



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **17/06/2025**
Time **09:30 - 12:15**
Location **Microsoft Teams Meeting/ Ystwyth Boardroom**

Charitable Funds Committee Meeting

Charitable Funds Committee

NHS Wales

Agenda - 17 June 2025

1 GOVERNANCE

09:30, 0 min

1.1 Welcome and Apologies

09:30, 5 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience *Janice Cole-Williams*, Assistant Director of Nursing standing as deputy. (Sharon Daniel present until 12:15)

1.2 Declarations of Interest

09:35, 0 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.3 Minutes from the Charitable Funds Committee Meeting held on 18 March 2025

09:35, 5 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.4 Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 18 March 2025

09:40, 5 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

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

09:45, 0 min

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

None.

1.6 Annual Review of Terms of Reference

09:45, 5 min

Clare James (Hywel Dda UHB - Head of Corporate Governance)

1.7 Charitable Funds Annual Report - 2024/2025

09:50, 10 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.8 Annual Review of Sub-Committee Terms of Reference

10:00, 5 min
Carly Hill (Hywel Dda UHB - Assistant Director)

1.9 CFC 2024/2025 Self-Assessment Report

10:05, 10 min
Clare James (Hywel Dda UHB - Head of Corporate Governance)

2 PERFORMANCE

10:15, 0 min

2.1 Integrated Hywel Dda Health Charities Performance Report

10:15, 15 min
Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting), Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

2.2 Expenditure Plan for the Support for Life Response Fund

10:30, 15 min
Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

2.3 HDdHC Investment Advisor Update (External CCLA)

10:45, 20 min
daisy.mannifield@ccla.co.uk

Daisy Mannifield, Client Investment Director, CCLA. Attending in person.

2.4 Allocation and level of cash holdings

11:05, 10 min
Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting)

3 APPROVAL OF CHARITABLE FUNDS EXPENDITURE

11:15, 5 min
Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

3.1 DEVELOPMENT OF THERAPEUTIC GARDENS AT PRINCE PHILIP HOSPITAL

11:20, 25 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

Verbal Update to be provided by Mr Andrew Carruthers regarding current position and next steps.

4 Impact of Charitable Expenditure

11:45, 0 min
Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)

4.1 Patient Experience, Bronglais Hospital FibroScan

11:45, 10 min
Donna Blinston (Hywel Dda UHB - Advanced Nurse Practitioner Hepatology), Nicola Reeve (Hywel Dda UHB - Lead Nurse Hepatology)

Donna Blinston & Nicola Reeve to present a patient story.

4.2 Opening of the Leri Cancer Unit at Bronglais Hospital

11:55, 5 min
Gina Beard (Hywel Dda UHB - Lead Cancer Nurse)

5 OPERATIONAL/STRATEGIC ISSUES

12:00, 0 min

6 RISK AND ASSURANCE

12:00, 0 min

6.1 Charitable Funds Sub-Committee Update Report

12:00, 5 min
Carly Hill (Hywel Dda UHB - Assistant Director)

6.2 Charitable Funds Committee Risk Register

12:05, 5 min
Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience)

7 FOR INFORMATION

12:10, 0 min

7.1 Charitable Funds Committee Annual Work Programme

12:10, 5 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

8 ANY OTHER BUSINESS

12:15, 0 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

9 DATE AND TIME OF NEXT MEETING

12:15, 0 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

16 September 2025; 09:30 - 12:15

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1 - GOVERNANCE

1.1

09:30, 5 Mins

1.1 - Welcome and Apologies

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

Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience *Janice Cole-Williams*, Assistant Director of Nursing standing as deputy. (Sharon Daniel present until 12:15)

1.2

09:35, 0 Mins

1.2 - Declarations of Interest

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

1.3

09:35, 5 Mins

1.3 - Minutes from the Charitable Funds
Committee Meeting held on 18 March 2025

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

| For approval

Attachments

[2025-03-18 - Charitable Funds Committee Meeting - Minutes Final.pdf](#)

1.4

09:40, 5 Mins

1.4 - Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 18 March 2025

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

| For approval

Attachments

Draft CFC Table of Actions 18 March 2025 V1 - for 17 June 2025 meeting V3 ~.pdf

MINUTES OF THE Charitable Funds Committee MEETING

Date of Meeting: **09:30, Tuesday 18 March 2025**
 Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom; Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account)**

Present: Delyth Raynsford (Independent Member) (Chair)
 Iwan Thomas (Independent Member) (Vice Chair) (VC)
 Rhian Davies (Assistant Director of Finance - Financial Planning & Statutory Reporting), acting as deputy for Huw Thomas, Director of Finance
 Sharon Daniel (Interim Director of Nursing, Quality and Patient Experience)
 Ms Anna Lewis (Independent Member)
 Ann Murphy (Independent Member)

In Attendance: Sian-Marie James (Assistant Director of Corporate Legal Services and Public Affairs) (part))
 Melanie Carroll-Cliffe (Head of Corporate Legal Services & Public Affairs) (part))
 Andrew Carruthers (Chief Operating Officer) (part)
 Rhodri Evans (Hywel Dda UHB - Independent Member) (part)
 James Severs (Executive Director of Allied Health Professions and Health Science)
 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)
 Eldeg Rosser (Head of Capital Planning) (Part)
 Antonia Cavalier (Client Director, CCLA) (part) (acting as deputy for Ms Daisy Mannifield)
 Neil Mason (Head of Service: Older Adult Mental Health) (part)
 Stuart Bancroft (Assistant General Manager, PPH) (part)
 Gina Beard (Lead Cancer Nurse) (part)
 Kathryn Lambert (Head of Arts and Health) (part)
 Clare Strudwick (Committee Services Officer) (Secretariat)

Minutes Item Ref.

Action

CFC(25)82 **Welcome and Apologies**

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

Mr Huw Thomas, Director of Finance
Mr Anthony Dean, Staff Side Representative
Mr Huw Thomas, Executive Director of Finance
Ms Daisy Mannifield, CCLA Client Investment Director

CFC(25)83 Declarations of Interest

There were no declarations of interest.

CFC(25)84 Development of Therapeutic Gardens at Prince Philip Hospital (PPH)

(Mr Andrew Carruthers, Mr Neil Mason and Mr Stuart Bancroft joined the meeting. Item: CFC(24)84 took place in advance of CFC governance matters due to staff availability.)

Mrs Delyth Raynsford thanked Mr Andrew Carruthers and his team for the preparation of such detailed and thorough papers.

Mr Carruthers reported a substantial review of the papers had been undertaken, with a focus on patient and staff benefit. Citing a recent research visit to Denmark in November, Mr Carruthers detailed the manner in which estate spaces were used to create environments that were both good for staff wellbeing as well as for patients' recovery and healing. The Danish hospital sensory garden has provided Mr Carruthers with a vision of what the PPH therapeutic gardens could provide both as a flagship project to be proud of, and as a facility providing a huge benefit for both patients and staff.

Mr Carruthers acknowledged concerns had been voiced regarding ongoing maintenance following project delivery and reported discussions were progressing regarding possible linkages to the HDdUHB Wellbeing team, social prescribing via a local GP as well as gardening clubs and both staff and local community volunteers.

Mr Carruthers stated that approximately £90,000 had been spent on perimeter fencing and upgrades to the area, demonstrating a clear Health Board (HB) commitment to protect and develop the area. Mr Carruthers reported there was a cost increase from the original paper, and whilst these costs were as accurate as possible, there was however a risk that costs could increase due to inflation.

Mr Carruthers clarified that the request to CFC was for support to progress to the tender position, not a request for the full sum of the entire project cost.

Mrs Raynsford commented on the details within the paper and stated that Members could reflect on the good work undertaken in such a short timescale.

Mr Stuart Bancroft expressed his support in how the paper focused on helping patients and their families to recover more quickly, as well as staff wellbeing and opportunities to volunteer. Mr Bancroft offered a personal example of how a hospital garden had benefited his own family citing that a hospital garden could pay dividends to both staff and families.

Mrs Raynsford thanked Mr Bancroft for providing reflection on the benefits and the difference that a therapeutic outdoor space could bring to both patients and families.

Mr Neil Mason reported that the gardens would represent a large area for patients of both wards to use, and that users of the garden would be people with the most challenging and complex conditions, some of which may be receiving end of life care. Mr Mason detailed how with challenges to pathway flow, patients in the older adult client group are staying longer in hospital so the therapeutic gardens will contribute substantially.

Ms Daniel asked, given the objectives in the paper, how the impact regarding improvements for promoting multisensory space for patients and rehabilitation opportunities is to be quantified.

Mr Mason reported that there was a solid multinational evidence base to such benefits, however, to develop a linear scientific correlation would not be achievable due to the variables involved. Patient experience feedback would be used to demonstrate the benefits provided. Mr Mason acknowledged however that this could prove to be very challenging as people with severe advanced dementia would struggle to articulate.

Mr Mason confirmed to Mrs Daniel that the Arts in Health Team are involved with the project going forward.

Ms Ann Murphy stated her appreciation on the clarification that the entire amount of HDdHC monies would be spent on the sensory garden and the explanation that the site had been cleared using HB funding, stating the use of charitable funds to clear a HB site would not sit well with Independent Members (IM's).

Mrs Llewelyn clarified process and timelines, in that the current request was for the Committee to approve the project to proceed to tender stage, whereby firm project costs via a quotation from a framework contractor will be ascertained and a full and final business case will be brought back to CFC in June 2025 for decision.

**AC/
NM/SB**

Mrs Llewelyn confirmed to Ms Anne Murphy that there was no closing date on fundraising for the therapeutic gardens project.

Mr Mason clarified to Mrs Rhian Davies that providing patients with access to the garden would be a normal part of the function of the ward and additional support would not be required for patients and individuals to access the garden. Furthermore, staff on both wards and the local community had already made considerable and prolonged effort to fundraise for the gardens.

Mrs Anna Lewis stated the vision for the gardens made the project far more compelling and softened the blow of the sheer scale of the investment, recognising that the cost had now been thoroughly scrutinised.

Mrs Lewis stated she would like to see further detail regarding sustainability as well as substantive detail around how the community will be involved to bring this project to life. Mrs Lewis requested that

details of working with third sector organisations, ensuring community ownership of the project to enable a long-term impact to be brought back to CFC 17 June 2025 to provide confidence and assurance.

Mrs Lewis also stated, given the scale of investment, patient experience and impact should be returned to QSEC at a suitable time, (one to two years) with assurance to come back into CFC around patient experience and the impact of the investment that HDdHC have made.

NM/SB/SD

Mrs Raynsford agreed regarding QSEC oversight as well as details regarding third party involvement.

Mrs Llewelyn reported that the large local charity Aberglasney had been approached and indicated a real interest to support the scheme in terms of expertise with regards to how key stakeholders such as patients, staff and family members can be involved in the design and choice of plants, specifically looking at plants that will bring back memories.

Mr Bancroft clarified the geographical location of Mynydd Mawr and Bryngolau Wards at PPH.

Mrs Raynsford stated patient, family and community involvement were key. Mrs Raynsford requested assurance and clarified the expectations that further information regarding ongoing costs, social benefits and any volunteer developments will be built up and presented to the 17 June CFC.

AC/SB/NM

Decision:

The Charitable Funds Committee:

- **NOTED** the change of direction in the project brief which enhances the project and plans for the development of a sensory gardens experience for patients and staff at Mynydd Mawr and Bryngolau wards at PPH.
- **CONSIDERED** and **APPROVED** the request for the project to proceed to the Tender Review stage in line with the next steps outlined above to obtain assurance that can be taken from a guaranteed maximum price.

CFC(25)85 Minutes from the Charitable Funds Committee Meeting held on 13 December 2024

The minutes of the Charitable Funds Committee (CFC) meeting held on 13 December 2024 were reviewed and approved as a correct record of proceedings.

Decision:

RESOLVED - The minutes of the Charitable Funds Committee (CFC) meeting held on 13 December 2024 were accepted as an accurate record of the meeting.

CFC(25)86 Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 13 December 2024

The Table of Actions arising from the CFC meeting on the 13 December 2024 was reviewed, with an update provided on the one outstanding action as follows:

CFC(24) 53: Update on Expenditure Bronglais Hospital Fibroscan Ultrasound. Mrs Sharon Daniel updated she had met with Mrs Donna Blinston (Advanced Nurse Practitioner, Hepatology) and Mrs Nicola Reeves (Lead Nurse, Hepatology) regarding the equitable use of the Fibroscan machine funded by CFC as a Health Board (HB) wide service. The new lightweight Fibroscan machine provided by the CFC in Ceredigion, had enabled outreach into the community to more vulnerable patients. Mrs Daniel reported she had been provided assurance that there was an equitable use of Fibroscan machines across the entire HB. Carmarthenshire and Pembrokeshire had both received the new Fibroscan machines at the end of the year via Discretionary Capital Funding.

Mrs Eldeg Rosser provided clarification to Mrs Raynsford regarding the process of purchasing equipment via the Capital Equipment Programme. Emphasising the difficulties in forecasting which arise as a result of not knowing the value of money available in advance.

Mrs Llewelyn stated the new business case template has a requirement for applicants to demonstrate that the CFC is the fund of last resort and Mrs Llewelyn works closely with Mrs Rosser, Mr Gareth Rees and the Operations Team to ensure the equipment being requested via CFC is a priority and not likely to be funded from another source.

Mr James Severs inquired if the same level of scrutiny, regarding the prioritisation of equipment was applied to Charitable Funds and which group had oversight of this.

Mrs Rosser detailed the reporting process whereby the Capital Planning Group, meets on a minimum of Bi-Monthly basis to decide equipment priorities. Findings are fed through to the Operational Teams and a balance prioritisation matrix is used to score and align the highest priorities. Those outcomes are fed into the Capital Planning Group, the Capital Sub-Committee and then to SDODC (Strategic Development and Operational Delivery Committee).

Mrs Raynsford stated considering budgetary pressures, it was extremely helpful to have this oversight and to understand the scrutiny for business cases coming to the charity.

Decision: The Table of Actions arising from the CFC meeting on the 13 December 2024 was reviewed.

CFC(25)87 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)88 Hydrotherapy Pool at the Pentre Awel Village, Llanelli

Ms Anwen Pearce updated the CFC on the progress of the hydrotherapy pool collaboration agreement between the HDdUHB and Carmarthenshire

County Council (CCC), following the Executive Team's endorsement on 5 March 2025.

Ms Pearce reported the hydrotherapy pool construction is due to complete at the end of May with opening scheduled for Summer 2025. The hydrotherapy pool Joint Working Group has (in conjunction with CCC) has progressed and developed a draft hydrotherapy pool procedure document, covering the operational and maintenance requirements of the pool. Mrs Sian-Marie James has commissioned legal and risk to draft the collaboration agreement and once finalised it will be assigned to be sealed by the Chair and CEO of HDdUHB.

With regards to the shortfall in funds for construction Ms Pearce reported that Welsh Government (WG) had funded the balance of the shortfall directly to CCC.

In reply to Mrs Raynsford, Mrs James reported she was satisfied with the careful wording in the detailed collaboration agreement and confirmed that the agreement was now with the Legal and Risk Team with a couple of queries to be urgently reviewed. The view was to swiftly return the document to CCC with the aim to complete following Board approval, as the Corporate Trustee would have to approve the release of the funds. Once the Corporate Trustee has agreed, then subject to their approval, the seal on the collaboration agreement will be completed before the end of the month.

Mrs James further clarified, the collaboration agreement between HDdUHB and CCC will continue for as long as the hydrotherapy pool is in existence.

Mrs Raynsford thanked Mrs James for her detailed information regarding timelines.

Ms Pearce in reply to Mr Iwan Thomas clarified that the additional £66,000 slippage money the HB received from WG towards equipment costs was for equipment included in the original plan and concerned items such as sensory equipment for the pool, associated equipment for physiotherapists and digital equipment such as water-resistant laptops.

Mrs Rosser reported an additional £1.3 million WG funding had been received for equipping the Clinical Delivery Unit (CDU).

Mrs Raynsford expressed her delight that the hydrotherapy pool is scheduled to open Summer 2025 and thanked the team for working through what had proved to be a longstanding issue.

Ms Pearce reported a plaque has been requested to be erected within the hydrotherapy pool area as recognition of the source of the funds.

Mrs Raynsford requested photographic evidence to be returned to the Pittsburgh Bank to evidence that funds from the J C Williams Trust (Elizabeth Williams Endowment) had been spent appropriately.

AP/ER

Decision:

The Charitable Funds Committee:

- **TOOK ASSURANCE** of the progress to date on the work that has been carried out to define and agree the operational and maintenance requirements within the Hydrotherapy Pool Procedures Document.
- **CONSIDERED** and **RECOMMENDED FOR APPROVAL** to the Board in its capacity as Corporate Trustee the release of the Charitable Funds totalling £1,543,382 to CCC, once the Collaborative Agreement is finalised and completed legally.
- **NOTED** the Board, in its role as Corporate Trustee of HDdHC, will be asked for their approval of the release of the funds to CCC when the Collaboration Agreement is agreed by both parties.

CFC(25)89 Integrated Hywel Dda Health Charities Performance Report

Mr Timothy John presented the new report developed by the Finance Team together with Mrs Llewelyn and welcomed any feedback with regards to the new document.

Mr John reported with regards to expenditure on charitable activities for the nine-month period to the end of December 2024, the total figure was £324,731. In comparison to the same period for 2023 there appears to be a significant shortfall, however as a percentage of incoming resources that expenditure is consistent with a small increase from 47% to 50%.

Mr John stated there was a total of £9,109,892 investments. £6,608,469 in liquid funds with approximately £5 million held on deposit with CCLA.

Mr John updated that Mr Huw Thomas, Ms Daisy Mannifield and he had met to review the amount of liquid funds being invested in CCLA's ethical fund as well as risk and how investments are managed. A paper regarding findings will come to the 17 June CFC exploring the options discussed.

TJ/HT

Mr John reported the benchmarks included in the report in, terms of income generated per pound of spend, for the period to the end of 31 December 2024 was £4.66 compared to a figure of £8.43 for 2023. Mr John stated the 2023 figure had been distorted by a significant legacy. Mr John iterated that he and Mrs Llewelyn had previously met with external health charities, and whilst acknowledging differences existed between comparable charities, that the general health charity benchmark was £4 earned for every £1 spent.

Mrs Llewelyn detailed the content of the annex documents provided.

Mrs Daniel and Mrs Raynsford both agreed they would like to see more representation of the donations and impact made included in the main body of the report and recognised in year, rather than as an annex.

Mrs Lewis sought clarification on what was included in the fundraising costs and what was the benefit derived from that spend.

Ms Tracey Davies reported the £219,547 related to the Fundraising Team and that the support costs were contained in the Statement of Financial Activities (Appendix 1). Support costs of £135,282 were detailed and £60,800 governance costs which included elements of the Fundraising Teams and the costs of the Finance Team.

Mrs Lewellyn, in answer to a query from Mrs Lewis regarding the return on investment on the £219,547, detailed that the fundraising, governance and support costs in the workplan have a portfolio of approximately £1.6 million of legacy gifts pending receipt, which is actively and proactively managed by the Fundraising Team working closely with the Legal Team. The team is also involved in proactively fundraising as well as stewardship of donors and those fundraising in the charity's name. Giving the example of funeral donations, Mrs Lewellyn reported the financial system currently does not allow attribution of the amount in the donation line to the fundraising team's proactive involvement.

Mrs Llewellyn further clarified to Mrs Lewis that the benchmark figure of £4.66 reported is based on donation, legacy grant and income from other trading activities and excludes investment income.

Mrs Raynsford emphasised the need to ensure the report is as explicit as possible, both for Committee members and members of the public, in terms of providing clarity as to how much of each pound donated is spent on charitable endeavours.

Mrs Raynsford with regards to the charity's financial performance to 31 December 2024, emphasised the need to note the current challenging financial climate, especially for health charities.

Mrs Lewis, with regards to the work plan going forward, questioned whether value for money was being achieved with regards to overheads and whether it was possible to identify the absolute core fixed costs (which is unrelated to income) required to administer the charity and any variable cost overheads.

Mrs Daniel agreed it was important to be completely clear on the costs of the charity and this had been agreed to be progressed over the next 12 months.

Mrs Llewellyn in reply to Mr Rhodri Evans' query regarding the parameters against which to scrutinise, acknowledged the workplan as relatively modest in terms of aspirations for new activities. This is with a view to consolidate and understand why income is declining. However, Mrs Llewellyn reported that donations, with the exclusion of the BGH Chemo Appeal, are on par with the previous two years.

Mrs Llewellyn with regards to scrutiny stated performance reports will continue to come to committee on a quarterly basis acknowledging that those will reflect variability. Mrs Llewellyn outlined that some NHS charities employ a three-year benchmark for scrutiny rather than a quarterly benchmark.

Mrs Llewelyn stated the valid points raised by IM's at CFC today regarding the establishment of fixed and variable costs, as well as alternative ways to present the progress of the work plan and objectives, will be linked back into the quarterly performance reports. **TJ/NL**

Mrs Raynsford acknowledged NHS Charities are moving to between a three- and five-years benchmarking approach.

Mr Thomas emphasised the duty as Corporate Trustees to support the Charitable Funds Team, acknowledging the considerable amount of work they undertake. Mr Thomas stated there was the need to reach a point whereby the data in the performance report is presented in the correct way to avoid duplication of conversations at CFC.

Mrs Raynsford drew attention to the total fundraising budget for the charity for 2024/2025 as £468,623 and that going forward there was a reduction of 2.8% to the figure of £455,629.

The CFC recommended for approval to the Board, in its capacity as Corporate Trustee, the proposed governance, support and fundraising costs budget for 2025/26, containing the finance team costs of £107,487 and the fundraising budget of £455,629.

Decision:

The Charitable Funds Committee:

- **NOTED** the charity's financial performance to 31 December 2024.
- **NOTED** the progress made on the delivery of the charity's 2024/25 work plan.
- **SCRUTINISED** the charity's work plan for 2025/26 and the priority areas and measures that will be progressed during the next financial year that seek to stabilise and increase the charity's financial performance.
- **CONSIDERED** and **RECOMMENDED FOR APPROVAL** to the Board (in its capacity as Corporate Trustee) the proposed governance, support and fundraising costs budget for 2025/26.

CFC(25)90 HDdHC Investment Advisor Update (External CCLA)

Ms Antonia Cavalier, Client Investment Director, CCLA reported it had been a particularly volatile year with Donald Trump's election, and this had been reflected in that the ethical fund valuation has shown variation in capital value, January 2025 had increased by 4% in comparison to February 2025 which had seen a decrease of 3%. Ms Cavalier reported an expectation of continued volatility, however there shouldn't be a volatility in the annual income from the ethical fund which is increasing by 3% this year.

Ms Cavalier stated with regards to the £5 million in the deposit fund, yield on that will depend on UK Central Bank policy and interest rate changes.

Ms Cavalier reported whilst 2024 had shown strong performance nevertheless performance had lagged on a couple of key benchmarks due to CCLA not investing heavily in 'magnificent seven' stock. Since January 2025, there has been a reversal on the value of the magnificent seven

stock. Ms Cavalier reported that CCLA had sold their position in NVIDIA in January 2025, making an 800% return. Ms Cavalier stated whilst CCLA does have exposure to technology, it aims to have a portfolio which is broad and diversified both by asset class and within asset classes.

Ms Cavalier reported that CCLA have reviewed the investment case for all shares held in the portfolio to ensure those holdings still make sense, this has resulted in the sale of holdings in Era Energy and the Hong Kong insurance business AIA. Recent additions to holdings include Intermediate Capital Group and Diasorin.

Ms Cavalier stated that CCLA has reduced its equity position since the end of the year by approximately 5% this is currently held in cash whilst analysis is conducted on where to re-invest that amount.

Ms Cavalier reported the biggest risk going forward are trade war tariffs as ultimately these can be inflationary and could potentially be recessionary.

Ms Cavalier updated that CCLA's benchmarking work in 2025 will continue in areas of mental health, modern slavery and biodiversity losses with a new focus on the effects of air pollution on people's health.

Ms Cavalier, in response to an inquiry from Mrs Raynsford with regards to the possibility of a UK recession, stated that CCLA thinks globally rather than specifically to the UK. Ms Cavalier acknowledged there is a slowing of growth globally and Trump is accelerating that in the US, previous thoughts were for slow growth and an expectation to avoid recession, however thoughts around recession are definitely back. Ms Cavalier explained governments are still paying for pandemic costs with central banks aiming to both balance books and achieve growth. CCLA's 5% reduction in equities is a move to reduce risk, however volatility provides an opportunity to buy names that CCLA currently considers too expensive but will do well in the long term.

Mrs Daniels raised the issue of stability of global markets with regards to the risk register and CCLA's mitigation of risk by reducing equities by 5%.

Mr Timothy John agreed the need to monitor any mitigation actions that CCLA take and that these should filter through to the risk assessment within the HB organisation.

TJ/HT

Decision: The Charitable Funds Committee **NOTED** the Investment Advisor Update Report and **ADVISED** the Board with regards to the challenging external financial environment.

CFC(25)91 **Interim Review of Charitable Funds Financial Administration and Governance Procedure.**

Mrs Lewellyn reported that following advice from the Corporate Governance Team, a staff consultation had been undertaken on the proposed changes to governance procedure.

Mrs Lewellyn reported that staff had made some very valid suggestions and that the paper was returning for approval of the three proposed amendments and the addition of policies referenced within the financial

procedure. Mrs Lewellyn stated that a full review of the financial procedure will be completed before the end of 2025 in Quarter three.

Decision:

The Charitable Funds Committee **CONSIDERED** and **APPROVED** the proposed amendments to the Charitable Funds Financial Administration and Governance Procedure outlined within the report.

CFC(25)92 **Review of the Rationalisation of Charitable Funds**

Ms Rhian Davies reported the aim of the rationalisation of charitable funds is to ensure it is easier for people to spend charitable funds. Prior to this process many funds held small balances or had been incorrectly restricted when the donations were made.

Ms Davies reported that following work in conjunction with Shared Services Legal and Risk, 48 incorrectly restricted funds had been closed and £2 million being reclassified as unrestricted.

Ms Davies clarified that the Charity Commission had not been contacted as part of this rationalisation process as the work undertaken was a correction of funds that had previously been mis-appropriately classified. At a future point should an assessment be made that funds need to be changed more fundamentally, then permission will be sought from the Charity Commission should that be required.

Ms Davies reported that the reclassification element will be discussed with Audit Wales as part of the 2024/2025 accounts.

Mrs Llewellyn clarified to Mrs Raynsford that staff had been wholly supportive of the new structures and an engagement process had taken place. In addition, work had been undertaken to align funds to the correct management structures and teams, renewing interest and understanding regarding the nature and value of those funds. Mrs Llewellyn is working with the new deputy Chief Operating Officer and new operations staff with the work of charitable Fund Managers included in staff inductions.

Mrs Llewellyn reported that the new fund structure enables the development of an expenditure plan for the General Fund, by clearly showing where money is held as well as any gaps within services or corporate teams, therefore enabling a focus on equal access to funding across the organisation. A paper on the expenditure plan will return to CFC 17 June 2025.

NL

Mrs Raynsford iterated the previous desire expressed at CFC, to see charitable funds spent more equitably on primary care and community services, and viewed the rationalisation process, if it provided access to funds more equally, as a positive move.

Mrs Raynsford noted and thanks all for the hard work that had gone into the rationalisation of charitable funds.

Decision:

The Charitable Funds Committee:

- **APPROVED** the proposed changes to the funds structure; and

- **NOTED** the correction of previously misclassified legacy funds.

CFC(25)93 **Covering SBAR for CFC Evaluation Reports Items 5.2 & 5.3**

(Mrs Sian-Marie James left the meeting. Mrs Melanie Carroll-Cliffe joined the meeting. Mrs Gina Beard joined the meeting)

Decision:

The Charitable Funds Committee:

- **NOTED** the content of the evaluation reports attached at Annex 1-2.
- **DISCUSSED** the positive impact of the approved charitable funds expenditure requests.

CFC(25)94 **Update on Expenditure: Phase 2 of the Cancer Psychological Support (CaPS) Project: Psychological Support for People Affected by Cancer and the Cancer Workforce**

Mrs Gina Beard presented the end of project evaluation report.

Mrs Beard reported what had started as a pilot project by HDdUHB has now become a service and part of the Cancer Improvement Plan for Wales with mainstream funding going forward via the annual plan.

Mrs Beard highlighted to Mrs Raynsford the impact of the CaPS programme by citing patient experience feedback from 2019, '*CaPS has literally saved my life.*'

Mrs Daniel congratulated Mrs Beard and the team on the progress made and the process of submission to the annual plan which has resulted in 100% mainstream funding going forward.

Mrs Beard in reply to Mrs Daniels query regarding sharing learning with other organisations, reported that as part of Lead Cancer Nurse Forum in Wales, Mrs Beard has fed back learning since the projects inception in 2018. Mrs Beard has contributed learning from the CaPS project to the Wales wide scoping being undertaken including Macmillan Cancer Support on the psychological needs of patients. Furthermore, Mrs Beard reported, as these are now mainstream services, Health Boards across Wales have been linking in to and learning about the HDdUHB model and patient experience evidence.

Mrs Daniel emphasised to Mrs Beard the need to ensure questions on the patient experience forms, particularly now this is at a national level, are sensitive enough to elicit the right information to improve the service moving forward.

GB/SD

Mrs Murphy congratulated Mrs Beard on the outcomes achieved from the £228,000 funding received and further congratulated Mrs Beard on receiving the King's Honours Award and a Bronze Investors in Carers.

Decision:

The Charitable Funds Committee:

- **NOTED** the content of the evaluation reports attached at Annex 1-2.
- **DISCUSSED** the positive impact of the approved charitable funds expenditure requests.

CFC(25)95 **Update on Expenditure: 'Heads Up!' - Cancer Services Hair Loss Support**

Mrs Gina Beard presented the mid-term project evaluation report reflecting how the project brings huge value to the charitable funds spend.

Mrs Beard explained how as a Chemotherapy Nurse she had received minimal training regarding counselling about hair loss, the biology of hair loss and simple practical things such as how to look after hair, skin, scalp and other important issues concerning self-esteem and body image. By linking in with Cancer Haircare charity the Heads Up! project was developed.

Mrs Beard reported the project has provided huge value, supporting the local economy by engaging with local hairdressers and resources to provide better support for patients but also by training up core hairdressers to provide an in-hospital service to patients.

Mr Thomas complemented Mrs Beard on a fantastic project and inquired whether there might be an opportunity to extend and expand the project to the wider community where traumatic events have resulted in alopecia. Mrs Beard clarified that chemotherapy related hair loss was quite unique in its biology and in terms of hair growth, however spread and scale had been achieved via Mrs Beard's involvement on the Working Group for the All Wales tender for wig supply which is not cancer specific.

