



GIG  
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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Date **2025-12-08**  
Time **09:30 - 12:30**  
Location **Microsoft Teams**

# Charitable Funds Committee Meeting -

VIRTUAL MEETING

Charitable Funds Committee

NHS Wales

## Agenda - 8 December 2025

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### 1 GOVERNANCE

09:30, 0 min

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#### 1.1 Welcome and Apologies

09:30, 0 min

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

None.

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#### 1.2 Declarations of Interest

09:30, 0 min

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

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#### 1.3 Minutes from the Charitable Funds Committee Meeting held on 16 September 2025

09:30, 2 min

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

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#### 1.4 Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 16 September 2025

09:32, 5 min

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

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

09:37, 0 min

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

None.

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#### 1.6 Assurance and Risk Report

09:37, 10 min

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

Charlotte & Rachel Williams prepare report - Sharon presents.

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#### 1.7 CFC Self-Assessment Six Month Update Report

09:47, 10 min

*Sian-Marie James (Hywel Dda UHB -Assistant Director of Corporate Legal Services and Public Affairs)*

Six monthly progress update.  
Sian-Marie confirmed as presenter.

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## **2 PERFORMANCE**

09:57, 0 min

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### **2.1 Integrated Hywel Dda Health Charities Performance Report**

09:57, 15 min

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

Including an update on CCG Engagement.

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### **2.2 Draft Annual Accounts**

10:12, 10 min

*Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting)*

Verbal update of position to be provided to draft annual accounts.  
NB attached papers are DRAFT only. 2024/2025.

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### **2.3 HDdHC Investment Advisor Update - External CCLA**

10:22, 20 min

*antonia.cavalier@ccla.co.uk*

Antonia Cavalier, CCLA.

Tim to discuss re possibility of Workshop Seminar being held with Antonia in person.

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### **2.4 Active Investor Statement Scheme, CCLA**

10:42, 10 min

*Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting), Huw Thomas (Hywel Dda UHB - Director of Finance)*

Action arising from June 2025 CFC.

Paper to come following meeting with Amy Browne, CCLA Deputy Head of Sustainability.

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## **3 APPROVAL OF CHARITABLE FUNDS EXPENDITURE**

10:52, 0 min

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

Covering SBAR.

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### **3.1 Consideration of funding requests from the charity's Making a Difference Fund**

10:52, 25 min

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

Making a Difference Fund, formally General Fund. (T600 fund)

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### **3.2 BGH Fibroscanner Charitable Funds Request**

11:17, 15 min

*Donna Blinston (Hywel Dda UHB - Advanced Nurse Practitioner Hepatology), Jessica Showler-Coulson (Hywel Dda UHB - Head of Nursing- Ceredigion System), Louise Cullum (Hywel Dda UHB - General Manager - Ceredigion System)*

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## **4 IMPACT OF CHARITABLE EXPENDITURE**

11:32, 0 min

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### **4.1 Update on Expenditure: Purchase of Six Replacement Paxman Scalp Cooling Units, plus five year maintenance & training contract**

11:32, 10 min

*Bry Phillips (Hywel Dda UHB - Senior Nurse Manager Oncology)*

Late Paper, paper to follow. Agreed with Chair.  
(End of Project Evaluation Report.)

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### **4.2 Creative Activities for Staff Wellbeing - Arts in Health**

11:42, 10 min

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

(Mid-term report.)

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## **5 OPERATIONAL/STRATEGIC ISSUES**

11:52, 0 min

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### **5.1 Review of the Charitable Funds Financial Administration and Governance Procedure**

11:52, 5 min

*Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting)*

Paper will be submitted to outline and request a deferral to March 2026 paper on Review of the Charitable Funds Financial Administration and Governance Procedure. (FP420 Extension.)

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**5.2 Update on the release of funding for the hydrotherapy pool at the Pentre Awel Village, Llanelli**

11:57, 10 min

*Eldeg Rosser (Head of Capital Planning), Anwen Pearce (Hywel Dda Health Board - Capital Programme Manager Planning)*

Additional verbal update to be provided.

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**6 RISK AND ASSURANCE**

12:07, 0 min

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

12:07, 5 min

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

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**7 FOR INFORMATION**

12:12, 0 min

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**7.1 Charitable Funds Committee Annual Work Programme**

12:12, 0 min

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

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

12:12, 0 min

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

Verbal, Iwan Thomas.

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**9 ANY OTHER BUSINESS**

12:12, 2 min

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

Charity Commission Autumn update (for information)

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**10 DATE AND TIME OF NEXT MEETING**

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

17 March 2026; 09:30 - 12:15

(No IC-CFC to follow on from this 8 December 2025 meeting.)

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10 - DATE AND TIME OF NEXT MEETING

1

09:30, 0 Mins

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## 1 - GOVERNANCE

1.1

09:30, 0 Mins

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1.1 - Welcome and Apologies

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

None.

1.2

09:30, 0 Mins

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1.2 - Declarations of Interest

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

1.3

09:30, 2 Mins

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1.3 - Minutes from the Charitable Funds  
Committee Meeting held on 16 September  
2025

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

| For approval

**Attachments**

[2025-09-16 - Charitable Funds Committee Meeting - Draft Minutes \(SD\\_NL\).pdf](#)

1.4

09:32, 5 Mins

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1.4 - Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 16 September 2025

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

| For approval

**Attachments**

[Draft CFC Table of Actions 16 September 2025 - for 8 December 2025 meeting~.pdf](#)

## MINUTES OF THE Charitable Funds Committee (CFC) MEETING

Date of Meeting: **09:30, Tuesday 16 September 2025**  
 Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Iwan Thomas, Independent Member, Chair  
 Sarah Harraway, Independent Member, Committee Vice-Chair  
 Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience  
 Ann Murphy, Independent Member  
 Rhian Davies Assistant Director of Finance - Financial Planning & Statutory Reporting, deputising for Mr Huw Thomas, Executive Director of Finance  
 Rhodri Evans, Independent Member

In Attendance: Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs  
 Andrew Carruthers, Chief Operating Officer (part)  
 John Evans, Deputy Director, Medical Directorate  
 Nicola Llewelyn, Head of Hywel Dda Health Charities  
 James Severs, Executive Director of Allied Health Professions and Health Science  
 Anthony Dean, Staff Side Representative (part)  
 Timothy John, Head of Accounting & Statutory Reporting  
 Gina Beard, Lead Cancer Nurse (part)  
 Kathryn Lambert, Head of Arts and Health (part)  
 Rhian Rees, Public Health Practitioner (part)  
 Mathew Lawrence, Deputy Head of Innovation & Tritech (part)  
 Gareth Rees, Deputy Director of Operations (part)  
 Meinir Williams, Deputy Head of Nursing (part)  
 Lara Schmitz, Occupational Therapist (part)  
 Donna Major, Junior Sister (part)  
 Ruth Jones, Art and Health Project Manager (part)  
 Ayishah Smith, Student placement, law  
 Clare Strudwick Committee Services Officer

### Minutes Item Ref.

### Action

#### CFC(25)124 **Welcome and Apologies**

Mr Iwan Thomas welcomed everyone to the meeting and extended a warm welcome to Mr John Evans, the new Charitable Funds Sub-Committee (CFSC) Chair.

Apologies had been received from:

**Huw Thomas**, Executive Director of Finance. Rhian Davies, Assistant Director of Finance – Financial Planning and Statutory Reporting, **attending as deputy**

CFC(25)125 **Declarations of Interest**

**Decision:**

There were no declarations of interest

CFC(25)126 **Minutes from the Charitable Funds Committee Meeting held on 17 June 2025**

The minutes of the Charitable Funds Committee (CFC) meeting held on 17 June 2025 were reviewed and approved as a correct record of proceedings.

**Decision:**

**RESOLVED** - The minutes from the Charitable Funds Committee (CFC) meeting held on the 17 June 2025 were accepted as an accurate record of the meeting.

CFC(25)127 **Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 17 June 2025**

The Table of Actions arising from the CFC meeting on the 17 June 2025 was reviewed, with an update provided on the two outstanding actions as follows:

***CFC(25)115: HDdHC Investment Advisor Update***

Mr Timothy John reported that a meeting has been scheduled with CCLA Deputy Head of Sustainability and an update will be provided at CFC on 8 December 2025.

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

Mrs Sian-Marie James reported that a meeting had taken place on the 15 September 2025 with Carmarthenshire County Council (CCC) to discuss the Collaboration Agreement. Mrs James hoped a final agreement would be reached very shortly and seek approval to seal the Agreement when officers are content with the final version. The Collaboration Agreement was still being finalised, regarding one term which required resolution.

Mrs Rhian Davies confirmed that correspondence had been issued to the J C Williams Trust and funding had been received from the two funds concerned.

Mrs James reported there had been a delay with CCC regarding the handover of the pool, however this had now been progressed.

**Decision:**

The Table of Actions arising from the CFC meeting on the 17 June 2025 was reviewed.

CFC(25)128 **Ratification of any Approvals Made Outside the Meeting via Chair's Action**

**Decision:**

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

CFC(25)129 **Assurance and Risk Report**

Mrs Sharon Daniel presented the Assurance and Risk Report. Regarding Risk 2045: *risk of not being able to retain a fundraising function due to a low return on investment (ROI)*, Mrs Daniel reported that the risk score was 12, the same as the target score and that this remained high despite controls being in place. Due to the unpredictable nature of charitable income, it was not possible to implement further mitigation measures resulting in a level three impact. Mrs Daniel reported an upturn in donations this year of 5.9% however, emphasised the need to continue discussions with Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk, as to whether this is a risk that is being managed going forward.

Mrs Nicola Llewelyn clarified that as part of the risk review this quarter, there was further action to be completed regarding the impact of holding two vacancies within the fundraising team.

Mrs Llewelyn explained to Councillor Rhodri Evans that, whilst there is no directly comparable charity to Hywel Dda Health Charities (HDdHC), the wider charitable sector is currently experiencing significant challenges. Acknowledging the unpredictable nature of charitable donations, Mrs Llewelyn, giving the example of Great Ormand Street Charity, outlined how the charitable sector was transitioning from three-year benchmarking to a five-to-ten-year benchmarking model.

Mrs Llewelyn reported last year's pilot scheme of direct marketing and regular giving, had not appeared to provide what HDdHC supporters wanted in terms of donation opportunities. Therefore, this year's focus would be on grassroots community fundraising as well as branching out into corporate and grant funding. Ongoing monitoring was in place to assess any impact of the Clinical Services Plan on donation levels.

In response to a query from Mrs Ann Murphy, Mrs Llewelyn reported that the card machines on hospital sites, which had been grant funded by NHS Charities Together as part of an 18-month pilot, had generated a modest income. Recognising that many HDdHC donors prefer to make cash donations on wards rather than use cashless methods, Mrs Llewelyn clarified that contactless donations were more successful at events when facilitated by a person, as opposed to using an unattended device.

Mrs Llewelyn reported the on-site machines had experienced some power connectivity issues, however, provided assurance that they were being regularly monitored. She also highlighted the presence of a secure cash donation box, which had received some donations, although not at the level anticipated.

Ms Sarah Harraway questioned whether donations could be directed to a central fund rather than individual wards. Mrs Llewelyn confirmed that donations can be made at the general office on each hospital site, however the majority of donations received at ward level were posted cheques.

**Decision:**

In relation to areas presented to this paper, to Risk Management:

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

### CFC(25)130 **Integrated Hywel Dda Health Charities Performance Report**

Mr Timothy John presented the new format for the Integrated Charities Performance Report to 30 June 2025. There had been a relatively consistent 5.9% increase in donations and a significant increase in legacies for the quarter, however Mr John emphasised legacy donation levels are unpredictable in nature.

Mr Thomas thanked Mr John for the constructive layout and structure of the new reporting format.

Mrs Daniel questioned whether the £25,000 decrease in investment income reflected market volatility which had previously been discussed as a potential risk at the CFC June 2025 meeting. In response, Mr John confirmed this was the case, and added that further risk discussions had concluded that stock market volatility is, unfortunately, an inherent aspect of market conditions.

In response to a query from Cllr. Evans, Mrs Llewelyn reported that there was no perceivable trend to legacy donations across the year and that such donations could be unpredictable in nature. Mrs Llewelyn outlined the HDdHC strategy for legacy donations, whereby two annual campaigns are run encouraging supporters to consider the charity in their will. This approach has resulted in a significant increase in the number of pledges received, however the current trend indicates that legacy gifts are being made more frequently, albeit at lower values. The charity was currently benefiting from bequests made in wills dating back 20 to 25 years.

Mr Thomas and Mr John explained that the regulations for reporting charitable income differ from standard accounting practices, large grants or donations must be reported in full within the financial year that they were awarded, which can distort the financial figures. Mr John elaborated, that a new Statement of Recommended Practice (SORP) is expected in 2025 which was likely to align charity accounting with other accounting practices, thereby addressing this issue.

In response to Ms Harraway's question regarding how HDdHC is engaging with and holding the new Clinical Care Group's (CCG's) accountable for a greater distribution of charitable funds, Mrs Llewelyn explained that work in this area is ongoing. She noted that the CCG's are still establishing processes and ensuring the appropriate funding approval mechanisms were in place.

Mrs Llewelyn is meeting regularly with general managers, senior nurses and heads of nursing. She aims to present updated fund balances to CCG's, Operational Managers and ward level staff in October 2025, following closure of the 2024/25 financial year accounts. This is

particularly important as the majority of ideas and discussions around charitable fund applications originate at ward level. To encourage greater transparency the plan is to publish updated fund balances on the internet.

Mrs Llewelyn also indicated that there are plans to embed the consideration of charitable funds into the Health Board's annual planning cycle. Additionally, CCG's will be asked to present to the CFC in March 2026, outlining a 12-18 month plan for how they intend to use the funds under their responsibility. Mrs Llewelyn reported a decline in expenditure over this quarter. If spending does not increase in the next quarter, further steps will be considered to more actively manage the funds and encourage their use. An update on this is scheduled for the CFC in March 2026, marking one year since implementation of the new fund structure.

Mr John Evans emphasised the need for a cultural change, with clinicians considering and proposing their charitable funding requirements, transitioning away from general managers being relied upon to promote and suggest proposals.

Ms Harraway agreed on the importance of removing barriers and adopting a more proactive approach to spending, ensuring that HDdHC's £10 million is spent on projects and proposals providing genuine added value and go above and beyond standard expectations.

Mrs Llewelyn and Mr John Evans agreed to liaise with the clinical leads of each CCG during the next quarter to ensure greater engagement and increase spending levels, in particular working with teams to ensure they understand eligibility criteria for charitable funding and cascading this information to staff. In order to progress this work, it was agreed that a discussion on encouraging proactive expenditure would be added to the November 2025 Charitable Funds Sub Committee (CFSC) meeting agenda.

NL/JE

It was agreed that an update be presented to CFC on 8 December 2025 regarding progress around CCG engagement.

NL

**Decision:**

The Charitable Funds Committee **NOTED** the content of the Integrated Hywel Dda Health Charities Performance Report.

**CFC(25)131 HDdHC Investment Advisor Update (External CCLA)**

*Ms Antonia Cavalier joined the meeting.*

Ms Antonia Cavalier reported that CCLA, subject to FCA (Financial Conduct Authority) approval, will be merging with Jupiter Fund Management plc. CCLA, the leading charity asset manager in the UK, has the ongoing intention that all charities and faith groups will be supported equally, irrespective of their fund size and CCLA will continue as a standalone business within Jupiter plc. The merger will bring the benefits of access to bigger and broader teams, whilst all points of contact for HDdHC will remain the same. Should anyone require further details of the merger, Ms Cavalier advised that Members may contact her

directly for further information. A public webinar featuring the CEO's of Jupiter plc and CCLA will also be available.

Ms Cavalier reported that following recent government interest rate cuts, the COIF Charities Deposit Fund is currently yielding 3.90%, noting a slight variance from the submitted report, which showed a return of 3.92%. CCLA did not envisage any further interest rate cuts being implemented. Forecasted income was £194,947 however this will fluctuate depending on UK base rates.

Ms Cavalier acknowledged with regards to the COIF Charities Ethical Investment Funds, it had been a challenging few months, with the equity portfolio underperforming. This was driven by an ongoing market concentration of the 'Magnificent Seven' stocks, while CCLA's investment philosophy is focused on company fundamentals and in high quality assets, with the aim to deliver stronger returns over a five-to-ten-year period.

Ms Cavalier talked through CCLA's investment strategies and several specific share holdings and provided assurance that whilst currently underperforming against markets, CCLA's target is not to beat the market however to provide a long-term return over and above inflation. With the market successes starting to broaden out from the 'Magnificent Seven'. With market volatility expected to persist, CCLA believes its medium risk approach, broadly diversified investment strategy is well positioned to perform strongly over the long-term.

In reply to a question from Cllr Evans, Ms Cavalier outlined the fee structure associated with CCLA. She noted that fees are deducted from the fund as a percentage, comprising a 0.6% annual management charge, 0.7% charge covering fund operations e.g. legal and audit costs, and irrecoverable VAT, and a 0.18% fee for the cost of underlying investments. Ms Cavalier clarified that the total charges for the fund amount to 0.85% and that the valuations provided in the report are net of fees.

Regarding the deposit fund, she stated that it carries an annual management charge of 0.25%, which is deducted from the interest earned. The 3.92% interest quoted in the report is also net of fees. Ms Cavalier referred Members to page 37 of the CCLA report for a full breakdown of fees.

Ms Cavalier reported a meeting will take place between HDdHC and Amy Brown, Deputy Head of Sustainability (CCLA) to discuss the CCLA Active Investor Statement Scheme.

**Decision:**

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

*Ms Antonia Cavalier left the meeting.*

CFC(25)132 **Development of Therapeutic Gardens at Prince Philip Hospital**

*Mr Andrew Carruthers joined the meeting.*

*Mr Gareth Rees joined the meeting.*  
*Ms Meinir Williams joined the meeting.*

Mr Andrew Carruthers emphasised the challenges which had been experienced regarding costings and thanked Mr Gareth Rees for his extensive work which has resulted in the two options presented today for consideration.

Mr Gareth Rees reported he was confident the current proposal was viable and would provide patients with a beneficial and healing environment which had been devised with the support of the two principal clinical teams, estates and private sector partners working collaboratively

Mr Rees acknowledged that although the costs may initially appear high, they represent good value for money given the substantial size of the construction site, which spans 1.5 thousand square metres. The proposed sensory garden met service needs, as well as addressing the reported safety challenges reported by Healthcare Inspectorate Wales (HIW) during two previous inspections.

Mr Rees emphasised option B, which included the bowling green, had been specifically requested by the acute service team who strongly advocated for its inclusion in the scheme.

Mr Rees explained that £26,000 of Discretionary Capital Funding (DCP) funding had also been allocated to the scheme, which introduced certain financial constraints related to end of year expenditure.

Mr Rees emphasised how the review of the scheme over the last few months had resulted in some innovative cost solutions.

With regards to previously voiced maintenance concerns, Mr Rees emphasised the scope to work with the volunteer and community sector detailed in the paper, would allow the therapeutic garden project to work independently of the grounds maintenance contract time scales.

Mr Rees emphasised that the proposal included a request to defer work on the scheme until February 2026, which would enable planting of the garden to take place in a more favourable early spring environment.

Ms Meinir Williams, highlighted the impact of the benefits such a garden would provide to patients for rehabilitation as well as families and hospital staff, emphasising how at present, services are unable to use the current garden space. Ms Williams reported that hospital stays should be reduced by the benefits of a dementia friendly garden, as it will provide opportunities for rehabilitation through physiotherapy and occupational therapy staff working with patients.

Mr Thomas expressed thanks to Mr Rees for his efforts and commended the way in which the concerns previously raised regarding cost and durability had been effectively addressed and mitigated in the current proposal.

Mr Rees reported, prior to handover, there would be a need to establish a co-ordination group between the two clinical teams to manage the ongoing use of the gardens.

Mrs Llewelyn reported that a process for community participation days alongside the future workforce team had been established and proved successful at a recent day held on Cilgerran Ward at Glangwili Hospital (GGH) and had provided appropriate governance.

Ms Williams confirmed that Ward 9 will be able to access the therapeutic garden for their rehabilitation and therapy, something that had been raised as concern in the HIW report.

In response to a question from Cllr Evans regarding the adequacy of a 5% contingency fund, Mr Rees advised that this figure had been calculated by the Estate Team using a standard risk formula. He further noted that the contractor's quote also includes a separate contingency fund.

In response to a query from Cllr Evans regarding the slow growing grass proposed in the project, Mr Rees reported that the solution of slow growing grass had been reached when reviewing the high cost of artificial grass and on consideration of periods, where due to inclement weather, it would be difficult to maintain the garden.

Ms Williams clarified that the physiotherapy and occupational health teams had been particularly keen to include the bowling green in the project, as it would assist with physical exercise, stimulate the mind and rehabilitate the elderly, the bowling green would help with arm movements and exercise therapies.

Mr Rees highlighted that the additional cost of the bowling green to the scheme would be £16,000 however, should it be rejected and considered at a later date, the cost would be considerably higher.

Mr Thomas acknowledged and thanked Mr Rees for emphasising the cost efficiencies achieved as part of the broader scheme.

Mrs Daniel reported the benefits the bowling green would provide as a result of patient movement, which had been identified as an important factor in global 'blue zones', furthermore the green would be wheelchair accessible.

Mr James Severs reported he was supportive in principle for the inclusion of the bowling green due to the therapeutic aspects it would provide.

In response to Mr Severs request for assurance regarding maintenance discussions, Mr Rees confirmed that the scheme had been endorsed by Mr Simon Day and that the paper outlines additional solutions to minimise reliance on the Estates Maintenance Team.

Mr Thomas welcomed the contractor's commitment to social value and including local apprentices in the construction phase and emphasised the importance of extending this involvement to the garden's ongoing

maintenance. He cited Coleg Sir Gar's horticultural department as an example and advocated for promoting skills development and wider community engagement through the therapeutic gardens.

*Mr Anthony Dean left the meeting.*

Extending his thanks to Mr Carruthers, Mr Thomas asked the CFC to consider the proposed options presented.

**Decision:**

The Charitable Funds Committee **CONSIDERED** and **RECOMMENDED FOR APPROVAL** Option B to the Board in its capacity as Corporate Trustee.

*Mr Andrew Carruthers left the meeting.*

*Mr Gareth Rees left the meeting.*

*Ms Meinir Williams left the meeting.*

CFC(25)132 **"Heads Up!" Initiative - Cancer Services Hair Loss Support**

*Mrs Gina Beard joined the meeting.*

Mrs Gina Beard provided the background to the *Heads Up!* Initiative and clarified that this was a request to continue the service for a further two-year term.

Mrs Beard shared how *Heads Up!* has been a successful project bringing huge value to patients, updating how the service in Bronglais Hospital (BGH) was now provided on a face-to-face basis and that a pop-up event had taken place at the launch of the BGH new cancer unit. Sharing additional photos, Mrs Beard reported how a Pembroke based Knit and Natter group are knitting hair loss dolls to give to patients as part of the scheme, a knitted doll had recently been shared with the King and Queen at a cancer charity event. The *Heads Up!* Initiative had also recently developed a wig bank, encouraging patients, when they have finished chemotherapy, to donate their used wigs back into the scheme, which are then refurbished at one of the local hairdressing colleges and donated free to patients.

Mrs Beard reported that the initial funding period received was due to expire at the end of December 2025 and that this was a request for funding for years three and four of the scheme. Mrs Beard had proactively engaged with the Procurement Team undertaking a fully transparent procurement process, with the intention of ensuring continuity of patient services and avoiding any disruption.

Mr Thomas thanked Mrs Beard and her team for all their hard work, noting that 689 individuals had been supported in the first year of the *Heads Up!* Initiative, at what he recognised can be a particularly sensitive and emotional time. He also noted that 58 hair professionals had received training as part of the programme.

Mrs Llewelyn reported the CaPS counselling project, previously funded by the charity providing support for patients and staff, had now received mainstream funding following five years of charitable funds expenditure.

However, it was acknowledged that the *Heads Up!* Initiative service may always be considered above and beyond core funding and is viewed as appropriate for charitable funds support.

Mrs Beard clarified, that although the match funding from Withybush Hospital (WGH) Cancer Day Unit Appeal had been agreed in principle, it remained pending at this stage.

Mrs James commended Mrs Beard for ensuring that the procurement and full tender processes were being appropriately followed.

Mr Thomas asked the CFC to consider the *Heads Up!* expenditure request for £99,235.40.

**Decision:**

The Charitable Funds Committee **CONSIDERED** and **APPROVED** £99,235.40 Charitable Funds funding for Phase 2 of the “Heads Up!” Initiative.

*Mrs Gina Beard left the meeting.*

CFC(25)133 **HARP (Hywel Dda Arts Referral Pathway)**

*Mrs Kathryn Lambert joined the meeting.*

*Mrs Rhian Rees joined the meeting.*

*Mr Mathew Lawrence joined the meeting.*

Mrs Kathryn Lambert outlined that the application for funding was from the Public Health (PH) Team, in partnership with the Arts and Health Team focusing on creative health preventions alongside PH delivering upon the social model for health and well-being.

Mrs Lambert detailed how the HARP programme had been developed through the Creative Prescribing Working Group in conjunction with the Value-Based Healthcare Team, PH Wales, Tri-Tech, local GPs, Primary Care colleagues and universities. The project will target patients with a range of complex needs and chronic conditions, who have received all the medical management interventions from GPs and been identified to potentially benefit from an alternative or more creative healthcare solution.

Mrs Rhian Rees reported that the HARP approach aligns with the social model for health and well-being, an important Health Board initiative. The project intends to support patients in becoming more engaged and empowered in managing their health, particularly those living with chronic conditions, experiencing pain, facing social isolation and frequently attending GP appointments. The scheme aims to introduce this cohort of patients to gentle arts activities and gentle movement as well as introducing them to the *Be Well* service, healthy lifestyle coaches and Community Connectors on an informal basis as part of the activities.

Acknowledging potential social economic barriers to uptake, Mr Thomas however voiced his concern that the funding allocated for transport within the scheme, should not be spent on taxis. Mrs Rees confirmed the intention to utilise existing community transport providers as part of the

HARP project and that positive engagement with these potential providers had taken place at an early stage.

Mrs Rees clarified that the three locations for the project had been selected in the first instance, to ensure a good uptake of the project and due to the excellent support provided by the GPs in these areas. Moving forward, the programme is intended to be implemented in the 20% most deprived areas, in line with the proposed 24/7 model within public health.

Ms Harraway complemented the team on the quality of the bid submitted, particularly the involvement of Tri-Tech and the robust approach to evaluation contained, which she considered to be gold standard. In agreement, Mr James Severs complemented the consideration given to an exit plan, before inquiring how this project could be incorporated into next year's annual plan. Ms Lambert clarified the HARP programme was included in the delivery plan for the social model for health and well-being as well as the Transformation Team under the revision of the Healthier Mid and West Wales programme, with the Executive Director of Public Health responsible for implementation.

Mr Thomas expressed his enthusiasm about seeing the work expand across the HDdUHB region.

**Decision:**

The Charitable Funds Committee **CONSIDERED** and **APPROVED** the £25,050 Charitable Funds funding for the **HARP (Hywel Dda Arts Referral Pathway)**.

*Mrs Kathryn Lambert left the meeting.*

*Mrs Rhian Rees left the meeting.*

*Mr Mathew Lawrence left the meeting.*

CFC(25)134 **TRAINEE HAEMATOLOGY CLINICAL NURSE SPECIALIST (CNS) FOR CEREDIGION & PEMBROKESHIRE**

*Mrs Gina Beard joined the meeting.*

Mrs Beard emphasised the challenge of recruiting Haematology CNS in the Ceredigion and Pembrokeshire regions, which subsequently led to the trainee initiative. Through the success of the project, two CNS had been trained and the lead CNS in Wales, due to their direct involvement in this creative training scheme, had herself decided to join the team and was successfully recruited to HDdUHB.

Mrs Beard thanked the HDdHC for the funding which had enabled this CNS succession planning programme, ensuring the continuing delivery of excellent knowledgeable haematology nurse care for HDdUHB patients.

Mrs Daniel complemented Mrs Beard on her foresight to implement such important succession planning, emphasising there was a real opportunity to use charitable funding going forward in terms of workforce planning in other CNS areas.

**Decision:**

The Charitable Funds Committee **DISCUSSED** the presentation on the

Trainee Haematology Clinical Nurse Specialist for Ceredigion and Pembrokeshire.

*Mrs Gina Beard left the meeting.*

CFC(25)135 **INTERACTIVE SINGING AND MOVEMENT SESSIONS FOR OLDER ADULT MENTAL HEALTH & ADULT FRAILTY INPATIENT WARDS**

*Mrs Kathryn Lambert joined the meeting.*

*Ms Ruth Jones joined the meeting.*

*Ms Lara Schmitz joined the meeting.*

*Ms Donna Major joined the meeting*

*Mr Mathew Lawrence joined the meeting.*

Mrs Lambert reported the project which is running across all older adult mental health settings across GGH and PPH has received overwhelmingly positive feedback.

Mrs Lambert detailed the challenges which had been encountered to develop an appropriate evaluation model for the scheme, and how a more dementia friendly Patient Reported Experience Measure (PREM) approach to evaluate the work is now being employed.

Mrs Lambert outlined the challenges encountered in securing approvals at GGH, BGH and WGH to deliver the project. GGH and BGH have now approved the programme and WGH is due to consider formal adoption of the project, therefore implementation of the programme should now move forward.

Mrs Lambert requested that the CFC approve the adaptation of the provision from fortnightly over two years to weekly over one year, aligning with the rest of the programme.

Ms Donna Major, Senior Ward Sister of Cadog Ward, Frailty Assessment Unit, GGH reported the overwhelmingly positive impact the arts and dementia sessions have had on patient and family experiences as well as the improvements in preventing deconditioning of frail patients, particularly within the golden hours when patients with dementia first come into hospital.

Ms Lara Schmitz reported the positive impact the *Forget Me Not Chorus* has had on the ward and patients, particularly with regards to positive social interaction, increasing mobility and improving the general environment and mood on the ward for patients, families and staff.

*Mr Anthony Dean rejoined the meeting.*

**Decision:**

The Charitable Funds Committee **DISCUSSED** the Interactive Singing and Movement Sessions for Older Adult Mental Health and Adult Frailty Inpatient Wards.

The Charitable Funds Committee **CONSIDERED** and **APPROVED** the request to change the delivery schedule for Interactive Singing and Movement Sessions for Older Adult Mental Health and Adult Frailty

Inpatient Wards at Bronglais and Withybush Hospitals to bring the provision in line with the delivery model at Glangwili and Prince Philip Hospitals.

*Mrs Kathryn Lambert left the meeting.*  
*Ms Ruth Jones left the meeting.*  
*Ms Lara Schmitz left the meeting.*  
*Ms Donna Major left the meeting.*  
*Mr Mathew Lawrence left the meeting.*

Ms Harraway observed there was a real variability with regards to evaluation of the impact of different projects, emphasising a need for consistency going forward. Ms Harraway provided an example that evaluation templates should be specific to the project and set at the point a project is initiated, as well as the need for logic models to be employed. From an assurance and accountability point of view, Ms Harraway reflected on whether a task and finish approach to the implementation of a framework for evaluation of impact methodology should be adopted and Ms Harraway extended an offer to assist on this front.

Mrs Llewelyn reported that the bids considered today were funded prior to the new CFC funding request templates, which now include evaluation questions and models, encouraging and enabling colleagues to think about evaluation from the very outset of a funding request. Acknowledging the evaluation framework and the new templates as a new and evolving system, Mrs Llewelyn stated she would appreciate input from colleagues on how to improve the evaluation framework to ensure best practice.

Mrs Daniel believed it important to develop the skill sets regarding the evaluation of impact methodology within the Health Board's services, rather than through external organisations such as Tri-Tech alone.

Ms Harraway emphasised self-evaluation was a sound scientific methodology however, it has to exist within a robust framework.

Mrs Daniel and Mrs Llewelyn agreed to liaise with Tri-Tech and colleagues to examine how best to improve the evaluation framework ensuring best practice at the conception of projects.

**SD/NL**

CFC(25)136 **Charitable Funds Sub-Committee Update Report (CFSC)**

Mr John Evans presented the CFSC Update Report.

In reply to Cllr Evans question if risks would be presented to the Audit and Risk Assurance Committee (ARAC), Mrs Davies clarified the risks from the CFSC would be presented to the main CFC rather than ARAC.

Mrs James confirmed that she was the CFC governance representative for Mrs Joanne Wilson, Director of Corporate Governance (Board Secretary) and would relay any concerns regarding governance and risk to Ms Wilson.

Mrs Llewelyn reported as the CFC is a representative of the Corporate Trustee, risks and concerns would be presented to the CFC for discussion and decision prior to submission to any other Board level Committee, in line with the Corporate Scheme of Delegation.

**Decision:**

The Charitable Funds Committee **NOTED** the content of the Charitable Funds Committee and was satisfied with the provision of assurance provided by the Charitable Funds Sub-Committee

CFC(25)137 **Charitable Funds Committee Annual Work Programme**

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

**Decision:**

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

CFC(25)138 **ANY OTHER BUSINESS**

Mr Thomas reported the bi-monthly Charity Commission newsletter had been shared with members for transparency, to enable all to be aware any arising national challenges.

Mrs James reflected on the positive impact the Wellness Boxes were having on patients. During a recent visit to a former colleague undergoing treatment at the PPH Cancer Day Unit (CDU), Mrs James experienced first hand the impact the Wellness Boxes, reporting that patients were '*absolutely delighted*' to receive their wellness boxes and that they were '*one of the nicest things she had for an awful long time.*' (sic).

Mrs Llewelyn, presented an example of a Wellness Box and its contents to CFC members, explaining that the initiative was developed following a request by chemotherapy nurses for funding thanks to grant funding from the Co-op. The boxes include items such as creams, scarves or gloves, and are intended to support patients who may not have the means to purchase these essential items.

Mrs Murphy reported that Ms Donna Blinston, Advanced Nurse Practitioner, Hepatology, who had presented a patient story to the CFC in June 2025 for the mobile Fibroscan project, had been shortlisted for the Royal College of Nursing (RCN) Nurse of the Year Awards. In an update on the Fibroscan project, Ms Murphy reported that Ms Blinston had successfully engaged with the local Muslim community and scanned approximately 70 patients at recent community events outside of the service. Furthermore, Ms Blinston had been approached by a university with an offer of sponsorship to undertake a Masters degree.

Mrs Llewelyn advised that Ms Blinston was in discussions with the BGH management team regarding a second scanner, and that the Hepatology Team were undertaking the Welsh Three Peaks Challenge to fundraise for the HDdHC.

Mrs Llewelyn reported that over 110 inquiries had been made for the *Making a Difference Funding* of £400,000, bids for this funding would return for consideration to CFC in December 2025.

Mr Thomas expressed thanks to all for their hard work, especially with regards to the preparation of the detailed reports presented to the CFC.

**Decision:**

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

**DATE AND TIME OF NEXT MEETING**

The date of the next CFC meeting is 8 December 2025, 09:30-12:15.

1.5

09:37, 0 Mins

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

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

None.

**TABLE OF ACTIONS FROM  
CHARITABLE FUNDS COMMITTEE MEETING  
16 September 2025.**

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
CFC(25)115	<b>HDdHC Investment Advisor Update</b> To present a report on the CCLA active investor statement scheme to a future CFC meeting.	AF/HT/TJ	September 2025	<b>In progress:</b> Update to be provided at December CFC.
CFC(25)88	<b>Hydrotherapy Pool at the Pentre Awel Village, Llanelli.</b> Photographic evidence to be returned to the Pittsburgh Bank to evidence funds from the J C Williams Trust (Elizabeth Williams Endowment) have been spent in an appropriate manner.	AP/ER	17 June 2025 CFC	<b>In progress:</b> Collaboration Agreement agreed by both parties, with the plan to seal and legally complete early December 2025. An update report has been provided to Pittsburgh Bank (PNC) including a fly through video of Pentre Awel. Final confirmation of transfer of funds will be provided to PNC together with actual photographs of the facility once the Collaboration Agreement is signed.
CFC(25)130	<b>Integrated Hywel Dda Charities Performance Report</b> A discussion on encouraging proactive expenditure to be added to the November 2025 Charitable Funds Sub Committee (CFSC) meeting agenda.	JE/NL	8 December 2025	<b>Complete:</b> Added to the agenda and an update provided in the CFSC update report (agenda item 6.1).
CFC(25)130	<b>Integrated Hywel Dda Charities Performance Report</b> An update to be presented regarding progress around CCG engagement.	NL	8 December 2025	<b>Complete:</b> Update provided in the CFSC update report (agenda item 2.1).

<b>CFC(25)135</b>	<b>Interactive Singing and Movement Sessions for Older Adult Mental Health &amp; Adult Frailty Inpatient Wards.</b> To liaise with Tri-Tech and colleagues to examine how best to improve the evaluation framework ensuring best practice at the conception of projects.	<b>SD/NL</b>	<b>8 December 2025</b>	<b>In progress:</b> Meeting being held on 25 November 2025.
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1.6

09:37, 10 Mins

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## 1.6 - Assurance and Risk Report

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

Charlotte & Rachel Williams prepare report - Sharon presents.

| For assurance

### **Attachments**

[1.6 Charitable Funds Committee December 2025 FINAL \(JW SD\).pptx](#)

[1.6 Appendix 1 - CFC Risk Register - Nov 25.pdf](#)

1.7

09:47, 10 Mins

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1.7 - CFC Self-Assessment Six Month Update Report

*Sian-Marie James  
(Hywel Dda UHB -  
Assistant Director of  
Corporate Legal  
Services and Public  
Affairs)*

Six monthly progress update.  
Sian-Marie confirmed as presenter.

| For assurance

**Attachments**

[1.7 CFC Self-Assessment Six Month Update Report \(JW SD\).pdf](#)



# Operational Risk Report

Charitable Funds Committee – 8 December 2025

# Situation



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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

Principal Risks:  
0

Corporate Risks:  
0

Operational Risks  
1

Audit and Inspection  
Reports  
0

Welsh Health  
Circulars  
0

Ministerial Directions  
0

# Risk Management - Overview



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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

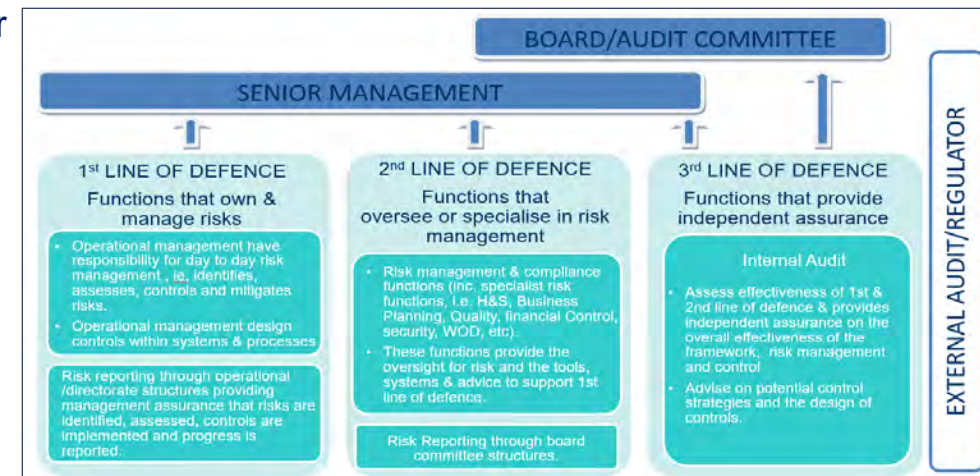
Operational risks must be managed within Functions, under the ownership and leadership of individual executive directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification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

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

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

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

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



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

# Operational Risks assigned to CFC



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

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

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

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

# Operational Risk assigned to CFC

- No Change in Risk Score since last report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
<b>2045</b> - Risk of the Health Board not being able to sustain a paid fundraising function for its charity due to low returns on investment (ROI)	Executive Director of Nursing, Quality and Patient Experience	<b>12</b> → (Reviewed 14/11/25)	<b>12</b>	31/12/2025

## Rationale for Current Risk Score (CRS)

With all the current control measures in place, the risk score remains high.

Further analysis of the charity's financial performance for quarter 2 2025/26 will be reported on to the Charitable Funds Committee being held on 8th December 2025, following which the risk score will be reviewed when the financial data is available.

## Rationale for Target Risk Score (TRS)

The nature of charitable giving is unpredictable and it is difficult to predict annual charitable income levels.



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

## Risk Management

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



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



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2045	Director of Nursing, Quality and Patient Experience	Nursing, Quality and Patient Experience	NQPE: Charitable Funds	Daniel, Sharon	Daniel, Sharon	Llewelyn, Nicola	Llewelyn, Nicola	13-Dec-24	<p>There is a risk of HDdUHB not being able to sustain a paid fundraising function for its charity.</p> <p>This is caused by the increased investment in fundraising costs since 2021/22 and the level of charitable income generated by the charity resulting in variable levels of ROI.</p> <p>This will lead to an impact/affect on 1. The charity's ability to sustain its current staffing structure.                      2. The charity's ability to generate income from proactive fundraising activities in future years.                      3. Staff wellbeing and morale: Fundraising staff may disengage and lose motivation if there is uncertainty regarding the sustainability of the team.                      4. Loss of confidence if key stakeholders (NHS staff, public, donors) do not feel that the charity is using its resources efficiently.                      5. The charity's ability to improve experiences for, and make a positive difference to, the health and wellbeing of Health Board's patients, service users and staff due to reduced resources.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> <li>Review of the charity's fundraising and communications activities, including an assessment on the return on investment of fundraising costs, submitted to the December 2024 Charitable Funds Committee meeting for discussion.</li> <li>Charitable income and financial performance reported to the CFC on a quarterly basis for scrutiny.</li> <li>Financial reports submitted to the CFC include a comparison of the charity's performance against a sector wide recognised benchmark/ratio for return on investment.</li> <li>Annual work plans submitted to the CFC on an annual basis for consideration and approval.</li> <li>Progress reports on the annual work plan submitted to the CFC on a quarterly basis.</li> <li>Income reports produced by the Finance team on a monthly basis for scrutiny by the Head of Hywel Dda Health Charities (HDdHC) and Fundraising Team.</li> <li>Agreement to not fill the vacant positions (x2) within the fundraising/communications team without Executive Director consideration and approval when income levels have stabilised or increased.</li> <li>Fundraising Manager has monthly 1-2-1s with the fundraising team to discuss operational issues and progress against the fundraising workplan.</li> <li>Senior Communications Officer has monthly 1-2-1s with the Communications Assistant to discuss operational issues and progress against the communications workplan.</li> <li>Head of Hywel Dda Health Charities has a monthly 1-2-1 with the Fundraising Manager and Senior Communications Officer to discuss operational issues and progress against the workplan.</li> <li>Further analysis of the charity's performance undertaken during quarter 2 and presented to the Business Executive Team on 9 July 2025.</li> </ol>	Finance inc. claims	3	4	12	<p>With all the current control measures in place, the risk score remains high.</p> <p>Further analysis of the charity's financial performance for quarter 2 will be reported on to the Charitable Funds Committee being held on 8th December 2025, following which the risk score will be reviewed when the financial data is available.</p>	Review of the impact of holding two vacancies within the fundraising team to be undertaken and the findings presented to the Executive Team.	Llewelyn, Nicola	31/01/2026	Further analysis of the charity's performance was undertaken during quarter 2 and presented to the Business Executive Team on 9 July 2025. The Executive Team discussed the charity's current running costs, current and previous income levels and the benchmarking data on fundraising performance. The Executive Team requested that a review of the impact of existing vacancies within the team be undertaken and be presented to Business Executive Team within 6 months.	Charitable Funds Committee	3	4	12	The nature of charitable giving is unpredictable and it is difficult to predict annual charitable income levels.	Treat	14-Nov-25

## 2 - PERFORMANCE

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Charitable Funds Committee (CFC) Self-Assessment Six Month Update Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Director of Corporate Governance/Board Secretary Sharon Daniel, Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to provide an update on the actions agreed by the Charitable Funds Committee (CFC) in response to the outcomes from the Self-Assessment 2024/25 process.

**Cefndir / Background**

In June 2025, the CFC received a report which presented the outcomes of the CFC Self-Assessment 2024/25 process. For CFC, this involved:

- Short digital form which requested feedback on the following areas:
  - Governance and administration
  - Committee's inputs
  - Conduct of Committee meetings
  - Interface with other Committees, including the Board
  - Committee's impact
  - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters alerted to the Board
- IM reflective sessions
- Auditor/regulator feedback

The Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better.

