



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Date **18/03/2025**  
Time **09:30 - 12:15**  
Location **Microsoft Teams Meeting/ Ystwyth Boardroom**

# Charitable Funds Committee Meeting

Charitable Funds Committee

NHS Wales

# Agenda - 18 March 2025

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## 1 GOVERNANCE

09:30, 0 min

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### 1.1 Welcome and Apologies

09:30, 5 min

*Delyth Raynsford (Hywel Dda UHB - Independent Member)*

Apologies Mr Huw Thomas, Mrs Rhian Davies acting as deputy.

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### 1.2 Declarations of Interest

09:35, 0 min

*Delyth Raynsford (Hywel Dda UHB - Independent Member)*

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### 1.3 Development of Therapeutic Gardens at Prince Philip Hospital

09:35, 15 min

*Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Neil Mason (Hywel Dda UHB - Head of Service: Older Adult MH), Stuart Bancroft (Assistant General Manager - Hywel Dda UHB)*

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### 1.4 Minutes from the Charitable Funds Committee Meeting held on 13 December 2024

09:50, 2 min

*Delyth Raynsford (Hywel Dda UHB - Independent Member)*

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### 1.5 Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 13 December 2024

09:52, 5 min

*Delyth Raynsford (Hywel Dda UHB - Independent Member)*

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

09:57, 0 min

*Delyth Raynsford (Hywel Dda UHB - Independent Member)*

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## 2 APPROVAL OF CHARITABLE FUNDS EXPENDITURE

09:57, 0 min

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**2.1 Hydrotherapy Pool at the Pentre Awel Village, Llanelli**

09:57, 15 min

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

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**3 PERFORMANCE**

10:12, 0 min

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**3.1 Integrated Hywel Dda Health Charities Performance Report**

10:12, 15 min

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

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**3.2 HDdHC Investment Advisor Update (External CCLA)**

10:27, 10 min

*antonia.cavalier@ccla.co.uk*

Antonia Cavalier, Client Investment Director, CCLA.

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**3.3 Interim Review of Charitable Funds Financial Administration and Governance Procedure.**

10:37, 10 min

*Delyth Raynsford (Hywel Dda UHB - Independent Member)*

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**4 OPERATIONAL/STRATEGIC ISSUES**

10:47, 0 min

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**4.1 Review of the Rationalisation of Charitable Funds**

10:47, 15 min

*Tracy Davies (Hywel Dda UHB - Finance Business Partner (Accounting & Statutory Reporting)), Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

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**5 IMPACT OF CHARITABLE EXPENDITURE**

11:02, 0 min

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**5.1 Covering SBAR for CFC Evaluation Reports Items 5.2 & 5.3**

11:02, 0 min

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

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

11:02, 10 min

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

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**5.3 Update on Expenditure: 'Heads Up!' - Cancer Services Hair Loss Support**

11:12, 10 min

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

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**5.4 Update on the Arts and Health Capacity Building and Creative Activities for Staff Wellbeing projects**

11:22, 10 min

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

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**6 RISK AND ASSURANCE**

11:32, 0 min

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

11:32, 5 min

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

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**6.2 Charitable Funds Sub-Committee Annual Report**

11:37, 5 min

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

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**6.3 Charitable Funds Committee Risk Register**

11:42, 10 min

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

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**7 FOR INFORMATION**

11:52, 0 min

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**7.1 Charitable Funds Committee Annual Work Programme**

11:52, 0 min

*Delyth Raynsford (Hywel Dda UHB - Independent Member)*

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

11:52, 0 min

*Delyth Raynsford (Hywel Dda UHB - Independent Member)*

Verbal.

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**9 ANY OTHER BUSINESS**

11:52, 0 min

*Delyth Raynsford (Hywel Dda UHB - Independent Member)*

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**10 DATE AND TIME OF NEXT MEETING**

11:52, 0 min

17 June 2025; 09:30 - 12:15

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09:30, 0 Mins

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## 1 - GOVERNANCE

1.1

09:30, 5 Mins

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1.1 - Welcome and Apologies

*Delyth Raynsford  
(Hywel Dda UHB -  
Independent  
Member)*

Apologies Mr Huw Thomas, Mrs Rhian Davies acting as deputy.

1.2

09:35, 0 Mins

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1.2 - Declarations of Interest

*Delyth Raynsford  
(Hywel Dda UHB -  
Independent  
Member)*

1.3

09:35, 15 Mins

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1.3 - Development of Therapeutic Gardens at Prince Philip Hospital

**Andrew Carruthers**  
**(Hywel Dda UHB -**  
**Chief Operating**  
**Officer), Neil Mason**  
**(Hywel Dda UHB -**  
**Head of Service:**  
**Older Adult MH),**  
**Stuart Bancroft**  
**(Assistant General**  
**Manager - Hywel Dda**  
**UHB)**

| For approval

**Attachments**

[v1.3 PPH Gardens CFC SBAR March 2025 \(AC\).pdf](#)

[Appendix 1 PPH Garden Project 2023 MASTER-A1 MasterREVB \(AC\).pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Development of Sensory Gardens at Prince Philip Hospital
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Stuart Bancroft, Assistant General Manager Neil Mason, Head of Older Adult Service Julian Wheeler Jones, Discretionary Capital Projects Manager

**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 addresses the key considerations that were raised at the December 2024 Charitable Funds Committee (CFC) meeting and requests the CFC's approval to progress with plans for the development of sensory gardens for Mynydd Mawr and Bryngolau wards at Prince Philip Hospital (PPH).

The Committee should receive the report as a follow-up to previous iterations considered at CFC meetings in June and December 2024 and develops an extended evidence base in support of further justification, as well as a proposal which embraces the full sensory garden experience. This is a move away from the previous case put forward to support a general upgrade of a garden facility that has fallen into disrepair and hence attracts additional costs.

**Cefndir / Background**

Mynydd Mawr Ward is a 15-bed elderly care rehabilitation unit and Bryngolau ward is a 15-bed older adult mental health unit. The wards are located adjacent to each other on the ground floor of the eastern side of the PPH site and both wards have access to enclosed outdoor spaces. However, these areas were not specifically designed for the healing and wellbeing of patients particularly those who might be frail, elderly, or living with dementia. The gardens in their current state are not currently in use for a number of reasons and a redesigned facility would as a minimum provide an outdoor space which:

- Provides a sensory experience for patients, visitors and staff;
- Promotes patients' healing and wellbeing;
- Supports the care of patients suffering with dementia;
- Supports use by frail and elderly patients;
- Provides seating and raised borders to enhance the sensory experience;
- Provides plant and shrub life to enhance the healing virtues of the garden;
- Provides covered walk areas which offer shelter from the sun or light rainfall showers.

It has long been recognised that the external areas associated with Mynydd Mawr and Bryngolau wards offer immense opportunity to the rehabilitation and well-being of inpatients receiving care. Access to a stimulating and therapeutic sensory outdoor space which is south facing will help bring this vision into reality. Plans for improvement works have been progressed since the establishment of a Project Team in 2023 which was formed to oversee the project and delivery of a capital scheme to modernise and improve the outdoor spaces.

The main aim of the PPH Gardens Project is to create a sensory and therapeutic garden facility for Mynydd Mawr and Bryngolau patients in order to improve their experience and rehabilitation and to promote recovery through access to a calming and healing environment that is in touch with nature.

There is a growing body of evidence that documents the benefits of access to nature and green spaces for both mental and physical health, including positive outcomes for heart rates and blood pressure, stress levels, mood and self-esteem. Additionally, incidents of violence and aggression arising from reduced agitation levels have been well documented when access to sensory spaces is available.

The vision is that the new gardens will provide a mix of sensory, multipurpose spaces for patients, staff and visitors to enjoy. The spaces will be enclosed for safety, privacy and security and have consideration for hard and soft landscape materials appropriate to dementia care and physical rehabilitation and in keeping with nature wherever possible.

The gardens will provide tranquil, intimate spaces with seating and sensory planting which will provide colour, fragrance and texture all year round as well as attracting wildlife. They will create sanctuary and immersion in nature, a natural and accessible place away from the wards as well as a place for patients to meet with family and friends, a place for relatives to take a break or enjoy privacy with their loved-ones, and for staff to take well-earned breaks.

The gardens will also provide safe, bespoke multi-purpose areas to accommodate patient rehabilitation, exercise and activity. Prolonged periods of sitting and bed rest can reduce patient's ability to walk independently and increase the likelihood of de-conditioning and loss of physical function. Improved space for physical rehabilitation will contribute positively to patients' ability to live independently and reduce length of hospital stays.

## Asesiad / Assessment

### **1. Revised scope of works**

Following the December 2024 CFC meeting, the Chief Operating Officer has provided scrutiny and an independent assessment of the scheme. As a result, the brief for the scheme has evolved from one centred around a general upgrade of the external space into the development of a full sensory garden experience.

The Mynydd Mawr and Bryngolau ward gardens were not designed for, and fall short of, the minimum requirements for patients who are frail, elderly, or living with dementia. This updated proposal therefore presents a significant opportunity to redesign and develop a sensory garden experience which enhances the healing and wellbeing of patients living with dementia as well as others whose health may benefit from access to such a facility.

To achieve the aims of the project, the following outline of works is to be included:

- Installation of handrails around the main walkways for increased safety and stability.
- Creation of a dementia friendly sensory walk and pathways.

- Level and bound surfaces suitable for wheelchair movement.
- Sheltered outdoor spaces for dining, resting and therapy.
- Smaller intimate spaces for quiet contemplation and private time with visitors.
- Spaces adjacent to seating areas for wheelchair users, and wheelchair-accessible outdoor furniture.
- Creation of a new raised bowls lawn with edge ditches and other multiuse spaces.
- Gardening activities to afford patients options for activity and to become engaged. This will take the form of a potting shed and accessible raised planters which are accessible to all.
- Artwork and installations to stimulate the senses.
- Planting of dementia-friendly herbs and fruits to stimulate sight, touch and smell.
- Tactile, colourful and varied planting and grass areas to stimulate the senses, evoke memories and varied textures underfoot.
- Bird feeders and native rich planting to encourage birds and other wildlife to visit and provide birdsong.

Preliminary concept designs have been prepared by the HDdUHB Design Team and can be found along with a selection of 3D images which provide an impression of the proposed gardens at Appendix 1.

## **2. Value for money and social value**

A professional services cost advisor was appointed in July 2024 to provide a project outturn cost for the scheme as the brief stood at that time. The HDdUHB Design Team appointed AtkinsRéalis to review the documentation relating to the project and confirm the accuracy of the financial estimate to ensure it reflected current anticipated market rates.

The report received from AtkinsRéalis in September 2024 confirmed that:

- Drawing on AtkinsRéalis breadth of experience in their involvement with similar schemes and the extent of cost data available to them the estimated costs provided by the HDdUHB Design Team were considered reasonable in comparison.
- The estimated costs provided by the HDdUHB Design Team were in line with current market rates and correlate with what would be expected; this establishes a value milestone upon which to move forward.
- The HDdUHB Design Team budget cost estimate of £147,413.94 (as the brief stood at that time) represented a fair estimate for the work.

As the scheme has evolved since the December 2024 CFC meeting to the development of a full sensory garden experience, AtkinsRéalis has undertaken a further review of the scheme. AtkinsRéalis has confirmed that the HDdUHB Design Team's revised budget cost estimate of £195,805.66 represents a fair estimate for the work (DAF C 03/03/2025 – Appendix 2) for the magnitude of area involved:

### Capital Cost Summary

Ref	Cost Centre	Net £	VAT @ 20% £	Gross £
5	Works Cost (DAF2)	142,629.51	28,525.90	171,155.41
6	Fees (DAF3)	12,492.48	2,498.50	14,990.98
7	Non-works Costs (DAF3)	3,000.00	600.00	3,600.00
8	Equipment Costs (DAF2)	0.00	0.00	0.00
9	Contingency	7,131.48	1,426.30	8,557.77
10	<b>Forecast Project Out-turn Cost (Pre VAT Recovery)</b>	<b>165,253.47</b>	<b>33,050.69</b>	<b>198,304.16</b>
11	LESS RECOVERABLE VAT (DAF5)		2,498.50	2,498.50
12	<b>FORECAST PROJECT OUT-TURN COST</b>	<b>165,253.47</b>	<b>30,552.20</b>	<b>195,805.66</b>

The increase in the budget cost estimate for the scheme is mainly due to the revised brief for the scheme as well as inflationary increase on predicted tender return costs since September 2024. To fall short of the full sensory garden experience would invariably have lessened the interest and strength of any associated fundraising appeal.

The total area of the enclosed outdoor space at Bryngolau and Mynydd Mawr wards is circa 1,556 m<sup>2</sup>. Due to the significant size of the area being developed and the proposed scope of works, the estimated project cost has moved upwards to £195,805.66. The professional cost advisers recommend this as a fair estimate for this work, at approximately £85.64 per m<sup>2</sup> and is within range for external garden spaces of this high-quality type.

Following the establishment of the original project outturn cost in September 2024, advice was sought from NHS Wales Shared Services Partnership (NWSSP) Procurement Services on the most appropriate procurement route for the project. Due to the proposed scheme of works it was confirmed that the NWSSP Construction Framework Agreement 2 for the Provision of Construction Works up to £200,000 would be the most appropriate procurement route.

The framework appoints suitably qualified and experienced construction contractors to undertake various works across the HDdUHB's geographical area and is compliant with UK/EU procurement legislation as well as HDdUHB's Financial Scheme of Delegation. Under the terms of the framework, contractors are appointed using a rotational direct award mechanism, providing a compliant route to market for construction works up to £200,000 (works cost).

As part of the framework, all appointed contractors are required to demonstrate their commitment to support HDdUHB in meeting its obligations under the Well-being of Future Generations (Wales) Act 2015, strengthening local supply chains in Wales, and reducing carbon to support the NHS becoming net zero carbon by 2030.

Early engagement has taken place with the framework contractor next in-line to receive a rotational award on the Construction Framework Agreement 2. This has included an initial meeting and a site visit to discuss how the project's objectives can be achieved whilst offering demonstrable value for money and additional added value through social value and corporate social responsibility obligations and principles. Initial suggestions include the use of carpentry and joinery apprentices to fabricate items such as raised planters and handrails, as well as engagement with the contractor's supply chain regarding the supply of materials at cost price, hence supporting the foundational economy.

Further discussions with the contractor around social value and corporate social responsibility principles will take place once approval to progress the project to the technical design/tender

stage has been received. During this stage, a formal Social Value Statement will be provided by the contractor as part of the tender process. This is not unusual in the circumstances.

To maximise opportunities for community involvement, engagement with local third sector organisations, community groups and other organisations will take place on the landscaping, planting, and art installation elements of the scheme as a joint approach between the framework contractor and the HDdUHB Design and Fundraising teams.

### **3. Alternative funding sources**

Although the HDdUHB Discretionary Capital Allocation (DCP) for 2025/26 has increased to £10.000m, an increase of nearly 35% on the 2024/25 allocation, this should be considered in the context of a combined capital backlog of c. £300m across HDdUHB estate which can be broken down as follows:

- £255m estates backlog
- £26.6m medical devices
- £15 - £18m digital backlog

The distribution of the 2025/26 DCP allocation will be carefully prioritised on the capital themed risk registers held by the Operational Directorates, Digital Team and Estates. With this in mind, and as the Mynydd Mawr and Bryngolau ward gardens do not feature on the HDdUHB capital themed risk registers, a DCP bid for 2025/26 has not been submitted as it is not considered likely that the project would satisfy the necessary criteria to displace a more pressing operational need, which in all likelihood will have safety and compliance associations.

This project was nominated for consideration by the MHLD directorate for submission to the Welsh Government (Capital, Estates & Facilities) Targeted Estates Fund however it was not one of the three bids submitted by HDdUHB to the Welsh Government.

### **4. Appropriateness of charitable funding**

The Mynydd Mawr and Bryngolau ward gardens were not designed for patients who are frail, elderly, or living with dementia. The main aim of the project is to create a sensory and therapeutic garden for each ward to improve the experience and rehabilitation of patients to help aid recovery and thus decrease their length of stay in hospital.

This project is considered eligible for charitable funding under the following category of the charity's eligibility criteria:

- Building and/or refurbishment works that create more welcoming and comfortable surroundings for patients, services users, visitors and staff, where no NHS resources are available and will not be available for at least 5 years. Including improvement to outdoor spaces for patients, services users, visitors and staff.

Although an element of this project will invariably involve repair and replacement of some building elements, the scheme has been refocused so as to preserve the charitable component to the delivery of an enhanced sensory experience. This includes dementia friendly walkways and pathways and the creation of level and bound surfaces suitable for wheelchairs which goes beyond what can be considered to be maintenance repair works.

In February 2025, HDdUHB invested c. £83,000 of capital funding in replacement fencing around the perimeter of the outdoor areas at Mynydd Mawr and Bryngolau wards as part of a capital maintenance work. This has reduced that cost liability in the sensory garden scheme included in previous versions of this proposal.

In September 2024, Healthcare Inspectorate Wales (HIW) completed an inspection on Bryngolau Ward. The inspection found that the garden did not support the health, safety and wellbeing of patients, and was unsuitable for the patient group in its current condition. A recommendation was made that environmental issues identified should be promptly addressed to provide access for patients to support their physical and mental wellbeing. General grounds maintenance was undertaken in November and December 2024 however, this has not affected the proposed scope of works associated with the provision of the sensory garden which goes above and beyond maintenance works.