Mrs Beard clarified to Mrs Raynsford that Heads Up did not include paediatrics.

Decision:

The Charitable Funds Committee:

- **NOTED** the content of the evaluation reports attached at Annex 1-2.
- **DISCUSSED** the positive impact of the approved charitable funds expenditure requests.

(Mrs Gina Beard left the meeting.)

CFC(25)96 **Update on the Arts and Health Capacity Building and Creative Activities for Staff Wellbeing projects**

Mrs Kathryn Lambert presented the update report clarifying there was no request for additional funding, the request was to extend the duration of the funding.

Mrs Lambert reported delays had arisen as a result of numerous challenges, however a Project Manager had now been appointed as a result of a highly competitive process whereby over 100 applications had been received.

Mrs Lambert confirmed that match funding from the Arts Council of Wales had been secured for the first two years of the post.

Mrs Lambert replied to an inquiry from Mr Thomas, that it had been a conscious decision to appoint a job share Project Manager to bring the benefit of two sets of; expertise, art forms, partnership expertise, as well

as lived experiences and geographical differences. Additionally, this would enable the appointees to continue with their other creative practices and ensure their long term commitment to the Health Board.

Mrs Lambert confirmed to Mr Thomas one appointee was a resident of the region and the other successful candidate lived just outside in Powys. One of the successful candidates was a Welsh speaker at learner level.

Mrs Raynsford complemented Mrs Lambert on securing Arts Council funding in such a competitive field.

Decision:

The Charitable Funds Committee:

CONSIDERED and **APPROVED** the request to extend the duration of both charitably funded projects and **NOTED** the achievements to date.

CFC(25)97 Charitable Funds Sub-Committee (CFSC) Update Report

Ms Carly Hill confirmed that the CFSC Update report covered meetings from 14 January 2025 up to and including 4 March 2025. There were no issues to alert or advise members on from these meetings, there were two matters of assurance regarding expenditure requests that were approved. Ms Hill reported there was one issue of shared learning identified in relation to decontamination concerns regarding a probe that formed part of a charitable funds request and that corrective measures have been implemented through this learning and are detailed in the Update Report. A summary of expenditure was detailed in Appendix 1 of the papers.

Mrs Raynsford expressed concern regarding decontamination incident and requested for this to be picked up via the Quality, Safety and Experience Committee (QSEC).

CH

Decision:

The Charitable Funds Committee:

NOTED the content of this report in respect of the Charitable Funds Sub-Committee's provision of assurance.

CFC(25)98 Charitable Funds Sub-Committee Annual Report

Ms Hill presented the CFSC Annual Report, there were no issues where concerns were escalated to the CFC. The CFSC had met and been quorate on six occasions as detailed in the report. Ms Hill reported that a Staff Side Representative, Mr Anthony Dean had recently joined the CFSC.

Mrs Hill reported that £390,347.20 of expenditure had been approved by the CFSC during the period 2024/2025.

Mrs Raynsford thanked and complemented Mrs Hill on how the CFSC has strengthened in terms of providing scrutiny.

Decision:

The Charitable Funds Committee is **NOTED** the Charitable Funds Sub-Committee Annual Report for 2024/25 and **RECEIVED ASSURANCE** in respect of the work that the Sub-Committee has undertaken during 2024/25.

(Mrs Carly Hill left the meeting.)

CFC(25)99 **Charitable Funds Committee Risk Register**

Mr John reported regarding the stock market volatility risk, which had been raised and requested by Mr Huw Thomas at the December 2024 CFC. Mr John stated that he and Mrs Llewelyn had conducted extensive conversations with the Risk Assurance Team to ensure the correct approach had been adopted. The Risk Assurance Team had deemed stock market volatility risk as an ongoing issue and were happy it is being managed via the Health Board's own internal risk assessment processes. Mr John concluded that there was nothing of significant concern to raise to CFC in that respect.

Mrs Llewelyn reported that the risk of the charity not achieving value for money with regards to maintenance issues, has been addressed by the completed risk assessment form. The risk that was found important to add to the risk register in light of CFC conversations, was the risk concerning being able to sustain the paid fundraising function, in the light of income levels and return on investment. This risk has been added to the Risk Register via Datix and will be reported back to CFC on a quarterly basis.

Decision:

The Charitable Funds Committee:

- **REVIEWED** and **SCRUTINISED** the new risks that have been identified and received **ASSURANCE** that all relevant controls and mitigating actions have been identified.
- **DISCUSSED** whether the planned actions will be implemented within stated timescales and will reduce the risks further and/or mitigate the impact if the risk materialises.

This in turn will enable the CFC to provide the necessary **ASSURANCE** to the Board, or otherwise, that HDdUHB is managing any risks effectively.

CFC(25)100 **Charitable Funds Committee Annual Work Programme**

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

Decision:

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

CFC(25)101 **MATTERS AND RISKS FOR ESCALATION TO THE BOARD**

Decision:

There were no matters and Risks for Escalation to the Board

CFC(25)102 **ANY OTHER BUSINESS**

Mr Iwan Thomas acknowledged this was the last meeting of CFC with Mrs Delyth Raynsford acting as Chair.

Mr Thomas extended his huge thanks to Mrs Raynsford on behalf of everyone for her valued contribution to the CFC Committee over the years.

Decision:

All members of CFC extended their thanks and well wishes to Mrs Raynsford on the occasion of her last Chairing of CFC.

CFC(25)103 DATE AND TIME OF NEXT MEETING

17 June 2025; 09:30 - 12:15

1.5

09:45, 0 Mins

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
18 MARCH 2025**

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
CFC(25)84	Development of Therapeutic Gardens at Prince Philip Hospital (PPH) Patient experience and impact with regards to the Therapeutic Gardens at PPH, to be returned to QSEC in one or two years, for assurance to be returned to CFC regarding CFC investment made.	NM/SB	2026/2027	Complete. All CFC approved charitable expenditure must complete an evaluation report for submission to the Committee. The report can then also be submitted to QSEC.
CFC(25)84	Development of Therapeutic Gardens at Prince Philip Hospital (PPH) Full and final business case to return to 17 June 2025 CFC, including firm project costs via a formal quotation from the framework contractor.	NM/SB	17 June 2025 CFC	Complete. Agenda item for June 2025 CFC meeting.
CFC(25)84	Development of Therapeutic Gardens at Prince Philip Hospital (PPH) Information to be built up and presented to 17 June CFC with regards to ongoing costs, social benefits and any volunteer or third sector and community developments.	NM/SB	17 June 2025 CFC	Complete. Agenda item for June 2025 CFC meeting.
CFC(25)88	Hydrotherapy Pool at the Pentre Awel Village, Llanelli Photographic evidence to be returned to the Pittsburgh Bank to evidence funds	AP/ER	17 June 2025 CFC	In progress: Collaboration Agreement still being finalised. Final update and report to be sent to Pittsburgh Bank once Collaboration Agreement signed.

	from the J C Williams Trust (Elizabeth Williams Endowment) have been spent in an appropriate manner.			
CFC(25)89	Integrated Hywel Dda Health Charities Performance Report Paper to return to regarding a review of the level of liquid funds held by CCLA and how investments are managed.	TJ/HT	17 June 2025 CFC	Complete: Returning to CFC June 2025
CFC(25)89	Integrated Hywel Dda Health Charities Performance Report Information regarding core fixed as well as variable costs to be included in the CFC Performance Report. Alternative ways to present the progress of the work plan and objectives to be considered for the quarterly Performance Report.	TJ/NL	17 June 2025 CFC	Complete. Agenda item for June 2025 CFC meeting.
CFC(25)90	HDdHC Investment Advisor Update (External CCLA) To monitor any mitigation actions taken by CCLA and correlate back to internal HB risk assessments.	TJ/HT	17 June 2025 CFC/ Ongoing	Complete: Investment report received from CCLA, and risk assessment reviewed accordingly.
CFC(25)92	Review of the Rationalisation of Charitable Funds Charitable Funds Expenditure Plan to return to 17 June CFC.	NL	17 June 2025 CFC	Complete: Agenda item for June 2025 CFC meeting.
CFC(25)94	Update on Expenditure: Phase 2 of the Cancer Psychological Support (CaPS) Project: Psychological Support for People Affected by Cancer and the Cancer Workforce Mrs Gina Beard to ensure that questions included on patient experience forms are	GB	17 June 2025 CFC	Complete: The Patient Experience team has been asked to consider the addition of a bespoke question to the national patient experience survey.

	sensitive enough to elicit the correct information to improve the service moving forward.			
CFC(25)97	Charitable Funds Sub-Committee (CFSC) Update Report Decontamination incident and any learning regarding probe to be referred to QSEC.	SD	June 2025 QSEC meeting	Complete. Matter discussed at the Infection Prevention Strategic Steering Group (IPSSG) and the learning reported to the Operational Quality, Safety & Experience Sub-Committee (OQSESC).

1.6

09:45, 5 Mins

1.6 - Annual Review of Terms of Reference

*Clare James (Hywel
Dda UHB - Head of
Corporate
Governance)*

| For approval

Attachments

[1.6 CFC ToRs SBAR June 2025.pdf](#)

[1.6 CFC Terms of ReferenceV22.for CFC approval.17.06.25.pdf](#)

1.7

09:50, 10 Mins

1.7 - Charitable Funds Annual Report -
2024/2025

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

| For approval

Attachments

[CFC COMMITTEE ANNUAL REVIEW 2024-2025 V2 \(IT\).pdf](#)

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Committee Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to ensure that the Charitable Funds Committee has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

The Committee are asked to approve the Charitable Funds Committee's Terms of Reference for onward ratification by the Board on 31 July 2025.

Cefndir / Background

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

The Committee last reviewed its terms of reference and operating arrangements in June 2024, and these were subsequently approved by the Board, on 25 July 2024. The Board also approved the following changes on 28 January 2025 as part of the revised governance arrangements from 1 April 2025.

- 4 x Independent Members per Committee (except Quality, Safety and Experience Committee which will have 5).
- Where Independent Membership has reduced to 4, the quoracy will be amended to 'A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- Updated job titles, e.g., from Director to Executive Director, Director of Operations to Chief Operating Officer, where appropriate.
- The Director of Corporate Governance will be removed from the In Attendance section However, will attend committees (or nominate a deputy) to provide governance advice

and support.

- Other cosmetic amendments required to standardise Board Committee level terms of reference.

Asesiad / Assessment

The Charitable Funds Committee Terms of Reference and operating arrangements (Appendix 1) have been reviewed and updated to include any relevant amendments agreed at Board on 30 January 2025. The table below also details further changes that have been made. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
2.1	Constitution – section amended	Wording mended in order to provide clarification on the roles and responsibilities of Hywel Dda Health Charities and the Board.
3.3	Purpose – section amended	Wording amended as follows: <i>“To develop the strategy and objectives for the Charity for consideration by the Board, and to provide assurance that an appropriate infrastructure appropriate is in place for the efficient and effective running of the Charity”.</i>
4.24	Key Responsibilities – section amended	New standard wording agreed by Board in January 2025 for risks in Committee ToRs, as follows: <i>“Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board’s activities (including for hosted services and through partnerships and Joint Committees as appropriate)”</i>
4.25	Key Responsibilities – section removed	Section removed as covered in section 4.24
5.1	Membership – section amended	Amended to reflect updated job title
6.2	Quorum and Attendance – section amended	Wording removed in order to provide clarification regarding the process of selecting members of the Charitable Funds Committee
7.1	Delegated Powers and Duties of the Executive Director of Finance – section amended	Wording amended as follows: <i>“The Executive Director of Finance has prime financial responsibility for the Health Board’s Charitable Funds”</i>

In addition to the changes listed above, throughout the document, where applicable “Health Board” have been replaced with “the Board”, when not referring to “its role as Corporate Trustee”.

Argymhelliad / Recommendation

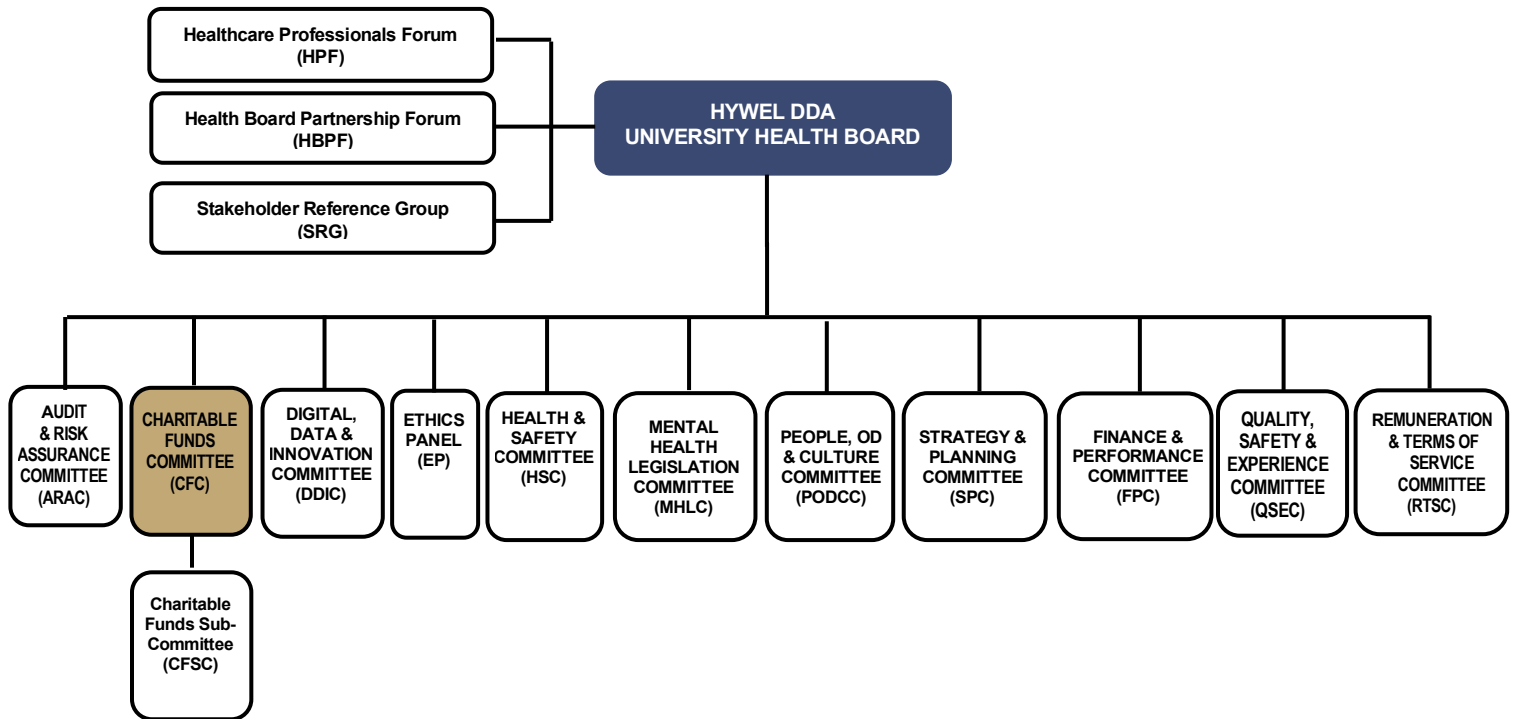
The Committee is asked to approve the Charitable Funds Committee’s Terms of Reference (version 22) for onward ratification by the Board on 31 July 2025.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	14.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termâu: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Director of Corporate Governance/Board Secretary Executive Director of Nursing, Quality and Patient Experience Head of Hywel Dda Health Charities

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

Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



TERMS OF REFERENCE

CHARITABLE FUNDS COMMITTEE

Version	Issued To	Date	Comments
V1	Charitable Funds Committee	11.06.2012	Approved
V1	Hywel Dda Health Board (SO's)	27.09.2012	Approved
V3	Charitable Funds Committee	18.06.2013	Approved
V4	Charitable Funds Committee	03.09.2013	Approved
V5	Charitable Funds Committee	12.12.2013	Approved
V6	Charitable Funds Committee	09.10.2013	Approved
V7	Charitable Funds Committee	16.12.2014	Approved
V8	Charitable Funds Committee	10.03.2015	Approved
	Hywel Dda University Health Board	26.03.2015	Approved
V9	Charitable Funds Committee	29.06.2015	Approved
V9	Hywel Dda University Health Board	26.11.2015	Approved

V10	Charitable Funds Committee	29.11.2016	Approved
V10	Hywel Dda University Health Board	26.01.2017	Approved
V11	Charitable Funds Committee	15.06.2017	Approved
V12	Charitable Funds Committee	15.03.2018	Approved
V12	Hywel Dda University Health Board	29.03.2018	Approved
V13	Charitable Funds Committee	14.03.2019	Approved
V13	Hywel Dda University Health Board	30.05.2019	Approved
V14	Charitable Funds Committee	17.03.2020	Approved
V14	Hywel Dda University Health Board	26.03.2020	Approved
V15	Charitable Funds Committee	30.11.2020	Approved
V15	Hywel Dda University Health Board	28.01.2021	Approved
V16	Hywel Dda University Health Board	29.07.2021	Approved
V17	Charitable Funds Committee	06.06.2022	Approved
V17	Hywel Dda University Health Board	28.07.2022	Approved
V18	Charitable Funds Committee	23.05.2023	Approved via Chair's Action 05.07.2023
V18	Hywel Dda University Health Board	27.07.2023	Approved
V19	Charitable Funds Committee	21.06.2024	Approved
V20	Hywel Dda University Health Board	25.07.2024	Approved
V21	Hywel Dda University Health Board	30.01.2025	Approved (alongside the new governance arrangements)
V22	Charitable Funds Committee	17.06.2025	For approval

CHARITABLE FUNDS COMMITTEE

1. Introduction

- 1.1 The Hywel Dda University Local Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government 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"*.

- 1.2 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 (the Committee). The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

2. Constitution

- 2.1 Hywel Dda University Local Health Board (the Health Board) is the Corporate Trustee of Hywel Dda Health Charities (the Charity). Where references are made to the Health Board, it is in its role as Corporate Trustee of the Charity. of the Health Board.
- 2.2 The Committee has been established as a Committee of the Health Board and constituted from 22 July 2010.

3. Purpose

The purpose of the Charitable Funds Committee is:

- 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.
- 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.
- 3.4 To agree issues to be escalated to the Board with recommendations for action.

4. Key Responsibilities

The Charitable Funds Committee shall:

- 4.1 Within the budget, priorities and spending criteria determined by the Health Board as Corporate Trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts), to apply the charitable funds in accordance with its respective governing documents.

- 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.
- 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:
- Trustee Act 2000
 - The Charities Act 2011
 - The Charities Act 2022
 - Terms of the fund's governing documents
- 4.4 Receive at least twice a year for ratification investment reports from the Executive Director of Finance. Also to consider investment decisions and actions taken through delegated powers upon the advice of the Health Board's appointed investment manager adviser.
- 4.5 Receive assurance that the overriding general principles of financial regularity, prudence and propriety are adhered to for the funds held on trust as defined in the Health Board's Standing Financial Instructions (SFIs). The Chief Executive and Executive Director of Finance are accountable for financial control as set out in the SFIs. In so far as it is possible to do so, most of the sections of the SFIs will apply to the management of funds held on trust
- 4.6 Approve the annual accounts and report for ratification by the Corporate Trustee.
- 4.7 Monitor the progress of fundraising appeals where these are in place and considered to be material.
- 4.8 Seek assurance on delivery against the strategic objectives aligned to the Committee, considering and scrutinising the programmes and processes that are developed and implemented, supporting and endorsing these as appropriate.
- 4.9 Monitor and review the Health Board's scheme of delegation for Charitable Funds expenditure, and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.
- 4.10 Receive assurance that the day to day management of the investments of the charitable funds is in accordance with the investment strategy set down from time to time by the Corporate Trustee, and in accordance with the requirements of the Health Board's Standing Financial Instructions.
- 4.11 Oversee the appointment of an Investment Manager (where appropriate) to advise it on investment matters and the delegation of day-to-day management of some or all of the investments to that Investment Manager. The Investment Manager, if

appointed, must actively manage the charitable fund on behalf of the Corporate Trustee.

In exercising this power, the Committee must ensure that:

- 4.11.1 The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
 - 4.11.2 There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
 - 4.11.3 The performance of the person or persons exercising the delegated power is regularly reviewed;
 - 4.11.4 Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;
 - 4.11.5 Acquisitions or disposal of a material nature outside the terms of agreement must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance.
- 4.12 Regularly reviewing investments to see if other opportunities or investment services offer a better return
 - 4.13 Receive assurance that the banking arrangements for the charitable funds are kept entirely distinct from the Health Board's NHS funds.
 - 4.14 Receive assurance that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts; and that the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments.
 - 4.15 Agree to the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the Health Board for applying accrued income to individual funds in line with charity law and Charity Commission guidance.
 - 4.16 Receive reports on the progress of the implementation of the Charity's strategy which will include details of sources of funding which could provide the Committee with additional leverage and access to additional funds.
 - 4.19 Consider and recommend for approval to the Board the annual governance and support costs associated with the running of the Charity.
 - 4.20 Receive assurance that the charitable expenditure thresholds in the Charitable Funds Procedure are complied with.

- 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.
- 4.23 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.
- 4.24 ~~Seek assurance on the management of principal risks within the Corporate Risk Register and Directorate risks allocated to the Committee and provide assurance to the Health Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action, etc.~~ Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Operational Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- ~~Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.~~
- 4.25 Review and approve annual work plans for any Sub-Committees which has delegated responsibility from the Charitable Funds Committee and oversee delivery to scrutinise and monitor the impact on Charitable Funds expenditure.

5. Membership

- 5.1 The membership of the Committee, acting as representatives of the Corporate Trustee, shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice-Chair)
2 x Independent Members
Executive Director of Finance, or their suitably briefed deputy
Executive Director of Nursing, Quality and Patient Experience (Lead Director for Hywel Dda Health Charities), or their suitably briefed deputy

The following should attend Committee meetings:

In Attendance
Executive Director of Allied Health Professions and Health Science
Assistant Director of Finance (Financial Planning and Statutory Reporting) or Senior Finance Business Partner (Accounting and Statutory Reporting) Head of Accounting & Statutory Reporting
Assistant Director of Corporate Legal Services and Public Affairs
Chair of the Charitable Funds Sub-Committee
Head of Hywel Dda Health Charities
Staff Side Representative

5.2 Membership of the Committee will be reviewed on an annual basis.

6. Quorum and Attendance

- 6.1 A quorum shall consist of no less than four of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and one other Independent Member, as well as the Executive Director of Finance and the Lead Director for Hywel Dda Health Charities (or their suitably briefed deputies), together with a third of the In Attendance members.
- 6.2 The membership of the Committee shall be determined by the Board of the Corporate Trustee, ~~based on the recommendation of the Health Board Chair~~, taking into account the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 6.3 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 6.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 6.5 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.
- 6.6 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 6.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Charitable Funds Committee.

- 6.8 The Committee will invite External Audit to attend once a year to provide the Committee with assurance on processes and end of year accounts.
- 6.9 The Committee may also extend the membership to include independent members outside of the Board (e.g. a nomination from Stakeholder Reference Group).
- 6.10 The Chair of the Charitable Funds Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 6.11 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7. Delegated Powers and Duties of the **Executive** Director of Finance

- 7.1 The **Executive** Director of Finance has prime financial responsibility for the Health Board's Charitable Funds ~~as defined in the Health Board's Standing Financial Instructions~~. The specific powers, duties and responsibilities delegated to the **Executive** Director of Finance are:
 - 7.1.1 Administration of all existing charitable funds.
 - 7.1.2 To identify any new charity that may be created (of which the Health Board is Corporate Trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity.
 - 7.1.3 To provide guidelines with respect to donations, legacies and bequests, fundraising and trading income.
 - 7.1.4 Responsibility for the management of investment of funds held on trust.
 - 7.1.5 To ensure appropriate banking services are available to the Health Board.
 - 7.1.6 To prepare reports to the Board including the Annual Report and Accounts.

8. Agenda and Papers

- 8.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice-Chair, the Lead Director for Hywel Dda Health Charities and the Executive Director of Finance (or their nominated deputies) at least **six** weeks before the meeting date.
- 8.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meeting, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 8.3 All papers must be approved by the Lead/relevant Director.
- 8.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting, electronically.

- 8.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and action log will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) within the next **seven** days.
- 8.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

9. In Committee

- 9.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

10. Frequency of Meetings

- 10.1 The Committee will meet no less than quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee, in discussion with the Lead Director.
- 10.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

11. Accountability, Responsibility and Authority

- 11.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 11.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 11.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 11.4 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee.

12. Reporting

- 12.1 The Committee Chair shall agree arrangements with the Health Board's Chair to report to the Board in their capacity as Corporate Trustee. This may include, where appropriate, a separate meeting with the Board.
- 12.2 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub-committees and groups, to provide advice and assurance through the:
- 12.2.1 joint planning and co-ordination of Board and Committee business;
 - 12.2.2 sharing of information.
- 12.3 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 12.4 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf.
- The Committee has established the Charitable Funds Sub-Committee to ensure that the Health Board's policies and procedures are followed in relation to specialist designated and restricted funds.
- 12.5 The Committee Chair, supported by the Committee Secretary, shall:
- 12.5.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities in their capacity as Corporate Trustee. This includes the submission of a written Committee update report as well as the presentation of an annual report and accounts prior to submission to the Charity Commission.
 - 12.5.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
 - 12.5.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.
- 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.

13. Secretarial Support

- 13.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

14. Review Date

- 14.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

1.8

10:00, 5 Mins

1.8 - Annual Review of Sub-Committee Terms
of Reference

*Carly Hill (Hywel Dda
UHB - Assistant
Director)*

| For approval

Attachments

[1.8 CFSC Terms of Reference Review June 2025 CFC SBAR \(SD\).pdf](#)

[1.8 Appendix 1 CFSC Terms of Reference May 2025 edit \(SD\).pdf](#)

CHARITABLE FUNDS COMMITTEE (CFC)

ANNUAL REVIEW REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Charitable Funds Committee must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework:

Vice-Chair's Reflections

Hywel Dda Health Charities continues to deliver sustainable and positive impacts across our region, that impact our patients, our staff, and our wider communities.

It is therefore the purpose of the Charitable Funds Committee to highlight and scrutinise, the benefits and challenges of the work undertaken by the Charity, and this report gives a valuable and transparent insight and flavour of the work we have applied as a Committee. This is certainly driven by a level of detail and attention applied that considers both the qualitative and quantitative impacts of the fundraising undertaken for our patients and staff.

Each year, we consider and discuss funding awards across a broad range of themes and sectors within our health service - ranging from patient care, to experience, quality and innovation, as well as the wider welfare of our patients and staff, resulting from the funding awards which result in improved services as planned.

Members of our committee are committed, passionate, and positive in their support, but also similarly in their scrutiny, as we are bound by duties and responsibilities declared by the Charity Commission. As such, we pay rigorous attention to the financial resilience and sustainability of the charity, through responsible stewardship and scrutiny to ensure funds are managed and allocated appropriately, and equally, throughout the organisation.

In addition to the thanks for all of the team, the wider support from staff & volunteers, as well as all those who fundraise and support the work undertaken, I would also like to extend thanks to our recent Chair of the Committee, Delyth Raynsford, who has recently completed her term with Hywel Dda University Health Board. Her tenure and oversight enabled this committee to work positively and proactively, and supported the Charity overall, in its growing impact, supporting the differences that can be made to the experience of our patients, staff, and communities across the Hywel Dda region.

We look forward to continuing to develop and further support the work of the Charity led by Nicola Llewelyn in the coming year, and enabling further innovation to be

promoted, developed and delivered in partnership where applicable by the Charity, in a sustainable way, that places people at the heart of what we do, and why we do it.

Iwan Thomas
Vice-Chair, Charitable Funds Committee

2. Terms of Reference (TOR) and Workplan

The TOR for the Charitable Funds Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 21 June 2024 and approved at Board 25 July 2024.

[link to Charitable Funds Committee Terms of Reference](#)

The Charitable Funds Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee’s TOR and any suggested areas of focus identified during the self-assessment process.

The Charitable Funds Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee’s objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[CFC Work Plan 2024-25](#)

3. Sub-Committee(s)

The Charitable Funds Sub-Committee (CFSC) reports into the Charitable Funds Committee with its own Terms of Reference (TOR) and workplan for the year. The Sub-Committee’s TOR were last reviewed on 21 June 2024.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which was presented to the Committee on 18 March 2025, reporting on activity throughout the last year.