## Asesiad / Assessment

The following actions were agreed in response to the outcomes of the CFC Self-Assessment 2024/25, which are now being taken forward by CFC:

Action	By whom	By when	Update
To ensure support and training on Hywel Dda Health Charities and the role of the Committee is provided to all new IMs and 'in attendance' members.	Head of Hywel Dda Health Charities	Sept 2025	Included as part of the IM induction process, led by the Corporate Governance Team.
To ensure representation from service leads at Committee meetings to present applications/evaluation reports relevant to their service area.	Hywel Dda Health Charities/CSO	Immediate	Complete. No reports will be accepted without confirmation that service leads will be present.
To ensure that applications for funding considered by the Committee meet the charity's eligibility criteria and demonstrate patient benefit.	Hywel Dda Health Charities	Sept 2025	Complete. All funding requests will be assessed by the Hywel Dda Health Charities before submission to the CFC.
To conclude meeting discussions with clear and actionable outcomes so that all members have a shared understanding of the key actions and next steps including any alert or advise items for Board.	CFC Chair	Immediate	Complete.
To schedule IM reflective sessions after all Committee meetings.	CSO	June 2025	Complete.
To reach a clear position as to the expectations of the return on investment the charity makes in its overheads and adapt the charity's strategy accordingly.	Executive Director of Nursing, Quality & Patient Experience	Sept 2025	In progress. Review of the impact of holding two vacancies within the team to be presented to Business Executive Team in January 2026.
To provide more detailed evaluation reports on funding approvals made outside of the Committee's scheme of delegation i.e. <£50,000, including staff education and training.	Hywel Dda Health Charities	<del>Immediate</del> Revised date: March 2026	In progress. Trittech advising on the evaluation framework ensuring best practice at the conception of projects.

## Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the progress made against the actions being undertaken to improve its effectiveness.

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<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.6 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee’s performance and operation, including that of any sub-committees established
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	CFC Terms of Reference CFC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment, and Internal Audit
Rhestr Termau: Glossary of Terms:	Included within report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:	CFC Chair Director of Corporate Governance/Board Secretary

Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	
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<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	An effective CFC should seek out areas of system weakness and facilitate an organisational culture that drives strategic development and operational performance.
<b>Gweithlu: Workforce:</b>	Not applicable
<b>Risg: Risk:</b>	An effective CFC should drive improvement through scrutiny and challenge on the effective and efficient management of risks relating to strategic development and operational performance.
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

2.1

09:57, 15 Mins

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## 2.1 - Integrated Hywel Dda Health Charities Performance Report

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

Including an update on CCG Engagement.

| For assurance

### **Attachments**

[2.1 SBAR IP Report CFC December 2025 \(TJ, NL - SD\).docx](#)

[2.1 Annex 1 Financial Overview to M6 \(TJ,NL - SD\).pptx](#)

[2.1 Annex 2 Workplan Update Sept-Oct 2025 \(TJ,NL - SD\).docx](#)

[2.1 Annex 3 Highlights at HDdHC Winter 2025.pdf](#)

2.2

10:12, 10 Mins

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## 2.2 - Draft Annual Accounts

*Timothy John (Hywel  
Dda UHB - Head of  
Accounting &  
Statutory Reporting)*

Verbal update of position to be provided to draft annual accounts.  
NB attached papers are DRAFT only. 2024/2025.

| For assurance

### **Attachments**

[2.2 2024-25 Draft Annual report finance \(TJ HT\).docx](#)

[2.2 2024-25 Draft Hywel Dda Health Charities Accounts \(TJ, HT\).pdf](#)

[2.2 Annual Review 2024-25 - Charities section \(TJ, TD\).pdf](#)

[2.2 Draft Annual Accounts Presentation 2024-25.pptx](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda Health Charities Integrated Performance Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tim John, Head of Accounting & Statutory Reporting Nicola Llewelyn, Head of Hywel Dda Health Charities

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report provides the Charitable Funds Committee (CFC), on behalf of the Corporate Trustee, with an integrated overview of Hywel Dda Health Charities' (HDdHC) performance and financial position as of 30 September 2025. The report is intended to provide the CFC with key financial information and a summary of activities and key achievements in line with the charity's work plan for 2025/26.

**Cefndir / Background**

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

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

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

The purpose of the CFC is:

- To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.

- To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.
- To develop the strategy and objectives for the Charity for consideration by the Board, and to provide assurance that an appropriate infrastructure is in place for the efficient and effective running of the Charity.
- To agree issues to be escalated to the Board with recommendations for action.

### Asesiad / Assessment

The charity's key financial performance considerations for the period ended 30 September 2025 are detailed in the Financial Overview slide pack attached at Annex 1.

Also included in the Financial Overview at Annex 1 is the following supplementary information relating to the charity's financial performance for the CFC's consideration:

- Statement of Financial Activity for the period ending 30 September 2025.
- Material commitments to 30 September 2025.

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

- Progress update on the 2025/26 workplan (Annex 2)
- Winter 2025 highlights from the fundraising and communications support team (Annex 3).

### Argymhelliad / Recommendation

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

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>3.1 To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.</p> <p>3.2 To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.</p> <p>3.3 To develop the strategy and objectives for the Charity for consideration by the Board, and to provide assurance that an appropriate infrastructure is in place for the efficient and effective running of the Charity.</p> <p>3.4 To agree issues to be escalated to the Board with recommendations for action.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	<p><b>Risk reference:</b> 2045</p> <p><b>Risk description:</b> There is a risk of HDdUHB not being able to sustain a paid fundraising function for its charity.</p> <p><b>Causes:</b> This is caused by the increased investment in fundraising costs since 2021/22 and the level of charitable income generated by the charity resulting in variable levels of Return of Investment (ROI).</p>
Parthau Ansawdd:	Not Applicable

Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

#### **Gwybodaeth Ychwanegol: Further Information:**

Ar sail tystiolaeth: Evidence Base:	Ledger reports and investment reports.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Fundraising Team

#### **Effaith: (rhaid cwblhau) Impact: (must be completed)**

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The report sets out the financial position of the charity. Income generated from fundraising activities is a key source of income for Hywel Dda Health Charities. The charity is therefore duty bound to ensure that the correct controls and governance arrangements exist with regards to all aspects of fundraising.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Charity objects are in support of NHS services locally.
<b>Gweithlu: Workforce:</b>	Expenditure on governance and support costs (including fundraising and finance) included in Annex 1 of the Integrated Performance Report.

<b>Risg: Risk:</b>	Reputational risk if associated with unethical fundraising.
<b>Cyfreithiol: Legal:</b>	The charity's financial reporting is in line with charity law and guidance.
<b>Enw Da: Reputational:</b>	Reputational risk if associated with unethical fundraising.
<b>Gyfrinachedd: Privacy:</b>	No impact.
<b>Cydraddoldeb: Equality:</b>	No EqlA is considered necessary for a report of this type.



Elusennau Iechyd  
**HYWEL DDA**  
Health Charities

# Integrated Performance Report

Financial Overview  
Month 6 2025/26

# Incoming Resources

## Income

Incoming Resources	Period ending 30 September 2025 £	Period ending 30 September 2024 £	Variance £	Variance %
Donations	302,706	273,800	28,906	11
Legacies	303,000	72,112	230,888	320
Grant funding received	79,126	3,608	75,518	2,093
Income from other trading activities (HDdHC Lottery)	7,396	8,361	(965)	(12)
Investment Income	237,596	290,431	(52,835)	(18)
<b>Total Income</b>	<b>928,823</b>	<b>648,312</b>	<b>281,512</b>	<b>43</b>

## Summary

- Fundraising efforts have focused on:
  - Investment in additional places for the Cardiff Half Marathon which boosted participation, visibility, and overall fundraising income.
  - Introduction of a new charity led event. Launching the fire walk attracted new supporters, diversified income streams, and generated strong community interest.
  - Continued hands-on support for local community fundraisers to sustain long-term relationships and increase grassroots contributions.
- These combined efforts have resulted in an 11% increase in donations compared to the same period in the previous financial year, with strong engagement across all fundraising channels.
- Report on the impact of holding two vacancies within the fundraising team to be presented to the Business Executive Team meeting in January 2026.

## Benchmarks

**Amount available to spend on grants for every £1 donated**

**£0.71**

£0.59 to 30 September 2024

**Income generated for every £1 spent on fundraising**

**£5.27**

£2.59 to 30 September 2024

# Donations

	Period ending 30 September 2025 £	Period ending 30 September 2024 £	Variance £	Variance %
Donations	302,706	273,800	28,906	11

- Donations for the period ending 30 September 2025 are 11% greater than the same period in the previous financial year.
- In the current year to date, Carmarthenshire donations are significantly higher due to a large donation received from a local prostate cancer charity to support improvements at Glangwili Hospital's Chemotherapy Day Unit.

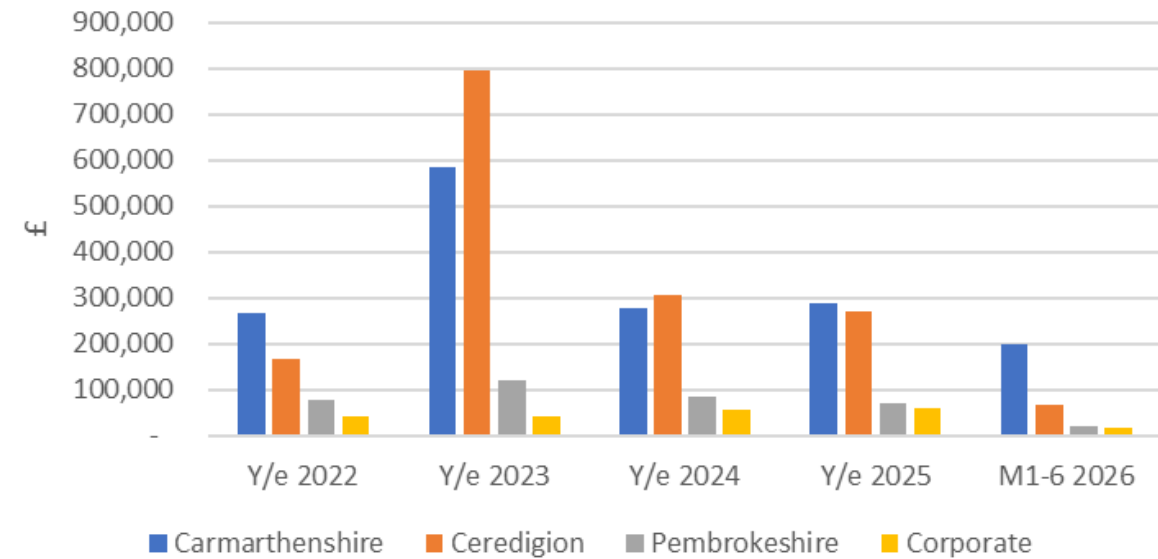
Annual donations from 2021/22 to 30 September 2025/26

Annual donations split by region

## Donations



## Donations by region



# Legacies

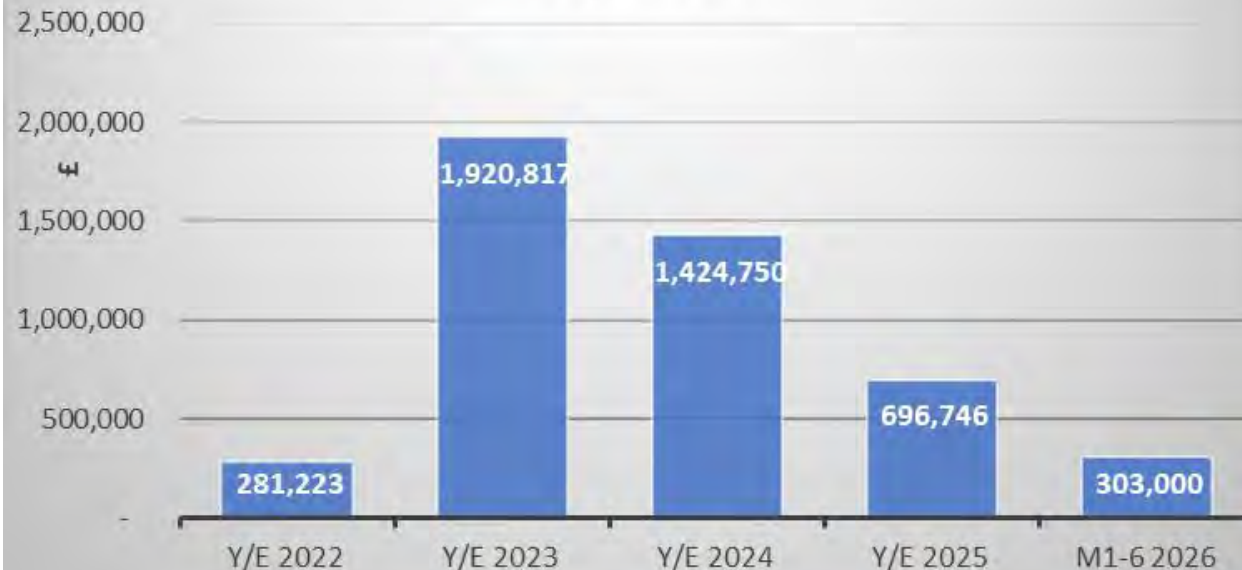
	Period ending 30 September 2025 £	Period ending 30 September 2024 £	Variance £	Variance %
Legacies	303,000	72,112	230,888	320

- Legacy income for 2025/26 is predicted to be significantly higher than the previous financial year.
- Significant increase in income driven by a more proactive and structured approach to legacy stewardship and managing open legacy cases.
- Proactive case management has accelerated progress on pending and historic legacies improving visibility of predicted income and timelines.
- Collaboration with the Legal Team has enabled quicker resolution of complex cases.

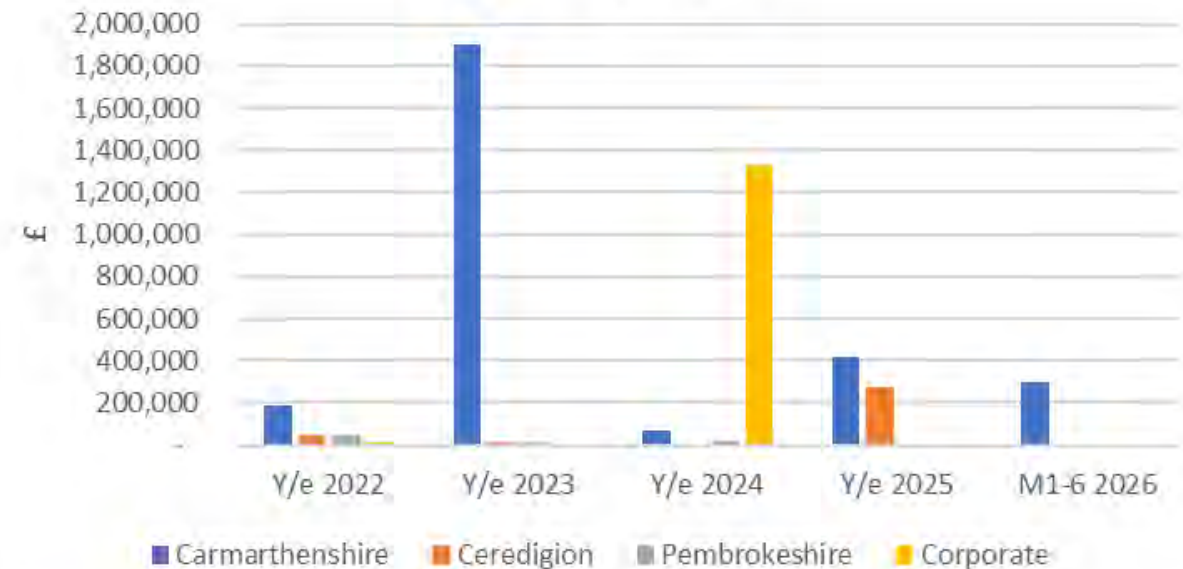
Legacy income from 2021/22 to 30 September 2025/26

Annual legacy income split by region

## Legacies



## Legacies by region



# Resources Expended

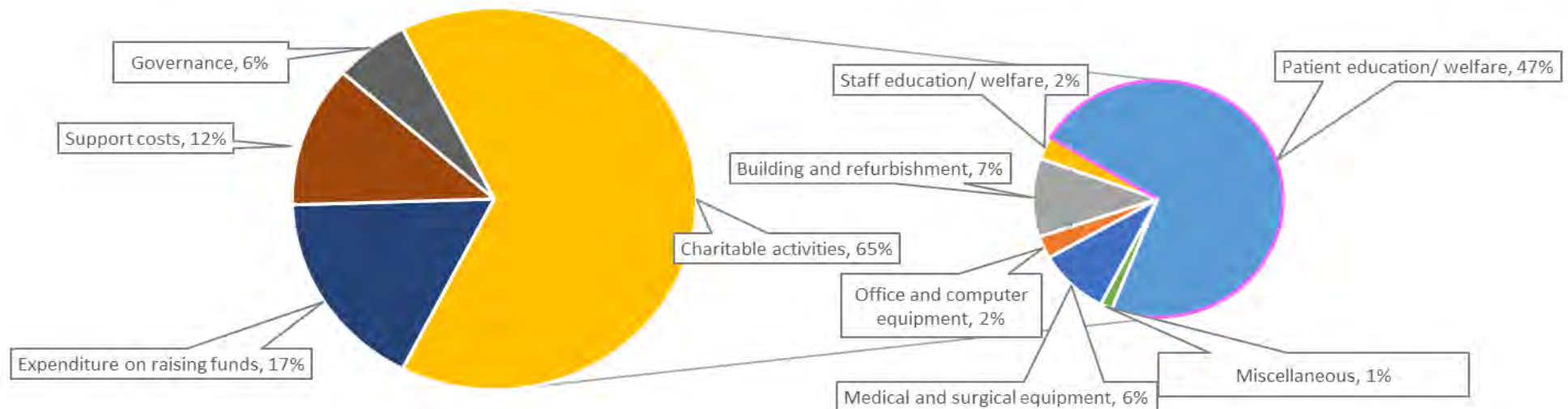
## Expenditure

Resources Expended	Period ending 30 September 2025 £	Period ending 30 September 2024 £	Variance £	Variance %
Charitable activities (grant making)	487,134	486,212	921	0
Expenditure on raising funds	130,892	137,591	(6,699)	(5)
Support Costs	93,880	88,382	5,498	6
Governance Costs	43,293	39,221	4,072	11
<b>Total Expenditure</b>	<b>755,199</b>	<b>751,406</b>	<b>3,793</b>	<b>1</b>

## Summary

- Expenditure on charitable activities (i.e. grants made) was consistent with the same period in 2024/25.
- There has been a decrease in expenditure on raising funds compared to the same period in 2024/25, due to a reduction in staff levels.
- Support and governance costs have increased slightly compared to the prior year due to agenda for change pay increases.

## Analysis of % spend by type



# Charitable Activities

## Expenditure on Charitable Activities

	Period ending 30 September 2025 £	Period ending 30 September 2025 %	2024/25 £	2023/24 £
Medical and surgical equipment	41,239	6	1,959,934	759,159
Office and computer equipment	14,843	2	63,232	86,223
Building and refurbishment	51,357	7	144,869	1,394,762
Staff education/welfare	17,331	2	64,508	186,759
Patient education/welfare	352,852	47	148,270	411,174
Miscellaneous	9,512	1	2,035	61,090
<b>Total</b>	<b>487,134</b>	<b>65</b>	<b>2,382,848</b>	<b>2,899,167</b>

### Notable expenditure incurred to 30 September 2025 (over £5,000):

#### Medical and surgical equipment

- Newborn Anne simulator/manikin for Carmarthen Children's Services (£5,417)
- Cubescan Biocon-900S Bladder scanner for Carmarthen (£5,405)
- Supply and install Croyde wall bed Carmarthen Community Midwifery (£16,123)

#### Building and refurbishment

- Refurbishment of patient waiting room in Glangwili Hospital (GGH) Chemotherapy Day Unit (£34,211)
- Refurbishment of staff rest room in Withybush Hospital (WGH) Pharmacy department (£15,554)

#### Patient education and welfare

- Development of Sensory Gardens at Prince Philip Hospital (PPH) (£200,088)
- Heads Up! Initiative: Cancer Services Hair Loss Support (£99,235)
- HARP: Hywel Dda Arts Referral Programme (£25,050)
- Enhancement of outdoor play area at Cilgerran Ward GGH (£15,745)
- Year 2 Health Domestic Violence Advocate project at Bronglais Hospital (BGH) (£5,359)

### Efforts to increase charitable expenditure

- Clinical Care Group (CCG) and system level governance processes are being reviewed to streamline charitable funding approvals and align CCG processes with the charity's scheme of delegation to reduce delays and encourage more applications.
- Meetings with CCG clinical and operational leads taking place to encourage integration of charitable expenditure into annual planning processes.
- Aim is for CCGs to submit expenditure plans to the March 2026 CFC meeting.
- Wider engagement through clinical leadership forums taking place to encourage new ideas and ensure charitable funds deliver meaningful improvements beyond the NHS provision.

# Expenditure on Governance, Support and Raising Funds



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**HYWEL DDA**  
Health Charities



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Governance, support and expenditure on fundraising					
£		Annual Budget 2025/26	Budget to 30 September 2025	Spend to 30 September 2025	(Under) / Over spend to 30 September 2025
Finance		107,487	53,744	53,744	0
Fundraising team	Pay	408,719	204,360	195,377	(8,983)
Fundraising	Non-Pay	46,910	23,455	10,437	(13,018)
<b>Sub-total</b>		<b>563,116</b>	<b>281,558</b>	<b>259,557</b>	<b>(22,001)</b>
Audit		17,016	8,508	8,508	0
<b>Total</b>		<b>580,132</b>	<b>290,066</b>	<b>268,065</b>	<b>(22,001)</b>

Apportionment of costs across funds			
£	Restricted/ Unrestricted Funds	Endowment Funds	Total
Investment Income	(203,636)	(33,960)	(237,596)
Governance & Support - Finance, Fundraising & Support Team	259,557	0	259,557
Audit Fees	8,508	0	8,508
Investment (Gains) & Losses	47,092	17,211	64,303
<b>(Surplus) / Deficit</b>	<b>111,522</b>	<b>(16,749)</b>	<b>94,773</b>

Costs analysed by category of spend				
£	Expenditure on raising funds	Support	Governance	Total
Fundraising Team				
Pay	120,455	58,366	16,555	195,377
Non-Pay	10,437	-	-	10,437
Finance	-	35,514	18,230	53,744
Audit	-	-	8,508	8,508
<b>Total</b>	<b>130,892</b>	<b>93,880</b>	<b>43,293</b>	<b>268,065</b>

- In March 2025, the CFC approved a total governance, support and fundraising budget of £563,116 for the 2025/26 financial year.
- For the period ending 30 September 2025, the reported position is an underspend of £22,001, mainly due to a vacancy being held within the team.
- Dividend and interest on endowment funds have been applied to their restricted funds.
- There was a net deficit from unrestricted/restricted apportionments (after investment gains) across funds of £111,522 for the period ending 30 September 2025.
- *Unrestricted and restricted funds: income earned from surplus cash from general restricted funds invested. The income earned is apportioned against all unrestricted and restricted funds based on an average fund balance across the whole year.*
- *Endowment funds: income earned from an investment where the capital cannot be spent, and that income earned is to be used for a specific purpose and is therefore restricted and will not be generally apportioned across all funds.*

# **Appendix 1**

## **Financial Performance**

### **Supplementary Information**

***Position as at 30 September 2025***

# 1. Statement of Financial Activity for the period ended 30 September 2025

## HWEL DDA LOCAL HEALTH BOARD CHARITABLE FUND REPORT - SUMMARY

FOR THE PERIOD ENDING 30 SEPTEMBER 2025

	Corporate	Acute Services	Carmarthen Community	Ceredigion Community	Pembrokeshire Community	Mental Health & Learning Disabilities	Other To be apportioned	Total
	£	£	£	£	£	£	£	£
<b>Incoming resources</b>								
Donations	16,347	247,845	21,276	3,668	4,009	9,562	0	302,706
Legacies	0	303,000	0	0	0	0	0	303,000
Grants receivable	3,001	0	70,000	0	0	6,125	0	79,126
Investment income	0	33,960	0	0	0	0	203,636	237,596
Income from other trading activities	7,396	0	0	0	0	0	0	7,396
Other incoming resources	0	0	0	0	0	0	0	0
	26,743	584,805	91,276	3,668	4,009	15,687	203,636	929,823
<b>Resources expended</b>								
Expenditure on raising funds	0	0	0	0	0	0	(130,892)	(130,892)
Charitable activities	(118,344)	(310,266)	(10,139)	(3,799)	(3,440)	(41,146)	0	(487,134)
Support Costs	0	0	0	0	0	0	(93,880)	(93,880)
Governance costs	0	0	0	0	0	0	(43,293)	(43,293)
Investment Management	0	0	0	0	0	0	0	0
	(118,344)	(310,266)	(10,139)	(3,799)	(3,440)	(41,146)	(268,065)	(755,199)
<b>Net incoming/(outgoing) resources before transfers</b>	<b>(91,601)</b>	<b>274,539</b>	<b>81,137</b>	<b>(131)</b>	<b>569</b>	<b>(25,459)</b>	<b>(64,430)</b>	<b>174,624</b>
Gross transfers between funds	0	0	0	0	0	0	0	0
<b>Net incoming/(outgoing) resources</b>	<b>(91,601)</b>	<b>274,539</b>	<b>81,137</b>	<b>(131)</b>	<b>569</b>	<b>(25,459)</b>	<b>(64,430)</b>	<b>174,624</b>
<b>Gains/(losses) on investment assets</b>								
Realised and Unrealised	0	(17,211)	0	0	0	0	(47,092)	(64,303)
<b>Net movement in funds</b>	<b>(91,601)</b>	<b>257,328</b>	<b>81,137</b>	<b>(131)</b>	<b>569</b>	<b>(25,459)</b>	<b>(111,522)</b>	<b>110,321</b>
<b>Opening balance at 01 April 2025</b>	<b>1,282,005</b>	<b>8,116,393</b>	<b>482,636</b>	<b>442,161</b>	<b>184,784</b>	<b>206,595</b>	<b>0</b>	<b>10,714,574</b>
<b>Closing balance at 30 September 2025</b>	<b>1,190,404</b>	<b>8,373,721</b>	<b>563,773</b>	<b>442,030</b>	<b>185,354</b>	<b>181,136</b>	<b>(111,522)</b>	<b>10,824,896</b>

## 2: Outstanding material commitments as at 30 September 2025 (approved by CFC)

Service	£	Description	Date Approved	Status
Cancer Service - Ceredigion	113,969	BGH Chemotherapy Development	Mar-24	Funds committed to the delivery of a new Chemotherapy Day Unit at BGH. Expenditure of funds will be aligned to the delivery of the capital scheme.
Cancer Services - Health Board Wide	544	Heads Up to Cancer - Cancer Hair Loss project	Sep-23	On going project
Arts and Health (Nursing, Quality & Patient Experience)	25,634	Creative Activities for Staff Wellbeing – Arts and Health	Sep-23	On going project
Arts and Health (Nursing, Quality & Patient Experience)	185,251	Arts and Health Capacity Building- to contribute to the salary and oncosts of a B6 Project Support Officer and activities budget for patients	Mar-24	On going project
Mental Health & Learning Disabilities, Community & Integretad Medicine	55,340	Interactive singing & movement sessions	Jun-24	On going project
Carmarthenshire Community	1,543,382	Pentre Awel Hydrotherapy Pool	Mar-25	On going project
Cancer Services - Health Board Wide	99,235	Heads Up! Initiative: Cancer Services Hair Loss Support	Sep-25	On going project
	25,050	HARP: Hywel Dda Arts Referral Programme	Sep-25	On going project
	200,088	Development of Sensory Gardens at Prince Philip Hospital	Sep-25	On going project
	<b>2,248,493</b>			



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**HYWEL DDA**  
Health Charities

**2025-26**



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Health Charities

# Workplan 2025-26

Progress update September to October 2025

## Strategic objective 1: Making a difference

Priority areas for 2025/26			
	Activity	Update on progress to October 2025	RAG rating
1.	<p>Launch the new online charitable funds application process for expenditure requests under £10,000.</p> <p><i>Carried forward from 2024/25</i></p>	<ul style="list-style-type: none"> <li>The new study leave application process is live and has received positive feedback. The new process will be tested until the end of December 2025 and will then replace the previous application process from January 2026.</li> <li>The new online application process for expenditure requests under £10,000 is currently on hold due to the availability of dedicated software development time. The aim is to complete the project during quarters three and four to ensure the new application process is launched before the end of March 2025.</li> </ul>	
2.	<p>Launch the internal communications campaign and associated user-friendly guidance to ensure that staff are aware of, and understand, the new charitable funds application process and new fund structure.</p> <p><i>Carried forward from 2024/25</i></p>	All communications materials for the internal campaign have been developed in readiness for the launch of the new application process.	
3.	<p>Launch the guidance for our fund managers to ensure that they understand the nature and value of the funds they are responsible for as well as their roles and responsibilities as custodians of our charitable funds.</p> <p><i>Carried forward from 2024/25</i></p>	Guidance for fund managers has been developed in readiness for the launch of the new application process.	
4.	<p>Develop an expenditure plan for the charity's general fund that provides equitable access to funding for areas where measurable improvements can be made to maximise patient benefit.</p>	Complete. Progress provided in agenda item '3.1 - Consideration of funding requests from the charity's Making a Difference Fund'.	

## Strategic objective 2: Fundraising and Communications

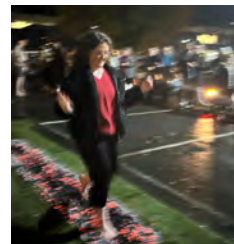
### Priority areas for 2025/26

	Activities	Update on progress to October 2025	RAG rating
1.	<p>Complete the upgrade of the charity's current Customer Relationship Management (CRM) database to a new and improved web version.</p> <p><i>Carried forward from 2024/25</i></p>	<ul style="list-style-type: none"> <li>• Ongoing conversations with the supplier regarding insurance requirements as set out in the Data Processing Agreement (DPA).</li> <li>• Detailed risk assessment has been completed and reviewed by the Assurance and Risk Team. They have suggested that this is a management issue rather than a risk.</li> <li>• Risk assessment currently being reviewed by Legal, Digital and Information Governance Teams before consideration by the Executive Lead.</li> <li>• The delays are not having a significant impact on our service provision as our existing CRM is still operational.</li> </ul>	
2.	<p>Plan and deliver a new charity-led mass participation event to encourage increased fundraising for the charity</p>	<ul style="list-style-type: none"> <li>• The recent charity-led Fire Walk was a great success, so far raising over £8,885 to support various wards, services and departments.</li> <li>• A total of 34 brave participants took on the challenge, each demonstrating incredible courage and community spirit as they walked barefoot across hot embers.</li> <li>• This was a new fundraising event, and we are delighted by the response it received.</li> <li>• The event not only exceeded fundraising expectations but also helped attract new supporters and engage fresh audiences.</li> </ul>	
3.	<p>Identify and apply for relevant funding opportunities from external grant-giving trusts and foundations for eligible projects across HDdUHB to increase the charity's income from this funding source.</p>	<ul style="list-style-type: none"> <li>• A bid for £3,000 has been submitted to Music for All to provide music lessons for Early Intervention of Psychosis (EIP) service users.</li> <li>• £25,000 funding application being developed for the Lottery's Meithrin Natur programme, in conjunction with Public Health and Arts in Health colleagues. Project aims to improve the health and wellbeing of children and their caregivers' through connecting with the natural environment.</li> </ul>	
4.	<p>Plan and deliver a fundraising campaign for Tonic Surf (surf therapy sessions) in aid of the Child and Adolescent Mental Health Service (CAMHS).</p>	<ul style="list-style-type: none"> <li>• Fundraising target met to fund the summer 2025 programme and a good start made to securing funding for summer 2025 (50% of costs raised to date).</li> <li>• Successfully won the customer vote in the Tesco Haverfordwest store receiving £1,500 for the 2026 programme.</li> <li>• Two members of staff ran the Cardiff Half Marathon and supported by the fundraising team, raised £835 for Tonic Surf.</li> </ul>	
5.	<p>Further develop the charity's visibility across the HDdUHB estate by developing bespoke fundraising materials for four services (one in each acute hospital) as a pilot project with a view to rolling out to further services in future if successful. The package will include individualised branding, an online donation page, flyer, large poster and social media support.</p>	<ul style="list-style-type: none"> <li>• Marketing materials have been developed for and distributed to the four Critical Care Units (Bronglais, Glangwili, Prince Philip and Withybush Hospitals), as well as the Head and Neck cancer service.</li> <li>• The impact and financial return of the bespoke fundraising materials is being monitored with a view to rolling out across additional services during quarter four.</li> </ul>	

# Strategic objective 3: Maximising the contribution

Priority areas for 2025/26			
	Activities	Update on progress to October 2025	RAG rating
1.	Introduce the Qlik Sense data visualization platform to provide an improved financial reporting system for all charitable funds cost centres.	<ul style="list-style-type: none"> <li>This work has been postponed until quarter four due to the resources required for the compilation of the 2024/25 year end accounts.</li> </ul>	

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



## FIRST FIRE WALK A HIT WITH FUNDRAISERS



On 25<sup>th</sup> October 2025 at Glangwili Hospital we held our very first charity fire walk, and the response from the 31 fundraisers taking part was overwhelmingly positive.

Our supporters enjoyed a thrilling experience as they walked barefoot across five metres of 800°C burning embers.

One participant said: "Such a good night. I loved every minute of it and would definitely do it again!"

The fundraising total from the event currently stands at over £9,000, and the event enjoyed a fantastic response on social media.

Fundraising Officer Claire Rumble said: "We're thrilled that the event was a success – it's clear that our fundraisers enjoy an opportunity to take part in something exhilarating while supporting their local NHS services. We learned a lot from the event, and we aim to put this learning into practice in the future."

## LONG COURSE WEEKEND THREE-YEAR PARTNERSHIP

In October we announced our new three-year partnership with Long Course Weekend Wales.

Since the partnership started in 2022, our fundraisers have raised nearly £50,000 by taking on swimming, cycling and running events – and sometimes all three! The event provides us with an excellent platform to raise awareness of the charity and make our brand highly visible to thousands of people.

Matthew Evans, CEO of Long Course Weekend, said: "Long Course Weekend has always been about more than sport – it's about people, community and pride in Pembrokeshire. We're incredibly proud to stand alongside Hywel Dda Health Charities for another three years, celebrating the power of sport to bring people together and to give back to those who care for us when we need it most."

Tara Nickerson, Fundraising Manager at Hywel Dda Health Charities, said: "We're absolutely delighted to partner with Long Course Weekend Wales for the coming three years. We've been the Powered By partner for four years, and it's been inspiring to see a growing number of entrants choosing to support their local NHS through fundraising. The partnership provides a great opportunity to grow support for the charity, and to provide our supporters with a range of sporting events in our local area."



## FREE WILLS AND CARDIFF HALF PLACES GO QUICKLY



October was our Free Wills Month and we are delighted to report that all 50 of our free wills were taken up within the first fortnight of the campaign.

Free Wills Month provides our supporters with the opportunity to make their wills for no charge while also pledging a legacy gift to the charity if they so choose. The campaign is popular with health board staff and enables them to save money while protecting their loved ones.

We also launched our Cardiff Half 2026 campaign in October, and once again, all of our spaces (25) were snapped up within a few weeks!

## FUNDRAISER FOCUS: THE 3 AMIGOS AND DOLLIES MARK 25 YEARS OF FUNDRAISING



This autumn a west Wales motorcycle group is celebrating a truly remarkable milestone: 25 years of fundraising, toy deliveries, and heartwarming generosity for children receiving care from our health board.

The 3 Amigos and Dollies Motorcycle Group are gearing up for their 25th annual Toy Run, a festive ride that brings toys and gifts to children receiving care and treatment over the Christmas period. What began as a small initiative with just eight bikes has grown into a community-powered movement that has touched thousands of lives.

Over the past quarter century the group has:

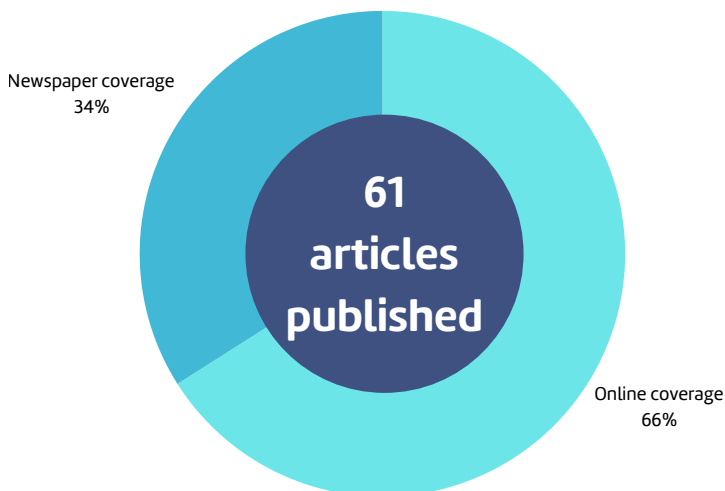
- Raised approximately £300,000
- Collected around 200 one-tonne bags of toys
- Clocked up nearly 1,500 miles delivering joy across the region.

Katie Hancock, Fundraising Officer for Hywel Dda Health Charities, said: "Their deliveries have brought smiles to countless children across Hywel Dda. Whether it's toys, Easter eggs or funds, they've made a real difference."

## COMMUNICATIONS: ONE-MONTH SNAPSHOT

Between 07/10/25 and 06/11/25 we issued 13 press releases which secured positive media coverage for both the charity and the health board.

Between 07/10/25 and 06/11/25 we issued 189 social media posts across our Facebook, X and Instagram pages, and via Viva Engage. Highest performing post (Facebook - English, 26/10/25): Expenditure post on new treatment chair for Prince Philip CDU:



- **Views: 68k**
- **Reactions: 806**
- **Shares: 20**
- **Comments: 49**
- **Link clicks: 45**

# IN FOCUS:

## HOW CHARITABLE DONATIONS ARE ENHANCING HEALTHCARE ACROSS HYWEL DDA

### NEW CHARITY-FUNDED MONITOR FOR BRONGLAIS ICU



Thanks to donations, we have purchased a Phillips MX450 transfer monitor worth over £4,500 for the Critical Care Unit at Bronglais Hospital.

A transfer monitor is a portable device used to continuously monitor a patient's vital signs during movement between hospital departments.

Cerys Davies, Senior Sister, said: "We're very grateful that charitable funds have allowed us to purchase the new monitor.

"Tracking patients' condition as they move through the hospital helps reduce clinical risk. All patients that are nursed in Critical Care and require transferring within the hospital for investigations may require monitoring via the new monitor."

### NEW TREATMENT CHAIR FOR PRINCE PHILIP CDU

Thanks to donations, we have been able to purchase a new treatment chair worth over £4,000 for the Chemotherapy Day Unit at Prince Philip Hospital.

Treatment chairs are used to help deliver chemotherapy. They are height adjustable, have added head support, a wide arm rest for ease of cannulation and other procedures, and a footrest to ensure patient comfort.

Marie Williams, Senior Systemic Anti-Cancer Therapy (SACT) Sister, said: "We are very grateful that charitable funds have enabled us to purchase a new therapy chair.

"The chairs have received positive feedback from both patients and staff, particularly due to their comfort during extended periods of sitting."



# NEW EDUCATIONAL RESOURCES FOR PATIENTS WITH DIABETES



**Thanks to donations, we have been able to fund educational resources worth over £5,500 for patients with type 1 diabetes across the health board area.**

The resources will support patient self-management. They include posters, carry cases, flip charts, leaflets, blood glucose diaries, food diaries, visualisers, calculators, food models, carbohydrate and calorie counter books, and plastic tubs for storage and organising.

Ravinder Dosanjh, Lead Diabetes Specialist Nurse, said: “We’re so pleased to have been supported by charitable funds once again. These resources will allow optimum education and support to our patients with type 1 diabetes.

“Access to the Carbs & Cals books will help our patients improve their diabetes management during and following our educational sessions. Carbohydrate counting is an effective way of managing blood glucose levels when living with type 1 diabetes. It means that the insulin can be individually matched to the amount of carbohydrate eaten allowing freedom and flexibility to that individual.”

## NEW FURNITURE FOR MERLIN WARD

**We have funded new furniture worth over £6,000 for the staff and day rooms in Merlin Ward at Glangwili Hospital.**

Merlin Ward is a surgical ward specialising in Ear, Nose and Throat. Lynwen Williams, Service Manager, said: “We’re incredibly grateful that charitable funds have allowed us to purchase this furniture for Merlin Ward.

“This furniture in the day room will be of great benefit to our patients, and the refurbished staff room will give staff an area to relax and temporarily disengage from their working day.”



For more charity updates, please visit:  
[hyweldahealthcharities.org.uk](http://hyweldahealthcharities.org.uk)



2.3

10:22, 20 Mins

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## 2.3 - HDdHC Investment Advisor Update - *antonia.cavalier@ccla.co.uk* External CCLA

Antonia Cavalier, CCLA.

Tim to discuss re possibility of Workshop Seminar being held with Antonia in person.

| For assurance

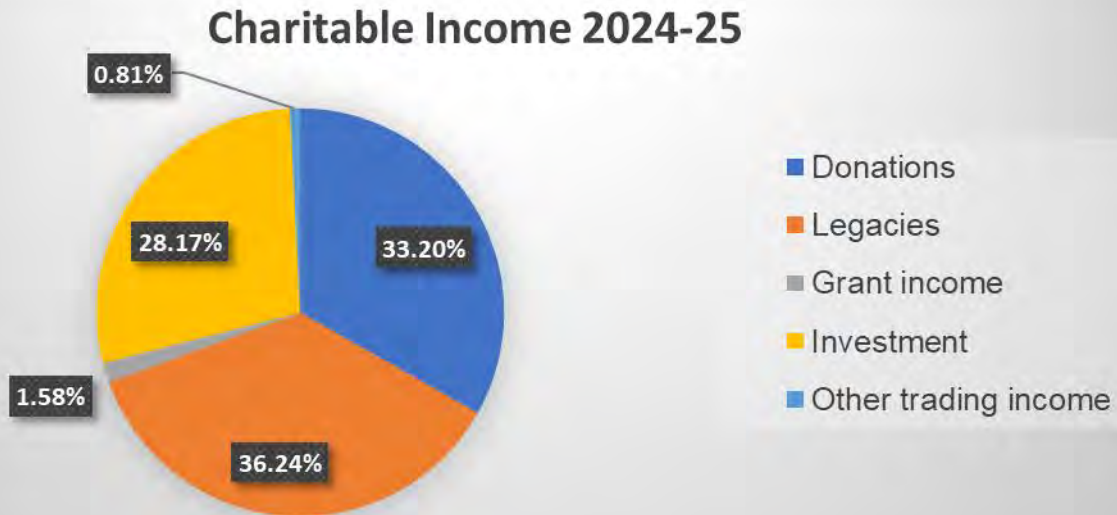
### **Attachments**

[2025\\_12\\_08 Investment update Hywel Dda Health Charities \(AC, CCLA\).pdf](#)

# 1. Financial review

## Incoming Resources

The chart below shows our main sources of income in 2024-25. Incoming resources for the year totalled £2,026,161; our largest source of income continues to be gifts and donations from the public either direct or through corporate giving.



### Donations (£672,775)

One third of the Charity's income comes from the voluntary efforts of staff, patients and their families wanting to show their appreciation for the care and support they have received. As expected, this income is less than last year (2023-24 £724,519) when donations were higher due to a specific appeal for the Bronglais Chemotherapy Unit. We remain extremely grateful for all the support the public and staff have given us to help realise our aims.

### Legacies (£734,386)

The charity was also the grateful beneficiary of a number of legacies, totalling £734,386 (2023-24 £1,424,750). Legacy income was lower than last year, when a significant £1.3million legacy was received.