## **5. Availability of funding**

The combined value of designated charitable funds held by Mynydd Mawr and Bryngolau Wards, in addition to other funds raised by the PPH Gardens Appeal, together with contributions from the designated funds held by PPH Unscheduled Care and MHL D (as of 31 January 2025), is sufficient to meet the project outturn cost estimated at £195,805.66, subject to approval of the release of funding by the CFC at a future meeting, once a Guaranteed Maximum Price (GMP) is provided.

The fundraising publicity associated with the project that has been visible in the locality, has raised the profile of this important development for health in the east of Carmarthenshire, although it is acknowledged that these actions do not commit the Health Board (HB) to proceed with the delivery of the project in any way. Reputationally, the missed positive opportunity for the HB would be a challenge to communicate to both internal and external stakeholders. The original executive commitment to launch a fundraising appeal for the garden project was made in March 2023 and was presented to the CFC for consideration in the charity's workplan for 2023/24.

## **6. Scrutiny by the Chief Operating Officer**

The case for investment of £195,805.66 in the sensory gardens at PPH, is essentially made based on the opportunity that is presented by the external orientation of the outside space, added to the adjacency of wards accommodating a particularly well-suited category of patient who will benefit from the healing properties that a sensory garden can bring.

The scheme has evolved from one centred around a general upgrade of external space, to a full sensory garden experience and costs previously omitted on cost reduction grounds have been restored so as to avoid limiting the experience.

This scheme is considered a wholly appropriate use of charitable resources, and this can be underlined by the current ongoing works that have been supported by HDdUHB, which commits £83,000 of Discretionary Capital Allocation (DCP) as an important enabler to the sensory garden development and preserves the charitable component to one that is wholly in keeping with the eligibility criteria for such funds.

The development area is not insignificant and given the escalation of costs for delivering works in hospital premises in the post pandemic period, the amount of investment sought is considered reasonable. Bringing four essential factors together (orientation, patient type, charitable resource and sympathetic design and construction) will create a standout facility that the Health Board can showcase in the future as an exemplar.

The revised brief for the scheme has been developed in line with a sensory gardens case study provided by NHS Wales Shared Services Partnership (NWSSP) Specialist Estates Services incorporating the design principles and best practice for dementia friendly outdoor spaces to provide:

- Outdoor space for privacy, dignity and independence.
- Optimum levels of stimulation through physical and meaningful activities.
- A safe and non-institutional environment for patients.
- Good visibility and visual access, supporting orientation, wayfinding and navigation.
- Improved engagement with relatives, visitors and staff.

The Capital Systems Internal Audit Report, presented to the Audit and Risk Assurance Committee (ARAC) in November 2024, received substantial assurance around HDdUHB's selection and appointment and value for money for capital schemes. The Internal Audit Report provided substantial assurance that there was an appropriate assessment of value for money (e.g. via tendering/quotation, benchmarking etc) with formal recommendations for award and appropriate approvals in place.

## 7. Next steps

The stages below will be followed if the CFC provides approval for the project to proceed:

Task Name	Duration	Start	Finish
<b>Sensory Gardens Project @ PPH</b>	<b>142 days</b>	<b>Thu 20/02/25</b>	<b>Fri 05/09/25</b>
Update Budget Cost	7 days	Thu 20/02/25	Fri 28/02/25
Approval to Proceed	25 days	Mon 03/03/25	Fri 04/04/25
Detailed Design Stage	15 days	Mon 07/04/25	Fri 25/04/25
Tender Documentation	10 days	Mon 28/04/25	Fri 09/05/25
Framework/Tender Stage	20 days	Mon 12/05/25	Fri 06/06/25
Tender Review	5 days	Mon 09/06/25	Fri 13/06/25
Project Funding Approval	15 days	Mon 16/06/25	Fri 04/07/25
Mobilisation Stage	15 days	Mon 07/07/25	Fri 25/07/25
Construction Phase	30 days	Mon 28/07/25	Fri 05/09/25

A detailed funding request will be developed for consideration at the June 2025 CFC meeting. This will outline how the project's objectives can be achieved, in line with the value of funding available. The funding request will also outline how the scheme offers demonstrable value for money and additional added value, through social value and corporate social responsibility obligations and principles. It will also provide assurances around the ongoing maintenance of the gardens, to ensure their longevity and that they can continue to be accessed by patients long into the future.

## Argymhelliad / Recommendation

The CFC is asked to:

- **NOTE** 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.
- **CONSIDER** and **APPROVE** 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.

## Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.20	The following thresholds are approved in the Charitable Funds Procedure: "Expenditure less
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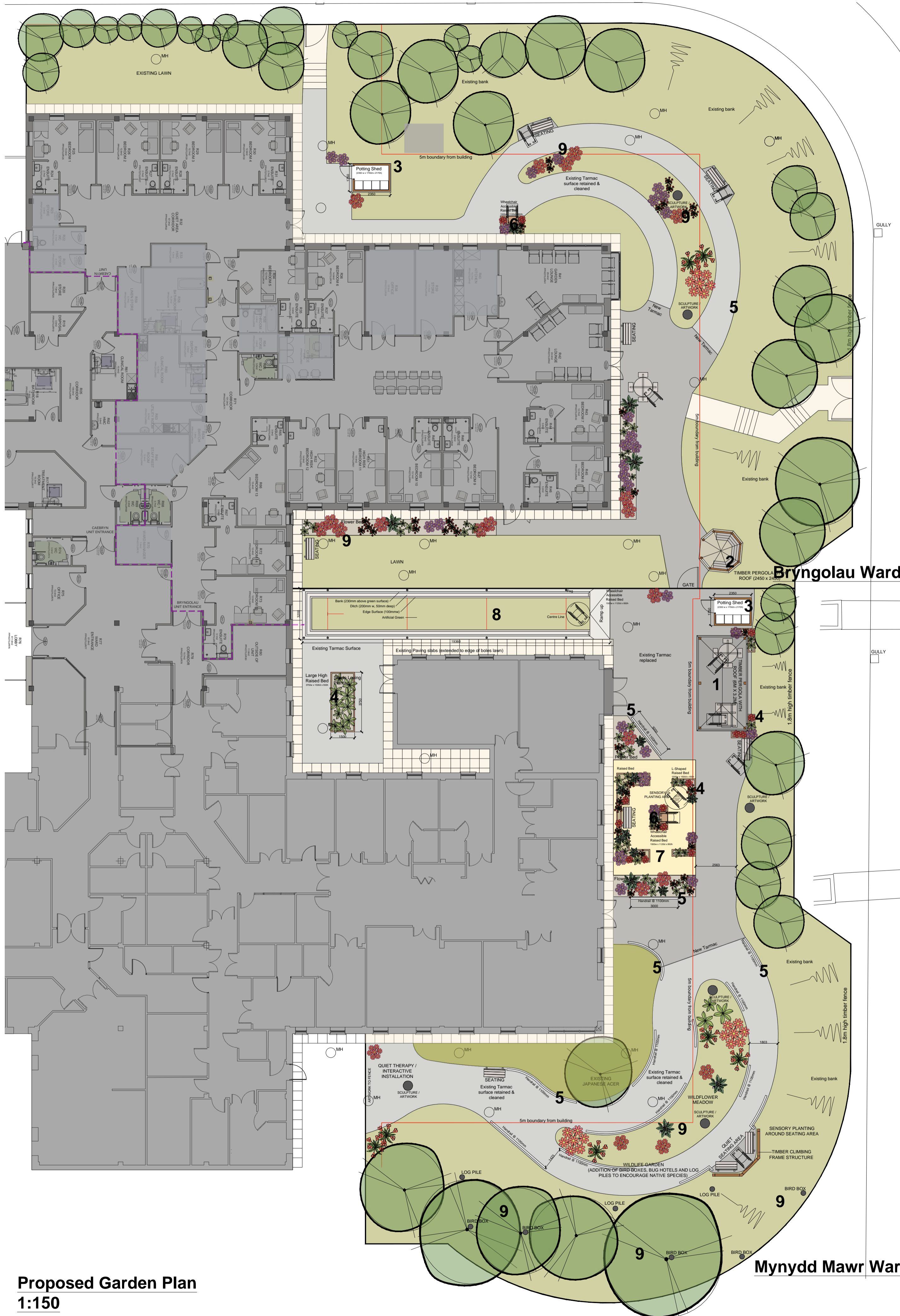
	<p>than £10,000 shall only need approval by the nominated fund manager. All expenditure in excess of £10,000 and up to £50,000 will require the approval of the Charitable Funds Sub-Committee. Expenditure in excess of £50,000 will require the approval of the Charitable Funds Committee. Expenditure over £100,000 will require the approval of the Corporate Trustee”.</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>Not applicable</p>
<p>Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<p>1. Safe 3. Effective 5. Equitable 6. Person-Centred</p>
<p>Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<p>4. Learning, improvement and research 5. Whole systems perspective</p>
<p>Amcanion Strategol y BIP: UHB Strategic Objectives:</p>	<p>1. Putting people at the heart of everything we do 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 6. Sustainable use of resources</p>
<p>Amcanion Cynllunio Planning Objectives</p>	<p>Not Applicable</p>
<p>Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a></p>	<p>3. Promote the natural environment and capacity to adapt to climate change 7. Plan and deliver services to enable people to participate in social and green solutions for health</p>

### Gwybodaeth Ychwanegol: Further Information:

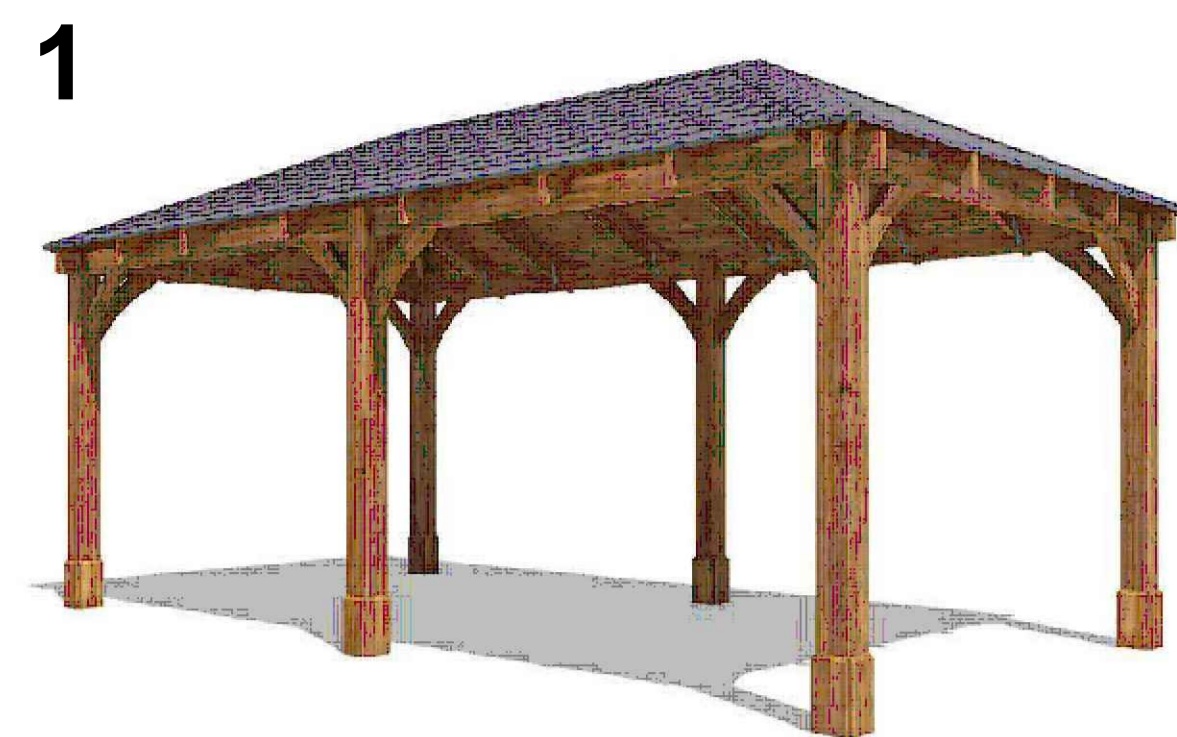
<p>Ar sail tystiolaeth: Evidence Base:</p>	<ul style="list-style-type: none"> <li>• <a href="#">Green health in Hywel Dda - Hywel Dda University Health Board (nhs.wales)</a></li> <li>• <a href="#">Green Space for Health   Centre for Sustainable Healthcare</a></li> <li>• <a href="#">Evidence Archive - NHS Forest</a></li> <li>• <a href="#">Health Report Summary - CONFIDENTIAL UNTIL 20 July 2023.pdf (gwentwildlife.org)</a></li> <li>• <a href="#">How nature benefits mental health - Mind</a></li> <li>• <a href="#">All Wales Rehabilitation Framework: Principles to achieve a person-centred</a></li> <li>• <a href="#">NIRH: getting patients up and moving shortens stay and improves fitness   The Chartered Society of Physiotherapy</a></li> </ul>
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	<ul style="list-style-type: none"> <li>• <a href="#">Reablement, Rehabilitation, Recovery: Chapter three - Evidence and examples at different system touchpoints   British Geriatrics Society</a></li> </ul>
Rhestr Termiau: Glossary of Terms:	Included within the main body of this report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusenol: Parties / Committees consulted prior to Charitable Funds Committee:	PPH Unscheduled Care management team MHLd management team HDdUHB Design team HDdHC fundraising team Deputy Director of Operations Deputy Director of Allied Health Professions

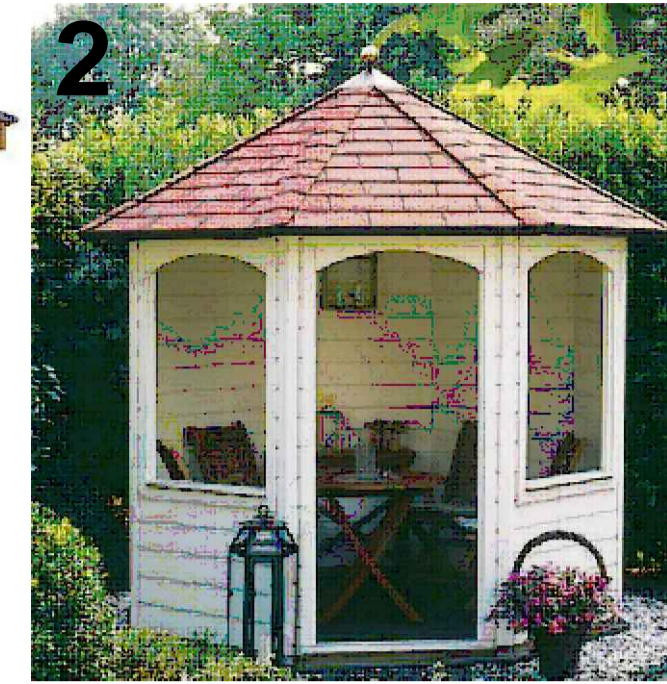
<b>Effaith: (rhaid cwblhau)</b>	
<b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No HDdUHB capital funds available to support a project of this nature hence a request for charitable funds being made.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The improvement works and creation of therapeutic and dementia friendly gardens will significantly improve the experience and rehabilitation of patients and help decrease their length of stay in hospital.
<b>Gweithlu:</b> <b>Workforce:</b>	This project will not result in any additional workforce costs however it will have a positive effect on the current workforce.
<b>Risg:</b> <b>Risk:</b>	There is a risk that the project will not proceed further if funds are not approved to appoint a professional services cost advisor. There is also a reputational risk if the funds raised to date for this project cannot be spent to achieve aims of the project.
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable for this paper.
<b>Enw Da:</b> <b>Reputational:</b>	As this project directly benefits patients, their families and staff there is no likelihood of public/patient opposition.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable for this paper.
<b>Cydraddoldeb:</b> <b>Equality:</b>	An EqIA is not considered necessary for a project of this nature.



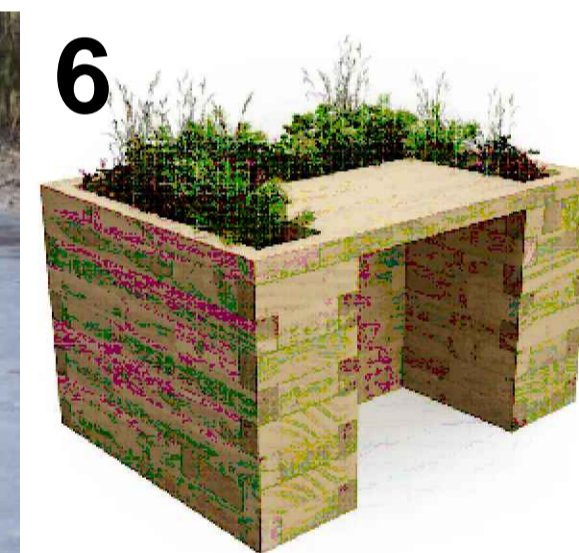
**Proposed Garden Plan**  
1:150



**1**  
All weather/ shelter -  
1. Adding sheltered outdoor spaces for dining, resting, therapy etc.  
2. smaller intimate seating areas for quiet contemplation.



**Wellbeing**  
1. Potting shed/garden activities to keep users active and engaged.  
2. Raised planters for both sensory and edible planting, to evoke memory and provide colour, smell, touch.