4. Table of attendance

Membership	Role	Date 21/06/24	Date 17/09/24	Date 13/12/24	Date 18/03/25
Delyth Raynsford	Independent Member (Committee Chair)	✓	✓	✓	✓
Iwan Thomas	Independent Member (Committee Vice-Chair)	x	✓	✓	✓
Anna Lewis	Independent Member	✓	x	✓	✓
Ann Murphy	Independent Member	✓	✓	X	✓
Huw Thomas	Director of Finance	✓ Deputy attended	✓ Deputy attended	✓	✓ Deputy attended

Sharon Daniel	Director of Nursing, Quality & Patient Experience (Committee Lead)	✓ Deputy attended	✓	✓	✓
<u>In Attendance</u>		Date 21/06/24	Date 17/09/24	Date 13/12/24	Date 18/03/25
James Severs (from July 2024)	Director of Allied Health Professions and Health Science		✓	✓ Deputy attended	✓
Sian-Marie James	Assistant Director of Corporate Legal Services and Public Affairs	✓	✓	✓	✓
Carly Hill	Chair of the Charitable Funds Sub-Committee	✓	✓	✓	✓
Rhian Davies	Assistant Director of Finance (Financial Planning and Statutory Reporting)	✓	✓	X	✓
Timothy John	Senior Finance Business Partner (Accounting and Statutory Reporting)	✓	✓	✓	✓
Nicola Llewelyn	Head of Hywel Dda Health Charities	✓	✓	✓	✓
Anthony Dean	Staff Side Representative	✓	✓	✓	x
Meeting quorate*		Yes	Yes	Yes	Yes

**A quorum shall consist of no less than four of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and one other Independent Member, as well as the Executive Director of Finance and the Lead Director for Hywel Dda Health Charities (or their suitably briefed deputies).*

5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

- At the September 2024 meeting, following the update provided to the In-Committee Charitable Funds Committee regarding the **Estate of a Testator**, approval was requested from the Board, as per Standing Orders, to issue proceedings to seek a declaration that the will in favour of the Health Board is valid. This was subsequently approved by the Board on 28 November 2024.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

- Following the June 2024 meeting, the Board were advised that the **Bronglais General Hospital (BGH) Chemotherapy Day Unit (CDU) Refurbishment Project** was currently 12 days behind schedule due to a delay which incurred a **financial penalty of £28k** from the contractor. The delay was a result of being unable to decant staff from Y Leri Day Unit to the Canolfan Rheidol building owned by Ceredigion County Council due to IT infrastructure issues in this building. The Project Director assured the CFC that this would be covered by the contingency fund of which there is **£120k** in total remaining. An update was provided to the 17 September 2024 CFC which provided *assurance* to the Committee (see Assure section below).
- An **Update on the Construction and Arrangements of the Hydrotherapy Pool at the Pentre Awel Village, Llanelli** was provided to the June 2024 Board meeting by the capital planning team which indicated that the scope of this project had grown considerably since the original brief was developed. The expansion of the original brief led to increased costs and a funding shortfall of £400k. This matter was escalated to the Executive Team, due to the significant concerns and potential impact on both capital and revenue budgets and advice was sought from the Director of Finance regarding next steps. An update was provided by the Director of Finance to the 13 December 2024 meeting under matters arising, whereby it was detailed that discussions with Carmarthenshire County Council (CCC) were underway to agree a Memorandum of Understanding concerning financial and operational agreements. The Committee received a further update on progress on 18 March 2025 CFC which provided assurance (see Assure section below).
- The Board was advised and informed of a downturn in income of the charity in the period covering the quarter up to the 30 June 2024 in the **Integrated Hywel Dda Health Charities Performance Report**. Donations and fundraising income totalled £135,304, compared to £229,379 for the same period last year. This was attributed to a decrease in legacies and donations by £118,051, with net outgoings for the period totalled £99,679. A review of governance and support costs to ensure a balance exists between stewardship and fundraising was conducted along with a comprehensive analysis. The steps undertaken to address the decline in the charity's income levels were noted, and the Committee continued to monitor the income of the charity, keeping the Board informed of any pertinent updates. The **December 2024 Integrated Hywel Dda Health Charities Performance Report** saw the Committee agreed to *advise* the Board of the concerns pertaining to the level of fundraising expenditure in comparison to the donations and fundraising income received and review of the Hywel Dda Health Charities fundraising and communications activities. The **Integrated Hywel Dda Health Charities Performance Report** presented to the 18 March 2025 CFC provided *assurance* to the Board however elements of risk pertaining to fundraising expenditure was reported under the agenda item, *Charitable Funds Committee Risk Register* and remained an '*advise*' item to the Board.
- Following the December 2024 CFC meeting. the Board was advised that a **Review of the Hywel Dda Health Charities Fundraising and**

Communications Activities would be undertaken which would reflect the year's financial activity and return on investment provided. The report returned to the 18 March 2025 CFC meeting as part of the *Integrated Hywel Dda Health Charities Performance Report*, the risks pertaining to fundraising costs and returns were reported under the separate agenda item *Charitable Funds Committee Risk Register*.

- The **Charitable Fund Committee Risk Register** was presented to the March 2025 CFC and the Committee agreed to *advise* the Board of the concerns pertaining to being able to sustain the paid fundraising function in the light of income levels and return on investment. This risk has been added to the risk register via Datix and will be reported back to CFC on a quarterly basis.
- Following on from *assurance* being provided to the CFC in June 2024, the **Update on the Development of Therapeutic Gardens at Prince Philip Hospital (PPH)** at the December 2024 meeting, led the Committee to *advise* the Board of the learning in regard to this project, ensuring sufficient scrutiny of such schemes to provide assure on value for money and social impacts. Furthermore, to ensure future grants, especially when pertaining to estates to have a written requirement for ongoing maintenance, to ensure the risk of ongoing costs are addressed. A subsequent report to the Committee on 19 March 2025 provided *assurance*.
- Following the December 2024 CFC meeting, the Committee *advised* the Board of a risk relating to stock market volatility following discussion under **Matters and Risk for Escalation to the Board**. An updated report regarding stock market volatility risk provided *assurance* when it later reported to the 18 March 2025 meeting under the agenda item **Charitable Fund Committee Risk Register**.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

- In line with Standing Orders, the Charitable Funds Committee **Terms of Reference** were submitted to the June 2024 CFC meeting and approved, with a further discussion on expanding the Executive Director membership of the Committee to take place at Executive Team. The Board *ratified* the CFC Terms of Reference on 25 July 2024.
- **The Charitable Funds Committee Annual Report 2023-2024** was also approved at the June 2024 CFC meeting and *endorsed* at the 11 July 2024 Extraordinary Board meeting.
- The **CFSC Update (CFSC) Report** was received at the June 2024, September 2024, December 2024 and March 2025 meetings, with assurance provided by the content of these report. The **CFSC Terms of Reference** were approved, and the **CFSC Annual Report** noted at the June 2024 meeting.
- The outputs of the Committee self-assessment process were considered at the June 2024 meeting in the **Charitable Funds Committee Self-Assessment Report 2023/24** along with the actions to be taken to strengthen

its effectiveness. At the December 2024 meeting, the Committee received *assurance* from the progress made against the actions.

- Regarding the **Impact of Charitable Expenditure**, the Committee received a short presentation at the June 2024 meeting regarding the Public **Art Plan** that has been developed for the new Bronglais General Hospital Cancer Treatment Unit and the positive experiences of cancer patient, Lyn Maura, was shared with members.
- Regarding the **Impact of Charitable Expenditure**, the following evaluation updates were received:
 - **Simulation-Based Education Equipment**
 - **Neonatal Ventilators**
 - **Bronglais Hospital Fibroscan Ultrasound**
 - **Phase 2 of the Cancer Psychological Support (CaPS) Project: Psychological Support for People Affected by Cancer and the Cancer Workforce**
 - **'Heads Up!' – Cancer Services Hair Loss Support**

A comprehensive update on expenditure was received for all projects outlining the widespread benefits and the positive impact to the Health Board.

- Concerning the **Update on the Development of Therapeutic Gardens at Prince Philip Hospital** provided at the 18 March 2025 meeting, the Committee were *assured* of the change of direction in the project brief, which enhanced the project and plans for the development of a sensory gardens experience for patients and staff. This was subject to the requested *assurance* being provided regarding the ongoing costs, social benefits and any volunteer developments which will be reported to the June 2025 CFC. The CFC considered and approved the request for the project to proceed to the Tender Review stage. The full and final business case concerning this project is scheduled to return to 17 June 2025 meeting.
- Following an earlier *advise* received at the 21 June 2024 CFC meeting, the **Enhancement to the Outpatient Area at BGH CDU**, returned to the 17 September 2024 meeting under an application for expenditure. A request for funding of £115,779.40 was made and approved by the CFC, to enable the enhanced refurbishment of the Outpatient area of BGH CDU. The Corporate Trustee ratified this request 26 September 2024.
- Throughout the year, the Committee noted the **Ratification of Charitable Funds Decisions by the Corporate Trustee**.
- The **CFC Templates for Expenditure Requests and Evaluation Reports** were presented at the June 2024 meeting. These incorporated changes that had been made as a result of recommendations from the self-assessment exercise.
- The **Integrated Hywel Dda Health Charities Performance Report** provided *assurance* at the June 2024 and March 2025 meetings, the latter providing assurance on the charities work plan for 2025-26, and the priorities and measures therein. The elements of risk pertaining to fundraising expenditure were not, as previously, reported within the Performance Report and were reported to Committed under the separate agenda item, Charitable Funds

Committee Risk Register and remained an *advise item to the Board* as detailed above.

- **Charitable Fund Committee Risk Register**, the Committee received assurance that a risk regarding stock market volatility.
- The **Review of The Support for Life Response Fund** was noted at the September 2024 meeting.
- The Committee considered the **Charitable Funds Committee Draft Annual Accounts 2023/2024** at the December 2024 meeting.
- The Committee discussed the **Overview of Hywel Dda University Health Board Capital Programme** presentation at the December 2024 meeting.
- Regarding the **Hydrotherapy Pool at the Pentre Awel, Llanelli** the March 2025 CFC took *assurance* of the progress to date on the work that has been carried out to define and agree the Collaboration Agreement (previously referred to as a Memorandum of Understanding (MOU)). Further clarification was provided that the shortfall in funds for construction, which had previously warranted an *advise* to Board, had been funded by Welsh Government directly to CCC. The CFC recommended for approval to the Board in March 2025, the release of Charitable Funds totalling £1,543,382 to Carmarthenshire County Council (CCC) once the Collaborative Agreement is finalised and completed legally.

Items approved by the Committee during the year.

- **Request for Expenditure: The Arts Programme for Dementia and Frailty Patients** was introduced by the Arts in Health Co-ordinator and the request of £64,220 was approved.
- **Request for Expenditure: Therapeutic Live Music Programme for Critical Care 2024/25**, the request for funding was for 12 months from September 2024 to September 2025 for the sum of £7,200 to provide live music supplied by local musicians to perform on critical care wards for the benefit of patients and their loved ones. The request was approved.
- **Request for Expenditure: Development of Therapeutic Gardens at Prince Philip Hospital** – This bid, which was approved, was received at 21 June 2024 CFC, was for a funding request of £2,088 from the Support for Life General Fund to appoint a professional services cost advisor to provide a project outturn cost for the development of therapeutic and dementia friendly gardens at PPH. The Committee was satisfied that the development would have a significant impact on patient well-being, patient outcomes and reduce the length of their hospital stays. The March 2025 CFC approved the request for the project to proceed to the Tender Review stage in line with the next steps outlined to obtain assurance that can be taken from a guaranteed maximum price. The cost to move to Tender of £15,000 was approved.
- **An Update on the Arts and Health Capacity Building and Creative Activities for Staff Wellbeing projects** was received by the Committee and the request to extend the duration of both charitably funded projects was approved.

- **Charitable Funds Financial Administrative and Governance Procedure:** The Committee considered and approved the proposed amendments to the Charitable Funds Financial Administrative and Governance Procedure.
- **A Review of the Rationalisation of Charitable Funds:** The Committee approved the proposed changes to the funds structure and noted the correction of previously misclassified legacy funds.
- **Charitable Funds Committee Terms of Reference** were approved at the June 2024 meeting.
- **Charitable Funds Sub-Committee Terms of Reference** were approved at the June 2024 Committee.
- The **CFSC Annual Reports** for 2023-2024 were approved at the June 2024 meeting and the 2024-2025 report approved at March 2025 meeting.
- Regarding **A Review of the Rationalisation of Charitable Funds**, the Committee approved the proposed changes to the funds structure and noted the correction of previously misclassified legacy funds.
- An **Update on the Arts and Health Capacity Building and Creative Activities for Staff Wellbeing projects** provided assurance on the achievements of the project and the request to extend the duration of both charitably funded projects was approved.

Items Considered by the Committee During the Year and Recommended for Approval to the Corporate Trustee

- **Request for Expenditure: Enhancement to the Outpatient Area at BGH CDU,** returned to the 17 September 2024 meeting under an application for expenditure. A request for funding of £115,779.40 was made and approved by the CFC, to enable the enhanced refurbishment of the Outpatient area of BGH CDU. The Corporate Trustee ratified this request 26 September 2024.
- **Request for Expenditure:** An application for expenditure request was received at the 17 September 2024 CFC, for the **Purchase of six replacement Paxman scalp cooling units plus five-year maintenance and training contracts**, to improve patient experience as part of chemotherapy treatment. The units are effective in either preventing or minimising the distressing side effect of hair loss. The expenditure request for £113,208.00 was approved, subject to confirmation from procurement that the correct process has been followed. The Corporate Trustee ratified this request 26 September 2024, subject to confirmation of the correct procurement process.
- **Hydrotherapy Pool at the Pentre Awel, Llanelli:** The Committee recommended the Corporate Trustee to approve the release of charitable funds totalling £1,543,382 to Carmarthenshire County Council (CCC) once the Collaborative Agreement was finalised and completed legally. Subject to the Collaboration Agreement being signed the matter was brought to Board, in its role as Corporate Trustee 27 March 2025. Subject to the requirement for an Administration Committee, which was duly held 2 April 2025, the Board in its capacity as the Corporate Trustee of the Hywel Dda Health Charities, approved the release of the Charitable Funds totalling, £1,543,382 (including

both the funding from the J C Williams Charitable Trust and the Llanelli Hydrotherapy Pool Charity) to CCC once the Collaborative Agreement is finalised and completed legally. It was agreed at the Administration Committee that the J C Williams Charitable Trust to be managed as part of the Charitable Funds Committee going forward.

- **Integrated Hywel Dda Health Charities Performance Report:** The Committee considered and recommended for approval to the Board, in its capacity as Corporate Trustee, the proposed governance, support and fundraising costs budget for 2025/26 for finance team costs of £107,487 and the proposed fundraising budget of £455,629.

6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the Charitable Funds Committee.

- For the Charitable Funds Committee this involved the completion of a 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 results from which were fed into an action plan, combining information and Auditor/Regulator feedback.

The process was undertaken during the year and reported to the Committee at the June 2024 meeting [CFC.SelfAssessmentSBAR FINAL.pdf](#)

The Committee received an update on progress at the mid-year point, 13 December 2024 CFC.

7. Conclusion

The Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to Board as appropriate, and the Committee uses feedback from the self-assessment process to evolve and continually improve.

1.9

10:05, 10 Mins

1.9 - CFC 2024/2025 Self-Assessment Report

*Clare James (Hywel
Dda UHB - Head of
Corporate
Governance)*

| For discussion

Attachments

[1.9 CFC SA Outcome SBAR June 25 \(JW CW\).pdf](#)

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Sub-Committee Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Carly Hill, Assistant Director Medical Directorate and Chair of the Charitable Funds Sub-Committee

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present the Charitable Funds Committee (CFC) with the Charitable Funds Sub-Committee's (CFSC) Terms of Reference (ToR) for approval following a recent review by the CFSC.

The Sub-Committee must review its ToR on at least an annual basis to ensure they remain fit for purpose. The terms of reference must be subsequently approved by the CFC.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) was appointed Corporate Trustee of the charitable funds by virtue of Statutory Instrument 2009 No. 778 (W.66), with the Board serving as its agent in the administration of the charitable funds held by HDdUHB.

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

The CFC has established the CFSC to ensure that HDdUHB's policies and procedures are followed in relation to its specialist designated and restricted funds, within the scheme of delegation for the charity.

The CFSC last reviewed its terms of reference and operating arrangements in May 2024, and these were subsequently approved by the CFC on 21 June 2024.

Asesiad / Assessment

The CFSC Terms of Reference (Appendix 1) have been reviewed and some minor changes and amendments have been made. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
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3.1 Operational Responsibilities	Removal of the following responsibility: Providing scrutiny with a view to approving or rejecting: <ul style="list-style-type: none"> Expenditure requests resulting in ongoing charitable funds commitment, prior to Charitable Funds Committee consideration. 	Expenditure requests of this nature, regardless of value, would be submitted directly to the CFC for consideration.
	Removal of the following responsibility: Providing scrutiny with a view to approving or rejecting: <ul style="list-style-type: none"> Higher award and academic studies for which significant benefit to the Health Board can be quantified through training and development objectives. 	To update the Terms of Reference to align with recent changes made to the charity's financial procedure, approved by the CFC in December 2024.
4. Membership	Updated membership list	To reflect revised job titles and the addition of new members during 2024/25.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **APPROVE** the proposed changes to the Charitable Funds Sub-Committee terms of reference.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	14.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable

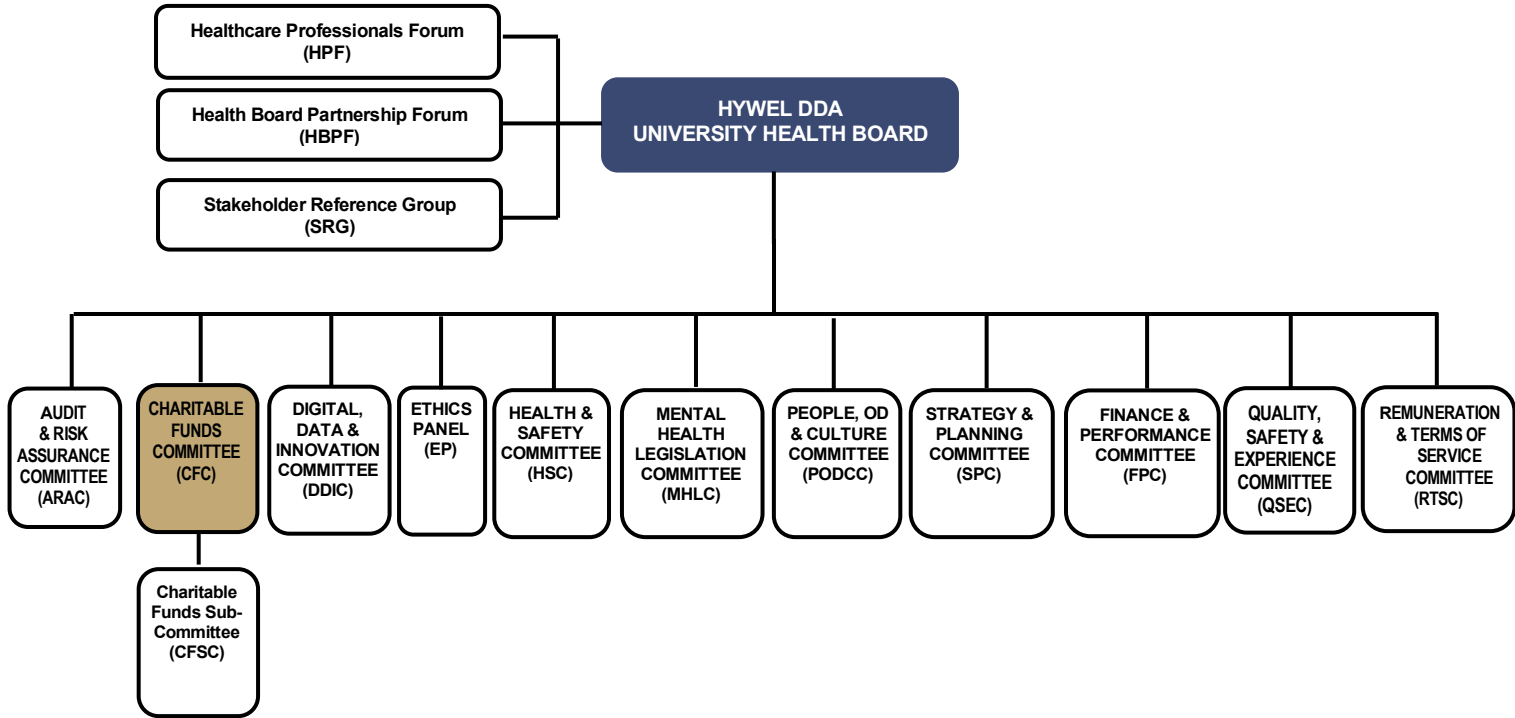
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Charitable Funds Sub-Committee Terms of Reference Charitable Funds Committee Terms of Reference
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Charitable Funds Sub-Committee

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

Ariannol / Gwerth am Arian: Financial / Service:	Not applicable for this paper.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable for this paper.
Gweithlu: Workforce:	Not applicable for this paper.
Risg: Risk:	Not applicable for this paper.
Cyfreithiol: Legal:	Not applicable for this paper.
Enw Da: Reputational:	Not applicable for this paper.
Gyfrinachedd: Privacy:	Not applicable for this paper.
Cydraddoldeb: Equality:	Not applicable for this paper.



TERMS OF REFERENCE

CHARITABLE FUNDS SUB-COMMITTEE

Version	Issued to:	Date	Comments
V1	Charitable Funds Committee	09.03.17	Approved
V2	Charitable Funds Committee	15.03.18	Approved
V3	Charitable Funds Sub-Committee	02.09.19	Approved
V4	Charitable Funds Committee	15.09.20	Approved
V5	Charitable Funds Sub-Committee	10.05.21	Approved
V5	Charitable Funds Committee	30.06.21	Approved
V6	Charitable Funds Sub-Committee	07.03.22	Approved
V7	Charitable Funds Committee	06.06.22	Approved
V8	Charitable Funds Sub-Committee	02.05.23	Approved
V8	Charitable Funds Committee	23.05.23	Approved
V9	Charitable Funds Sub-Committee	07.05.24	Approved

V9	Charitable Funds Committee	21.06.24	Approved
V10	Charitable Funds Sub-Committee	06.05.25	Approved
V10	Charitable Funds Committee	17.06.25	For approval

CHARITABLE FUNDS SUB-COMMITTEE

1. Constitution

- 1.1 The Charitable Funds Sub-Committee (the Sub-Committee) has been established as a Sub-Committee of the Charitable Funds Committee and constituted from 9 March 2017.
- 1.2 The Charitable Funds Sub-Committee consolidates the previous sub-committee functions held by:
- Acute Services Charitable Funds Sub-Committee
 - Carmarthenshire Community Charitable Funds Sub-Committee
 - Ceredigion Community Charitable Funds Sub-Committee
 - Pembrokeshire Community Charitable Funds Sub-Committee
 - Mental Health & LD Charitable Funds Sub-Committee

2. Principal Duties

- 2.1 The purpose of the Charitable Funds Sub-Committee is to ensure that the Health Board's policies and procedures are followed in relation to the expenditure of our named charitable funds.
- 2.2 In particular to:
- 2.2.1 Apply the Health Board's charitable funds within the budget, priorities and spending criteria determined by the Health Board as corporate trustee, in line with the charity's scheme of delegation, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts).
- 2.2.2 Implement appropriate policies and procedures to ensure that all expenditure is reasonable, clinically and ethically appropriate.
- 2.2.3 Agree issues to be escalated to the Charitable Funds Committee with recommendations for action.

3. Operational Responsibilities

- 3.1 The Sub-Committee will, in respect of its provision of assurance to the

Charitable Funds Committee, also be responsible for:

- 3.1.1 Providing scrutiny with a view to approving or rejecting all requests for expenditure over £10,000 and under £50,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure.
- 3.1.2 Providing scrutiny and onward assurance to the Charitable Funds Committee on charitable expenditure.
- 3.1.3 Providing scrutiny with a view to approving or rejecting:
 - Unusual or novel expenditure requests under £50,000.
 - ~~Expenditure requests resulting in ongoing charitable funds commitment, prior to Charitable Funds Committee consideration.~~
 - Overseas training requests including conferences and seminars requiring the attendance of participants outside of the UK.
 - ~~Higher award and academic studies for which significant benefit to the Health Board can be quantified through training and development objectives.~~
 - Requests from external charities or organisations, other than the Health Board's partner charities, to fundraise on the Health Board estate for the benefit of NHS services across mid and west Wales.
- 3.1.4 Considering with a view to approving or rejecting all requests for the establishment of new charitable funds.
- 3.1.5 Providing quarterly written updates to the Charitable Funds Committee.
- 3.2 The Chair of the Sub-Committee (or a suitably briefed deputy) will attend the quarterly Charitable Funds Committee meetings and provide written reports on the following items:
 - 3.2.1 Expenditure approved within the Sub-Committee's delegated limits of approval.
 - 3.2.2 Key decisions.
 - 3.2.3 Chair's actions undertaken outside of the cycle of Sub-Committee meetings.
 - 3.2.4 Key risks and issues/matters of concern.
 - 3.2.5 Matters requiring Charitable Funds Committee consideration or approval.
 - 3.2.6 Any revisions to the Sub-Committee's Terms of Reference.

4. Membership

4.1 The membership of the Charitable Funds Sub-Committee shall comprise:

Title
Assistant Director of Nursing, Patient Safety, Quality and Experience (Mental Health and Learning Disabilities Clinical Care Group)
Deputy Director of Operations
Head of Accounting & Statutory Reporting Senior Finance Business Partner (Accounting & Statutory and Reporting)
Assistant Director Medical Directorate (Chair)
Deputy Director of Allied Health Professions Assistant Director of Therapies and Health Science
Assistant Director of Organisation Development (Vice-Chair)
Head of Capital Planning
Assistant Director of Primary Care
Assistant Director of Public Health Strategic Business and Operations Deputy Director of Public Health
Assistant Director Legal and Patient Support
In attendance:
Head of Hywel Dda Health Charities
Deputy Head of Financial Accounting Assistant Finance Business Partner (Accounting & Statutory and Reporting)
Charitable Funds Accounts Assistant
Staff Side Representative

4.2 Membership of the Sub-Committee shall be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than one third of the membership and must include as a minimum the Chair or Vice-Chair of the Sub-Committee.
- 5.2 The membership of the Sub-Committee must take into account the balance of skills and expertise necessary to deliver the Sub-Committee's remit and subject to any specific requirements or directions made by the University Health Board or Welsh Government.
- 5.3 Any senior officer of the University Health Board or from a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Sub-Committee may also co-opt additional independent external 'experts' from outside the organisation to contribute to specialised areas of discussion.
- 5.5 Should any member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.
- 5.6 The Chair of the Charitable Funds Sub-Committee shall have reasonable access to Executive Directors and other relevant senior staff.

- 5.7 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Sub-Committee Secretary will agree the agenda with the Chair at least two weeks before the meeting date.
- 6.2 The agenda will be based around the Sub-Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Sub-Committee members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee members.
- 6.3 All papers should have relevant sign off before being submitted to the Sub-Committee Secretary.
- 6.4 The agenda and papers for meetings will be distributed seven days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Sub-Committee Chair within **seven** days to check the accuracy, prior to sending to all Members (including the Sub-Committee Chair).
- 6.6 Members must forward amendments to the Sub-Committee secretary within the next **seven** days. The Sub-Committee secretary will then forward the final version to the Sub-Committee Chair for approval.

7. Frequency of Meetings

- 7.1 The Sub-Committee will meet on a bi-monthly basis and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Sub-Committee in discussion with the Sub-Committee Lead.
- 7.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary, shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

8. Chair's Actions

- 8.1 There may be circumstances where decisions which would normally be made by the Sub-Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Sub-Committee. In these circumstances the Sub-Committee Chair may deal with these matters on behalf of the Sub-Committee as an exception rather than the norm.

- 8.2 The Sub-Committee Chair must ensure that any such action is formally recorded and reported to the next meeting of the Sub-Committee for consideration and ratification.
- 8.3 Chair's actions may not be taken where the Sub-Committee Chair has a personal or business interest in an urgent matter requiring decision.

9. Accountability, Responsibility and Authority

- 9.1 The Sub-Committee Secretary be accountable to the Charitable Funds Committee for its performance in exercising the functions set out in these terms of reference.
- 9.2 The Sub-Committee shall embed the University Health Board and Hywel Dda Health Charities' vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.3 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the Sub-Committee.

10. Reporting

- 10.1 The Sub-Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint /sub committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The Sub-Committee will receive written update reports following each meeting which details the business undertaken on its behalf.
- 10.4 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Charitable Funds Committee on the Sub-Committee's activities. This includes the submission of a Sub-Committee update report as well as the presentation of an Annual Report within 6 weeks of the financial year.
 - 10.4.2 Bring to the Charitable Funds Committee's specific attention any significant matter under consideration by the Sub-Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the University Health Board Chair, Chief Executive or Chairs of other relevant Committees/Sub Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

11. Secretarial Support

11.1 The Sub-Committee Secretary shall be determined by the Sub-Committee lead.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Charitable Funds Committee.

2 - PERFORMANCE

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Committee (CFC) Self-Assessment Outcome Report 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary 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 the outcome of the Charitable Funds Committee (CFC) Self-Assessment 2024/25 process to the Committee.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

A refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability. 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 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.

Look back at Committee's effectiveness over previous 12 months...

The below analysis was based on responses from the digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates:

What we want to continue to do next year

- Provide good governance and administration of the Committee
- Forward plan Corporate Trustee meetings to align with Board meetings
- Receive good support from EDs/Deputies re: attendance, timeliness, quality, length and presentation of papers, and responses to challenges/questions, with appropriate clinical representation
- Receive applications using the new template form to support decision-making for requests for charitable funds over £10k
- Good facilitation and receipt of evaluation/outcome reports (using new report template) describing the impacts and benefits associated with charitable funds allocations
- Facilitate a conducive atmosphere to support open and productive debate, which enables papers to be appropriately scrutinised, and IMs to effectively manage the boundary between trustee and scrutiny
- Have good interface with other Committees and Board, with good distinction between Committee and In-committee reporting to Board
- Appropriate using Private meetings for discussing items not for the public domain
Drive improvements in staff and patient experience through the appropriate allocation of charitable funds

What we want to change going forward

- Ensure representation from Service Leads at Committee meetings to present applications/evaluation reports relevant to their service area
- Ensuring that applications for funding considered by the Committee meet the charity's eligibility criteria and demonstrate significant patient benefit
- Ensuring support and training for new IMs who join the Committee
- Ensure that meeting discussions are concluded with clear and actionable outcomes so that all Members have a shared understanding of the key actions and next steps
- Hold regular reflective sessions after each meeting to gather feedback from IMs on the committee's effectiveness to ensure continuous improvement

Suggested areas of focus for 2025/26

- To take a proactive and tactical, less reactive approach to requests for funding and engage positively, where appropriate, with the realities of the Health Board's financial climate e.g. Capital funding allocations.
- 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.
- To receive 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.

The following proposed actions will be taken forward as detailed below:

Action	By whom	By when
To ensure support and training on Hywel Dda Health Charities and the role of the Committee is provided to all IMs and 'in attendance' Members.	Head of HDd Health Charity	Sept 25
To ensure representation from Service Leads at Committee meetings to present applications/evaluation reports relevant to their service area	Head of HDd Health Charity/CSO	Immediate
To ensure that applications for funding considered by the Committee meet the charity's eligibility criteria and demonstrate patient benefit.	Head of HDd Health Charity	Sept 25
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
To schedule IM reflective sessions after all Committee meetings	CSO	June 25
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 25
To receive 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.	Head of HDd Health Charity	Immediate

Argymhelliad / Recommendation

The Committee is asked to consider the outputs from the Committee Self-Assessment process, and to agree the actions to be taken to improve its effectiveness.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's
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	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 Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
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 Termiau: Glossary of Terms:	Included within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	CFC Chair Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable

Ansawdd / Gofal Claf: Quality / Patient Care:	An effective CFC should seek out areas of system weakness and facilitate an organisational culture that drives strategic development and operational performance.
Gweithlu: Workforce:	Not applicable
Risg: Risk:	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.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

2.1

10:15, 15 Mins

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)*

| For discussion

Attachments

[2.1 SBAR IP Report CFC June 2025 v3.docx](#)

[2.1 Annex 1 IP Report CFC June 2025.docx](#)

[2.1 Annex 2 Workplan Update April-May 2025.docx](#)

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

2.2

10:30, 15 Mins

2.2 - Expenditure Plan for the Support for Life Response Fund

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

| For approval

Attachments

[2.2 Expenditure Plan CFC June 2025 final.pdf](#)

PWYLLGOR CRONFA ELUSENNOL CHARITABLE FUNDS COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda Health Charities Integrated Performance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	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 picture of Hywel Dda Health Charities' (HDdHC) performance and position as of 31 March 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 provide 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 HB.

