

MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING

DATE OF MEETING: 09:30 AM, Tuesday 17 September 2024

VENUE: Ystwyth Boardroom/Microsoft Teams.

PRESENT: Delyth Raynsford (Independent Member) (Chair)
Iwan Thomas (Independent Member) (Vice Chair) (VC)
Ann Murphy (RCN Trade Union Rep - Independent Member) (VC)
Rhian Davies (Assistant Director of Finance - Financial Planning & Statutory Reporting), deputising for Huw Thomas, Director of Finance
Sharon Daniel (Director of Nursing, Quality and Patient Experience)

IN ATTENDANCE: James Severs (Executive Director of Allied Health Professions and Health Science)
Sian-Marie James (Assistant Director of Corporate Legal Services and Public Affairs) (VC)
Cllr. Rhodri Evans (Independent Member) (VC) (Part)
Tracy Davies (Finance Business Partner - Accounting & Statutory Reporting) (VC)
Anthony Dean (Staff Side Representative)
Carly Hill (Assistant Director) (Charitable Funds Sub-Committee Chair)
Timothy John (Senior Finance Business Partner (Accounting & Statutory Reporting))
Nicola Llewelyn (Head of Hywel Dda Health Charities)
Peter Skitt (County Director Ceredigion) (VC) (Part)
Daisy Mannifield (Client Investment Director, CCLA) (VC) (Part)
Liz Tooby (Clinical Programme Manager) (VC) (Part)
Richard Kelly (Practice Educator) (VC) (Part)
Nick Davies (Service Delivery Manager, Acute Paediatric and Neonatal Services) (VC) (Part)
Donna Blinston (Advanced Nurse Practitioner, Hepatology) (VC) (Part)
Bry Phillips (Senior Nurse Manager, Oncology) (VC) (Part)
Clare Strudwick (Committee Services Officer) (Secretariat)
Karen Richardson (Corporate and Partnership Governance Officer)

Minutes Ref.	Item	Action
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CFC(24)44 WELCOME AND APOLOGIES

Mrs Delyth Raynsford welcomed everybody to the meeting. Apologies had been received from:

- Ms Anna Lewis, Independent Member

- Mr Huw Thomas, Director of Finance

CFC(24)45 DECLARATION OF INTERESTS

There were no declarations of interest.

CFC(24)46 MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON 21 JUNE 2024

The minutes of the Charitable Funds Committee (CFC) meeting held on 21 June 2024 were reviewed and approved as a correct record of proceedings.

Decision: RESOLVED – The minutes of the Charitable Funds Committee meeting held on 21 June 2024 were accepted as an accurate record of the meeting.

CFC(24)47 MATTERS ARISING AND TABLE OF ACTIONS FROM THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON 21 JUNE 2024

The Table of Actions arising from the CFC meeting on the 21 June 2024 was reviewed.

In relation to **CFC(24)25 ('Charitable Funds Committee Annual Report 2023-2024. To amend the wording within the Investment Advisor Performance Update')**, Ms Rhian Davies confirmed that this action had already been completed.

CFC(24)34 Charitable Funds Sub-Committee Update Report. To include an update on expenditure request for hoodies from Carmarthenshire Community Service Team, in the Charitable Funds Sub-Committee update report to CFC on 17.09.24.) Mrs Nicola Llewelyn confirmed that this action was closed, the application had not been supported and was not an agenda item for today's meeting.

CFC(24)28: Update on the Construction and arrangements of The Hydrotherapy Pool at the Pentre Awel Village, Llanelli. To feedback the outcome of the discussion at Executive Team to the CFC Chair and Vice Chair and agree the next steps.

CFC(24)48 INTEGRATED HYWEL DDA HEALTH CHARITIES PERFORMANCE REPORT

Mr Timothy John presented the Integrated Hywel Dda Health Charities (HDdHC) Performance Report covering the quarter up to the 30 June 2024.

Mr John advised that the net outgoing for the period was £99,679. Donations and fundraising income totalled £135,304 compared to the £229,379 for the same period in the previous year, reflecting a decrease in income.