**Accessible**  
1. Handrails around main walkways for increased stability  
2. Accessible planters, to enable all users access to plant beds  
3. spaces adjacent to seating areas for wheelchair users, and wheelchair accessible outdoor furniture  
4. level surface and bound surfaces, suitable for wheelchairs and avoiding trip hazards



**A garden for all five senses**  
1. planting, artwork and installations designed to stimulate senses, and evoke memory  
2. bird feeders and colorful low maintenance planting to create visual impact and stimulation  
3. native rich planting and feeders to encourage birds and other wildlife to provide sound. Option for wind chimes. Consider use of water if permitted.  
4. Areas for edible planting, herbs and fruits to stimulate sight, touch, smell and taste.  
5. Tactile and varied planting touch senses. Areas of grass to vary textures underfoot.  
6. Artwork and sculpture designed to provide triggering memory (i.e. recalling a childhood game or activity)



**Site Location Plan**  
1:1000

**Description of Work: Bryngolau Ward Garden, Prince Philip Hospital**

- Scope of Works:**
1. Removal and disposal of existing tarmacadam (circa 100m2).
  2. prepare ground levels.
  3. Removal and disposal raised planters.
  4. Supply and lay new localised tarmac (area circa 100m2) tied into existing.
  5. Replace timber boundary fence.
  6. Pressure wash existing slabbed area (circa 50m2).
  7. Ground excavation and 1.8m x 2.4m (4.2m2) base for potting shed.
  8. Supply and build raised planting beds.
  9. supply and install 1 no. Octagonal Gazebo with seating area
  10. create planted flower beds (with low maintenance planting)
  11. re-seed lawn area and make good.
  12. Vegetation cut back and clearance to existing boundary hedge.

**Description of Work: Mynydd Mawr Dementia Garden, Prince Philip Hospital**

- Scope of Works:**
1. Removal and disposal of existing tarmacadam only where damaged (circa 130m2).
  2. prepare ground levels.
  3. Removal and disposal raised planters.
  4. Supply and lay new yellow resin to raised planter area (area circa 40m2).
  5. Supply and install circa 50m stainless steel powder coated handrail system around planting area. (shown as sections to reduce overall length)
  6. Replace timber boundary fence.
  7. Pressure wash existing slabbed area (circa 50m2).
  8. Supply and build raised planting beds.
  9. Supply and build 1 no. 6m x 3.2m pergola with seating area.
  10. Create new 20m x 3.6m (62m2) raised bowls lawn with edge ditches
  11. create planted flower beds (size 110m2 with low maintenance planting)
  12. re-seed lawn area and make good.
  13. Vegetation cut back and clearance to existing boundary hedge.



Do not scale off this drawing. Verify dimensions for fixed items on site

**PROJECT**  
Proposed Refurbishment & Modernisation Works at Bryngolau and Mynydd Mawr Garden, Prince Philip Hospital, Llanelli.

**TITLE**  
Proposed Mynydd Mawr Garden Floor Plan Layouts - Prince Philip Hospital, Llanelli

**SCALE**  
1:150

**DATE**  
16/10/2023

Date	Revision notes	Drawn	Check
16/10/23	1st revision (new scheme)	IE	-
25/10/23	Cost reduction draft	IE	-

**DRAWING No.**  
MMG - 1358/01

**Revision:**  
B

1.4

09:50, 2 Mins

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1.4 - Minutes from the Charitable Funds  
Committee Meeting held on 13 December 2024

*Delyth Raynsford  
(Hywel Dda UHB -  
Independent  
Member)*

| For approval

**Attachments**

[2024-12-13 - Charitable Funds Committee Meeting - Minutes.pdf](#)

## MINUTES OF THE Charitable Funds Committee MEETING

Date of Meeting: **13:00, Friday 13 December 2024**  
 Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Delyth Raynsford (Independent Member) (Chair)  
 Iwan Thomas (Independent Member) (Vice Chair) (VC)  
 Huw Thomas, (Director of Finance)  
 Sharon Daniel (Interim Director of Nursing, Quality and Patient Experience)  
 Ms Anna Lewis (Independent Member) (part)).

In Attendance: Sian-Marie James (Assistant Director of Corporate Legal Services and Public Affairs)  
 Jonathan Arthur (Deputy Director of Health Sciences) deputising for James Severs (Executive Director of Allied Health Professions and Health Science)  
 Anthony Dean (Staff Side Representative)  
 Carly Hill (Assistant Director) (Charitable Funds Sub-Committee Chair)  
 Timothy John (Senior Finance Business Partner (Accounting & Statutory Reporting))  
 Nicola Llewelyn (Head of Hywel Dda Health Charities)  
 Eldeg Rosser (Head of Capital Planning) (Part)  
 Daisy Mannifield (Client Investment Director, CCLA) (part)  
 Neil Mason (Head of Service: Older Adult Mental Health) (part)  
 Tara Nickerson (Fundraising Manager) (part)  
 Matthew Pearce (Senior Communications Officer) (part)  
 Anna Thomas (Service Delivery Manager) (part)  
 Clare Strudwick (Committee Services Officer) (Secretariat)

<b>Minutes Item Ref.</b>	<b>Action</b>
CFC(24)61 <b>Welcome and Apologies</b>	
	Mrs Delyth Raynsford welcomed everybody to the meeting. Apologies had been received from:
	<b>Mrs Ann Murphy</b> , Independent Member <b>Mr James Severs</b> , Director of Allied Health Professions and Health Science
CFC(24)62 <b>Declarations of Interest</b>	
	<b>Decision:</b> There were no declarations of interest.
CFC(24)63 <b>Minutes from the Charitable Funds Committee Meeting held on 17 September 2024</b>	

The minutes of the Charitable Funds Committee (CFC) meeting held on 17 September 2024 were reviewed and approved as a correct record of proceedings.

**Decision: RESOLVED** – The minutes of the Charitable Funds Committee meeting held on 17 September 2024 were accepted as an accurate record of the meeting.

CFC(24)64 **Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 17 September 2024**

The Table of Actions arising from the CFC meeting on the 17 September 2024 was reviewed, with updates provided on outstanding actions as follows:

***CFC(24)38: Update on the Construction and arrangements of The Hydrotherapy Pool at the Pentre Awel Village, Llanelli.***

Mr Huw Thomas provided an update regarding Executive Team feedback. Discussions with Carmarthenshire County Council (CCC) are progressing and there is now no blockage to the project progressing, from either a financial or operational perspective.

Mr Huw Thomas concluded the next steps are to finalise the agreement, to ensure the Health Board is content with the Memorandum of Understanding (MOU) and to approve the MOU. Mr Huw Thomas anticipates being able to complete the transaction by the next Charitable Funds Committee meeting.

In terms of negotiations regarding the MOU, Mrs Sian-Marie James advised that the draft MOU prepared in 2018 is no longer fit for purpose. Mrs James has recommended to the CCC lawyer that a single comprehensive document be created to address both the transfer of funds and the operational management of the hydrotherapy pool. This document should clearly outline the agreement between the Health Board and CCC. Discussions have commenced regarding this and the CCC lawyer is now taking instructions with a view to updating Mrs James.

Mrs Nicola Llewelyn advised that the finance team is aware of the pending request to release the c. £1.5m of funding before the end of this financial year when all approvals are in place.

***CFC(24)53: Update on Expenditure Bronglais Hospital Fibroscan Ultrasound. Mrs Donna Blinston to discuss with Mrs Sharon Daniel, utilising the outreach service in order to improve access to the Fibroscan Ultrasound across the Health Board.***

Mrs Sharon Daniel confirmed a meeting is scheduled to take place in January 2025.

**Decision:** The Table of Actions arising from the CFC meeting on the 17 September 2024 was reviewed.

CFC(24)65 **Ratification of any Approvals Made Outside the Meeting via Chair's Action**

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

Actions.

**CFC(24)66 Ratification of Charitable Funds Decisions by the Corporate Trustee**

It was reported to the CFC that the Corporate Trustee had approved the Enhancements to the outpatient area at Bronglais and the Purchase of six replacement Paxman scalp cooling units plus five-year maintenance and training contracts.

Mr Huw Thomas believed from a Governance perspective, there was no requirement for these reports to return to CFC from Board in future, however agreed to clarify with the Director of Corporate Governance.

HT

**Decision:** The Charitable Funds Committee **NOTED** the ratification of Charitable Funds decisions by the Corporate Trustee

**CFC(24)67 Charitable Funds Committee (CFC) Self-Assessment Outcome Report 2023/24 – Progress Update**

Mrs Llewelyn confirmed that all actions recommended following the self-assessment had been completed.

**Decision:** The Charitable Funds Committee **RECEIVED ASSURANCE** from the progress made against the actions being undertaken to improve its effectiveness.

**CFC(24)68 APPROVAL OF CHARITABLE FUNDS EXPENDITURE.**

Whilst no funding requests were received for consideration, Mrs Llewelyn advised that a funding request from the Workforce and Organisational Development directorate is proposed for the CFC meeting being held on 18 March 2025.

**CFC(24)69 Integrated Hywel Dda Health Charities Performance Report**

Mr Timothy John presented the Integrated Hywel Dda Health Charities (HDdHC) Performance Report including the financial performance relating to the first six months of 2024/2025.

Mr John advised incoming resources for the period were £648,312, of which £290,431 was investment income. Direct charitable expenditure was £486,212.

Fundraising, governance and support costs for the six-month period was £265,194 which was comparable to the same period last year.

Investments are valued at £8,918,608 and in terms of cash holdings approximately £7,164,214, £6,236,606 of which is held with CCLA who will be providing a detailed report under agenda CFC(24)70.

Mrs Llewelyn highlighted, that although there is a reported decline in income for this period, there has been a significant increase in income since September, and that a more positive picture both in terms of donations and legacies would be presented to the next CFC meeting.

Mr Huw Thomas expressed concern regarding the level of fundraising expenditure in comparison to the value of donations and fundraising income received. Mr Thomas suggested advising the Corporate Trustee of the CFC's concerns. Mrs Anna Lewis concurred with Mr Thomas' concerns and whilst there is a healthy bottom line, there was a need to discuss value for money of fundraising expenditure.

Mr John acknowledged these concerns and highlighted that the report tabled for Agenda item CFC(24)74 regarding benchmarking would hopefully provide further context to this. Mrs Raynsford requested that wider reflections and discussions on this to be undertaken later in the meeting.

Mrs Sharon Daniel requested clarification regarding a graph which appeared to show an apparent reduction in Pembrokeshire donations. In response, Mr John provided clarification that the graph illustrates a trend over a 12-month period in reverse. Mr John is currently investigating how this data can be better presented moving forward.

Mrs Lewis requested that the report measures and assesses value for money from fundraising as well as clarity between investment versus fundraising impact. Furthermore, Mrs Lewis requested clarification on the benchmarking.

Mr John referred to CFC(24)74, where the ratio of 1:4 was outlined, whereby for every one pound spent, the charity would be looking to generate four pounds. Mr John explained that this ratio was drawn following a discussion with experts in NHS charity finance, namely the Director of Chelsea Westminster NHS charity and a Senior Manager at Imperial Health Charity, who collate data for NHS Charities Together.

Mrs Lewis stated this discussion suggests that the benchmarking may not be a reliable comparison.

Mr Huw Thomas queried whether there were more appropriate and comparable charities for HDdHC to benchmark against. Adding whether there was a need to measure fundraising input versus fundraising from donations and legacies. Mr Huw Thomas further questioned whether that ratio included investment returns, highlighting that those are clearly very significant.

Mr John detailed that the NHS Charities Together dashboard would allow for benchmarking to be conducted against NHS charities based in Wales.

Mr Iwan Thomas highlighted the need not to become fixated in terms of benchmarking comparisons in pounds and pence to other charities, as HDdHC is unique, especially in relation to population, demographics, geography and the four hospital sites. Mr Iwan Thomas believed that there is no direct 'like for like' comparison to HDdHC, and suggested that the focus should be on the premise of why the charity was established; otherwise there is a risk of losing the focus of our population, communities, staff and patients for whom this charity is here to serve.

Mrs Lewis acknowledged these nuances, however emphasised the need to find a way of measuring the value achieved by the investments made

and finessing the ways of understanding whether value for money is being delivered. Mrs Lewis further detailed the Corporate Trustee and CFC's responsibility regarding financial stewardship and the need to hold to account.

Mrs Raynsford stressed the need as Trustees to scrutinise the information and ensure that the charity is working to the best of its ability and generating sufficient income.

HT /  
SD

Mr Huw Thomas and Mrs Daniel agreed to meet prior to the 18 March 2025 CFC meeting to scrutinise and discuss the Performance Report further.

Mrs Raynsford assured the Charitable Fundraising Team that this was not a reflection on their work, instead an acknowledgement of the current market conditions. For clarification purposes, adding that it was the CFC's duty as representatives of the Corporate Trustee and as Board Members to scrutinise and future proof the charity.

Mrs Llewelyn welcomed the scrutiny and drew attention to these being mid-year (six-monthly) figures and that year-end figures should be more favourable. Mrs Llewelyn sought to provide assurances that the team frequently monitor data and adjust their fundraising strategy throughout the year in relation to it.

TJ /  
NL

To provide assurance, Mrs Llewelyn reminded members that an objective of the 2024/2025 work plan is to refresh and revise the report, to include the outcomes of the discussions regarding benchmarking, to ensure that data is presented in a more effective way.

The Committee agreed to advise the Board of the concerns pertaining to the level of fundraising expenditure in comparison to the level of donations and fundraising income received to 30 September 2024.

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

#### CFC(24)70 **HDdHC Investment Advisor Update (External CCLA)**

Ms Daisy Mannifield, Client Investment Director, CCLA, reported the portfolio valuation as of 27 November 2024 as £6,686,028 held in COIF Charities Ethical Investment Fund, The General Investment Fund.

£2,443,659 is held in the COIF Charities Ethical Investment Fund, The Permanent Endowment Fund. A further £6,286,953 is held in the COIF Charities Deposit Fund. The total portfolio value is £15,416,641.

Ms Mannifield reported that the forecast annual income of £185,412 and £67,766 will in fact increase next year by 3%. Ms Mannifield clarified the ethical fund has a total return policy, with the majority of income coming from natural income as well as some being generated from capital. The split being approximately 80/20.

Ms Mannifield, provided a market review of the last 12 months, detailing global equity as currently being dominated by the 'magnificent seven'

which are driving markets. The Ethical Fund holds four of these, Microsoft, and parent company Alphabet, Amazon and NVIDIA. 25% of returns come from these 7 stocks and 3% from the remainder. Ms Mannifield explained the risk reasoning behind why the fund was not invested in all 7 of these companies.

Ms Mannifield detailed government bonds, inflation and interest rates as outlined in the report.

Ms Mannifield reported that since December 2022, on a cumulative basis CCLA has returned 19.66% until the end of November 2024, which equates to 9.58% per year since transitioning to CCLA.

The fund has a 20% turnover rate and an average holding period of approximately 5 years. Ms Mannifield outlined other asset classes held as detailed in the report.

Ms Mannifield presented the macro-outlook including the US election and how intended policies are likely to cause inflationary effects in the long term. CCLA do not consider a recession likely. CCLA are currently taking a 'risk on' approach, with over 70% of the fund currently in equities. Ms Mannifield stated beyond the next few quarters there are risks. The target for CLAA is funded inflation target of CPI plus 4%.

Mr Huw Thomas queried the high amount of cash holdings held. Ms Mannifield agreed that the charity is holding too much in cash, which could present a risk of eroding the value due to inflation. It was therefore agreed that Ms Mannifield and Mr Huw Thomas meet to assess an 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.

HT /  
DM

Mrs Lewis outlined previously CFC considered cash flow and worked with a notion of responsible closure to ascertain the level of cash holdings.

In reference to Mr John's statement that cash investment into the ethical fund is still effectively instant access, Mr Huw Thomas believed the significant issue is the volatility.

In terms of future expenditure, Mr John advised that the Bronglais Hospital (BGH) Chemotherapy Day Unit Scheme is estimated to require £2.7m between now and March 2025.

Mrs Lewis stressed irrespective of the BGH Chemotherapy scheme, the principle of how the charity manages its cash is important.

*Ms Daisy Mannifield left the meeting.*

**Decision:** The Charitable Funds Committee **NOTED** the Investment Advisor Update report.

CFC(24)71 **Charitable Funds Committee (CFC) Draft Annual Accounts (2023/2024)**

Mr John advised that the CFC draft annual unaudited accounts 2023/2024 are currently with the external auditors, Audit Wales. Audit Wales should conclude their work in January 2025 ahead of presentation to the Corporate Trustee meeting on 30 January, prior to submission to the Charity Commission by the 31 January 2025.

Mrs Raynsford received assurance from Mr John that the auditors are being held to a tight timetable.

Mr John highlighted on page 119, an indication of the volatility between different years. For example in 2023, there was £1.2m legacy income from the JC Williams Trust. Also, Mr John emphasised how a swing on investments, in 2023/2024 had resulted in a gain of £817,000 compared to a loss of £560,000 the year before.

**Decision:** The Charitable Funds Committee **DISCUSSED** the **Charitable Funds Committee (CFC) Draft Annual Report and Accounts 2023/24.**

CFC(24)72 **Presentation: Overview of HDdUHB Capital Programme**

Mrs Eldeg Rosser presented an overview of the HDdUHB Capital Programme. Outlining how the majority of capital is allocated by Welsh Government, the Health Board's allocation for the current financial year is £7.4m. Mrs Rosser detailed this funding is to meet statutory obligations to maintain the current Health Board estate and replacement of equipment. Allocation for the year 2025/2026 is anticipated to increase to £10m.

Mrs Rosser detailed the process for allocation of capital funding and emphasised the substantial pressures against the capital funding allocation.

Mrs Llewelyn highlighted how the improved HDdHC internal processes and closer working practices with the Capital and Operational Teams have improved the prioritisation process around equipment requests to the charity.