Generous legacies received during the year included:

- A legacy of £267,408 to the Glangwili Hospital (GGH) Oncology Fund
- A legacy of £191,394 to the Cardigan Hospital - General Fund
- A legacy of £80,000 to the Bronglais General Hospital (BGH) Chemotherapy Day Unit (CDU) Outpatients Area

### Grants (£31,994)

Grant income has reduced this year (2023-24 £66,412). We are grateful to other charities and similar organisations that have given us grants to fund projects or purchase pieces of

equipment. This year, grants were received from NHS Charities Together (£26,642), the Co-Op Community Fund (£5,227), and Groundwork UK (£2,125).

### Other Trading Activities (£16,327)

Other trading activities relates to income from Hywel Dda Health Charities (HDdHC) Lottery.

### Investment income (£570,679)

Investment income totalling £570,679 was received in the year, this consists of dividends and interest from investment and cash balances held by the charity, as well as rental income. Investment income equates to 28.17% of total income.

## Expenditure

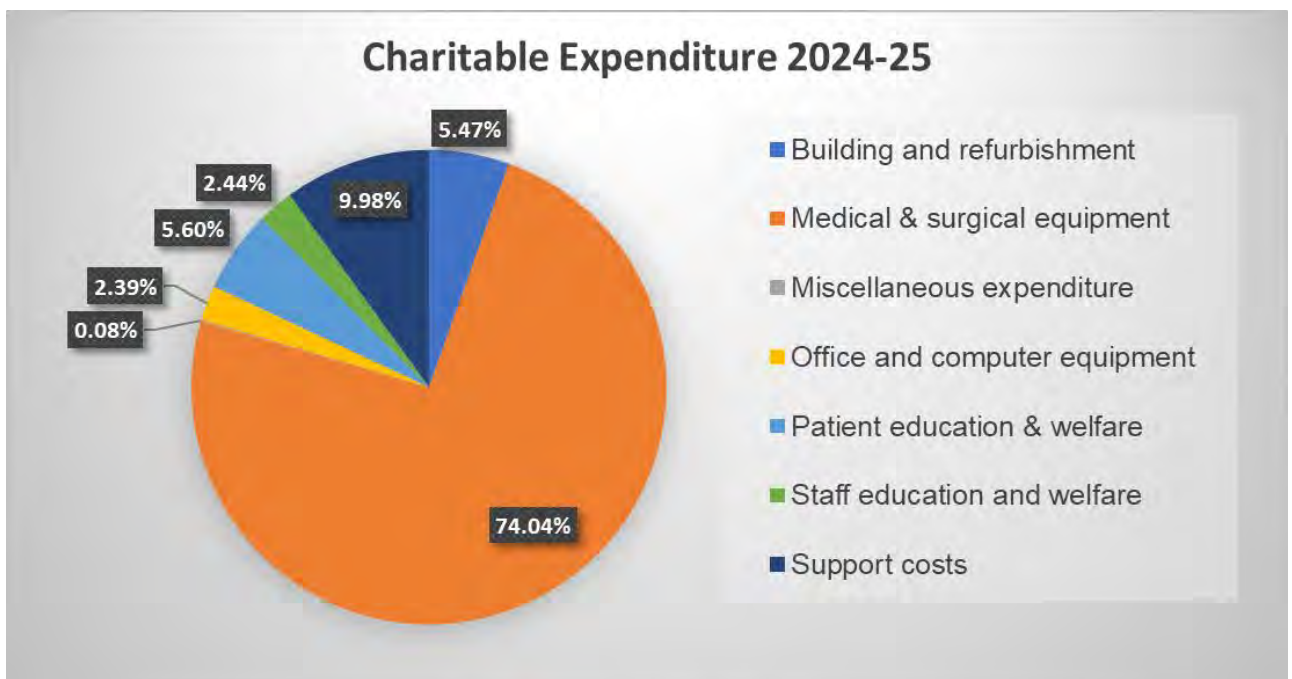
The charity is principally a grant making body, providing grants to Hywel Dda University Health Board HDdUHB as a contribution to the cost of the provision of healthcare beyond what the NHS provides. During 2024-25 the Charity has continued to support a wide range of charitable and health-related activities across HDdUHB.

Our key aim is to serve the NHS patients of HDdUHB for the public benefit. By working closely with the Health Board, we are able to use our generous donations to provide invaluable support on patient focused expenditure.

Our grant making policy ensures that all expenditure of our charitable funds is in accordance with the charitable purpose agreed for the fund and in the spirit of the donor’s wishes. All charitable expenditure is made with consideration given to the public benefit of improved healthcare. A rigorous process of review and evaluation is carried out on all funding requests to ensure they are of the highest standard.

### Analysis of expenditure

In 2024-25 expenditure on charitable activities totalled £2,646,887. The expenditure categories were as follows:



- Building & refurbishment - Enhancements made to buildings to provide additional patient benefit and care
- Medical and surgical equipment – Equipment for patient benefit.
- Miscellaneous – All other expenditure.
- Office and computer equipment – Equipment, which supports the provision of healthcare thereby benefiting patient care.
- Patient education and welfare – Expenditure on improving patient education and welfare
- Staff education and welfare – Includes training above that which is mandatory to improve patient care
- Support costs – Direct administration costs in support of the charity’s objectives.

## **Management and administration costs**

The total management and administration costs for 2024-25 were £547,221 (2023-24: £551,025) which includes £283,181 fundraising costs and £264,039 support costs. This represents 4.6% of the opening fund balances held as at 1 April 2024.

The charity improved the apportionment of staff time between fundraising, support and governance roles in 2024-25.

## **Investments and performance**

The charity retains the services of investment advisors to manage its investment portfolios. Policy is set by the charity Trustee in its instruction to their advisor. The advisors have been instructed to manage the portfolios to produce both income and capital returns, and manage those funds within the value they retain on the accounts. The charity also holds funds in short term investments that are not managed by the investment advisor.

During 2024-25, there was an unrealised loss of £375,754 due to a decrease in the market value of investments held during the year. This combined with investment income of £570,679 gave a total in year gain of 2.1% for investments held by the charity.

CCLA provided the services of investment advisor for 2024-25. These investments are managed in accordance with the Trustee Act 2000.

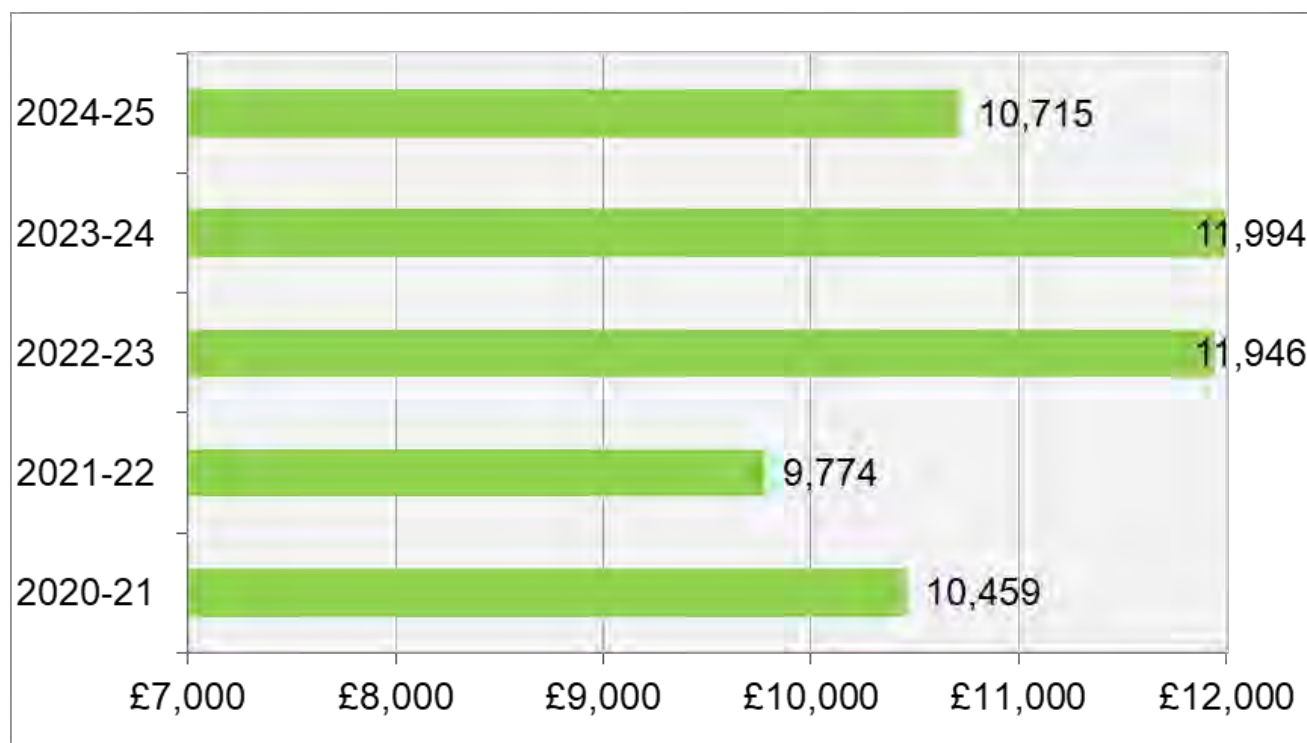
## **Overall financial position: 31 March 2025**

The value of the charity as at 31 March 2025 has decreased from the previous year by £1,279,661. This is largely due to the Charity spending brought forward restricted funds.

At 31 March 2025, the charity’s total reserves were £10,714,574. This figure includes £1,082,605 of restricted funds, £2,365,918 of endowment funds and £7,266,052 of unrestricted reserves. The unrestricted reserves figure includes £6,157,655 of designated funds and £1,108,397 of free reserves.

The graph below indicates the level of funds held as at the end of the year in the last five financial years:

## Fund Balances 2020-21 to 2024-25



Funds Balances £000's

### Reserves policy

The charity has a reserves policy and has defined free reserves to be the element of funds that are freely available for its general purposes. Free reserves are the resources the charity can make available to spend for any or all of the Charity's purposes once it has met its commitments and covered its other planned expenditure. This means it excludes permanent endowment, restricted funds and designated funds.

Free reserves are needed where there may be insufficient balances in individual restricted and designated funds to meet the objectives of those funds. There is also a need for free reserves where there may be a requirement to incur expenditure which is exclusively charitable, and cannot be funded from revenue, for which there is not a relevant fund.

The charity shall hold a separate fixed asset investment reserve based on 10% of the value of its fixed asset investments retained and a minimum of £500,000 to ensure there is sufficient funds for on-going commitments. The fixed asset investment reserve shall only fall below 10% to cover losses in the value of fixed assets.

In order to maintain the reserves as low as possible it is important:

- expenditure plans are developed for all the relevant funds
- monthly financial reports are produced to monitor level of expenditure
- the value of fixed asset investments performance is reviewed quarterly.

The total free reserves held by the charity as at 31 March 2025 was £1,108,397. This is in excess of our reserves policy. The excess has arisen in the year due to a significant legacy that was gifted for general purposes. Expenditure plans are being reviewed and since the year end the Corporate Trustee has agreed to make £400,000 available for grants applications.

# 2. Structure, governance and management

## Constitution

Hywel Dda University Local Health Board holds charitable funds as sole Corporate Trustee and the board members of the University Health Board (whilst not “trustees” in their own right) are jointly responsible for the management of those charitable funds. The membership of the Board during the reporting period and up to the date the annual report was approved was as follows:

Voting members:

Neil Wooding, Chair (from 01.06.2024)

Judith Hardisty, Interim Chair (until 31.05.2024)

Eleanor Marks, Vice Chair

Philip Kloer, Chief Executive (from 22.10.2024); Interim Chief Executive (until 21.10.2024)

Anna Lewis, Independent Member

Ann Murphy, Independent Member

Chantal Patel, Independent Member

Delyth Raynsford, Independent Member (until 31.03.2025)

Iwan Thomas, Independent Member

Maynard Davies, Independent Member

Michael Imperato, Independent Member

Rhodri Evans, Independent Member

Sarah Harraway, Independent Member (from 06.05.2025)

Winston Weir, Independent Member

Andrew Carruthers, Chief Operating Officer

Ardiana Gjini, Executive Director of Public Health

Huw Thomas, Executive Director of Finance

James Severs, Executive Director of Allied Health Professions and Health Science

Lee Davies, Executive Director of Strategy and Planning

Lisa Gostling, Executive Director of Workforce and OD and Deputy Chief Executive (from 02.12.2024), Interim Deputy Chief Executive (until 01.12.2024)

Mark Henwood, Executive Medical Director (from 22.05.2025), Interim Executive Medical Director (until 21.05.2025)

Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience (from 01.04.2025), Interim Executive Director of Nursing, Quality & Patient Experience (until 31.03.2025)

The Executive Director of Nursing, Quality & Patient Experience is the Executive Director with lead responsibility for the charity.

## **Key Management Personnel Remuneration**

The Corporate Trustee (through the Charitable Funds Committee) comprise the key management personnel of the Charity as it is in control of directing the Charity. The Charity does not make any payments for remuneration nor to reimburse expenses to the Board members for their work undertaken as Corporate Trustee. Board members in their role as Corporate Trustee are required to disclose all relevant interests, register them with the health board and withdraw from decisions where a conflict of interest arises. All related party transactions are disclosed in note 2 to the accounts. (There were no such transactions in 2024/25.)

## **Trustee Recruitment, Appointment and Induction**

The Chair and Independent Members are appointed by the Welsh Government, and together with the Executive Directors are the Corporate Trustee of the HDdHC.

New members of the Board are provided with an induction pack consisting of the Charity's governing documents and policies and procedures as well as previous annual reports and accounts and Charity Commission guidance.

## **Charitable Funds Committee**

The Charitable Funds Committee is appointed by the Board from the Independent Members who act as 'agents' of the Board as sole Corporate Trustee. The Committee is required to:

- control, manage and monitor the use of the fund's resources;
- provide support, guidance and encouragement for all its fundraising activities whilst managing and monitoring receipt of all income;
- ensure that best practice is followed in the conduct of all its affairs fulfilling all of its legal responsibilities;
- monitor the performance of the appointed investment advisor whilst being aware of ethical considerations;
- keep the University Health Board fully informed on the activity, performance and risks of the charity; appoint the investment advisors to the charity.

Members of the Charitable Funds Committee also receive regular informal training and briefings on current charity issues at quarterly committee meetings. As the charity is a member of the Association of NHS Charities, committee members also receive regular briefings on areas of interest and details of relevant training opportunities to enhance their skills.

## Objects of the charity

Hywel Dda Health Charities has registered the following objects with the Charity Commission:

“The trustee shall hold the trust fund upon trust to apply the income, and at its discretion, so far as may be permissible, the capital, for all or any charitable purpose or purposes relating to the National Health Service.”

## Charity independence

The charitable funds linked to the University Health Board are independent of the ‘exchequer’ (Government funded NHS) funds of the University Health Board and must be managed separately, even though they are mainly to be used to support the work and services of the NHS body.

The Charity Commission has regulatory responsibility for ensuring the proper management of these charitable funds.

The charity needs to be independent from, yet supportive of, the University Health Board. The charity therefore focuses on the following charitable purposes, recognised in law (Charities Act 2022):

- The advancement of health or the saving of lives

And to a lesser degree

- The advancement of education
- The relief of those in need, by reason of youth, age, ill-health, disability, financial hardship or other disadvantage

The charity raises monies, holds those monies and commits expenditure through more than 198 local, general and special purpose funds.

Within expenditure authorisation limits local fund managers decide on and commit expenditure for the benefit of the area concerned.

## Our staff and advisors

### Bankers

The charity has retained the banking services during the year from Barclays Bank, 9-10 Guildhall Square, Carmarthen, SA31 1PW.

### External auditors

The Charity’s auditors during the year was Audit Wales, 1 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ.

### Investment managers

CCLA Investment Management Ltd, One Angel Lane, London, EC4R 3AB

## **Fundraising activities**

During 2024-25, the University Health Board employed nine members of staff (8.71 full-time equivalent) to support the fundraising and communications functions of the charity.

The fundraising support team is responsible for increasing the Charity's income to support HDdUHB to provide services and activities above and beyond what the NHS can provide.

The team is responsible for promoting fundraising for and giving to the charity and provides support, advice and guidance to fundraisers to ensure that all fundraising is carried out in line with regulation and best practice.

The team also assists many charitable groups and associations that provide both financial and non-financial support for healthcare services across our three counties.

## **Grant making policy**

To achieve its objectives the charity makes grant payments to HDdUHB in accordance with charity law, our constitution and the wishes and direction of donors.

In making grants, we endeavour to reflect the wishes of patients and staff by directing funds towards areas they tell us are most in need.

HDdHC makes grants from both its unrestricted and restricted funds. Within the unrestricted funds, grants are made from general funds, designated (earmarked) funds. Income generated from endowment funds are held as restricted income and applied within the restricted purpose of that endowment.

In the awarding of our grants, consideration is given to the Charity Commission's guidance on public benefit. To ensure public benefit and value for money when authorising charitable expenditure, applications for charitable funds include questions on the purpose of the application to the charity, why the expenditure is required and how the expenditure meets the aims of the charity.

## **Investments**

The Corporate Trustee holds the Pembrokeshire Cardiology Equipment fund as a separate investment portfolio, which is managed with the advice of CCLA with an objective of the fund to achieve long-term capital and income growth.

The Corporate Trustee has approved a total returns policy for this fund and the FE Smith Legacy Fund. Income is credited back to the charity bank account and held as restricted income.

Other investments of HDdHC are also managed with the advice of CCLA with an objective of the fund to achieve long-term capital and income growth. Both portfolios are structured to permit a range of investments intended to yield a competitive rate of return in current market conditions.

The investment advisor actively manages the assets and has delegated authority to purchase and sell when market opportunities arise. The Corporate Trustee has decided not to invest in companies who are:

- involved in the production or manufacturing of tobacco
- supply tobacco products where turnover or more that 5% is derived from this source
- involved in the production, manufacturing of alcoholic beverages, where more than 25% is derived from this source.

Investment managers are required to present in person to the Charitable Funds Committee at least quarterly. The Charitable Funds Committee will consider the reports and presentations from the investment manager(s) together with current cashflow reports and forecasts.

# 3. Risk management

## Exposure to risk

The Chief Executive of HDdUHB, together with the other directors, is responsible for ensuring that an effective system of financial control is maintained. The Chief Executive and other directors are also responsible for reviewing the effectiveness of this system and have confirmed that the minimum control standards laid down by the Welsh Government have been in existence throughout the financial year. The minimum control standards apply equally to the management of the charity by officers of the University Health Board as to the exchequer funds of the University Health Board. In this way, the major risks to which the charity is exposed have been reviewed and systems have been established to mitigate those risks.

## Financial control

A financial procedure, expenditure guideline, governance framework and strategy have been developed to ensure that there are sufficient management controls in place to:

- ensure that spending is in accordance with objects and priorities agreed by the Charitable Funds Committee;
- ensure the criteria for spending charitable monies are fully met;
- ensure that the accounting records are maintained;
- ensure devolved decision-making is within specified parameters. Internal Audit also undertake annual reviews to evaluate the adequacy of procedures and controls, to ensure compliance, and to provide reasonable assurance over:
  - achievement of management objectives for the systems;
  - use of resources in accordance with donors' requirements;
  - compliance with policies and procedures;
  - safeguarding assets. The Internal Audit reports are presented to both the Charitable Funds and Audit Committee.

## Investment risk

The risk is minimised by agreeing an investment policy with the nominated investment managers. This policy includes ethical consideration where investments in the production, manufacturing or supply of tobacco or alcoholic beverages conflict with the charitable objects.

In assessing companies' involvement in these sectors, the following limits have been set:

1. investment in the production or manufacture of tobacco products at any level;
2. investment in the production, manufacture of alcoholic beverages where more than 10% is derived from this source.

Further to the above, the investment manager's performance is reviewed in each Charitable Fund Committee meeting and compared to charitable investment benchmark.

# HYWEL DDA HEALTH CHARITIES

## ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

### FOREWORD

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) second edition issued October 2019 and applies to report periods beginning on or after 1 January 2019. This edition consolidates the changes to the Statement of Recommended Practice (SORP) for Update Bulletins 1 and 2, the Charities Act 2022 and changes to UK Generally Accepted Accounting Practice since the launch of SORP (FRS102) on 16 July 2014, as it applies for reporting periods beginning on or after 1 January 2015.

### STATUTORY BACKGROUND

The Hywel Dda University Local Health Board is the corporate trustee of the charity under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Trustee has been appointed under s11 of the NHS and Community Care Act 1990.

### MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of the charity is to apply income for any charitable purposes relating to the National Health Service wholly or mainly for the services provided by the Hywel Dda University Local Health Board.

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

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

**Hywel Dda Health Charities**  
**Statement of Financial Activities for the year ended 31 March 2024**

	Unrestricted funds £000	Restricted funds £000	Endowment funds £000	Total Funds 2023-24 £000
<b>Incoming resources from generated funds:</b>				
Donations and legacies	1,910	306	0	2,216
Other trading activities	15	0	0	15
Investments Income	152	232	67	451
<b>Total incoming resources</b>	<b>2,077</b>	<b>538</b>	<b>67</b>	<b>2,682</b>
<b>Expenditure on:</b>				
Raising Funds	117	179	0	296
Charitable activities	1,242	1,859	54	3,155
<b>Total expenditure</b>	<b>1,359</b>	<b>2,038</b>	<b>54</b>	<b>3,451</b>
Net loss on investments	237	363	217	817
<b>Net income / (expenditure)</b>	<b>955</b>	<b>(1,137)</b>	<b>230</b>	<b>48</b>
Transfer between funds	(13)	(29)	42	0
<b>Net movement in funds</b>	<b>942</b>	<b>(1,166)</b>	<b>272</b>	<b>48</b>
<b>Reconciliation of Funds</b>				
Total Funds brought forward as at 1 April 2023	3,296	6,347	2,303	11,946
<b>Total Funds carried forward as at 31 March 2024</b>	<b>4,238</b>	<b>5,181</b>	<b>2,575</b>	<b>11,994</b>

**Hywel Dda Health Charities**  
**Hywel Dda Health Charities Balance Sheet as at 31 March 2025**

	Note	Unrestricted funds £000	Restricted funds £000	Endowment funds £000	Total 2024-25 £000	Total 2023-24 £000
<b>Fixed assets:</b>						
Investments	13	5,622	837	2,289	<b>8,748</b>	9,124
<b>Total fixed assets</b>		<b>5,622</b>	<b>837</b>	<b>2,289</b>	<b>8,748</b>	<b>9,124</b>
<b>Current assets:</b>						
Debtors	14	64	58	16	<b>138</b>	156
Cash at bank and in hand	15	2,070	2,855	61	<b>4,986</b>	6,148
<b>Total current assets</b>		<b>2,134</b>	<b>2,913</b>	<b>77</b>	<b>5,124</b>	<b>6,304</b>
<b>Liabilities:</b>						
Creditors falling due within one year	16	490	2,509	0	<b>2,999</b>	3,192
<b>Net current assets</b>		<b>1,644</b>	<b>404</b>	<b>77</b>	<b>2,125</b>	<b>3,112</b>
<b>Total assets less current liabilities</b>						
Creditors falling due after more than one year	16	0	159	0	<b>159</b>	242
<b>Total net assets</b>		<b>7,266</b>	<b>1,082</b>	<b>2,366</b>	<b>10,714</b>	<b>11,994</b>
<b>The funds of the charity:</b>						
Endowment funds	19	0	0	2,366	<b>2,366</b>	2,575
Restricted funds	19	0	1,082	0	<b>1,082</b>	5,181
Unrestricted funds	19	7,266	0	0	<b>7,266</b>	4,238
<b>Total funds</b>		<b>7,266</b>	<b>1,082</b>	<b>2,366</b>	<b>10,714</b>	<b>11,994</b>

The notes on pages 36-46 form part of these accounts

Signed : .....

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

Date :

**Hywel Dda Health Charities**  
**Statement of Cash Flows for the year ending 31 March 2025**

	Note	Total Funds 2024-25 £000	Total Funds 2023-24 £000
<b>Cash flows from operating activities:</b>			
<b>Net cash provided by/(used in) operating activities</b>	17	<b>(1,732)</b>	<b>266</b>
<b>Cash flows from investing activities:</b>			
Dividend, interest and rents from investments	5	570	451
Proceeds from the sale of investments	13	0	0
Purchase of investments	13	0	0
<b>Net cash provided by investing activities</b>		<b>570</b>	<b>451</b>
<b>Change in cash and cash equivalents in the reporting period</b>		<b>(1,162)</b>	<b>717</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>	15	6,148	5,431
<b>Cash and cash equivalents at the end of the reporting period</b>	15	<b>4,986</b>	<b>6,148</b>

The notes on pages 36-46 form part of these accounts

## Note on the accounts

### 1 Accounting Policies

#### (a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) second edition issued October 2019 and applies to report periods beginning on or after 1 January 2019. This edition consolidates the changes to the Statement of Recommended Practice (SORP) for Update Bulletins 1 and 2, the Charities Act 2022 and changes to UK Generally Accepted Accounting Practice since the launch of SORP (FRS102) on 16 July 2014, as it applies for reporting periods beginning on or after 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustee considers that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the Trustee has arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meets the definition of a public benefit entity under FRS 102.

#### (b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals or legacies for specified purposes where a trust has been imposed.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustee has the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

The Charity has four permanent endowment fund,two of which (the Pembrokeshire Cardiology Equipment Fund and the F E Smith Legacy (Capital in Perpetuity) Fund) are managed on a total returns basis. This means that the funds are invested to maximise the return on investment without regard to whether that return is in the form of income from dividends or interest or capital appreciation (where the market value of the investment increases).

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustee has set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustee's discretion, including the general fund which represents the Charity's reserves. The major funds held in each of these categories are disclosed in note 19.

### (c) Incoming resources

Income consists of donations, grants, legacies, income from charitable activities and investment income.

Donations are accounted for when received by the Charity. All other income is recognised once the Charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

### (d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable, whichever falls sooner.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the Charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

### (e) Incoming resources from endowment funds

The incoming resources received from the invested endowment fund are wholly restricted.

### (f) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

### (g) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Trustee has control over the amount and timing of grant payments and consequently where approval has been given by the Trustee and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised but a contingent liability is disclosed.

**(h) Allocation of support costs**

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the basis of apportionment applied are shown in note 10.

**(i) Fundraising costs**

The costs of generating funds are those costs attributable to generating income for the Charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the Charity's objects. The costs of generating funds represent fundraising costs together. Fundraising costs include expenses for fundraising activities and a fee paid to a related party, the Health Board, under a fundraising agreement. The fee is used to pay the salaries and overhead costs of the Health Board's fundraising office.

**(j) Charitable activities**

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 7.

**(k) Debtors**

Debtors are amounts owed to the Charity. They are measured on the basis of their recoverable amount.

**(l) Fixed Asset Investments**

Investments are a form of basic financial instrument. Fixed Asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposal throughout the year. Quoted stocks and shares are included in the Balance Sheet at the Swing price on the valuation date. Investment properties are valued at fair value (market value) and are revalued every 5 years. Other investments are included at the Trustee's best estimate of market value.

The main form of financial risk faced by the Charity is that of volatility in equity markets and investment markets due to the wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors or sub sectors. Further information on the Charity's investments can be found in note 13.

**(m) Cash and cash equivalents**

Cash at bank and in hand is held to meet the day to day running costs of the Charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in 90 day notice or less interest bearing savings accounts.

**(n) Creditors**

Creditors are amounts owed by the charity. They are measured at the amount that the Charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

**(o) Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or purchase date if later).

## 2. Related party transactions

During the year none of the Trustee's Representatives or members of the key management staff or parties related to them have undertaken any material transactions with the Hywel Dda Health Charities.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters and controls are in place to ensure the interests of each are kept discrete and also to ensure they do not personally benefit from such decisions. Declarations of personal interest have been made in both capacities and are available for public inspection.

During 2024-25 the Charity made grants and contributed costs of **£2,930,068** (2023-24: £3,450,192) to Hywel Dda University Health Board. As at 31 March 2025 the total owed by the Charity was **£433,542** (2023-24: £336,434) and owed to the Charity was **£nil** (2023-24: £9,636).

There were no transactions with entities which Board members and key senior staff have influential interests in 2024-25.

## 3. Income from donations, legacies, grants and other trading activities

	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total 2024-25 £000	Total 2023-24 £000
Donations	556	117	0	673	725
Legacies	585	149	0	734	1,425
Grants	0	32	0	32	66
Other Trading Activities	16	0	0	16	15
	<b>1,157</b>	<b>298</b>	<b>0</b>	<b>1,455</b>	<b>2,231</b>

#### 4. Role of volunteers

Hywel Dda Health Charities is extremely fortunate to have the support of so many wonderful people who give their time, energy and dedication to raise funds for the Charity on a voluntary basis year after year. Our supporters fundraise for us for many different reasons. Many are former patients and their families wanting to show their appreciation for care received, while many wish to support the development of the latest healthcare technologies in their local community.

We are also extremely fortunate to have the support of League of Friends groups who raise money for our hospitals and healthcare in their local communities. In addition to our hospital and community League of Friends, we have many local voluntary groups who support and actively fundraise for their local healthcare services.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

#### 5. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Endowment Funds £000	Total 2024-25 £000	Total 2023-24 £000
Fixed asset equity and similar investments	287	216	67	570	451
	<b>287</b>	<b>216</b>	<b>67</b>	<b>570</b>	<b>451</b>

#### 6. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Endowment Funds £000	Total 2024-25 £000	Total 2023-24 £000
Fundraising costs	162	121	0	283	296
Investment management	0	0	0	0	0
	<b>162</b>	<b>121</b>	<b>0</b>	<b>283</b>	<b>296</b>

#### 7. Analysis of charitable activity

	Grant funded activity £000	Support costs £000	Total 2024-25 £000	Total 2023-24 £000
Purchase of medical and surgical equipment	1,960	218	2,178	826
Purchase of office and computer equipment	63	7	70	94
Building and refurbishment	145	16	161	1,518
Staff education and welfare	64	7	71	203
Patient education and welfare	148	16	164	448
Other	2	0	2	66
	<b>2,382</b>	<b>264</b>	<b>2,646</b>	<b>3,155</b>

#### 8. Analysis of grants

All grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 7.

The Trustee operates a scheme of delegation for the majority of the charitable funds, under which fund managers manage the day to day disbursements on their delegated funds in accordance with the directions set out in the Health Board's standing orders and standing financial instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards. The Trustee makes individual grant awards based on invited applications from the Health Board.

## 9. Movements in funding commitments

	Current liabilities £000	Non Current liabilities	Total 2024-25 £000	Total 2023-24 £000
Opening balance at 1 April (see note 16)	2,826	242	3,068	1,863
Movement in liabilities	(326)	(83)	(409)	1,205
<b>Closing balance at 31 March (see note 16)</b>	<b>2,500</b>	<b>159</b>	<b>2,659</b>	<b>3,068</b>

As described in note 8, the Charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants, especially those relating to research and development or for funding specific posts are multi-year grants paid over a longer period.

## 10. Allocation of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic management of the Charity.

	Charitable activities £000	Total 2024-25 £000	Total 2023-24 £000	Basis	
<b>Governance Costs</b>					
External audit	16	16	15	Average fund balance	
Finance and administration	66	66	62	Average fund balance	
<b>Total governance</b>	<b>82</b>	<b>82</b>	<b>77</b>		
<b>Support Costs</b>					
Finance and administration	182	182	178	Average fund balance	
	<b>264</b>	<b>264</b>	<b>255</b>		
	<b>Unrestricted funds £000</b>	<b>Restricted Income funds £000</b>	<b>Endowment Funds £000</b>	<b>Total Funds 2024-25 £000</b>	<b>Total Funds 2023-24 £000</b>
Charitable activities	150	114	0	264	255
	<b>150</b>	<b>114</b>	<b>0</b>	<b>264</b>	<b>255</b>

## 11. Trustee's remuneration, benefits and expenses

The Charity does not make any payments for remuneration nor to reimburse expenses to members of the Corporate Trustee of the Charity for their work undertaken as trustee.

## 12. Auditors remuneration

The auditors remuneration of **£16,113** (2023-24: £16,128) related solely to the audit of the statutory annual report and accounts.

## 13. Fixed asset investments

### Movement in fixed assets investments

	Listed investments	Investment properties	Total	Listed investments	Investment properties	Total
	2024-25	2024-25	2024-25	2023-24	2023-24	2023-24
	£000	£000	£000	£000	£000	£000
Market value brought forward	8,931	193	9,124	8,121	186	8,307
Add: additions to investments at cost	0	0	0	0	0	0
Less disposals at carrying value	0	0	0	0	0	0
Increase/(decrease) on cash awaiting investment	0	0	0	0	0	0
Add net gain / (loss) on revaluation	(378)	2	(376)	810	7	817
<b>Market value as at 31st March</b>	<b>8,553</b>	<b>195</b>	<b>8,748</b>	<b>8,931</b>	<b>193</b>	<b>9,124</b>

All investments are carried at their market value. The investment valuation was performed by CCLA.

The significance of financial instruments to the ongoing financial sustainability of Hywel Dda Health Charities is considered in the risk management section of the trustee's annual report.

The main risk from financial instruments lies in the combination of uncertain investment markets and volatility in yield.

Hywel Dda Health Charities' investments are invested within the UK collective investments – COIF Charities Ethical Investment Fund. Hywel Dda Health Charities have no material investment holdings in markets subject to exchange controls or trading restrictions.

Hywel Dda Health Charities manages these investment risks by retaining expert advisors and operating an investment policy that provides for a high degree of diversification of holdings within investment asset classes.

Investment properties were valued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

### Fixed Asset Investments by type

	2024-25	2023-24
	£000	£000
Equity	5,571	6,385
Fixed Interests	869	717
Cash & Near Cash	595	194
Infrastructure & Operating Assets	564	815
Property	593	603
Private Equity & Other	394	297
Contractual & Other Income	161	111
Derivatives	1	2
	<b>8,748</b>	<b>9,124</b>

#### 14. Analysis of current debtors

<b>Debtors under 1 year</b>	<b>Total 2024-25</b>	<b>Total 2023-24</b>
	<b>£000</b>	<b>£000</b>
Accrued income	134	152
Other debtors	4	4
	<b>138</b>	<b>156</b>

#### 15. Analysis of cash and cash equivalents

	<b>Total 2024-25</b>	<b>Total 2023-24</b>
	<b>£000</b>	<b>£000</b>
Cash at bank and in hand	4,986	6,148
	<b>4,986</b>	<b>6,148</b>

The deposits are sums held on interest bearing deposit with Barclays Bank and CCLA and represent restricted appeals to fund specific equipment or funds held to facilitate cash flow and the fulfilment of obligations to make grant payments. The funds are held in an instant access account and are therefore classified as cash and cash equivalents.

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

All of the amounts held on interest bearing deposits are available to spend on Charity activities.

#### 16. Analysis of liabilities

	<b>Total 2024-25</b>	<b>Total 2023-24</b>
	<b>£000</b>	<b>£000</b>
<b>Creditors falling due within 1 year</b>		
Trade creditors	65	39
Other creditors	434	327
Accruals (Note 9)	2,500	2,826
	<b>2,999</b>	<b>3,192</b>
<b>Creditors falling after more than 1 year</b>		
Accruals (Note 9)	159	242
<b>Total creditors</b>	<b>3,158</b>	<b>3,434</b>

**17. Reconciliation of net income / expenditure to net cash flow from operating activities**

	Total 2024-25 £000	Total 2023-24 £000
<b>Net income / (expenditure) (per Statement of Financial Activities)</b>	<b>(1,280)</b>	48
<b>Adjustment for:</b>		
(Gains) / losses on investments	376	(817)
Dividends, interest and rents from investments	(570)	(451)
Decrease / (Increase) in debtors	18	(6)
(Decrease) / Increase in creditors	(276)	1,492
<b>Net cash (used in)/provided by operating activities</b>	<b>(1,732)</b>	<b>266</b>

**18. Transfer between funds**

During the year the Charity undertook a review of the funds held with a view to:

- 1) Make it as easy as possible to access funds to further our charitable objectives
- 2) Ensure the structure of the funds reflect the current service/management structures as well as the wishes of our donors
- 3) Ensure donations are spent within a "reasonable" timeframe
- 4) Develop long term expenditure plans

During this review we looked at legacies which had been recognised as restricted and found that in a number of cases the will did not impose a trust and therefore these legacies were not restricted. Transfers totalling £2,492,391 have been made from restricted to unrestricted funds.

Transfers were made to correct the classification of the Pembrokeshire Cardiology Equipment Income Fund and the Rees Eirwyn Evans Income Fund.

A transfer of £67,266 was made from Endowment Funds to Restricted Funds in respect of unapplied total return available to be spent.

	Unrestricted £000	Restricted £000	Endowment £000	Total £000
Funds restructure reclassify legacies as unrestricted	2,494	(2,494)	0	0
Transfer Pembrokeshire Cardiology Equipment income fund	0	108	(108)	0
Transfer Rees Eirwyn Evans Inc (Meurig Ward)	(1)	1	0	0
Transfer total returns endowment income	0	67	(67)	0
	<b>2,493</b>	<b>(2,318)</b>	<b>(175)</b>	<b>0</b>

**19. Analysis of funds**

**a. Analysis of endowment fund movements**

	Balance 1 April 2024 £000	Transfer	Income £000	Expenditure £000	Gain / (Loss) £000	Balance 31 March 2025 £000
FE Smith Legacy	74	(1)	2	0	(3)	72
Rees Eirwyn Evans	21	0	0	0	(1)	20
GGH Accident & Emergency (Capital in Perpetuity)	42	0	0	0	0	42
Pembrokeshire Cardiology Equipment	2,328	(64)	65	0	(97)	2,232
Pembrokeshire Cardiology Equipment Income Fund	110	(110)	0	0	0	0
	<b>2,575</b>	<b>(175)</b>	<b>67</b>	<b>0</b>	<b>(101)</b>	<b>2,366</b>

The objects of the permanent endowment funds are as follows:

- FE Smith Legacy Fund objects are to apply the income generated from the permanent endowed gift for the benefit of the Owain Glynwyr Ward which is now the Ceredig Ward in Bronglais General Hospital.
- Rees Eirwyn Evans Fund objects are to apply the income generated from the permanent endowed gift for the purchase of equipment for Meurig Ward in Bronglais General Hospital.
- GGH Accident & Emergency (Capital in Perpetuity) Fund objects are to apply the income generated from the permanent endowed gift for the benefit of the Glangwili General Hospital Accident and Emergency department.
- Pembrokeshire Cardiology Equipment Income Fund objects are for the purchase of cardiology equipment in the county of Pembrokeshire.

## b. Analysis of restricted fund movements

	Balance 1 April 2024 £000	Transfer £000	Income £000	Expenditure £000	(Loss) £000	Balance 31 March 2025 £000
Hywel Dda General Funds	57	0	32	(60)	0	29
Carmarthenshire Locality Funds	3,454	(1,507)	243	(1,823)	(77)	290
Ceredigion Locality Funds	1,345	(764)	218	(247)	(31)	521
Pembrokeshire Locality Funds	325	(47)	21	(47)	(10)	242
	<b>5,181</b>	<b>(2,318)</b>	<b>514</b>	<b>(2,177)</b>	<b>(118)</b>	<b>1,082</b>

The locality funds are a collection of restricted funds which have distinct restrictions imposed on the Charity. There are 9 Hywel Dda wide restricted funds. In Carmarthenshire locality there were 49 restricted funds during the year, which has reduced to 26 following the funds restructure. In Ceredigion there were 27 restricted funds during the year, which has reduced to 10 following the funds restructure. In Pembrokeshire there were 33 restricted funds during the year which has reduced to 19 following the funds restructure.

## c. Analysis of unrestricted and material designated fund movements

	Balance 1 April 2024 £000	Transfer £000	Income £000	Expenditure £000	(Loss) £000	Balance 31 March 2025 £000
Hywel Dda General Free Funds	1,210	34	330	(309)	(157)	1,108
Hywel Dda Designated Funds	134	622	33	(17)	0	772
Carmarthenshire Locality Funds	1,834	1,005	619	(288)	0	3,170
Ceredigion Locality Funds	572	711	384	(72)	0	1,595
Pembrokeshire Locality Funds	488	121	78	(66)	0	621
	<b>4,238</b>	<b>2,493</b>	<b>1,444</b>	<b>(752)</b>	<b>(157)</b>	<b>7,266</b>

Most unrestricted funds have been earmarked and designated for a specific purpose within the Charity area. For presentation the designations have been grouped and reported per locality.

Within the charity there are 30 Hywel Dda wide designated funds and 2 Hywel Dda General free reserves funds. There were 89 Carmarthenshire designated funds during the year which has reduced to 55 after the funds restructure. There were 44 Ceredigion designated funds during the year which has reduced to 23 after the funds restructure. There were 36 Pembrokeshire designated funds during the year which has reduced to 23 after the funds restructure

## 20. Total return on investment

On 4 March 2014, the Corporate Trustee made a resolution under section 104A(2) of the Charities Act 2011 to adopt a total return on investment approach to the Pembrokeshire Cardiology Equipment fund and the FE Smith Legacy fund. The Corporate Trustee identified the value of the gifts of permanent endowment received since the fund was established to that date. This set the baseline value of the gift component of the endowment to which any subsequent gifts of endowment are added. The difference between the total of endowment funds as at 31 March 2015 and the value of the gift component represented the opening balance of unapplied total return.

The power of total return permits the Corporate Trustee to invest permanently endowed funds to maximise total return and to apply an appropriate portion of the unapplied total return to income each year.

Until the power is exercised to transfer a portion of unapplied total return to income, the unapplied total return remains invested as part of the permanent endowment. The power allows the Trustee to decide in each year how much of the unapplied total return is transferred to income funds and so available for expenditure. During the year the Corporate Trustees resolved to pass £67,267 of the unapplied total return to income funds to be spent.

	Trust for Investment £000	Unapplied total return £000	Total endowment £000
<b>At beginning of the reporting period</b>			
Gift component of the permanent endowment	1,505	0	1,505
Unapplied total return	0	899	899
<b>Total</b>	<b>1,505</b>	<b>899</b>	<b>2,404</b>
<b>Movements in the reporting period</b>			
Investment return: dividends and interest	0	68	68
Investment return: realised and unrealised gains and (losses)	0	(100)	(100)
Less: Investment management costs	0	0	0
<b>Net movement in the reporting period</b>	<b>0</b>	<b>(32)</b>	<b>(32)</b>
Unapplied total return allocated to income in the reporting period	0	(68)	(68)
<b>Net movement in the reporting period</b>	<b>0</b>	<b>(100)</b>	<b>(100)</b>
<b>At end of the reporting period</b>			
Gift component of the permanent endowment	1,505	0	1,505
Unapplied total return	0	799	799
<b>Total</b>	<b>1,505</b>	<b>799</b>	<b>2,304</b>

**Note** - The Rees Eirwyn Evans endowment and GGH Accident & Emergency (Capital in Perpetuity) endowment does not form part of the Return on Investment calculation above

## 21. Post Balance Sheet Events

There are no Post Balance Sheet Events

## **STATEMENT OF TRUSTEE'S RESPONSIBILITIES**

### **IN RESPECT OF THE ACCOUNTS**

The law applicable to charities in England and Wales requires the trustee(s) to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the year and of its financial position at the end of the year. In preparing financial statements giving a true and fair view, the Corporate Trustee should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Corporate Trustee is responsible for keeping accounting records which disclose with reasonable accuracy financial position of the charity and which enable them to ascertain the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2022, the Charity (Accounts and Reports) Regulations and the provisions of the trust deed. The Corporate Trustee is responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

**By order of the trustees**

**Signed:**

**Chair of the Corporate Trustee**

**Dr Neil Wooding**

**Financial Trustee Representative**

**Mr Huw Thomas**

**Audit report of the Auditor General to the Corporate Trustee of Hywel Dda Health Charities**

**Report of the Auditor General for Wales to the Corporate Trustee of Hywel Dda Health Charities**



Elusennau Iechyd  
**HYWEL DDA**  
Health Charities

# #MakingaDifference in 2024-25



## Annual report and accounts

Registered Charity Number: 1147863

# Thank you



I am delighted to present our Annual Report for 2024–25. This past year has once again highlighted the incredible generosity and commitment of our local communities, whose support continues to make a meaningful difference to the lives of patients, their families, and NHS staff across Carmarthenshire, Ceredigion, Pembrokeshire, and beyond.

It was wonderful to see the new Leri cancer unit at Bronglais Hospital take shape in 2024–25, and to see the unit officially opened in May 2025. The unit was made possible thanks to the extraordinary support of local communities.