The HDdHC investment income of £145,758 was significantly more compared to the same period last year. However, there was a decrease in legacies and donations by £118,051.

The closing value of investments held by the charity on 30 June 2024, was £8,924,376 compared with £8,160,906 at the same date in 2023.

£6,158,833 is held by CCLA in a high interest deposit account, Mr John stated HDdHC would be looking to take a proportion of this and transfer it into the Ethical Investment Fund.

Mrs Nicola Llewelyn highlighted that there has been an unexpected decline in income to the charity. However, it was acknowledged that the same period for the previous year was a particularly exceptional period with regards to receipts, both from the Bronglais Chemo Appeal and significant gifts received for the Pentre Awel hydrotherapy pool. Mrs Llewelyn flagged the need for a review to be undertaken before the December CFC meeting to ensure that the outgoings of the charity reflect the level of income being generated.

Mrs Llewelyn and Mr John will undertake a review of governance and support costs, ensuring that the charity has the correct skills mix and that a balance exists between stewardship and fundraising. Furthermore, Mrs Nicola Llewelyn noted that there had been a considerable increase in the amount of time the team spends providing support regarding access to funding and navigation of the procurement process. Mrs Llewelyn added that proposals on how best to proceed will be presented to the December CFC meeting.

NL/TJ

Mrs Sharon Daniel understood that this was an action agreed at a previous CFC meeting. In response Mrs Llewelyn advised that whilst it was originally agreed to present a report to today's meeting, it was delayed due to the reported decline in income, with a more comprehensive analysis required rather than an overview of the fundraising team only.

Mr Iwan Thomas offered to meet with Mrs Llewelyn and provide insight from an external perspective; for example the wider external charities market, in terms of grants, fundraising, and a comparison of performance for consideration in the report to the December CFC meeting. Mr Thomas stressed the need to ensure the HDdHC continues to grow, thrive and develop. Mrs Raynsford believed it would be beneficial to include finance representatives at the meeting.

IT/NL/
TJ

In response to a question from Mrs Raynsford, Mrs Llewelyn advised that the charity is operating in a challenging economic climate. One notable national health care charity had recently made extensive redundancies. Mrs Llewelyn made further references that, both NHS Wales and NHS England charities are currently seeing mixed results across the board with some experiencing growth and others a decline. NHS Charities Together, the umbrella organisation for NHS charities is providing support to HDdHC, via sector wide sessions, aiming to build a greater understanding in terms of common themes being experienced by NHS charities.

Ms Rhian Davies outlined the difficulties of benchmarking data within the report, with the finance team looking at Key Performance Indicators to ensure that better data comparisons can be made.

Ms Ann Murphy highlighted that HDdHC targeted fundraising appeals appeared to be more successful than the general fundraising taking place. Mrs Llewelyn acknowledged that this was something that would be reflected on when moving forward with the HDdHC future fundraising strategy.

In response to a question from Mrs Raynsford with regards to specific concerns, Mr John expressed a concern regarding HDdHC's fall in income and as well as the substantial administrative burden which is increasingly falling on the HDdHC team members relating to supporting colleagues with expenditure requests.

However, Mr John welcomed the fact that HDdHC is fulfilling an objective of the charity's strategy, to spend an increased amount of monies on appropriate and meaningful charitable projects.

Mrs Llewelyn expressed that a consideration of the analysis to be undertaken for the December meeting is to understand the percentage of apportionment of governance and support costs across designated funds to ensure that the highest percentage possible of every pound donated is allocated directly to the intended cause, with any organisational costs being proportionate.

Mr James Severs questioned whether benchmarking with other comparable charities was taking place, especially externally to the HDdHC organisation on a national and international level.

Mrs Nicola Llewelyn outlined that benchmarking was conducted via an annual financial survey and best practice shared across the 240 NHS charities by NHS Charities Together. It should be noted that these charities do not compete with each other and are willing to share and collaborate in terms of grant funding and sharing best practices.