- To develop the strategy and objectives for HDdHC for consideration by the Board, and to oversee the implementation of an infrastructure appropriate to the efficient and effective running of the charity.
- To agree issues to be escalated to the Board with recommendations for action.

Asesiad / Assessment

1. Financial performance

The charity's key financial performance considerations for the year ended 31 March 2025 are:

	Y/e 31 March 2025 £	Y/e 31 March 2024 £	Variance £	See
Incoming resources				
Donations	684,506	724,519	(40,013)	Section 1.1
Legacies	696,746	1,424,750	(728,004)	Section 1.2
Grant funding received	33,702	66,412	(32,710)	
Income from other trading activities (HDdHC lottery)	15,125	14,962	163	
Investment income	568,679	451,147	117,532	
Total income	1,998,758	2,681,790	(683,033)	
Resources expended				
Charitable activities (grant making)	2,353,316	2,899,167	(545,851)	Section 2
Expenditure on raising funds	283,181	296,003	(12,823)	Section 2 and 2.1
Support Costs	181,549	177,443	4,106	Section 2 and 2.1
Governance costs	82,491	77,579	4,911	Section 2 and 2.1
Total expenditure	2,900,536	3,450,192	(549,656)	
Net incoming/(outgoing) resources before transfers				
	(901,778)	(768,402)	(133,376)	
Gains/(losses) on investment assets	(378,904)	816,796	(1,195,700)	
Net movement in funds				
	(1,280,682)	48,394	(1,329,076)	
Opening reserves				
	11,994,235	11,945,842	48,394	
Closing reserves				
	10,713,553	11,994,235	(1,280,682)	
31 March 2025				
	£	£	Variance £	
Investments				
	8,745,120	9,124,024	(378,904)	
Cash at bank				
	4,975,286	6,147,823	(1,172,536)	
Benchmarks				
	Y/e 31 March 2025 £	Y/e 31 March 2024 £		
Income generated for every £1 spent on fundraising	5.05	7.54		For 2024/25 £(1,998,758-568,679)/ 283,181
Amount available to spend on grants for every £1 raised or donated	0.73	0.83		For 2024/25 £(1,998,758-,82,491- 181,549-283,181)/ 1,998,758

1.1 Donations

	Y/e 31 March 2025 £	Y/e 31 March 2024 £	Variance £	% Variance
Incoming resources				
Donations	684,506	724,519	(40,013)	-5.5%

Income from donations for the year ending 31 March 2025 has fallen by £40K compared with the previous financial year. This is largely due to the reduction in donations for the Bronglais Hospital Chemotherapy Day Unit (CDU) following the capital fundraising appeal.

Donation levels will vary significantly year on year, in particular when specific fundraising appeals occur. During the last three years, considerable fundraising has taken place for the Bronglais Chemo Appeal with donations of £727K, £201K and £46K for year ended 2023, 2024 and 2025 respectively. The graph in figure 3 demonstrates donations levels from the 2020/2021 financial year excluding income to the Bronglais Chemo Appeal.

In the year 2024/25, donations for Carmarthenshire and Ceredigion are comparable to each other and have significantly exceeded donations for Pembrokeshire and corporate funds.

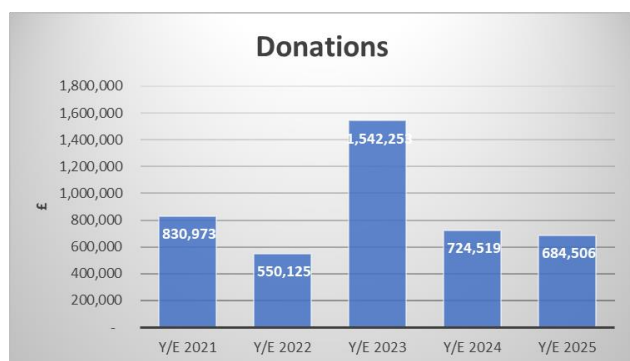


Figure 1: Annual donations from 2021/22 to 2024/25

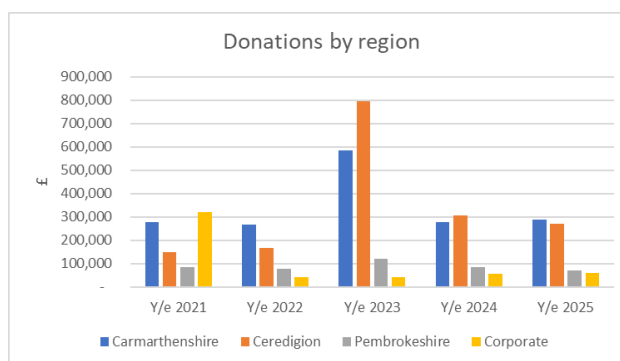


Figure 2: Annual donations from 2021/22 to 2024/25 split by region

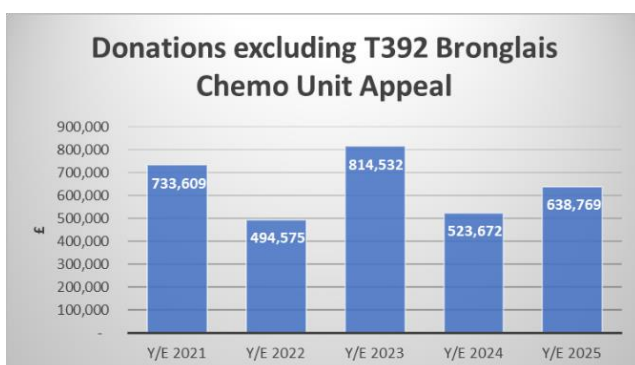


Figure 3: Annual donations from 2021/22 to 2024/25 excluding income to the Bronglais Chemo Appeal

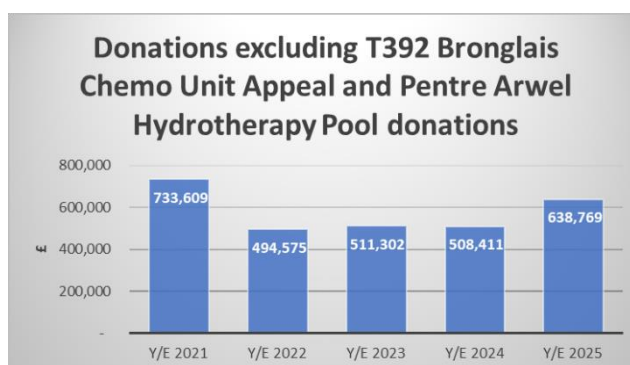


Figure 4: Annual donations from 2021/22 to 2024/25 excluding donations for the Bronglais Chemo Appeal and Pentre Arwel Hydrotherapy Pool

1.2 Legacies

	Y/e 31 March 2025 £	Y/e 31 March 2024 £	Variance £	% Variance
Incoming resources				
Legacies	696,746	1,424,750	(728,004)	-51.1%

Legacy income for the year ending 31 March 2025 was £697k and includes four large legacies of £267k, £191k, £80k and £62k to Carmarthenshire and Ceredigion funds.

The reported decrease in income of 51.1% this year compared with the previous financial year is due to a large £1.3m legacy that was received in the year ending March 2024. Significant legacy income was also received in year ending March 2023 due to a large £1.2m legacy gift.

Legacy income is unpredictable which is a typical challenge for the charity sector. There is however no evidence to suggest that fewer people are choosing to remember the charity in their wills due to the participant numbers in the charity's legacy fundraising programme (e.g. Make your Will Month, Free Wills Month), the stewardship of pledges and the oversight of the settlement of estates where the charity is a named beneficiary.

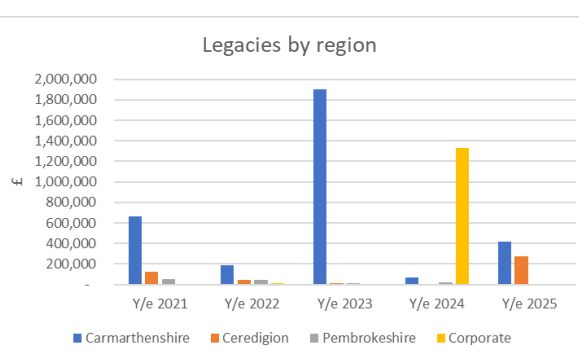
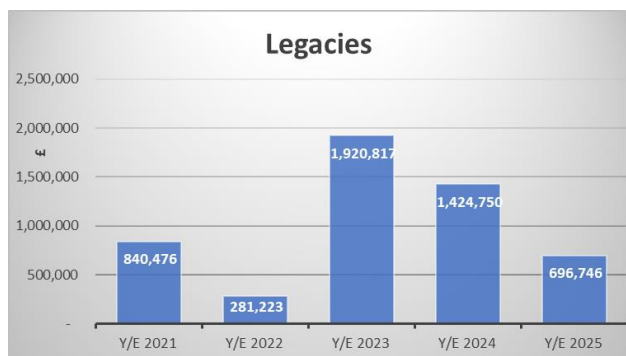


Figure 3: Legacy income from 2021/22 to 2024/25

Figure 4: Legacy income from 2021/22 to 2024/25 split by region

1.3 Assessment of the financial performance

Although there is a reported decline in income for the year ending 31 March 2025, the benchmarking data provided above indicates that the charity's investment in fundraising and communications activities delivered an above average financial return on investment against the associated costs.

The benchmarking data presented to the December 2024 CFC meeting advised that a widely recognised key performance indicator to measure fundraising performance is the 4:1 ratio; £4.00 income generated (donations, legacies and grants) for every £1.00 spent on fundraising (UK Civil Society Almanac, National Council of Voluntary Organisations).

For the year ending 31 March 2025, for every £1.00 spent on fundraising by HDdHC, £5.05 was generated in income which is above the 4:1 ratio (£7.54 for year ending 31 March 2024).

An update on recent discussions regarding the return on investment of the charity's fundraising function and the benefits derived from this investment will be provided to the 17 June In-Committee CFC meeting.

2. Expenditure and Commitments

The following table summarises expenditure to 31 March 2025:

Expenditure	As at 31 March 2025		2023-24 (£)	2022-23 (£)
	2024-25 (£)	2024-25 %		
Charitable activities				
Medical and surgical equipment	425,681	14.7%	759,159	273,189
Office and computer equipment	72,110	2.5%	86,223	39,305
Building and refurbishment	1,692,149	58.3%	1,394,762	66,985
Staff education/ welfare	55,769	1.9%	186,759	97,603
Patient education/ welfare	54,937	1.9%	411,174	126,475
Miscellaneous	52,670	1.8%	61,090	84,532
Total Charitable Activities	2,353,316	81.1%	2,899,167	688,089
Expenditure on raising funds	283,181	9.8%	296,003	451,747
Support costs	181,549	6.3%	176,843	63,757
Governance costs	82,491	2.8%	77,579	47,886
Total (£)	2,900,536	100%	3,449,592	1,251,479

For clarity on the nature of expenditure and commitments, these can be defined and are as follows:

- Expenditure: supplier invoices and internal recharges paid in year.
- Commitments: orders raised and receipted but not fully invoiced and expenditure approved by the CFC.

Notable expenditure incurred to 31 March 2025 (spend in **bold** took place in the current quarter):

Medical and surgical equipment

- Verathon Bladder Scanners Glangwili Hospital (GGH) (£22,851)
- Accuvein vein viewing system Withybush Hospital (WGH) (£9,075)
- Six Paxman cooling units (£113,208)
- Aquilant Elus Mini Probe Radial Scanner WGH (£48,265)
- Oceanis birthing pool Bronglais Hospital (BGH) (£14,159)
- Two electrocardiogram (ECG) machines WGH (£16,800)
- Verathon Bladderscan i10 system BGH (£9,913)
- Two BasicLine therapy chairs GGH (£45,468)
- Phillips Electronics Intellivue MX450 GGH (£16,878)
- Teal furniture reclining chair BGH (£7,634)
- Local Anaesthetic Transperineal Prostate (LATP) GMotio biopsy motorised chair GGH (£18,723)
- **Accident and Emergency Trolley GGH (£8,220)**

Building and refurbishment

- Enhancement to outpatient area at BGH CDU (£115,779)
- Pharmacy staff rest room works GGH (£22,608)
- **Pentre Awel Hydrotherapy Pool contribution (£1,543,382)**

To note, capital expenditure relating to the BGH Chemotherapy Day Unit (Leri Cancer Unit) was recognised in prior years when the funding commitments were made.

Staff education and welfare

- MSc in Acute Medicine (£5,100)
- Recharged staff costs in relation to Delivering Nutrition Skills for Life Programme (£13,817)

Patient education and welfare

- Interactive singing and movement sessions (£64,220)
- Therapeutic live music in Intensive Care Units (ICUs) (£7,200)
- Recharged staff costs for Black, Asian and minority ethnic (BAME) Community Outreach Programme (£10,460)
- Christmas trip to theatre for families with life-limiting and life-threatening conditions (£7,848)

2.1 Governance and Support Costs and Expenditure on raising funds

In March 2024, the CFC approved a total governance, support and expenditure on raising funds budget of £588,167 for the 2024/25 financial year.

For the year 31 March 2025, the reported position for finance and fundraising team costs was an underspend of £40,946 as per the table below:

		Annual Budget 2024-25	Budget to 31/03/2025	Actual Costs to 31/03/2025	(Under) / Over budget to 31/03/2025
Finance		103,344	103,344	103,344	0
Fundraising team	Pay	421,713	421,713	395,848	(25,865)
Fundraising	Non Pay	46,910	46,910	31,915	(14,995)
Sub-total		571,967	571,967	531,107	(40,860)
Audit		16,200	16,200	16,113	(87)
Total		588,167	588,167	547,221	(40,946)

The costs can be analysed into their respective components as follows:

Costs £	Expenditure on raising funds	Support	Governance	Total
Fundraising team				
Pay	251,265	113,259	31,323	395,848
Non-Pay	31,915	-	-	31,915
Finance	-	68,290	35,054	103,344
Audit	-	-	16,113	16,113
Total	283,181	181,549	82,491	547,221

The table below presents all investment income, returns and charges which are apportioned across funds:

	Restricted/ Unrestricted Funds (£)	Endowment Funds (£)	Overall Total (£)
Investment Income	(500,836)	(67,843)	(568,679)
Governance & Support - Finance, Fundraising & Support Team	531,107	0	531,107
Audit Fees	16,113	0	16,113
Investment (Gains) & Losses	277,486	101,418	378,904
(Surplus) / Deficit	323,871	33,575	357,446

For clarity on the nature of dividends and interest earned by 'unrestricted', 'restricted' and 'endowment' funds, these can be defined and are as follows:

- 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.

Dividend and interest on endowment funds have been applied to their restricted funds.

There was a net deficit from unrestricted/restricted apportionments (after investment losses) across funds of £323,871 for the year ending 31 March 2025.

The unrestricted element of this deficit will be met by the T610-HDd Unrestricted Apportionments fund which consists of prior year gains. The current balance on this fund prior to these apportionments is £366,770. The restricted element will be met by the specific funds they relate to as per Charity Commission guidance.

A large investment loss of £365K occurred in the quarter ending 31 March 2025, resulting in an overall investment loss of £379K for the year. In the prior year the charity recognised an investment gain of £817K.

During May 2024 the contract in relation to the provision of investment fund management was extended for two years; CCLA Investment Management Limited will continue in their role as investment fund managers.

Attached at Annex 1 is the following supplementary information relating to the charity's financial performance the CFC's consideration:

- Statement of Financial Activity for the period ending 31 March 2025.
- Investment performance.
- Material commitments to 31 March 2025.

In addition to the financial information provided in Annex 1, the following information is provided on the charity's key achievements, in line with the objectives of the approved work plan for 2024/25:

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

Argymhelliad / Recommendation

The Charitable Funds Committee is requested to **NOTE** the content of this report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Risk reference: 2045

Risk description: There is a risk of HDdUHB not being able to sustain a paid fundraising function for its charity.

Causes: This is caused by the increased investment in fundraising costs since 2021/22 and the level of

	charitable income generated by the charity resulting in variable levels of Return of Investment (ROI).
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ledger reports and investment reports.
Rhestr Termiau: 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)	
Ariannol / Gwerth am Arian: Financial / Service:	The report sets out the financial position of the charity. Income generated from fundraising activities is a key source of income for Hywel Dda Health Charities. The charity is therefore duty bound to ensure that the correct controls and governance arrangements exist with regards to all aspects of fundraising.
Ansawdd / Gofal Claf: Quality / Patient Care:	Charity objects are in support of NHS services locally.
Gweithlu: Workforce:	Expenditure on governance and support costs (including fundraising and finance) included in Annex 1 of the Integrated Performance Report.
Risg: Risk:	Reputational risk if associated with unethical fundraising.

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



Annex 1

Financial Performance

Supplementary Information

Position as at 31 March 2025



1: Statement of Financial Activity for the period ended 31 March 2025

HYWEL DDA LOCAL HEALTH BOARD									
CHARITABLE FUND REPORT - SUMMARY									
FOR THE PERIOD ENDING 31 MARCH 2025									
	Corporate	Acute Services	Carmarthen Community	Ceredigion Community	Pembrokeshire Community	Mental Health & Learning Disabilities	Other To be apportioned	Total	
	£	£	£	£	£	£	£	£	£
Incoming resources									
Donations	90,462	486,623	19,808	57,501	9,822	20,290	0	684,506	
Legacies	1,059	423,293	1,000	271,394	0	0	0	696,746	
Grants receivable	33,794	0	0	0	0	(92)	0	33,702	
Investment income	0	67,843	0	0	0	0	500,836	568,679	
Income from other trading activities	15,125	0	0	0	0	0	0	15,125	
Other incoming resources	0	0	0	0	0	0	0	0	
	140,439	977,759	20,808	328,896	9,822	20,198	500,836	1,998,758	
Resources expended									
Expenditure on raising funds	0	0	0	0	0	0	(283,181)	(283,181)	
Charitable activities	(46,568)	(572,749)	(1,582,384)	(120,077)	(5,122)	(26,416)	0	(2,353,316)	
Support Costs	0	0	0	0	0	0	(181,549)	(181,549)	
Governance costs	0	0	0	0	0	0	(82,491)	(82,491)	
Investment Management	0	0	0	0	0	0	0	0	
	(46,568)	(572,749)	(1,582,384)	(120,077)	(5,122)	(26,416)	(547,220)	(2,900,536)	
Net incoming/(outgoing) resources before transfers	93,872	405,009	(1,561,576)	208,819	4,699	(6,217)	(46,384)	(901,778)	
Gross transfers between funds	4,800	(4,800)	0	0	0	0	0	0	
Net incoming/(outgoing) resources	98,671	400,210	(1,561,576)	208,819	4,699	(6,217)	(46,384)	(901,778)	
Gains/(losses) on investment assets									
Realised and Unrealised	0	(101,418)	0	0	0	0	(277,486)	(378,904)	
Net movement in funds	98,671	298,792	(1,561,576)	208,819	4,699	(6,217)	(323,870)	(1,280,682)	
Opening balance at 01 April 2024	1,389,231	7,192,447	2,797,423	247,489	137,486	230,160	0	11,994,235	
Closing balance at 31 March 2025	1,487,902	7,491,239	1,235,847	456,308	142,185	223,942	(323,870)	10,713,553	

2: Investment Performance

As at 31 March 2025, the value of investments (excluding investment property) held by the charity was £8,552,970. The value of total funds held at the same date in 2025 was £8,971,874.

Funds are separated into two areas. Firstly, a fund tied to the permanent endowment fund for Pembrokeshire Cardiology Equipment of £2,289,294 and secondly a general charity fund of £6,263,676. The charity also currently holds £4,880,191 in a deposit account.

Over the quarter the Fund returned -3.38% compared with the comparator return of -3.29%. Over the last 12 months, the Fund returned -1.46% compared with the comparator return of 4.05%.

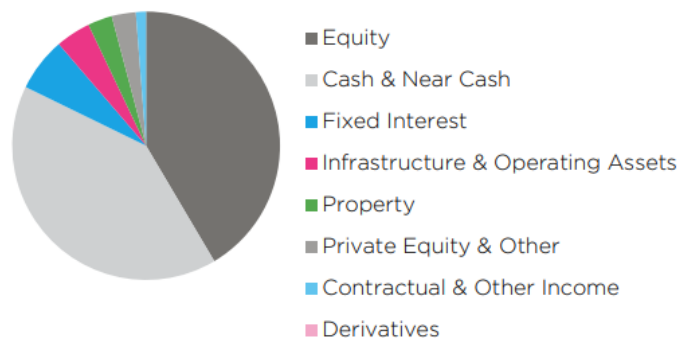
Total return performance

Performance* to 31 March 2025	3 months	1 year	3 years p.a.	5 years p.a.
Ethical	-3.38%	-1.46%	+2.99%	+8.58%
Comparator	-3.29%	+4.05%	+5.28%	+9.90%

Comparator - composite: From 01/01/21, MSCI WORLD 75%, MSCI UK Monthly Property 5%, iBoxx £ Gilts 15% & SONIA 5%. From 01/01/18, MSCI UK IMI 30%, MSCI World ex UK 45%, MSCI UK Monthly Property 5%, iBoxx £ Gilt 15% & 7 Day LIBID 5%. Source: CCLA

Asset allocation

Asset class breakdown	Allocation (%)
Equity	41.47
Cash & Near Cash	40.76
Fixed Interest	6.47
Infrastructure & Operating Assets	4.20
Property	2.96
Private Equity & Other	2.93
Contractual & Other Income	1.20
Derivatives	0.01
Total	100.00



3: Outstanding material commitments as at 31 March 2025 (approved by CFC)

Service	£	Description	Date Approved	Status
Cancer Services - Ceredigion	364,773	BGH Chemotherapy Development	Jun-21	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 - Ceredigion	277,513	BGH Chemotherapy Development	Mar-24	
Cancer Services - Health Board Wide	30,661	Heads Up to Cancer - Cancer Hair Loss project	Sep-23	On going project
Arts and Health (Nursing, Quality & Patient Experience)	27,895	Creative Activities for Staff Wellbeing (Arts and Health)	Sep-23	On going project
Arts and Health (Nursing, Quality & Patient Experience)	195,860	Capacity Building project: to contribute to the salary and oncosts of a B6 Project Manager and arts and health activities budget for patients (Arts and Health)	Mar-24	On going project
Mental Health & Learning Disabilities, Community & Integrated Medicine	60,890	Interactive singing & movement sessions for older adult mental health and adult frailty inpatient wards (health board wide)	Jun-24	On going project
Cancer Services - Ceredigion	114,699	Enhancement to outpatient area at BGH Chemotherapy Day Unit	Sep-24	On going project
Carmarthenshire Community	1,543,382	Pentre Arwel Hydrotherapy Pool	Mar-25	On going project
	2,615,674			



Elusennau Iechyd
HYWEL DDA
Health Charities

2025-26



Elusennau Iechyd
HYWEL DDA
Health Charities

Workplan 2025-26

Progress update April and May 2025

Strategic objective 1: Making a difference

Priority areas for 2025/26

	Activity	Update on progress to May 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"> The new application process is in test phase. Colleagues from across the organisation have been invited to test the new application form during June 2025 and feedback will inform the final version. Work on the automated authorisation process will begin in June when an updated fund manager list is available following the completion of the new designated fund structure and changes to the management structures of the Clinical Care Groups (CCG). Pending the availability of dedicated software development time, staff training will be delivered on the new administration processes during August and September 2025 and the new application process will be launched before the end of September. The new charitable funded application process for study leave (incorporating expenditure approval into the HDdUHB study leave application) will be launched before the end of June 2025. 	Yellow
2.	<p>Launch the internal communications campaign and associated user-friendly guidance to ensure that staff are aware of, and understand, the new charitable funds application process and new fund structure.</p> <p><i>Carried forward from 2024/25</i></p>	<ul style="list-style-type: none"> All communications materials for the internal campaign have been developed in readiness for the launch of the new application process. 	Yellow
3.	<p>Launch the guidance for our fund managers to ensure that they understand the nature and value of the funds they are responsible for as well as their roles and responsibilities as custodians of our charitable funds.</p> <p><i>Carried forward from 2024/25</i></p>	<ul style="list-style-type: none"> Guidance for fund managers has been developed in readiness for the launch of the new application process. 	Yellow
4.	<p>Develop an expenditure plan for the charity's General Fund that provides equitable access to funding for areas where measurable improvements can be made to maximise patient benefit.</p>	<ul style="list-style-type: none"> Complete. Agenda item for 17 June CFC meeting. 	Green

Strategic objective 2: Fundraising and Communications

Priority areas for 2025/26

	Activities	Update on progress to May 2025	RAG rating
1.	Complete the upgrade of the charity's current Customer Relationship Management (CRM) database to a new and improved web version. <i>Carried forward from 2024/25</i>	<ul style="list-style-type: none"> There have been further delays to the CRM upgrade due to ongoing conversations with the supplier regarding insurance requirements as set out in the Data Processing Agreement (DPA). We are working closely with Information Governance and Legal Services to resolve this delay. The delays are not having a significant impact on our service provision as our existing CRM is still operational. 	
2.	Plan and deliver a new charity-led mass participation event to encourage increased fundraising for the charity	<ul style="list-style-type: none"> The new mass participation event will be a sponsored Fire Walk that will take place in the autumn. We are currently researching host companies, and the new event will be launched during quarter two. 	
3.	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.	<ul style="list-style-type: none"> A bid for £150,000 has been submitted to the NHS Charities Together Innovation Challenge grant fund for an arts project supporting children and young people on the Child and Adolescent Mental Health Service (CAMHS) waiting list. 	
4.	Plan and deliver a fundraising campaign for Tonic Surf (surf therapy sessions) in aid of the Child and Adolescent Mental Health Service (CAMHS).	<ul style="list-style-type: none"> Successful application to the Tesco Stronger Starts scheme. Tonic Surf is one of three projects open to the customer vote in two Aberystwyth stores until 30 June. Tonic Surf is guaranteed to receive income from the vote with the project with the highest number of votes receiving £1,500. Currently working on a mailing to all local Nisa stores promoting the initiative, requesting local fundraising support. 	
5.	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.	<ul style="list-style-type: none"> Work has begun on developing a suite of marketing materials for the Intensive Care Units in Bronglais, Glangwili, Prince Philip and Withybush Hospitals. The package will include large posters, flyers and dedicated online donation pages, supported by social media work to raise awareness of the service's designated charitable funds and to promote ways to support. 	

Strategic objective 3: Maximising the contribution

Priority areas for 2025/26			
	Activities	Update on progress to May 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"> This work has been postponed until quarter two due to the compilation of the 2024/25 year end accounts. 	

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



LERI CANCER UNIT OFFICIALLY OPENED



Bronglais Hospital's Leri Cancer Unit was officially opened on 10 May 2025 by the team who care for patients with cancer at the Aberystwyth hospital.

The £3million unit was funded primarily by charitable income following the success of the Bronglais Chemo Appeal. It will provide treatment and care for people with cancer from Ceredigion, North Powys and South Gwynedd.

Patients and their families, fundraisers and donors, hospital staff and members of the local community came together at the official opening celebration.

Speaking at the opening, Dr Elin Jones, Consultant Oncologist at Bronglais Hospital, 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."

BIG BIRTHDAY BAKE LAUNCHES

In May 2025 we launched our NHS BIG Birthday Bake campaign which calls on local communities to get baking this July to mark the NHS's 77th birthday and support their local NHS services.

We are asking supporters to take part by holding tea parties, bake sales, or any other baking-related event. The creative bakers can also enter a cake-decorating competition judged by none other than Georgie Grasso, winner of the 2024 Great British Bake Off.

Tara Nickerson, Fundraising Manager, said: "Fundraising plays such an important role in enhancing the lives of our patients and staff at each of our services. We hope that people will be inspired to take part in our BIG Birthday Bake to celebrate the NHS's birthday and make a difference for patients and staff across Hywel Dda.

"Never has the charity been more important in helping deliver the very best care and experiences for patients and staff."

Fundraising Officer Claire Rumble added: "Of course, baking also brings people together, and we hope that the campaign will have a really positive impact on the wellbeing of everyone who takes part!"



ZIP LINE CHALLENGE RAISES OVER £6K



On 22nd March 2025, 20 brave fundraisers took on our Zip Line Challenge and sailed down the Velocity zip line at Penrhyn Quarry.

Set in north Wales near the stunning Snowdon range in what once was the world's largest slate quarry, Zip World Penrhyn Quarry provides exhilarating zip rides 500m above the bright blue quarry lake.

Velocity is the fastest zip line in the world and our brave fundraisers travelled at speeds of up to 100mph!

We are delighted to report that they raised over £6,000 for the charity – an amazing result. A huge THANK YOU to you all!

FOCUS: OUR LEGACY CAMPAIGNS



Legacy donations are a vital part of the charity's income. Throughout the year we run campaigns which provide our supporters with opportunities to write their will at a reduced cost, and we promote legacy donations across our communications platforms.

In May 2025 we ran our Make Your Will Month campaign which sees us team up with solicitors across Carmarthenshire, Pembrokeshire and Ceredigion. During May, the solicitors waive their usual fee in exchange for a donation to our charity, and our supporters are able to make or update their will at a greatly reduced rate.

By the end of May, 24 supporters had signed up and made their will, which saw donations to the charity top £3,500. We'll be updated later in the

year about any legacy donations to the charity which were written into those wills.

In October we run our Free Wills Month – an opportunity for supporters to write their will for free with trusted will provider Farewill.

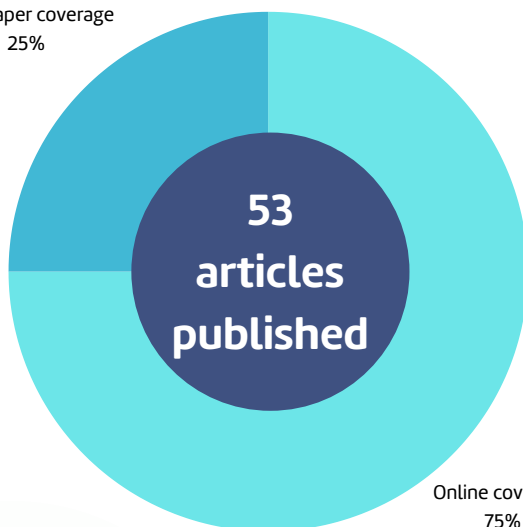
Every summer and Christmas we issue communications to those who have pledged to leave us a legacy, updating them on the work of the charity. We also promote legacy giving with our legacies web page, information pack, monthly newsletter and social media posts.

Our legacies income is also supported by our work managing historic, on-going and new legacies, ensuring that all pledged gifts in wills are monitored, chased and received in a timely manner.

COMMUNICATIONS: ONE-MONTH SNAPSHOT

Between 19/04/25 and 19/05/25 we issued 15 press releases which secured positive media coverage for both the charity and the health board.

Newspaper coverage
25%



Online coverage
75%

Between 19/04/25 and 19/05/25 we issued 185 social media posts across our Facebook, X and Instagram pages and via Viva Engage. Highest performing post (Facebook – English, 13/05/25): charity-funded fixed birthing pool at Gwenllian maternity ward, Bronglais officially opened.