Throughout the year, we've seen inspiring examples of fundraising and community spirit. One of the standout moments was the exhilarating Zip Line Challenge which brought together brave supporters from across the region to raise funds in a truly unforgettable way. We also continued our valued partnership with Long Course Weekend Wales, the biggest multisport festival in Europe, and with Scarlets Rugby, whose support for the Wish Fund campaign has helped us create lasting memories for young patients and their loved ones.

These events, along with countless other acts of kindness and generosity, have enabled us to fund enhancements to NHS services that go above and beyond what the NHS can provide. From improving patient environments to supporting staff wellbeing and funding innovative technology, every donation has helped us deliver real impact across our health board.

To all our supporters – individuals, groups, and organisations alike – thank you for making a difference!



*Iwan Thomas*

**Chair**

**Charitable Funds Committee**

**Hywel Dda University**

**Health Board**



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## **2. Our finances and governance**

Financial review	
Structure, governance, and management	
Risk Management	
Appendix A: Annual accounts 2024–2025	





Elusennau Iechyd  
**HYWEL DDA**  
Health Charities

# 1. Our purpose, achievements and plans



#YourNHSCharity



Elusennau Iechyd  
**HYWEL DDA**  
Health Charities

**Y GRONFA DDYMU NIADAU**  
**THE WISH FUND**

Helpwch ni i greu amseroedd arbennig i blant a phobl ifanc â chyfl yrau sy'n cyfyngu ar fywyd ac sy'n bygwth bywyd a'u teuluoedd

Help us create magical moments for children and young people with life-limiting and life-threatening conditions and their families



Elusennau Iechyd / Hywel Dda Health Charities

#ElusennauGC | #YourNHSCharity

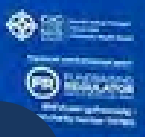
E: Codi Ariannau / Hywel Dda @wales.nhs.uk | Fundraising / Hywel Dda @wales.nhs.uk

FFfôn: 01247 235 415

Elusennau Iechyd / Hywel Dda | Hywel Dda Health Charities

@ElusennauDda | @HywelDdaCharity

@HywelDdaCharities





Elusennau Iechyd  
**HYWEL DDA**  
Health Charities

# Our purpose

**Hywel Dda Health Charities is the official charity of Hywel Dda University Local Health Board, registered charity number 1147863. We exist to make a positive difference to the health, wellbeing and experience of NHS patients, service users and staff across Carmarthenshire, Ceredigion and Pembrokeshire.**

Our aim is to raise and distribute funds to enhance local NHS services. The donations we receive from patients, their families and our local communities are spent on enhancing NHS services, above and beyond what NHS funding allows.

Our charity raises and distributes funds to enhance our local NHS services through:

- Providing the most up-to-date medical equipment for diagnosis and treatment
- Creating more welcoming surroundings for patients, their families and staff
- Offering additional patient comforts to make time spent in hospital more comfortable
- Supporting staff learning and development and wellbeing initiatives
- Enhancing care in our local communities
- Delivering healthy living and health promotion initiatives.



# How we help

Hywel Dda Health Charities works closely with Hywel Dda University Health Board to ensure that our charity allocates funding to the areas where it can make the biggest impact to the treatment and care of patients across Carmarthenshire, Ceredigion and Pembrokeshire.

We do not replace NHS funding but use the generous donations we receive from patients, their families and our local communities to support the University Health Board to provide services and activities above and beyond what the NHS can provide.

Hywel Dda University Health Board is the corporate trustee of Hywel Dda Health Charities. The charity is managed independently of the University Health Board through a separate scheme of delegation to its Charitable Funds Committee.

We carry out our aims through the provision of grants to support and enhance the NHS services provided by the University Health Board and its partners.



# Who we support

Hywel Dda University Health Board plans and provides NHS healthcare services for Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties.

Over 13,000 members of staff provide:

Primary care

Community care

In-hospital care

Mental health and learning disabilities services

**The health board provides specialised services commissioned by the Joint Commissioning Committee, and Sure Start services with local authorities. It works in partnership with local authorities, as well as public, private and third sector colleagues, including valued volunteers. The health board's services are provided in:**

- Four main hospitals: Bronglais Hospital in Aberystwyth; Glangwili Hospital in Carmarthen; Prince Philip Hospital in Llanelli; and Withybush Hospital in Haverfordwest
- Five community hospitals: Amman Valley and Llandovery hospitals in Carmarthenshire; Tregaron Hospital in Ceredigion; and Tenby and South Pembrokeshire hospitals in Pembrokeshire
- Two integrated care centres: Aberaeron and Cardigan in Ceredigion, and several other community settings
- 47 general practices (six of which are Health Board managed practices)
- 38 dental practices (including four orthodontic)
- 97 community pharmacies
- 43 general ophthalmic practices
- 8 ophthalmic domiciliary providers
- Numerous mental health and learning disabilities services.

# Our year in numbers

In 2024-25...



was donated to  
the charity



online giving  
pages were  
created to  
support us

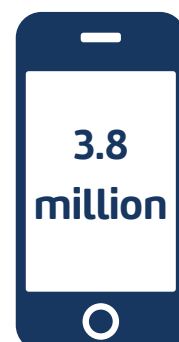


people left us  
a gift in their  
will



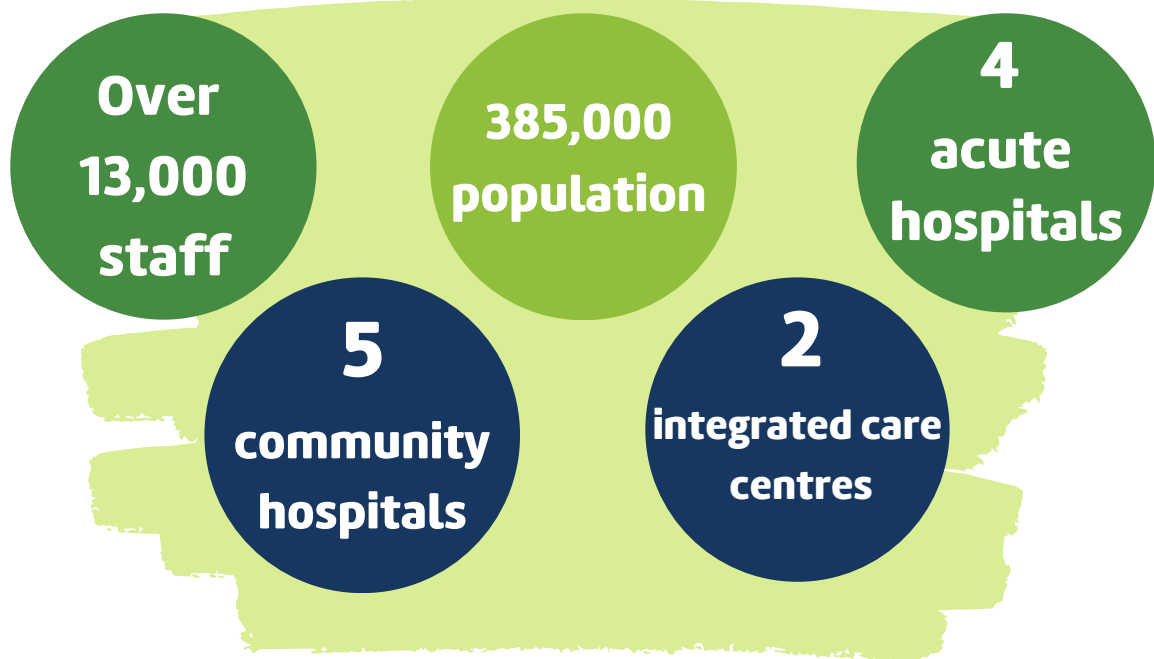
players won a  
prize in our  
charity lottery

No. of times  
our social  
media posts  
were viewed



# The difference you made

Thanks to your generosity, in 2024–25 we were able to enhance care, experience and outcomes for:



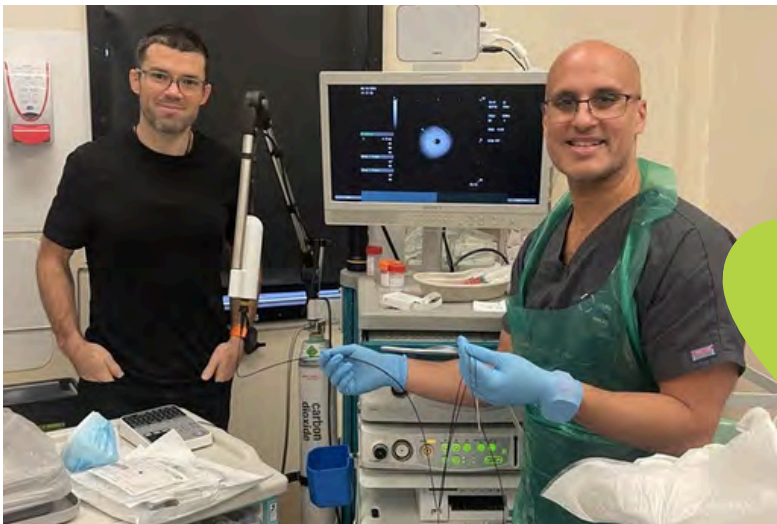
In the following pages we provide just a few examples of just how charitable funds made a difference...





## **We funded a state-of-the-art ultrasound system worth over £43,000 for Glangwili Hospital.**

An ultrasound scan, sometimes called a sonogram, is a procedure that uses high-frequency sound waves to create an image of part of the inside of the body. The new system features advanced clinical tools which enable fast assessments of patients, support clinical decision making, aid in performing invasive procedures, and help monitor patient progress. The ultrasound system will be used daily for patient care and will also be used to train ICU staff and develop their skills.



## **We purchased a cutting-edge probe worth over £46,000 for the Respiratory Medicine service at Prince Philip Hospital.**

The new Radial EBUS processor is a small and flexible ultrasound probe that is passed down through a bronchoscope, which is a thin tube with a light and camera on it. The probe can reach areas of the lung which cannot be accessed by a standard bronchoscope. This makes it easier for clinicians to perform a biopsy on parts of the lung which are hard to reach. The Carmarthenshire Lung Cancer campaign donated £18,000 towards the new probe, and a former patient raised £1,500 towards the expenditure. The remaining £26,500 came from the Cancer Services fund and was raised by lung cancer patients.





**In 2024–25 the new Leri cancer unit at Bronglais Hospital took shape, ready for its official opening in May 2025. It was made possible by supporters of our Bronglais Chemo Appeal.**

Speaking at the official opening, Dr Elin Jones, Consultant Oncologist at Bronglais, said: “Today, I’m thanking the tireless work of the project team who have made this happen, but most of all, I’m thanking, truly from the bottom of my heart, the individuals, families, community groups, clubs and organisations, our angels who have been with us for the last 25 years, as it is you, who have made this a unit to serve the community as your friends and loved ones have to face their cancer journey.”



**We funded 10 ambulatory heart monitors worth over £13,000 for Withybush Hospital’s Cardio-Respiratory Department.**

The state-of-the-art monitors will help the Cardio-Respiratory Department provide the best possible service, with accurate, efficient and timely arrhythmia recognition provided on site or at home. Rhys Bowen, Advanced Cardiac Physiologist, said: “They are more patient-friendly and easier to wear for the duration of the test, so there will be less need for repeat monitoring. They will also support quicker in-patient discharge due to an increase in the number of available monitors and the fact they can be worn by the patient at home and provide remote monitoring.”





**We also provided over £60,000 to support interactive arts activities for inpatients with dementia across the health board, including singing, movement, and art and craft sessions.**

The funding will provide 364 sessions across seven settings over two years. These sessions will reach over 2,500 patients with dementia in Older Adult Mental Health Wards and Adult Frailty Wards in the three counties of Carmarthenshire, Ceredigion and Pembrokeshire.



**We provided £4,000 for ten young people receiving support from mental health services to take part in a ten-session surf therapy programme.**

The Tonic Surf Therapy programme provides structured surf instruction and gives young people the opportunity to experience the joy and wellbeing that comes from engaging with the marine environment. The sessions provide an effective way for Specialist Child and Adolescent Mental Health Service (sCAMHS) practitioners to engage with service users in a positive way and help prevent mental health issues from developing or continuing into adulthood.



# Your fantastic fundraising

In 2024–25 our supporters went the extra mile to make a big difference! Here's a little flavour of what you achieved for your NHS charity...

Andrew Gittins from Aberystwyth, ran around a one-mile track for 24 hours with only 30 minutes sleep and raised a fantastic £7,750 for the Chemotherapy Day Unit at Bronglais Hospital.



Carwyn Evans and a group of supporters ran an incredible 110 miles from St Michael's Hospital, Bristol, to Llangunnor to raise funds for the Special Care Baby Unit in Glangwili Hospital.

The Phil Harmonics Rock and Pop Choir held a Charity Gala at the Diplomat Hotel in Llanelli and raised £2,000 for the Breast Care Unit and £2,000 for the Chemotherapy Day Unit at Prince Philip Hospital.





**Gerald and Diane Rogers from Saundersfoot raised £4,500 for Ward 10 at Withybush Hospital in memory of their daughter, Julie Gwendoline Rose Rogers, by organising a sponsored walk and climbing Yr Wyddfa.**



**Reg Mwandiambira took part in the 112-mile Sportive at Long Course Weekend Wales 2024 and raised £1,196 for the Wish Fund, which creates lasting memories for children and young people across the Hywel Dda region with life-threatening and life-limiting conditions.**

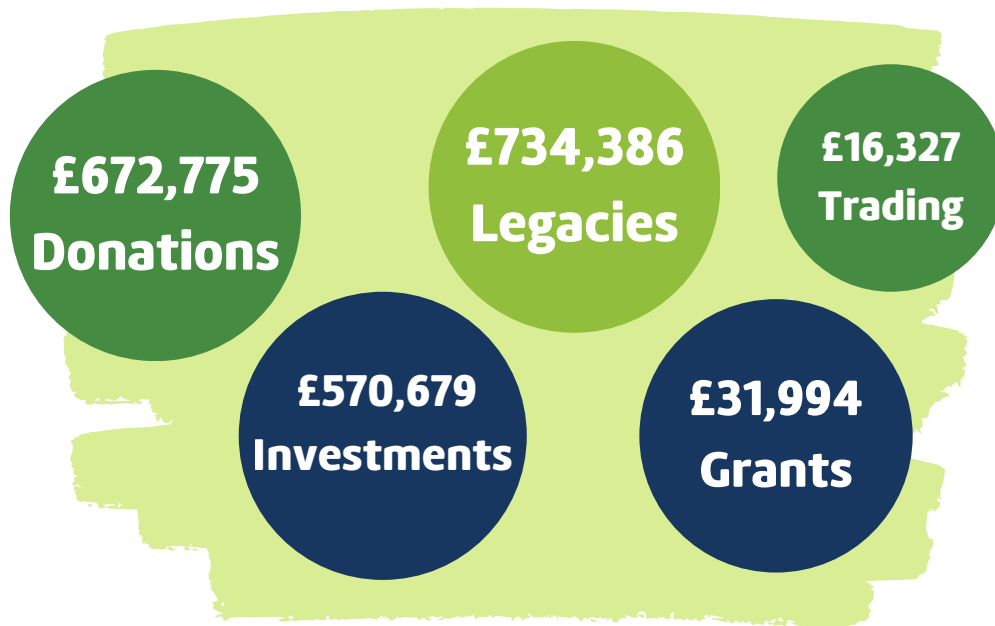


**Over 50 adults and children took part in a 3k sponsored summer stroll at Pembrey Country Park to raise money for the Paediatric Diabetes Service within the health board, raising a fantastic £1,667 for the service.**



# Income at a glance

In total, thanks to the generosity of our supporters, our income for 2024–25 was **£2.02 million**. The income streams of our charity were as follows:



**Donations** were received from patients and their families wanting to show their appreciation for care received. The charity is extremely grateful for all donations received to help us realise our aims. Some donations were received in memory of a loved one and we are proud to know that the treatment and support received has been so valued.

In 2024–25, the charity was the grateful beneficiary of a number of **legacies** totalling £734,386.

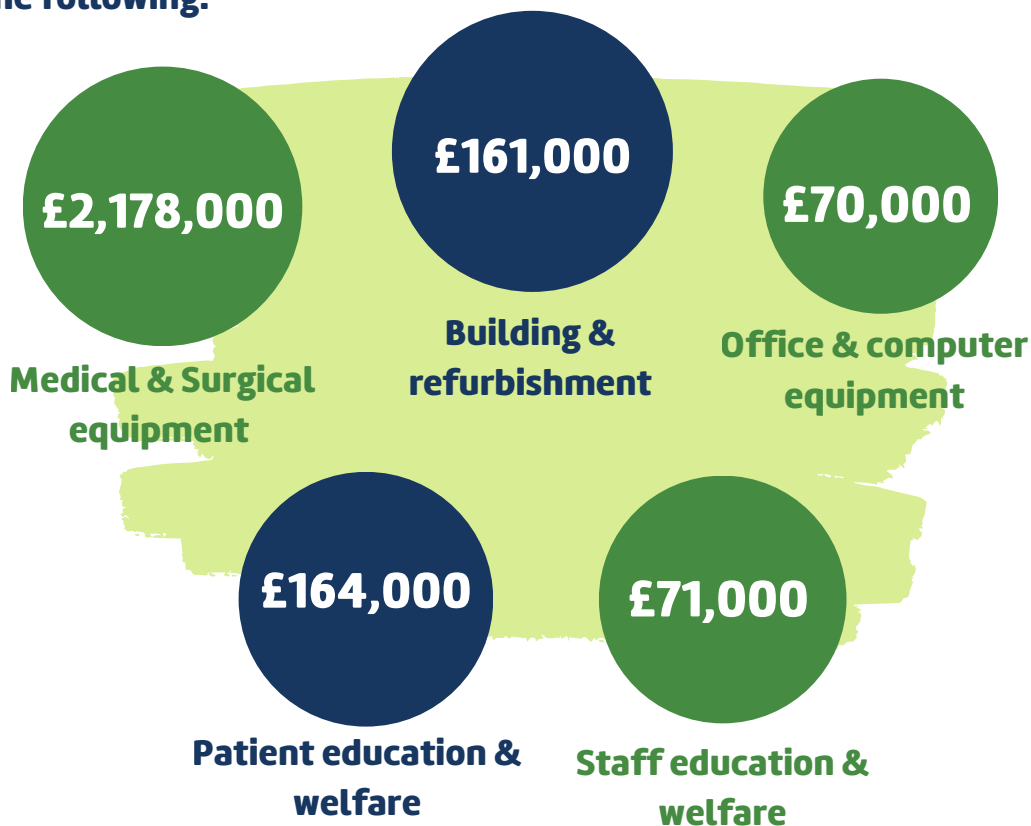
The **trading** income relates to our charity lottery.

**Investment** income in the form of dividends and interest from investment and cash balances held by the charity as well as rent from our investment property was received totalling £570,679.

**Grants** were received from NHS Charities Together, Tesco Stronger Starts and the Co-op Local Community Fund.

# Expenditure at a glance

The charity is principally a grant making body. During 2024–25 the charity has continued to support a wide range of charitable and health related activities across Hywel Dda University Health Board and spent a total of **£2.65 million** on making things better, including the following:



# Our plans for 2025–26



In 2025–26 we will focus on achieving the objectives identified in our 2025–26 workplan:

**1. Raise awareness of the charity internally and empower health board staff to access our funds in line with our charitable objectives**

**2. Provide a comprehensive range of opportunities and support to our fundraisers and powerfully communicate the impact their fundraising has**

**3. Ensure that the charity operates as efficiently as possible**

By achieving these goals we will progress towards our longer-term objectives as identified in our five-year strategy, approved by the Charitable Funds Committee, which provide a clear direction for the charity so that we can continue to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board:

**1. Fund services and activities above and beyond what the NHS can provide**

**2. Stabilise our income levels and convey the impact of our work**

**3. Make the best use of our resources to maximise our impact**

# How to support us



Be a part of our story in 2025–26! Get in touch using the details below to find out how you can donate, fundraise, or support us in a number of other ways.

[www.hywelddahealthcharities.org.uk](http://www.hywelddahealthcharities.org.uk)

01267 239815

[fundraising.hyweldda@wales.nhs.uk](mailto:fundraising.hyweldda@wales.nhs.uk)



**#EichElusenGIG #YourNHSCharity**

Registered charity  
number: 1147863

Registered with/Cofrestrwyd gyda'r



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Cyfrifon Drafft Cronfeydd Elusennol 2024/25

## Charitable Funds Draft Accounts 2024/25

**Adding value. Today. Tomorrow. Together.**  
**Creu gwerth gyda'n gilydd. Heddiw ac i'r dyfodol.**

## Content

- Statutory background
- Actions taken in 2024/25 that affect the accounts
- Movements on primary statements
- Summary and next steps

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## Statutory Background

- The Hywel Dda University Local Health Board is the Corporate Trustee of the charity under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.
- The Trustee has been appointed under s11 of the NHS and Community Care Act 1990.
- The Charitable funds accounts have been prepared under the Accounting standards FRS102 second edition issued October 2019 and the Charities Act 2011 and UK Generally Accepted Practice (applies from 1 January 2019).

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## Actions taken in 2024/25

- Work was concluded during the year to rationalise the number of charitable funds held within Hywel Dda Health Charities (HDdHC). Addressing the issues of the:
  - number of funds with very small balances that were difficult to spend – total funds reduced from 290 to 200
  - large number of restricted funds created – legal advice enabled the closure of 48 restricted funds with £2.5m being correctly reclassified as unrestricted

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## Key movement

### ***Statement of Financial Activities -***

- Donations – Note 3
- Charitable Activities – Note 7
- Net loss on investments – Note 13

### ***Balance Sheet -***

- Investments – Note 13

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# Statement of Financial Activities

	2024/25 £'000	2023/24 £'000	Change £'000
<b>Incoming resources from generated funds:</b>			
Donations, Legacies and Grants	1,439	2,216	(777)
Other trading activities	16	15	1
Investments	570	451	119
<b>Total Incoming resources</b>	<b>2,025</b>	<b>2,682</b>	<b>(657)</b>
<b>Expenditure on:</b>			
Raising Funds	283	296	(13)
Charitable activities	2,646	3,155	(509)
<b>Total Expenditure</b>	<b>2,929</b>	<b>3,451</b>	<b>(522)</b>
Net gains / (losses) on investments	(376)	817	(1,193)
<b>Net income / (expenditure)</b>	<b>(1,280)</b>	<b>48</b>	<b>(1,328)</b>
<b>Reconciliation of Funds</b>			
Total funds brought forward	11,994	11,946	48
<b>Total Funds carried forward</b>	<b>10,714</b>	<b>11,994</b>	<b>(1,280)</b>

Donation and grant income were similar to 2023/24. However, legacies totalling £726k were received in 2024/25 compared with £1.4m in 2023/24 (mainly comprising of a £1.3m legacy).

Decrease in spend mainly relates to the completion of the Bronglais Hospital (BGH) Chemotherapy Day Unit. The significant commitments in year relate to the Pentre Awel Hydrotherapy Pool.

Global economic pressures adversely affected investment performance with markets continuing to be volatile.

**Adding value. Today. Tomorrow. Together.**  
**Creu gwerth gyda'n gilydd. Heddiw ac i'r dyfodol.**

	2024/25 £'000	2023/24 £'000	Change £'000
Fixed Assets	8,748	9,124	(376)
Current Assets	5,124	6,304	(1,180)
Liabilities: Due within one year	2,999	3,192	(193)
Liabilities: Due after more than one year	159	242	(83)
<b>Total Net Assets</b>	<b>10,714</b>	<b>11,994</b>	<b>(1,280)</b>
<b>The funds of the charity:</b>			
Endowment funds	2,366	2,575	(209)
Restricted funds	1,082	5,181	(4,099)
Unrestricted funds	7,266	4,238	3,028
<b>Total Funds</b>	<b>10,741</b>	<b>11,994</b>	<b>(1,280)</b>

Volatility in global markets, particularly in the last quarter of 2024/2025 adversely affected investments.

The large movement between restricted and unrestricted funds is due to the in-year rationalisation exercise.

**Adding value. Today. Tomorrow. Together.**  
**Creu gwerth gyda'n gilydd. Heddiw ac i'r dyfodol.**

## Next Steps

- Audit Wales to audit the accounts in October/November 2025
- Final Accounts to be presented to the Charitable Funds Committee on 8 December 2025
- Final Accounts to Charity Commission by 31 January 2026

Adding value. Today. Tomorrow. Together.  
Creu gwerth gyda'n gilydd. Heddiw ac i'r dyfodol.

2.4

10:42, 10 Mins

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2.4 - Active Investor Statement Scheme, CCLA *Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting), Huw Thomas (Hywel Dda UHB - Director of Finance)*

Action arising from June 2025 CFC.

Paper to come following meeting with Amy Browne, CCLA Deputy Head of Sustainability.

| For approval

#### **Attachments**

[2.4 Charitable Funds Committee SBAR Dec 2025 - CCLA investor group \(TJ, H~.docx](#)

[2.4 Appendix 1- Benchmarking Questions.pdf](#)

[2.4 Appendix 2 - Example letter Investor Coalition.pdf](#)

# Hywel Dda Health Charities

Antonia Cavalier, Client Investment Director

8<sup>th</sup> December 2025



Image courtesy of Koestler Arts

## Commitments made by Jupiter

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

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

CCLA's client interaction, now and once the deal completes, will remain exactly as it is – distinctive, purpose-led, and deeply personal.

It is what makes them special, and it is what we are here to amplify.

Maximilian Guenzl, Co-Head of Client Group

# Portfolio valuation

<b>Holdings</b>	<b>Market value</b>	<b>Forecast income yield</b>	<b>Forecast annual income</b>
COIF Charities Ethical Investment Fund The General Investment Fund	£6,171,816	3.09%	£190,903
COIF Charities Ethical Investment Fund The Permanent Endowment Fund	£2,255,721	3.09%	£69,773
COIF Charities Deposit Fund	£5,017,271	3.85%	£193,280
<b>Total portfolio</b>	<b>£13,444,807</b>	<b>3.38%</b>	<b>£453,956</b>

## Initial investment

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

## Income received to date:

General Investment – £506,399  
 Permanent Endowment – £185,042

Source: CCLA as 19 November 2025. Annual income figures from long-term funds are based on current fund share holdings and forecast distributions per fund unit for calendar year 2025. Annual income figures for COIF Charities Deposit Fund balances are based on the current declared interest rate which is subject to change. Please note that this portfolio valuation is not intended for audit purposes. Forecast yields and annual income is not guaranteed.

Please see valuation risk warning at the end of this presentation.

# Portfolio performance

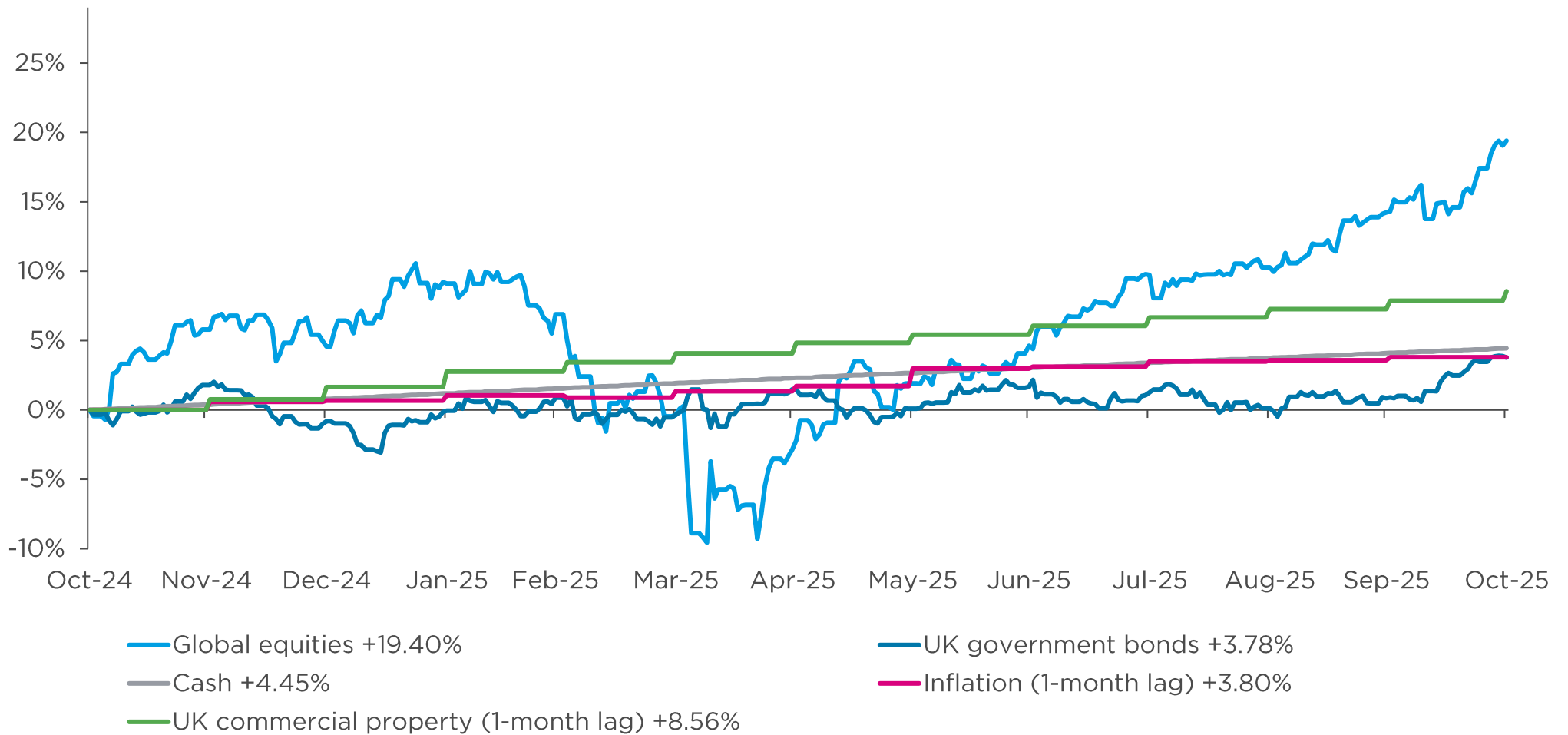
<b>Net performance as at 30 September 2025</b>	<b>Current quarter (%)</b>	<b>Last twelve months (%)</b>	<b>Since Inception (%)</b>
Permanent Endowment Fund	+0.0	-1.9	+15.0
General Investment Fund	+0.0	-1.9	+15.0
Deposit Account	+1.0	+4.4	+8.7
<b>Your portfolio</b>	<b>+0.4</b>	<b>+0.2</b>	<b>+15.5</b>
Consumer Price Index	+0.7	+3.7	-

Source: CCLA as at 30 September 2025

Inception Date: 15 December 2022

Performance is shown net of management fees and expenses on a unit price basis with net income reinvested. Net returns will be lower after the deduction of fees and charges. Past performance is not a reliable indicator of future results.

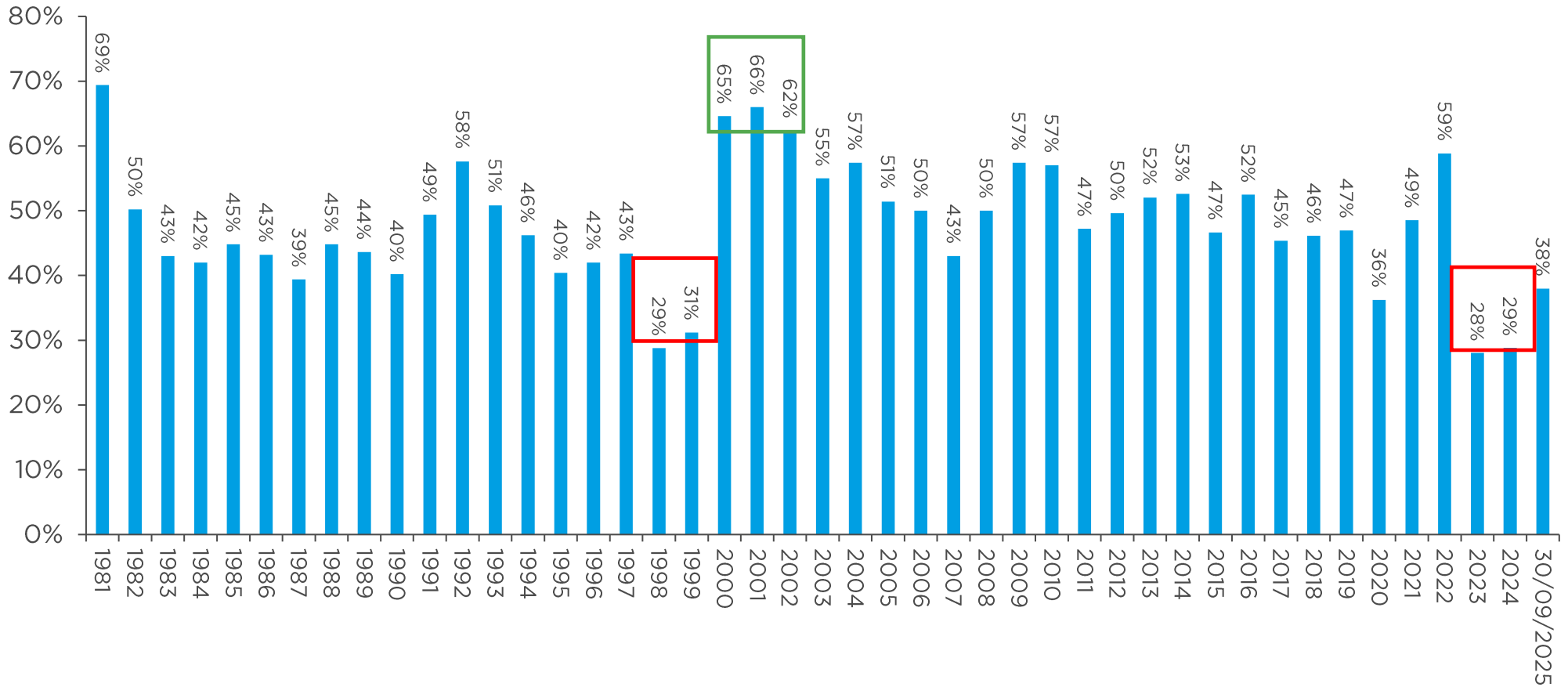
# Market review – 12-month returns



Source: Bloomberg, as at 31 October 2025. Inflation and UK commercial property performance are on a one-month lag. **Past performance is not a reliable indicator of future results.**

# Breadth of market leadership

## Percentage of S&P 500 stocks outperforming the index



Source: Bloomberg, as at 30 September 2025.

# Asset allocation overview

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

## Equities

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

**Allocation range:**  
**50–85%<sup>1</sup>**

## Alternatives and property

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

**Allocation range:**  
**0–35%<sup>2</sup>**

## Fixed income

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

**Allocation range:**  
**0–50%<sup>3</sup>**

## Cash

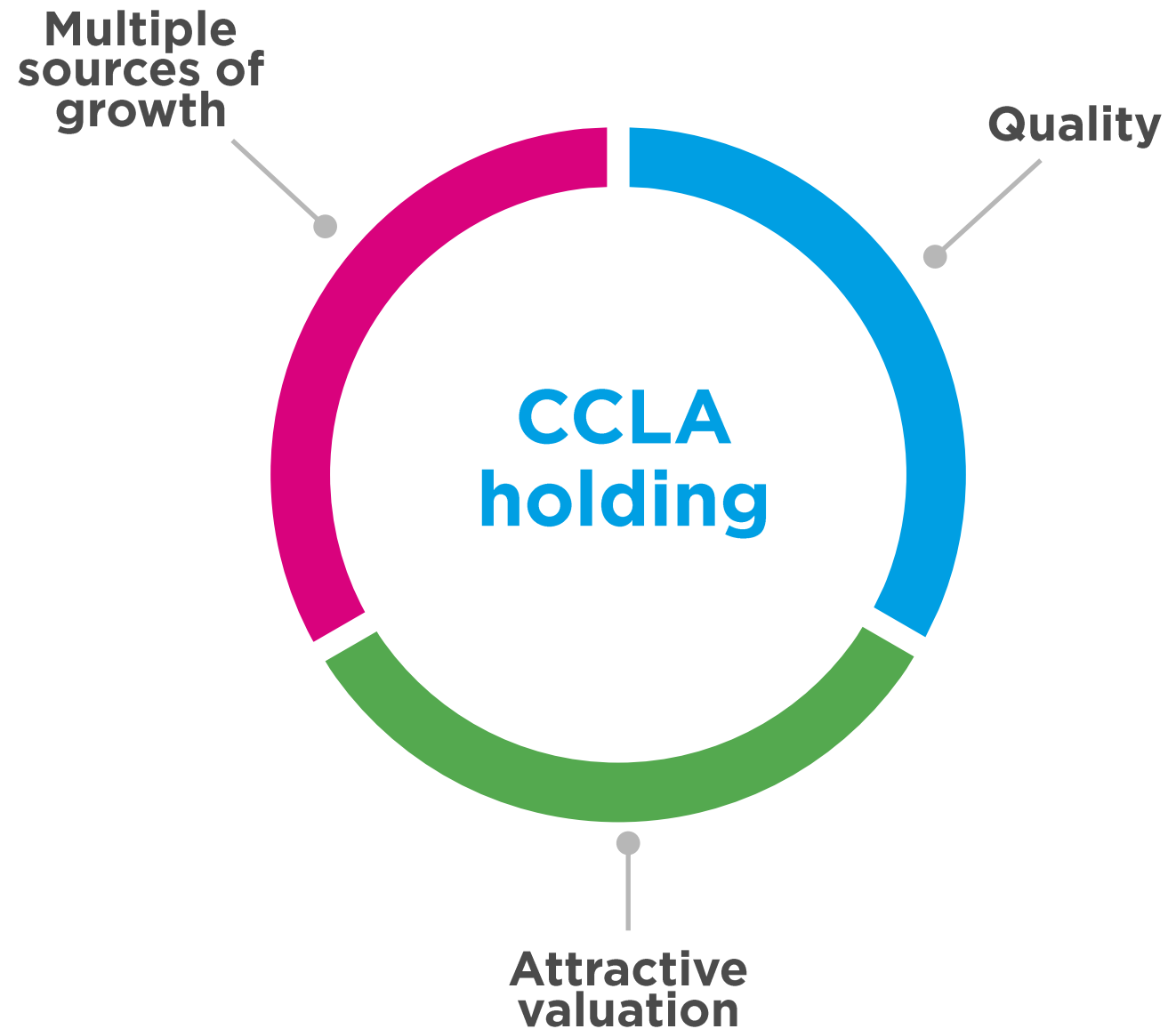
Cash, as an almost riskless asset, acts as a further source of risk reduction where necessary

**Allocation range:**  
**0–10%**

<sup>1</sup>Excludes listed investment trusts and companies with underlying exposure to alternatives such as property. <sup>2</sup>Property exposure is limited to 10% of the portfolio. <sup>3</sup>Includes near-cash and money-market instruments. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets. The asset allocation ranges are subject to periodic review and change.

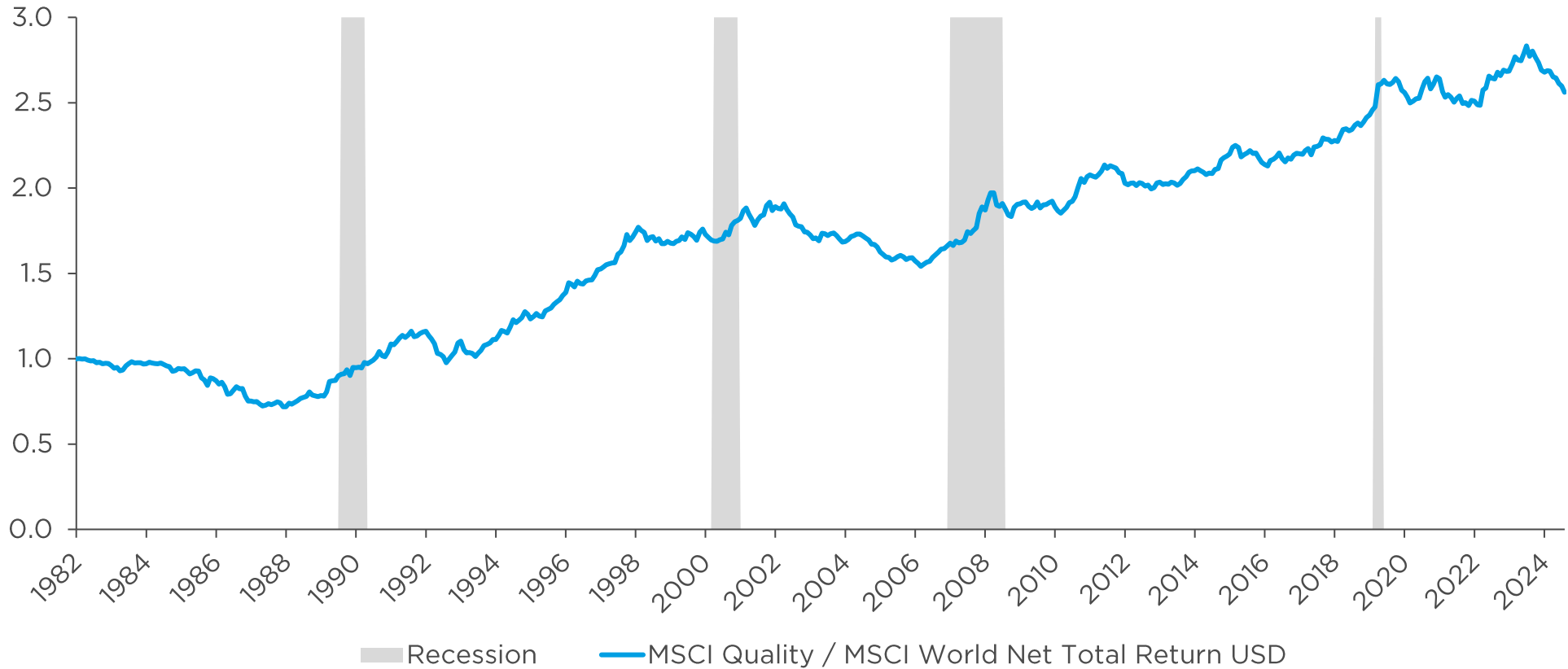
## Investment philosophy and approach

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



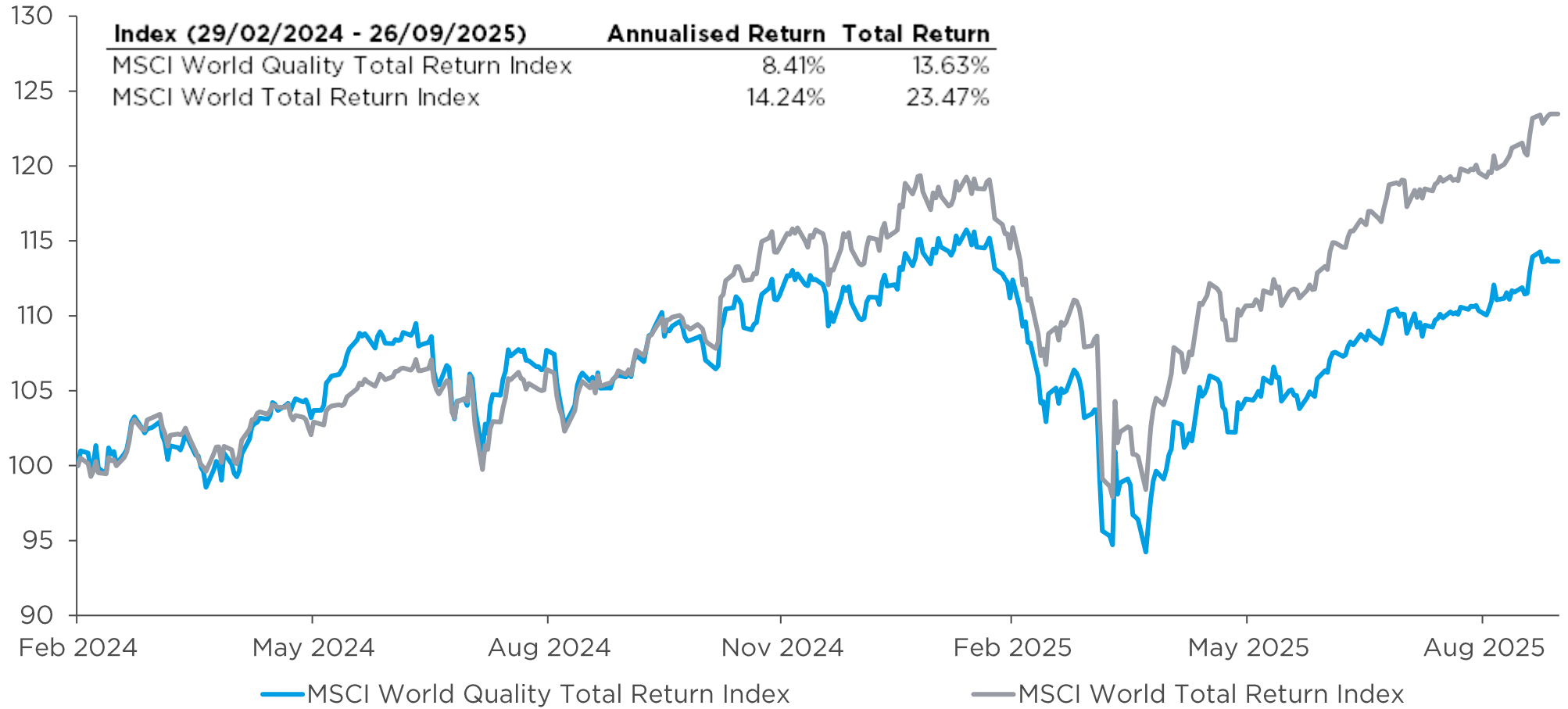
# Over the long-term quality outperforms

Over the past 40 years MSCI World Quality has outperformed MSCI World by 2.5% p.a.