In response to a further query from Mr Severs relating to clarification as to what was appropriate to spend charitable funds on and what was eligible, Mrs Llewelyn advised that more frequent communications are being issued, including on staff only social media, and confirmed that guidelines on applying for funding have been updated on our intranet two weeks ago. In terms of the eligibility criteria, this was last updated 18 months ago. Following a meeting with the Corporate Governance Team an annual review will now be undertaken and is due to be presented to the CFC in March 2025. Following further discussions, Members believed that a draft for consideration should be presented to the next CFC meeting in December 2024, with the final version for approval to CFC in March 2025.

NL

CFC agreed that the Board should be advised of the downturn in income of the charity.

Decision: The Charitable Funds Committee **NOTED** the content of the Integrated Hywel Dda Health Charities (HDdHC) Performance Report and

the steps that are being undertaken to address the decline in the charity's income levels.

CFC(24)49 HDDHC Investment Advisor

Ms Daisy Mannifield, Client Investment Director, CCLA, provided the Committee with a verbal update, advising that a written update will be presented to CFC on 13 December 2024.

Ms Mannifield reported that The Permanent Endowment Fund, which was initially £2.156M in 2022 when CCLA took over management of the portfolio which now stands at £2.4M. The general investment fund was initially £5.9M and has increased to £6.6M. On 12 December 2023, £6M was put into CCLA's Chief Charities Deposit Fund. As of end of August 2024, the portfolio increased by 17.66% since HDdHC began investing with CCLA.

Ms Mannifield reported that there is an expectation that growth will slow, although the pace of this slowdown is currently unknown. It should be recognised that wider inflation and geo-political events impact growth rates, including the outcome of the US election. The outlook is that no recession is expected and CCLA remains 'risk on' continuing to hold 70% in equities and quality companies looking for long term growth.

In response to a query from Cllr. Rhodri Evans, Ms Mannifield outlined that in terms of overall risk HDdHC held a multi-asset balanced portfolio, of medium balanced risk.

*Ms Daisy Mannifield left the meeting.
Cllr Rhodri Evans left the meeting.*

DM

CFC(24)50 Update on Expenditure: Simulation-Based Education Equipment

Mrs Nicola Llewelyn reported this is the first meeting where the new evaluation report templates approved at the June CFC meeting, have been presented.

Ms Liz Tooby, Clinical Programme Manager and Mr Richard Kelly, Practice Educator thanked the CFC for the donation the project had received. It was noted that the Simulation-Based Education Equipment had already proved highly beneficial to staff and furthermore, through external engagement events held at local schools, which has served to benefit the Health Board's potential future workforce.

Mr Kelly outlined to the Committee how the Simulation Equipment allows multi professional staff to hone their skills in a safe environment, enabling them to put theoretical skills into practice and ultimately results in a much higher level of patient care being delivered.

Ms Tooby reported that the equipment enables staff to practice events that are rarely encountered however require immediate action. In one

particular instance, the training resulted in a patient surviving a scenario which was similar to one practiced in simulation training.

Ms Sharon Daniel welcomed the equipment being used for inter-professional training and the beneficial impact the equipment was having on workforce plans via school engagement events. Ms Daniel requested that the presenters return to QSEC with patient outcome data at a later date.

LT/
RK

Following an inquiry from Mr Severs, Ms Tooby confirmed that the simulation equipment would be employed as an educational resource equitably across the Health Board for all Directorates and at all locations. Furthermore, Mr Kelly presented the example of simulation scenario training being provided to Community based GP receptionists, enabling them to develop the skills to de-escalate confrontational situations in a safe environment. Mr Kelly clarified that the simulation scenarios which are selected for training are identified from issues arising out of the Quality and Safety Committee (QSEC) and in collaboration with Swansea University and their simulation centre and educators.

Following a question from Ms Murphy, Ms Tooby detailed to the CFC that they are working with the Future Workforce Team, alongside Local Authorities, to develop and deliver an engagement programme with local schools promoting careers in health and social care.

Mr Delyth Raynsford thanked the presenters for their detailed and engaging report and reiterated the desire to see the equipment used Health Board wide, including for the training and education of staff in Community settings.