IN FOCUS:

HOW CHARITABLE DONATIONS ARE ENHANCING HEALTHCARE ACROSS HYWEL DDA

CONFERENCE HELPS HYWEL DDA STAFF STRENGTHEN KNOWLEDGE ON BREASTFEEDING

Thanks to donations, we have funded eight members of staff to attend the UNICEF/WHO Baby Friendly Initiative 2024 Virtual Conference.

Janice Jones, HCSW; Sandra Imperato, HCSW; Deborah Weymouth, Midwife; Kelly Rees, Midwife; Izabela Middleton, Midwife; Anwen Brown, Midwife; Charlotte North, Midwife and Padi Sutherland, Infant Feeding Coordinator Specialist Midwife, were all able to attend the conference.



The conference showcased new research and innovations in the fields of infant feeding and relationship building. The conference covered a range of topics including the infant feeding support needs of women with severe mental

illness, compassion and innovation in healthcare, formula pricing, and more.

Padi Sutherland said: "We are very grateful that charitable donations have enabled our staff to partake

in this conference. The conference has helped our staff strengthen their knowledge and evidence-base to support increasing the potential for women and birthing people who breastfeed in the longer term."

TEACHING ARM FUNDED FOR GLANGWILI OPHTHALMOLOGY TEAM

Thanks to generous donations, we have funded a teaching arm worth over £5,900 for the Ophthalmology Department at Glangwili Hospital.

A teaching arm helps doctors and other professionals learn how to perform laser treatments.

Marta Barreiro Martins, Senior Nurse Manager, said: "We are incredibly grateful that Hywel Dda Health Charities has funded this training arm for our department.

"Selective Laser Trabeculoplasty (SLT) treatment has been deemed efficient in treating glaucoma patients and is now the first line treatment of choice for newly diagnosed patients, as per NICE guidance.

"Having a laser unit set up for training will ensure other doctors can be trained and that more laser sessions can be set up in order to be able to treat more patients and reduce their waiting time for treatment."



ECG MACHINES WORTH £14,000 FUNDED FOR WITHYBUSH HOSPITAL



Thanks to generous donations, we have purchased two new Electrocardiogram (ECG) machines worth over £14,000 for the Emergency Department at Withybush Hospital.

Chest pain is a very common presentation at the Emergency Department which sees between 100 and 130 patients a day. ECG machines provide key information on a patient's heart by measuring rhythm and electrical activity.

The additional ECG machines will help ensure that

patients presenting with chest pain receive an assessment as quickly as possible.

Senior Nurse Manager Josephine Dyer said: "We are so grateful that generous donations from our local community have enabled us to purchase the two ECG machines for the Emergency Department.

"High numbers of patients present with chest pain and require an ECG, so we hope that having the additional machines will reduce waiting times and offer an improved patient experience."

NEW BEDSIDE CHAIRS FUNDED FOR BRONGLAIS STROKE WARD



Thanks to generous donations, we have been able to fund new bedside chairs for Yswyth Ward, the stroke ward, at Bronglais Hospital.

Claire Durant, Ward Administrator, said: "We're incredibly grateful for the generous donations we have received that have enabled us to purchase these new chairs.

"The chairs will provide patient support, rehabilitation and comfort. The chairs are easy to move, clean and supportive for patients of all ages and abilities. They are invaluable to the patients and encourage rehabilitation and the ability to sit out of bed in comfort."

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



2.3

10:45, 20 Mins

2.3 - HDdHC Investment Advisor Update *daisy.mannifield@ccla.co.uk*
(External CCLA)

Daisy Mannifield, Client Investment Director, CCLA. Attending in person.

| For assurance

Attachments

[20250617 Investment update Hywel Dda Health Charities.pdf](#)

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Expenditure Plan for the Support for Life Response Fund
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience.
SWYDDOG ADRODD: REPORTING OFFICER:	Nicola Llewelyn, Head of Hywel Dda Health Charities

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report follows the review of the Support for Life Response Fund that was presented to the CFC in September 2024 where it was noted that a further report would be submitted following the completion of the review of designated funds to provide recommendations on priorities for the general fund.

The proposed approach outlined within this report is intended to ensure that the Support for Life Response Fund is used effectively to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board (HDdUHB).

This report is presented to the Charitable Funds Committee (CFC) to recommend the allocation of the Hywel Dda Health Charities (HDdHC) general fund; the Support for Life Response Fund.

Cefndir / Background

1. The Support for Life Response Fund

When income is received for general charitable purposes, the donations are held in the charity's general fund; the Support for Life Response Fund (fund reference T600). This fund is promoted as a fund that enables the charity to prioritise expenditure where and when it is needed the most.

The uncommitted balance of the general fund at 31 March 2025 was £921,010. The balance has grown considerably since the COVID-19 pandemic and in particular thanks to the receipt of a significant legacy in 2023/24.

A summary of income received since 2018/19 is shown below:

T600 income	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Donations	5,414	19,797	242,237	2,967	25,290	26,187	25,355
Legacies	-	-	-	-	-	1,329,817	1,059
Lottery income	-	-	-	3,830	12,994	15,462	15,125
	5,414	19,797	242,237	6,797	38,283	1,371,465	41,538

A summary of the general fund's expenditure since 2018/19 (invoices paid) is shown below:

T600 Expenditure	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Expenditure	1,957	1,416	26,222	140,274	34,246	47,938	- 1,563

2024/25 expenditure from the general fund was £44,175 but is showing as negative in the table above due to the release of £45,738 of commitments from the approved contribution to the Bronglais Hospital Chemotherapy Day Unit (CFC 12 March 2024) following the receipt of additional income specifically for the Bronglais Chemo Appeal.

To date, the general fund has been predominantly used to support ad hoc proactive charitable expenditure requests from services and departments that do not hold their own designated charitable funds including, Workforce and Organisational Development, Corporate Nursing, Patient Experience, Arts and Health. Expenditure has focused on improving staff wellbeing as well as patient experience.

2. Value of charitable funds held by HDdHC

Although the balance of the general fund has grown in recent years, the majority of the charity's funds are held in 'designated' or 'earmarked' funds for a specific service or department in line with the wishes expressed by our donors.

A summary of the charity's fund balances at 31 March 2025 is show below:

Area	Fund balance £
Community & Integrated Medicine Clinical Care Group	
Carmarthenshire Unscheduled Care (includes £42,310 endowment fund)	985,824
Carmarthenshire Community	385,326
Ceredigion Unscheduled Care (includes £95,350 endowment fund)	1,553,176
Ceredigion Community	428,169
Pembrokeshire Unscheduled Care (includes £2,377,742 endowment fund)	2,692,184
Pembrokeshire Community	132,245
	6,176,924
Planned & Specialist Care Clinical Care Group	
Planned Care (Scheduled Care)	621,276
Cancer Services	1,627,636
Children, Women & Family Health	319,172
	2,568,084
Allied Health & Health Sciences Clinical Care Group	
Therapies	88,954
Pathology	252,451
Radiology	25,123
	366,528
Mental Health & Learning Disabilities Clinical Care Group	
Mental Health & Learning Disabilities	224,024
	224,024

Primary Care Clinical Care Group	
Chronic Conditions	12,735
Dental Services	4,601
Primary Care (managed practices)	191,256
Pharmacy	89,634
	298,226
Corporate funds	
Support for Life Response Fund T600 (general fund)	921,010
HDd Unrestricted Apportionments	366,770
Pentre Awel Hydrotherapy Pool	59,315
Grant funds	52,952
Other	3,591
	1,403,638

The balances in the above table are prior to the apportionment of 2024/25 fundraising, support and governance costs and investment income and losses. These total £323,870 and will reduce the balances listed above. The closing balance of charitable funds held by HDdHC at 31 March 2025 was therefore £10,713,553.

Asesiad / Assessment

The funding held within the Support for Life Response Fund presents an opportunity for the charity to make a significant difference to the health, wellbeing and experience of patients, service users and staff across HDdUHB.

The proposal is to establish a twice-yearly application window for funding applications. For 2025/26, it is proposed that an open call for the submission of applications takes place between July and October 2025. It is also proposed that £400,000 (43% of the fund's current uncommitted balance) is ring-fenced for this application window, with the remaining balance retained for a second application window in spring 2026 and to also meet any new or emerging needs that may arise.

Services and departments from across the organisation will be invited to submit proposals, for both capital and revenue projects, that align to the charity's strategic funding priorities for 2023-2028:

- 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 will be promoted widely via:

- Internal communications channels.
- Engagement with senior leaders via forums such as Clinical Care Groups (CCG) and Charitable Funds-Sub Committee.
- Proactive and targeted engagement and communication for those with little or no direct access to service specific designated charitable funds.

Prior to submission, funding applications will require sign-off at CCG or directorate management level.

All applications will be assessed in line with the charity's eligibility criteria for funding and recommendations made to the CFC for consideration and approval as per the timeline outlined below:

Activity	Timescale
Promotion of funding opportunity	From 7 July 2025
Deadline for submission of funding proposals (12-week application window)	3 October 2025
Assessment of funding proposals	From 3 October 2025
CFC consideration of funding proposals	8 December 2025

During this time, consideration will also be given to re-naming the Support for Life Response Fund and to re-align this piece of work to the promotion of the application window.

Should the value of funding applications received exceed the value of funding ring-fenced for this application window, recommendations will be made to the CFC on the prioritisation of funding and for the consideration of the release of additional funding.

Applications for projects of all sizes will be encouraged, as well as the opportunity to match-fund with the service or department's own designated funds. It is envisaged that applications will be received for expenditure that falls into the following categories:

- Small grants (< £10,000): Smaller items and initiatives not routinely provided by the NHS that will have a positive impact on the health, wellbeing and experience of patients, service users and staff across.
- Medium grants (£10,001 - £50,000): Funding for moderate-scale projects delivering multi-site or service-level benefits.
- Large grants (> £50,000): Strategic investment for larger scale projects with wider-reaching impact, supporting innovation, or system-wide transformation.

The advantages and disadvantages of this approach are outlined below:

Advantages	Disadvantages
Encourages creativity, collaboration and staff engagement in areas that may not have had the opportunity previously.	Difficult to predict the resource required to assess the number of funding proposals that will be received.
Build staff morale in services that have had no direct access to service specific charitable funds.	Risk of low uptake due to lack of staff time and resources.
Funding can contribute to capital or revenue investments that are aligned with the charity's strategic priorities.	Larger services/departments with more resources may have an increased chance of developing more comprehensive proposals.
Raises profile of the charity and availability of charitable funds.	Risk of poor-quality proposals and proposals not meeting eligibility criteria for funding.
Transparent decision-making process.	Impact may be small-scale if proposals are not carefully planned.
Evaluation criteria and clear outcomes can be built into grant award and monitoring processes.	Time-limited investments may not be the best use of funds.
Opportunity for support, advice and guidance to be provided during the application process.	

To mitigate these disadvantages, clear and user-friendly guidance will be provided to ensure that the eligibility criteria for funding is easily understood. Targeted engagement and support will seek to encourage wider participation and increase the likelihood of more comprehensive proposals to deliver initiatives where measurable improvements can be made that address the charity's strategic funding priorities.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **CONSIDER** and **APPROVE**:

- The establishment of a twice-yearly application window for funding applications from the Support for Life Response Fund.
- 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.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.1 Within the budget, priorities and spending criteria determined by the Health Board as Corporate Trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts), apply the charitable funds in accordance with its respective governing documents.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Financial reports CFC Terms of Reference Charitable Funds Financial Administration and Governance Procedure (FP 420)
Rhestr Termiau: Glossary of Terms:	Included within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Assistant Director of Finance (Financial Planning & Statutory Reporting) Head of Accounting & Statutory Reporting Deputy Head of Financial Accounting Fundraising Manager Senior Communications Officer

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
Ansawdd / Gofal Claf: Quality / Patient Care:	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
Gweithlu: Workforce:	The effective application of charitable funds should have a positive impact on the experience of our patients, service users and staff.
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Any recommendations within the report are in compliance with HDdUHB's Standing Orders
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	No EqIA is considered necessary for a paper of this type

2.4

11:05, 10 Mins

2.4 - Allocation and level of cash holdings

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

| For approval

Attachments

2.4 - Allocation and level of cash holdings June 25 CFC (HT).pdf

Hywel Dda Health Charities

Daisy Mannifield, Client Investment Director

17th June 2025



image courtesy of Koestler Arts

Portfolio valuation

Holdings	Market value	Forecast income yield	Forecast annual income
COIF Charities Ethical Investment Fund – The General Investment Fund	£6,320,061	3.02%	£190,903
COIF Charities Ethical Investment Fund – The Permanent Endowment Fund	£2,309,903	3.02%	£69,773
COIF Charities Deposit Fund	£4,916,590	4.16%	£204,530
Total portfolio	£13,546,533	3.43%	£465,206

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 – £413,481
 Permanent Endowment – £151,122

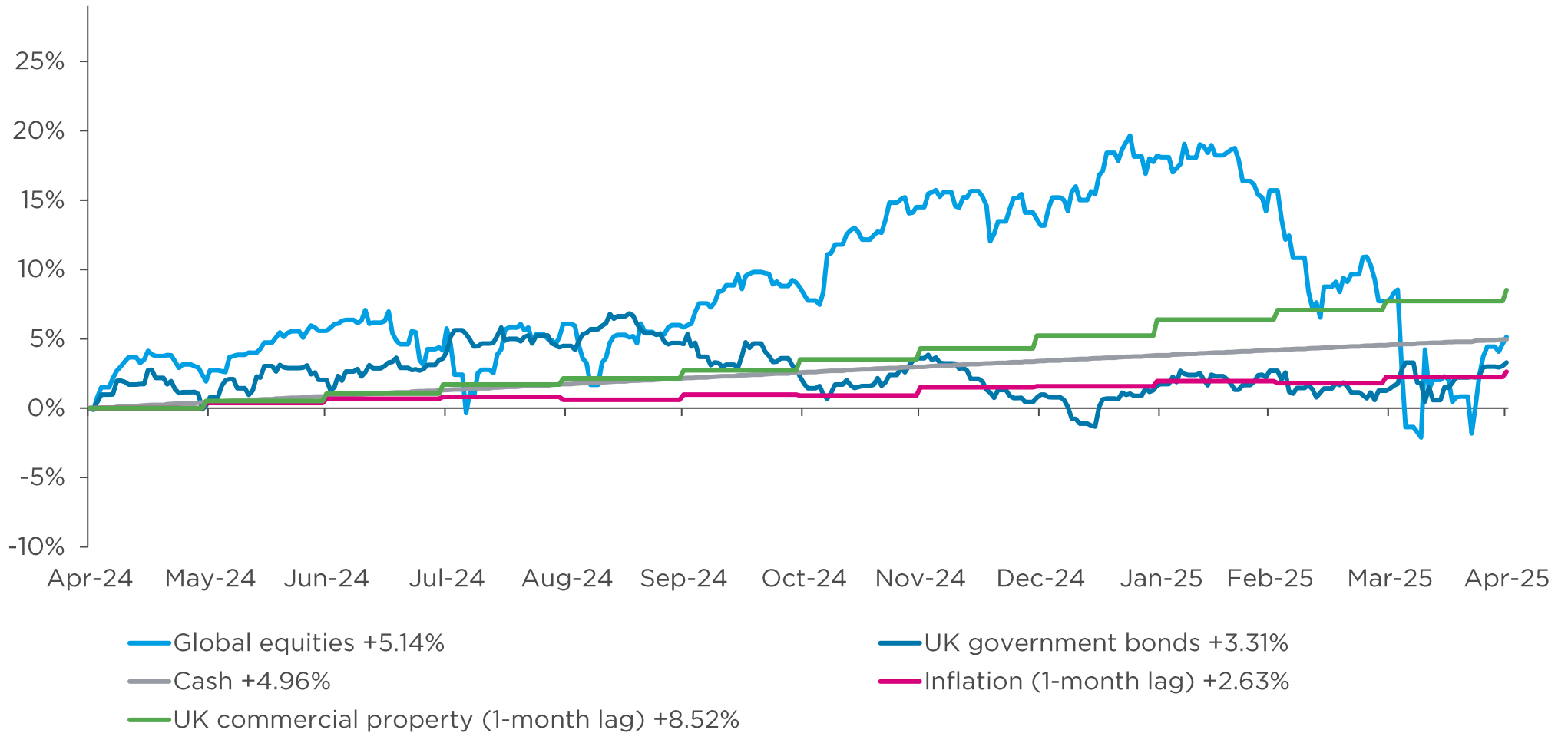
Source: CCLA as 30th May 2025. Annual income figures from long-term funds are based on current fund share holdings and forecast distributions per fund unit for calendar year 2025. Annual income figures for COIF Charities Deposit Fund balances are based on the current declared interest rate which is subject 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

Net performance as at 31 March 2025	Current quarter (%)	Last twelve months (%)	Since Inception (%)
Permanent Endowment Fund	-3.4	-1.5	+14.1
General Investment Fund	-3.4	-1.5	+14.1
Deposit Account	+1.1	+4.9	+6.5
Your portfolio	+1.9	+0.7	+14.1
Consumer Price Index	+0.7	+2.8	-

Source: CCLA as at 31 March 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.

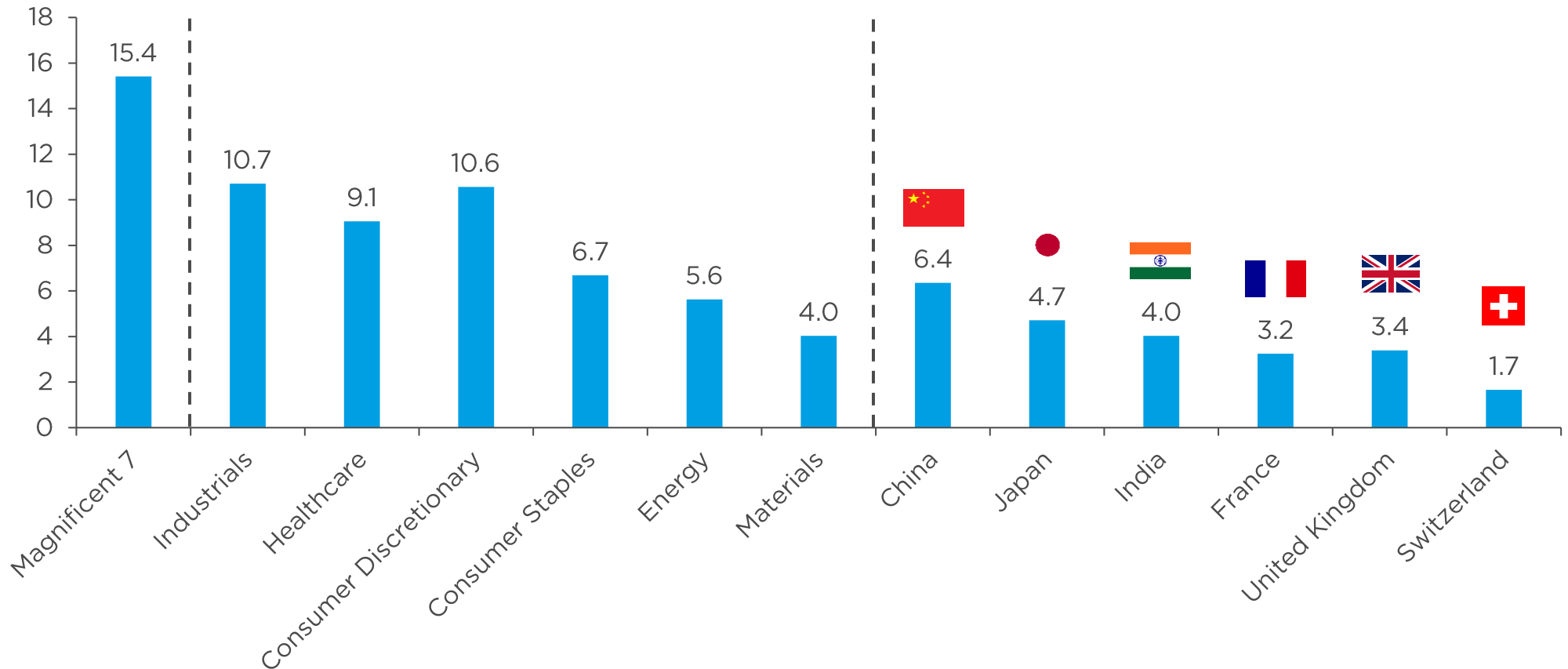
Market review – 12-month returns



Source: Bloomberg, as at 30 April 2025. Inflation and UK commercial property performance are on a one-month lag. Past performance is not a reliable indicator of future results.

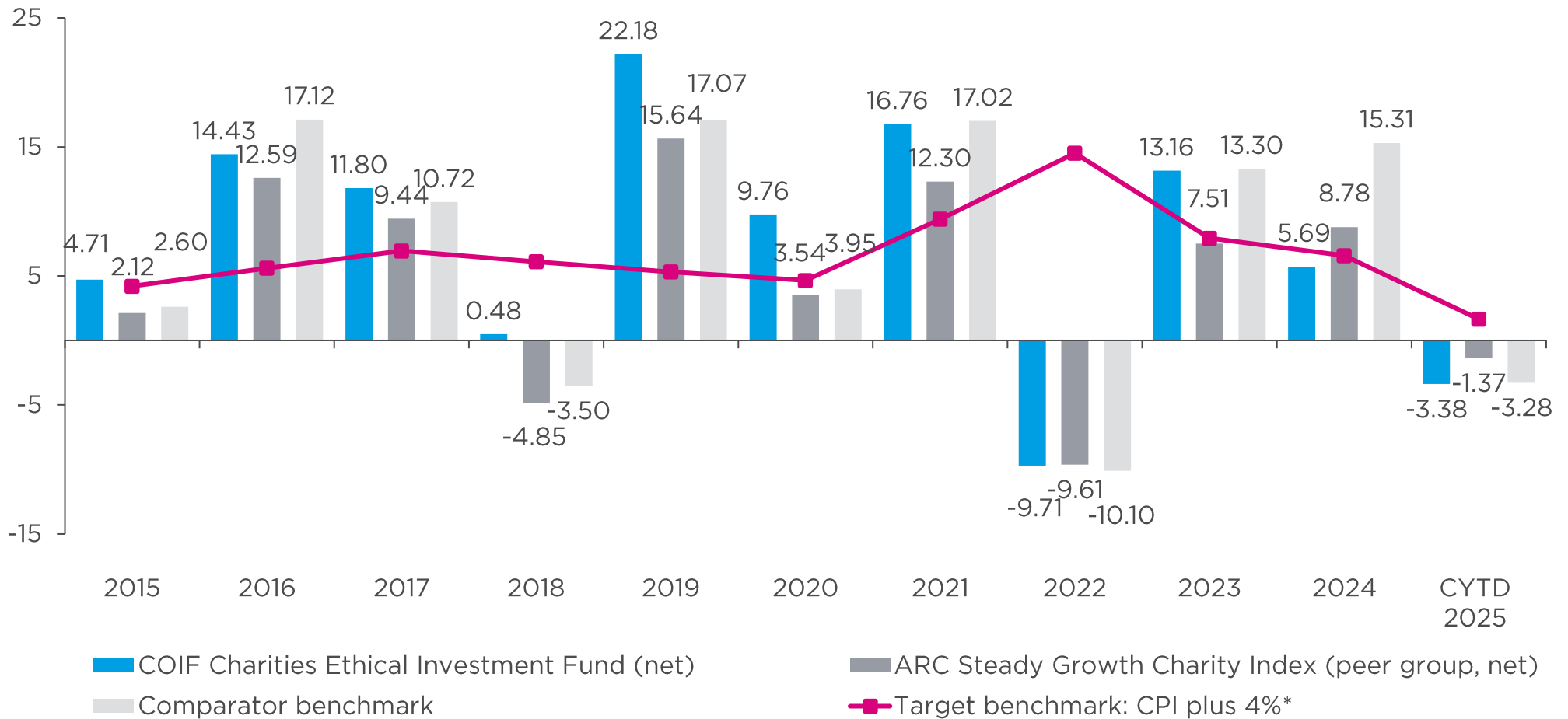
Is the market too concentrated now?

Market cap (\$ trillion)



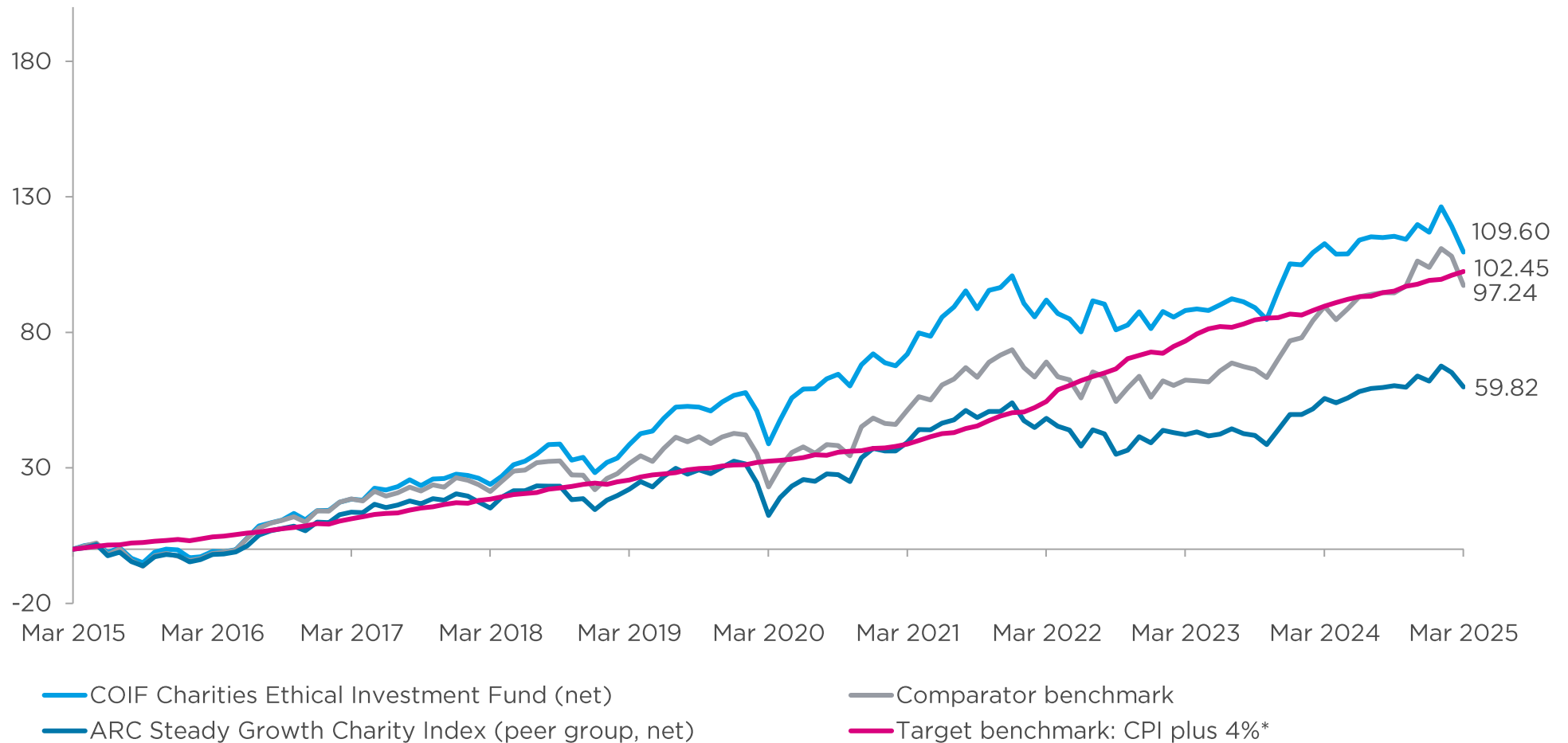
Source: CCLA, as at 17 March 2025. Apple, Microsoft, Alphabet, Meta, Amazon, Tesla and Nvidia comprise the 'magnificent 7'. The graph includes the aggregate market cap for the above MSCI ACWI global industrials, health care, consumer discretionary, consumer staples, energy and materials sectors in \$tn. Country stock markets include CSI 300 Index, Nikkei 225 Index, NSE Nifty 500 Index, CAC All Tradable Index, FTSE All-Share Index and Swiss Market Index, in \$tn.