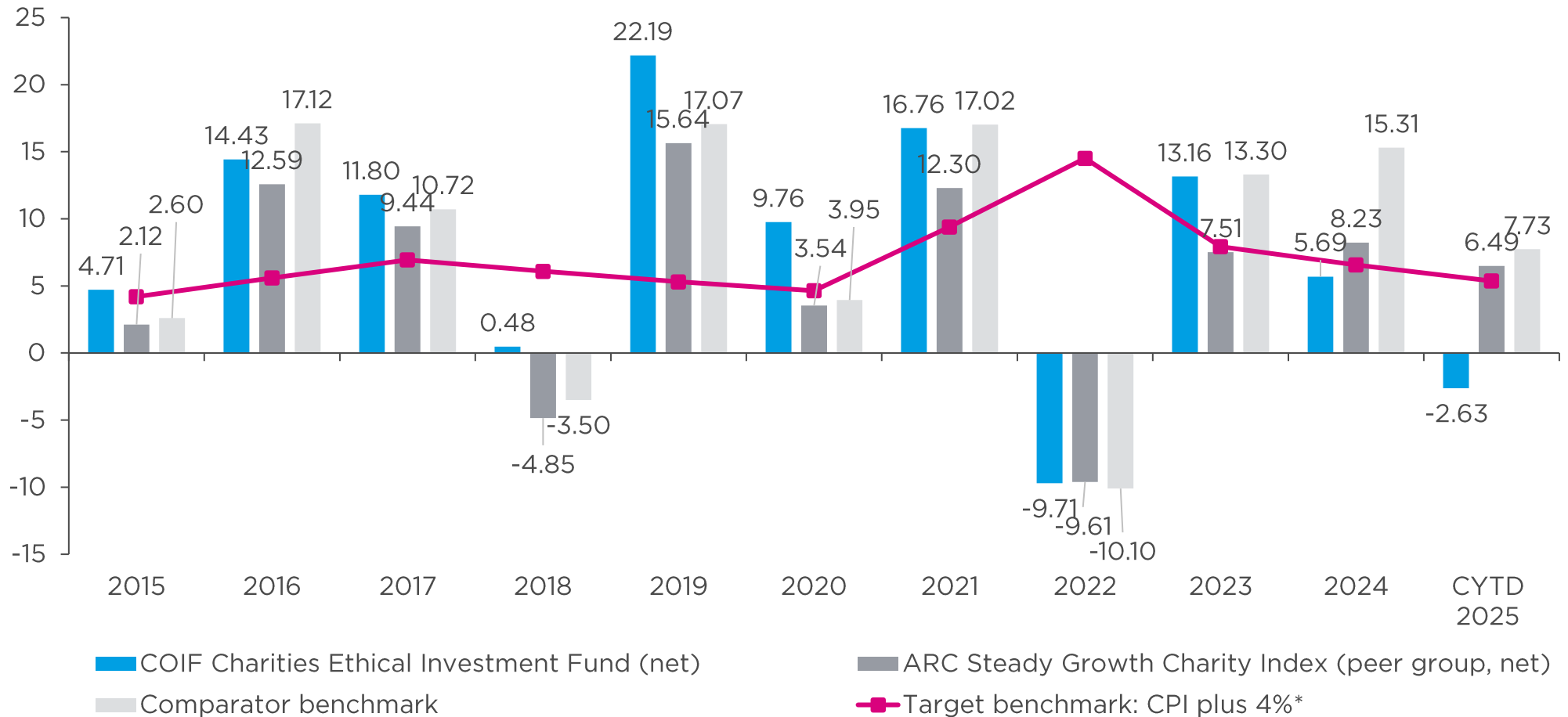
Source: CCLA and Bloomberg, showing the MSCI Quality relative to MSCI World, as at July 2025.

# Quality underperforming



Source: Bloomberg, as of 29 September 2025.

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



Source: CCLA, as at 30 September 2025 (provisional data). \*Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested. **Past performance is not a reliable indicator of future returns.**

# Performance factors in 2025

## Health care

- Life science tools and managed care companies have faced cyclical and political headwinds driving a de-rating
- Long term demand for health care remains robust and valuations are now very compelling
- We have focused onto the strong life science franchise and exited managed care

## Financials

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

## IT

- Outside of AI semis the sector has struggled notably in software and industrial linked semiconductors
- We have exited names such as Adobe and Nice where we see disruption pressures increasing

## Industrials

- Industrial end-markets have generally been weak with tariffs adding to the uncertainty
- Long-term themes of electrification, automation & onshoring remain intact
- We have diversified our end-market exposure with names such as Epiroc and Siemens

## Infrastructure

- Infrastructure has lagged on disappointing revenue outlook for renewables, putting dividends into question
- We have reduced exposure

# Portfolio return assumptions (COIF Ethical Investment Fund)

## Strategic asset allocation (SAA) 10-year real returns (median CCLA)

	SAA (%)	Long-term expected real return (%)	Long-term standard deviation (%)
Global equity	75.0	4.1	19.5
UK property	5.0	4.5	10.1
Conventional gilts	15.0	2.2	6.0
Index-linked gilts	0.0	2.7	6.0
IG credit	0.0	3.3	8.4
Sterling cash	5.0	1.0	1.4
Alternatives	0.0	7.5	10.0
<b>Total/weighted average</b>	<b>100.0</b>	<b>3.7</b>	<b>15.4</b>

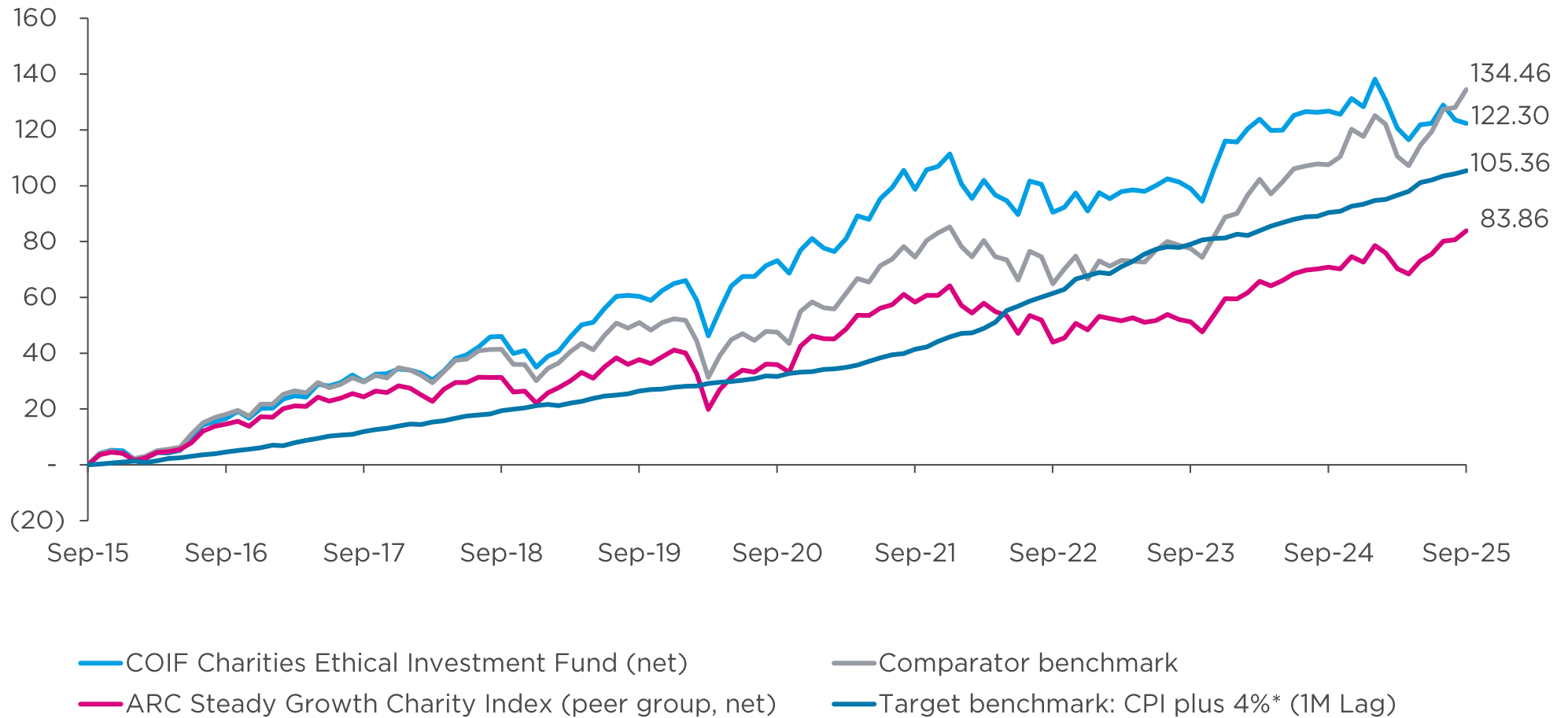
## Tactical asset allocation (TAA) 10-year real returns (median CCLA)

	TAA (%)	Long-term expected real return (%)	Long-term standard deviation (%)
Global equity	71.3	4.1	19.5
UK property	4.9	4.5	10.1
Conventional gilts	2.0	2.2	6.0
Index-linked gilts	3.6	2.7	6.0
IG credit	5.0	3.3	8.4
Sterling cash	2.3	1.0	1.4
Alternatives	10.9	7.5	10.0
<b>Total/weighted average</b>	<b>100.0</b>	<b>4.3</b>	<b>15.5</b>

Source: CCLA, as at 30 September 2025. Note: UK CPI assumption is 2.5%. Asset allocation of the COIF Charities Ethical Investment Fund.

# COIF Charities Ethical Investment Fund

# Cumulative performance (%)

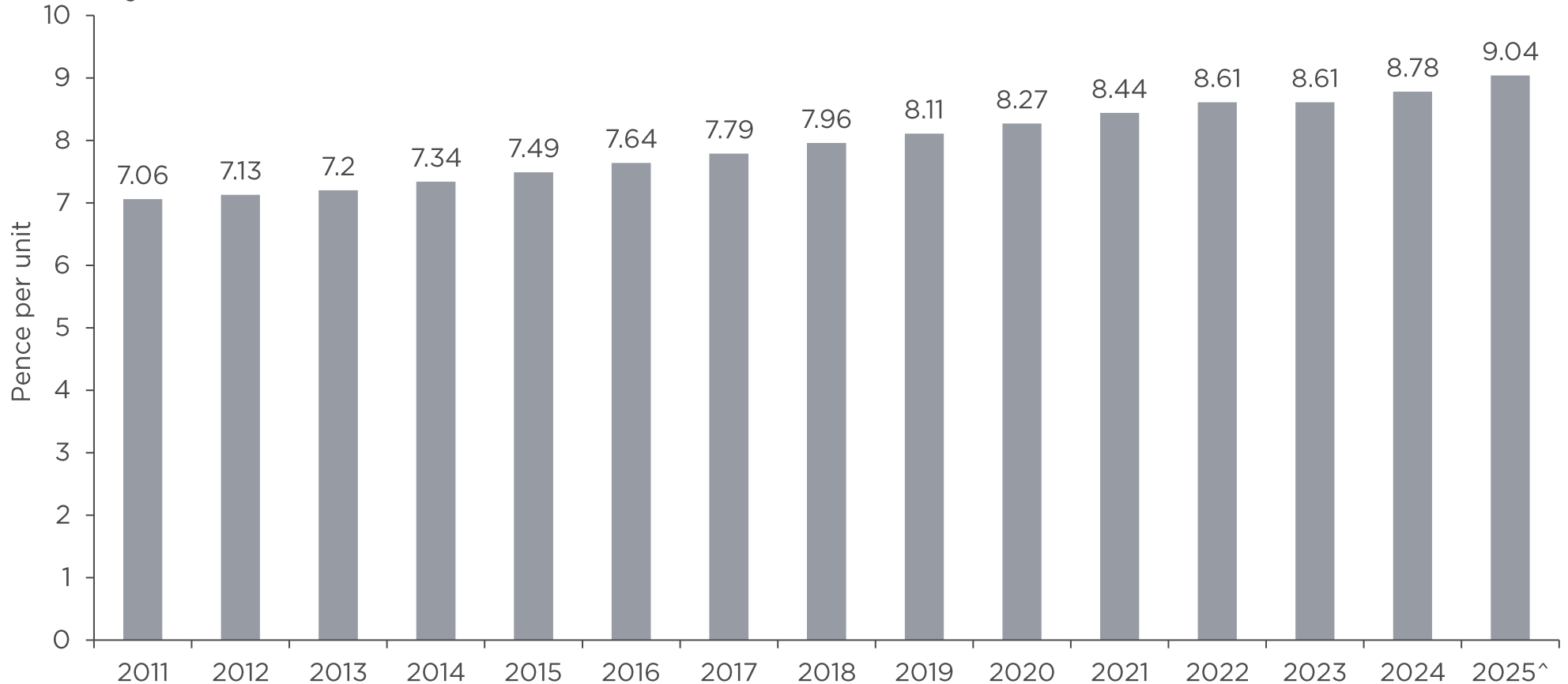


Source: CCLA, as at 30 September 2025 (provisional data). \*Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested.

**Past performance is not a reliable indicator of future returns.**

# Historical and projected annual distribution

**Current yield: 3.07%\***



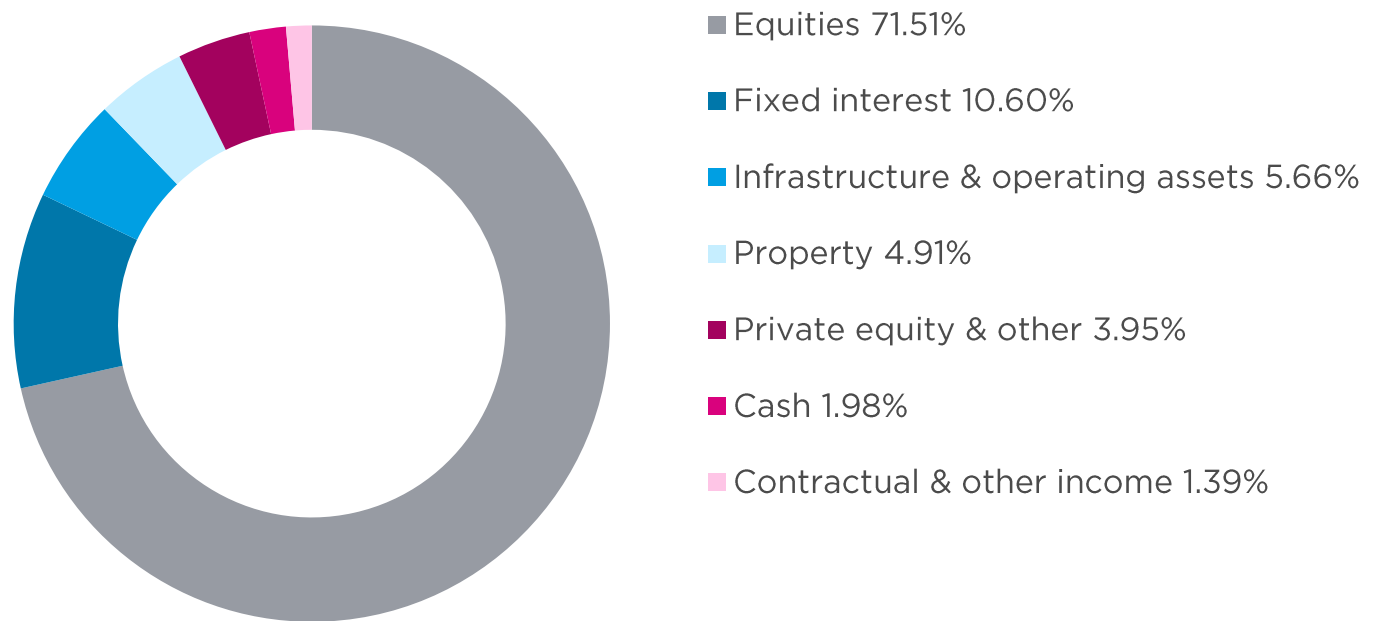
Source: CCLA, as at 30 September 2025. Data shows COIF Ethical Fund. <sup>^</sup>Projected annual distribution for COIF Ethical Fund. Projections are subject to change. \*Yield is based on unit price as at 30 September 2025 and a projected annual distribution of 9.04 pence per share. Forecast yields are not guaranteed. **Past distribution is not a reliable indicator of future results.**

# COIF Ethical Investment Fund

Fund size:  
£2,220m

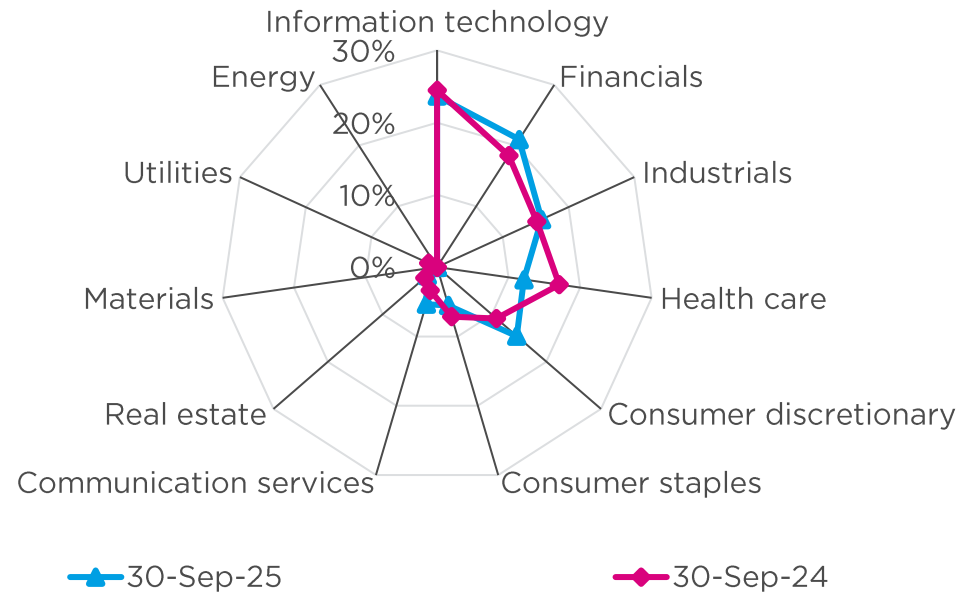
- A multi-asset, long-term fund suitable for eligible charity investors
- Seeks to provide highly diversified and well-balanced spread of investments
- Managed to meet ethical and responsible investment standards
- Uses alternative asset types to provide contractual cash flows

Source: CCLA, as at 30 September 2025. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.



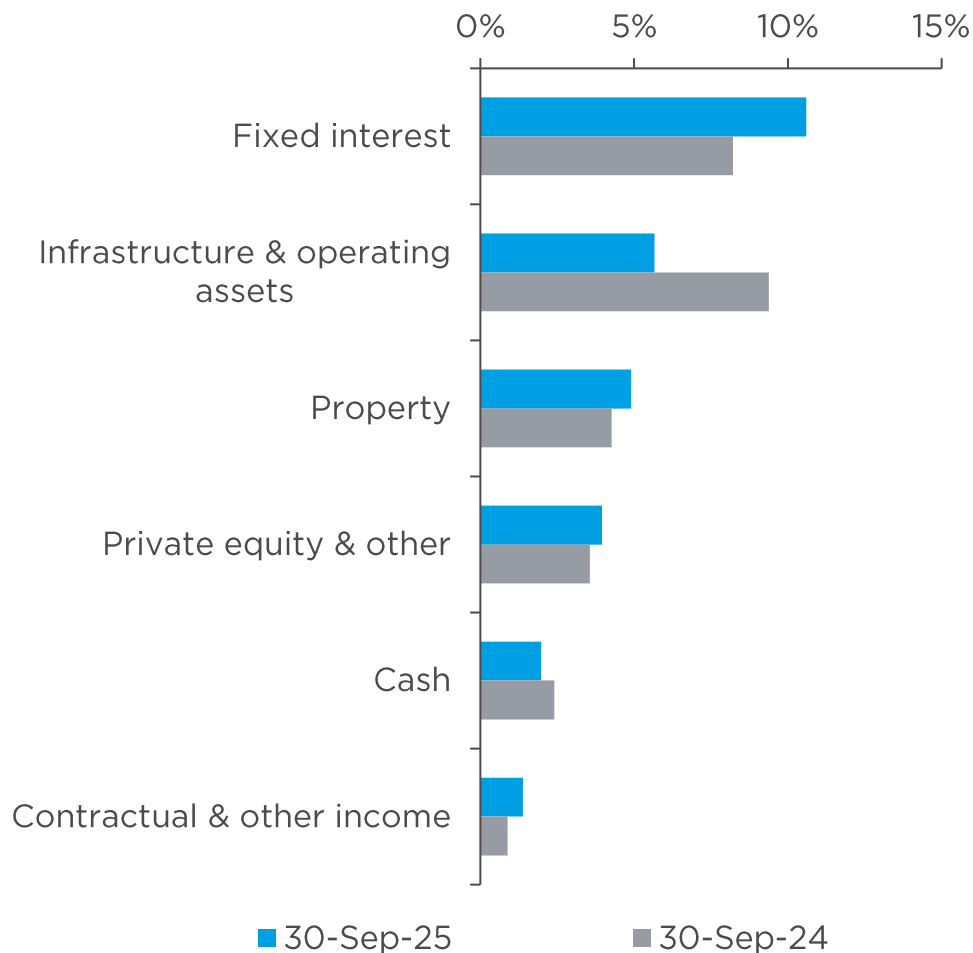
# Equity positioning

- Over the past 12 months exposure to IT has reduced slightly. Exposure to semiconductors is higher due to strong performance from Broadcom and TSMC, whilst exposure to software has been reduced as positions including Adobe, Nice and Accenture have been sold
- Health care exposure has fallen due to muted performance and uncertainty over US healthcare policy. We have exited positions in United Health, Humana, Avantor and Icon. Elsewhere, we introduced new positions in diagnostic company Diasorin and rare disease franchise Recordati.
- Overall exposure to financials has risen largely due to performance
- Within industrials, we introduced a new holdings in Epiroc a mining equipment company, Siemens, a leader in industrial automation and software with a European focus. Union Pacific Railway and SPirax Sarco have been sold.
- Over the last 12 months new positions have been initiated in TJX, Booking.com and Mercadolibre in the consumer sector, whilst LVMH has been sold.



Source: CCLA, as at 30 September 2025. Data showing COIF Ethical Fund. Sector weights are the percentage of the total equity assets in the portfolio. Asset allocation is subject to change. The market review, analysis, and any projections contained in this slide represent the house view and should not be relied upon to form the basis of any investment decisions. **Past performance is not a reliable indicator for future results.**

# Positioning in other assets



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

Source: CCLA, as at 30 September 2025. Data showing COIF Ethical Fund. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

# Economic and market outlook

## Consensus expectations

- Growth is expected to slow but avoid recession – the **classical ‘soft landing’**
  - US GDP expected +1.8% in ‘25, +1.8% in ‘26
  - Euro GDP +1.0% in ‘25, +1.1% in ‘26
  - UK GDP +1.1% in ‘25, +1.2% in ‘26
- Inflation remains sticky (US CPI 2.8% in ‘25, 2.9% in ‘26 per consensus), but ...
- ... policy interest rates to be cut (4 cuts in US and 2 cuts in UK expected in next 12 months)
- This is a goldilocks outcome – neither too hot nor too cold – which would be favourable for risk assets, particularly equities
- Consensus says Trump 47 will have a similar effect on markets as Trump 45
  - Equities up, bonds down

## Our expectations

- We reduced equity risk in March by 5% points, adding to cash and index-linked gilts
- As perception of tariff risk faded, we added back to equity in May and June
- **Now ~75% equity (inc. private equity) across investment funds; have reduced infrastructure from 10% to 6% over the last year; 10% fixed interest**
- Despite rich US equity valuation we retain a positive view of equity market returns through year end: earnings are growing 10% rate, the Fed is cutting interest rates again
- The risks remain 1) re-opening of trade war and 2) private credit impacts cost of capital
- We view these as subsidiary to equity upside for now

Source: CCLA, as at October 2025. The market review, analysis, and any projections contained in this document represent the current house view and should not be relied upon to form the basis of any investment decisions.

# COIF Charities Deposit Fund

# COIF Charities Deposit Fund

## **Fund size:**

£2.052bn

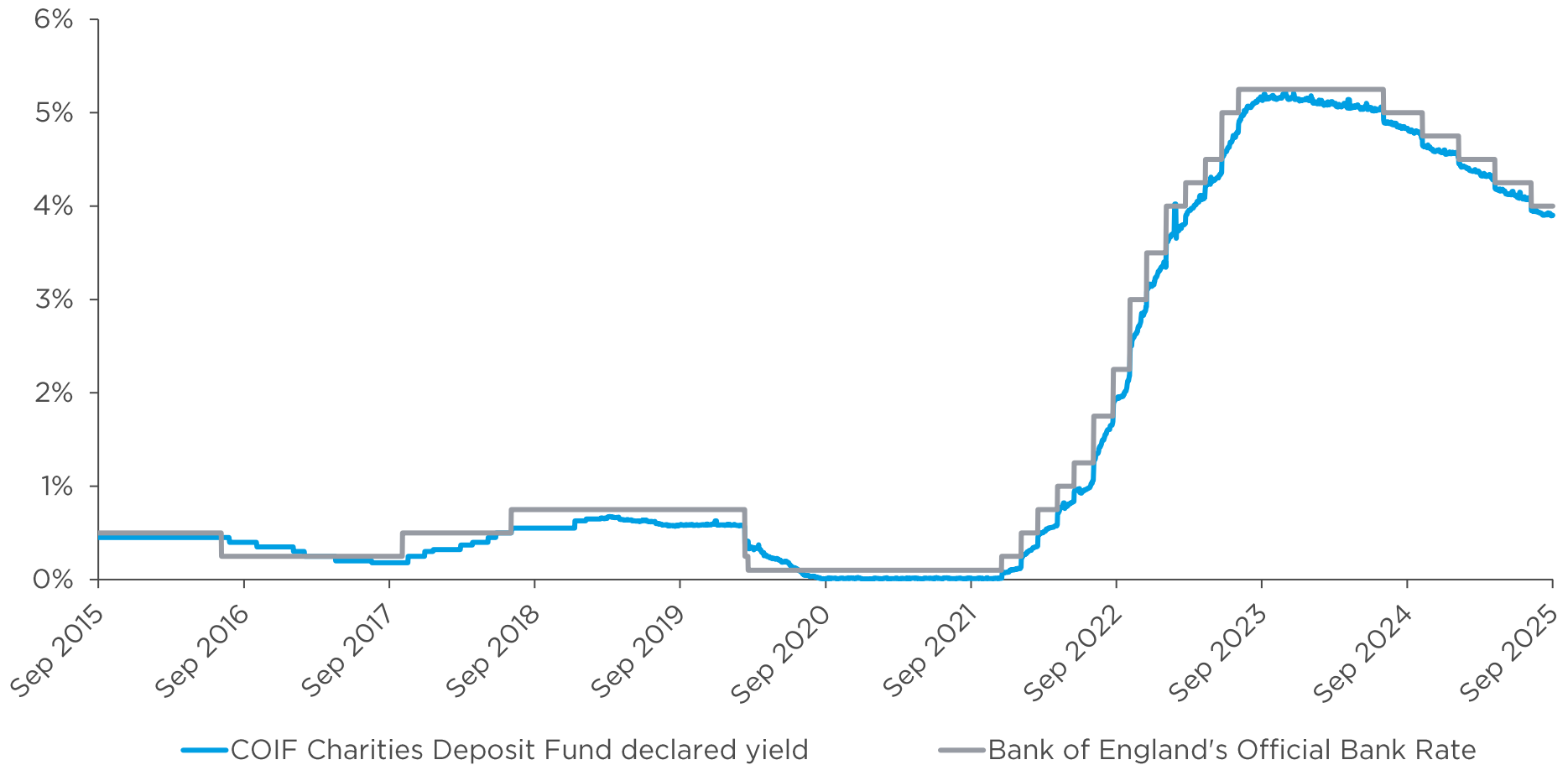
## **Yield:**

3.9711% AEY\*  
(4.0748% for  
balances over £15m)

- AAmmf fund rating by Fitch Ratings
- Clear focus on capital security
- Professional cash management team
- Rigorous due diligence and diversification across institutions
- Daily liquidity
- Interest is paid monthly, net of all fees

Source: CCLA, as at 30 September 2025.\*AEY = annual equivalent yield, which illustrates what the annual interest rate would be if the monthly interest rates were compounded.

# Money market funds are offering better rates



Source: CCLA, as at 30 September 2025. Declared yield is net of fees. Past yield is not a reliable indicator of future results.

# Sustainability

## Good Investment

Our approach is guided by three imperatives.

# Act

### **Driving change**

Healthy markets require healthy communities and a healthy planet

# Assess

### **Re-assessing the fundamentals**

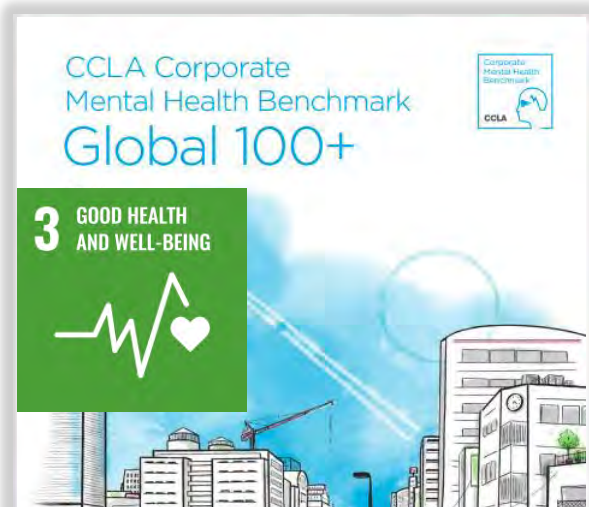
Changing regulation, legislation and consumer choice will harm unsustainable businesses

# Align

### **Aligning with our clients**

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

# A track record of catalysing real change



## Pushing for better workforce mental health

- Created the CCLA Corporate Mental Health Benchmarks, ranking 220 companies on their mental health commitments
- In 2022-25, 71 companies improved their ranking, with a combined workforce of 5.2 million
- CCLA's Global Investor Coalition on Workplace Mental Health now supported by £8 trillion in AUM\*



## Net-zero portfolios through real-world action

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



## Improving the business response to modern slavery

- Former Independent Anti-Slavery Commissioner, Dame Sara Thornton, leads CCLA's modern slavery policy engagement
- Created 'Find It, Fix It, Prevent It' investor coalition, now supported by £19 trillion AUM\*
- CCLA's Modern Slavery UK Benchmark has incentivised 35 companies to improve approach
- Focused hospitality/construction sector engagements underway

Source: CCLA, as at 31 March 2025. \* Supporting assets under management (AUM) correct as at 31 December 2024 and updated annually.

# Appendices

# A force for Good



## No. 1

Largest manager of UK charities by number<sup>1</sup>



## 170<sup>+</sup>

Team of staff supporting clients across the UK



## 60<sup>+</sup>

Years of experience investing sustainably



## 5 star

Rating in all PRI equity categories



## Catalyst

A leader in driving real & positive change



## Ethical

investing is rooted in our investments



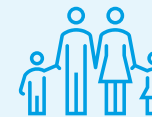
## c. £15bn+

In assets under management<sup>2</sup>



## £22tn+

Of assets supporting CCLA initiatives<sup>3</sup>



## Find it, Fix it, Prevent it

Campaign against modern slavery

<sup>1</sup>Charity Finance surveys 2020 to 2024. <sup>2</sup>CCLA, 30 September 2025.

<sup>3</sup>CCLA initiatives and investor coalitions include modern slavery, mental health and climate change.

# Engaging for a better world



**NextEra Energy**  
Climate lobbying

In Q2 24, we led the filing of a shareholder proposal, highlighting a misalignment between its 'Real Zero' goal and its lobbying/policy influence activities. The proposal received an encouraging 33% support; a further resolution was filed for the 2025 AGM season, but was withdrawn following engagement.<sup>1</sup>



**Nestlé**  
Climate disclosure

Nestlé has demonstrated progress on specific asks, including reporting emissions reductions from 2018, and analysis into the relative contributions of decarbonisation levers to its GHG emissions reductions targets. It has addressed climate in remuneration by adding emission reductions as part of its performance share plan.



**Coca-Cola Co**  
Labour rights

Following a series of articles highlighting exploitative working conditions and bonded labour in the Indian sugar supply chain, CCLA began engaging with the company to provide remedy and improve labour standards. Coca-Cola has engaged constructively and launched several initiatives aimed at creating a more responsible sugar cane industry.<sup>2</sup>



**Watches of Switzerland**  
Living Wage

In Feb 2023, we commenced engagement with several UK-listed investee companies asking them to commit to paying a wage based on the cost of living to all their staff. The company became a Living Wage Accredited employer in 2024.



**Unilever**  
Nutrition

Unilever disclosed the proportion of sales revenue and volume from healthier products globally and in 16 key markets, against six government-endorsed nutrient profiling models. By 2024, it had become the first company to do this for three consecutive years, cementing its position as a leader in nutrition transparency.



**Novo Nordisk**  
Workplace mental health

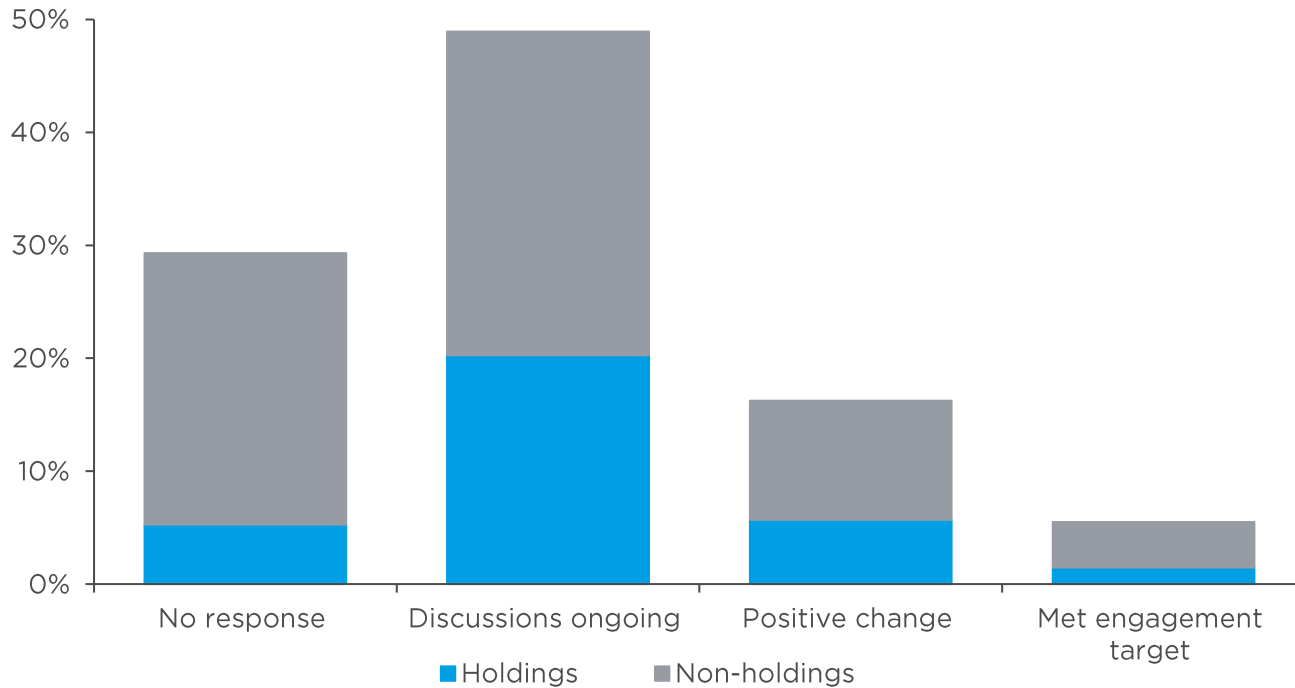
Consistently improved since its first mental health benchmark assessment in 2022 (score improved by 35 percentage points over three years). The uplift has been driven by added disclosure covering management responsibility for health and safety (including mental health); health and safety certifications in production facilities; and physical and mental wellbeing performance data. Moved from benchmark Tier 5 in 2022 to Tier 3 in 2024.

Source: CCLA, May 2025. CCLA is a shareholder in each of these companies at the time of writing. <sup>1</sup>Sold prior to AGM.

<sup>2</sup>[www.coca-colacompany.com/media-center/update-on-collective-actions-to-advance-working-conditions-for-sugarcane-workers-in-india](https://www.coca-colacompany.com/media-center/update-on-collective-actions-to-advance-working-conditions-for-sugarcane-workers-in-india).

# 2024 Better World outcomes

We engaged with 273 companies, with 475 individual engagements across all our themes.



## Better work

126 companies under engagement  
(39 holdings)

## Better health

224 companies under engagement  
(60 holdings)

## Better environment

125 companies under engagement  
(56 holdings)

Source: CCLA, as at 31 December 2024. Better work: human rights, Living Wage and modern slavery engagement. Better health: mental health and nutrition engagement. Better environment: climate action, biodiversity and plastics. Please note that some companies are covered by multiple engagement themes.

# Values-based restrictions

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

# Values-based restrictions continued

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

\*See [Approach to sovereign debt](#). Further details of restrictions can be found on our [website](#).

# Why is quality appropriate for our client base?

Long-term time horizon,  
owning consistent compounders and  
'beating the fade'

Protect the real value of assets –  
growth in cash flows but also resilience  
in difficult times

Values-based – investing in  
businesses that meet our clients'  
values/ethics

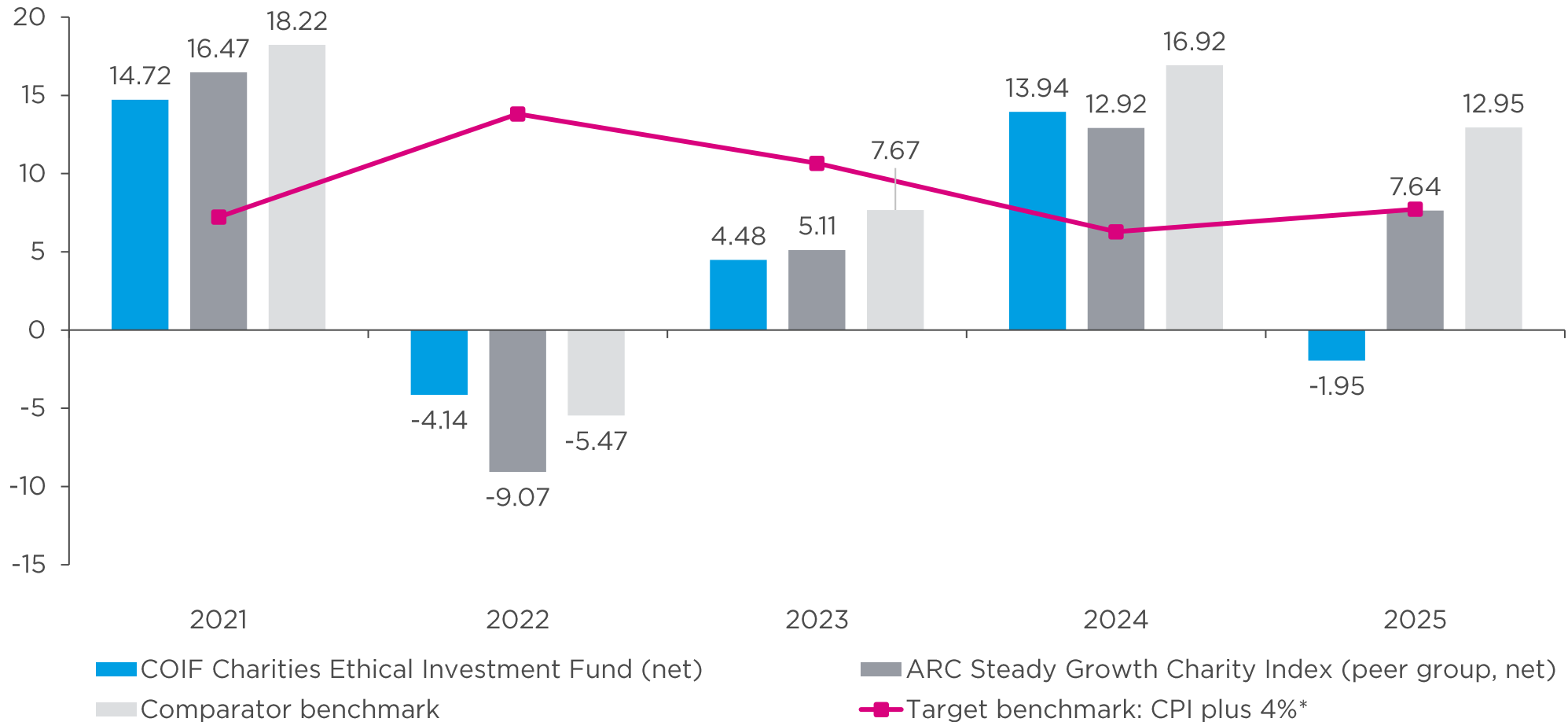
Quality is persistent and can translate into:

- Higher margins
- Pricing power
- Less exposure to economic cycle
- Structural growth
- Capital light
- Robust balance sheets
- Adequate corporate governance
- Greater buffer against cost pressures
- Can pass on higher costs
- Less risk to revenue and profits in a downturn
- Cash flows likely to grow and compound
- Less need for capital expenditure to grow
- Less sensitivity to higher borrowing costs
- Checks & balances on management

**But**

We need to be wary of threats to competitive advantage and disciplined on valuation

# Discrete year performance (to 30 September) (%)



Source: CCLA, as at 30 September 2025 (provisional data). \*Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested. **Past performance is not a reliable indicator of future returns.**

## Performance in 2025 to date



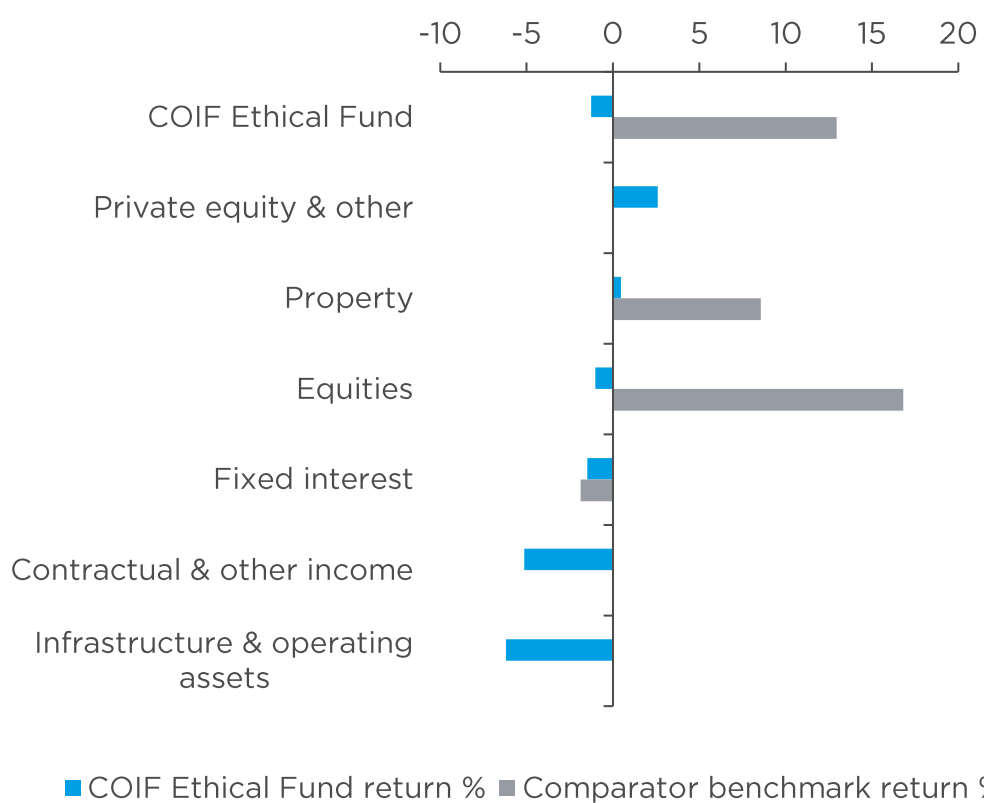
- Positive returns from fixed income assets and property
- Positive returns in equity sub-sectors such as semi-conductors and medical technology businesses



- Equities have struggled relative to the market in four main areas
- In health care, life science tools businesses have continued to suffer due to policy related uncertainty
- In financials, we saw weakness broadly due to market fears over AI disruption
- In IT, software names struggled for similar reasons
- Industrials have suffered year to date with tariff policy

Source: CCLA, as at 30 September 2025.