Mr Huw Thomas highlighted the need to prioritise with a view to VAT efficient purchases, whereby if digital or medical devices are purchased from the charity, 20% VAT is recovered, thereby providing a 20% gain in purchasing from the charity versus via capital funding.

Mrs Raynsford requested that considerations regarding VAT be streamlined with both the CFC and the CFC Sub-Committee.

It was agreed that Mrs Rosser would ensure the Capital Planning Team factor in VAT efficiencies as part of planning for 2025/2026 and link in with both HDdHC and the Charitable Funds Sub Committee.

ER

Mrs Lewis queried whether the position regarding NHS Capital budget availability is leading the charity to spend more money on NHS capital

equipment and whether the threshold and criteria for approving those requests is changing.

Mrs Llewelyn clarified that the criteria has not changed. The new business case template has enabled the CFC to provide a greater assurance level in terms of meeting the public benefit test that the Charity Commission has, by requiring the applicant to detail the significant patient benefit provided and discussing alternative sources of funding that have been explored and establishing value for money.

Mrs Llewelyn stated through the development of annual expenditure plans by the fund managers, the charity is hoping to move to a more proactive position with regards to replacement equipment.

Mr Huw Thomas clarified that funding was very rarely granted to replace 'like with like', generally equipment that was replaced was also improved.

Mr Huw Thomas also highlighted that the threshold used to make decisions employed by the NHS frequently changed.

Mrs Lewis detailed how she is conscious rationalising decisions on spending on particular equipment items which should be funded by the NHS, especially considering her role at Board.

For clarification purposes, Mrs Llewelyn referred to the Charity Commission guidance with all as follows: *Charities can use charitable funds to supplement or subsidise public services where it is within their objects, and in the interest of its beneficiaries and there is clear justification for doing so.*

Mrs James confirmed the decision making guidance shared by Mrs Llewelyn was important from a governance perspective.

Mrs Raynsford requested that the Corporate Trustee Training session, scheduled for January 2025 should include scenarios and examples to draw out issues around where potential conflicts of interest may arise. Mrs Sian-Marie James agreed to link in with Mrs Llewelyn regarding this.

NL/SMJ

Mrs Llewelyn further stated that Charity Commission guidance regarding decision making is concerned with how a decision was made and the impact of public benefit. The new business case templates help to draw out the charitable benefits and the patient impact, and serve to document that evidence and draw out any potential conflict of interest Members may have when navigating their role at CFC and Board.

**Decision:** The Charitable Funds Committee **DISCUSSED** the Overview of HDdUHB Capital Programme presentation.

#### CFC(24)73 **Update on the Development of Therapeutic Gardens at Prince Philip Hospital**

Mrs Llewelyn presented the update outlining how a Cost Advisor had been appointed and that the Development Approval Form (DAF) which

had been developed by the design team has aligned the project cost of £147,000 as the correct market rate.

Mrs Llewelyn further detailed, there are sufficient funds held in the Bryngolau, Mynydd Mawr and appeal funds to cover these costs and that procurement has provided advice and early engagement with the framework contractor to look at the social value of the scheme. The funding proposal should be ready for consideration at the CFC meeting on 18 March 2025.

Mr Christopher Thomas provided further information regarding the social value and community benefits, detailing that the contractor will be utilising their apprentices for elements of the work and contacting their supply chain to establish whether materials can be provided at cost.

Mrs Raynsford raised the issue that there had been a recent Health Education and Improvement Wales (HEIW) inspection regarding the current state of the gardens with significant safety issues for patients, and queried whether there were any implications on the safety risks for patients and whether any of the remedial works would impact the scheme.

In response, Mr Neil Mason stated that the remedial works recently undertaken would not impact the overall improvement project. And confirmed, in response to Mrs Daniel's query that the work had already been completed.

Whilst welcoming the development of the gardens from a patient experience point of view, Mrs Lewis expressed concerns regarding the cost of the project. Mrs Lewis requested clarification on whether potentially extraneous groundwork was being included into the scheme.

Mr Christopher Thomas confirmed there were some groundworks within the current scheme where tree roots were protruding through the tarmac and needed to be rectified.

Mr Mason further clarified that there was a large section of raised beds that were unsafe and suggested that perhaps this could be categorised as groundwork. In addition, there may be an element of flattening a surface because patients included the frail and elderly as well as those with dementia required level ground, otherwise colour contrasts would be required, due to the fact that individuals with deficits in depth perception in vision would be unable to perceive a step so require a stark colour contrast.

Mrs Lewis believed that the anticipated costs of nearly £150,000 for outside garden work outweighed the limited benefit and social payback.

Mr Christopher Thomas cited that a cost consultant had been employed and the feedback received is that the costs allocated are in line with what you would expect from a competitive tender with current contractors.

Mr Huw Thomas stated that ground works in the scheme would need to be wholly and necessarily related to the scheme itself and not remedial works that should have been completed by the NHS.

Mr Huw Thomas believed that there was a complexity to this scheme and suggested Mr Andrew Carruthers be approached to act as an Executive Health Board Lead, which should provide an independent assessment of the project costs. Mr Carruthers would be asked to provide Executive scrutiny of the scheme, looking at value for money and any social impacts. In order to prevent further delays in the project progress, Mrs Llewelyn agreed to liaise with Mr Carruthers on this.

AC/NL

Mrs Lewis requested that in addition that a clearer commitment around the social component be established as the scheme provided a great opportunity for collaboration with the local community at PPH.

Mrs Raynsford noted that the CFC would be advising the Board of the learning in regards to this scheme.

**Decision:** The CFC **NOTED** the update on the plans for the development of therapeutic and dementia-friendly gardens for Mynydd Mawr and Bryngolau Wards at Prince Philip Hospital (PPH).

CFC(24)74 **Interim Review of Charitable Funds Financial Administration and Governance Procedure**

Mrs Llewelyn outlined that the eligibility criteria of the charity forms part of the financial procedure. Therefore, this is an interim review of the financial procedure which has been undertaken prior to a full review of the procedure before October 2025.

Mrs Llewelyn presented the proposed amendments concerning the financial procedure around higher award study, study leave, tolerance threshold and expenditure eligibility criteria.

Mrs Llewelyn highlighted that the Corporate Governance Policy Team has advised that consultation will be required due to the nature of changes being proposed.

Mrs Llewelyn requested that were the committee to approve today, consultation could then be undertaken and any comments received, would be considered and approved via a Chairs Action. The Committee agreed to this proposed course of action.

CSO/  
NL

Mr Iwan Thomas complemented Mrs Llewelyn on the clear timeline outlined in the report which provided assurance for all the information to return to CFC in March 2025.

Mrs James drew attention to the clarity provided regarding charitable expenditure and agreed from a policy perspective this should be subject to a consultation.

**Decision:** The Charitable Funds Committee **CONSIDERED** and **APPROVED** the proposed amendments to the Charitable Funds Financial Administration and Governance Procedure outlined within the report, subject to the required consultation process being undertaken.

*Mrs Anna Lewis left the meeting.*

#### CFC(24)75 **Review of the Hywel Dda Health Charities Fundraising and Communications Activities**

Mrs Llewelyn reported how, in 2020, in line with the three-year strategy, the CFC agreed to increase investment in the Fundraising Communications Team. The review undertaken outlines the benefits and impact of the fundraising and communications function of the charity. The aim of the fundraising communications team is to enhance patient care through raising awareness, proactively generating funds and supporting others to donate.

Mr Matthew Pearce and Ms Tara Nickerson presented the fundraising team's five-year strategic focus and objectives to the CFC. Including details of successful events such as raising approximately £25,000 via the Cardiff Half Marathon, partnership with the Long Course weekend that has raised over £30,000 to date, and the Zip Line Challenge.

Ms Nickerson outlined how the Free Wills month every October has resulted in over £87,000 being pledged to the charity to date.

Mr Pearce detailed how communications focuses on increasing the visibility of the charity and by telling compelling stories to engage people and encourage donations. The team works to achieve exposure by creating a visible, recognisable brand across multiple media channels, flagging how people need to have encountered a charity 17.3 times before they engage with it.

In response to Mrs Daniel's query regarding the Free Will pledges, Ms Nickerson confirmed these were pledges which the team then provide stewardship to and hopefully increase.

Mrs Daniel enquired how the charity was covering the costs and ensuring a return in investment from high-cost mass participation events. Ms Nickerson acknowledged the increasing cost of charitable packages for these events and detailed how the fundraising team has changed their marketing to recruit participants with their own place in such events already. Furthermore, for next year's Cardiff Half and the Zip Line Challenge, the charity will be introducing registration fees.

Mrs Llewelyn highlighted that the non-pay related costs of the charity have been fixed over the last few years and that budgets are currently being reviewed and that the financial plans for next year will return to the CFC meeting on 18 March 2025 for consideration.

Mrs Raynsford stressed the need to make expectations explicit to people fundraising in big events.

Mrs Raynsford thanked the team for all their hard work behind the scenes to make events successful.

*Ms Tara Nickerson and Mr Matthew Pearce left the meeting.*

Mrs Raynsford acknowledged the discussion concerning benchmarking that had occurred under item CFC(24)69 and requested the CFC to further scrutinize the report information and whether they are content with the level of return on investment.

Mr Huw Thomas detailed the apparent decline and the need to see a significant increase in terms of fundraising income, stating there was a need to take this discussion back into the Executive Team and whether investment income could be better deployed.

However, Mrs Raynsford believed this was a discussion that needed to be presented to the Corporate Trustee.

Mr Iwan Thomas cited the current economic conditions as exceptional and that there was a need for ongoing communication and promotion to generate funds from communities and the wider public. Nevertheless, there was a need for performance and to set more measurable targets.

Mrs Raynsford agreed with Mr Iwan Thomas' viewpoint and the need for goals, workplan and delivery and that the decision should go to both the Corporate Trustees and the Executive Team.

In response to a query from Mrs Daniel, Mrs Llewelyn confirmed that the report figures were relating to six-month figures only and upcoming figures for the whole year were significantly more favourable.

Mrs James referred to governance issues and a need to pursue correct processes. Mrs James further stated there was a need to review a full financial year.

Mrs Daniel emphasised the impact of the pandemic and economic challenges and enquired what should be the baseline year.

Mrs Llewelyn stated it was possible to analyse over a number of years and examine fundraising income, acknowledging that all costs, including governance and support, have been reported as fundraising costs, however this was now separate.

NL/TJ

Mrs Raynsford advised that further work would need to be undertaken to reflect the full years activity and its value.

NL/TJ

Mrs Llewelyn and Mr John agreed to work with relevant CFC Executives towards developing financial forecasts and workplan for over the next 12-month period.

The CFC agreed to advise the Board that following a review, an update will be presented to the CFC to reflect the years activity and the value provided.

**Decision:** The Charitable Funds Committee:

- **DISCUSSED** the review of Hywel Dda Health Charities' fundraising and communications activities and
- **SCRUTINISED** the information provided on the return on investment of Hywel Dda Health Charities' fundraising costs.
- **CONSIDERED** whether they were content with the level of return on investment.
- **DISCUSSED** the most appropriate benchmark to monitor HDdHC's future fundraising performance.

#### CFC(24)76 **Charitable Funds Sub-Committee Update Report**

Ms Carly Hill detailed the Charitable Funds Sub-Committee (CFSC) Update Report relating to the meetings of 17 September and 7 November 2024, in summary there were no matters to alert, no matters to advise and four points of assurance included within the report.

Ms Hill highlighted the shared learning regarding a funding request regarding internationally educated nurses, where previous earlier requests had yet to provide assurances. This potentially final request was scrutinised and supported to ensure consistency and equity across decisions and questions for assurance had been requested to return to the January 2025 CFSC meeting.

Ms Hill thanked Mrs Llewelyn and Mr John for their continued support to the CFSC, citing that the new templates had provided the benefit of additional scrutiny to funding applications.

Mrs Raynsford reflected on the very positive work of the CFSC and commended the inclusion of a mental health charitable request for young people.

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

#### CFC(24)77 **Charitable Funds Committee Risk Register**

Mr Huw Thomas suggested that three new areas of risk had been identified during the course of the meeting and a request was made for further consideration of these risks with a view of adding to the risk register:

- A fundraising income level risk and the need to demonstrate value to the public and donors to the charity from the investment in this function.
- A risk regarding stock market volatility.
- A risk that charitable expenditure is adequately maintained, especially when pertaining to estates. Future grants to have a written requirement for ongoing maintenance, to ensure the risk of ongoing costs are addressed.

Mrs James advised the first step would be to score these areas to ascertain whether they were above a certain threshold and such whether they require reporting to the CFC via the risk register.

Mrs Llewelyn agreed to complete risk assessment templates for consideration by Mrs Daniel.

NL/  
TJ

CFC(24)78 **Charitable Funds Committee Annual Work Programme**

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

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

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

CFC(24)79 **MATTERS AND RISKS FOR ESCALATION TO THE BOARD**

- 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 CFC would be advising the Board in regards to learning from the Update on the Development of the Therapeutic Gardens scheme at Prince Philip Hospital and the risks that funded projects are not adequately maintained, especially when pertaining to estate schemes.
- A risk regarding stock market volatility.

CFC(24)80 **ANY OTHER BUSINESS**

Mr Anthony Dean requested whether the terms of reference for the CFSC allowed for a staff representative to be a member.

Mrs Raynsford, considered this an excellent proposal and requested this be enacted for the next CFSC. Mr Dean to advise regarding a representative.

CH/  
AD/NL

CFC(24)81 **DATE AND TIME OF NEXT MEETING**

18 March 2025; 09:30 - 12:15.

1.5

09:52, 5 Mins

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1.5 - Matters Arising and Table of Actions from the Charitable Funds Committee Meeting held on 13 December 2024

*Delyth Raynsford  
(Hywel Dda UHB -  
Independent  
Member)*

| For approval

**Attachments**

[Draft CFC Table of Actions 13 December 2024 V1 - for 18 March 2025 meeting.pdf](#)

**TABLE OF ACTIONS FROM  
CHARITABLE FUNDS COMMITTEE MEETING  
13 DECEMBER 2024**

<b>MINUTE REF</b>	<b>ACTION</b>	<b>LEAD</b>	<b>TIME SCALE</b>	<b>PROGRESS</b>
<b>CFC(24)38</b>	<b>UPDATE ON THE CONSTRUCTION AND ARRANGEMENTS OF THE HYDROTHERAPY POOL AT THE PENTRE AWEL VILLAGE, LLANELLI</b> To feedback the outcome of the discussion at Executive Team to the CFC Chair and Vice Chair and agree the next steps.	<b>HT/S-MJ</b>	<b>September 2024</b>	<b>Complete:</b> Mr Huw Thomas provided the Executive Team update as recorded in CFC minutes.  Mrs Sian-Marie James updated the Committee regarding the ongoing MOU discussions as recorded in CFC minutes.
<b>CFC(24)53</b>	<b>Update on Expenditure. Bronglais Hospital Fibroscan Ultrasound</b> To discuss utilising the outreach service to improve access to the Fibroscan Ultrasound across the Health Board.	<b>SD/DB</b>	<b>March 2025</b>	<b>In progress:</b> Meeting scheduled to take place January 2025. SD to update at the next CFC meeting.
<b>CFC(24)66</b>	<b>Ratification of Charitable Funds Decisions by the Corporate Trustee</b> To clarify with the Director of Corporate Governance whether there is a requirement for these reports to return to CFC from the Corporate Trustee in future.	<b>HT</b>	<b>January 2025</b>	There is no requirement for items which have been agreed by the Corporate Trustee to then be brought back to the CFC. This is on the basis that the CFC is a reporting Committee of the Corporate Trustee.
<b>CFC(24)69</b>	<b>Integrated Hywel Dda Health Charities Performance Report.</b> To meet prior to the March CFC meeting to scrutinise and discuss the Performance Report further.	<b>HT &amp; SD</b>	<b>March 2025</b>	Meeting concluded. Agreed that a review of the fundraising performance will be undertaken within 12 months to assess the sustainability of the current model.