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



Source: CCLA, as at 31 March 2025. *Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested. **Past performance is not a reliable indicator of future returns.**

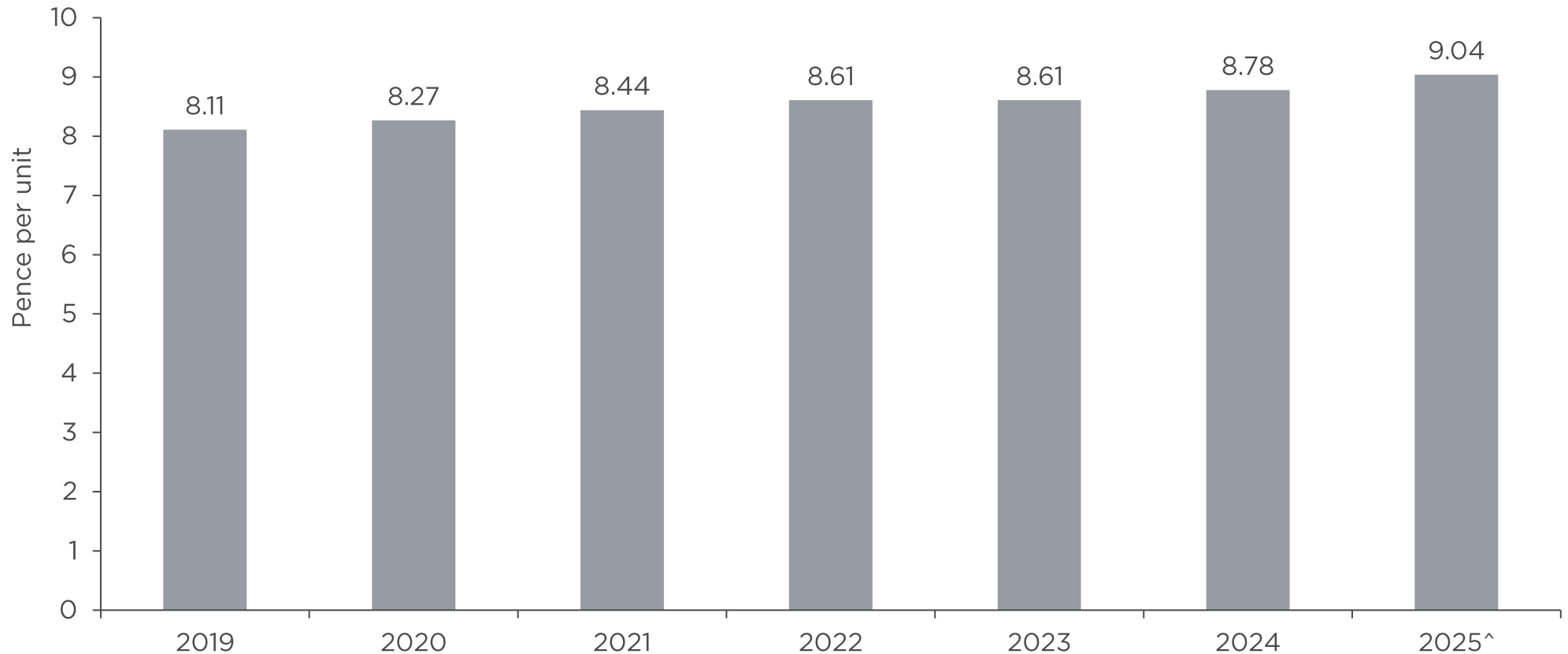
Cumulative performance (%)



Source: CCLA, as at 31 March 2025. *Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested. **Past performance is not a reliable indicator of future returns.**

Historical and projected annual distribution

Current yield: 3.05%*



Source: CCLA, as at 31 March 2025. Data showing COIF Ethical Fund. ^Projected annual distribution. Projections for annual distribution is subject to change. *Current yield is based on unit price as at 31 March 2025 and a projected annual distribution of 9.04p per unit. Forecast income yields are not guaranteed. **Past distribution is not a reliable indicator of future results.**

Economic and market outlook

Consensus expectations

- Growth is expected to slow but avoid recession – the **classical ‘soft landing’**
 - US GDP expected +2.2% in ‘25, +2.0% in ‘26
 - Euro GDP +0.9% in ‘25, +1.2% in ‘26
 - UK GDP +1.0% in ‘25, +1.4% in ‘26
- Inflation continues to decelerate (US CPI 2.2% in ‘25, 1.9% in ‘26 per consensus), allowing ...
- ... policy interest rates to be cut (2 cuts in US and UK currently expected this year)
- 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 think US growth could slow and rest of the world growth accelerate more than consensus
- We also think US inflation will surprise on the upside
- Which may make the market’s rate cut call hard to achieve
- Services lead indicators remain strong and point to rising GDP and earnings
- **Risk factors today** (in order)
 1. Trade war becomes entrenched
 2. Inflation accelerates
 3. Earnings momentum wanes
 4. Fiscal crisis
- **We reduced equity risk in March** by 5% points, adding to cash and index-linked gilts.

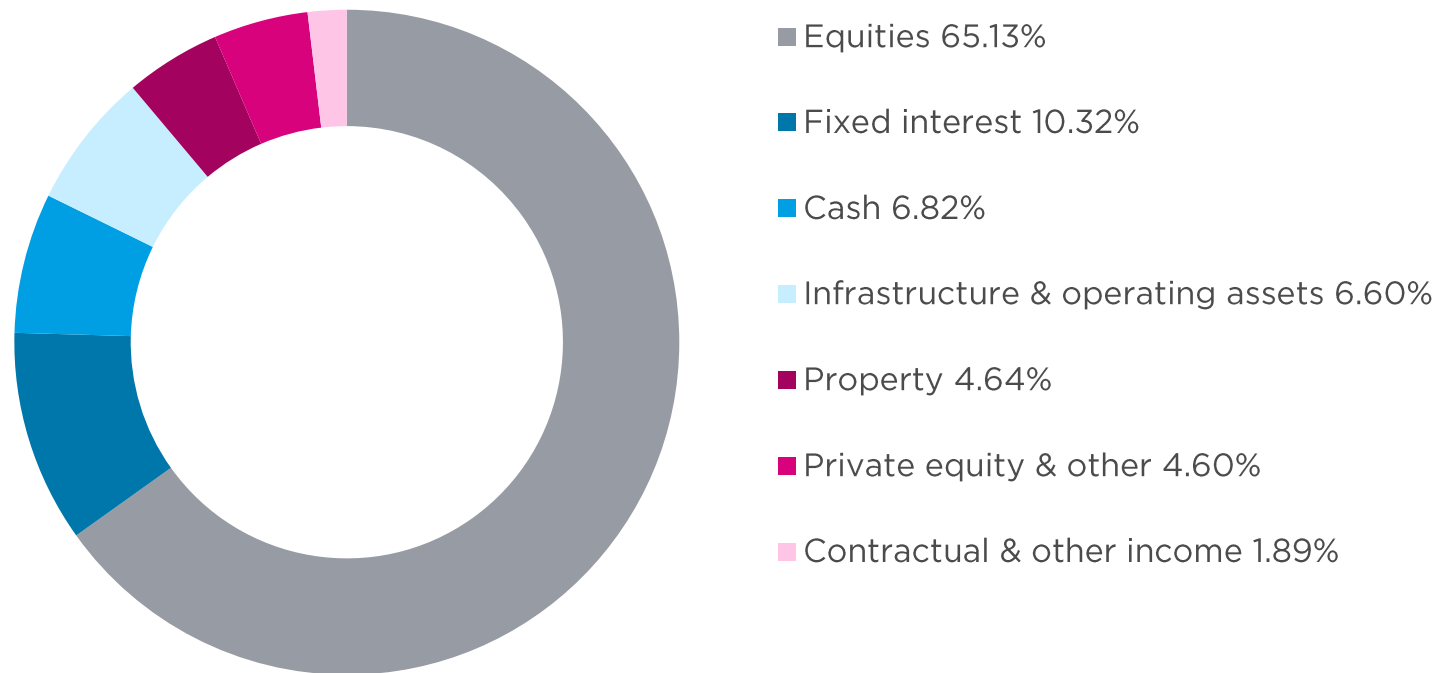
Source: CCLA, as at April 2025. The market review, analysis, and any projections contained in this document represent the current house view and should not be relied upon to form the basis of any investment decisions.

COIF Ethical Investment Fund

Fund size:
£2,274m

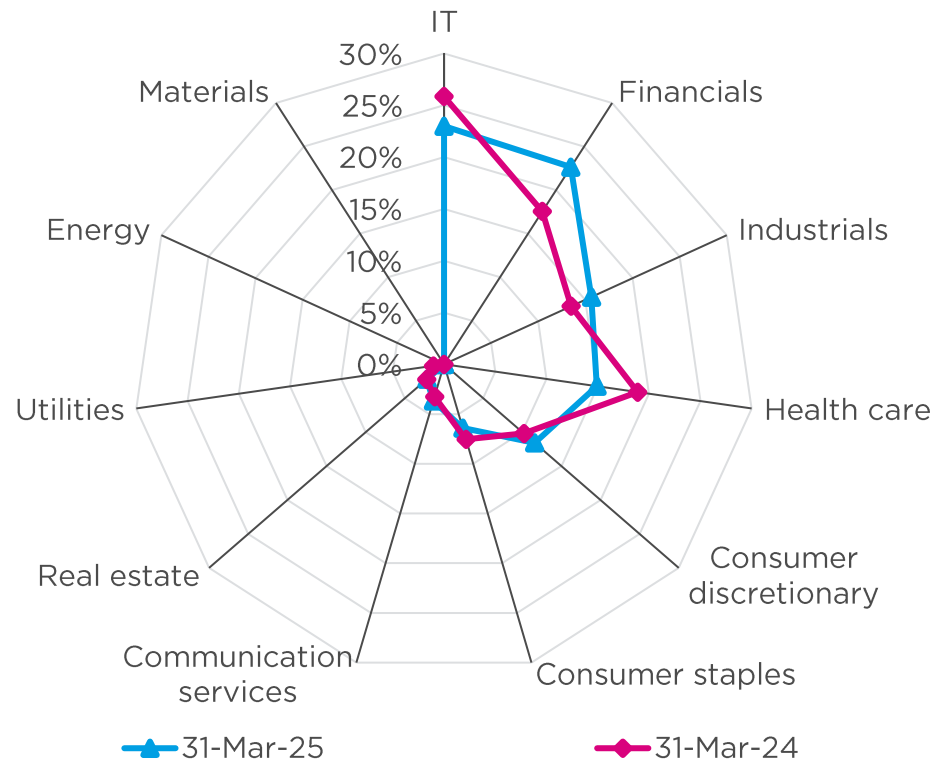
Source: CCLA, as at 31 March 2025. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

- 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



Equity positioning

- Over the past 12 months, exposure to IT has fallen as we have reduced semi conductor exposure and exited Adobe and Nvidia.
- Health care exposure has fallen due to muted performance and as we exited our positions in United Health, Humana and Edwards Life Sciences. Elsewhere, we introduced new positions in diagnostic company Diasorin and rare disease franchise Recordarti.
- Overall exposure to financials has risen with strong recent performance from market infrastructure names such as Tradeweb, London Stock Exchange Group and Visa. We introduced insurance broker AJ Gallagher and private equity manager Intermediate Capital
- Within industrials, we have taken profits in areas of the portfolio where valuations have expanded and introduced a new holding in equipment rental business Ashtead as well as Epiroc a mining equipment company.
- Exposure to the consumer sector has risen slightly with new holdings TJX, Hermès, Compass Group and O’Reilly Automotive. We exited Costco, Starbucks, Nike and Pepsi.

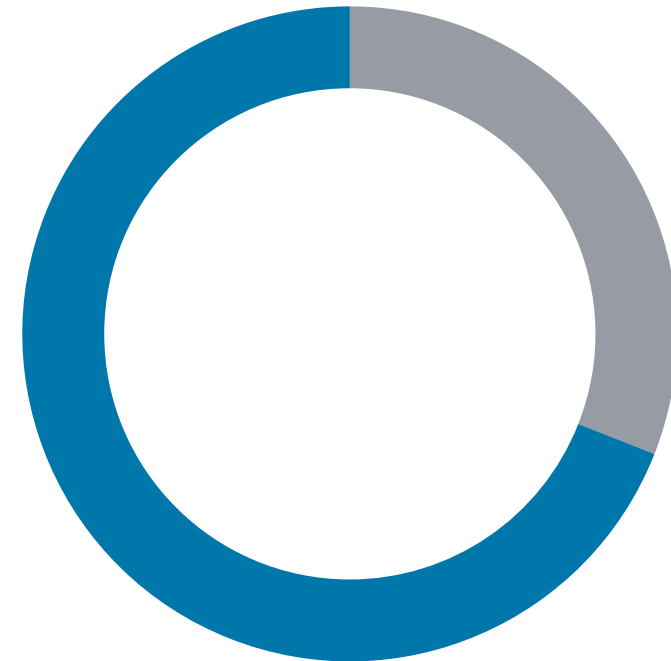


Source: CCLA, as at 31 March 2025. Data showing COIF Ethical Fund. Sector weights are the percentage of the total equity assets in the portfolio. Asset allocation is subject to change. The market review, analysis, and any projections contained in this slide represent the house view and should not be relied upon to form the basis of any investment decisions. **Past performance is not a reliable indicator for future results.**

Top 20 holdings

COIF Charities Ethical Investment Fund

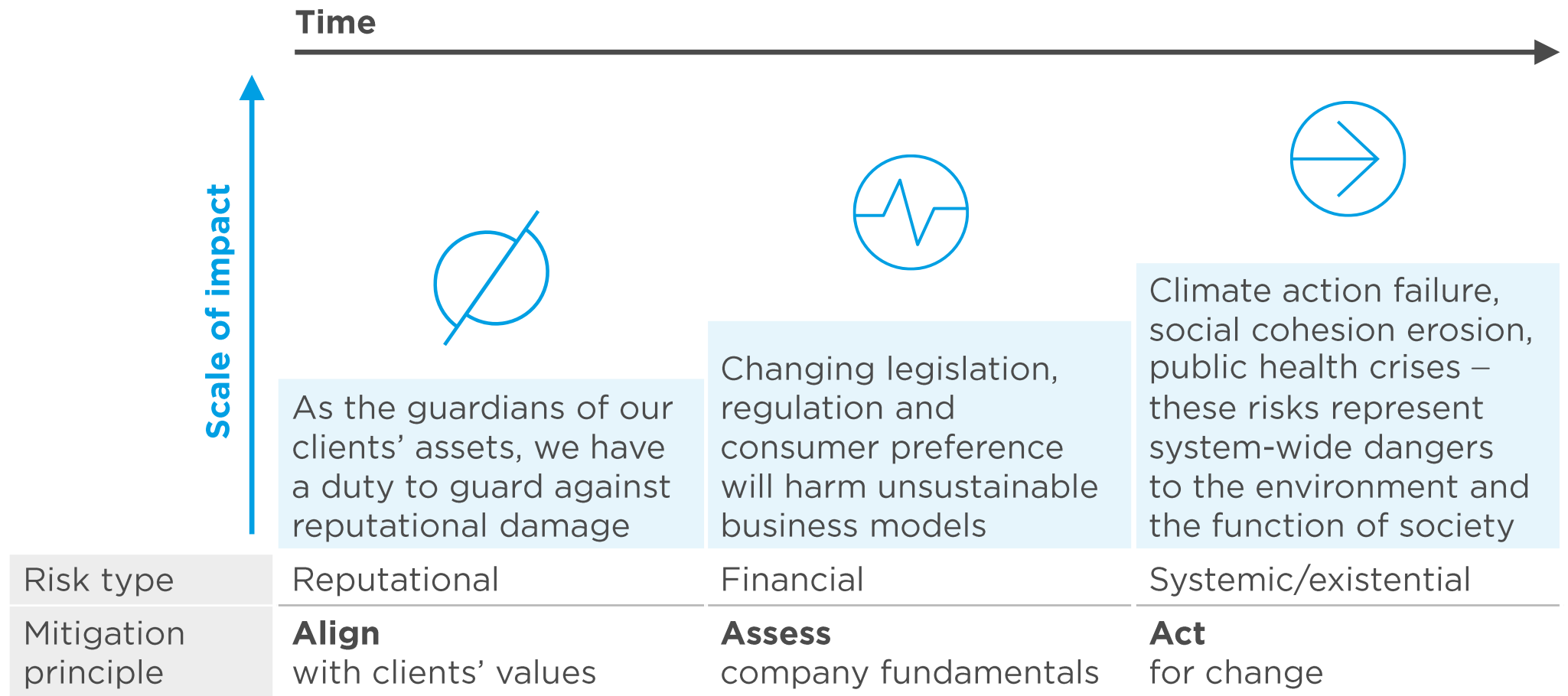
Security name	Portfolio weight %
UK Treasury Gilt 3.25% 22/01/2044	2.93%
UK Treasury 4.5% 07/12/2042	2.48%
COIF Charities Property Fund	2.41%
Microsoft	1.93%
COIF Charities Short Duration Bond Fund	1.89%
Amazon	1.64%
Brookfield Infrastructure	1.50%
Roper Technologies	1.38%
Visa	1.32%
London Stock Exchange Group	1.30%
Alphabet	1.30%
Coca-Cola	1.27%
Deutsche Boerse	1.25%
Tradeweb Markets	1.22%
IntercontinentalExchange Group	1.21%
Partners Group	1.21%
S&P Global	1.19%
Relx	1.19%
Hexagon	1.17%
Essilor International	1.17%



■ Top 20 holdings 30.98%
 ■ Rest of the portfolio 69.02%

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

A focus on foundations and charities



Better world engagement themes



Better health



Workplace mental health

Nutrition & obesity

Toxic air pollution*

Antimicrobial resistance



Better environment



Emissions reduction

Transition plan voting

Fossil fuel financing

Biodiversity



Better work



Modern slavery

Living Wage

Forced labour

Human rights

Source: CCLA, as at March 2025. *Project in development. Please note that engagement is subject to equity holdings in relevant sector.

A track record of catalysing real change




CCLA Corporate Mental Health Benchmark Global 100+

3 GOOD HEALTH AND WELL-BEING

Pushing for better workforce mental health

- Created the CCLA Corporate Mental Health Benchmarks, ranking 220 companies on their mental health commitments
- In 2022-24, 62 companies improved their ranking, with a combined workforce of 4.5 million
- CCLA's Global Investor Coalition on Workplace Mental Health now supported by £8 trillion in AUM*



A climate for Good Investment

13 CLIMATE ACTION

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



Modern Slavery UK Benchmark 2024

8 DECENT WORK AND ECONOMIC GROWTH

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 March 2025. *Assets under management.

Appendices

Engaging for a better world



NextEra Energy
Climate lobbying

One of the world's largest providers of renewable energy. 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.***



Nestlé
Climate disclosure

CCLA is co-lead investor for Nestlé on behalf of Climate Action 100+. It 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

Coca-Cola is a significant buyer of sugar from India. Following a series of New York Times articles in 2024 highlighting exploitative working conditions and bonded labour in the Indian sugar supply chain, we began engaging with the company to provide remedy and improve labour standards. Coca-Cola has engaged constructively and launched several initiatives in India aimed at creating a more responsible sugar cane industry. It has published details on its website.***



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

Following the co-filing and negotiated withdrawal of a shareholder proposal at the company in 2022, 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

Novo Nordisk has demonstrated consistent improvement since its first mental health benchmark assessment in 2022, having increased its score by 35 percentage points over three years. The uplift has been driven by increased 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. The company has 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. *Annual General Meeting. **Greenhouse gas.

***<https://www.coca-colacompany.com/media-center/update-on-collective-actions-to-advance-working-conditions-for-sugarcane-workers-in-india>.

***Holding was sold prior to the AGM.

Values-based restrictions

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

Values-based restrictions continued

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

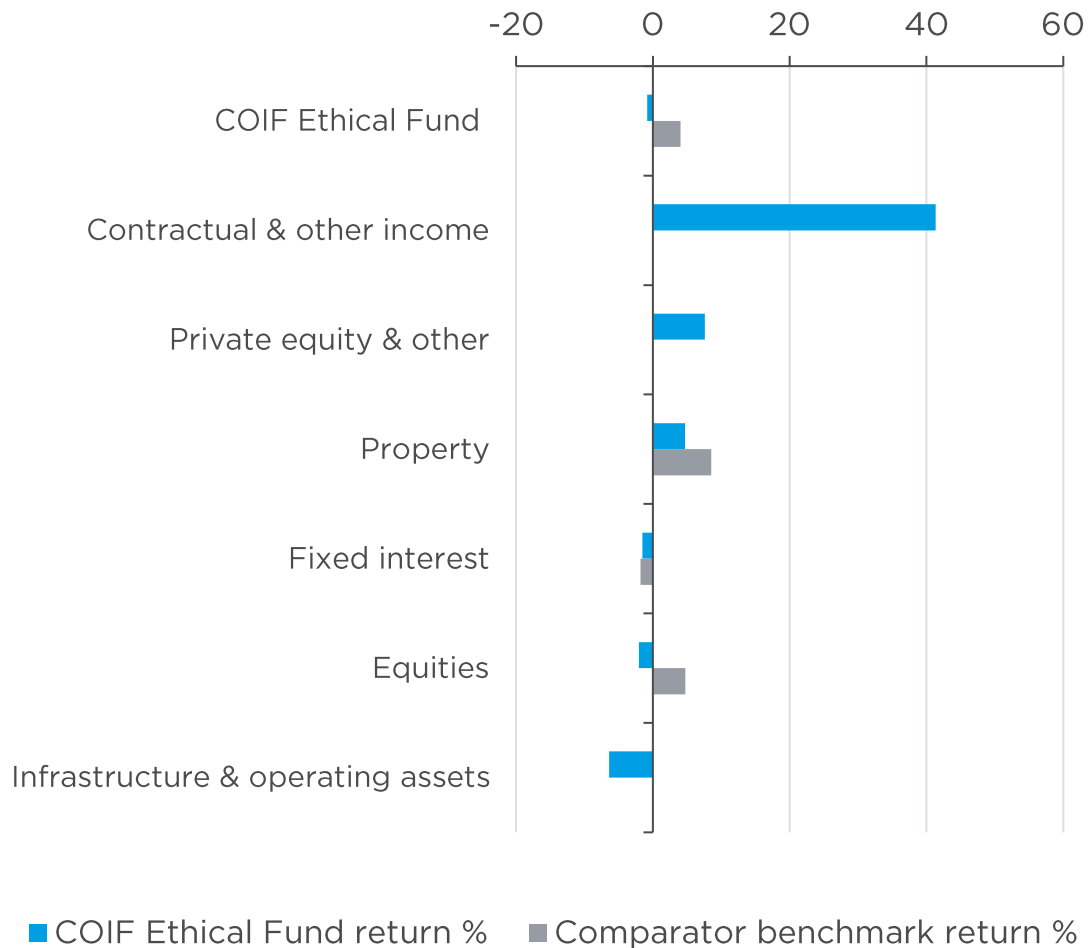
*See [Approach to sovereign debt](#). Further details of restrictions can be found on our [website](#).

Annualised performance

As at 31 March 2025 (%)	1 year	3 years	5 years	10 years
COIF Charities Ethical Investment Fund (net)	-1.46	2.99	8.58	7.68
Target benchmark: CPI plus 4%*	6.63	9.24	8.68	7.19
Comparator benchmark	4.06	5.28	9.90	7.03
ARC Steady Growth Charity Index (peer group, net)	2.71	2.54	7.28	4.80

Source: CCLA, as at 31 March 2025. *Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested. **Past performance is not a reliable indicator of future returns.**

Performance in absolute terms, by asset class

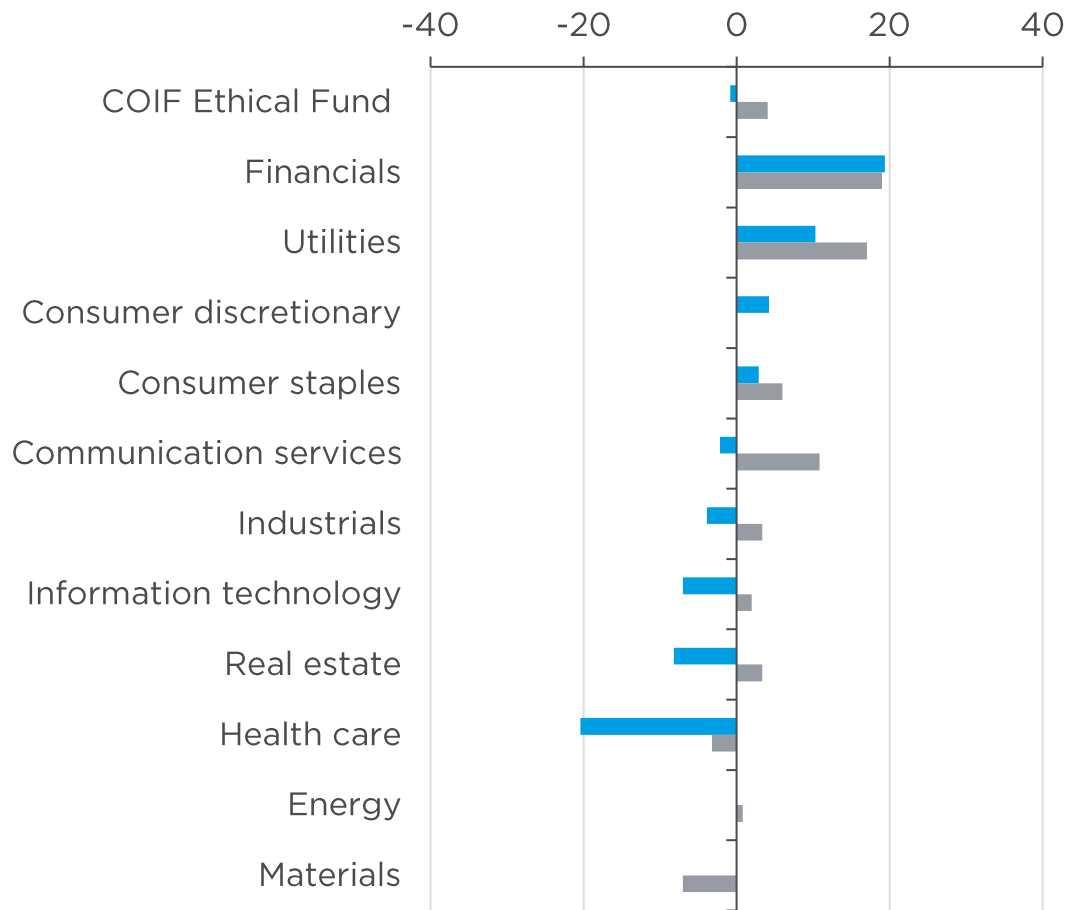


What were the key factors in the portfolio's total return performance?

- Over one year, performance across all major asset classes was mixed, with some strong performance in some of the alternative assets offset by weaker returns in equity and infrastructure.
- Equity performance was slightly negative over the period, with much of the weakness in Q1 2025 a result of the uncertainty in financial markets caused by Trump's tariffs.
- Contractual income performance has largely been driven by corporate activity e.g. Roundhill & Hipgnosis takeover.
- Property performance has been strong as result of corporate activity and narrowing discounts to NAV.
- Listed private equity returns were strong as sentiment towards the sector improved.
- Fixed income performance was slightly negative after UK government bonds suffered declines.

Source: CCLA showing total return performance for the COIF Ethical Fund, one year to 31 March 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



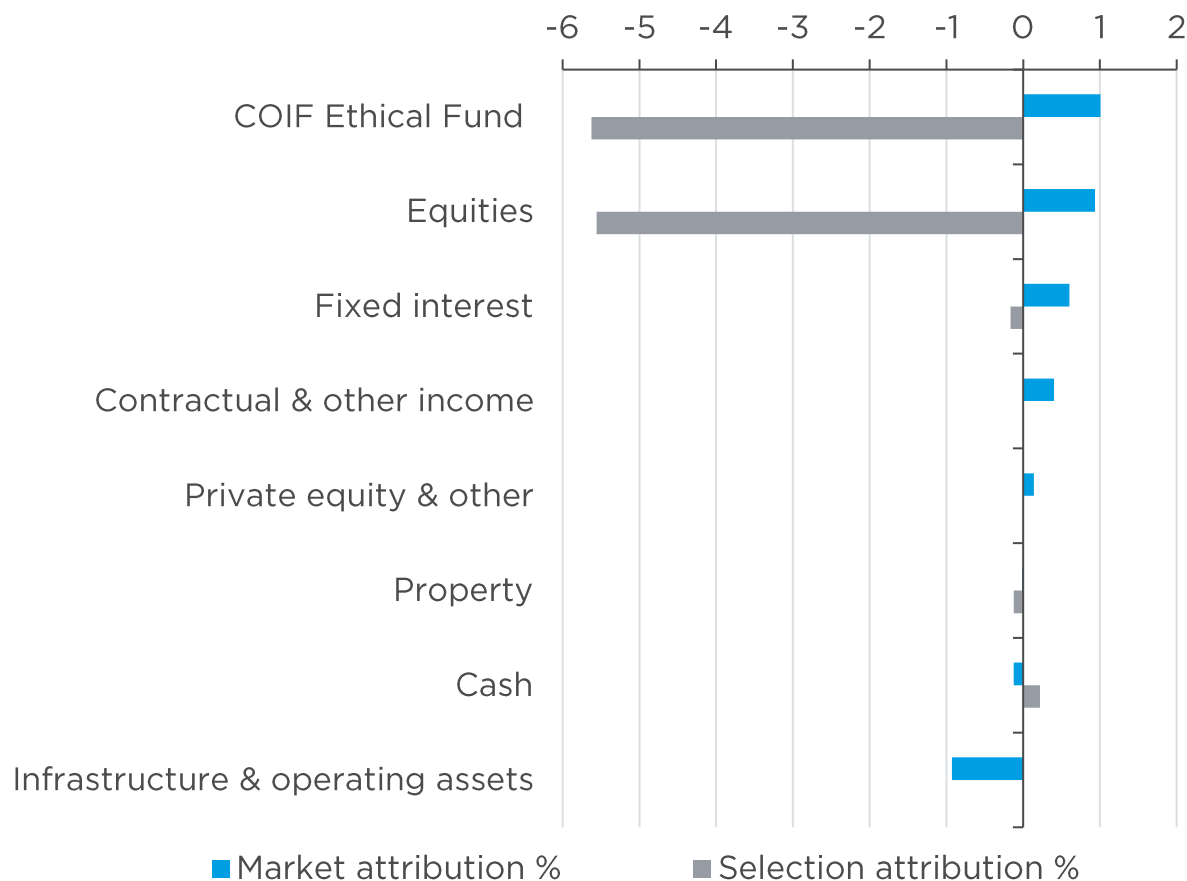
■ COIF Ethical Fund return % ■ Comparator benchmark return %

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

- In financials we saw strong absolute and relative performance from exchanges and data providers, as well as across some of the insurance broker names.
- In information technology, good performance from some of the semiconductor businesses was offset by weaker returns in some of the application software names.
- Performance in healthcare was weak, with both life science tools and pharmaceuticals businesses suffering declines.
- Within industrials, weak performance within capital goods businesses led the sector lower.

Source: CCLA showing total return performance for the COIF Ethical Fund, one year to 31 March 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



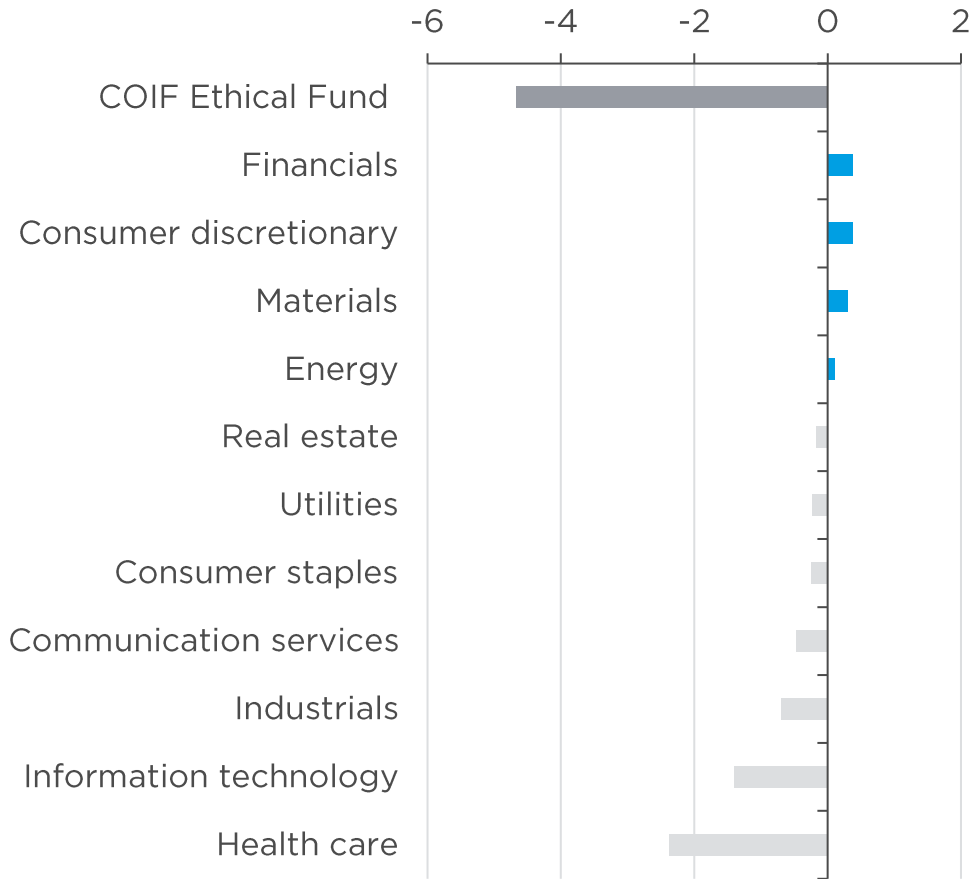
What were the key factors in the portfolio's performance relative to the comparator benchmark?