# Performance in absolute terms, by asset class

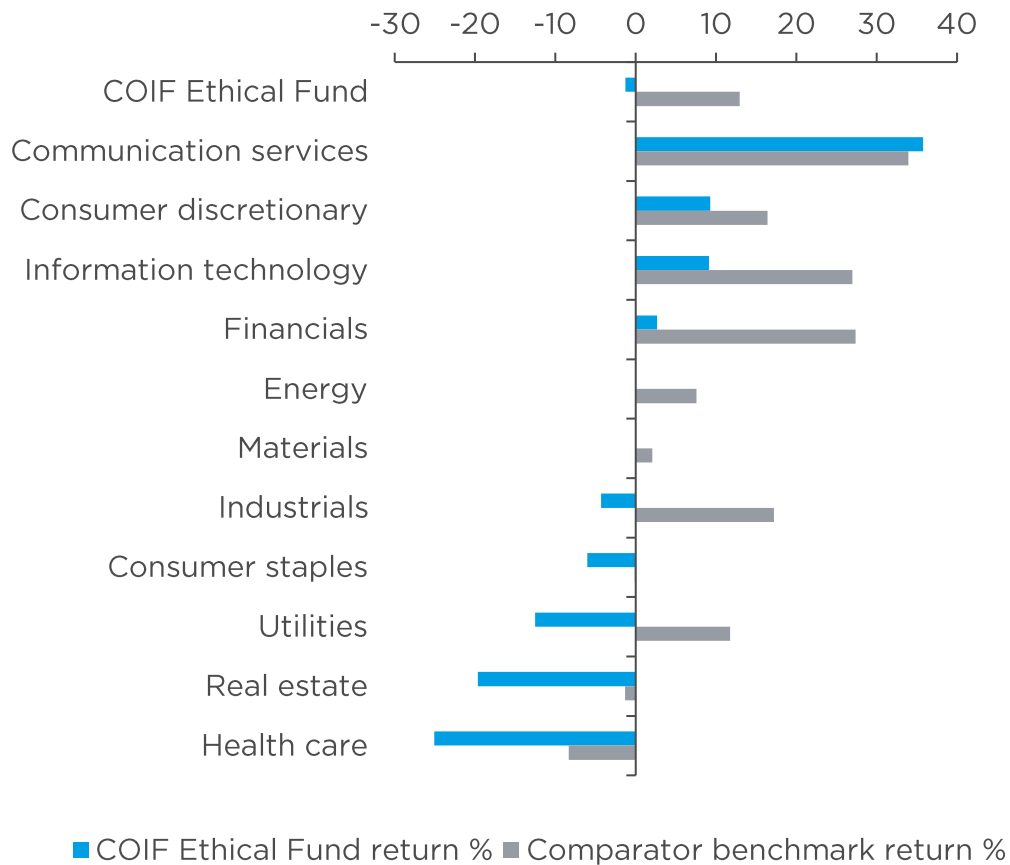


## What were the key factors in the portfolio's total return performance?

- Over one year, performance across all major asset classes was mixed, with some strong performance in private equity offset by weaker returns in equity and infrastructure.
- Equities fell slightly over the period, trailing the broader market.
- In infrastructure, the higher for longer narrative in the UK weighed on the infrastructure and renewables names that derived the majority of their returns from a fixed stream of cash flows.
- Listed private equity returns were particularly strong as sentiment towards the sector improved.
- Property performance has been modest over the 12-month period.
- Fixed income fell slightly, with strength from investment-grade credit offset by weaker returns from UK gilts.

Source: CCLA showing total return performance for the COIF Ethical Fund, one year to 30 September 2025. Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONIA. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets. Please note the cash return has been excluded; this is because the zero start balances of these balances created distorted returns. **Past performance is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

# Performance in absolute terms, by equity sector

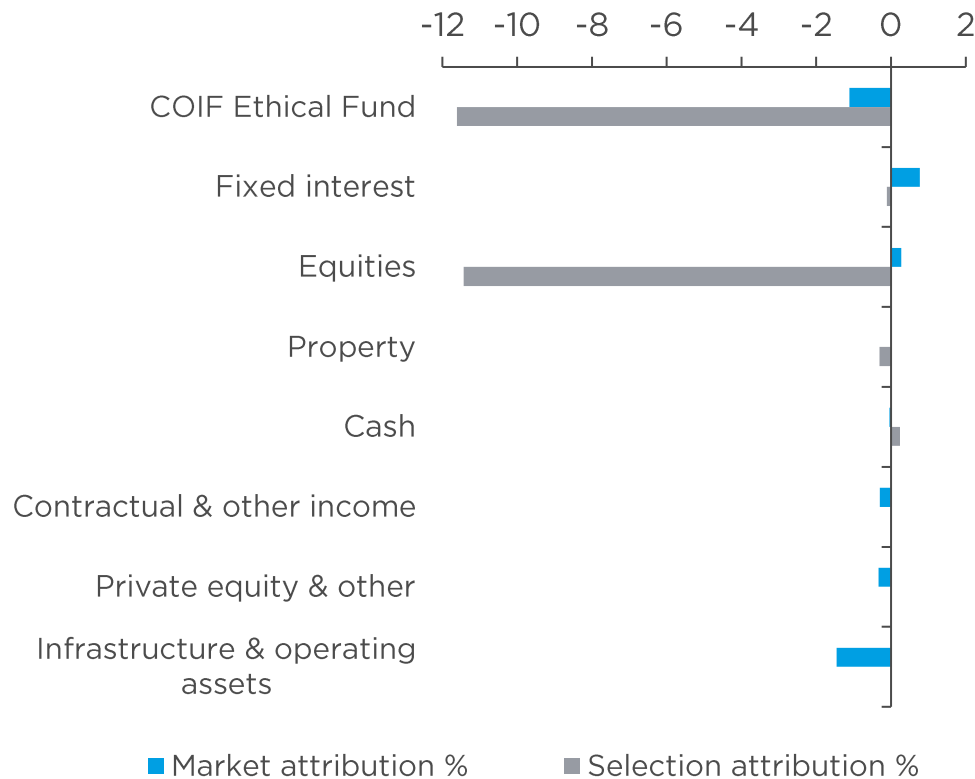


## What were the key factors in the absolute performance of different equity sectors?

- In communication services we saw strong absolute performance from the sector, driven by the returns from Alphabet.
- In information technology, good performance from some of the semiconductor businesses such as ASML, TSMC and Broadcom was offset by softer return within some of the software and technology hardware names.
- Health care performance was weak at the sector level, however, we saw good returns from some health care equipment and services companies such as EssilorLuxottica and Abbott Laboratories.
- Within industrials, performance in some US focused capital goods businesses was weak due to tariff uncertainty, while the sector was largely driven by returns within aerospace and defence.
- Consumer staples have struggled in the risk on market environment.

Source: CCLA showing total return performance for the COIF Ethical Fund, one year to 30 September 2025. Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONA. **Past performance is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

# Performance relative to the benchmark, by asset class

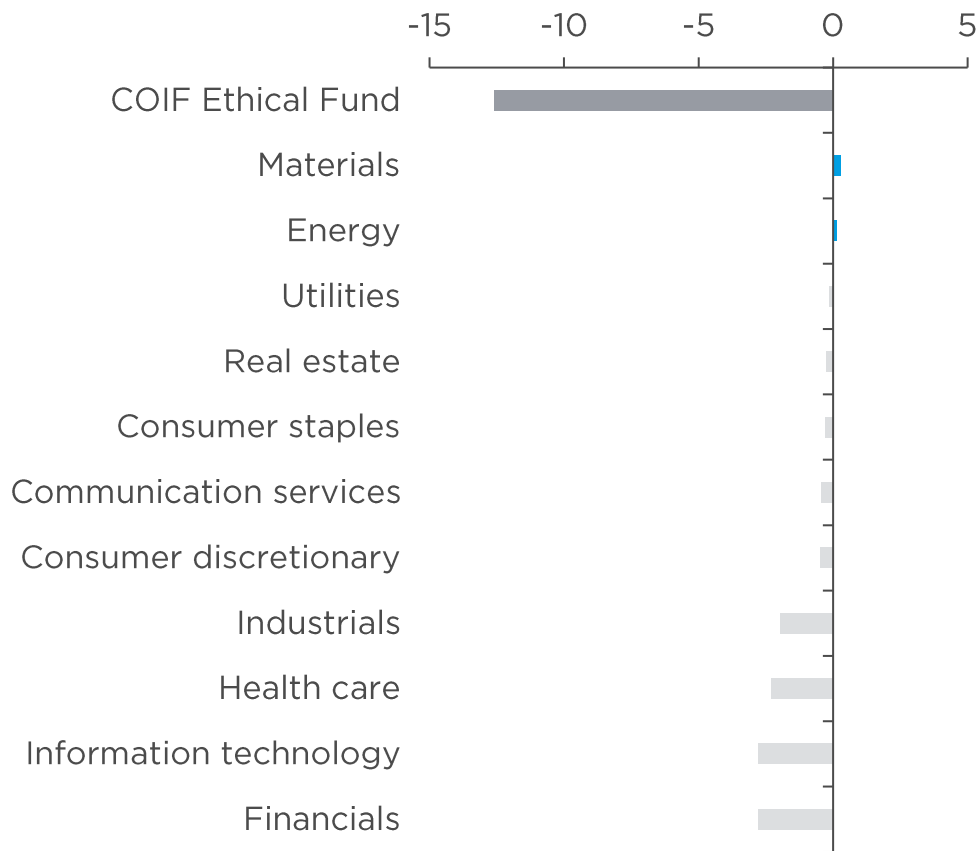


## What were the key factors in the portfolio's performance relative to the comparator benchmark?

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

Source: CCLA showing COIF Ethical Fund, one year to 30 September 2025. Allocation effect = (portfolio weighting - benchmark weighting) x benchmark return. Selection effect = (portfolio return - benchmark return) x benchmark weight. Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONIA. Cash is made up of forward contracts, money market instruments and cash. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets. **Past performance contribution and attribution is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

# Performance relative to the benchmark, by equity sector



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

- Within financials, our underweight position to the banking sector was a relative headwind, however we saw strength in financial services businesses such as Visa, Mastercard and CME Group. Weakness in other stocks such as LSEG held back returns.
- In information technology, we saw very strong absolute returns across the semiconductor businesses such as Broadcom, TSMC and ASML. However, our holdings in software lagged the strong performance of the sector.
- Returns in health care were weak across pharmaceuticals, biotechnology and life sciences names due to significant US policy uncertainty.
- US driven industrials were weak due to tariff uncertainty, whilst index returns were driven by European aerospace and defence companies.

Source: CCLA showing COIF Ethical Fund, one year to 30 September 2025. Attribution = (asset weight - benchmark asset weight) x (asset performance - benchmark asset performance). Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONIA. Please note fund fair value pricing adjustments have been excluded from the chart. **Past performance and attribution is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

# Asset allocation overview

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

## Equities

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

**Allocation range:**  
**50–85%<sup>1</sup>**

## Alternatives and property

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

**Allocation range:**  
**0–35%<sup>2</sup>**

## Fixed income

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

**Allocation range:**  
**0–50%<sup>3</sup>**

## Cash

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

**Allocation range:**  
**0–10%**

<sup>1</sup>Excludes listed investment trusts and companies with underlying exposure to alternatives such as property. <sup>2</sup>Property exposure is limited to 10% of the portfolio. <sup>3</sup>Includes near-cash and money-market instruments. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets. The asset allocation ranges are subject to periodic review and change.

# Portfolio return assumptions (COIF Ethical Investment Fund)

## Strategic asset allocation (SAA) 10-year real returns (median CCLA)

	SAA (%)	Long-term expected real return (%)	Long-term standard deviation (%)
Global equity	75.0	4.1	19.5
UK property	5.0	4.5	10.1
Conventional gilts	15.0	2.2	6.0
Index-linked gilts	0.0	2.7	6.0
IG credit	0.0	3.3	8.4
Sterling cash	5.0	1.0	1.4
Alternatives	0.0	7.5	10.0
<b>Total/weighted average</b>	<b>100.0</b>	<b>3.7</b>	<b>15.4</b>

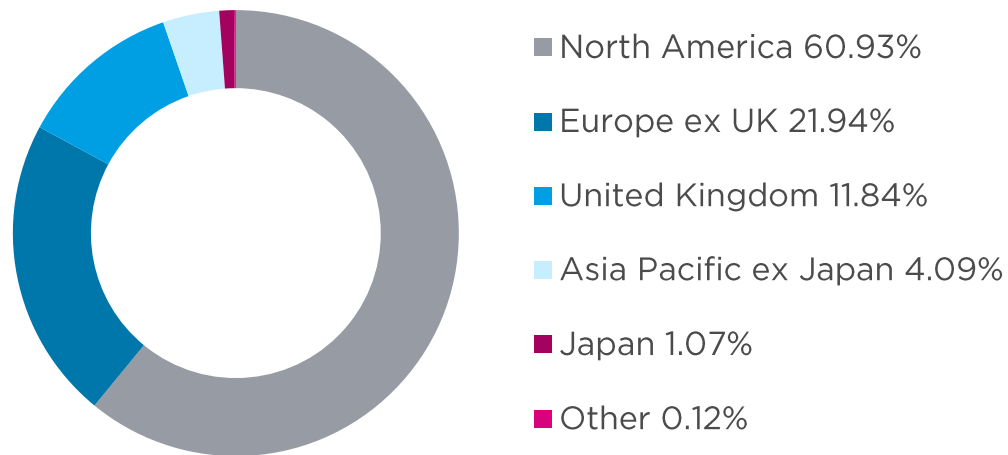
## Tactical asset allocation (TAA) 10-year real returns (median CCLA)

	TAA (%)	Long-term expected real return (%)	Long-term standard deviation (%)
Global equity	71.3	4.1	19.5
UK property	4.9	4.5	10.1
Conventional gilts	2.0	2.2	6.0
Index-linked gilts	3.6	2.7	6.0
IG credit	5.0	3.3	8.4
Sterling cash	2.3	1.0	1.4
Alternatives	10.9	7.5	10.0
<b>Total/weighted average</b>	<b>100.0</b>	<b>4.3</b>	<b>15.5</b>

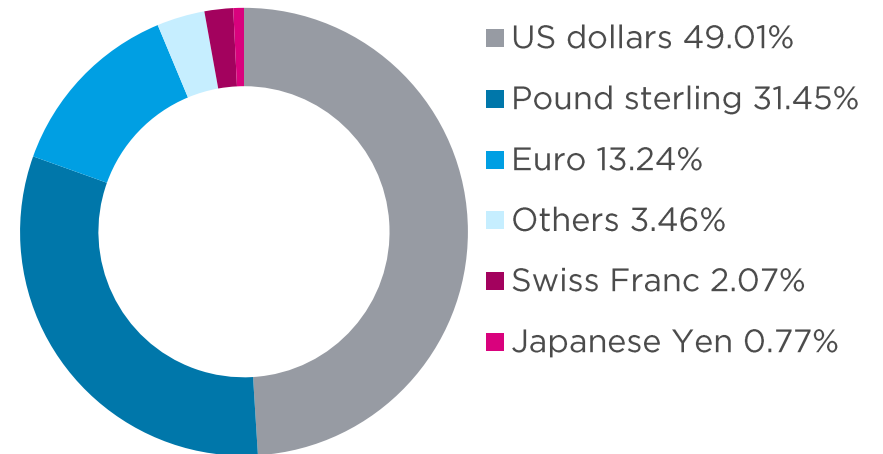
Source: CCLA, as at 30 September 2025. Note: UK CPI assumption is 2.5%. Asset allocation of the COIF Charities Ethical Investment Fund.

# Statement of positioning

## Equity region weighting (equities only)



## Currency exposure (total fund)



Source CCLA, as at 30 September 2025. Data showing COIF Ethical Fund. Regional weights shown are the percentage of total equity of the portfolio. Asset allocation is subject to change.

# Top 20 holdings

## COIF Charities Ethical Investment Fund

Security name	Portfolio weight %
Federated Hermes Sustainable Global IG Credit Fund	3.01
Microsoft	2.97
Alphabet	2.73
COIF Charities Property Fund	2.50
UK ILG 0.125% 10/08/2028	2.50
Amazon	2.11
COIF Charities Short Duration Bond Fund	1.97
TSMC	1.71
Broadcom	1.65
Brookfield Infrastructure	1.43
Visa	1.42
Essilor International	1.36
Experian	1.35
ASML	1.33
RELX	1.32
Danaher	1.27
S&P Global	1.27
Intercontinental Exchange	1.26
Coca-Cola	1.24
HG Capital Trust	1.24

Source: CCLA, as at 30 September 2025. Holdings are subject to change.



- Top 20 holdings 35.64%
- Rest of the portfolio 64.36%

## Fixed income

### Allocation in the COIF Charities Ethical Investment Fund

<b>Fund/security</b>	<b>Portfolio weight (%)</b>	<b>Modified duration (yrs)</b>	<b>Spread duration (%)</b>	<b>Yield to worst (%)</b>
COIF Charities Short Duration Bond Fund*	1.97	1.87	3.14	4.71
Federated Hermes Sustainable Global Investment Grade Credit Fund	3.01	5.86	5.16	4.28
UKT 4.50% 12/42	1.02	11.73	--	5.27
UKT 3.25% 01/44	1.00	13.17	--	5.37
UKT IL 0.125% 8/28	2.50	2.75	--	0.54
UKT IL 1.25% 11/27	1.14	2.04	--	0.48
<b>Weighted average</b>	<b>100.00</b>	<b>5.29</b>	<b>2.11</b>	<b>3.35</b>
<b>Fund level</b>	<b>10.64</b>	<b>0.55</b>	<b>0.22</b>	<b>3.35</b>

Source: CCLA and Federated Hermes, as at 30 September 2025. Allocation is subject to change. \*Portfolio management of the fund has been delegated to Federated Hermes under the oversight of CCLA and fund management remains the responsibility of CCLA as of 27 July 2022.

# Alternatives positioning

Source: CCLA, as at 30 September 2025. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

<b>Asset class</b>	<b>Sub-asset class</b>	<b>COIF Ethical Fund %</b>
Contractual and other income	Alternative Credit	1.39
Infrastructure and operating assets	General Infrastructure	2.97
	Renewable Infrastructure	1.88
	Student Accommodation	0.78
	Care Home Property	0.03
Private equity and other	Private Equity	3.95
Property	Generalist Commercial	2.50
	Logistics Warehouses	2.18
	Residential Property	0.23
<b>Total</b>		<b>15.91</b>

## Costs and charges

COIF Charities funds	Fund management fee (% p.a.)			Ongoing charges figure (% p.a.)	
	AMC	Other expenses	Total	Cost of underlying investments	Total
Investment Fund	0.60	0.08	<b>0.68</b>	0.18	<b>0.86</b>
Ethical Fund	0.60	0.07	<b>0.67</b>	0.18	<b>0.85</b>
Global Equity Fund	0.75	0.05	<b>0.80</b>	0.00	<b>0.80</b>
Short Duration Bond Fund	0.22	0.08	<b>0.30</b>	0.00	<b>0.30</b>
Property Fund	0.65	0.16	<b>0.81</b>	0.00	<b>0.81</b>
Deposit Fund	0.20	0.05	<b>0.25</b>	0.00	<b>0.25</b>

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

# Performance comparator explained

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

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

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

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

The comparator benchmark (blended index returns) is calculated by CCLA using end-of-day index-level values licensed from MSCI (MSCI data). For the avoidance of doubt, MSCI is not the benchmark administrator for, or a contributor, submitter or supervised contributor to, the blended index returns, and the MSCI data is not considered a contribution or submission in relation to the blended

returns, as those terms may be defined in any rules, laws, regulations, legislation or international standards. MSCI data is provided as is, without warranty or liability and no copying or distribution is permitted. MSCI does not make any representation regarding the advisability of any investment or strategy and does not sponsor, promote, issue, sell or otherwise recommend or endorse any investment or strategy, including any financial products or strategies based on, tracking or otherwise utilising any MSCI data, models, analytics or other materials or information.

Comparator benchmark detail and history are as follows:

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

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

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

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

# Important information

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

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

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

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

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

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

replaced by the Charities Act 2011) and are Unregulated Collective Investment Schemes and unauthorised Alternative Investment Funds.

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**CCLA**

BECAUSE GOOD IS BETTER

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### 3 - APPROVAL OF CHARITABLE FUNDS EXPENDITURE

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

Covering SBAR.

#### **Attachments**

[3.0 CFC Expenditure Requests SBAR Dec 2025 \(NL SD\).pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda Health Charities: Active Investor Statement Scheme CCLA
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tim John, Head of Accounting & Statutory Reporting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

At the June 2025 Charitable Funds Committee (CFC) meeting, CFC members expressed an interest in further understanding CCLA's stewardship work in respect of mental health, with a view to the possibility of becoming a member of CCLA's 'investor coalition'.

The Committee is being asked to approve membership of CCLA's investor coalition.

**Cefndir / Background**

Following the request by CFC to gain a further understanding of CCLA's stewardship work in respect of mental health, the Head of Accounting & Statutory Reporting and Deputy Head of Financial Accounting met with CCLA's Deputy Head of Sustainability.

In 2020, CCLA set out to build a new tool; a benchmark designed to incentivise listed businesses to improve their approach to workplace mental health.

**1. What is the CCLA Corporate Mental Health Benchmark?**

The CCLA Corporate Mental Health Benchmark ('the benchmark') is a league table. Listed companies above a certain size are assessed annually on their public disclosures by a team of independent analysts and ranked into one of five performance tiers (Tier 1 being the best). The performance tiers are then published in two benchmark reports, a 'UK 100' and a 'Global 100+'

The benchmark aligns with World Health Organisation (WHO) guidelines and WHO/International Labour Organisation (ILO) policy brief's recommendations for strengthening workplaces to implement effective action to protect mental health at work.

**2. On what basis are companies evaluated?**

Companies are assessed on the strength of their public disclosures. The aim is not to measure the 'happiness level' of these organisations, but to determine the extent to which companies have the conditions in place for workers to thrive.

For a simple list of the assessment criteria, please refer to Appendix 1 (extract from CCLA Corporate Mental Health Benchmark UK 100, 2025).

### 3. What is the Investor Coalition and its' role?

Alongside the benchmarking project, CCLA runs and coordinates a sizeable 'investor coalition', which is comprised of the 56 signatories to the Global investor statement on workplace mental health.

Members of the investor coalition are primarily institutional investment managers, plus a small selection of relevant and dedicated asset owners with a particular focus on public health and represent in aggregate c.\$10 trillion in assets under management. The current membership of the coalition includes NHS Charities Together and Guy's and St Thomas' Foundation.

After a benchmark is published, CCLA issues correspondence to the Chief Executive Officer (CEO) of every benchmarked company, setting out the expectations of investors and a set of bespoke recommendations designed to move the company forward. These are co-signed by the members of the investor coalition on an opt-out basis (see Appendix 2 for an example).

Members of the investor coalition also have access to the more detailed company assessments; these are shared privately with the companies themselves though not published. The assessments provide an in-depth view of each company's approach and commitments to mental health.

## Asesiad / Assessment

### 1. The financial case for action on mental health

There is a compelling case for action on mental health. It is estimated that mental ill-health at work cost employers as much as £1,800 per employee (assuming an equal distribution of workers across age groups). Furthermore, a report by Deloitte (2024) indicates that investing in employees' mental health yields positive financial returns for employers, on average £4.70 for every £1 spent.

For investors such as CCLA, this presents a huge opportunity, not only to improve the lives of employees but also to strengthen the bottom line of the companies in which it, and by default Hywel Dda Health Charities (HDdHC), invests.

### 2. The CCLA Corporate Mental Health Benchmark

Since the first benchmarks in 2022, 71 listed companies have improved their performance tier, representing 5.2 million employees worldwide.

### 3. Cost and requirements of investor coalition

There is no cost to becoming a member of the investor coalition. In addition, except for being a co-signatory to the correspondence that is issued to CEOs of the benchmarked companies, there are no requirements placed upon members.

### Argymhelliad / Recommendation

The Committee is asked to APPROVE Membership of CCLA's investor coalition.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.3 In addition, to make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with: <ul style="list-style-type: none"><li>• Trustee Act 2000</li><li>• The Charities Act 2011</li><li>• The Charities Act 2022</li><li>• Terms of the fund's governing documents</li></ul>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Included within the report where required

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Third party asset fund manager consulted

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No EqlA is considered necessary for a report of this type.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No EqlA is considered necessary for a report of this type.
<b>Gweithlu:</b> <b>Workforce:</b>	No EqlA is considered necessary for a report of this type.
<b>Risg:</b> <b>Risk:</b>	No EqlA is considered necessary for a report of this type.
<b>Cyfreithiol:</b> <b>Legal:</b>	No EqlA is considered necessary for a report of this type.
<b>Enw Da:</b> <b>Reputational:</b>	No EqlA is considered necessary for a report of this type.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No EqlA is considered necessary for a report of this type.

**Cydraddoldeb:  
Equality:**

No EqIA is considered necessary for a report of this type.

## Appendix 1

# 2025 benchmark assessment criteria

The criteria against which we assess each company are set out below. Each company is assessed based on information that is publicly available at the time of the assessment. Full details about each question – the rationale, scoring and explanatory notes – are available on the CCLA website.<sup>49</sup>

### CCLA Corporate Mental Health Benchmark assessment criteria

Section	Maximum achievable score	Weighting (%)*
Management commitment and policy	68	31
Governance and management	77	35
Leadership and innovation	22	10
Performance reporting and impact	50	23
<b>Total score</b>	<b>217</b>	<b>99</b>

\*Due to rounding, the percentages do not total 100%.

### Management commitment and policy

Question	Criterion	Maximum achievable score
Q1	Does the company acknowledge workplace mental health as an important concern for the business?	10
Q2	Is there a statement from the CEO signalling the company's leadership commitment to workplace mental health?	10
Q3	Does the company publish an overarching corporate mental health policy (or equivalent)?	10
Q4	a) Does the policy statement (or equivalent) provide a clear explanation of worker scope? b) Does the policy statement (or equivalent) provide a clear explanation of geographical and business area scope?	10
Q5	Does the company have a clear management commitment to encouraging a culture of openness on mental health?	10
Q6	Does the company support the principles of good work by having a formal commitment to diversity, equity and inclusion (DEI)?	3
Q7	Does the company support the principles of good work by having a formal commitment to fair pay and financial wellbeing?	3
Q8	Does the company support the principles of good work by having a formal position on board-employee information and consultation?	3
Q9	Does the company support the principles of good work by having a formal position on flexible working?	3
Q10	Does the company support the principles of good work by having a formal position on career progression and job adjustment?	3
Q11	Does the company support the principles of good work by having a formal position on anti-bullying and non-harassment, or equivalent?	3

## Governance and management

Question	Criterion	Maximum achievable score
Q12	<p>a) Has the company assigned board or senior management responsibility for workplace mental health?</p> <p>b) Has the company assigned day-to-day operational management responsibility for workplace mental health?</p>	10
Q13	Has the company set objectives or targets for the management of mental health in the workplace?	10
Q14	<p>a) Does the company provide mental health training to line managers?</p> <p>b) Does the company provide mental health training to dedicated individuals (e.g. mental health first aiders)?</p>	10
Q15	<p>a) Has the company developed formal initiatives or programmes to raise awareness of mental health in the workplace?</p> <p>b) Has the company developed formal initiatives or programmes to raise awareness of mental health that extend beyond employees and contingent workers (e.g. to customers and/or suppliers)?</p>	7
Q16	Does the company provide access to mental health services and support either internally or externally?	5
Q17	Does the company encourage openness about mental health and offer appropriate workplace adjustments to workers who require them throughout their career life cycle (e.g. during recruitment, on-boarding, career development, performance reviews and return to work)?	5
Q18	<p>a) Are employees given the opportunity to directly contribute to the design or development of workplace mental health initiatives?</p> <p>b) Does the company adapt mental health programmes to local contexts?</p>	10
Q19	Does the company have formal processes for measuring employee engagement (e.g. confidential pulse survey, engagement panel) and does this information support workplace mental health measurement and initiatives?	10
Q20	Does the company independently assure its mental health management system against a recognised framework or standard?	10

### Leadership and innovation

Question	Criterion	Maximum achievable score
Q21	a) Does the company participate in industry or academic initiatives or partnerships aimed at promoting positive workplace mental health? b) Does the company engage customers and/or suppliers in industry or academic initiatives or programmes aimed at promoting positive workplace mental health?	12
Q22	Does the company provide examples of employee communications on workplace mental health?	10

### Performance reporting and impact

Question	Criterion	Maximum achievable score
Q23	Does the company publish details of its mental health approach in its most recent annual report and accounts (or equivalent)?	10
Q24	Does the company report on progress against its objectives or targets related to mental health?	10
Q25	a) Does the company report on the number or proportion of line managers that are trained in workplace mental health? b) Does the company report on the number or proportion of dedicated individuals that are trained in workplace mental health?	10
Q26	Does the company report on the uptake of its mental health programmes or initiatives?	10
Q27	Does the company use key performance indicator(s) to measure and report on the impact of its workplace mental health strategy?	10

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

cc: [REDACTED].com;  
[REDACTED]  
[REDACTED].com

10/07/2025

Dear [REDACTED]

**Workplace Mental Health – results of your 2025 company assessment**

I write on behalf of CCLA Investment Management, supported by the undersigned coalition of institutional investors, asset owners, and stewardship providers with a collective \$9.5 trillion in assets under management.

I am writing to commend you on your company’s strong stance on workplace mental health, and to encourage you to work towards continuous improvement, not just because it is the right thing to do but also because a growing body of evidence suggests that it has a positive effect on the bottom line.

Mental ill health costs employers in the private sector an average of more than £1,800 for every employee each year. For your business, this translates to an annual loss of £20 million.<sup>1</sup> What is more, investing in workforce mental health yields a return on average of £4.70 for every £1 invested, from a combination of higher productivity, less absence to sickness, and lower staff turnover.<sup>2</sup>

Based on an Independent assessment of your mental health disclosures in March, [REDACTED] has been ranked in Tier 2 (of 5) in the CCLA Corporate Mental Health Benchmark - UK 100, an improvement on last year, and evidence that you are well on the way to demonstrating a strategic approach to workplace mental health management and disclosure. This is a huge achievement.

<sup>1</sup> Employee number taken from Sustainalytics, Jan 2025.

<sup>2</sup> Deloitte (2024) ‘Mental Health and Employers’, online at [deloitte-uk-mental-health-report-2024-final.pdf](#). Average cost calculated as median and assuming equal distribution of employees across the following age ranges: 18-24, 25-34, 35-44, 45-54, 55+.

To support your efforts ahead of the 2026 assessments, I set out below several bespoke recommendations, aimed at bridging the gap between Tier 2 and Tier 1. Namely:

- assign board or senior management responsibility for overseeing workplace mental health.
- demonstrate that you engage with workers on mental health throughout the career life cycle and offer appropriate workplace adjustments to workers who require them.
- develop KPIs to report on progress towards your workplace mental health strategy.

The full company ranking is provided on page 5 of this letter, with details in the benchmark report ([link](#) and enclosed). Your final assessment reports are also attached/enclosed with this letter.

We were pleased to welcome [REDACTED] to the benchmark's launch last month and would be delighted to continue this dialogue with them. As CEO, your ongoing support of these efforts will be critical to enabling [REDACTED] to cement its leadership position on workplace mental health. If you have any questions, please contact [amy.browne@ccla.co.uk](mailto:amy.browne@ccla.co.uk) or +44 20 7489 6030.

Your next company assessment will take place in 2026, with further information to follow in due course.

We believe that employers have an economic and moral responsibility to promote mental health in the workplace and to create the conditions under which every individual can thrive.

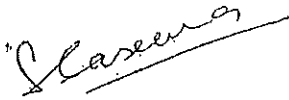
We look forward to monitoring your company's progress over the coming year.

Yours sincerely



Peter Hugh Smith, Chief Executive, CCLA

Supported by members of the project's expert advisory panel:



**Shekhar Saxena**  
Department of Global Health and Population  
Harvard T H Chan School of Public Health  
Harvard University



**Lord Dennis Stevenson CBE**



**Dr Sarah Hughes**  
Mind



**Ben Allen PhD**  
Principles for Responsible  
Investment



**Dr Junko Umihara**  
Showa Women's University

**GCLA Investment Management on behalf of the undersigned investors:**

- Achmea
- Adrian Dominican Sisters, Portfolio Advisory Board
- AdviserAction
- Alken Asset Management Ltd
- Alquity Investment Management
- Anchorage Capital Group
- Arabesque Asset Management
- Asset Value Investors
- Bon Secours Mercy Health
- Boston Common Asset Management
- Brunel Pension Partnership Ltd.
- Cardano Asset Management N.V.
- Castlefield Investment Partners LLP
- Central Finance Board of the Methodist Church Epworth Investment Management
- Church Commissioners for England
- Close Brothers Asset Management
- CMA Impact Inc
- Congregation of St. Joseph
- CQS (UK) LLP
- Daughters of Charity, Province of St. Louise
- EOS at Federated Hermes (on behalf of its stewardship clients)
- Ethical Partners Funds Management
- Evelyn Partners (formerly Tilney and Smith & Williamson Group)
- Federated Hermes Limited
- First Sentier Investors
- Fondo Cometa
- Friends Fiduciary
- Future Group
- Guy's and St Thomas' Foundation
- IEIR
- Impax Asset Management
- Interfaith Center on Corporate Responsibility
- J. Stern & Co.
- Jesuits in Britain
- JLens Network
- Liontrust
- Mercy Investment Services, Inc.
- Miller/Howard Investments
- NEI Investments
- NHS Charities Together
- Nomura Asset Management
- Pension Protection Fund
- Railpen
- Rathbone Greenbank Investments
- Region VI Coalition for Responsible Investment
- Royal London Asset Management
- SHARE – Shareholder Association for Research & Education
- Sisters of St. Francis, Dubuque, Iowa
- Sisters of the Humility of Mary
- Stichting Pensionfonds voor Huisartsen
- Sycomore Asset Management
- TAM Asset Management Ltd
- Titan Wealth Holdings Ltd
- Vancity Investment Management

## 3.1

10:52, 25 Mins

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### 3.1 - Consideration of funding requests from the charity's Making a Difference Fund

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

Making a Difference Fund, formally General Fund. (T600 fund)

| For approval

#### **Attachments**

[3.1 Final General Fund Applications CFC December 2025 V2 \(NL SD\).pdf](#)

[3.1 Appendix 1 CF03317 Tenby Waiting Room.pdf](#)

[3.1 Appendix 2 CF03339 Cwm Seren Gym.pdf](#)

[3.1 Appendix 3 CF03347 SaLT Oral Performance Instrument.pdf](#)

[3.1 Appendix 4 CF03398 GGH Theatres Reception.pdf](#)

[3.1 Appendix 5 CF03375 Gynae Chair.pdf](#)

[3.1 Appendix 6 CF03360 Training Manikins.pdf](#)

[Appendix 7 CF03380 Parkinsons Coordinator.pdf](#)

[Appendix 8 CF03335 Health Kiosks.pdf](#)

[Appendix 9 CF03353 Colon Capsule Project.pdf](#)

[Appendix 10 CF03212 EEG Patient Chair.pdf](#)

[Appendix 11 CF03362 Artwork Emergency Departments.pdf](#)

[3.1 Appendix 12 CF03356 Upper Limb Rehabilitation Equipment.pdf](#)

[3.1 Appendix 13 Applications not shortlisted.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Consideration of charitable funds expenditure requests
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Nicola Llewelyn, Head of Hywel Dda Health Charities

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

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

**Cefndir / Background**

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

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

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

The purpose of the CFC is:

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

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

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

### Asesiad / Assessment

The accompanying charitable funds expenditure request is submitted to the CFC for consideration and approval or for consideration and recommending for approval to the Board in its capacity as Corporate Trustee:

<b>Agenda item</b>	<b>Application</b>	<b>Reporting officers</b>	<b>Value of funding request</b>	<b>Recommendation</b>
Item 3.2	Purchase of an additional Fibroscan machine to increase identification of liver disease	Jessica Showler-Coulson, Head of Nursing Ceredigion System & Donna Blinston, Advanced Nurse Practitioner Hepatology	£98,235.00	Consider and approve

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

1. Strategic priorities: which of the charity's strategic priorities the funding requests relate to.
2. Reason for request: why the expenditure is needed and how the need has been identified.
3. Risks: whether any risks have been identified and how they will be mitigated.
4. Additionality: how the expenditure is considered 'above and beyond' core NHS provision.
5. Impact: the positive changes or effects that will take place as a result of the expenditure.
6. Patient benefit: how patients will benefit.
7. Beneficiaries: the number of people expected to benefit.
8. Evaluation methods: what methods will be used to measure the effectiveness of the expenditure and the difference it makes.
9. Exit strategy: how the benefits of this expenditure will be sustained beyond the end of the time-limited period of charitable funding.
10. Compliance: details of relevant legislative requirements or standards as well as any Hywel Dda policies and procedures.
11. Strategic alignment: alignment with the Health Board's strategic objectives.
12. Cost breakdown: details of all costs associated with the funding request.

Prior to submission to the CFC, the requests have been reviewed by the Charitable Funds Finance Team and Head of Hywel Dda Health Charities to ensure compliance with the charity's

eligibility criteria as set out in the Charitable Funds Financial Administration and Governance Procedure (FP 420).

### Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **CONSIDER** and **APPROVE** the following funding request:

Agenda item	Application	Value of funding request
Item 3.2	Purchase of an additional Fibroscan machine to increase identification of liver disease	£98,235.00

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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. 4.21 Provide scrutiny with a view to approving or rejecting all requests for expenditure, regardless of value, for the following expenditure types: <ul style="list-style-type: none"> <li>• Research and development expenditure.</li> <li>• Pay expenditure.</li> <li>• Requests of any nature resulting in ongoing charitable funds commitment.</li> </ul>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Finance Business Partner (Accounting & Statutory Reporting)

### Effaith: (rhaid cwblhau) Impact: (must be completed)

<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Any issues and considerations are identified in the expenditure requests attached in agenda item 3.2
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Any issues and considerations are identified in the expenditure requests attached in agenda item 3.2
<b>Gweithlu:</b> <b>Workforce:</b>	Any issues and considerations are identified in the expenditure requests attached in agenda item 3.2
<b>Risg:</b> <b>Risk:</b>	Any issues and considerations are identified in the expenditure requests attached in agenda item 3.2
<b>Cyfreithiol:</b> <b>Legal:</b>	Any issues and considerations are identified in the expenditure requests attached in agenda item 3.2
<b>Enw Da:</b> <b>Reputational:</b>	Any issues and considerations are identified in the expenditure requests attached in agenda item 3.2
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Any issues and considerations are identified in the expenditure requests attached in agenda item 3.2
<b>Cydraddoldeb:</b> <b>Equality:</b>	Any issues and considerations are identified in the expenditure requests attached in agenda item 3.2

3.2

11:17, 15 Mins

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3.2 - BGH Fibroscanner Charitable Funds Request

*Donna Blinston  
(Hywel Dda UHB -  
Advanced Nurse  
Practitioner  
Hepatology), Jessica  
Showler-Coulson  
(Hywel Dda UHB -  
Head of Nursing-  
Ceredigion System),  
Louise Cullum  
(Hywel Dda UHB -  
General Manager -  
Ceredigion System)*

| For approval

**Attachments**

[3.2 CF03315 Fibroscan application V3 \(DB NL\).pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Consideration of funding requests from the Hywel Dda Health Charities Making a Difference Fund
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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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<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
<b>Gweithlu: Workforce:</b>	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
<b>Risg: Risk:</b>	Not applicable
<b>Cyfreithiol: Legal:</b>	Any recommendations within the report are in compliance with HDdUHB's Standing Orders
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	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://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.

Section 1: Applicant		
Lead applicant		
Contact name:	Sallyann Lampert	
Job title:	Business Service Officer	
Department/Service:	County Management Team	
Clinical Care Group:	Pembs 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		
<b>Please identify which of the charity's strategic priorities this application relates to (select all that apply).</b>		
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

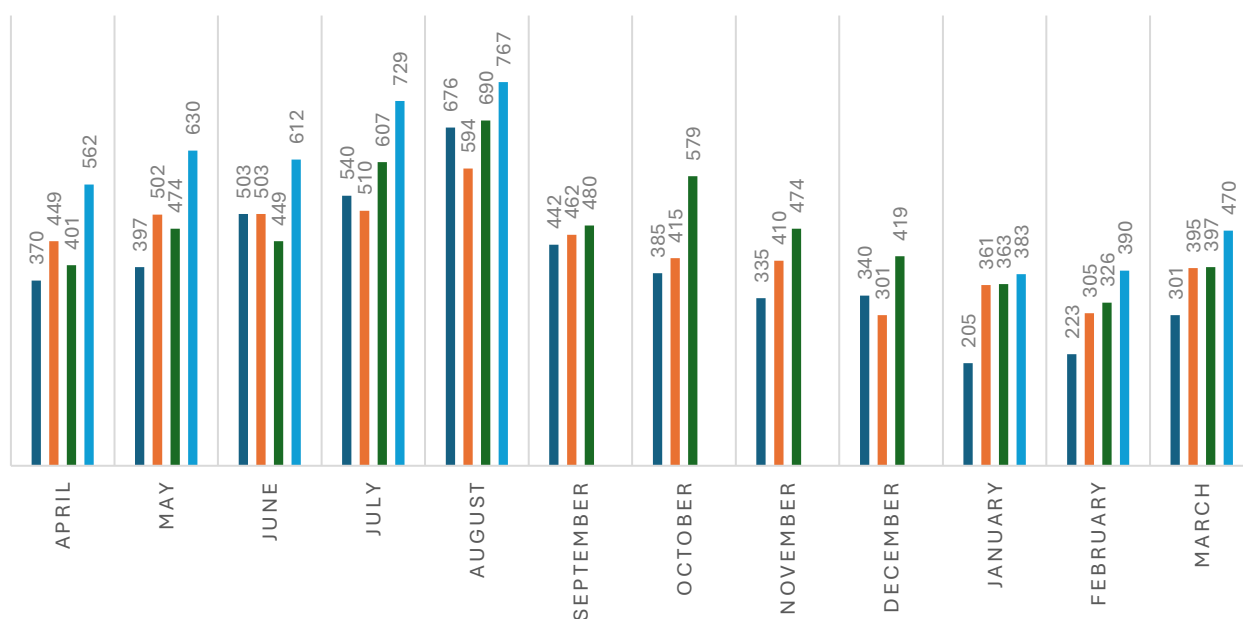
Dentistry run clinics 4 days per week

+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.

