHS spends 90% of its time reacting to health complaints and health deterioration. As a liver service, I want to be proactive in the earlier identification of disease. Allowing the patients to be part of future health, to make changes and choices that are fully informed and play an active role in improving their health outcomes.

## **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 impact on patient's health and health outcomes is expeditious, knowing that you have fatty liver disease while you are fit and healthy enough to change your diet and start exercising is empowering and motivating. Patients should be at the centre of their care and be accountable for their health choices. We all know we need to move more, eat and drink less. However, it's easy to forget/lose motivation or feel well so diets and exercise programmes are not maintained. Knowing that your liver health could be compromised will change that health projector for patients.

Additionally knowing that you have liver disease, secondary to an autoimmune disease, that has not relapsed to date, or an iron, copper or zinc storage problem, again that has not led to acute injury or a genetics condition that has not picked up. Allows earlier intervention, treatment and management.

Having two scanners will allow multiple clinics to run in conjunction. We could have either two clinics in the hospital or a hospital clinic and a community clinic or event on the same day - potentially five community events and up to six hospital clinics, as well as being able to scan people on an ad-hoc basis on the wards. This would prevent us from being limited by the availability of clinic rooms and/or community spaces. Currently we are limited by the day availability of suitable rooms where we can carry out our substance misuse acute outreach clinics in the Dyfed Drug and Alcohol Service (DDAS) buildings on a Tuesday. (Every week in a different venue either Cardigan DDAS, Newtown Kaleidoscope, Aberystwyth DDAS or Lampeter DDAS). This prevents us being able to have a clinic in the hospital or scan in the hospital on a Tuesday. The additional scanner would mean that the nurse who is not holding the substance misuse clinic and is hospital based could have a clinic or see patients on the ward. We would also like to be able to offer staff liver health checks and do more work in the Mosques and work with harder to reach patient groups but the commitments of the one

scanner we already have prevents these additional service innovations and aspirations.

This is an email that we received from a lady that attended the event:

*I would like to say a big thank you to all staff and outside agencies involved in the very worthwhile health check day.*

*Raising awareness is vital and gives opportunity to make lifestyle changes.*

*It was very interesting to discover that even within our family the non-drinking athletes were not necessarily the ones with the non-fatty livers.*

*This day allowed inclusive engagement in a non-judgemental way.*

*We are very fortunate to have staff in Bronglais who are enthusiastic in promoting health.*

*Thank you*

#### **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 public both personally, professional and extending out to their families and friends. The two day liver health event assessed 218 people, and unfortunately, we were unable to see everyone who wished to attend.. With an average of 15% pick up at every event and scanning nearly 1000 people over the last 10 days, that is 150 people that have been fed into secondary care before the damage to their liver is irreversible. Additionally, the remaining 850 people all accessed health promotion and health education and will be able to make life changes that will prevent their liver health deteriorating due to the lifestyle changes the event educated them about. As a team we would like to deliver at least one day a month as part of the health and well being teams. Attend the local mosque to conduct liver health events twice a year and every other month carry out a 2-day testing events with the homeless charity on their bus. There is an additional project that we plan to deliver with Public Health Wales in the abattoirs that require at least quarterly scanning.

At every event, having 2 scans there would increase the number of people we can physically scan. A scan takes around 5-10 mins per person and at every event we are turning people away due to the time it takes to scan. I have borrowed scanners from GGH but their Fibroscan machine, albeit new, does not have the excellent CAP facility which allows the accurate assessment of how much fat and steatosis is in the liver. This enables an additional layer of assessment and also health promotion and education.

#### **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.

As per the graphs above, we will collect data on liver stiffness, how much fat is in the liver, as well as alcohol intake, weight, height, past medical history, family history, social history and demographics. This will allow trend recognition and provide quantifiable research and publications for the Health Board. The events are also demonstrating pockets of liver disease around the county, evidencing the impact of deprivation and poverty on liver disease as well as showing the amount of liver disease that is within our more affluent populations.

I am working with the Values Based Healthcare Team and at a meeting on the 8 December 2025 will discuss our project going forward and working with Quality Improvement.

Additional data I am looking at is liver disease assessment scores, to validate their effectiveness for the GP's to be able to refer in appropriate patients and also for me to identify which patients can be managed by primary care and which patients will have a quick progression of their disease and need closer monitoring. This data will evolve and adapt over time.