- Asset allocation added to relative performance whilst stock selection was negative.
- 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.

Source: CCLA showing COIF Ethical Fund, one year to 31 March 2025. Allocation effect = (portfolio weighting – benchmark weighting) x benchmark return. Selection effect = (portfolio return – benchmark return) x benchmark weight. Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONIA. Cash is made up of forward contracts, money market instruments and cash. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets. **Past performance contribution and attribution is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

Performance relative to the benchmark, by equity sector

Total attribution (%)



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

- In information technology, whilst we had good performance in semiconductors, weakness in software and technology hardware impacted relative returns over the period.
- Within financials, our underweight position to the banking sector was a relative headwind, however offset by strong returns from insurance broker names AJ Gallagher and Marsh & McLennan. We also saw strength in financial services businesses Deutsche Boerse and Tradeweb Markets.
- Returns in healthcare were weak, with particular weakness from pharmaceuticals, biotechnology and life sciences names such as Novo Nordisk and Icon.

Source: CCLA showing COIF Ethical Fund, one year to 31 March 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. **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%¹

Alternatives and property

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

Allocation range:
0–35%²

Fixed income

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

Allocation range:
0–50%³

Cash

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

Allocation range:
0–10%

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

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	4.8	19.5
UK property	5.0	4.5	10.1
Conventional gilts	15.0	1.9	6.0
Index-linked gilts	0.0	2.3	6.0
IG credit	0.0	3.7	8.4
Sterling cash	5.0	1.0	1.4
Alternatives	0.0	7.5	10.0
Total/weighted average	100.0	4.2	15.4

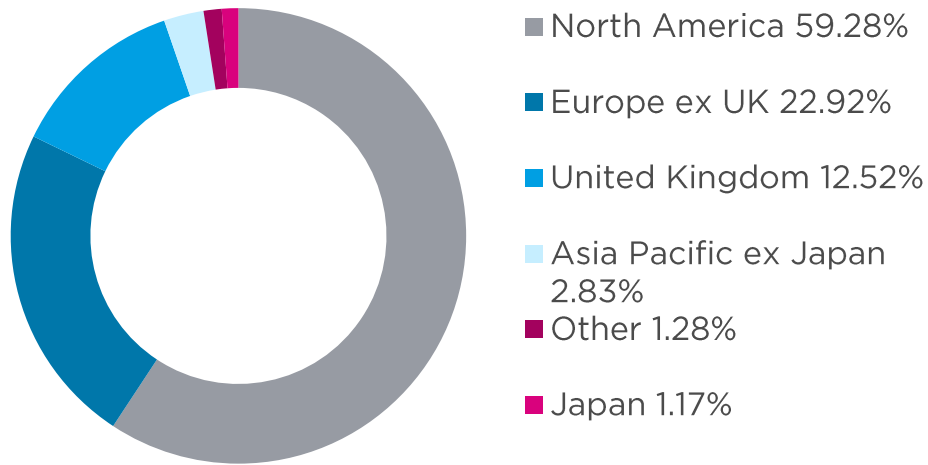
Tactical asset allocation (TAA) 10-year real returns (median CCLA)

	TAA (%)	Long-term expected real return (%)	Long-term standard deviation (%)
Global equity	64.1	4.8	19.5
UK property	4.8	4.5	10.1
Conventional gilts	5.6	1.9	6.0
Index-linked gilts	5.0	2.3	6.0
IG credit	2.8	3.7	8.4
Sterling cash	6.4	1.0	1.4
Alternatives	11.2	7.5	10.0
Total/weighted average	100.0	4.5	14.2

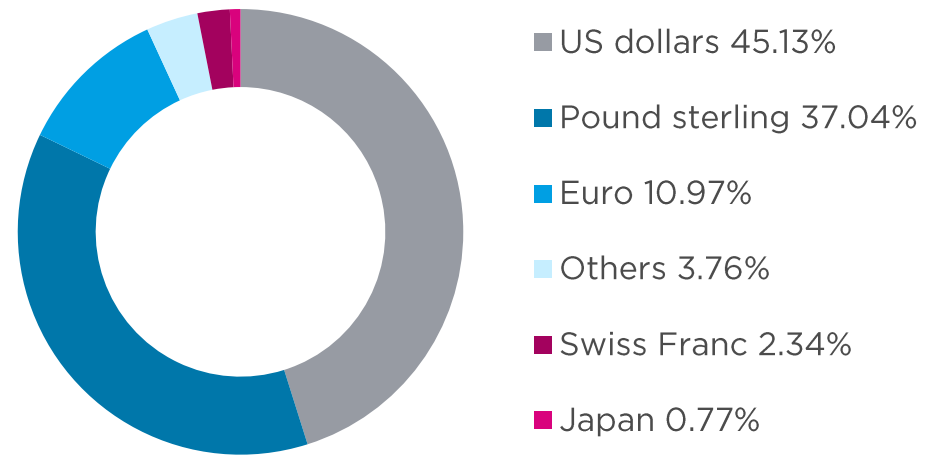
Source: CCLA, as at 30 April 2025. Note: UK CPI assumption is 2.5%. Asset allocation of the COIF Charities Ethical Investment Fund.

Statement of positioning

Equity region weighting (equities only)



Currency exposure (total fund)



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

Bond portfolio characteristics

Fixed income allocation in the COIF Charities Ethical Investment Fund

Fund/security	Portfolio weight (%)	Modified duration (yrs)	Spread duration (%)	Yield to worst (%)
COIF Charities Short Duration Bond Fund*	1.89	1.76	3.50	5.50
Federated Hermes Sustainable Global Investment Grade Credit Fund	0.88	5.89	5.32	4.58
UKT 4.50% 12/42	2.48	11.67	--	5.14
UKT 3.25% 01/44	2.93	13.00	--	5.20
UKT IL 0.125% 3/26	1.01	0.49	--	-0.15
UKT IL 1.25% 11/27	1.01	1.30	--	0.01
Weighted average	100.00	7.39	1.16	4.12
Fund level	10.20	0.74	0.12	4.12

Source: CCLA and Federated Hermes, as at 31 March 2025. Allocation is subject to change. *Portfolio management of the fund has been delegated to Federated Hermes under the oversight of CCLA and fund management remains the responsibility of CCLA as of 27 July 2022.

Alternatives positioning

Source: CCLA, as at 31 March 2025. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

Asset class	Sub-asset class	COIF Ethical Fund %
Contractual and other income	Alternative Credit	1.89
Infrastructure and operating assets	General Infrastructure	2.83
	Renewable Infrastructure	2.34
	Student Accommodation	1.15
	Energy Efficiency	0.25
	Care Home Property	0.03
Private equity and other	Private Equity	4.60
Property	Generalist Commercial	2.41
	Logistics Warehouses	1.95
	Residential Property	0.28
	Commercial Property	0.01
Total		17.73

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	0.68	0.18	0.86
Ethical Fund	0.60	0.07	0.67	0.18	0.85
Global Equity Fund	0.75	0.05	0.80	0.00	0.80
Short Duration Bond Fund	0.22	0.08	0.30	0.00	0.30
Property Fund	0.65	0.16	0.81	0.00	0.81
Deposit Fund	0.20	0.05	0.25	0.00	0.25

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.

Events

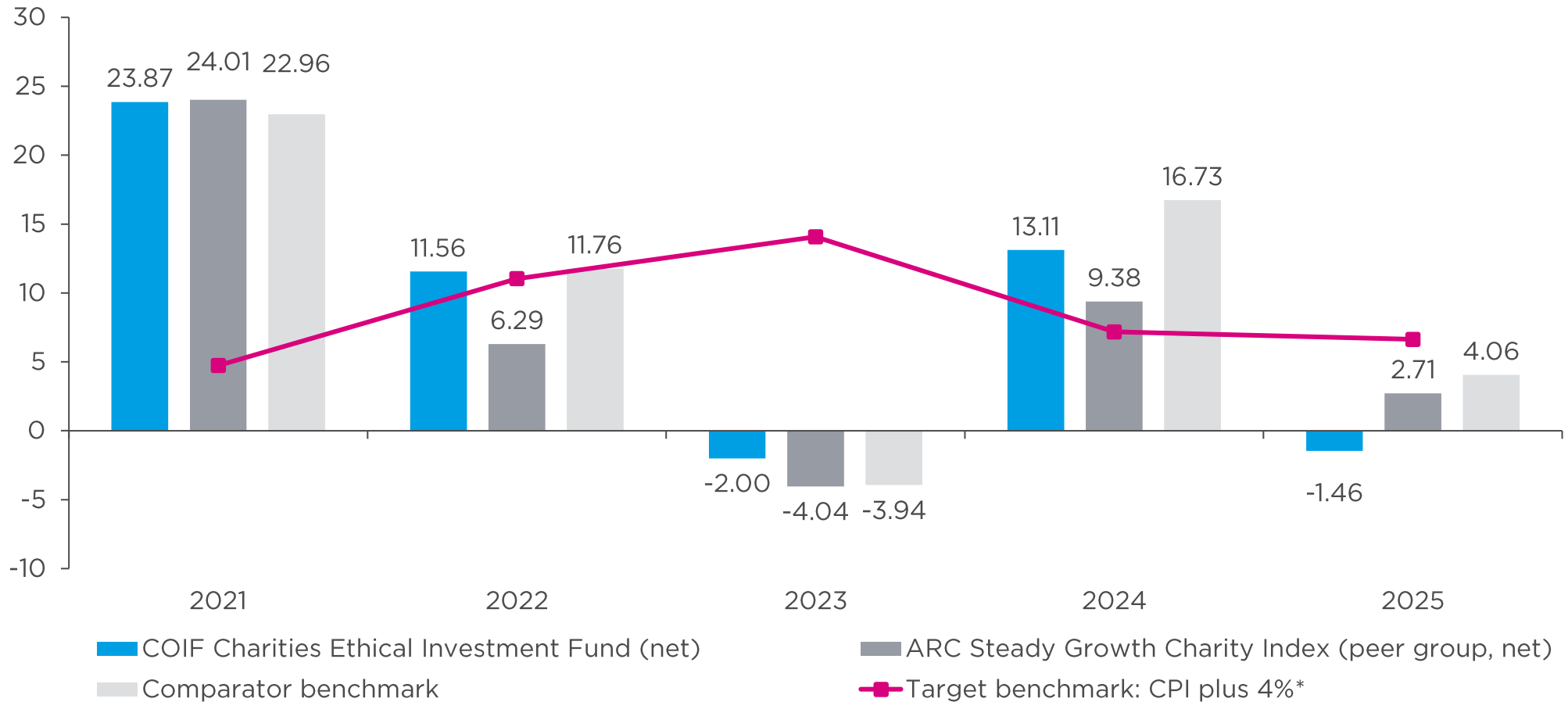
Our events run throughout the year and cover a selection of topics in different formats. They are held virtually and in-person, in London and regionally across the UK.

Further details can be found on CCLA's [website](#).

Date	Event	Location
5, 11 & 17 June	Online discussion - what is better?	Online
25 June	CCLA Investment Seminar - Newcastle	Hilton Newcastle Gateshead
25 June	CCLA Investment Seminar - York	The Milner York
8 July	CCLA Investment Seminar - Oxford	Rhodes House
16 July	CCLA Investment Seminar - Newmarket	The Jockey Club Rooms
17 September	CCLA Investment Seminar - Edinburgh	The Balmoral Hotel
8 October	CCLA Investment Seminar - Birmingham	Hyatt Regency
4 December	CCLA Investment Seminar - Exeter	Sandy Park Conference Centre

Source: CCLA, as at May 2025.

Discrete year performance (%)



Source: CCLA, as at 31 March 2025. *Target benchmark: gross returns of CPI+5%. Note: CPI+4% has been used for the performance charts to give a comparable net figure by assuming 1% costs. Comparator benchmark: MSCI World Index (75%), Markit iBoxx £ Gilts Index (15%), MSCI UK Monthly Property Index (5%) and SONIA (5%). The comparator benchmark is subject to change. Please refer to detailed description in the appendix. Performance shown after management fees and other expenses, with the gross income reinvested. **Past performance is not a reliable indicator of future returns.**

Performance 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

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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

3

11:15, 5 Mins

**3 - APPROVAL OF CHARITABLE FUNDS
EXPENDITURE**

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

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda Health Charities (HDdHC) - allocation and level of cash holdings
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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

As discussed in previous Charitable Funds Committee (CFC) meetings, cash, which may be surplus to requirement from a day-to-day perspective is currently held in a COIF (Charities Official Investment Fund) Charities Deposit Fund with the Charity's investment fund manager, CCLA.

The Committee is being asked to approve the transfer of some of the funds held in the COIF Charities Deposit Fund to CCLA's COIF Charities Ethical Investment Fund.

Please note that the COIF Charities Deposit Fund and COIF Charities Ethical Investment Fund will be referred to as Deposit Fund and Ethical Fund respectively hereafter in this document.

Cefndir / Background

CFC members will be aware that under Section 4 of the CFC's Terms of Reference (ToR), the CFC will 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 principles and ensures compliance with relevant legislation.

Historically, cash and investments attributable to Charitable Funds have been held in a mixture of bank accounts and investment vehicles, namely Barclays bank current and deposit accounts and CCLA's Ethical Fund (this investment type was previously held with Sarasin until December 2022).

In September 2023 the CFC approved the transfer of all the funds held in the Barclays bank deposit account to CCLA's Deposit Fund on account of an improved return on investment. Following the necessary onboarding process with CCLA, the transfer of the funds (circa £6m) was completed in late November 2023.

In addition, at the September 2023 CFC meeting, it was agreed to assess expected significant future commitments and agree an amount to be transferred from the Deposit Fund into the

Ethical Fund. The reason for this approach is that there is potentially a higher return on investment where funds are held in investment fund vehicles as opposed to cash deposit funds. However, there are also risks attached to this approach with no guarantee that the money invested will have increased in value or even retained its original investment due to the movement on global stock markets.

Asesiad / Assessment

As of 30 April 2025, Charitable Funds had £4.9m deposited in the Deposit Fund and £8.4m invested in the Ethical Fund.

Prior discussions with CCLA have indicated the following target returns on investment:

- 1) *COIF Charities Deposit Fund*: funds usually invested < 3 years; target return – interest rate circa 5% (AER in August 2023)
- 2) *COIF Charities Ethical Investment Fund*: funds usually invested for > 5 years; target return – UK CPI (inflation) +5%
- 3) *COIF Charities Short Duration Bond Fund*: funds usually invested 3-5 years; target return – cash + 1.75 (please note this option was disregarded at the CFC meeting in September 2023).

The Ethical Fund offers the greatest potential in terms of return on investment.

In addition, as previously reported at CFC, all the above options offer daily liquidity, with no lock in or notice period but there is a risk that any investments other than cash could increase or decrease in value; past performance is not a reliable indicator of future results.

Finally, in terms of risk profile, CCLA use a risk indicator scale from 1 to 7, 1 being the lowest risk and 7 the highest.

Investment vehicle profiles

COIF Charities Deposit Fund: aims to provide a high level of capital security and a competitive yield. The Fund is actively managed, with a diversified portfolio of sterling denominated money-market deposits and other instruments.

From a risk perspective, CCLA have classified this fund as 1 out of 7, which is the lowest risk class.

COIF Charities Ethical Investment Fund: aims to provide a total return (growth in capital and income) over the long term (defined as 5 years). The Fund is actively managed, with an emphasis on equities (between 50% and 85%) but will also include property, bonds and other asset classes, which may be either liquid or illiquid in nature. It has a wide range of values-based investment restrictions and is advised by an ethical advisory committee that identifies potential areas for development.

This fund generates circa £250k of income per annum for Charitable Funds.

From a risk perspective, CCLA have classified this fund as 4 out of 7, which is a medium risk class.

Following consultation with CCLA earlier in the year it is evident that the question of how best to allocate funds across different investment vehicles is unique to every charity. CCLA is not

permitted to advise clients on this matter, but generalised discussions between the Director of Finance, Head of Accounting & Statutory Reporting and CCLA Client Investment Director, signified that an appropriate approach is one whereby a charity reviews its' day to day and ongoing commitments and then distributes its' funds across various short and long term options in a way which ensures it can meet its' financial obligations in a timely manner. This would afford Charitable Funds the opportunity to ensure that it maximises any return on investment.

Consequently, a suitable methodology was deemed to be an ageing of outstanding commitments with a percentage of said commitments retained in the Deposit Fund, after allowance for the income generated from the Ethical Fund:

<u>Commitments - ageing</u>	<u>Outstanding Commitments</u> £'000s	<u>Retained in COIF Charities Deposit Fund</u> %age	£'000s
Due within 6 months	x	100	x
Due 6 – 12 months	x	50	x
Due after 12 months	x	25	x
			x
(less) regular income from COIF Charities Ethical Fund			(y)
Total to be retained in COIF Charities Deposit Fund			x

Commitments would be reviewed on a quarterly basis as a matter of course but this would not prohibit the opportunity to amend the amount of funds held in each fund, should the requirement arise.

Review of Charitable Funds Commitments

As of 30 April 2025, Charitable Funds had outstanding financial commitments of £2.2m, the most significant one of which was £1.543m in respect of the Pentre Awel Hydrotherapy Pool. In terms of the age profile of the commitments:

- Due within 6 months - £2m
- Due 6 – 12 months - £14k
- Due after 12 months - £195k

Therefore, subject to approval by CFC, the amount to be retained in the Deposit Fund would be:

<u>Commitments - ageing</u>	<u>Outstanding Commitments</u> £'000s	<u>Retained in COIF Charities Deposit Fund</u> %age	£'000s
Due within 6 months	2,000	100	2,000
Due 6 – 12 months	14	50	7
Due after 12 months	195	25	49
			2,056
(less) regular income from COIF Charities Ethical Fund			(250)
Total to be retained in COIF Charities Deposit Fund			1,806

The remaining surplus balance over and above the £1.806m, currently held in the Deposit Fund (£3.1m), will be transferred into the Ethical Fund.

Please note that normal working capital requirements will continue to be reviewed to ensure sufficient liquid funds are retained in Charitable Funds' current bank account.

Argymhelliad / Recommendation

Decision – Members of the CFC are asked to approve:

- the above methodology for the retention of funds within the Deposit Fund and
- the transfer of £3.1m currently held in the Deposit Fund to the Ethical Fund.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.3
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Not applicable
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Rhestr Termau: Glossary of Terms:	Included within the report where required
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Third party asset fund manager consulted

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

**Cydraddoldeb:
Equality:**

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

3.1

11:20, 25 Mins

3.1 - DEVELOPMENT OF THERAPEUTIC
GARDENS AT PRINCE PHILIP HOSPITAL

*Andrew Carruthers
(Hywel Dda UHB -
Chief Operating
Officer)*

Verbal Update to be provided by Mr Andrew Carruthers regarding current position and next steps.

| For approval

4 - Impact of Charitable Expenditure

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

| For information

4.1

11:45, 10 Mins

4.1 - Patient Experience, Bronglais Hospital
FibroScan

*Donna Blinston
(Hywel Dda UHB -
Advanced Nurse
Practitioner
Hepatology), Nicola
Reeve (Hywel Dda
UHB - Lead Nurse
Hepatology)*

Donna Blinston & Nicola Reeve to present a patient story.

| For discussion

Attachments

[4.1 Charitable Funds Update of Ceredigion Fibroscan \(DB NR\).pdf](#)

4.2

11:55, 5 Mins

4.2 - Opening of the Leri Cancer Unit at
Bronglais Hospital

*Gina Beard (Hywel
Dda UHB - Lead
Cancer Nurse)*

| For information

Attachments

[4.3 Leri Day Unit Open Day Event \(GB\).pdf](#)



- ▶ Donna Blinston
- ▶ Hepatology Advanced Nurse Practitioner and Non-Medical Prescriber
- ▶ 17 June 2025
- ▶ Charitable Funds Update

Patient Experience, Bronglais Hospital FibroScan

What is a FibroScan

Benefit to Patients

Benefit to Staging Cirrhosis

Outreach Service

FibroScans to Date

Patient Stories

Summary



A FibroScan measures the 'stiffness' of your liver, reflecting the degree of scarring in your liver (fibrosis). It is a simple, painless test which gives immediate results. Additionally, the new scanner measures the amount of fat/steatosis a person has in a liver, which accounts for over 60% of the patients with abnormal liver enzymes.

FibroScans work out the severity of liver disease in patients who have recognised risk factors for liver disease.

National Institute for Health and Care (NICE), British Association for the study of the Liver (BASL), European Association for the Study of the Liver (EASL), the All-Wales Liver Blood Tests Pathway, and The Liver Delivery plan advise that all patients who are at risk of liver disease should have a fibroscan.

Benefit of a FibroScan to Patients



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- **Non-invasive and painless, reducing the need for biopsies**, often replaces the need for a liver biopsy.
- **Instant results**, allowing quick diagnosis and treatment planning.
- **Monitors liver health**, annual FibroScan monitor changes in liver health and track the progression of liver disease.
- **Helps in treatment planning and provides motivation and empowerment**, the results are discussed with the patient in clinic, explaining both the level of fibrosis and steatosis. This enables patient care plans to be formulated directly with the patient, allowing them to be the centre of their care and keeping them fully informed of liver disease management. A repeat FibroScan following lifestyle changes can provide motivation and empowerment.





Benefits of a FibroScans in Patient Management

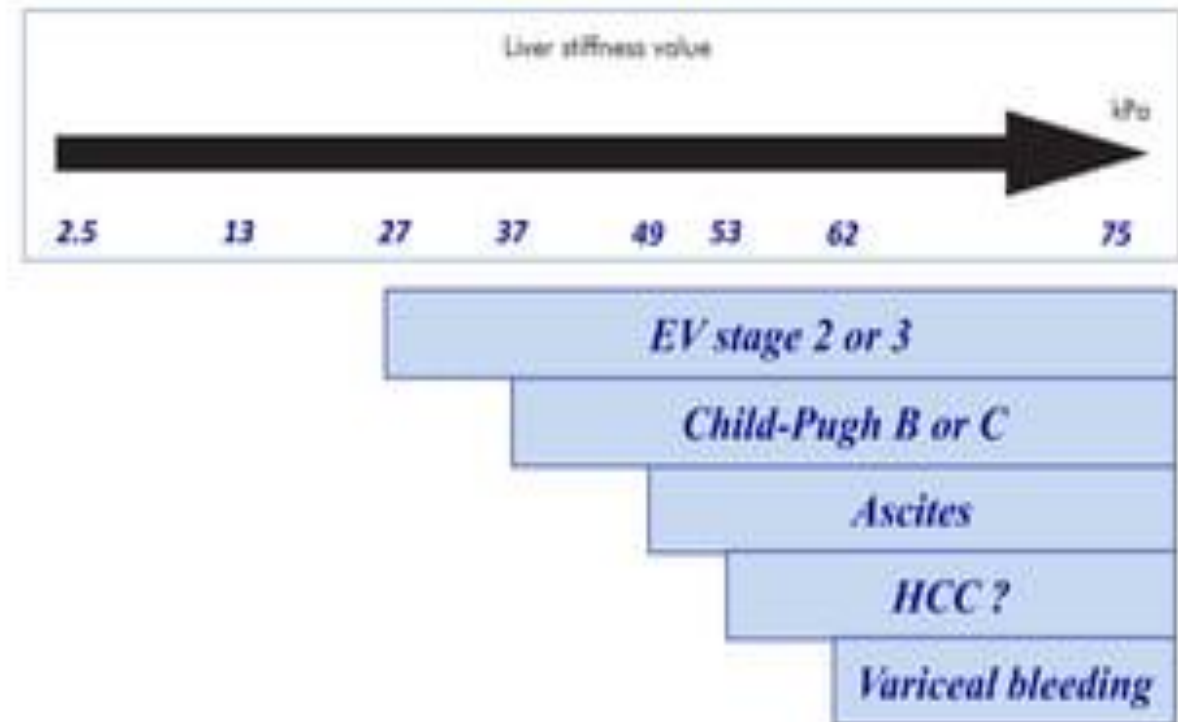
F0/F1. All Patients who have normal liver stiffness or mild fibrosis are discharged back to the GP with management recommendations.

F2/S2. All Patients who have moderate fibrosis and raised Controlled Attenuation Parameter (CAP) received one further FibroScan a year later and then either discharged back to GP or due to disease progression/additional liver aetiologies', have received joint care between primary and secondary care.

F3/F4. All Patients who advanced fibrosis/early cirrhosis stay under secondary care, they get placed on Hepatocellular Carcinoma (HCC) and variceal screening and 6 monthly liver clinic health assessments.

CAP readings of S2 and S3 get targeted health promotion, talked through self-referral to weight management, if >F3 commenced on Vitamin E therapy.

Significance of wide range of LSM in cirrhosis 13 – 75 kPa



Foucher J et al. Gut 2006 ; 55 : 403 – 408.



- ▶ Carri-Anne was referred for assessment of her raised liver enzymes. The FibroScan showed she had a liver stiffness of 9.1 kilopascal (Kpa), which equates to F3 Advanced fibrosis and her CAP reading was 348 showing S2 Moderate Steatosis. She was diagnosed with Metabolic Associated Fatty Liver Disease. Following the FibroScan we discussed her results at length, gave detailed health promotion and exercise advice. She focused on her diet and exercise which was evident through her improved HbA1c and Cholesterol. Her scan one year later reduced to 6.8Kpa F1 mild fibrosis and CAP reduced to 276 S1 mild steatosis.
 - ▶ *‘On the FibroScan machine I could see how my liver was filtrated with fat and knew that only I could do it. Together with Donna’s team help I completely changed my lifestyle and seeing the improvements for myself was not only a personal achievement but also empowered me to continue*
- ▶ Matthew had been referred for assessment of his alcohol related fatty liver disease. The FibroScan showed that he had a liver stiffness of 49.1Kpa, which equates to F4 Advanced Cirrhosis and his CAP reading was >400 showing S3 Severe Steatosis. This placed him on HCC screening and led to the request of an Oesophago-Gastro-Duodenoscopy (OGD). Along with the support of Dyfed Drug and Alcohol Service (DDAS) and Community Drug and Alcohol Team (CDAT) he reduced his alcohol. This however was a struggle, therefore we re-scanned him 3 months later (when he had stopped drinking spirits). His liver stiffness reduced to 27Kpa, seeing this gave him further motivation and when we scanned him six months later his scan had reduced to 17.8Kpa and CAP had reduced to 290 S2 Moderate Steatosis.
 - ▶ *‘The FibroScan gave me hope, I felt like I had failed myself and my mum. Everyone told me I would end up with cirrhosis but I was working full time and providing for my family and did not believe my alcohol intake was that big a problem-until I had my first scan and then tried to reduce. At this point I accepted help. Stopped drinking spirits and now have only 2-6 pints a night. Seeing the improvement and how my health and future is in my hands is a massive empowerment. When I saw the score of 17.8 F3 Advanced fibrosis after achieving two alcohol free nights I was proud of myself and so was my family, a feeling I have not had in a long while’.*

All patients commenced on Vitamin E have a repeat FibroScan after six months. 28/30 patients in the pilot study showed improved liver stiffness and liver enzymes.

FibroScans to Date In Ceredigion



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- ▶ Since November 2020 (when FibroScan data first started to be collected) 864 FibroScans have been conducted within Ceredigion. In 2024 we received 519 New Patient Referrals and up to date we have received 145 New Patient Referrals for patients with Abnormal Liver Function Tests (Ab LFT's).
- ▶ Since receiving the new FibroScan machine in Feb 2024 558 FibroScans have been conducted within Ceredigion.
- ▶ Additionally, Chloe has supported 64 patients who have been admitted due to alcohol withdrawal of which they have had a FibroScan to stage any liver disease.
- ▶ We aim to deliver One Stop Shops where the patient has their FibroScan, bloods and health promotion, disease staging, alcohol brief intervention, and health education. These occur in Bronglais Hospital Outpatient Department (OPD) every Monday and Friday in Hepatology Clinic and monthly in a different GP surgery-mainly Machynlleth, Ystwyth, Lampeter, and aiming for Tregaron and Aberaeron.
- ▶ Additionally, we deliver weekly substance misuse One Stop Shops in either Newtown, Cardigan and Aberystwyth, with three monthly clinics in Lampeter. During these clinics the FibroScan offers assessment and liver disease staging for high-risk patient group. Leading on to further testing, treatment and referrals to the Multidisciplinary Team (MDT).
- ▶ Since April we have been offering weekly acute outreach clinics in the community (currently only in Aberystwyth), where we are offering health assessments to the more vulnerable groups within the community. Predominantly the homeless teams, but also patients working with the Wallich homelessness charity, probation, Integrated Management Department (IOM) and CDAT who are quite chaotic in the community/frequent flyers to hospital.

All of which have a FibroScan, health education and promotion, their liver disease staged, blood tests as per assessments, hepatitis A&B vaccines and future management planned.

- ▶ In 2024 we ran a pilot study where we commenced patients on Vitamin E to reduce the oxidative stress caused by fat in the liver. The FibroScan played a pivotal role in the study, where patients had a scan pre starting Vitamin E and six months post. The CAP facility showed the reduction of fat in the liver along with the liver stiffness improvements.



- The FibroScan service has been in place across the Health Board since 2012. This was following Liver Development Implementation Group (LDIG) funding across Wales. The aim was to reduce the need for invasive Liver Biopsy Diagnosis.
- The FibroScan has allowed a painless non-invasive procedure that is suitable for most patients. The FibroScan result is reviewed as part of a number of investigations including Blood tests and Ultrasound Scan.
- The initial funding in 2012 only allowed for two FibroScans, one static machine based in Prince Philip Hospital and a portable machine which was divided between Ceredigion and Pembrokeshire.



FibroScan clinics:

Carmarthenshire

- Three clinics in total, one during Hepatology Clinic with the Consultant acting as a “one stop shop”.
- Two clinics for New referrals i.e. Dermatology, Haematology, Rheumatology, Alcohol Care Team. Follow ups via identified pathway.
- The FibroScan is also used on an ad hoc basis and can be taken to outreach sites.