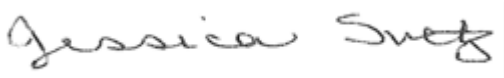
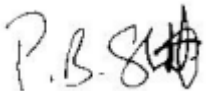
Item/Category	Cost (£)			Comments
	Net £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
Flooring & Painting  Estates%20Department%20TENBY.docx			19,590.45	Total quote from Estates – see attached minor works form
Seating  quote 122540 rev1.pdf			8,219.52	
Mural			250.00	Up to £250 for materials only. Receipts 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
<p>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.</p>		
<p>Due to financial constraints within the departmental budget, there is no ability to go above and beyond basic repairs and maintenance.</p>		
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:
<p>Jessica Svetz</p> 	<p>General Manager Pembs CIM (Discussed and approved via Integrated Governance Group)</p>	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:
<p>Peter Skitt</p> 	<p>Clinical Care Group Service Director – Community &amp; Integrated Medicine</p>	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](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](#)):

## 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**

<b>PART A: REQUEST FOR MINOR WORKS</b>	
<b>All of Part A must be completed by the client department and sent to one of the following:</b>	
<b>Llanelli</b>	Stewart Evans, Site Operations Manager, Estates Dept. Prince Philip Hospital
<b>Carmarthen</b>	Kevin Jones, Site Operations Manager, Estates Dept. Glangwili Hospital
<b>Pembrokeshire:</b>	Malcolm Arnold, Site Operations Manager, Estates Dept. Withybush General Hospital
<b>Ceredigion:</b>	Elfyn Jones, Site Operations Manager, Estates Dept. Bronglais General Hospital
Locality/Directorate/	<b>Community and Integrated Medicine, Pembrokeshire</b>
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
<b>Description of Work Required:</b>	
Walls in waiting room repainted neutral colour (magnolia or similar) holes filled where necessary. Flooring to be replaced	
<b>PART B: MINOR WORKS COST ESTIMATE</b>	
(To be completed by Maintenance Department and returned to requestor)	
<b>Scheme Title:</b>	
Redecoration to the waiting area at <u>Tenbys</u> cottage Hospital.	
<b>Full Extent of Works (full and detailed description required):</b>	
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	<b>6075</b>
	Labour - Building	<b>5760</b>
	Fees/Supervision	<b>3657</b>
	Materials	<b>250</b>
	VAT	<b>3148</b>
	Other Costs (Telecoms/IT/Hotel Services/10% supervision & Admin)	<b>700</b>
	Contingency	<b>NIL</b>
	<b>Total</b>	<b>19590.45</b>
Signed		
Job Title		
Reference Number <b>Must be completed</b>		
Scheme will be progressed via:	DLO In House	External Contractor
<b>If using <u>contractor</u> please attach quotation obtained</b>	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: <b>Cwm Seren, Hafan Derwen, St David's Park, Carmarthen,</b>	
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](http://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](http://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 £  Excluding VAT      VAT £       Gross £  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:
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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](mailto:CharitableFundsFinance.HDd@wales.nhs.uk)

## Application for charitable funds expenditure over £10,000

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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](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:	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 <a href="#">Clinical Engineering team</a> 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 <a href="#">Procurement team</a> 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? A replacement device may also be a new make or model.	Only one device in health board. These are additional devices.
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, 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 <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?	SLT departments in GGH, PPH, WGH, BGH
Are there any training implications? If so, have the <a href="#">Medical Device Training Team</a> 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 <a href="#">Medical Devices Policy</a> ?	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 <a href="#">Statement of Need (SON)</a> 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 \(sharepoint.com\)](http://Charities - Home (sharepoint.com)) 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.

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 / <del>No</del>	Yes / <del>No</del>	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 / <del>No</del>	Yes / <del>No</del>
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box opposi</i>	<i>Expenditure type:</i>
Yes / <del>No</del>	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	
<b>8.2 Total amount of funding requested:</b>					
Net £ <i>Excluding VAT</i>	10,899.47	VAT £	2,179.89	Gross £	13079.36

				<i>Including VAT</i>
<b>8.3 Designated charitable fund</b>				
Name of charitable fund:		Charitable fund code/number:		
General Fund		T600		
<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.				
<b>Section 9: Authorisation</b>				
<b>9.1 Application prepared by:</b>				
Contact name:	Job title:	Date:		
Sarah Carmody	Interim SDM – Theatres	11.08.25		
<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.				
Contact name:	Job title:	Date authorised:		
<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.				
Contact name:	Job title:	Date authorised:		
Paula Goode	Planned Care Director	14.10.25		
<b>9.4 Finance Business Partner review:</b> 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](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](#)):

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 £  Excluding VAT      VAT £       Gross £  Including Vat

Is this medical equipment?  / No      Supplier name:

#### 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](mailto: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](mailto: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 opp</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 (H DUHB) 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.		
<p><b>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.</b></p> <p><b>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.</b></p>		
<b>Section 9: Authorisation</b>		
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](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

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](mailto: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 ( <b>Parkinson's</b> Service)	
Section 2: Application summary		
2.1 Title of charitable funds application:		
Transformation of <b>Parkinson's</b> (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 <b>4 different Parkinson's</b> 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).

<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>
No	Yes	Yes
<b>Building/refurbishment</b> Work <i>please also complete Appendix 2</i>	<b>Other</b> <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<b>Expenditure type:</b>
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 (H DUHB) (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 <b>Parkinson's UK for a fulltime PD Coordinator role, however, the application was unsuccessful.</b>		
Since then we have refined our objectives, process and outcome measures for this service development including submission for a part-time role.		
<b>Section 9: Authorisation</b>		
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](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](#)):

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 £:	
<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.			
Contact name:	Job title:	Date reviewed:	
<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.			
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 \(sharepoint.com\)](http://Charities - Home (sharepoint.com)) 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.

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:		
<b>Staff Health &amp; Wellbeing: Deployment of 4 Lifestyle Checkpoint (K2) health kiosks</b>		
2.2 Brief description of your application:		
In no more than 50 words please tell us what you are requesting charitable funds for.		
<b>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, SpO<sub>2</sub>, temperature and risk feedback) and short, anonymised reports to support staff wellbeing, early detection of risks and targeted occupational health interventions.</b>		
2.3 Total value of charitable funds requested:	£47,520	
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 (SpO<sub>2</sub>) 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 ≥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: ≥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 £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
<b>Budget summary</b>		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>
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.				
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](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:	
Equipment make and model:	
Please provide quote:	<i>Insert quote here</i>
Please tell us about what involvement the <a href="#">Clinical Engineering team</a> has had in this request:	
Please tell us about what involvement the <a href="#">Procurement team</a> 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 <a href="#">Medical Devices Steering Group</a> 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 <a href="#">Clinical Effectiveness team</a> been consulted?	
<b>Does this item appear on HDdUHB's Capital Planning List?</b> If yes, please indicate priority rating.	
Where will this equipment be located?	
Are there any training implications? If so, have the <a href="#">Medical Device Training Team</a> been consulted?	
What is the life expectancy of the equipment?	
Who will maintain the equipment, in line with the <a href="#">Medical Devices Policy</a> ?	
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 <a href="#">Statement of Need (SON)</a> 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](mailto: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)
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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
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)

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 aim is to pilot the service to collate evidence as part of a wider investment proposal to the Board for dedicated colon capsule staff.

## 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)

Support from National Endoscopy Programme – clinical network for CCE delivery across Wales – ensuring all relevant clinical governance arrangements are followed.

A service specification has also been developed at a national level to support roll-out.

### 6.2 Strategic alignment:

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

- Planned Care and Cancer Diagnostic Performance/Delivery
- Workforce Stabilisation

## 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>	
Nurse Training	£2,000	£500	£2,500	Training for 2 nurses
PillCam Colon Capsules	£92,736	£23,184	£115,920	210 capsules in total – 10 per week over a 6 month period
Data Recorder Kits	£24,000	£4,800	£28,800	
12-month PillCam Cloud Reader License	£4,116	£824	£4,940	

### 8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>	£122,852	VAT £	£29,308	Gross £ <i>Including VAT</i>	£152,160
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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.

- Cancer innovation fund in 24/25
- Health Board DCP
- Health Board Value Based Healthcare

## 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](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:	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 <a href="#">Clinical Engineering team</a> has had in this request:	Actively engaged in discussions re: new equipment
Please tell us about what involvement the <a href="#">Procurement team</a> 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 <a href="#">Medical Devices Steering Group</a> 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 <a href="#">Clinical Effectiveness team</a> 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.
<b>Does this item appear on HDdUHB's Capital Planning List?</b> 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 <a href="#">Medical Device Training Team</a> been consulted?	No
What is the life expectancy of the equipment?	Circa 10 years
Who will maintain the equipment, in line with the <a href="#">Medical Devices Policy</a> ?	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 <a href="#">Statement of Need (SON)</a> 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 £:	
<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.			
Contact name:	Job title:	Date reviewed:	
<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.			
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>	<input type="text" value="3,472.00"/>	VAT £	<input type="text" value="0.00"/>	Gross £ <i>Including Vat</i>	<input type="text" value="3,472.00"/>
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Is this medical equipment?	<input type="text" value="No"/>	Supplier name:	<input type="text" value="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.

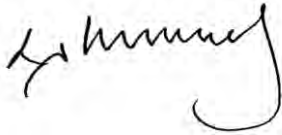
Is this a new or replacement item?	New
Where will this equipment be located?	Clinical Neurophysiology clinic room
Have you consulted with the Medical Devices Steering Group?	No – not a medical device
Does this item appear on HDdUHB's Capital Planning List?	No
Risk: What risk assessments have been carried 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

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

<b>Net Amount</b>	<b>£ 3,472.00</b>
<b>Vat @ 20%</b>	<b>£ 694.40</b>
<b>Gross Total</b>	<b>£ 4,166.40</b>

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](mailto: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 <sup>st</sup> January 2026
	Project end date:	1 <sup>st</sup> 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	<b>No</b>	

**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:
  - o Cleanliness
  - o Professionalism
  - o Communication
  - o Privacy, dignity, and confidentiality
  - o 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:

<b>Withybush</b>	<b>Glangwili</b>	<b>Bronglais ED</b>	<b>AMAU, PPH</b>
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 Emergency departments\]](#)

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

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

3. Enabling Innovation and Value Beyond Core Provision

This programme exemplifies innovation in healthcare delivery by:

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

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

Section 7: Other

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

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:
<b>Louise O'Connor</b>	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](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](#)):

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 £:	
<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.			
Contact name:	Job title:	Date reviewed:	
<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.			
Meeting date:	Outcome:	Contact name:	Job title:

## Request for charitable funds expenditure

*For  
Finance  
use only*

Reference:

Fund Code:

### 1. Lead contact

Contact name: <b>Tanya O'Sullivan</b> <b>Renee Groenevelt</b>	Job title: <b>Advanced Practitioner Occupational Therapist</b> <b>Clinical lead physiotherapist</b>
Ward/Team/Department/Service/Directorate: <b>Community Neurorehabilitation Service/ Occupational Therapy Service/ Therapies and Health Sciences</b>	
Contact address: <b>Community Neurorehabilitation Service</b> <b>Priory Day Hospital</b> <b>Glangwilli General Hospital</b> <span style="float: right;">Post code: <b>SA31 3SU</b></span>	
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	<a href="#">Therapy Supplies</a>		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
<b>TOTAL</b>				<b>5110.4132</b>	<b>981.95</b>		<b>9966.54</b>

### 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 £ **7973.22**  
Excluding  
VAT

VAT £ **1993.32**

Gross £ **9.996.54**  
Including  
Vat

Is this medical  
equipment?

YES

Supplier  
name:

See list

## 6. Fund details

<b>Fund title:</b>	<b>Neurorehabilitation Equipment (SCALING THE UPPER LIMB BEVAN PROJECT)</b>
<b>Fund code:</b>	<b>T600</b>

### 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
<b>Risk:</b> 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.
<b>Maintenance:</b> 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
<b>Storage:</b> Are there any storage implications?	Equipment will be stored within team bases and clinics.
<b>Training:</b> 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.
<b>Revenue costs:</b> 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
<b>Capital costs:</b> Details of any associated capital costs and how they will be met	Not applicable – this is a charitable fund request.
<b>Approval from Clinical Engineering Department:</b> <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](mailto: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

## 4 - IMPACT OF CHARITABLE EXPENDITURE

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

Section 1: Applicant		
Lead applicant		
Contact name:	Donna Blinston	
Job title:	Hepatology Clinical Nurse Specialist	
Department/Service:	Medical-Hepatology	
Clinical Care Group:	Medical	
Management contact		
Contact name:	Dawn Jones	
Job title:	Hospital Head of Nursing	
Section 2: Application summary		
2.1 Title of charitable funds application:		
An Additional Fibroscan Machine to Increased Identification of Liver Disease, Enabling Health Promotion, Health Education, Health Prevention and Earlier Access to Secondary Care Intervention.		
2.2 Brief description of your application:		
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.		
2.3 Total value of charitable funds requested:	£98,235.00	
2.4 Duration of project	Project start date:	ASAP
	Project end date:	Ongoing
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	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	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.

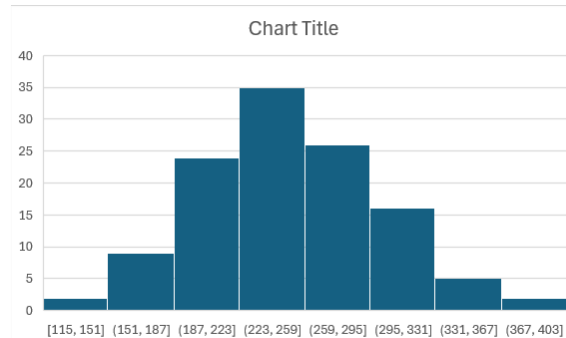
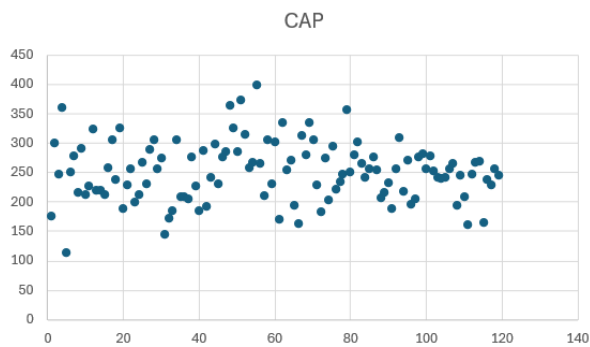
At every liver health event we have a positive scan result on around 15% of those we scan. Which is a significant amount of people with moderate to advanced liver disease when we are scanning between 35-90 people at each event. Identifying these people early, changes the trajectory of their future health 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 is 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.

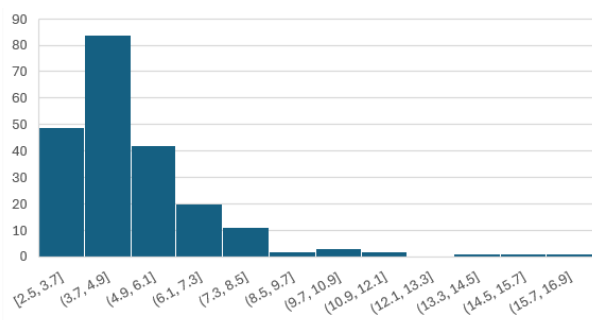
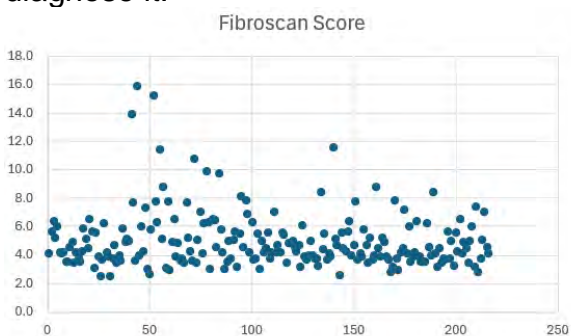
In June and July 2025 the Hepatology Team has delivered two liver health awareness events in the Bandstand on Aberystwyth Promenade, during which we have scanned around 240

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 expedient, 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
8.2 Total amount of funding requested:				
Net £ <i>Excluding VAT</i>	98,235.00	VAT £		Gross £ <i>Including VAT</i> 98,235
8.3 Designated charitable fund				
Name of charitable fund:		Charitable fund code/number:		
T851		Bronglais Hospital - General Fund		
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.				
N/A				
<b>Section 9: Authorisation</b>				
9.1 Application prepared by:				
Contact name:	Job title:		Date:	
Donna Blinston	Hepatology ANP/NMP		18/08/2025	
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:	
Dawn Jones	Hospital Head of Nursing		25/08/2025	
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:	
Peter Skitt	Clinical Care Group Service Director CIM		04/09/2025	
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		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>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 all 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

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

4.1

11:32, 10 Mins

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4.1 - Update on Expenditure: Purchase of Six Replacement Paxman Scalp Cooling Units, plus five year maintenance & training contract

*Bry Phillips (Hywel Dda UHB - Senior Nurse Manager Oncology)*

Late Paper, paper to follow. Agreed with Chair.  
(End of Project Evaluation Report.)

| For discussion

4.2

11:42, 10 Mins

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4.2 - Creative Activities for Staff Wellbeing -  
Arts in Health

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

(Mid-term report.)

| For discussion

**Attachments**

[4.2 Final Interim Evaluation Report - Staff Wellbeing November 25 V2 \(KL,~.pdf](#)

## 5 - OPERATIONAL/STRATEGIC ISSUES

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

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

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

Please direct any questions to [CharitableFundsFinance.HDd@wales.nhs.uk](mailto:CharitableFundsFinance.HDd@wales.nhs.uk) / 01267 283055 / 01827 1655.

Section 1: Applicant	
Lead applicant:	
Contact name:	<b>Kathryn Lambert</b>
Job title:	<b>Head of Arts and Health</b>
Department/Service:	<b>Arts and Health</b>
Directorate:	<b>Nursing, Quality and Patient Experience</b>
Lead director:	
Contact name:	<b>Louise O'Connor</b>
Job title:	<b>Assistant Director (Legal and Patient Support) Complaints</b>
Section 2: Application summary	
2.1 Title of application:	<b>Creative Activities for Staff Wellbeing – Arts in Health</b>
2.2 Application reference:	<b>Not applicable</b>
2.3 Date approved by CFSC/CFC:	<b>26 September 2023</b>
2.4 Value of funding approved:	<b>£35,000</b>
2.5 Project start date:	<b>8 December 2023</b>
2.6 Project end date/ estimated completion date:	<b>Original completion date was September 2025. However, an extension was agreed by the CFC on 18 March 2025 Agreed new completion date: 31 December 2026.</b>
Reporting period:	
2.7 Please indicate the period this evaluation report relates to?	
Mid-term:	<input checked="" type="checkbox"/>
End of funding:	<input type="checkbox"/>
2.8 Brief description of your application: In no more than 50 words please tell us what you received approval of charitable funds for.	
<b>To deliver a minimum of 50 creative activities for staff wellbeing reaching over 2000 members of Hywel Dda University Health Board (HDdUHB) staff over two years to improve staff wellbeing inspiring better patient care.</b>	
Section 3: Evaluation report	

### 3.1 Key achievements:

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

Since December 2023, Hywel Dda Arts and Health Team has successfully run a diverse, accessible and high quality programme of regular creative activities for staff wellbeing, with 1456 attendances by staff, that has shown that the arts have an important role to play in improving staff wellbeing, staff retention and healthy working cultures.

Since December 2023, Hywel Dda Staff have had access to a 190 hours of gentle (non medical) creative activities as follows:

#### 1. Wide Reach and Engagement

- **1456 staff attendances across more than 100 creative activities for staff wellbeing sessions.**
- Activities delivered both **online and in-person** across HDdUHB.
- Activities have taken place over lunchtimes, week days and weekends

#### 2. Diverse and accessible and high-quality sessions:

- Included **singing, storytelling, dance, visual art, weaving, collage, felting, theatre, creative writing, nature-based animation, and recycled art.**
- Sessions tailored to different staff groups following requests from services, including Welsh Learning and Speaking Staff Group, Wellbeing Champions, Diversity and Inclusion Team, Complaints Team, and Personal Assistants (PA's) to Executive Team etc.
- Some Welsh language sessions, presentations to the RespectAbility Staff Workforce, online, on demand and in person sessions to broaden accessibility
- Worked with professional artists and local and national arts partners.

#### 3. Popular Sessions

##### Creative Collective Online Sessions:

- **Singing and breathing with Welsh National Opera:** ten sessions, 68 attendances.
- **Storytelling with People Speak Up and Ceri John Phillips:** six sessions, 43 attendances.
- **Creative Writing with Kerry Steed:** six sessions, 43 attendances.
- **Hospital Rooms visual art sessions:** five sessions, 25 attendances.
- **Dance for Wellbeing:** seven sessions, 38 attendances.
- **Arts Appreciation with Aberystwyth Arts Centre:** six sessions, 86 attendances.

##### Bespoke projects for staff included:

- **The Coming to Our Senses Project – A Creative Mindfulness Programme with Theatr Cynefin:** seven sessions, ten attending
- **Notes for New Year – A Songwriting Project for staff wellbeing with Live Music Now.**

##### A range of arts activities at Staff Wellbeing Days and for Staff Teams.

#### 4. Cost-Effective Delivery

- Many sessions have been delivered at **low or no cost**, through strong partnerships with arts organisations.
- High-quality engagement has been achieved with modest budgets (e.g., £100–£600 per activity).

#### 5. Cultural and Language Inclusion

- Bilingual and Welsh-language sessions (e.g. Cwtsh Cymraeg, Oriol Odl).
- Activities have been designed to support Welsh learners and celebrate Welsh culture.

## 6. Staff-Led and Collaborative

- Some sessions led by staff themselves (e.g. nature-based animation).
- Collaboration with local artists, arts centres, and national organisations.

## Summary of Findings – Creative Activities for Staff Wellbeing Feedback

The Creative activities for staff wellbeing Feedback Forms have received overwhelmingly positive feedback from 72 staff across various professional groups and locations, who have participated in the online Creative Collective programme, this represents 11.25% of staff attending the regular sessions. Of these, over 90% of participants strongly agreed that the sessions were beneficial for their wellbeing, improved their mood, and were well-planned and of high quality. Many described the sessions as uplifting, refreshing, and a welcome break from routine, with storytelling, singing, breathing exercises, and visual arts cited as particularly impactful.

A further 35 members of staff have indicated that they would be happy to join a small focus group about the benefits of arts and health on staff wellbeing.

Participating staff appreciated the inclusive and engaging facilitators, the bilingual offerings, and the opportunity to explore new creative experiences. Memorable moments included laughter, emotional release, and a sense of connection with colleagues. Several respondents noted the value of having sessions during lunch breaks and expressed interest in attending future activities.

Suggestions for improvement included offering longer sessions, recording workshops for later access, and expanding the variety of activities (e.g. dance, weekend retreats). A significant number expressed willingness to support impact evaluation through focus groups or wellbeing scales.

- *“calming, grounding, relaxing, enjoyable.”*
- *“I thought it was brilliant. In terms of my well-being, I feel the benefits because it lifted me out of the fast-paced stress of work for 30 mins & allowed my brain to switch to relaxed and creative mode.”*
- *“Good to use the 30 min lunchtime break for something so engaging, relaxing and off-work topic, it felt like a real break.”*
- *“Something completely new and simple and easy to replicate.. and quick!”*
- *“there was a lovely blend of looking at art, the reasons why it is so beneficial and having a doodle. A lovely session and it helped me feel calmer in a busy day. A great way to spend my lunch time. looking forward to joining again next week”*
- *“Facilitator sets the tone for the group and was lovely and welcoming; kind and lovely to listen to.”*

100% of staff who have completed the surveys have said that they either agree or strongly agree with the following statements:

- *The session was beneficial for my wellbeing*
- *My mood has improved after the session*
- *I am interested in what else you have to offer and keen to attend another creative session.*
- *I was happy with the session and found it well planned and good quality*
- *It was something different that I haven't tried before.*
- *I would recommend taking part to another colleague*

Our creative activities for staff wellbeing programme have also afforded staff to experience, feel and understand the benefits of engaging with the arts for wellbeing which we believe helps staff to motivate and inspire their patients to try the arts for wellbeing as well.

**Key Themes from Question 8 “What was the most memorable thing you will take away from this session? Responses**

**1. Emotional Uplift and Joy**

- Many participants described feelings of **joy, smiling, laughter, and emotional release**.
- Phrases like “feeling of joy during the entire session”, “couldn’t stop smiling”, and “pure joy and upliftment” were common.

**2. Connection and Shared Experience**

- Several responses highlighted the **sense of togetherness, team bonding, and shared creativity**.
- Examples include “everyone enjoying together and helping each other out” and “the joy of sharing”.

**3. Creative Discovery and Inspiration**

- Participants valued learning something **new**, such as **zentangles, abstract art, or storytelling techniques**.
- Memorable takeaways included “creating something arty”, “exploring new creative opportunities”, and “inspired to create”.

**4. Personal Reflection and Mindfulness**

- Sessions prompted **self-reflection, calmness, and mental clarity**.
- Comments included “space & calm – quietened my mind”, “time to pause and time for self”, and “restored me away from the busyness”.

**5. Cultural and Linguistic Enrichment**

- Bilingual and Welsh-language elements were appreciated, with mentions of “history of language” and “hearing Welsh in full illustrative context”.

**Programme Model**

The original budget model was designed with a blend of regular activities across two years punctuated with larger projects for all staff. However, an extension was granted in March 2025 due to resource challenges that has extended the project over a three year period with the budget being sufficient to allow this to happen. Consequently, we have approval from the Charitable Funds Committee to extend the programme until September 2026.

**Budget:**

To date we have spent £10,846.99 on the programme with a plan in place to spend the remaining £24,153.01 by December 2026 which we have outlined in Section 3.7 Other below and Budget Section 4:1.

<b>We said we would deliver</b>	<b>We did</b>
<p>Promote choice, offering a wide range of activities in different artforms, on different days at different times by different artists, makers, musicians, writers and arts partners.</p>	<p>We have offered creative activities using a wide range of different artforms (singing, songwriting, weaving, card making, storytelling etc), at a range of different days and times (lunchtimes and weekends) and have worked with 26 individual creative practitioners so far.</p> <p><i>“a time to pause and time for self.”</i></p> <p><i>“Today’s session built on last week’s session. It was fun and made me smile. I feel refreshed afterwards. A lovely way to spend my lunch break!”</i></p>

	<p><i>It enabled me to overcome my inhibitions and doubts regarding my singing voice and I joined in with exuberance. I felt it was thought provoking on another level from my normal daily work.</i></p> <p><i>I enjoyed the Length of session and time to reflect.</i></p>
<p>Deliver a vibrant, regular, accessible and effective creative activities for staff wellbeing programme to capitalise on the power of the arts to help to improve staff wellbeing</p>	<p>We have delivered over 100 creative activities for staff wellbeing sessions both <b>online and in-person</b> across HDdUHB and feedback is showing that this has had a positive impact on those who have taken part.</p> <p><i>“very calming and peaceful to watch and listen to”</i></p> <p><i>“I thought it was brilliant. In terms of my well-being, I feel the benefits because it lifted me out of the fast-paced stress of work for 30 mins &amp; allowed my brain to switch to relaxed and creative mode.”</i></p> <p><i>“I enjoyed “The happiness of the participants.”</i></p> <p><i>“I liked the way my mind just went off on a tangent with no constraints.. it felt like freedom”</i></p>
<p>Work with artists - providing a wide range of creative activities to do together, on your own, in your team led by professional artists, makers, writers, musicians, dancers and singers etc at different times and days to suit different needs.</p>	<p>Our programme reflects the diverse range of artforms and artists with opportunities for staff to take part in on their own or as part of a team.</p> <p><i>“There was a lovely blend of looking at art, the reasons why it is so beneficial and having a doodle. A lovely session and it helped me feel calmer in a busy day. A great way to spend my lunch time. Looking forward to joining again next week.”</i></p> <p><i>“The delivery was perfect. Becoming aware of local artists I hadn’t heard of.”</i></p> <p><i>“Ceri is a really engaging story teller, his stories made me laugh/smile &amp; set me up for the rest of the day”</i></p>
<p>Collaborate with Workforce and Organisational Development (W&amp;OD) and Staff Psychological Wellbeing (SPWB) colleagues, other staff teams and staff networks to ensure provision of/access to a wide range of choices of appropriate, safe,</p>	<p>We have worked closely with the SPWB service, having met monthly and liaised with them on the delivery of projects. We have signposted staff to the Staff Wellbeing Gateway and staff have been signposted to the Arts and Health Service. We supported the SPWB led Withybush Willow Garden</p>

<p>high quality, kind and compassionate creative opportunities for staff</p>	<p>opening by commissioning a Willow Artist to create a sculpture with staff.</p> <p><i>“The presenter was instantly engaging and I really enjoyed the session and didn't feel as self-conscious as I thought I may have before the session.”</i></p> <p><i>“Facilitator sets the tone for the group and was lovely and welcoming; kind and lovely to listen to.”</i></p>
<p>Design the programme based on the 6 Ways to Wellbeing Model</p>	<p>We found it difficult to stick to this format and on further engagement with staff and our Creative Activities for staff wellbeing team we promoted the activities differently.</p>
<p>Evaluate the impact of the programme on staff and patient care.</p>	<p>We are still trying to develop a suitable evaluation model that helps evidence this link.</p> <p><i>“Offers an opportunity to stop, breathe and reflect from a typical chaotic / hectic / busy day. To return to work with more clarity.”</i></p>

### 3.2 Impact:

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

#### Impact

Feedback from online forms completed by 72 staff attending the regular programme revealed overwhelmingly positive feedback regarding the creative activities for staff wellbeing programme and its influence on staff wellbeing.

Separate feedback forms and evaluation reports have been prepared for bespoke projects.

The funding awarded has had a demonstrable and positive impact across HDdUHB, achieving almost all the anticipated benefits outlined in the original application. These are listed below with examples of how they are being met through the activities:

<p>Improve staff wellbeing through the provision of a vibrant, diverse and accessible programme of creative activities as a key and unique component of HDdUHB's wide range of services and resources available in HDdUHB to support staff health and wellbeing</p>	<p><b>Diversity of artforms:</b> The programme includes singing, storytelling, visual arts, dance, theatre, creative writing, nature-based animation, recycled art, and mindfulness.</p> <p><b>Accessibility:</b> Delivered both <b>online and in-person</b> across all counties (Carmarthenshire, Ceredigion, Pembrokeshire), with bilingual and Welsh-language sessions (e.g. <i>Cwtsh Cymraeg, Oriol OdI</i>).</p> <p><b>Volume:</b> Over <b>100 sessions</b> and <b>1,456 staff attendances</b> across departments and roles.</p> <p><b>Inclusivity:</b> Open to all staff, with tailored sessions for specific teams (e.g. Complaints, Legal, Inclusion, Outreach).</p>
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	<p><i>“I think that that's just helped me immensely to feel more at peace.”</i></p> <p><i>“It was really lovely to see the whole team enjoying, it was fun and really did make you feel relaxed and stop thinking about work/outside commitments”</i></p> <p><i>“It allowed me to be in the woodland while I was sat at my desk.”</i></p>
<p>Improve patient care – by enabling staff to ‘feel good and function well’ – ensuring the best outcomes for our patients.</p>	<p>Staff feedback consistently highlights <b>improved mood, emotional uplift, and mental clarity</b> after sessions.</p> <p>Activities such as <b>singing and breathing</b> and <b>creative writing</b> helped staff feel <b>energised, refreshed, and more present</b>—key factors in delivering compassionate care.</p> <p><i>“Space &amp; calm (quietened my mind) Restored me away from the "busyness"”</i></p> <p><i>“I couldn't stop smiling afterwards”</i></p> <p><i>“feeling positive and energised”</i></p> <p><i>“lifted my mood and kept me feeling positive for quite a while after his sessions.”</i></p>
<p>Contribute to staff retention &amp; cultural change across HDdUHB whereby staff have ‘more good days at work’ and are encouraged to bring their whole selves to work (including their creativity).</p>	<p>Staff described sessions as giving them “<b>more good days at work</b>”, with memorable moments including <b>joy, laughter, and team bonding</b>. Creative sessions encouraged staff to bring their <b>whole selves</b>, including their creativity, to work—supporting a more human-centred workplace culture.</p> <p>I enjoyed “Being able to relax, use my imagination.”</p> <p>I enjoyed “<i>Drawing lichen and taking time to think about the adaptability to change</i>”</p> <p><i>“Everyone enjoying together and helping each other out”</i></p> <p><i>How I giggled as the stories were being told and how nice it felt to have some light relief</i></p>
<p>Help HDdUHB to achieve a culture change in self-care, healthy break taking and supporting staff in building new habits and creative coping skills.</p>	<p>Lunchtime sessions and short formats (30–45 mins) enabled staff to take <b>meaningful breaks</b>. Activities like <b>mindful art, gratitude journaling, and nature-based animation</b> fostered <b>new habits and coping strategies</b>.</p>

	<p>Staff reported feeling <b>calmer, more grounded, and mentally restored.</b></p> <p><i>Good to use the 30 minute lunchtime break for something so engaging, relaxing and off-work topic, it felt like a real break.</i></p> <p><i>Just half an hour out of a busy day is so worthwhile.</i></p> <p><i>Good to have a break in the middle of the working day, to breathe</i></p> <p><i>Ceri is a wonderful story teller and the 30 mins is perfect for enjoying the tales whilst taking my lunch break</i></p> <p><i>loved the storytelling. I am still using the gratitude journaling ideas.</i></p> <p><i>“inspired to create.”</i></p>
<p>Demonstrate that HDdUHB cares, listens to and acts in the best interests of it’s staff and staff welfare (using a ‘you said, we did’ model)</p>	<p>The programme responded to staff feedback via the <b>“Tell Us What You Want” survey</b> and adapted offerings accordingly. Bilingual sessions and flexible formats were introduced based on staff preferences. Staff comments reflect appreciation for being <b>heard, valued, and supported.</b></p> <p><i>it brought out my honest thoughts due to the confidentiality, I feel I was allowed to be me.</i></p> <p><i>“I found the Welsh sessions with translation into English and the bilingual sessions especially interesting. I am not bilingual but really enjoy hearing things expressed bilingually as it gives more depth to the experience and I feel it benefits my well-being.”</i></p> <p><i>I can't attend the English session, so it was nice that the Welsh one was offered at a time that suits me.</i></p>
<p>Support HDdUHB in its vision to achieve a ‘Healthier Mid and West Wales’ by demonstrating/showcasing an approach to Living Well – empowering HDdUHB staff to take personal responsibility for their own health and wellbeing and delivering on our strategic objective to 1) Putting people at the heart of everything we do</p>	<p>The programme showcases a <b>Living Well</b> approach by empowering staff to take <b>personal responsibility</b> for their wellbeing. It aligns with the strategic objective of <b>“Putting people at the heart of everything we do”</b>, by prioritising staff wellbeing as a foundation for system-wide health improvement.</p> <p><i>“You've given me some tools to make a difference in my life and it is making a difference. Yeah, I think I needed this because I want to change my life. So thank you.”</i></p> <p><i>I enjoyed “The feeling of joy during the entire session.”</i></p>

*Something completely new and simple and easy to replicate.. and quick!*

*Going away and reading more stories and sharing these with my family.*

**The Coming to Our Senses** pilot, was part of a national Creative Mindfulness Project for NHS Wales staff, was evaluated separately by Centre for Health Economics and Medicines Evaluation (CHEME) Bangor University who conducted a Social Return on Investment analysis on the project.

Their Findings showed:

**Wellbeing outcomes:**

82% improved their Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) score; mean scores rose from 22.9 to 26.3.

Economic valuation:

**SWEMWBS:** £1,890 value per respondent; Social Return on Investment (SROI) = £9.19:£1. Social Value Bank: £7,316 value per respondent; SROI = £34.40:£1.

**Secondary impacts:** modest reductions in health service use (£9.41 saved per participant) and productivity gains (£79.10 saved per participant).

**Acceptability:** 97% would recommend to colleagues; qualitative data highlighted improved coping strategies, confidence, and professional functioning.

3.3 Beneficiaries:

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

1456 staff attendances from staff right across the Health Board.

Healthcare Staff in all four acute hospitals, Aberaeron Integrated Care Centre, Glien House, Tregaron Hospital have been reached.

Teams have included – Legal and Incidents, Personal Assistant Teams, Community Development Outreach Team, Welsh Language and Learners, Wellbeing Champions, Social Prescribers and Community Connectors, Partnership and Inclusion Team

Open access provision has attracted – 62% Admin and Clerical, 18% Allied Health Professionals, 10% Nurses and Clinical Support Workers, 8% Professional, Scientific and Technical.

Staff based in Carmarthenshire have been the most likely to engage with 55% taking part in the online activities.

Demographically, the majority identified as White British women aged 45–54, with a notable proportion reporting caring responsibilities or health conditions. 20% of those feeding back consider themselves disabled. The feedback highlights the strong potential of arts-based interventions to enhance staff wellbeing and foster a supportive workplace culture.

Although we cannot directly link improved staff wellbeing to patient care in this project. We can say that staff reported feeling **calmer, more grounded, and mentally restored following sessions.**

This links to evidence from BMJ Quality & Safety (2024) that “ *Time for a rebalance: psychological and emotional well-being in the healthcare workforce as the foundation for patient safety*”

- Highlights that poor staff wellbeing is directly linked to **higher sickness rates, presenteeism, and reduced patient safety.**
- NHS analysis estimates that improving staff wellbeing could save **£500 million annually** by reducing sickness absence.
- Emphasises that **psychological wellbeing is foundational to safe and effective patient care.**

### 3.4 Evaluation methods:

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

The Arts and Health Team has been using a mixed methods approach to measure the effectiveness of the funding awarded. However, evaluation for this programme has been very challenging due to the lack of Administrative Support, no independent externally funded evaluator and the short and sporadic nature of engagement that staff have to the programme.

We have begun to tackle these challenges by appointing a new part time member of staff, securing a larger portion of the budget from Hywel Dda Health Charities (HDdHC) for evaluation and will establish a Staff Focus Group in the New Year.

We have outlined changes to our Evaluation Model in the Adaptations below.

#### **What we have done so far:**

- 72 participating staff members have completed the online Form which gives us valuable insight into what staff think, want and who they are.
- Trialled the Short Warwickshire Wellbeing Scale however we found it was not well suited to the nature of engagement and Warwickshire University introduced a charge for the tool.
- Undertook and supported bespoke Evaluations for creative staff wellbeing projects within the provision – for example the Coming To Our Senses Programme of Creative Mindfulness was part of a national project evaluated by Centre for Health Economics and Medicines Evaluation (Bangor University).

### 3.5 Lessons learnt:

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

#### **What went well:**

Our Creative activities for staff wellbeing programme have been going well due to:

- findings from the initial survey with staff which has helped us shape the programme to suit the needs and preferences of staff
- need to offer alternative ways to support staff wellbeing across the organisation and the fact that arts provision fulfils a gap that no other service is providing our staff
- our high profile for arts and health
- the high levels of interest in the new and fast growing area of arts and health and the growing evidence base that shows that the arts have a key role to play in improving health and wellbeing
- the wide variety of art forms and opportunities to explore and offer staff
- the opportunity to pilot and therefore experiment and innovate to genuinely find out what suits Hywel Dda staff most and what works best

- the high quality of provision, by working with a range of professional artists and creative practitioners in a safe and compassionate way

<b>What went not so well</b>	<b>Adaptations/ How we are addressing this for 2026?</b>
Administratively heavy programme, with a lack of staff capacity in the Arts and Health Team and ongoing sickness within the Administrative role.	<ul style="list-style-type: none"> <li>• We have now appointed a part time Arts and Health Project Manager and part time Administrator who can support the delivery of this project.</li> <li>• We have also secured an extension of the project completion date, from September 2025 to December 2026, from the Charitable Funds Committee.</li> <li>• We have inducted both posts who are now able to deliver on the programme for 2026.</li> <li>• We made plans for the remaining provision.</li> </ul>
All staff have different preferences, needs and working patterns - Identifying the best day, time and platform to reach most staff is challenging	We have been moving around our provision to meet the needs of different people over time. We have developed a programme which offers online, on demand and in person activities to suit the different needs of staff.
HDdUHBWide accessibility - The scale of the geography of HDdUHB – designing a programme that is accessible to all staff wherever you are in West Wales is complex and time consuming	We will continue to offer our online Creative Collective programme throughout 2026 which offers staff regular creative activities for their wellbeing from wherever they are in HDdUHB. We have also developed a series of projects for 2026 (see 3.7) which have been designed to be engaged with on demand and in person to support accessibility and engagement.
Lack of physical space for in person activities	'Hywels quilt' is our approach to a joined up in person project, we have identified a lead to undertake an audit of physical spaces across HDdUHB, for activities to take place and will run a creative activities for staff in person programme, whereby all staff take part in the creation of one artwork.
Staff having time and/or permission to engage.	We will promote the reasons why it is important for staff to make time to engage in the provision. We will design schemes as accessibly as we can. We will work with Workforce Teams to find a way to include the request for staff to make time for self care in their Performance Appraisal and Development Review Policy (PADR).
Logistical challenges of running activities on hospital grounds	We are working with a wider Public Health Team to help remove barriers to delivering activities on hospital grounds.
No Staff Wellbeing Working Group	We understand that a Staff Wellbeing Working Group has been agreed and will be established. We will represent the Creative Activities for Staff Wellbeing on that group which will enable us to dovetail future provision with priorities.
Vacancy for Head of Staff Psychological Wellbeing	We have been meeting monthly with our Head of Staff Psychological Wellbeing and will continue to work with the team and wider staff support

	<p>departments and networks to deliver the forthcoming programme.</p>
<p>Communications – Early on in this provision the staff global email was removed from our communications tools. This contributed to a temporary reduction in attendance, and we think this may be in part due to the overloaded communications landscape in Viva, which makes it hard to stand out.</p>	<p>We have just launched a new Arts and Health Community on Viva Engage, which we hope will be our one stop shop for everything staff need to know about Arts and Health. We will work hard to build a vibrant and engaged community, that will help us to promote our creative activities for staff wellbeing programme to staff. We have also used the closed staff Facebook group, but we understand that is being closed soon.</p>
<p>Evaluation has been complex for this project. Difficulties in measuring impact on staff sickness and retention and impact on patient care.</p>	<ul style="list-style-type: none"> <li>• We have secured approval to allocate more funds to evaluation</li> <li>• We have improved our Evaluation Model to help us measure the impact of this programme.</li> <li>• We will establish a Staff Focus Group to help us to measure and capture the impact of this work. 30+ staff have now expressed an interest in joining this group.</li> <li>• We will focus on staff stories as a key element of evaluation for this project.</li> <li>• We would like to use the evaluation budget to commission a film maker to work with staff to tell the story of the impact of the project. We feel strongly that this creative approach to evaluation will help us to advocate, share the story of staff and help promote the benefits of creativity to wellbeing to our staff.</li> <li>• We will increase our artist fee for Creative Collection sessions to allow for more time for artist to provide feedback to better capture their feedback and observations.</li> <li>• Staff sickness and retention – We will work with our Workforce and Occupational Health (OH) team to understand how we can measure our impact of this work.</li> <li>• Impact on patient care – We understand there is a link between improved staff wellbeing linking to improved patient care. We will continue to measure staff wellbeing.</li> <li>• Change in habits - We will add in a question to understand personal changes made: Will you undertake /and personal actions for yourselves or colleagues following engagement?</li> <li>• We will design and introduce a short wellbeing check in and out, to be completed at the beginning and end of each session.</li> <li>• We will ensure we have a creative wellbeing check for our Staff Wellbeing Days, where findings are currently limited.</li> </ul>

Reaching all staff across the HDdUHB	We will reach out into remaining healthcare settings such as Amman Valley Hospital, Llandovery Community Hospital, Cardigan Integrated Care Community (ICC), various Mental Health Learning and Development (MHL) settings, South Pembrokeshire Hospital etc.
Reaching frontline healthcare staff remains challenging.	We will consider a new focus for 2026 and either target the groups not yet engaged, or groups HDdUHB reports as having the greatest sickness or workplace stress levels depending on guidance provided by the Staff Wellbeing Working Group.