### **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.

This is a one-off purchase.

## 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.).

As with the current Fibroscanner this new Fibroscanner will adhere to any health board policies and be in line with the All Wales Liver Disease Delivery plan.

### 6.2 Strategic alignment:

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

This is in line with:

'Right Care' at the 'Right Time' in the 'Right Place'

Rural Integrated Health Care

Values Based Healthcare

Putting people at the heart of everything we do

Striving to deliver and develop excellent services

The best health and wellbeing for our individuals, families and communities

Sustainable use of resources

## Section 7: Other

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

Currently we are only referred patients once their liver enzymes have been identified as elevated. However, this relies on the patient attending the GP, being assessed, having bloods obtained and then being referred. The liver does not cause pain, nor does it produce liver enzymes until there is a problem, often when it is too late or significant damage has already been caused.

Patients whose Fibroscan shows a stiff liver are referred in for variceal screening, DEXA (bone density) scans and cancer hepatocellular carcinomas (HCC) screening. If this is not maintained it will have a direct impact on the number of emergency admissions with upper gastrointestinal (GI) bleeds, falls and fractures due to osteoporosis and hepatocellular carcinomas.

Carmarthen and Pembrokeshire do have a Fibroscanner machine each however their scanner is used most days of the week and they do not have the paramount CAP facility which we rely on for a diagnosis of fatty liver disease and steatosis.

## 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>	
Fibroscan Mini 430+ M and Travel Case	£55,170	0		VAT exempt
Fibroscan Mini 430+	0	0		VAT exempt
M+Probe	0	0		VAT exempt
Guided VCTE	£22,100	0		VAT exempt
XL+ Probe	£19,915	0		VAT exempt

FS Installation	£1,050	0		VAT exempt
		0		VAT exempt
Total	98,235	0		VAT exempt
<b>8.2 Total amount of funding requested:</b>				
<b>Net £</b> <i>Excluding VAT</i>	98,235.00	<b>VAT £</b>		<b>Gross £</b> <i>Including VAT</i> 98,235
<b>8.3 Designated charitable fund</b>				
<b>Name of charitable fund:</b>			<b>Charitable fund code/number:</b>	
T851			Bronglais Hospital - General Fund	
<b>8.4 Alternative funding sources:</b>				
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.				
N/A				
<b>Section 9: Authorisation</b>				
<b>9.1 Application prepared by:</b>				
<b>Contact name:</b>		<b>Job title:</b>		<b>Date:</b>
Donna Blinston		Hepatology ANP/NMP		18/08/2025
<b>9.2 Application authorised by:</b>				
Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.				
<b>Contact name:</b>		<b>Job title:</b>		<b>Date authorised:</b>
Dawn Jones		Hospital Head of Nursing		25/08/2025
<b>9.3 Clinical Care Group approval:</b>				
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.				
<b>Contact name:</b>		<b>Job title:</b>		<b>Date authorised:</b>
Peter Skitt		Clinical Care Group Service Director CIM		04/09/2025
<b>9.4 Finance Business Partner review:</b>				
Please ensure that your Finance Business Partner has reviewed your application before submission.				
<b>Contact name:</b>		<b>Job title:</b>		<b>Date reviewed:</b>
Lynne Jones		Deputy Head of Business Control		28/11/2025