<b>CFC(24)69</b>	<b>Integrated Hywel Dda Health Charities Performance Report.</b> To refresh and revise the Integrated Performance Report, bringing in the outcomes of discussions regarding benchmarking and to ensure data is presented in a more effective way.	<b>TJ &amp; NL</b>	<b>March 2025</b>	Complete. Revised format of the Integrated Performance Report to be presented to the March 2025 CFC meeting.
<b>CFC(24)70</b>	<b>Hywel Dda Health Charity (HDDHC) Investment Advisor Update, CCLA.</b> To meet with Ms Daisy Mannifield to assess an 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.	<b>HT</b>	<b>March 2025</b>	Meeting has been arranged, and the outcome will be reported to the March Committee.
<b>CFC(24)72</b>	<b>Presentation: Overview of HDdUHB Capital Programme.</b> To ensure that the Capital Planning Team factor in VAT efficiencies as part of their planning for 2025/2026 and link in with both CFC and CF Sub Committee.	<b>ER</b>	<b>March 2025</b>	When developing the Capital Plans on an annual basis the Capital Planning Team will link in with the Finance and Charitable Funds Team to ensure that VAT recovery opportunities are maximised. Once the detailed plans for 2025/26 are completed they will be shared with both CFC and CF Sub Committee.
<b>CFC(24)72</b>	<b>Presentation: Overview of HDdUHB Capital Programme.</b> To identify scenarios and examples to draw out issues around where potential conflicts of interest may arise ahead of the scheduled Corporate Trustee Training session.	<b>NL / SMJ</b>	<b>March 2025</b>	Complete. Case studies incorporated into the Corporate Trustee Training session.
<b>CFC(24)73</b>	<b>Update on the Development of Therapeutic Gardens at Prince Philip Hospital.</b> To contact Mr Andrew	<b>NL</b>	<b>January 2025</b>	Complete. Mr Andrew Carruthers has scrutinised the scheme and is

	Carruthers to act as an approach Executive Health Board Lead in order to provide an independent assessment of the project costs.			attending the March 2025 CFC meeting for this agenda item.
<b>CFC(24)74</b>	<b>Interim Review of Charitable Funds Financial Administration and Governance Procedure</b> Comments received as part of the global consultation to be approved via Chairs Action.	<b>NL/ CSO</b>	<b>March 2025</b>	Complete. SBAR submitted to the March 2025 CFC meeting for consideration rather than via Chair's Action.
<b>CFC(24)75</b>	<b>Review of the Hywel Dda Health Charities Fundraising and Communications Activities.</b> Further work to be undertaken to reflect the full year of activity and its value.	<b>NL &amp; TJ</b>	<b>March 2025</b>	Complete. M10 income figures to be reported to the March 2025 CFC meeting.
<b>CFC(24)75</b>	<b>Review of the Hywel Dda Health Charities Fundraising and Communications Activities.</b> To work with relevant CFC Executive members towards developing financial forecasts and workplan moving forward.	<b>NL &amp; TJ</b>	<b>March 2025</b>	Complete. HT & SD agreed that a review of the fundraising performance will be undertaken within 12 months to assess the sustainability of the current model.
<b>CFC(24)77</b>	<b>Charitable Funds Committee Risk Register</b> To complete risk assessment templates for the three suggested risks for consideration by Mrs Daniel.	<b>NL &amp; TJ</b>	<b>January 2025</b>	Complete. Agenda item for the March 2025 CFC meeting.
<b>CFC(24)80</b>	<b>Any Other Business</b> To discuss including a staff representative as a member to CFSC.	<b>CH/AD/NL</b>	<b>January 2025</b>	Complete. AD has joined the CFSC and attended his first meeting in January 2025.

1.6

09:57, 0 Mins

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

*Delyth Raynsford  
(Hywel Dda UHB -  
Independent  
Member)*

| For approval

2 - APPROVAL OF CHARITABLE FUNDS  
EXPENDITURE

2.1

09:57, 15 Mins

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2.1 - Hydrotherapy Pool at the Pentre Awel  
Village, Llanelli

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

| For approval

**Attachments**

[SBAR CFC - Pentre Awel Hydrotherapy Pool Update - 18 March 25 FINAL v2 \(~.pdf\)](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Pentre Awel Hydrotherapy Pool Collaboration Agreement and Release of Funds to Carmarthenshire County Council
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Anwen Pearce, Capital Programme Manager – Planning

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to provide the Charitable Funds Committee (CFC) with an update on the agreed Hydrotherapy Pool Collaboration Agreement between Hywel Dda University Local Health Board (HDdUHB) and Carmarthenshire County Council (CCC).

Following Executive Team endorsement on 5 March 2025, the CFC is being asked to take assurance of the agreed operational arrangements of the Hydrotherapy Pool in order for the funds totalling £1,543,382 currently held by HDdUHB relating to the J C Williams Trust (Elizabeth Williams Endowment) and the funds raised by the external Llanelli Hydrotherapy Pool Charity (HPC), being released to CCC to contribute towards the construction costs.

Subject to the CFC endorsement, the Board, in its role as Corporate Trustee of the Hywel Dda Health Charities (HDdHC), will be asked to agree the transfer of the funds to CCC at such time as the Collaboration Agreement between HDdUHB and CCC is agreed and signed.

**Cefndir / Background**

Below is a timeline breakdown of the key activity:

- In 2012, Pittsburgh National Corporation Financial Services (PNC) (on behalf of the JC Williams Trust) agreed to provide a financial contribution to the development of a Hydrotherapy Pool at the Heol Goffa, Llanelli site from its Elizabeth Williams Endowment Fund.
- On 15 March 2018, the CFC received a position paper from Carmarthenshire County Director and Commissioner relating to the development of a Hydrotherapy Pool at the Pentre Awel site (of note: discussions by this time had moved on from the Heol Goffa site in 2012, where a more appropriate site was identified – Pentre Awel). At this meeting, the Committee supported the recommendation to proceed and progress

discussions with PNC to agree the next steps to draw down the capital funding held in the USA.

- On 3 October 2018, the CFC received a report from the Director of Strategic Partnerships and Corporate Services following its correspondence with PNC in order to begin the process of drawing down funds. The HDdUHB was asked to demonstrate that it had enacted its responsibilities relating to the Plan and Articles of the Elizabeth Williams Endowment Fund and that it would comply with Article I (Purpose) and Article IV (Duties). The Administrative Committee (AC) was asked to consider and re-affirm its proposal (CFC 15 March 2018) for the development of the Hydrotherapy Pool at the Pentre Awel site.
- At the CFC meeting held on 15 September 2020, it was agreed that the £303,230 donation held by the Hydrotherapy Pool Committee (HPC) should be accepted in support of the Hydrotherapy Pool at the Pentre Awel development.
- On 10 March 2021, an AC for the JC Williams (Elizabeth Williams Endowment) Fund convened and approved the proposal for the development of a Hydrotherapy Pool at the Pentre Awel Village and confirmed the HDdUHB's compliance with the JC Williams (Elizabeth Williams Endowment) Fund's Plan and Articles, for the use of those funds to develop the Hydrotherapy Pool service.
- The funds of £303,230 raised by the external Llanelli Hydrotherapy Pool Charity (HPC) was released to HDdHC in October 2022.
- J C Williams Charitable Trust (Elizabeth Williams Endowment) of £1,216,594 was released to HDdHC on 28 March 2023.
- A condition of the release of funds was that the monies allocated would benefit the population of Llanelli.

### **Asesiad / Assessment**

Pentre Awel is a multi-million-pound economic regeneration development across 83 acres of land in South Llanelli, which is led by CCC with an aim to create a new landmark infrastructure project that provides facilities for business, research, education, community healthcare, leisure and assisted living and establish an 'ecosystem' for life sciences. The HDdUHB is leasing part of the site for a Clinical Delivery Unit (CDU) to provide a range of therapy, nursing, audiology clinics, as well as research and development opportunities to develop health focused education and training opportunities and improved population health and wellbeing across all five stages of life. The HDdUHB will also provide services from the Hydrotherapy Pool.

The HDdUHB's therapy service propose to utilise the Hydrotherapy Pool for rehabilitative and therapeutic interventions for ten sessions per week (Monday-Friday 08.30-17:30). This reflects the aim to work across traditional boundaries to create better outcomes for our population and efficiencies. The integrated pathways created will maximise the adjacencies of the CDU, Hydrotherapy Pool and wider leisure facilities (including the gymnasium).

A significant amount of collaboration has been undertaken between the HDdUHB and CCC, supported by consultants ARUP, in developing the specifications and costings for the development of the Hydrotherapy Pool at the Pentre Awel development in Zone 1.

Construction of Zone 1 Pentre Awel began in March 2023 and is due to be completed by mid-May 2025, with the CDU due to be completed in early 2026.

A Hydrotherapy Pool Joint Working Group has been established with CCC and the HDdUHB to discuss and agree the operational and maintenance requirements of the Hydrotherapy Pool. A draft Hydrotherapy Pool Procedures document has been developed with input from CCC Leisure and HDdUHB Physiotherapy colleagues. This document will continue to evolve over the coming months as the Commissioning Plan develops and the Hydrotherapy Pool becomes operational.

The HDdUHB has commissioned Legal & Risk Services to draft the Collaboration Agreement given its significance. The Board, in its role as Corporate Trustee of HDdHC will be asked to approve the release of the Charitable Funds to CCC subject to the Collaborative Agreement being finalised. Subject to agreement by both parties, it is anticipated that the Collaboration Agreement will be finalised in this financial year (2024/25) with a view to the funding being released. Once finalised the Collaborative Agreement will be signed under seal by the Chair and Chief Executive Officer (CEO).

The shortfall in the capital funding for the construction of the Hydrotherapy Pool totalling £359,000 was funded by Welsh Government (WG) through End of Year Slippage directly to CCC. The HDdUHB also received End of Year slippage funding to fund the equipment costs of the Hydrotherapy Pool and the CDU at Pentre Awel.

### Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

- **TAKE 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.
- **CONSIDER** and **RECOMMEND 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.
- **NOTE** 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.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y  
Pwyllgor:

4.19 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.

4.20 Consider and recommend for approval to the Board in its capacity as Corporate Trustee all requests for expenditure over £100,000 against named charitable

	<p>funds, within the scheme of delegation for authorisation of charitable funds expenditure.</p> <p>4.21 Provide scrutiny with a view to approving or rejecting all requests for expenditure, regardless of value, for the following expenditure types:</p> <ul style="list-style-type: none"> <li>• Research and development expenditure.</li> <li>• Pay expenditure.</li> <li>• Requests of any nature resulting in ongoing charitable funds commitment.</li> </ul>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	<ol style="list-style-type: none"> <li>1. Staying Healthy</li> <li>3. Effective Care</li> <li>6. Individual care</li> <li>7. Staff and Resources</li> </ol>
Amcanion Strategol y BIP: UHB Strategic Objectives:	<ol style="list-style-type: none"> <li>1. Starting and developing well</li> <li>2. Living and working well.</li> <li>3. Growing older well.</li> <li>5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel &amp; waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan</li> </ol>
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	<ol style="list-style-type: none"> <li>2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS</li> <li>4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives</li> <li>5. Offer a diverse range of employment opportunities which support people to fulfill their potential</li> <li>8. Transform our communities through collaboration with people, communities and partners</li> </ol>

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<p>The design development work has been undertaken by ARUP Limited based on consultations held with representatives of Hywel Dda University Health Board (HDdUHB) and Carmarthenshire County Council (CCC).</p> <p>The work has been benchmarked against best practice design for hydrotherapy facilities. This has included reference site visits to facilities in Cardiff, Star College and Bath University Hospital, and desktop/market research of hydrotherapy pools and associated equipment, including HydroWorx, Hippo Leisure and Dolphin Mobility.</p>
Rhestr Termau: Glossary of Terms:	All terminology is explained within the report.
	Pentre Awel CCC Project Board and Sub-Groups Pentre Awel HDdUHB/CCC Hydrotherapy Working Group

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Ymddiriedolwr Corfforaethol: Parties / Committees consulted prior to the Corporate Trustee	HDdUHB Charitable Funds Committee CCC, Council Management Team CCC, Preliminary Executive Board CCC Executive Board
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	There are two elements which will provide the capital to construct and fit out the Hydrotherapy Pool at Pentre Awel:  1. The Charitable funds held by the HDdUHB totalling £1,543,382, received from the Llanelli Hydrotherapy Pool Committee and the JC Williams Trust. 2. £359,000 received by CCC from Welsh Government End of Year slippage.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Services delivered will focus on wellness and not on illness and therefore on living and staying healthy and independent longer. When care is required, the person will be placed at the centre of decision making and enabled to take a key role in that process.
<b>Gweithlu:</b> <b>Workforce:</b>	The staffing for the Hydrotherapy pool clinical operation will be provided by Hywel Dda University Health Board.  Maintenance operation will be provided by Carmarthenshire County Council.
<b>Risg:</b> <b>Risk:</b>	Project Board has delegated responsibility for the management of risk to the Project Management Office.
<b>Cyfreithiol:</b> <b>Legal:</b>	Legal agreement developed to satisfy the conditions of the Trust fund.  Legal framework provided within the Collaborative Agreement formed between CCC and the HDdUHB.
<b>Enw Da:</b> <b>Reputational:</b>	The plan to develop a hydrotherapy pool in Llanelli has been under consideration for a number of years. To deliver a state of the art facility will be positive for the Health Board and will provide improved opportunities and capacity for rehabilitation within the community.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Data systems used within Pentre Awel will be based on the Public Sector Broadband Aggregation (PSBA). Discussions have been undertaken between Carmarthenshire County Council and HDdUHB Informatics Department to maximise opportunities for joint working whilst ensuring cyber security.  Detailed planning will ensure appropriate, future proofed infrastructure is created.

**Cydraddoldeb:  
Equality:**

Has EqIA screening been undertaken? Yes

Consideration has been given to protected equality groups as part of the Health Impact Assessment (HIA) in order that these demographic cohorts are given 'due regard' within the business and service planning processes for Pentre Awel. The HIA sought to establish a suitable evidence base, gathering quantitative and qualitative data about those with protected characteristics, in order that a robust assessment can be made about the positive and negative impacts the development may have on those categorised as vulnerable or disadvantaged.

### 3 - PERFORMANCE

## 3.1

10:12, 15 Mins

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### 3.1 - Integrated Hywel Dda Health Charities Performance Report

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

| For approval

#### **Attachments**

[SBAR IP Report CFC March 2025 \(HT\).pdf](#)

[Annex 1 IP Report CFC March 2025 \(HT\).pdf](#)

[Annex 2 Workplan Update Dec 24-Feb25 \(HT\).pdf](#)

[Annex 3 Highlights at HDdHC March 2025 \(HT\).pdf](#)

[Annex 4 Expenditure Survey Results Jan-June 2024 \(HT\).pdf](#)

[Annex 5 2025.26 Workplan CFC March 2025 \(HT\).pdf](#)

## PWYLLGOR CRONFA ELUSENNOL CHARITABLE FUNDS COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda Health Charities Integrated Performance Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tim John, Head of Accounting & Statutory Reporting Nicola Llewelyn, Head of Hywel Dda Health Charities

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

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

Ar Gyfer Penderfyniad/For Decision

### 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 December 2024. 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 strategic objectives for 2023/28.

This report also provides the CFC with the charity's work plan for 2025/26, summarising the priority areas that will be progressed during the next financial year.

The report also provides the CFC with the charity's proposed governance, support and fundraising costs budget for 2025/26 for consideration and recommendation for approval to the Board in its capacity as Corporate Trustee.

#### 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 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.

The purpose of the CFC is:

- To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
- To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.
- To develop the strategy and objectives for 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 nine months ended 31 December 2024 are:

	9M to 31-Dec 2024 £	9M to 31-Dec 2023 £	Variance	Comment
<b>Incoming resources</b>				
Donations	571,270	564,143	7,127	
Legacies	406,252	1,340,949	- 934,697	£1,329,817 received last FY (Nov 23)
Grants receivable	34,952	30,924	4,028	
Investment income	431,523	272,265	159,258	
Income from other trading activities	13,494	10,991	2,504	
<b>Total income</b>	<b>1,457,491</b>	<b>2,219,271</b>	<b>- 761,780</b>	
<b>Resources expended</b>				
Expenditure on raising funds	219,547	231,410	- 11,863	
Charitable activities	722,870	1,047,601	- 324,731	
Support Costs	135,282	132,510	2,772	
Governance costs	60,800	58,699	2,101	
<b>Total expenditure</b>	<b>1,138,499</b>	<b>1,470,221</b>	<b>- 331,722</b>	
<b>Net incoming/(outgoing) resources before transfers</b>	<b>318,992</b>	<b>749,051</b>	<b>- 430,058</b>	
Gains/(losses) on investment assets	- 14,132	557,396	- 571,528	
<b>Net movement in funds</b>	<b>304,860</b>	<b>1,306,447</b>	<b>- 1,001,586</b>	
<b>Opening reserves</b>	<b>11,994,235</b>	<b>11,945,842</b>	<b>48,394</b>	
<b>Closing reserves</b>	<b>12,299,095</b>	<b>13,252,288</b>	<b>- 953,193</b>	
	31-12-2024	31-12-2023	Variance	
	£	£	£	
Investments	9,109,892	8,864,624	245,268	
Cash at bank	6,608,469	6,760,194	- 151,724	
<b>Benchmarks</b>	£	£		
Income generated for every £1 spent on fundraising	4.66	8.43		
Amount available to spend on grants for every £1 raised or donated	0.71	0.81		

## 1.1 Donations

	9M to 31-Dec 2024 £	9M to 31-Dec 2023 £	Variance	% Variance
<b>Incoming resources</b>				
Donations	571,270	564,143	7,127	1.3%

Income from donations for the nine month period ending 31 December 2024 is consistent with the same period in the previous financial year and reasonable when compared to performance in previous years.

Donations in the year ending March 2023 were exceptionally high due to the Bronglais Chemo Appeal (£727k).

In the current year 2024/25, to date 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 9 M/e 31 December 2024

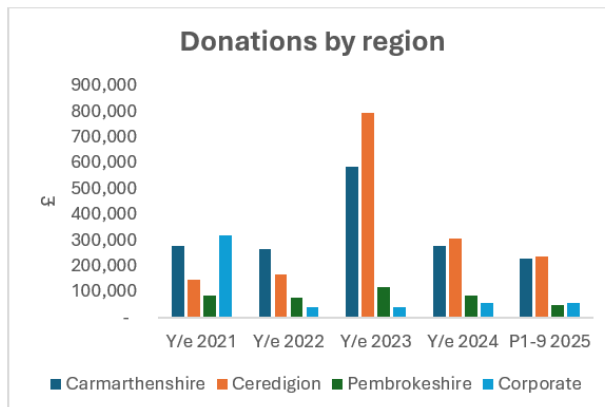


Figure 2: Annual donations from 2021/22 to 9 M/e 31 December 2024 split by region

## 1.2 Legacies

	9M to 31-Dec 2024 £	9M to 31-Dec 2023 £	Variance	% Variance	Comment
<b>Incoming resources</b>					
Legacies	406,252	1,340,949	- 934,697	-69.7%	A £1,329,817 legacy received in last FY (Nov 23)

Legacy income for the nine month period ending 31 December 2024 was £406k and includes three large legacies of £191k, £80k and £62k to Ceredigion and Carmarthenshire funds. Income has however decreased significantly compared with the same period in the previous financial year due the large £1.3m legacy that was received in the year ending March 2024.