Decision: The Charitable Funds Committee:

- **NOTED** the content of the evaluation report for Simulation-Based Education Equipment
- **DISCUSSED** the positive impact of the approved charitable funds expenditure request.

Ms Liz Tooby & Mr Richard Kelly left the meeting.

CFC(24)51 Update on Expenditure: Neonatal Ventilators

Mr Nick Davies, Service Delivery Manager, Acute Paediatric and Neonatal Services thanked the Charitable Committee for the £121,000 of funds received and presented an update on the four new Neonatal Ventilators that had been purchased. Mr Davies reported that the new ventilators, with the volume guarantee they provided, have resulted in excellent outcomes for 10 babies and that furthermore 28 babies have benefited from CPAP ventilation.

In answer to Mr Severs query pertaining to assets and risk assessments regarding Health Board equipment and the prioritising of equipment requiring replacement, Mrs Nicola Llewelyn outlined how she works closely with Clinical Engineering, the Operations Directorate's Business and Governance team and Capital Planning team to identify priorities,

prior to requests being submitted to the CFC. Equipment with significant patient impact is prioritised rather than equipment needing to be replaced for compliance reasons.

Mrs Raynsford, agreed with Mr Severs that it would be good to set a required level of impact of Charitable funds prior to request approval, rather than quantifying outcomes after the Charitable funds are released. Mr Severs agreed to support Mrs Nicola Llewelyn in this regard.

**JS/
NL**

Mr Davies, following questions from Ms Daniel, agreed to clarify with clinical staff the impact the new neonatal ventilators had on patient outcomes, and return this information to QSEC

ND

Following questions from Mr Thomas, Mr Davies reported the maintenance plans for the neonatal ventilator machines are five years, and that all training surrounding upgrades to the machines is included in the total spend and the package commissioned.

Mrs Raynsford requested that Mr Davies liaise with Ms Daniel and provide a quality assurance report to QSEC to provide assurance.

**ND/
SD**

Decision: The Charitable Funds Committee:

- **NOTED** the content of the evaluation report for Neonatal Ventilators
- **DISCUSSED** the positive impact of the approved charitable funds expenditure request.

CFC(24)52 Update on Expenditure: Bronglais Hospital Fibroscan Ultrasound

Ms Donna Blinston, Advanced Nurse Practitioner Hepatology, presented the report on the impact the Fibroscan Ultrasound has made on her service. Ms Blinston reported that 468 scans have been conducted to date using the Fibroscan equipment, 24 patients showing as moderate, 41 as advanced and 31 patients diagnosed with liver cirrhosis.

Ms Blinston further advised the Committee that major impacts have been seen due to the additional feature of the new Fibroscan providing a CAP reading, enabling staff to quantify the percentage of fattiness in the liver. This facility was not available to Ms Blinston previously and has had a direct impact on patient awareness and education, enabling patients to take greater responsibility for their ongoing health. The CAP feature is proving especially effective where bloods taken register as within normal levels, yet the CAP reading shows the underlying percentage of fattiness present in the liver.

Responding to a question from Mr Severs, Ms Blinston confirmed that Fibroscan Ultrasound with the CAP facility is available across the Health Board and patient treatment is geographically equitable.

Ms Blinston reported the Fibroscan machine has transformed her outreach service due to it being smaller, lightweight, and highly portable in nature. This has allowed her to treat more vulnerable patients that would struggle to

get to hospital. Ms Daniel proposed meeting with Ms Blinston to discuss the wider outreach potential of the Fibroscan.

**DB/
SD**

In response to a query from Mr Severs, Ms Blinston confirmed that the Fibroscan has enabled the service to identify pockets of illness within the Health Board and has enabled the team to work together to improve the overall service provided to Health Board patients.

Ms Blinston agreed to share a patient story with CFC at the request of Mr James Severs in six to nine month's time.

DB

CFC agreed that the Board should be assured with regard to the three updates on expenditure.

Decision: The Charitable Funds Committee:

- **NOTED** the content of the evaluation report for Bronglais Hospital Fibroscan Ultrasound
- **DISCUSSED** the positive impact of the approved charitable funds expenditure request.