3.6 Exit strategy (for revenue expenditure requests):  
Please tell us if, and how, the funded project will continue or has continued beyond the end of the time-limited period of charitable funding. If this project will not continue, please tell us how the project will or has been brought to a close.

Our intention is to submit a repeat application for funding in 2026 to continue the programme, and work will be undertaken with Workforce & Organisational Development to ensure alignment with organisational strategies and priorities relating to staff welfare and wellbeing.

We are also developing new concepts and exploring opportunities that bring together staff wellbeing, art and nature connectedness through innovative schemes of work.

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

**Our plans to allocate the remaining funding during 2026 are as follows:**

**Creative Collective: (£7200)**  
We will continue our regular online creative activities for staff wellbeing. Our online workshops have now been running for nearly four years. This regular online provision remains essential in the programme to enable staff to be able to access the creative programme from anywhere within the health board. It is a safe and welcoming space that we seek to continue to support and nurture. The regular nature of this provision supports the development of new creative habits and healthy break taking. This amount will cover the cost of 42 sessions.

**Through Our Lens: (£1500)**  
A creative wellbeing initiative inviting healthcare staff at HDdUHB to submit original, local, nature-based photography to be displayed on digital screens in Emergency Departments (EDs) across HDdUHB. The project aims to help transform ED environments into a more welcoming and calming space for staff and patients alike, while celebrating the creative perspectives and talents of staff members, and encouraging them to participate in a creative activity for their wellbeing.

**Hywel's Quilt: (£6500)**  
Through Welsh-language artist led workshops and the HDdUHB Arts and Health Team — hosted in staff canteens across HDdUHB sites in the run-up to the Eisteddfod — participants will reimagine discarded materials using textile techniques, such as weaving, stitching, and

patternmaking. This project will showcase the skill and creativity of HDdUHB staff, supporting connection, stress relief, and a sense of pride in shared achievement. The project will celebrate Welsh language and textile heritage and turn what was once NHS waste into a cultural centrepiece. By combining tradition with sustainability, HDdUHB staff will create a visually and culturally significant artwork for the Eisteddfod and HDUHB. We hope to provide the collective artwork with a permanent home, with the new Picton Terrace Building already being suggested.

**Coming To Our Senses: (£3000)**

Coming to Our Senses is an innovative Creative Mindfulness course led by Theatre Cynefin, integrating applied theatre, mindfulness, and flow psychology to support NHS staff wellbeing across Wales. After one successful pilot phase in HDdUHB, we will scale up the provision by offering two series of the programme over the next 12 months, if partnership funding from the Arts Council of Wales allows. The course will be co-facilitated by creative practitioners under supervisions and evaluated independently by the Centre for Health Economics and Medicines Evaluation (Bangor University).

**Staff Wellbeing Days: (£1300)**

**Bespoke/Accessibility Responsive Fund: (£1850)**

We will reserve some funds to be able to respond to ideas and access needs from staff, to ensure that we can still offer a tailored response to staff needs.

**Evaluation (£4000)**

We will commission a film maker to tell the story of the creative activities for staff wellbeing programme. We will capture staff stories alongside sharing quotes from staff and our findings from this project, in order to share our findings. We believe this will be the best way to spend our evaluation budget on this project. A film can capture hearts and minds, can be a creative approach to evaluation, provide a case study story for the project and help us to promote creative coping skills to all staff in a creative, accessible and inspiring way.

**Section 4: Expenditure**

**4.1 Expenditure breakdown:**

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

Item/Category	Budget (£)	Actual (£)	% Variance budget vs actual
Regular Artist and Musician Fees and Materials 2023 – 2025 for 105 sessions (averaging £108 per session)£13,501	£13,501	£8510.62	-37%
Bespoke projects to offer staff and teams	£5000	£1000	-80%
Evaluation	£2000	0	-100%
<b>Totals</b>	<b>£20,501</b>	<b>£9510.62</b>	<b>-54%</b>

**4.2 Outstanding expenditure:**

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

**Actual: 2023-2025**

£9510.62 equivalent to circa £100 per session, as some sessions have been freely available, so we have been able to spread the funding further.

**Planned: 2025-2026**

Creative Collective - £7200 (42 sessions)

Through Our Lense: £1500 (three x artist talks and three in person workshops) plus travel

Hywel's Quilt: £6500 (ten workshops plus creation of artwork)

Coming To Our Senses: £3000 (two x eight week programmes = 16 workshops)

Wellbeing Days £500

Live Music: £800 (five performances)

Contingency Fund (Resource Development) - £1850

Pop Up Banner for staff wellbeing days £140

Evaluation £4000

To spend: £25,500

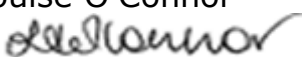
**Total: £35,000**

**Section 5: Authorisation**

5.1 Evaluation report prepared by:

Contact name:	Job title:	Date:
Kathryn Lambert	Head of Arts and Health	12/05/25

5.2 Evaluation report authorised by:

Contact name:	Job title:	Date authorised:
Louise O'Connor 	Assistant Director Legal and Patient Support	19/11/2025

For Charitable Funds Finance Department

Finance review:

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

Contact name:	Job title:	Date reviewed:
Tracy Davies	Deputy Head of Financial Accounting	27/11/2025

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

5.1

11:52, 5 Mins

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

*Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting)*

Paper will be submitted to outline and request a deferral to March 2026 paper on Review of the Charitable Funds Financial Administration and Governance Procedure. (FP420 Extension.)

| For approval

**Attachments**

[5.1 SBAR FP420 Extension\\_CFC December 2025 \(TJ, HT SD\).pdf](#)

5.2

11:57, 10 Mins

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5.2 - Update on the release of funding for the hydrotherapy pool at the Pentre Awel Village, Llanelli

*Eldeg Rosser (Head of Capital Planning),  
Anwen Pearce  
(Hywel Dda Health Board - Capital Programme Manager Planning)*

Additional verbal update to be provided.

| For assurance

**Attachments**

[5.2 SBAR CFC - Pentre Awel Hydrotherapy Pool Update - 08 December 2025 -.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Review of the Charitable Funds Financial Administration and Governance Procedure
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tim John, Head of Accounting & Statutory Reporting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

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

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

**Cefndir / Background**

The review and approval of FP 420 Charitable Funds Financial Administration and Governance Procedure is due. Owing to the ongoing 2024/25 external audit by Audit Wales, approval to extend the review period is being requested, in order to ensure that any relevant issues highlighted during the audit process can be incorporated into the revised financial procedure, which will be presented for approval at the Charitable Funds Committee (CFC) meeting in March 2026.

**Asesiad / Assessment**

Not applicable for this report.

**Argymhelliad / Recommendation**

The CFC is requested to approve an extension until 17 March 2026 to the review date of FP 420 Charitable Funds Financial Administration and Governance Procedure.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.2 Approve appropriate procedures and policies to ensure that fundraising and accounting systems are robust, donations are received and coded as instructed and that all expenditure is reasonable, clinically and ethically appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objective	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Previous procedures, internal audit report recommendations, standing financial instructions
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
Ariannol / Gwerth am Arian: Financial / Service:	Financial procedures are required to ensure sound financial control
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable

<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Financial procedures are required to ensure good governance and therefore minimise risk
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Financial procedures are required to ensure good governance and sound financial control
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

## 6 - RISK AND ASSURANCE

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Pentre Awel Hydrotherapy Pool Collaboration Agreement and Release of Funds to Carmarthenshire County Council
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning.
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Anwen Pearce, Capital Programme Manager – Planning.

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to provide the Charitable Funds Committee (CFC) with an update on the Hydrotherapy Pool Collaboration Agreement between Hywel Dda University Health Board (HDdUHB) and Carmarthenshire County Council (CCC) and the subsequent release of funds to CCC.

**Cefndir / Background**

Below is a timeline breakdown of the key activity:

- In 2012, Pittsburgh National Corporation Financial Services (PNC) (on behalf of the JC Williams Trust) agreed to provide a financial contribution to the development of a Hydrotherapy Pool at the Heol Goffa, Llanelli site from its Elizabeth Williams Endowment Fund.
- On 15 March 2018, the CFC received a position paper from Carmarthenshire County Director and Commissioner relating to the development of a Hydrotherapy Pool at the Pentre Awel site (of note: discussions by this time had moved on from the Heol Goffa site in 2012, where a more appropriate site was identified – Pentre Awel). At this meeting, the Committee supported the recommendation to proceed and progress discussions with PNC to agree the next steps to draw down the capital funding held in America.
- On 3 October 2018, the CFC received a report from the Director of Strategic Partnerships and Corporate Services following its correspondence with PNC in order to begin the process of drawing down funds. The HDdUHB was asked to demonstrate that it had enacted its responsibilities relating to the Plan and Articles of the Elizabeth Williams Endowment Fund and that it would comply with Article I (Purpose) and Article IV (Duties). The Administration Committee (AC) was asked to consider and re-affirm its proposal (CFC 15 March 2018) for the development of the Hydrotherapy Pool at the Pentre Awel site.

- At the CFC meeting held on 15 September 2020, it was agreed that the £303,230 donation held by the Hydrotherapy Pool Committee (HPC) should be accepted in support of the Hydrotherapy Pool at the Pentre Awel development.
- On 10 March 2021, an AC for the JC Williams (Elizabeth Williams Endowment) Fund convened and approved the proposal for the development of a Hydrotherapy Pool at the Pentre Awel Village and confirmed the HDdUHB's compliance with the JC Williams (Elizabeth Williams Endowment) Fund's Plan and Articles, for the use of those funds to develop the Hydrotherapy Pool service.
- The funds of £303,230 raised by the external Llanelli HPC was released to Hywel Dda Health Charities (HDdHC) in October 2022.
- J C Williams Charitable Trust (Elizabeth Williams Endowment) of £1,216,594 was released to HDdHC on 28<sup>th</sup> March 2023.
- A condition of the release of funds was that the monies allocated would benefit the population of Llanelli.

### Asesiad / Assessment

Pentre Awel is a multi-million-pound economic regeneration development across 83 acres of land in South Llanelli, which is led by CCC with an aim to create a new landmark infrastructure project, that provides facilities for business, research, education, community healthcare, leisure and assisted living and establishes an 'ecosystem' for life sciences. The HDdUHB is leasing part of the site for a Clinical Delivery Unit (CDU) to provide a range of therapy, nursing, audiology clinics, as well as research and development opportunities to develop health focused education and training opportunities and improved population health and wellbeing across all five stages of life. The HDdUHB will also provide services from the Hydrotherapy Pool.

The HDdUHB's therapy service proposes to utilise the Hydrotherapy Pool for rehabilitative and therapeutic interventions for up to 10 sessions per week (Mon-Fri 08:00-17:30). This reflects the aim to work across traditional boundaries to create better outcomes for our population and efficiencies. The integrated pathways created will maximise the adjacencies of the CDU, Hydrotherapy Pool and wider leisure facilities (including the gymnasium).

A significant amount of collaboration has been undertaken between the HDdUHB and CCC, supported by consultants ARUP, in developing the specifications and costings for the development of the Hydrotherapy Pool at the Pentre Awel development in Zone 1.

Construction of Zone 1 Pentre Awel began in March 2023 and was completed mid-September 2025 and the Leisure facilities opened to the public on the 15 October 2025. The CDU is currently being fitted out and is due to be completed by the end of 2026.

The shortfall in the capital funding for the construction of the Hydrotherapy Pool totalling £359,000 was funded by Welsh Government directly to CCC. The HDdUHB also received funding for the equipment costs of the Hydrotherapy Pool and the CDU at Pentre Awel.

A Hydrotherapy Pool Joint Working Group has been established with CCC and the HDdUHB to discuss and agree the operational and maintenance requirements of the Hydrotherapy Pool. A draft Hydrotherapy Pool Procedures document has been developed in collaboration between CCC Leisure and HDdUHB Physiotherapy colleagues. This document will continue to evolve

over the coming months as the Commissioning Plan is actioned, and the Hydrotherapy Pool becomes operational.

The HDdUHB has commissioned Legal & Risk Services to draft the Collaboration Agreement given its significance.

The release of the Funds to CCC, subject to the Collaboration Agreement being finalised has been endorsed and approved by:

- Executive Team on 5 March 2025
- Charitable Funds Committee on 18 March 2025
- The Board, in its role as Corporate Trustee of HDdHC on 27 March 2025
- JC Williams (Elizabeth Williams Endowment) Administration Committee on 2 April 2025

Significant progress has been made over recent months on the Collaboration Agreement, and it is anticipated this should be finalised imminently. It has taken some time to work through and agree key elements within the Collaboration Agreement to ensure the longevity of the Hydrotherapy Pool for the residents of Llanelli and wider population of Carmarthenshire.

Once finalised, the Collaboration Agreement will be signed under seal by the Chair and Chief Executive Officer (CEO).

Concerns have been raised by the former trustees of the Llanelli HPC in relation to the delays in the development and commissioning of the Hydrotherapy pool, particularly following the opening of Pentre Awel. The HDdUHB recognises these concerns and are in regular contact with the former Chair of the charity, providing updates on the progress. A Hydrotherapy launch event and unveiling of a plaque to recognise the charitable contributions is being arranged for December 2025, where the former trustees will be invited to attend.

### Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

- **Take assurance** of the progress to date on the work that has been undertaken to define and agree the operational and maintenance requirements within the Hydrotherapy Pool Procedures Document.
- **Note** the release of the funds to CCC will be actioned once the Collaboration Agreement is finalised and signed under seal.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>3.1 To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework. 3.2 To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>Not applicable</p>

Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Culture and valuing people 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities 3. Great care 4. Positive futures
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	<p>The design development work has been undertaken by ARUP Limited based on consultations held with representatives of HDdUHB and CCC.</p> <p>The work has been benchmarked against best practice design for hydrotherapy facilities. This has included reference site visits to facilities in Cardiff, Star College and Bath University Hospital, and desktop/market research of hydrotherapy pools and associated equipment, including HydroWorx, Hippo Leisure and Dolphin Mobility.</p>
Rhestr Termiau: Glossary of Terms:	All terminology is explained within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	<p>Pentre Awel CCC Project Board and Sub-Groups</p> <p>Pentre Awel HDdUHB/CCC Hydrotherapy Working Group</p> <p>HDdUHB Executive Team</p> <p>CCC, Council Management Team</p> <p>CCC, Preliminary Executive Board</p> <p>CCC Executive Board</p>

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	<p>There are two elements which will provide the capital to construct and fit out the Hydrotherapy Pool at Pentre Awel:</p> <ol style="list-style-type: none"> <li>1. The Charitable funds held by the HDdUHB totalling £1,516,595, received from the Llanelli Hydrotherapy Pool Committee and the JC Williams Trust</li> <li>2. £359k received by CCC from Welsh Government End of Year slippage</li> </ol> <p>The running costs of the Hydrotherapy Pool will be shared between HDdUHB and CCC based on actual usage of the pool as detailed within the Collaboration Agreement.</p>
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	<p>Services delivered will focus on wellness and not on illness and therefore on living and staying healthy and independent longer. When care is required, the person will be placed at the centre of decision making and enabled to take a key role in that process.</p>
<b>Gweithlu:</b> <b>Workforce:</b>	<p>The staffing for the Hydrotherapy pool clinical operation will be provided by HDdUHB.</p> <p>Maintenance operation will be provided by CCC.</p>
<b>Risg:</b> <b>Risk:</b>	<p>Project Board has delegated responsibility for the management of risk to the Project Management Office.</p>
<b>Cyfreithiol:</b> <b>Legal:</b>	<p>Legal agreement developed to satisfy the conditions of the Trust fund.</p> <p>Legal framework provided within the Collaborative Agreement formed between CCC and the HDdUHB.</p>
<b>Enw Da:</b> <b>Reputational:</b>	<p>The plan to develop a hydrotherapy pool in Llanelli has been under consideration for a number of years. To deliver a state of the art facility will be positive for the Health Board and will provide improved opportunities and capacity for rehabilitation within the community.</p>

<p><b>Gyfrinachedd: Privacy:</b></p>	<p>Data systems used within Pentre Awel will be based on the Public Sector Broadband Aggregation (PSBA). Discussions have been undertaken between CCC and HDdUHB Informatics Department to maximise opportunities for joint working whilst ensuring cyber security.</p> <p>Detailed planning will ensure appropriate, future proofed infrastructure is created.</p>
<p><b>Cydraddoldeb: Equality:</b></p>	<ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? Yes</li> </ul> <p>Consideration has been given to protected equality groups as part of the Health Impact Assessment (HIA) in order that these demographic cohorts are given 'due regard' within the business and service planning processes for Pentre Awel. The HIA sought to establish a suitable evidence base, gathering quantitative and qualitative data about those with protected characteristics, in order that a robust assessment can be made about the positive and negative impacts the development may have on those categorised as vulnerable or disadvantaged.</p>

6.1

12:07, 5 Mins

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6.1 - Charitable Funds Sub-Committee Update Report

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

| For assurance

**Attachments**

[6.1 CFSC Update Report December 2025.pdf](#)

7

12:12, 0 Mins

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## 7 - FOR INFORMATION

## COMMITTEE UPDATE REPORT / ADRODDIAD DIWEDDARU'R PWYLLGOR - CHARITABLE FUNDS SUB-COMMITTEE

**Date of last meeting/ Dyddiad y cyfarfod diwethaf:** 16 September (Chair's Actions) and 4 November 2025

**Quoracy/ Cworwm:** Met

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

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### KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

**Alert<sup>1</sup>** (may require discussion) **Rhybuddio** (efallai y bydd angen trafodaeth)

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

**Advise<sup>2</sup>** (to monitor)/ **Cynghori** (i fonitro)

The Charitable Funds Sub-Committee had no items of which to **advise** the CFC.

**Assure<sup>3</sup>** (to note)

The CFSC wish to **assure** members of the CFC that:

- The CFSC meeting scheduled for 9 September 2025 was stood down due to lack of quorum; a Chair's Actions meeting was held on 16 September 2025 instead.
- At the Chair's Actions meeting, two retrospective funding requests were considered. One request was declined (CF03257) as the service did not adhere to the charity's financial procedure. The second retrospective request (CF03260) was approved, due to the sensitive nature of the additional work requested as part of the funded project and the sentiment behind the memorial artwork. Both services were reminded of the correct financial procedure to follow and staff training was offered. Further information can be found in Appendix 1.
- At the Charitable Funds Sub-Committee (CFSC) meeting held on 4 November 2025, members considered and approved three expenditure requests with a value of £52,659.83. Further information can be found in Appendix 1.
- CFSC members were advised that the CFC wishes to increase charitable spending and engage Clinical Care Groups (CCGs) in the proactive planning of expenditure. The Deputy Director Medical Directorate and Head of Hywel

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

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

<sup>3</sup> There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Dda Health Charities (HDdHC) have meetings with the CCG clinical and operational leads scheduled for quarter three and four.

- CFSC members discussed new governance processes introduced since the establishment of the CCGs that require charitable expenditure requests to go through CCGs rather than delegated officers. This approach has been causing confusion and delays and could discourage colleagues from applying for funding. While the intent was acknowledged, the lack of clarity on local processes is impacting the goal to increase expenditure. The Head of HDdHC will meet the Deputy Chief Operating Officer to review alignment with the charity's scheme of delegation.
- For funding applications received for the charity's general fund, members discussed the most transparent process for assessing and shortlisting funding applications. It was agreed that the highest scoring bids would be prioritised for consideration at the December CFC meeting and that lower scoring bids should receive detailed feedback and be encouraged to re-apply in a future funding round.
- The CFSC Vice-Chair role will become vacant from December 2025 due to the retirement. The Executive Director of Workforce and Organisation Development will be asked to nominate a deputy to replace the Assistant Director of Organisation Development to retain full Sub-Committee membership.

### **Review of Risks**

Not Applicable

### **Sharing of learning**

Not Applicable

### **Recommendation**

The Charitable Funds Committee is asked to:

- Be assured on the items that the Committee is providing assurance on

Agenda, papers and minutes of the CFSC are available on request from [Fundraising.HywelDda@wales.nhs.uk](mailto:Fundraising.HywelDda@wales.nhs.uk)

## APPENDIX 1

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

Meeting: 16 September 2025 (Chair's Actions)		
Item	Comments	Decision
<p>CF03257</p> <p>Retrospective request</p> <p>Workbooks/ Reference books for domiciliary care workers</p> <p>Pharmacy &amp; Medicines Management</p> <p>£3,184.27 <i>Inclusive of VAT</i></p>	<p><b>Request:</b> Retrospective funding request for work/reference books which act as training materials and ongoing resource/reference for domiciliary care workers. A resource to support care workers to complete written assessments and practical medicine administration competency assessments during bespoke training delivered by team of pharmacy technicians.</p> <p><b>Patient benefit:</b> Providing domiciliary care workers with adequate training materials ensures vulnerable patients have a safer, more robust medication support service. Care workers are trained when to refer certain situations to their manager or health care professional, which provides a network of support for patients. Medicines taken incorrectly or not taken at all, can put patients at risk of adverse events or from disease progression.</p> <p><b>Eligibility:</b> Library facilities and resources that enable NHS staff to improve their knowledge and performance in their roles.</p> <p><b>Member comments:</b> Order placed in error from a revenue cost centre on 16 July 2025 before a charitable funds request was submitted. Unable to approve as the service did not adhere to the charity's financial procedure. Unable to reimburse a revenue cost centre from a charitable fund for an order already placed and approved by the service. Service to be reminded of the correct financial procedure to follow and offer training for staff if required.</p>	Not approved
<p>CF03260</p> <p>Retrospective Request</p> <p>Mural between Gwenllian Ward and dialysis unit at Glangwili Hospital (GGH)</p> <p>£600.00 <i>Excluding VAT</i></p>	<p><b>Request:</b> Follow up request from CF03043 that was approved in December 2024. CF03043 requested £3,200 for a mural to be painted on the outside walls between Gwenllian ward and the dialysis unit at GGH. The work was undertaken during July 2025 however the cost of the project increased by £600 since the original quote was submitted in summer 2024. This is due to a request for the mural to extend to a larger area and the inclusion of additional artwork (memorial pieces and daffodils) a dedication to a doctor from the hospital who has sadly passed away.</p> <p><b>Patient benefit:</b> The aim of the mural is to create a more friendly, uplifting environment for stroke survivors to support their mood and wellbeing during their hospital stay. The area will be visible from the stroke unit. The area will be part of an outdoor seating area for stroke survivors and their families to have a bright and colourful environment, away from the ward setting, to support stroke survivors with their rehabilitation and recovery post-stroke. This area will support physical, psychological and wellbeing recovery post-stroke.</p> <p><b>Eligibility:</b> Building and/or refurbishment works that create more welcoming and comfortable surroundings for patients, services users, visitors and staff where no NHS exchequer resources are available and will not</p>	Approved



	<p>be available for at least 5 years. Including improvement to outdoor spaces for patients, services users, visitors and staff.</p> <p><b>Member comments:</b> The Occupational Therapist leading the project was unaware of the requirement to request approval of additional funding in advance of receiving an invoice for the additional work. Verbal approval for the additions was provided by the GGH management team however no paperwork was submitted. Approved due to the sensitive nature of the additional work requested and the sentiment behind the memorial pieces. Service to be reminded of the correct financial procedure to follow and offer training for staff if required.</p>	
<p>CF03231</p> <p>Refurbishment of staff rest room</p> <p>Pharmacy Department at Withybush Hospital (WGH)</p> <p>£15,553.75 <i>Inclusive of VAT</i></p>	<p><b>Request:</b> Follow up request for CF03231 which was approved by the CFSC in July 2025. The staff room furniture quote had increased by £205.53 since the funding request was approved.</p> <p><b>Patient benefit:</b> During recent workforce culture work undertaken by the Organisational Development relationship team, an overwhelming theme came through that the current staff room is not fit for purpose which is having a detrimental effect on staff morale and subsequently well-being. The current area is dated with the furniture worn and unsuitable for the number of staff. The department has been through challenging times in the last few years and getting the room back as an area suitable for rest will have a positive impact on productivity. It is felt the room acts as a hub during periods of rest for communication within the team which improves output and hopefully patient flow.</p> <p><b>Eligibility:</b> Refurbishment works or furniture, fixtures and fittings for indoor and outdoor staff rest areas or accommodation, which would result in an improvement in staff rest and welfare facilities where such enhancements would not normally be funded by NHS resources.</p> <p><b>Member comments:</b> Insufficient information provided to understand the reason for the delay in the order being placed. Further information requested. Update 19/09/2025: The furniture order was not placed immediately to ensure the minor works were complete intime for delivery. The supplier agreed to honour the original quote. No further funding required.</p>	<p>Not approved, further information requested</p>
<p><b>Meeting:</b> 4 November 2025</p>		
<b>Item</b>	<b>Comments</b>	<b>Decision</b>
<p>CF03282</p> <p>4 x Tilt &amp; Space Chairs</p> <p>Towy Ward, GGH Hospital</p> <p>£10,572.20</p>	<p><b>Request:</b> Purchase of four tilt in space chairs to aid patient rehabilitation.</p> <p><b>Patient benefit:</b> The ward is currently hiring specialist chairs as and when needed to support the recovery of major trauma/rehabilitation patients. The need for permanent ward-based specialist chairs has been identified by the physiotherapy and occupational therapy teams to ensure there are no delays waiting for chairs to be delivered. The chairs will have a great impact on the patient's experience and journey, allowing them to be sat out of bed sooner which will help reduce deconditioning and aid the patients' rehabilitation.</p> <p><b>Eligibility:</b> Furniture, fixtures and fittings for use in clinical areas by patients, visitors, relatives or staff that create more welcoming and comfortable surroundings.</p>	<p><b>Approved</b> pending receipt of:</p> <ul style="list-style-type: none"> <li>• Current quote</li> <li>• Statement of Need approval</li> <li>• Completion of assessment</li> </ul>

VAT exempt		for medical equipment
<p>CF03302</p> <p>Patient seating</p> <p>Emergency and Urgent Care Centre, Bronglais Hospital (BGH)</p> <p>£17,087.63 <i>Inclusive of VAT</i></p>	<p><b>Request:</b> Purchase of a variety of patient chairs (clinical sofa, flip arm patient chairs, relative chairs) that has been identified as part of an improvement programme currently underway to improve the patient experience within our emergency care departments across Hywel Dda.</p> <p><b>Patient benefit:</b> New chairs would improve patient experience. It will enhance comfort and aid in early mobilisation and promote independence. It will also reduce pressure injuries and falls.</p> <p><b>Eligibility:</b> Furniture, fixtures and fittings for use in clinical areas by patients, visitors, relatives or staff that create more welcoming and comfortable surroundings.</p>	<p><b>Approved</b> pending receipt of:</p> <ul style="list-style-type: none"> <li>• Statement of Need approval</li> <li>• Completion of assessment for medical equipment</li> <li>• Confirmation of VAT status of all items</li> </ul>
<p>CF03406</p> <p>Hywel Dda University Health Board Christmas Expenditure 2025</p> <p>Health board wide</p> <p>£25,000 <i>Inclusive of VAT</i></p>	<p><b>Request:</b> This funding will be used to support expenditure on items such as gifts for inpatients and decorations for inpatient and outpatient areas across HDdUHB over the 2025 festive period.</p> <p><b>Patient benefit:</b> There is a long-standing tradition that HDdUHB's charitable funds are used to support expenditure over the festive period to improve the experience for patients visiting or staying in hospital and for staff required to work in a healthcare setting over this period.</p> <p><b>Eligibility:</b> Wellbeing initiatives which demonstrate improved experiences and outcomes for patients and service users. Initiatives that promote staff wellbeing which demonstrate a clear improvement in the wellbeing of staff that translate to improved care to patients.</p> <p><b>Members comments:</b> A discussion took place on whether the allowances were sufficient due to inflation and whether they should be increased for 2025. Members were advised that no negative feedback was received from the 2024 evaluation survey and no comments have been received on the advertised limits for 2025. Confirmation provided that the current limits form part of the charity's financial procedure that is being reviewed before March 2026.</p>	<p><b>Approved</b> including approval for the consideration of additional funding via Chair's Actions if required to meet any inflationary increases identified.</p>

7.1

12:12, 0 Mins

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7.1 - Charitable Funds Committee Annual Work Programme *Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

| For information

**Attachments**

[CFC Work Plan 2024-25 \(for December 2025 CFC\) V2 08.12.2025.pdf](#)

**8 - MATTERS AND RISKS FOR ESCALATION TO THE BOARD** *Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

Verbal, Iwan Thomas.

**HYWEL DDA HEALTH BOARD – CHARITABLE FUNDS COMMITTEE WORK PLAN 2025/2026**

The Charitable Funds Committee (CFC) meets quarterly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee’s Terms of Reference into a basic workplan - April 2025 – March 2026

<b>Agenda Item/Issue</b>	<b>Lead</b>	<b>17 June 2025 <i>Final Paper Deadline 3 June 2025 Exec Approved Papers to be received PRIOR to this date</i></b>	<b>16 September 2025 <i>Final Paper Deadline 2 September 2025 Exec Approved Papers to be received PRIOR to this date</i></b>	<b>8 December 2025 <i>Final Paper Deadline 24 November 2025 Exec Approved Papers to be received PRIOR to this date</i></b>	<b>17 March 2026 <i>Final Paper Deadline 3 March 2026 Exec Approved Papers to be received PRIOR to this date</i></b>
<b>Governance</b>					
Apologies	<b>Chair</b>	✓	✓	✓	✓
Declaration of Interests	<b>Chair</b>	✓	✓	✓	✓
Minutes from Previous Meeting	<b>Chair</b>	✓	✓	✓	✓
Table of Actions and Matters Arising	<b>Chair</b>	✓	✓	✓	✓
Annual Review of Terms of Reference	<b>Chair</b>	✓			
Annual Review of Scheme of Delegation	<b>NLI/TJ</b>			✓	
Annual Review of Charitable Expenditure Eligibility Criteria	<b>NLI/TJ</b>			✓	
CFC Annual Report to Board	<b>Chair/SD / CSO</b>	✓ (Draft 2024/25)			
CFC Self-assessment of Outcome Report – progress update (6 monthly)	<b>CSO</b>	✓		✓	
Assurance and Risk Report	<b>SD RW/CW</b>		✓	✓	✓
<b>Risk &amp; Assurance</b>					
Sub-Committee Terms of Reference: <ul style="list-style-type: none"> <li>Charitable Funds Sub-Committee</li> </ul>	<b>CFSC Chair</b>	✓			

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper</i> <i>Deadline 3 June</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	16 September 2025 <i>Final Paper</i> <i>Deadline 2</i> <i>September 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	8 December 2025 <i>Final Paper</i> <i>Deadline 24</i> <i>November 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	17 March 2026 <i>Final Paper</i> <i>Deadline 3 March</i> <i>2026 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>
Sub-Committee Update Reports: • Charitable Funds Sub-Committee	<b>CFSC Chair</b>	✓	✓	✓	✓
Sub-Committee Annual Report: • Charitable Funds Sub-Committee	<b>CFSC Chair</b>				✓
Administrative Committee Annual Meeting (Hydrotherapy Pool: JC Williams (Elizabeth Williams Endowment) Trust Fund) Update Report (March 2026).	<b>SMJ/RD</b>				✓
Small funds of JC Williams Trust managed as part of CFC. Responsibility transferring from Administration Committee. (2 April 2025)	<b>SMJ/RD</b>				<b>TBC</b>
Update on the release of funding for the hydrotherapy pool at the Pentre Awel Village, Llanelli. <b>NB</b> – Evaluation report to come back to CFC Sept/Dec 2026.	<b>ER/AP</b>				✓
<b>Operational/Strategic Issues</b>					
Approval of policies and procedures relating to charitable funds on behalf of the Board (as required)	<b>TJ</b>	✓	✓	✓	✓
Consideration of charitable funds expenditure over £50,000 (as required)	<b>Chair</b>	✓	✓	✓	✓

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper Deadline 3 June 2025 Exec Approved Papers to be received PRIOR to this date</i>	16 September 2025 <i>Final Paper Deadline 2 September 2025 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2025 <i>Final Paper Deadline 24 November 2025 Exec Approved Papers to be received PRIOR to this date</i>	17 March 2026 <i>Final Paper Deadline 3 March 2026 Exec Approved Papers to be received PRIOR to this date</i>
Review of any approvals made outside the meeting via Chair's Action or via Corporate Trustee	Chair	✓	✓	✓	✓
Acceptance and recommendation of other relevant strategies, policies, procedures, and reports relating to charitable funds, as appropriate for ratification by Board (as required)	All	✓	✓	✓	✓
Review of the Rationalisation of Charitable Funds. (Streamlining of charitable funds.)	TJ/NLI				✓
Hywel Dda Health Charities Expenditure Plan	NLI	✓			
Annual Governance and support costs associated with the running of the Charity (for Board approval)	TJ/NLI				✓
Hywel Dda Health Charities Workplan 2026/27	NLI				✓
<b><u>IMPACT OF CHARITABLE EXPENDITURE EVALUATION REPORTS:</u></b>					
<b>COVERING INTRODUCTORY SBAR</b>	NLI	✓	✓	✓	✓
Patient Experience: Bronglais Hospital FibroScan Ultrasound DB to present a patient story to CFC in 6-9 months.	DB	✓			
Update on Expenditure: 'Heads Up!' – Cancer Services Hair Loss Support	GB				✓ Final report

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper Deadline 3 June 2025 Exec Approved Papers to be received PRIOR to this date</i>	16 September 2025 <i>Final Paper Deadline 2 September 2025 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2025 <i>Final Paper Deadline 24 November 2025 Exec Approved Papers to be received PRIOR to this date</i>	17 March 2026 <i>Final Paper Deadline 3 March 2026 Exec Approved Papers to be received PRIOR to this date</i>
Update on Expenditure: Bronglais Hospital Chemotherapy Unit Project Closure Report <b>NB</b> will return June 2026 to align with Capital Programme evaluation report.	PS		✓		
Update on Expenditure: Arts in Health Provision Capacity Building Annual Review	LOC/KL				✓ Mid-term report (yr1)
Update on Expenditure: Therapeutic Live Music Programme for Critical Care (End of project)	ADT		✓ Deferral requested	✓	
Update on Expenditure: Creative Activities for Staff Wellbeing - Arts in Health	KL/LoC				✓ Mid-term report
Trainee Haematology Clinical Nurse Specialist Proposal for Ceredigion and Pembrokeshire. (End of project)	GB		✓ Final report		
Interactive singing and movement sessions for Older Adult Mental Health and Adult Frailty inpatient wards	KL		✓ Mid-term report		
Purchase of six replacement Paxman scalp cooling units, plus five-year maintenance and training contract	BP		✓ Deferral requested to December 2025	✓	
<b><u>APPROVAL OF CHARITABLE FUNDS EXPENDITURE:</u></b>					
<b>COVERING INTRODUCTORY SBAR</b>	NLI	✓	✓	✓	✓

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper</i> <i>Deadline 3 June</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	16 September 2025 <i>Final Paper</i> <i>Deadline 2</i> <i>September 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	8 December 2025 <i>Final Paper</i> <i>Deadline 24</i> <i>November 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	17 March 2026 <i>Final Paper</i> <i>Deadline 3 March</i> <i>2026 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>
Consideration of funding request from the charity's General Fund	NLI			✓	
Development of Therapeutic Gardens at PPH	AC/NM/ SB		✓		
"Heads Up!" Initiative – Cancer Services Hair Loss Support	GB		✓		
<b>Performance</b>					
Integrated Hywel Dda Health Charities Performance Report including: <ul style="list-style-type: none"> <li>Investment performance</li> <li>Delivery of annual workplan against Strategic Objectives.</li> </ul>	NLI/TJ	✓	✓	✓	✓
Allocation and Level of Cash Holdings (Report on the appropriate allocation of funds for the HDdHC to hold in cash, in addition to determining a reasonable level of risk on any such allocation across cash and investments.)	TJ	✓			
Draft Annual Accounts (2024/25)	HT/RD			✓	
Final Annual Report & Accounts (2024/25) <b>NB</b> - TBC if need and extra-ordinary meeting in January 2026 re this.	HT/RD			✓	
Annual Review of the Deposit Account Balance.	RD/TJ		✓		
Internal Audit Report on Charitable Funds (Subject to confirmation)	Chair/Int ernal Audit				
HDdHC Investment Advisor Update (External CCLA)	DM	✓ In person	✓ Virtual	✓ Virtual	✓ Virtual

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper</i> <i>Deadline 3 June</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	16 September 2025 <i>Final Paper</i> <i>Deadline 2</i> <i>September 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	8 December 2025 <i>Final Paper</i> <i>Deadline 24</i> <i>November 2025</i> <i>Exec Approved</i> <i>Papers to be</i> <i>received PRIOR to</i> <i>this date</i>	17 March 2026 <i>Final Paper</i> <i>Deadline 3 March</i> <i>2026 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>
* <b>NB</b> Investment Advisor - to attend the June and December meetings in person and attend virtually in March and September.					
<b>For Information</b>					
CFC Workplan 2025/26	<b>CSO</b>	✓	✓	✓	✓
<b>Administration</b>					
Agenda setting meeting with Chair & Lead Exec at least 6 weeks prior to meeting	<b>CSO</b>	✓	✓	✓	✓
Draft agenda to go to Executive Team	<b>CSO</b>	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	<b>CSO</b>	✓	✓	✓	✓
Quality check agenda and papers prior to dissemination	<b>CSO</b>	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to meeting	<b>CSO</b>	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	<b>CSO</b>	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	<b>CSO</b>	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Exec review	<b>CSO</b>	✓	✓	✓	✓
Prepare 3 A's report to Board (to be signed off by Chair & Lead Exec prior to submission)	<b>CSO</b>	✓	✓	✓	✓

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper Deadline 3 June 2025 Exec Approved Papers to be received PRIOR to this date</i>	16 September 2025 <i>Final Paper Deadline 2 September 2025 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2025 <i>Final Paper Deadline 24 November 2025 Exec Approved Papers to be received PRIOR to this date</i>	17 March 2026 <i>Final Paper Deadline 3 March 2026 Exec Approved Papers to be received PRIOR to this date</i>
Prepare schedule of meeting dates for next financial year	<b>CSO</b>	✓	✓	✓	✓
Prepare Annual Workplan for next financial year	<b>CSO</b>	✓	✓	✓	✓
Invite Audit Wales representative	<b>CSO</b>			✓	
<b>Corporate Trustee</b> SBAR paper for board. Produced following each CFC meeting. <i>If no approval for funding over £100k can be stood down.</i> (Liaise with CM.)	<b>NLI (SD is ED lead)</b>	✓	✓	✓	✓

**NB** Item 1.9 Ratification of Charitable Funds  
Decision by the Corporate Trustee – no longer comes to CFC. (June 2025)

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

<b>SD</b>	Sharon Daniel	<b>HT</b>	Huw Thomas	<b>JW</b>	Joanne Wilson	<b>NLI</b>	Nicola Llewelyn
<b>RD</b>	Rhian Davies	<b>TJ</b>	Tim John	<b>CFSC</b>	Carly Hill	<b>SMJ</b>	Sian Marie James
<b>DB</b>	Donna Blinston	<b>GB</b>	Gina Beard	<b>PS</b>	Peter Skitt	<b>LOC</b>	Louise O'Connor
<b>KL</b>	Kathryn Lambert	<b>ADT</b>	Abbi Daneil Thomas	<b>ST</b>	Suzanne Tarrant	<b>HH</b>	Heather Hinkin
<b>DM</b>	Daisy Mannifield	<b>CM</b>	Clare Moorcroft	<b>CSO</b>	Committee Services Officer	<b>D</b>	Deferred

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## 9 - ANY OTHER BUSINESS

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

Charity Commission Autumn update (for information)

### **Attachments**

[Charity Commission News October 2025 - GOV.UK \(NL\).pdf](#)

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## 10 - DATE AND TIME OF NEXT MEETING

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

17 March 2026; 09:30 - 12:15  
(No IC-CFC to follow on from this 8 December 2025 meeting.)



Correspondence

# Charity Commission News: October 2025

Updated 24 October 2025

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**Applies to England and Wales**

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This publication is available at <https://www.gov.uk/government/publications/charity-commission-news/charity-commission-news-october-2025>

# Counting down to Trustees' Week 3-7 November 2025

Trustees' Week is an annual celebration of the incredible impact made by you and your fellow trustees - including the nearly one million trustees from across the UK.

Get involved by signing up to a wide range of events across the week, which support trustees with themes such as how to build your confidence, navigate crisis and approach risk. Your charity can also get involved by downloading creative posts from our digital toolkit to share across your comms channels.

[Visit the Trustees' Week website \(https://trusteesweek.org/?utm\\_source=TW\\_CCNEWS&utm\\_medium=CC\\_NEWS&utm\\_campaign=TW\\_2025&utm\\_id=TW\\_2025\)](https://trusteesweek.org/?utm_source=TW_CCNEWS&utm_medium=CC_NEWS&utm_campaign=TW_2025&utm_id=TW_2025)

## Key risks facing charities – new report

Last month we published the first annual Charity Sector Risk Assessment, produced to support trustees and charity leaders to understand the risk landscape and support their decision making. Drawing on a range of data and intelligence from annual returns and our casework, it identifies systemic risks such as to financial resilience and to public benefit. We encourage charities to consider the report as they review their own risks. It signposts a range of our relevant guidance to support you.

[Read the charity sector risk assessment 2025 report \(https://www.gov.uk/government/publications/charity-sector-risk-assessment-2025\)](https://www.gov.uk/government/publications/charity-sector-risk-assessment-2025)

## Support managing your finances

With growing evidence of financial pressures across the sector, our financial management guidance is here to support you. Finances are the responsibility of all trustees, not just the treasurer, and it's important to be prepared for any situations that may arise. We've pulled together a range of tools and resources to give you practical support including checklists, relevant guidance and a financial health checker.

[Trustee Finance Toolkit \(https://beingacharitytrustee.campaign.gov.uk/trustee-finance-toolkit/?utm\\_source=ccnews&utm\\_medium=email&utm\\_campaign=ffocus&utm\\_id=oct25\)](https://beingacharitytrustee.campaign.gov.uk/trustee-finance-toolkit/?utm_source=ccnews&utm_medium=email&utm_campaign=ffocus&utm_id=oct25)

## SORP – the charity accounting rules

Ahead of the publication of the new Charity SORP 2026, which is expected later this month, the [SORP-making body has published an update blog \(https://charitycommission.blog.gov.uk/2025/09/02/reflections-on-the-consultation-for-the-charities-sorp-2026-from-the-charities-sorp-making-body/\)](https://charitycommission.blog.gov.uk/2025/09/02/reflections-on-the-consultation-for-the-charities-sorp-2026-from-the-charities-sorp-making-body/).

It also wants to remind charities that they need to get ready for some critical changes to requirements that are being introduced to the UK accounting standard that will apply to those producing SORP accounts.

## New Code of Fundraising Practice

The Fundraising Regulator's new Code of Fundraising Practice comes into effect on 1 November 2025. The revised code is clearer, more flexible and better suited to modern fundraising. To support organisations in applying the new code, they have published a set of [support guides \(https://www.fundraisingregulator.org.uk/code/code-2025\)](https://www.fundraisingregulator.org.uk/code/code-2025). To find out more about the key responsibilities for trustees and how the new code interacts with the work of the Charity Commission, sign up for the Fundraising Regulator's webinar on 6 November 2025.

[Sign up for the webinar \(https://us02web.zoom.us/webinar/register/WN\\_W-yyxiOoR\\_O8XNKp38Q1-g#/registration\)](https://us02web.zoom.us/webinar/register/WN_W-yyxiOoR_O8XNKp38Q1-g#/registration)

# Reminders

Annual Returns – make sure you are prepared ahead of your charity’s filing deadline. Read our guidance on how to [submit your annual return \(https://www.gov.uk/guidance/prepare-a-charity-annual-return\)](https://www.gov.uk/guidance/prepare-a-charity-annual-return). You can [sign in to the online service to file your annual return \(https://my-charity-account.charitycommission.gov.uk/sign-in\)](https://my-charity-account.charitycommission.gov.uk/sign-in).

Date for your diary – [Charity Fraud Awareness Week \(https://preventcharityfraud.org.uk/awareness-week/\)](https://preventcharityfraud.org.uk/awareness-week/) 8-12 December 2025.