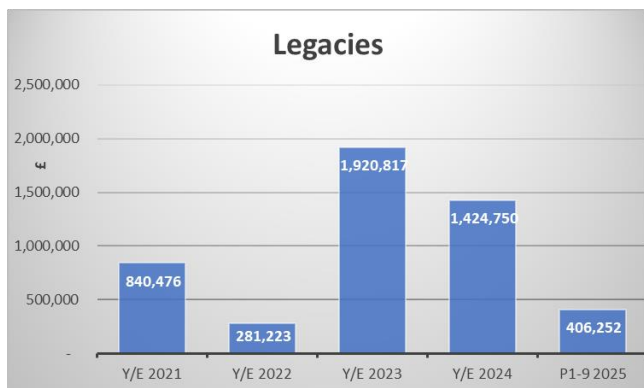


Figure 3: Legacy income from 2021/22 to 9 M/e 31 December 2024

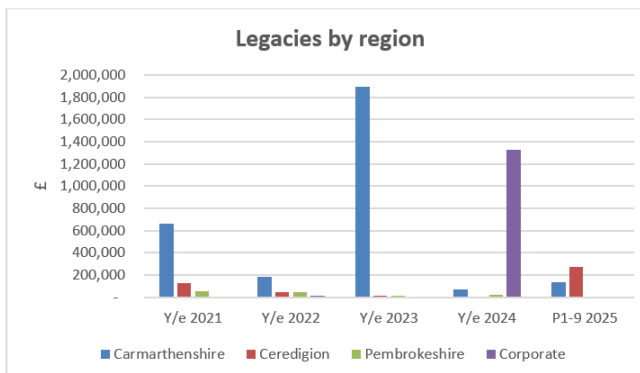


Figure 4: Legacy income from 2021/22 to 9 M/e 31 December 2024 split by region

### 1.3 Fundraising efforts

During 2024/25 every effort has been made to stabilise the charity's income levels with our efforts focused on areas such as:

- Strengthening donor engagement through personalised communications and targeted campaigns.
- Increased storytelling on how charitable donations are spent and the impact of this investment.
- Increased charity visibility across the HDdUHB estate and the introduction of contactless donation stations to increase reach and attract new supporters.
- Reviewing structure to ensure efficiency and cost-effectiveness.

Although income levels are beginning to stabilise, there has not been a significant increase in income levels to date during 2024/25. Income levels will continue to be monitored during 2025/26, and a further review of fundraising performance will be undertaken within 12 months to assess the sustainability of the current model. Consideration will also be given to commissioning an external review of the charity's operations, performance and future income generating potential.

## 2. Expenditure and Commitments

The following table summarises charitable expenditure to 31 December 2024:

Expenditure	2022-23 (£)	2023-24 (£)	As at 31 December 2024	
			2024-25 (£)	2024-25 %
Support & governance costs	111,643	255,022	196,082	21.3%
Medical and surgical equipment	273,189	759,159	388,165	42.2%
Office and computer equipment	39,305	86,223	40,107	4.4%
Building and refurbishment	66,985	1,394,762	145,263	15.8%
Staff education/ welfare	97,603	186,759	48,904	5.3%
Patient education/ welfare	126,475	411,174	56,397	6.1%
Miscellaneous	84,532	61,090	44,034	4.8%
<b>Total (£)</b>	<b>799,732</b>	<b>3,154,189</b>	<b>918,952</b>	<b>100%</b>

For clarity on the nature of expenditure and commitments, these can be defined 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.

The support and governance costs figure above does not include fundraising costs. For the nine month period ending 31 December 2024, fundraising costs were £219,547.

Notable expenditure incurred to 31 December 2024 (spend in **bold** took place in the current quarter):

### Medical and surgical equipment

- Verathon Bladder Scanners GGH (£22,851)
- Accuvein vein viewing system WGH (£9,075)
- 6 Paxman cooling units (£113,208)
- **Aquilant Elus Mini Probe Radial Scanner WGH (£48,265)**
- **Oceanis birthing pool BGH (£14,159)**
- **2 x ECG machines WGH (£16,800)**
- **Verathon Bladderscan i10 system BGH (£9,913)**
- **BasicLine 2 therapy chairs GGH (£45,468)**
- **Phillips Electronics Intellivue MX450 (GGH £16,878)**
- **Teal furniture reclining chair BGH (£7,634)**
- **LATP GMotio biopsy motorised chair GGH (£18,723)**

### Building and refurbishment

- Enhancement to outpatient area at BGH CDU (£115,779)
- **Pharmacy staff rest room works GGH (£22,608)**

### 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 ICUs (£7,200)
- Recharged staff costs for 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

In March 2024, the Charitable Funds Committee approved a total governance and support costs budget of £588,167 for the 2024/25 financial year.

For the nine month period ending 31 December 2024, the reported position for finance and fundraising costs was an underspend of £28,496 as per the table below:

		Annual Budget 2024-25	Budget to 31/12/2024	Actual Costs to 31/12/2024	(Under) / Over budget to 31/12/2024
Finance		103,344	77,508	77,508	0
Fundraising team	Pay	421,713	316,285	298,138	(18,147)
Fundraising	Non Pay	46,910	35,183	27,833	(7,349)
Audit		16,200	12,150	12,150	0
<b>Total</b>		<b>588,167</b>	<b>441,125</b>	<b>415,629</b>	<b>(25,496)</b>

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

	<b>Restricted/ Unrestricted Funds (£)</b>	<b>Endowment Funds (£)</b>	<b>Overall Total (£)</b>
Investment Income	(380,660)	(50,863)	(431,523)
Governance & Support - Finance, Fundraising & Support Team	403,479	0	403,479
Audit Fees	12,150	0	12,150
Investment (Gains) & Losses	10,349	3,783	14,132
<b>(Surplus) / Deficit</b>	<b>45,318</b>	<b>(47,080)</b>	<b>(1,762)</b>

For clarity on the nature of dividends and interest earned by 'unrestricted', 'restricted' and 'endowment' funds, these can be defined 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 gains) across funds of £45,318 for the period ending 31 December 2024.

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 December 2024.
- Investment performance.
- Material commitments to 31 December 2024.
- Proposed finance team budget 2025/26

### **3. Hywel Dda Health Charities Work Plan 2024/25**

Attached at Annex 2 is a summary of the progress made on the delivery of the charity's 2024/25 work plan.

Attached at Annex 3 is a summary of notable activities and key achievements presented in the spring 2025 highlights from the fundraising and communications support team document.

Attached at Annex 4 is a summary of the feedback received from services who received charitable funds approval for applications up to the value of £10,000 between January to June 2024.

### **4. Work plan for 2025/26**

Attached at Annex 5 is the charity's work plan for 2025/26, summarising the priority areas that will be progressed during the next financial year.

The CFC is asked to note the content of the workplan and priority areas in the context of the strategic objectives 2023/28 approved by the CFC in November 2022:

- Making a difference: Funding services and activities above and beyond what the NHS can provide.
- Fundraising and communications: Stabilising our income levels and conveying the impact of our work.
- Maximising the contribution: Making the best use of our resources to maximise our impact.

Looking forward to 2025/26, we will continue to adapt and review our fundraising approaches to explore and develop new fundraising opportunities and strengthen donor attracting, engagement and retention.

We will be implementing the following measures that aim to stabilise and increase the charity's financial performance:

- Introducing a new charity-led mass participation event to increase income and recruit new charity supporters.
- Identifying and applying for relevant funding opportunities from external grant-giving trusts and foundations to increase the charity's income.
- Proactively managing the caseload of pending legacies following probate. There are currently 20 open legacy cases with approximately £1.6m income pending.
- Tailoring our marketing materials to individual services, making it clear to our supporters that they can donate to the specific ward, service, department or hospital of their choice.

The workplan also summarises the charity's core day-to-day activities that align to each of the strategic objectives, focusing on raising and distributing funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across HDdUHB.

Progress against the priority areas for 2025/26 will be reported to the CFC on a quarterly basis via the Integrated Performance Report.

## **5. Governance, support and fundraising costs for 2025/26**

To ensure that the CFC is clear on its financial commitments for 2025/26, the Committee is presented with the charity's proposed governance, support and fundraising costs for 2025/26 for consideration and approval.

Governance and support costs consist of a recharge from HDdUHB towards the cost of the finance function as well as the statutory audit fee and the time spent by the fundraising team on support and governance roles.

The finance team costs for 2024/25 were £103,354 The proposed 2025/26 finance team recharge is £107,487, which is the 2024/25 recharge uplifted by 4% (see Annex 1 for further details)

This recharge is based on the time spent by staff involved in the finance function, including the charitable funds Accounts Assistant post which deals with queries and fund analysis, as well as a recharge for the time spent by other members of the Finance Team for the preparation of the annual report and accounts and subsequent external audit by Audit Wales thereon, attending meetings, provision of support in respect of ad hoc projects and a recharge for time spent by procurement, accounts payable and the general office.

Fundraising costs consist of the salary costs for the fundraising team and non-pay fundraising costs.

In 2024/25 the total fundraising budget (pay and non-pay) for the charity were £468,623. The proposed 2025/26 fundraising budget is £455,629, which is a reduction of £12,994 (2.8%) from the approved 2024/25 budget. The costs savings are due a vacancy within the fundraising team that will not be filled until the charity's income levels are stabilised.

Costs	WTE	2025/26 £	WTE	2024/25 £
Fundraising pay costs	7.8	408,719	8.7	421,713
Fundraising non-pay costs	-	46,910		46,910
<b>Total</b>		<b>455,629</b>		<b>468,623</b>

### Argymhelliad / Recommendation

The Charitable Funds Committee is requested to:

- **NOTE** the charity's financial performance to 31 December 2024.
- **NOTE** the progress made on the delivery of the charity's 2024/25 work plan.
- **SCRUTINISE** 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.
- **CONSIDER** and **RECOMMEND FOR APPROVAL** to the Board (in its capacity as Corporate Trustee) the proposed governance, support and fundraising costs budget for 2025/26.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Ledger reports and investment reports.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Fundraising Team

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The report sets out the financial position of the charity. Income generated from fundraising activities is a key source of income for Hywel Dda Health Charities. The charity is therefore duty bound to ensure that the correct controls and governance arrangements exist with regards to all aspects of fundraising.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Charity objects are in support of NHS services locally.
<b>Gweithlu: Workforce:</b>	Expenditure on governance and support costs (including fundraising and finance) included in Annex 1 of the Integrated Performance Report.
<b>Risg: Risk:</b>	Reputational risk if associated with unethical fundraising.
<b>Cyfreithiol: Legal:</b>	The charity's financial reporting is in line with charity law and guidance.
<b>Enw Da: Reputational:</b>	Reputational risk if associated with unethical fundraising.
<b>Gyfrinachedd: Privacy:</b>	No impact.
<b>Cydraddoldeb: Equality:</b>	No EqIA is considered necessary for a report of this type.



# **Annex 1**

## **Financial Performance**

### **Supplementary Information**

***Position as at 31 December 2024***



# 1: Statement of Financial Activity for the period ended 31 December 2024

HYWEL DDA LOCAL HEALTH BOARD									
CHARITABLE FUND REPORT - SUMMARY									
FOR THE PERIOD ENDING 31 DECEMBER 2024									
	Corporate	Acute Services	Carmarthen Community	Ceredigion Community	Pembrokeshire Community	Mental Health & Learning Disabilities	Other To be apportioned	Total	
	£	£	£	£	£	£	£	£	£
<b>Incoming resources</b>									
Donations	86,045	392,212	19,096	56,211	3,814	13,891	0	<b>571,270</b>	
Legacies	1,059	133,799	0	271,394	0	0	0	<b>406,252</b>	
Grants receivable	34,952	0	0	0	0	0	0	<b>34,952</b>	
Investment income	0	50,863	0	0	0	0	380,660	<b>431,523</b>	
Income from other trading activities	13,994	0	(500)	0	0	0	0	<b>13,494</b>	
Other incoming resources	0	0	0	0	0	0	0	<b>0</b>	
	<b>136,050</b>	<b>576,874</b>	<b>18,596</b>	<b>327,606</b>	<b>3,814</b>	<b>13,891</b>	<b>380,660</b>	<b>1,457,491</b>	
<b>Resources expended</b>									
Expenditure on raising funds	0	0	0	0	0	0	(219,547)	<b>(219,547)</b>	
Charitable activities	(53,051)	(487,240)	(33,917)	(119,601)	(5,122)	(23,938)	0	<b>(722,870)</b>	
Support Costs	0	0	0	0	0	0	(135,282)	<b>(135,282)</b>	
Governance costs	0	0	0	0	0	0	(60,800)	<b>(60,800)</b>	
Investment Management	0	0	0	0	0	0	0	<b>0</b>	
	<b>(53,051)</b>	<b>(487,240)</b>	<b>(33,917)</b>	<b>(119,601)</b>	<b>(5,122)</b>	<b>(23,938)</b>	<b>(415,629)</b>	<b>(1,138,499)</b>	
<b>Net incoming/(outgoing) resources before transfers</b>	<b>82,999</b>	<b>89,634</b>	<b>(15,321)</b>	<b>208,004</b>	<b>(1,308)</b>	<b>(10,047)</b>	<b>(34,969)</b>	<b>318,992</b>	
Gross transfers between funds	4,800	(4,800)	0	0	0	0	0	<b>0</b>	
<b>Net incoming/(outgoing) resources</b>	<b>87,798</b>	<b>84,834</b>	<b>(15,321)</b>	<b>208,004</b>	<b>(1,308)</b>	<b>(10,047)</b>	<b>(34,969)</b>	<b>318,992</b>	
<b>Gains/(losses) on investment assets</b>									
Realised and Unrealised	0	(3,783)	0	0	0	0	(10,349)	<b>(14,132)</b>	
<b>Net movement in funds</b>	<b>87,798</b>	<b>81,051</b>	<b>(15,321)</b>	<b>208,004</b>	<b>(1,308)</b>	<b>(10,047)</b>	<b>(45,318)</b>	<b>304,860</b>	
<b>Opening balance at 01 April 2024</b>	<b>1,389,231</b>	<b>7,192,447</b>	<b>2,797,423</b>	<b>247,489</b>	<b>137,486</b>	<b>230,160</b>	<b>0</b>	<b>11,994,235</b>	
<b>Closing balance at 31 December 2024</b>	<b>1,477,029</b>	<b>7,273,499</b>	<b>2,782,102</b>	<b>455,493</b>	<b>136,177</b>	<b>220,113</b>	<b>(45,318)</b>	<b>12,299,095</b>	

## 2: Investment Performance

As at 31 December 2024, the value of investments (excluding investment property) held by the charity was £8,917,742. The value of total funds held at the same date in 2024 was £8,679,561.

Funds are separated into two areas. Firstly, a fund tied to the permanent endowment fund for Pembrokeshire Cardiology Equipment of £2,386,929 and secondly a general charity fund of £6,530,813. The charity also currently holds £6,311,004 in a deposit account.

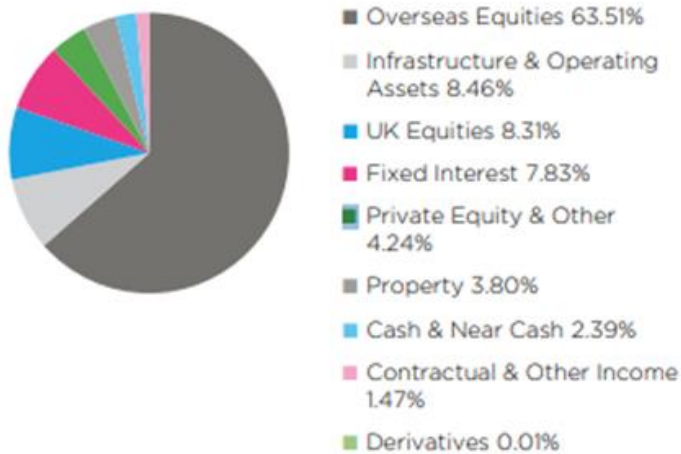
Over the quarter the Fund returned 0.70% compared with the comparator return of 4.84%. Over the last 12 months, the Fund returned 5.69% compared with the comparator return of 15.30%.