Mr Peter Skitt joined the meeting.

CFC(24)53 ENHANCEMENTS TO THE OUTPATIENT AREA AT BRONGLAIS GENERAL HOSPITAL CHEMOTHERAPY DAY UNIT

Mr Peter Skitt outlined how there had been a curtailment of elements of the original overall refurbishment plans of the Bronglais General Hospital (BGH) Chemotherapy Day Unit (CDU) to ensure that costs were adhered to. This application for funds to the CFC, comes in light of the opportunity of a significant donation from a local family, which will enable the refurbishment of the Outpatient area of BGH CDU to meet the original level of the refurbishment that was desired although previously curtailed. The granting of charitable funds would provide a seamless approach to refurbishment of the Outpatient area, providing significant benefit to both staff and patients in terms of the environment.

Mr Skitt further advised the CFC that the family were particularly keen to make the refurbishment of BGH CDU the focus of this generous donation and that should the donation not be allocated to this project, the amount to be donated may be of a lesser value.

Mr Skitt sought clarification from CFC, firstly that the donation could be accepted, and secondly agreement that the donation could be spent in the way outlined in the paper, namely enhancing the Outpatient area of BGH CDU. Mr Skitt further reported that should the agreement to undertake this work be agreed, it would result in an extension of the existing contract by one week.

Ms Llewelyn provided background to the nature of the charitable donation. The will in question, states that 10% of the overall gross value of the estate

has been left to three named charities, with the Executors having the discretion to decide on the share that each charity receives as they see fit.

Ms Llewelyn further advised CFC, the family, acting as Executors, have expressed a very strong preference to support this particular project, and that if it is decided that the large donation should not be allowed to be accepted and spent in this way, HDdHC is not clear what gift from the estate would be received. Ms Llewelyn advised the Committee that HDdHC is liaising directly with the family acting as Executors rather than a solicitor.

Ms Sian-Marie James outlined that legally as Executors of the will, they do not need to have legal representation. The will is very clear, it is the Executors that have to be satisfied that they have met the requirements of the will.

In response to a question from Ms James, Mrs Llewelyn advised that there were no other conditions imposed upon the Health Board apart from that the gift be used to cover what is proposed in the paper and specifically no conditions are in place in terms of naming rights.

Mrs Nicola Llewelyn clarified that as a charity, there is a financial procedure that discusses refusal and acceptance of a donation and any risks associated with the acceptance of the donation is outlined in the paper.

Mrs Raynsford stated that due to the amount of £115,779.40 the decision will have to be presented to the Corporate Trustee for ratification. Considering the risks and mitigations outlined in the paper, the Charitable Funds Committee was in agreement to recommend this is an appropriate way to spend the donation.

Ms Murphy, believed the donation should be accepted as an opportunity to fulfil the original plans for CDU and to honour the family's wishes.

In response to Mr Severs question, Mr Skitt advised that there were no significant costs as a result of the one week delay to the project and any costs were included in the total of £115,779.40.

Mr Skitt provided clarification to Ms Daniel's queries regarding timescales, reporting that the project was on schedule and due to complete in March 2025 and that the rental of a mobile unit at BGH was not an issue to the project.

In response to a query from Ms Davies, Mrs Nicola Llewelyn confirmed, that the family would be happy to release funds in full following written confirmation of discussions and agreements following the Corporate Trustee meeting, and that funds would be released prior to any instruction issued to contractors.

Mr Anthony Dean understood that if the work were to take place as a separate project after the general work at BGH was completed, it would likely be considerably more expensive.

In response to a query from Ms James relating to the wording of a risk in the paper, Mr Skitt confirmed that this proposal did align with the priorities for the BGH CDU unit scheme as well as the clinical views and staff views who had been consulted and involved in discussions with regard to how the family donate the money.

DECISION: The Charitable Funds Committee **CONSIDERED** and **RECOMMENDED FOR APPROVAL** to the Board, in its capacity as Corporate Trustee, the request to the release of £115,779.40 of charitable funds for enhancements to the Outpatient area at Bronglais General Hospital's Chemotherapy Day Unit.