**Please return completed form via email to:**

[charitablefundsfinance.hdd@wales.nhs.uk](mailto: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:	Echosens																																			
Equipment make and model:	Fibroscan Mini 430+																																			
Please provide quote:	<p style="text-align: right;">Purchase Quotation Quote number: Q-41370</p> <p><b>echosens</b></p> <p>Echosens UK Limited 4 Burley House Caspian Road Altrincham, WA14 5 HH United Kingdom</p> <p>Tel: + 44 161 241 6357 http://www.echosens.com Quotation Number: Q-41370 Date of quotation: 28/11/2025 Valid until: 27/02/2026</p> <p><b>Bill to:</b> DONNA BLINSTON HYWEL DDA UNIVERSITY HEALTH BOARD PO BOX 115 PONTYPOOL, NP4 4DL</p> <p>Contact person: Reuben Snaith Contact number: 07464 851364 Email: reuben.snaith@echosens.com</p> <p><b>Ship to:</b> HYWEL DDA UNIVERSITY HEALTH BOARD 230070 CLINICAL ENGINEERING PPH, TRITECH, DURA PARK BYNEA, SA14 9TD</p> <table border="1"> <thead> <tr> <th>Ref.</th> <th>Description</th> <th>Quantity</th> <th>Price per unit</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>K430M24</td> <td>FibroScan® 430+ M and Travel Case</td> <td>1</td> <td>GBP 55,170.00</td> <td>GBP 55,170.00</td> </tr> <tr> <td>P800042</td> <td>FibroScan Mini 430+</td> <td>1</td> <td>Included</td> <td>GBP 0.00</td> </tr> <tr> <td>P800010</td> <td>M+ Probe VCTE™</td> <td>1</td> <td>Included</td> <td>GBP 0.00</td> </tr> <tr> <td>S200501</td> <td>Guided VCTE</td> <td>1</td> <td>GBP 22,100.00</td> <td>GBP 22,100.00</td> </tr> <tr> <td>P800008</td> <td>XL+ Probe VCTE™</td> <td>1</td> <td>GBP 19,915.00</td> <td>GBP 19,915.00</td> </tr> <tr> <td>S200122</td> <td>FS Installation</td> <td>1</td> <td>GBP 1,050.00</td> <td>GBP 1,050.00</td> </tr> </tbody> </table> <p style="text-align: right;">Total <b>GBP 98,235.00</b></p> <p style="text-align: right;">VAT: <b>GBP 19,647.00</b></p> <p style="text-align: right;">Total Including Tax: <b>GBP 117,882.00</b></p> <p>12-month manufacturer's warranty included.</p>	Ref.	Description	Quantity	Price per unit	Total	K430M24	FibroScan® 430+ M and Travel Case	1	GBP 55,170.00	GBP 55,170.00	P800042	FibroScan Mini 430+	1	Included	GBP 0.00	P800010	M+ Probe VCTE™	1	Included	GBP 0.00	S200501	Guided VCTE	1	GBP 22,100.00	GBP 22,100.00	P800008	XL+ Probe VCTE™	1	GBP 19,915.00	GBP 19,915.00	S200122	FS Installation	1	GBP 1,050.00	GBP 1,050.00
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S200122	FS Installation	1	GBP 1,050.00	GBP 1,050.00																																
Please tell us about what involvement the <a href="#">Clinical Engineering team</a> has had in this request:	Consideration and approval of SON. Annual servicing.																																			
Please tell us about what involvement the <a href="#">Procurement team</a> has had in this request:	Service has sourced quote. Procurement will support if funds are approved to ensure compliance with financial procedures.																																			
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>	Additional																																			
If the equipment is new to the health board, has the <a href="#">Medical Devices Steering Group</a> been consulted?	N/a																																			
Will this equipment be used to undertake a new clinical procedure or intervention?	No																																			
If the equipment will be used to undertake a new clinical procedure or intervention, has the <a href="#">Clinical Effectiveness team</a> 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?	Hepatology Office, Ty Aeron, Bronglais Hospital																																			
Are there any training implications? If so, have the <a href="#">Medical Device Training Team</a> been consulted?	We are already trained.																																			
What is the life expectancy of the equipment?	10 years.																																			

Who will maintain the equipment, in line with the <a href="#">Medical Devices Policy</a> ?	Echosens
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	Head of Clinical Engineering estimates c. £5,000 per annum for an external maintenance contract
Are there any capital costs associated with this request? If yes, please explain how these costs will be met.	No
Please confirm approved <a href="#">Statement of Need (SON)</a> reference number and approval date:	SON approved by Head of Clinical Engineering on 26/11/2025. Reference 2025-353

## Appendix 2

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

#### For Charitable Funds Finance Department

<b>Application Reference Number:</b>		CF03315	
<b>Fund Title:</b>	<b>Fund Code:</b>	<b>Current Fund Balance £:</b>	
Bronglais Hospital General Fund	T851	£575,144.82 to 31-10-2025	
<b>Finance review</b>			
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.			
<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>	
Jessica Elderfield-Scott	Accounts Assistant	28/11/2025	
<b>Outcome of meeting CFSC/CFC</b>			
I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
<b>Meeting date:</b>	<b>Outcome:</b>	<b>Contact name:</b>	<b>Job title:</b>