Pembrokeshire

- Clinics are held in Winch Lane Haverfordwest, Pembroke Dock Health Centre, Cardigan Integrated Health Centre and Withybush General Hospital.
- One clinic per week is a Consultant led “one stop shop”.

Thank you for listening. Any Questions?



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Donna Blinston
Hepatology Advanced Nurse Practitioner
donna.m.blinston@wales.nhs.uk

01970 635614

0 Page 166 53



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SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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5

12:00, 0 Mins

5 - OPERATIONAL/STRATEGIC ISSUES



FE'CH GWAHODDIR
UNED GANSER LERI
DIGWYDDIAD AGORIAD
SWYDDOGOL

YOU'RE INVITED
LERI CANCER UNIT
OFFICIAL OPENING EVENT

Te a
choffi | Dydd Sadwrn
10 Mai 2025 | Taith o
amgylch
yr uned
newydd

Tea and
coffee | Saturday
10 May 2025 | Tour the
new unit

11:00AM tan 12.30PM

RSVP drwy'r cod QR neu ewch i
forms.office.com/e/mRevfPMFPq



11:00AM to 12.30PM

Please RSVP via the QR code or via
forms.office.com/e/mRevfPMFPq





A Sunny Day in Aberystwyth





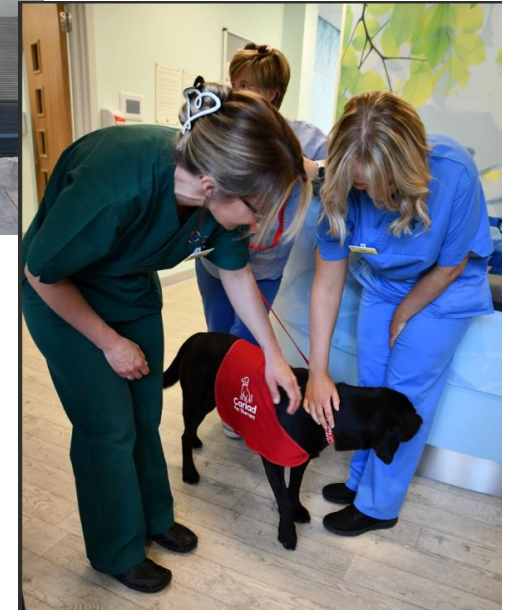
Côr Meibion Machynlleth



Eleri Siôn



Staff past and present



Milo the
Therapy
Dog



Health Board Chair,
Dr Neil Wooding CBE



Dr Elin Jones, Locum
Consultant Oncologist



Sister Rachel Bran



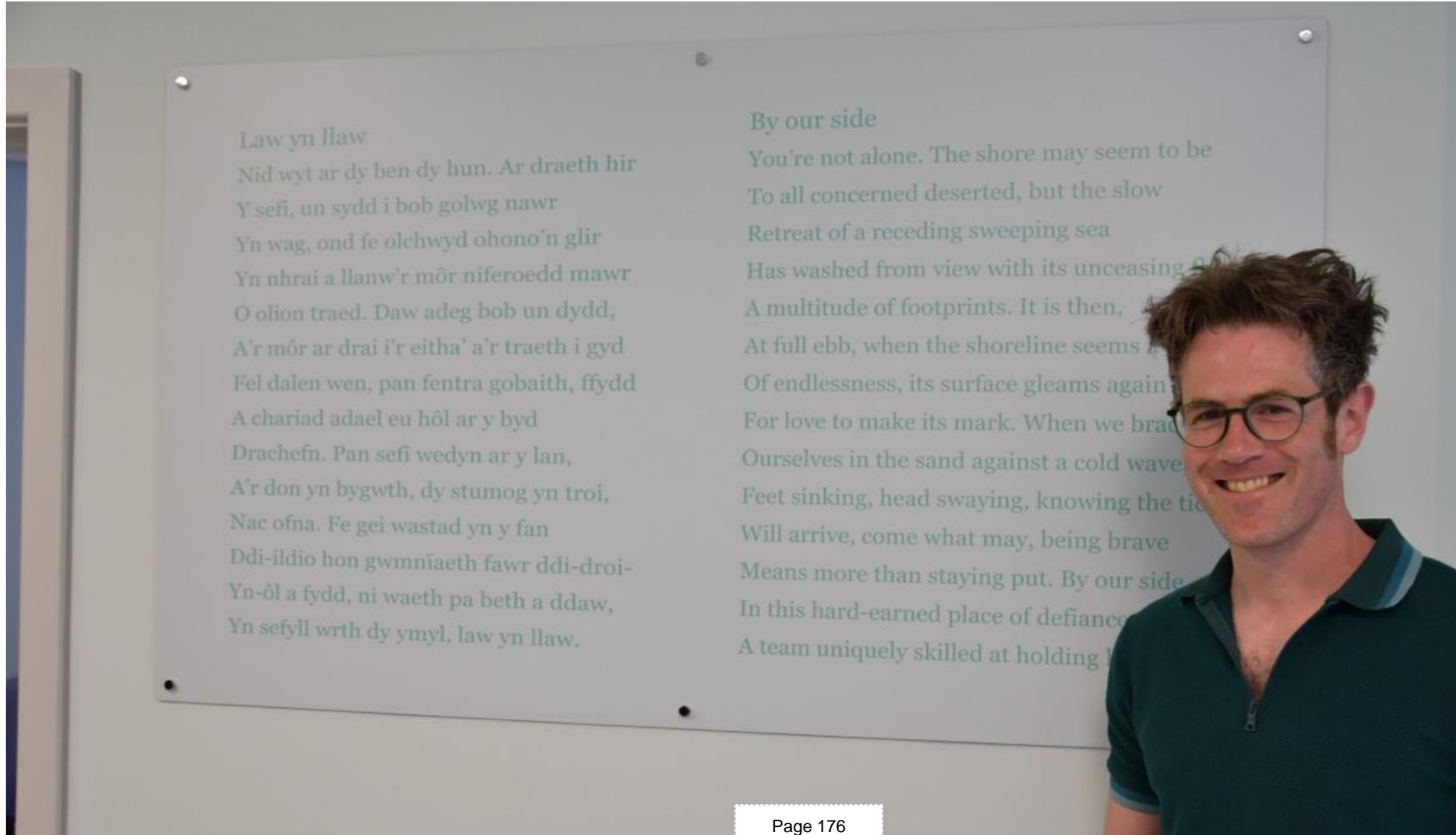
Senior Nurse Manager
Bry Phillips

The Cutting of the Ribbon!



Arts in Health





Law yn llaw
Nid wyt ar dy ben dy hun. Ar draeth hir
Y sefi, un sydd i bob golwg nawr
Yn wag, ond fe olchwyd ohono'n glir
Yn nhrai a llanw'r môr niferoedd mawr
O olion traed. Daw adeg bob un dydd,
A'r môr ar drai i'r eitha' a'r traeth i gyd
Fel dalen wen, pan fentra gobaith, ffydd
A chariad adael eu hôl ar y byd
Drachefn. Pan sefi wedyn ar y lan,
A'r don yn bygwth, dy stumog yn troi,
Nac ofna. Fe gei wastad yn y fan
Ddi-ildio hon gwmniaeth fawr ddi-droi-
Yn-ôl a fydd, ni waeth pa beth a ddaw,
Yn sefyll wrth dy ymyl, law yn llaw.

By our side
You're not alone. The shore may seem to be
To all concerned deserted, but the slow
Retreat of a receding sweeping sea
Has washed from view with its unceasing flow
A multitude of footprints. It is then,
At full ebb, when the shoreline seems a
Of endlessness, its surface gleams again
For love to make its mark. When we brave
Ourselves in the sand against a cold wave
Feet sinking, head swaying, knowing the tide
Will arrive, come what may, being brave
Means more than staying put. By our side
In this hard-earned place of defiance
A team uniquely skilled at holding



















This unit
is founded on
the kindness and generosity
of our local communities who
made it possible.

It has been shaped by their
ambition to provide the very best
care
for patients today and in the
future.

From those who came before,
those here now
and those yet to be here:

Thank you.

A Very Happy Team





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



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6 - RISK AND ASSURANCE

6.1

12:00, 5 Mins

6.1 - Charitable Funds Sub-Committee Update Report *Carly Hill (Hywel Dda UHB - Assistant Director)*

| For assurance

Attachments

[6.1 CFSC Update Report May 2025 \(SD\).pdf](#)

6.2

12:05, 5 Mins

6.2 - Charitable Funds Committee Risk Register

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

| For assurance

Attachments

[6.2 Appendix 2 - Operational Risk Register - CFC - June 2025.pdf](#)

[6.2 SBAR Risk Register CFC June 2025 V2.pdf](#)

CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT

Date of last meetings: 6 May 2025

Quoracy: Met

Report by: Carly Hill (Assistant Director Medical Directorate), Sub-Committee Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert¹ (may require discussion)

There are no matters to **alert** members of the Charitable Funds Committee (CFC) to.

Advise² (to monitor)

There are no matters to **advise** members of the CFC of.

Assure³ (to note)

The CFSC wish to **assure** members of the CFC of the following:

- At the Charitable Funds Sub-Committee (CFSC) meeting held on 6 May 2025, members considered and approved two expenditure requests with a value of £32,727.60. Further information on the expenditure requests can be found in Appendix 1.
- The annual review of the Sub-Committee's Terms of Reference (ToR) has been undertaken and is being reported to the June 2025 CFC for consideration and approval as a separate agenda item.
- John Evans, Assistant Director Medical Directorate, will be returning to Chair CFSC meetings from July 2025. Members thanked Carly Hill for her contribution to the Sub-Committee's work over the last two years.

Review of Risks

There are no key risks or areas of concern to bring to the CFC's attention.

Sharing of learning

There are no areas of learning to bring to the CFC's attention on this occasion.

Recommendation

The Charitable Funds Committee is requested to **NOTE** the content of this report in respect of the Charitable Funds Sub-Committee's provision of assurance.

Agenda, papers and minutes of the CFSC are available on request from Fundraising.HywelDda@wales.nhs.uk

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

APPENDIX 1

Summary of expenditure requests considered by the Charitable Funds Sub-Committee:

Meeting: 6 May 2025		
Item	Comments	Decision
<p>CF03159</p> <p>Effective Clinical Practice (ECP) Roadshow</p> <p>Medical Directorate</p> <p>£200.00 <i>Inclusive of VAT</i></p>	<p><u>Request:</u> Funding request to support the cost of room hire for the first Health Board (HB) wide Effective Clinical Practice Roadshow planned for October 2025. A large venue that can hold around 100 delegates is required, larger than a venue available within the HB's estate. The provision of a HB wide roadshow is identified within the 2025-2028 ECP strategic plan and outlined in the delivery plan but there is unfortunately no revenue budget provided or available to meet this cost.</p> <p><u>Patient benefit:</u> Roadshows have been held across the acute sites, including a community roadshow, since 2023. They have been very well attended with positive feedback. The purpose is to highlight what is ECP, providing guidance to staff on where to go when they want to improve effective practice, based on evidence-based guidance and research. Aimed at improving patient outcomes and patient experience, whilst reducing variation of care across the HB and ultimately nationally. The HB wide roadshow will provide direct benefits to delivery of patient care and patient experience whilst focussing on providing Safe, Timely, Effective, Efficient, Equitable and Person-Centred Care. It will also enable clinicians and services to learn from each other and use the experiences of others to introduce and implement innovative care through change management across the HB.</p> <p><u>Eligibility:</u> Running costs associated with internally or externally run courses or conferences which are linked to identified education and training needs.</p> <p><u>Member comments:</u> Request demonstrates sufficient patient benefit and also offers value for money, with an expected attendance of 100 delegates in comparison to the cost of attending external events. Request to ask the ECP team whether consideration has been given to a venue more central to the three counties covered by the HB.</p>	<p>Approved</p>
<p>CF03195</p> <p>Refurbishment of patient waiting room and patient kitchen</p>	<p><u>Request:</u> Refurbishment of the patient waiting room and adjacent patient kitchen to provide a more comfortable and welcoming environment. The project will involve full redecoration, removal and replacement of old fixtures and fittings, purchase of new furniture, and artwork. Work is considered to be above and beyond routine maintenance as the patient waiting room and kitchen are in good working order, meet Welsh Health Technical Memoranda (WHTMs) and are compliant. The request is not to refurbish these areas due to a lack of routine maintenance. The service has instead requested an upgrade to a dated, yet fully functional area in order to create a more welcoming and attractive environment for patients.</p>	<p>Approved subject to confirmation from Estates on planned future maintenance.</p>



<p>Chemotherapy Day Unit GGH</p> <p>£32,727.60 <i>Inclusive of VAT</i></p>	<p><u>Patient benefit:</u> The current patient waiting room and kitchen are dated and do not provide a welcoming or attractive environment for the many patients who spend a lot of time in this area waiting for treatment or clinic appointments. The aim is to refurbish the waiting room to provide calming colours with comfortable seating, as a less clinical atmosphere can help reduce anxiety and physical discomfort for patients. The refurbishment will maximise the space available, creating a more functional area. The improved seating layout will improve the flow of patients, reduce overcrowding, ensuring a more organised and less stressful environment. For clinic appointments and treatment visits we would expect approximately 200 patients per week to benefit (10,400 visits per year).</p> <p><u>Eligibility:</u> Building and/or refurbishment works that create more welcoming and comfortable surroundings for patients, services users, visitors and staff where no NHS exchequer resources are available and will not be available for at least five years.</p> <p><u>Member comments:</u> Request demonstrates sufficient patient benefit and improves the patient environment to provide more welcoming and comfortable surroundings. Confirmation received from the Head of Capital Planning that a request for capital funding would be unlikely to be supported. Request to verify with the local Estates team if any routine maintenance for this area is planned for the near future.</p>	
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7 - FOR INFORMATION

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function	Clinical Service Sub-Group / Executive Director	Clinical Care Group Director / Executive	Clinical Service Group Lead / Executive	Clinical Service Sub-Group Lead / Executive	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 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</p> <ol style="list-style-type: none"> 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>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> 1. 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. 2. Charitable income and financial performance reported to the CFC on a quarterly basis for scrutiny. 3. 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. 4. Annual work plans submitted to the CFC on an annual basis for consideration and approval. 5. Progress reports on the annual work plan submitted to the CFC on a quarterly basis. 6. Income reports produced by the Finance team for scrutiny by the Head of Hywel Dda Health Charities (HDdHC) and Fundraising Team. 7. Agreement to not fill the vacant position within the fundraising/communications team without Executive Director consideration and approval when income levels have stabilised or increased. 8. Fundraising Manager has monthly 1-2-1s with the fundraising team to discuss operational issues and progress against the fundraising workplan. 9. Senior Communications Officer has monthly 1-2-1s with the Communications Assistant to discuss operational issues and progress against the communications workplan. 10. 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. 	Finance inc. claims	3	4	12	With all the current control measures in place, the risk score remains high. For the financial year ended 31 March 2025, income from donations has fallen by 5.5% compared with the previous financial year. Legacy income for the same period has decreased significantly by 51.1%. This can be attributed to a decrease in donations because of the Bronglais Chemo Appeal and the value of a significant legacy (£1.3m) received in the previous financial year. Further analysis of the charity's performance will be undertaken during quarter 2 to inform future reports to the CFC.					Charitable Funds Committee	2	4	8	The nature of charitable giving is unpredictable and it is difficult to predict annual charitable income levels.	Treat	03-Jun-25

PWYLLGOR CRONFA ELUSENNOL CHARITABLE FUNDS COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Risk Register
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Nicola Llewelyn, Head of Hywel Dda Health Charities

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

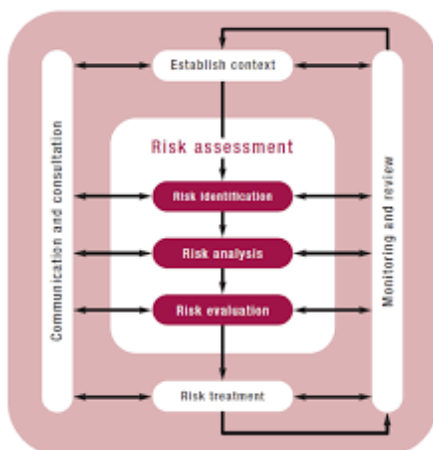
Sefyllfa / Situation

The Charitable Funds Committee (CFC) is responsible for providing assurance to the Board that operational risks aligned to the CFC are being identified, assessed and managed effectively.

The Committee is asked to seek assurance from the risk owners that the operational risks identified in the attached reports are being managed effectively.

Cefndir / Background

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.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Clinical Care Groups (CCG) and Executive Functions (collectively referred to as 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, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (the Health Board) to provide assurance to the Board that risks are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is 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 actions to mitigate risk.
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report.
- Using Risk Registers to inform meeting agendas.

Relevant discussion should be reflected in the CFC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)) and any other risks, as appropriate.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, to achieve its objectives. The previous approach as agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks to demonstrate the lowest level of risk exposure that the Health Board (HB) is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated / accepted unless further actions are identified or made possible (e.g. additional resources).

If achieving the TRS is deemed unacceptable (i.e. the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to

performance targets (including quality metrics), with a set timescale for achieving the reduction of the current risk score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for operational risks does not support the TRS. The Board will be asked to accept any risks where the HB is unable to treat within its available means.

The process for risk reporting and monitoring within the HB is outlined at Appendix 1.

Asesiad / Assessment

The CFC Terms of Reference state that it will:

- Contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework (12.3).

Following the March 2025 CFC meeting, one new risk has been aligned to CFC based on the following criteria:

- CFC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level (previously Service and Directorate level*) on 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.

Changes since risks last reportable to Committee:

Total Number of Open Risks	1	<i>See note 1</i>
New Risks since last reportable to Committee (including risks previously at service level)	1	
De-escalated/Closed Risks since last reportable to Committee	0	
Increase in Risk Score since last reportable to Committee ↑	0	
Decrease in Risk Score since last reportable to Committee ↓	0	
No Change in Risk Score since last reportable to Committee →	0	
EXTREME (RED) Risks (based on 'Current Risk Score')	0	
HIGH (AMBER) Risks (based on 'Current Risk Score')	1	

Note 1 – New Risks added since last reportable to Committee (including risks previously at service level)

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
2045 - Risk of HDdUHB not being able to sustain a paid fundraising function for its charity due to low returns on investment (ROI)	03/04/2025	Executive Director of Nursing, Quality and Patient Experience	4x3=12 Reviewed 03/06/25	<p>With all the current control measures in place, the risk score remains high. For the financial year ended 31 March 2025, income from donations has fallen by 5.5% compared with the previous financial year. Legacy income for the same period has decreased significantly by 51.1%.</p> <p>This can be attributed to a decrease in donations because of the Bronglais Chemo Appeal and the value of a significant legacy (£1.3m) received in the previous financial year.</p> <p>Further analysis of the charity's performance will be undertaken during quarter 2 to inform future reports to the CFC.</p>	4x2=8

The Risk Register, attached at Appendix 2, details the responses to each risk, i.e., the Risk Action Plan.

Argymhelliad / Recommendation

The Charitable Funds Committee (CFC) is asked to seek assurance that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable CFC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To seek assurance on the management of the operational risks allocated to the Committee and provide assurance to the Board that operational risks are being managed and monitored effectively, reporting any areas of significant concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	Contained in the report.

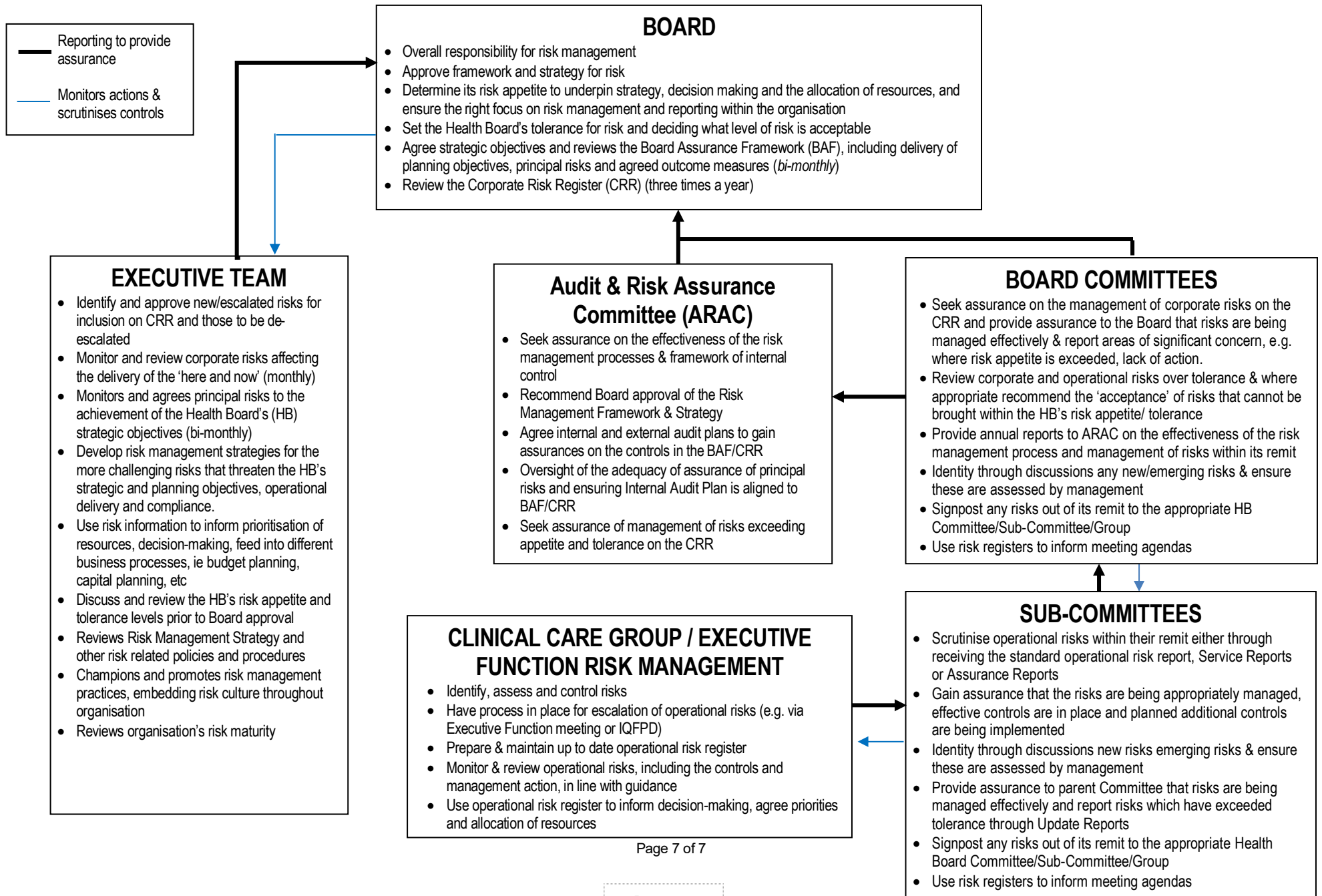
Datix Risk Register Reference and Score:	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk registers on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/owners.
Rhestr Termiau: Glossary of Terms:	<p>Current Risk Score - Existing level of risk taking into account controls in place.</p> <p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain in January 2024 – Risk Appetite Statement.</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Relevant Executive Directors.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report, however, impacts of each risk are outlined in risk description.

Gweithlu: Workforce:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report, however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report, however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure



7.1

12:10, 5 Mins

7.1 - Charitable Funds Committee Annual Work Programme *Iwan Thomas (Hywel Dda UHB - Independent Board Member)*

| For information

Attachments

[CFC Work Plan 2024-25 \(for Annual Report 2024-2025\) 16.04.2025.pdf](#)

8

12:15, 0 Mins

8 - ANY OTHER BUSINESS

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

HYWEL DDA HEALTH BOARD – CHARITABLE FUNDS COMMITTEE WORK PLAN 2025/2026

The Charitable Funds Committee (CFC) meets quarterly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee’s Terms of Reference into a basic workplan - April 2025 – March 2026.

Agenda Item/Issue	Lead	17 June 2025 <i>Final Paper Deadline 3 June 2025 Exec Approved Papers to be received PRIOR to this date</i>	16 September 2025 <i>Final Paper Deadline 2 September 2025 Exec Approved Papers to be received PRIOR to this date</i>	8 December 2025 <i>Final Paper Deadline 24 November 2025 Exec Approved Papers to be received PRIOR to this date</i>	17 March 2026 <i>Final Paper Deadline 3 March 2026 Exec Approved Papers to be received PRIOR to this date</i>
Governance					
Apologies	Chair	✓	✓	✓	✓
Declaration of Interests	Chair	✓	✓	✓	✓
Minutes from Previous Meeting	Chair	✓	✓	✓	✓
Table of Actions and Matters Arising	Chair	✓	✓	✓	✓
Annual Review of Terms of Reference	Chair	✓			
Annual Review of Scheme of Delegation	NLI/TJ			✓	
Annual Review of Charitable Expenditure Eligibility Criteria	NLI/TJ			✓	
CFC Annual Report to Board	Chair/SD / CSO	✓ (Draft 2024/25)			
CFC Self-assessment of Outcome Report – progress update (6 monthly)	CSO	✓		✓	
Risk & Assurance					
Sub-Committee Terms of Reference: • Charitable Funds Sub-Committee	CFSC Chair	✓			
Sub-Committee Update Reports:		✓	✓	✓	✓

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<ul style="list-style-type: none"> Charitable Funds Sub-Committee 	CFSC Chair				
Sub-Committee Annual Report: <ul style="list-style-type: none"> Charitable Funds Sub-Committee 	CFSC Chair				✓
Charitable Funds Committee Risk Register	SD	✓	✓	✓	✓
Administrative Committee Annual Meeting (Hydrotherapy Pool: JC Williams (Elizabeth Williams Endowment) Trust Fund) Update Report (March 2026).	SMJ/RD				✓
Small funds of JC Williams Trust managed as part of CFC. Responsibility transferring from Administration Committee. (2 April 2025)	SMJ?				TBC
Update on the construction and arrangements of the Hydro Pool at the Pentre Awel Village, Llanelli.	JW/HT				
Operational/Strategic Issues					
Approval of policies and procedures relating to charitable funds on behalf of the Board (as required)	TJ	✓	✓	✓	✓
Consideration of charitable funds expenditure over £50,000 (as required)	Chair	✓	✓	✓	✓
Review of any approvals made outside the meeting via Chair's Action or via Corporate Trustee	Chair	✓	✓	✓	✓

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>
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 2025/26	NLI				✓
<u>IMPACT OF CHARITABLE EXPENDITURE EVALUATION REPORTS:</u>					
COVERING INTRODUCTORY SBAR	NLI	✓	✓	✓	✓
Patient Experience: Bronglais Hospital FibroScan Ultrasound DB to present a patient story to CFC in 6-9 months.	DB	✓ DB - Confirmed 17 June 2025. Meeting invite forwarded.			
Update on Expenditure: Cancer Psychological Supports (CAPS) Project (Phase 2)	GB				

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Update on Expenditure: 'Heads Up!' – Cancer Services Hair Loss Support	GB				✓ Final report
Update on Expenditure: Bronglais Hospital Chemotherapy Unit Project Closure Report	PS		✓		
Update on Expenditure: Arts in Health Provision Capacity Building Annual Review	LOC/KL				✓ Mid-term report (yr1)
Update on Expenditure: Therapeutic Live Music Programme for Critical Care (End of project)	ADT		✓ TBC Sept/Dec 2025	✓ TBC Sept/Dec 2025	
Update on Expenditure: Creative Activities for Staff Wellbeing - Arts in Health	KL/LoC				
Trainee Haematology Clinical Nurse Specialist Proposal for Ceredigion and Pembrokeshire. (End of project)	GB	✓ Final report			
Interactive singing and movement sessions for Older Adult Mental Health and Adult Frailty inpatient wards	KL		✓ Mid-term report		
Purchase of six replacement Paxman scalp cooling units, plus five-year maintenance and training contract	BP		✓ Final report		
Enhancement to the Outpatient area at BGH Chemotherapy Day Unit (CDU)	AP				June 2026 - Final report
APPROVAL OF CHARITABLE FUNDS EXPENDITURE:					

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COVERING INTRODUCTORY SBAR	NLI	✓	✓	✓	✓
Funding Request from Workforce and Organisational Development - TBC	ST/HH		TBC		
Performance					
Integrated Hywel Dda Health Charities Performance Report including: <ul style="list-style-type: none"> Investment performance Delivery of annual workplan against Strategic Objectives. 	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)	HT/RD			✓	
Annual Review of the Deposit Account Balance.	RD/NLI		✓		
Internal Audit Report on Charitable Funds (Subject to confirmation)	Chair/Internal Audit				
HDdHC Investment Advisor Update (External CCLA) * NB Investment Advisor - to attend the June and December meetings in	DM	✓ In person	✓ Virtual	✓ In person	✓ Virtual

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<i>person and attend virtually in March and September.</i>					
For Information					
Matters and Risks for Escalation to the Board	SD	✓	✓	✓	✓
CFC Workplan 2024/25	CSO	✓	✓	✓	✓
Administration					
Agenda setting meeting with Chair & Lead Exec at least 6 weeks prior to meeting	CSO	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	CSO	✓	✓	✓	✓
Quality check agenda and papers prior to dissemination	CSO	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to meeting	CSO	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	CSO	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Exec review	CSO	✓	✓	✓	✓
Prepare 3 A's report to Board (to be signed off by Chair & Lead Exec prior to submission)	CSO	✓	✓	✓	✓

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Prepare schedule of meeting dates for next financial year	CSO	✓	✓	✓	✓
Prepare Annual Workplan for next financial year	CSO	✓	✓	✓	✓
Invite Audit Wales representative	CSO			✓	
Corporate Trustee SBAR paper for board. Produced following each CFC meeting. <i>If no approval for funding over £100k can be stood down.</i> (Liaise with CM.)	NLI (SD is ED lead)	✓	✓	✓	✓

Chair: Delyth Raynsford **Vice Chair:** Iwan Thomas **Lead Executive:** Sharon Daniel

SD	Sharon Daniel	HT	Huw Thomas	JW	Joanne Wilson	NLI	Nicola Llewelyn
RD	Rhian Davies	TJ	Tim John	CFSC	Carly Hill	SMJ	Sian Marie James
DB	Donna Blinston	GB	Gina Beard	PS	Peter Skitt	LOC	Louise O'Connor
KL	Kathryn Lambert	ADT	Abbi Daneil Thomas	ST	Suzanne Tarrant	HH	Heather Hinkin
DM	Daisy Mannifield	CM	Clare Moorcroft	CSO	Committee Services Officer	D	Deferred

9 - DATE AND TIME OF NEXT MEETING

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

16 September 2025; 09:30 - 12:15

| For information