Mr Peter Skitt left the meeting.

CFC(24)54 Purchase of 6 replacement Paxman Scalp Cooling Units plus 5 year maintenance and training contract

Mx Bry Phillips, Senior Nurse Manager, Oncology presented the request for approval of charitable funds to purchase six replacement Paxman scalp cooling units, plus five-year maintenance and training contracts to the CFC.

Mx Phillips outlined to the Committee how the Paxman scalp cooling units operate and provide an improvement to patient experience as part of chemotherapy treatment. The units have been shown to be effective in either preventing or minimising the distressing side effect of hair loss.

Mr Severs requested assurance regarding the efficacy of the units. In response Mx Phillips acknowledged that results can be inconsistent depending on a range of individual patient factors. Adding that the existing systems in use are obsolete and will not be serviceable from September 2024. The request for funding replaces like for like equipment and both the training costs of staff on the new units and the maintenance service contracts are included in the total funding request amount.

Ms James sought assurance that the correct procurement processes had been followed in the request. Mrs Llewelyn confirmed that conversations with procurement had taken place and that they were aware of the charitable request, however, she was not in a position to confirm the procurement process that had been agreed. Therefore, it was agreed to confirm and seek assurance from the Procurement Team that the correct procurement process had been followed in this application for charitable funds.

NL

In response to a query from Ms Daniel, Mx Phillips, confirmed that the scalp cooling treatment is provided in other centres across Wales and that patient tolerance is variable irrespective of the model of scalp cooler in use.

Mrs Raynsford enquired whether there is data available to quantify patient benefits. In response, Mx Phillips advised that it is widely recognised that this treatment is something which does offer value to patients.

Following a query from Mr Severs relating to the contracts for the existing scalp cooling units, Mx Phillips clarified that they expire in September 2024

and would present challenges around maintaining the quality of the units should the require repair.

Members supported the purchase of six replacement Paxman scalp cooling units, plus five-year maintenance and training contracts for the Chemotherapy Day Units across HDdUHB, subject to confirmation from procurement that the correct process has been followed.

DECISION: The Charitable Funds Committee **CONSIDERED** and **RECOMMENDED FOR APPROVAL** to the Board, in its capacity as Corporate Trustee, the request to the release of £113,208.00 of charitable funding for the purchase of six replacement Paxman scalp cooling units, plus five-year maintenance and training contracts for the Chemotherapy Day Units across HDdUHB, subject to confirmation from procurement that the correct process has been followed.

Mx Phillips left the meeting.

REVIEW OF THE SUPPORT FOR LIFE RESPONSE FUND

**CFC(24)
55**

Mrs Llewelyn presented a review of the Support for Life Response Fund to the CFC, detailing this is the general fund of the charity and as of 31 August 2024, has an uncommitted balance of £830,744.00. Members were reminded that the review of the Support for Life Response Fund, and plans to provide analysis of expenditure, were a result of discussions at the March 2024 CFC regarding the equitable allocation of charitable funds. It was noted that a further report will be presented to either the December 2024 or March 2025 CFC, following the completion of the review of designated funds, that will discuss where funds are currently sitting across the Health Board and provide recommendations on spending priorities for the general fund as well as identifying disadvantaged areas of the Health Board that have not previously received Charitable funding.

NL

Mrs Raynsford complemented Mrs Llewelyn on this work as a much-needed analysis to identify pockets of the organisation that have not been party to any charitable funds allocation previously.

In response to a query from Ms Murphy, Mrs Llewelyn clarified that the festive expenditure detailed in the report, referred to the annual Christmas spending, which supported both patients and staff working over the Christmas period. The main focus of this spending was on patients, covering all service areas across the Health Board.

Mrs Llewelyn observed that the figure in the report for the BGH CDU was the agreed amount by the CFC to facilitate the scheme to proceed. However, it was a reducing amount, which would decrease as funds were received through the BGH CDU appeal.