### Total return performance

Performance* to 31 December 2024	3 months	1 year	3 years p.a.	5 years p.a.
Ethical	+0.70%	+5.69%	+2.60%	+6.71%
Comparator	+4.84%	+15.30%	+5.51%	+7.40%

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 as at 31 December 2024



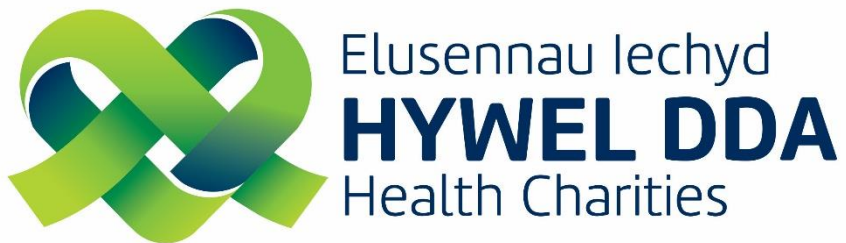
### 3: Outstanding material commitments as at 31 December (approved by CFC)

Service	£	Description	Date Approved	Status
Cancer Service - Ceredigion	259,977	BGH Chemotherapy Development	2015	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 Service - Ceredigion	287,496	BGH Chemotherapy Development	Sep-19	
Cancer Service - Ceredigion	22,774	BGH Chemotherapy Development	Jun-21	
Cancer Service - Ceredigion	400,000	BGH Chemotherapy Development	Jun-21	
Cancer Service - Ceredigion	315,538	BGH Chemotherapy Development	Nov-23	
Cancer Service - Ceredigion	277,141	BGH Chemotherapy Development	Mar-24	
Cancer Service - Ceredigion	7,855	Funding of Trainee Clinical Nurse Specialist Post	Sep-20	Reducing balance - monthly recharges transacted to support staff costs.
Cancer Service - Pembrokeshire	4,410	Funding of Trainee Clinical Nurse Specialist Post	Sep-20	Reducing balance - monthly recharges transacted to support staff costs.
Cancer Services	9,989	Cancer Psychological Support Pilot Project Year 3 - 5	Nov-21	On going project
Cancer Services	45,720	Heads Up tp Cancer - Cancer Hair Loss project	Sep-23	On going project
Workforce	29,620	Creative Activities for Staff Wellbeing – Arts and Health	Sep-23	On going project
Workforce	198,065	Arts and Health Capacity Building- to contribute to the salary and oncosts of a B6 Project Support Officer and activities budget for patients	Mar-24	On going project
Mental Health & Learning Disabilities	64,220	Interactive singing & movement sessions	Jun-24	On going project
Operations - Ceredigion	115,779	Enhancement to outpatient area at BGH CDU	Sep-24	On going project
Cancer Services	113,208	Purchase 6 Paxman cooling units	Sep-24	
	<b>2,151,792</b>			

#### 4. Proposed finance team budget 2025/26

<b>Finance function</b>	<b>Days per month</b>	<b>2025/26 Budget £</b>
Charitable Funds Accounts Assistant (queries and fund analysis)	All	33,708
Creditors	6	11,680
Procurement	5	9,733
Charitable Funds Accountant (General supervision, queries, annual accounts, trustee committee)	6	16,958
Finance Supervisory Support (Reconciliation/ledger control/gains/income)	8	17,874
General Offices	2	3,411
Finance Senior Lead	2	9,386
Overheads (HFMA / Training / Other)	n/a	1,137
<b>TOTAL</b>		<b>107,487</b>

#MakingaDifference in 2024-25



# Workplan 2024-25

Progress update December 2024 to February 2025

## Strategic objective 1: Making a difference

Priority areas for 2024/25			
	Activity	Update on progress February 2025	RAG rating
1.	Complete the review of the charity's fund structure, to ensure that donations can be accessed in a timely manner to further our charitable objectives whilst meeting the wishes of our supporters.	<ul style="list-style-type: none"> <li>Recommendations on the new structure of designated charitable funds are being presented to the March 2025 CFC meeting for consideration in agenda item "Review of the Rationalisation of Charitable Funds".</li> </ul>	
2.	Launch the new electronic/online charitable funds application process for use by all services across the Hywel Dda University Health Board (HDdUHB).	<ul style="list-style-type: none"> <li>Due to staff sickness within Digital Services, the development of the new online application form has not progressed as planned. Dedicated software development time has now been secured for February 2025 to progress and complete the application process for expenditure requests under £10,000.</li> <li>Staff training will be delivered on the new administration processes during April and May 2025 with the aim of launching the new application process in early May 2025.</li> <li>Improvements have been made to the charitable funded study leave application process, incorporating charitable funds approval into the HDdUHB study leave application process. The new application process will be launched before the end of March 2025.</li> </ul>	Carry forward to the 2025/26 work plan
3.	Develop and implement an internal communications plan and associated user-friendly guidance to ensure that staff are aware of, and understand, the new charitable funds application process and new fund structure.	<ul style="list-style-type: none"> <li>An internal communications campaign featuring staff members who have applied for and benefitted from charitable funds for their services has been finalised and will launch when the new online application form goes live.</li> <li>Guidance for staff on the new application process has been developed and finalised. This will go live when the new online form is launched.</li> </ul>	
4.	Produce improved 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.	<ul style="list-style-type: none"> <li>Improved guidance for fund managers has been developed and will be launched in line with the implementation of the new structure of designated funds.</li> <li>This will also include the delivery of training and awareness raising sessions for new and existing fund managers on their roles and responsibilities.</li> </ul>	

## Strategic objective 2: Fundraising and Communications

Priority areas for 2024/25			
	Activities	Update on progress February 2025	RAG rating
1.	Deliver the capital fundraising appeal and associated capital scheme to improve outdoor spaces for patients at Mynydd Mawr Rehabilitation Unit and Bryngolau ward at Prince Philip Hospital (PPH).	<ul style="list-style-type: none"> <li>As of 31 January 2025, the appeal had reached 42% of its fundraising target (£42,467.63).</li> <li>The appeal has unfortunately not generated the level of charitable donations that was predicted during 2024. However, due to a steady flow of donations to the designated funds for Mynydd Mawr and Bryngolau wards during 2024/25, as well as the receipt of a significant legacy for Mynydd Mawr, there are sufficient funds available to meet the project outturn cost.</li> <li>An update on the capital scheme is being presented to the March 2025 CFC meeting for consideration in agenda item “Development of Therapeutic Gardens at Prince Philip Hospital”.</li> <li>Fundraising and communications plans for the appeal have been refined for the continuation of the appeal between January and March 2025, taking into account local public sentiment regarding the temporary service changes at the PPH Minor Injuries Unit.</li> </ul>	Yellow
2.	Develop and launch a regular giving campaign to increase the number of individuals supporting the charity on a monthly basis.	<ul style="list-style-type: none"> <li>The third mailing of the regular giving campaign targeting ‘warm’ contacts in Carmarthenshire was sent out in February 2025. This included a targeted email to previous supporters and database contacts in the area and targeted social media posts to existing Facebook followers across Carmarthenshire.</li> <li>Due to the on-going corporate communications around the Minor Injury Unit at Prince Philip Hospital, it was decided that it was not appropriate to mail or target supporters in the Llanelli area.</li> <li>This campaign, which has targeted small groups of ‘warm’ contacts across all three counties, has not generated any income that can be attributed specifically to the campaign. Therefore, we are in the process of refining fundraising and communications plans with a focus on a wider campaign targeting new supporters across the three counties.</li> </ul>	Yellow
3.	Further develop our legacy strategy to offer increased opportunities to support the charity via our legacy giving campaigns and events.	<ul style="list-style-type: none"> <li>We are currently in the planning stage of our 2025 ‘Make Your Will Month’ campaign, launching in March to take place throughout May. This is a campaign where solicitors across our region waive their usual fee for our supporters to make or update their will in exchange for a donation to our charity.</li> <li>This is the fourth year we have run ‘Free Wills Month’ and we have had 53 supporters make or update their will via the campaign.</li> </ul>	Green

		<ul style="list-style-type: none"> <li>Information on legacy pledges will be shared with the charity following the end of the campaign, where consent has been provided to do so.</li> <li>We continue to manage and maintain stewardship of supporters who have pledged gifts in wills, and we are also proactively managing the caseload of pending legacies following probate. There are currently 20 open legacy cases with approximately £1.6m income pending.</li> </ul>	
4.	Upgrade the charity's current Customer Relationship Management (CRM) database to a new and improved web version.	<ul style="list-style-type: none"> <li>Due to a delay with the launch of our current supplier's new web-based CRM, the implementation of our new system and migration of our data will now take place during March and April 2025. The delay has not had a significant impact on our service provision as our existing CRM is still operational.</li> <li>A Data Processing Impact Assessment has been completed and approved by the Information Governance (IG) team to ensure that the new CRM is aligned to our IG policies and procedures. A Cloud Assessment has also been completed by the supplier.</li> </ul>	Carry forward to the 2025/26 work plan
5.	Further develop the charity's visibility across the HDdUHB estate to increase awareness of our work and ensure that we are the charity with the most prominent presence.	<ul style="list-style-type: none"> <li>The personalised A2 posters have been installed in four inpatient wards to pilot the impact of bespoke materials for individual wards, services and departments. The posters provide information on how charitable donations have been used to benefit these areas and key ways to donate.</li> </ul>	

## Strategic objective 3: Maximising the contribution

Priority areas for 2024/25			
	Activities	Update on progress February 2025	RAG rating
1.	Implementation of the evaluation framework and data capture process to evidence the effectiveness and impact of our charitable expenditure.	Action complete.	
2.	Introduce the Qlik Sense data visualization platform to provide an improved financial reporting system for all charitable funds cost centres.	<ul style="list-style-type: none"> <li><i>This work has been postponed until quarter one of the new financial year the fund structure review.</i></li> </ul>	Carry forward to the 2025/26 work plan
3.	Review and refine the charity's Integrated Performance Report to ensure the financial information provided is appropriate to support the CFC members in their decision-making processes.	<ul style="list-style-type: none"> <li>Action complete.</li> </ul>	

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.**



## CHRISTMAS CAMPAIGN TOTAL PASSES £40K



Thanks to the incredible generosity of our local communities, our 2024 Christmas campaign reached a fantastic total of over £40,000.

The total includes monetary donations and the value of donated gifts.

The campaign supported the Wish Fund, our campaign to create special memories for children and young people supported by the Paediatric Palliative Care Team. It also brought some festive cheer to children and young people spending Christmas in hospital.

The campaign included our successful Christmas Jumper Day and Give a Gift online gift list. It was supported by Dunelm Carmarthen, Oil4Wales, Gavin Griffiths Group, The 3 Amigos motorcycle club and many more.

Tara Nickerson, Fundraising Manager, said: "We'd like to say a massive thank you to everyone who supported our Christmas campaign, we have been overwhelmed by your generosity."

"It was wonderful to see children and young people across the health board receiving their gifts, the appeal really delivered a lot of joy!"

## ONLINE DONATIONS CONTINUE TO THRIVE

In 2024, online donations to the charity continued to thrive with over £170,000 donated via platforms such as Enthuse, JustGiving and GoFundMe.

On our principal online donation platform, Enthuse, the top day for donations was our Christmas Jumper Day, and in total we averaged almost three online donations a day. Here are the key statistics for Enthuse for 2024:



£46,241.56

Raised in Donations



£43.22

Average Donation Amount



1,070

Number of Donations



Llanelli

Most Common Location for Donations



12 December

Top Day for Donations



11 am

Busiest Hour for Donations

# CARDIFF HALF OPPORTUNITIES LAUNCHED



In January, we launched our 2025 Cardiff Half Marathon charity offer, with half our spaces being snapped up within 24 hours!

In 2024 our spaces at the Cardiff Half generated £24,317 for the charity, and our fantastic fundraisers helped raise our profile at Wales' most prestigious running event.

This year we have increased our number of charity spaces from 25 to 30 and introduced a £15 non-refundable registration fee.

We look forward to reporting on our fundraisers' successes later in the year!

# FUNDRAISER FOCUS: NORTH 2 SOUTH



The Wayne Evans North 2 South Wales Cycle has raised £3,000 for the Chemotherapy Day Unit at Prince Philip Hospital.

Team N2S is a group of triathlon friends and former colleagues of Wayne Evans, who sadly passed away in 2023.

The team took on the cycle on 24th and 25th August 2024. They cycled from Bangor in north Wales to Llanelli in south Wales over the two days.

Sara O'Brien, Member of Team N2S, said: "In August 2022, Wayne Evans was diagnosed with advanced pancreatic cancer.

"As friends and colleagues of Wayne who were inspired by his strength and determination, we challenged ourselves by cycling from north to south Wales in August 2023, raising over £3,000 for the Chemotherapy Day Unit at Prince Philip Hospital.

"Following that successful ride, we decided to take on the challenge again to raise money for local charities that support our community, in memory of our dear friend, Wayne."

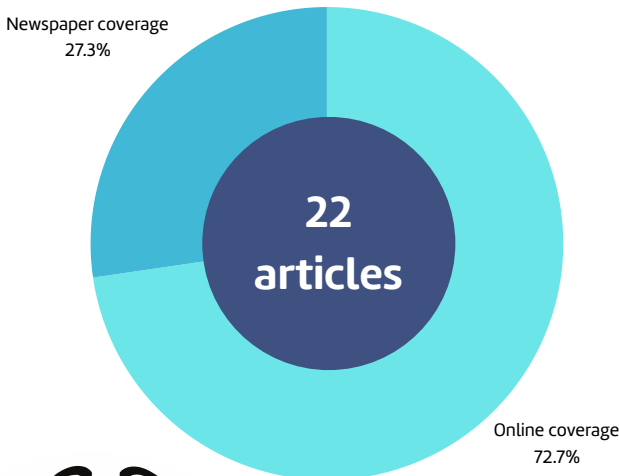
The N2S team are hoping to follow their epic rides in 2023 and 2024 with another north to south ride this summer.

# COMMUNICATIONS: ONE-MONTH SNAPSHOT

Between 07/01/25 – 06/02/25 we issued five press releases which secured positive media coverage for both the charity and the health board.

Between 07/01/25 – 06/02/25 we issued 125 social media posts across our Facebook, X and Instagram pages and via Viva Engage.

Highest performing post (Facebook – English, 29/01/25):



### Overview

Views	Reach	Interactions	Link clicks
49,707	27,175	187	137



Get the latest charity updates at: [hywelddahealthcharities.org.uk](http://hywelddahealthcharities.org.uk)



# IN FOCUS:

## HOW CHARITABLE DONATIONS ARE ENHANCING HEALTHCARE ACROSS HYWEL DDA

### MEMORY BOXES FUNDED FOR GRIEVING FAMILIES

Thanks to kind donations, we have funded memory boxes for bereaved families who have been supported by the Paediatric Palliative Care Service.

The memory boxes include items such as soft toys, music boxes, photo frames, journals, candles and wooden hearts.

The boxes have been funded by donations to the Wish Fund, a campaign which creates lasting memories for the children and young people with life-threatening and life-limiting conditions and their families.

Rachel Brown, Paediatric Palliative Care Play Specialist, said: "We're so grateful for the donations towards the Wish Fund



which have allowed us to purchase these memory boxes.

"A memory box is very personal and meaningful and it honours a person's life. The boxes serve as a

connection between the families and their loved one, they validate emotions, thoughts and feelings as well as aiding in the grieving process."

### X-RAY IMAGE INTERPRETATION COURSE FOR CRITICAL CARE STAFF



Generous donations have enabled us to pay for six staff members from the Critical Care Outreach Team (CCOT) at Glangwili Hospital to attend a chest X-ray image interpretation course.

The chest X-ray image interpretation course has been designed to meet the specific needs of all health care professionals who encounter chest x-rays on a regular basis.

The course was delivered by University of West England (UWE) Bristol lecturers, specialist radiographers and Emergency Department specialists.

Rachel Williams, Critical Care Outreach Lead at Glangwili Hospital, said: "Thanks to the generous funding from Hywel Dda Health Charities, we were able to award six members of staff with a place on the chest X-ray interpretation course at UWE, Bristol.

"The training has built upon existing knowledge of recognising the placement of invasive lines, drains and endotracheal tubes. This is a progressive clinical skill for the Critical Care Outreach Team and it will be invaluable in the management of our critically unwell patients across Glangwili Hospital."

# MENTAL HEALTH SERVICE RECEIVES THERAPEUTIC TOYS, BOOKS AND GAMES

Charitable funds have been used to purchase therapeutic toys, books and games for the specialist child and adolescent mental health service (SCAMHS) in Aberystwyth which delivers care and support to young people up to the age of 18 years.

We have been able to fund items such as board games, fancy dress items, action figures, wooden toys and arts and crafts materials.

Tracey-Lee Davies, Lead Nurse, said: "We are very grateful that charitable funds have enabled us to purchase these fantastic toys, books and games for the service.

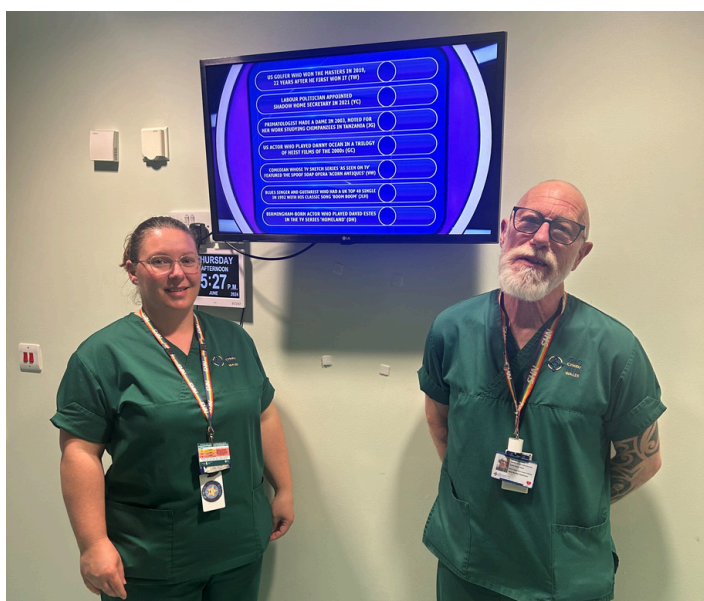
"It is a community-based service that provides mental health assessment and/or therapeutic interventions for children, adolescents, and their families or carers. Our aim is to improve the mental health and the psychological and emotional well-being of children and young people so that they can achieve their



full potential in the world. We work with a range of mental health difficulties, mental illnesses, and complexity.