Mr Severs requested more inclusivity and diversity both in terms of festivals celebrated but also in terms of inclusivity to ensure that the whole

workforce was represented. Mrs Llewelyn outlined the work being undertaken by the Strategic Partnership Team that lead on equality. Mrs Llewelyn agreed an action to discuss a wider diversity of events celebrated and inclusivity of workforce. Furthermore, Mrs Llewelyn agreed to look at the appropriateness and eligibility of spending on staff. **NL**

Decision: The Charitable Funds Committee **NOTED** the review of the Support for Life Response Fund.

CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT

CFC(24)
56

Ms Carly Hill presented the Charitable Funds Sub-Committee (CFSC) Update Report. Ms Hill reported there were no items for alert and four items for assurance within the paper.

Ms Hill highlighted two of these assurance issues to the CFC. Firstly, the decision taken to subsequently request, outside of the Charitable Funds Sub-Committee, a capital bid to purchase one of the three Electrocardiogram (ECG) machines and the remaining two ECG machines to be purchased with Charitable Funds.

Secondly, Ms Hill further assured that the Sub-Committee had adopted similar processes aligned to CFC's processes; where Chairs Action would be undertaken for any decisions required between scheduled CFSC meetings and it was not practicable to call a meeting of the sub-committee.

Furthermore, Ms Hill stated that no late papers would be accepted to the CFSC. Ms Hill extended thanks to Mrs Llewelyn and Mr John for their continued support of the CFSC meetings and the preparation of papers.

In response to a query from Ms Murphy, Mrs Llewelyn provided clarification that the ownership of the renal dialysis equipment in the Glangwili Hospital (GGH) Dialysis Unit remains with the Health Board and as such is included on the Health Board asset register.

In response to a further question from Ms Murphy, Mrs Llewelyn advised that the work in the pharmacy extending to the staff room is considered separate from the ongoing fire safety work at Glangwili Hospital GGH, standing alone as a distinct project. Furthermore, Mrs Llewelyn confirmed the quote received from contractors, follows the process whereby it is a fixed formal quote, encompassing furnishings from a separate supplier.

Following discussions as to whether the CFSC has been receiving requests from Community based Directorates, Ms Hill advised that bids have been received previously, however commented that fewer are received compared to hospital sites. Ms Raynsford emphasised that she would like to see more to support and encourage Community to apply for Charitable Funds.

Ms Murphy outlined her underlying concern regarding the use of charitable funds for the replacement of old equipment, rather than the purchase of new equipment. Ms Murphy specifically noted the example of the hydrotherapy bath which was over 10 years old. Mr Severs agreed to take the action forward on behalf of the CFC to the Medical Devices Group and request a list of such equipment requiring replacement.

JS

Mrs Llewelyn advised the CFC that there has been an increase in scrutiny for requests of this nature, whereby all local Estates Managers are required to confirm the work funding is being requested for is not considered routine maintenance. Mrs Llewelyn clarified with regards to the specific request for the hydrotherapy bath to be replaced, this was considered an acceptable use of charitable funds due to the above and beyond nature of the therapy element the bath provided in comparison to patients only having access to a shower.

Decision: The Charitable Funds Committee **NOTED** the content of the Charitable Funds Sub-Committee report in respect of the CFSC's provision of assurance.

The Charitable Funds Committee was satisfied with the provision of assurance provided by the Charitable Funds Sub-Committee.

CHARITABLE FUNDS SUB-COMMITTEE RISK REGISTER

CFC(24)
57

No report for presentation as there are currently no risks in the domain of charitable funds.

CFC(24) CHARITABLE FUNDS COMMITTEE ANNUAL WORK PLAN

58

The CFC Committee Annual Work Plan for 2024/2025 was presented to the Committee for information.

Members noted that the workplan would be updated to reflect the actions agreed earlier in the meeting.

Decision: The Charitable Funds Committee **NOTED** the Committee Annual Work Plan for 2024/ 2025.

CFC(24) ANY OTHER BUSINESS

59

There were no other matters of business to be considered.

CFC(24) DATE AND TIME OF NEXT MEETING.

60

Friday 13 December 2024; 13:00 - 15:45.

UNAPPROVED