"The new therapeutic toys have been of great benefit to the children in therapy and the therapists themselves. They make the building more cheerful and welcoming and significantly reduce the anxieties of families and children as the place is now bright, homely and a comfortable environment for them to feel safe in."

# 16 TVs PURCHASED FOR ACCIDENT & EMERGENCY DEPARTMENT



We are delighted that 16 TVs worth over £7,000 have been purchased using charitable funds for the patient rooms in the Accident & Emergency Department at Wylabush Hospital.

Jo Dyer, Senior Nurse Manager, said: "We are very grateful that charitable funds have enabled us to purchase 16 new TVs for the department.

"It is hoped that patient experience will be improved by installing the new televisions in patient rooms as well as helping to make them more comfortable during their time here."

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

For more information on how to access charitable funds, please visit: [https://nhs.wales365.sharepoint.com/sites/HDD\\_Charities](https://nhs.wales365.sharepoint.com/sites/HDD_Charities)



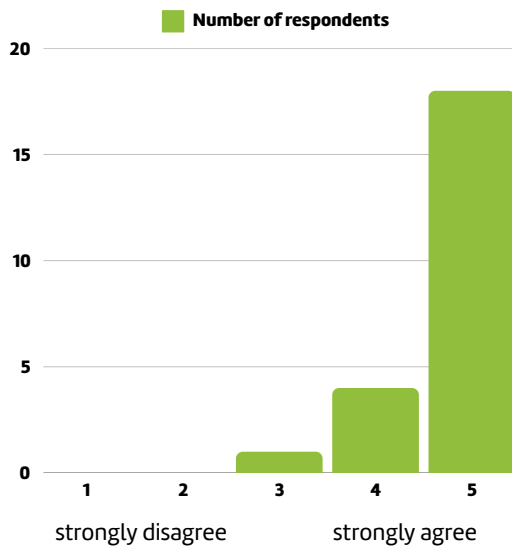


# CHARITABLE EXPENDITURE APPROVED JAN – JUNE 2024 <£10K IMPACT UPDATE

On a scale of 1–5, where 1 is strongly disagree and 5 is strongly agree, respondents were asked to score how strongly they agreed with the following statements:

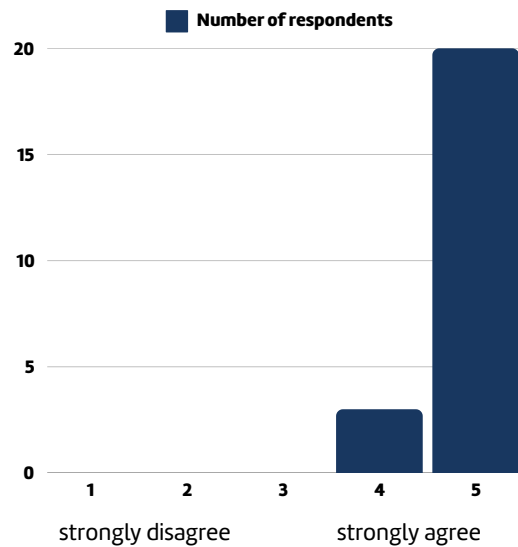
**Using charitable funds has enhanced the wellbeing and experience of patients**

**Results:**



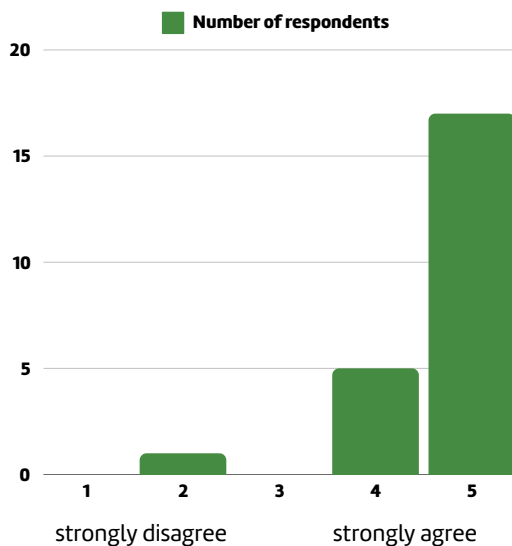
**Using charitable funds has enhanced the wellbeing and experience of service users**

**Results:**



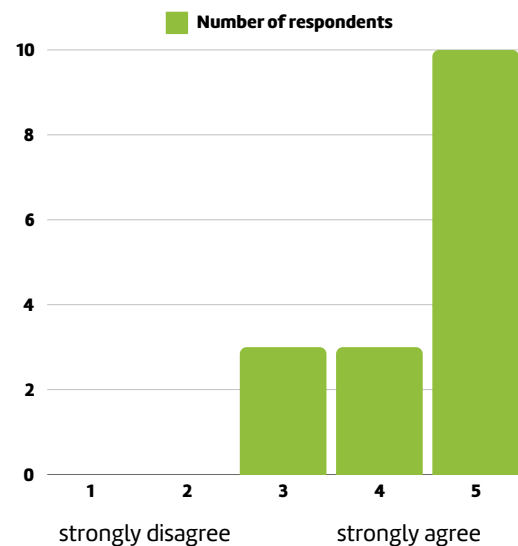
**Using charitable funds has enhanced the wellbeing and experience of the wider community**

**Results:**



**Using charitable funds has enhanced the wellbeing of staff within my service**

**Results:**

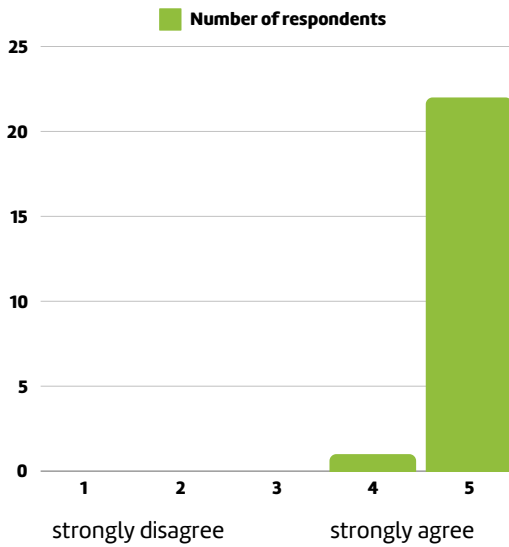


*Note that the low score indicates 'not applicable' in this instance*

*Again, the lower scores were for expenditure which was seen as less applicable to staff (e.g. a relatives room refurbishment)*

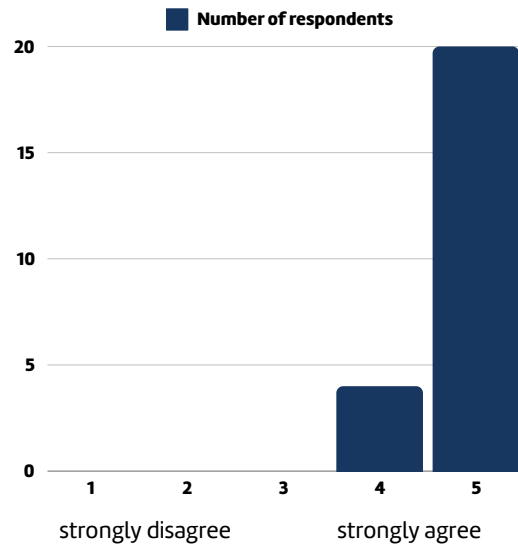
**Using charitable funds has added value to our service**

**Results:**



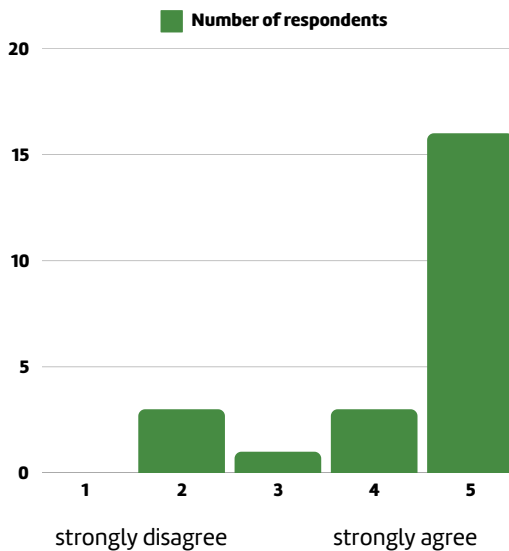
**Using charitable funds has helped my team feel more positive about the service we provide**

**Results:**



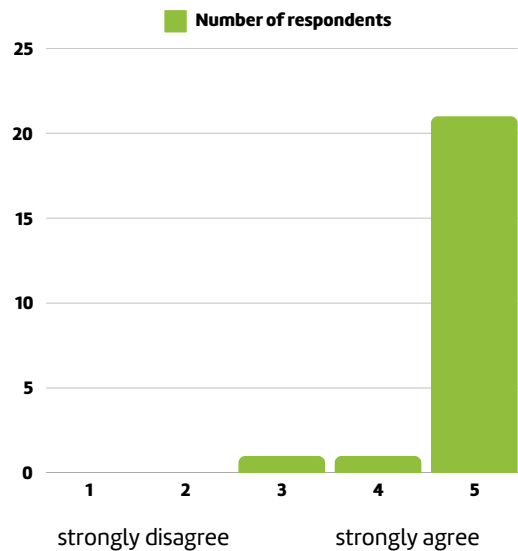
**I feel positive about using charitable funds again, or about recommending the use of charitable funds to colleagues**

**Results:**



**I feel proud to promote our NHS charity to my colleagues and to patients and their families**

**Results:**



*Note that the low scores relate to frustrations with the Oracle ordering process and the length of time for payment to be made to suppliers.*



Elusennau Iechyd  
**HYWEL DDA**  
Health Charities

**2025-26**



Elusennau Iechyd  
**HYWEL DDA**  
Health Charities

# Workplan 2025-26

# Strategic objective 1: Making a difference

## Core activities: Grant-making and charitable expenditure

1. Oversee the charity's grant-making policies and procedures to ensure that all charitable expenditure is line with our charitable objectives and that decision-making is clear, timely and well-documented.
2. Raise and maintain internal awareness of the charity and our purpose so that staff are empowered to access our funds and be innovative and proactive in their approach to making a difference.
3. Provide clear and user-friendly guidance to ensure that staff understand how to apply for funding, our eligibility criteria and the decision-making processes.

## Priority areas for 2025-26

	Activities	Timescale	Measure of achievement
1.	Launch the new online charitable funds application process for expenditure requests under £10,000. <i>Carried forward from 2024/25</i>	April 2025	Completion of the new application process Pilot of the new application form and authorisation process Application process refined following pilot
		April - May 2025	Staff training on the new administration processes delivered
		May 2025	Launch of new application process Increased levels of charitable expenditure Increased staff satisfaction rates with application process
			Internal communications campaign implemented User-friendly guidance published
2.	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. <i>Carried forward from 2024/25</i>	May 2025	Improved understanding of charitable funds application processes Increased levels of charitable expenditure Increased staff satisfaction rates with application process
			Fund manager guidance published
3.	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. <i>Carried forward from 2024/25</i>	May 2025	Training and awareness sessions for new and existing fund managers delivered Improved understanding of charitable funds processes Increased levels of charitable expenditure
		May - July 2025	
4.	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.	June 2025	Development of plan for consideration by the CFC
		July 2025	Implementation of plan
			Increased expenditure from the General Fund Improved experiences and health outcomes for patients Improved staff wellbeing and experiences

## Strategic objective 2: Fundraising and Communications

### Core activities: Fundraising

1. Motivate others to plan and manage their own fundraising activities for the charity and provide a comprehensive support package for our fundraisers.
2. Offer an annual challenge events programmes to encourage others to take part in third party events in aid of the charity.
3. Develop annual charity led events programmes, which delivers a good return on investment, to generate additional funds for the charity.
4. Develop productive corporate partnerships offering both financial and non-financial support, managing all relationships to a high standard, growing our reputation as a desirable charity to work with.
5. Develop a range of local fundraising campaigns for specific purposes that will engage with staff and motivate others to support.
6. Maximise opportunities from grant giving trusts and foundations for eligible projects across the Hywel Dda University Health Board (HDdUHB).
7. Proactively promote legacy and in-memoriam giving in a sensitive and tactful way.
8. Encourage regular and committed giving using the valuable supporter data gained from the fundraising Customer Relationship Manager (CRM) database.
9. Make it as easy as possible for people to donate by offering a variety of methods including digital platforms.
10. Capture Gift Aid consent on all eligible donations to maximise income from the Gift Aid scheme.
11. Manage the fundraising CRM to maintain comprehensive information on supporters and fundraising activities.
12. Maintain strong and effective relationships with external fundraising organisations constituted to support the work of the HDdUHB to maximise their effectiveness and ensure both parties are working towards common goals.

### Core activities: Communications

1. Maximise opportunities to raise the profile of the charity as a result of the high regard our local communities have for the NHS.
2. Enhance the profile of the charity by developing and promoting the charity brand and producing impactful marketing materials.
3. Provide comprehensive marketing and communications support for all fundraising activities including appeals, campaigns and events.
4. Maintain regular contact with our donors to promote the impact of their support and opportunities to get involved in our work.
5. Use a range of communications methods to keep staff up to date with charity news and fully informed on how to access charitable funds.
6. Develop and maintain the charity's online and digital presence to engage with existing and new supporters.
7. Produce and issue regular positive news stories on the impact of our charitable expenditure and the difference it makes to our patients, service users and staff.
8. Produce and issue regular positive news stories on the personal stories behind our fundraisers to motivate others to support the charity.

## Priority areas for 2025-26

	Activities	Timescale	Measure of achievement
1.	Complete the upgrade of the charity's current CRM database to a new and improved web version. <i>Carried forward from 2024/25</i>	April 2025	Installation of the new CRM Migration of data
		May - June 2025	Staff training on the new system delivered
			Improved reporting and query capabilities Improved CRM connectivity for hybrid working Increased automation of administrative processes
2.	Plan and deliver a new charity-led mass participation event to encourage increased fundraising for the charity	April 2025	Appraisal of options for new fundraising event
		May - June 2025	Planning of new event
		September - October 2025	Delivery of new event
		October - November 2025	Evaluation of new event
			Recruitment of new fundraisers Engagement with existing fundraisers Increased income levels
3.	Identify and apply for relevant funding opportunities from external grant-giving trusts and foundations for eligible projects across HDdUB, to increase the charity's income from this funding source.	April 2025 - March 2026	Identify funding opportunities
			Develop cases for support
			Submit funding applications
			Delivery of grant funded projects
			Increased income levels Number and value of successful applications
4.	Plan and deliver a fundraising campaign for Tonic Surf (surf therapy sessions) in aid of the Child and Adolescent Mental Health Service (CAMHS).	April 2025	Planning of campaign
		May 2025	Launch and ongoing delivery of the campaign
			Achievement of campaign target Value of funds raised Increased income levels
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.	April 2025	Services for pilot identified
		May 2025	Visibility plans developed
		June - August 2025	Design and delivery of promotional materials
			Increased income levels Increased awareness of the charity

## Strategic objective 3: Maximising the contribution

### Core activities: Making the best use of resources

1. Provide the charity's financial management systems, processes and controls to ensure a sound framework for safeguarding the charity's financial assets.
2. Oversee the charity's governance arrangements to ensure the charity operates to a high standard with limited exposure to risk, both financial and non-financial.
3. Retain the services of an investment advisor to manage the charity's investment portfolio to produce both income and capital returns.
4. Monitor and evaluate our charitable expenditure to demonstrate the effectiveness and impact of the grants awarded.

### Priority areas for 2025-26

	Activities	Timescale	Measure of achievement
1.	Introduce the Qlik Sense data visualization platform to provide an improved financial reporting system for all charitable funds cost centres.	June 2025	Training for fund managers on the new reporting platform
		June 2025	Launch of new reporting platform
		June 2025	Improved access and understanding of charitable funds financial information Increased levels of charitable expenditure

3.2

10:27, 10 Mins

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3.2 - HDdHC Investment Advisor Update *antonia.cavalier@ccla.co.uk*  
(External CCLA)

Antonia Cavalier, Client Investment Director, CCLA.

| For assurance

**Attachments**

[2025-03-18 Investment update Hywel Dda Health Charities - CCLA \(AC\).pdf](#)

# Hywel Dda Health Charities

Antonia Cavalier, Director - Client Investments

18<sup>th</sup> March 2024



image courtesy of Koestler Arts

# Portfolio valuation

<b>Holdings</b>	<b>Market value</b>	<b>Forecast income yield</b>	<b>Forecast annual income</b>
COIF Charities Ethical Investment Fund – The General Investment Fund	£6,624,576	2.88%	£190,903
COIF Charities Ethical Investment Fund – The Permanent Endowment Fund	£2,421,199	2.88%	£69,773
COIF Charities Deposit Fund	£5,160,160	4.41%	£227,341
<b>Total portfolio</b>	<b>£14,205,935</b>		<b>£488,016</b>

## Initial investment

General Investment (15 Dec 2022) – £5,907,001  
 Permanent Endowment (15 Dec 2022) – £2,158,934  
 Deposit Account (12 Dec 2023) – £6,000,000

## Income received to date:

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

Source: CCLA as 3 March 2025. Annual income figures from long-term funds are based on current fund share holdings and forecast distributions per fund unit for calendar year 2025. Annual income figures for COIF Charities Deposit Fund balances are based on the current declared interest rate which is subject to change. Please note that this portfolio valuation is not intended for audit purposes. Forecast yields and annual income is not guaranteed. Please see valuation risk warning at the end of this presentation.

# Portfolio performance

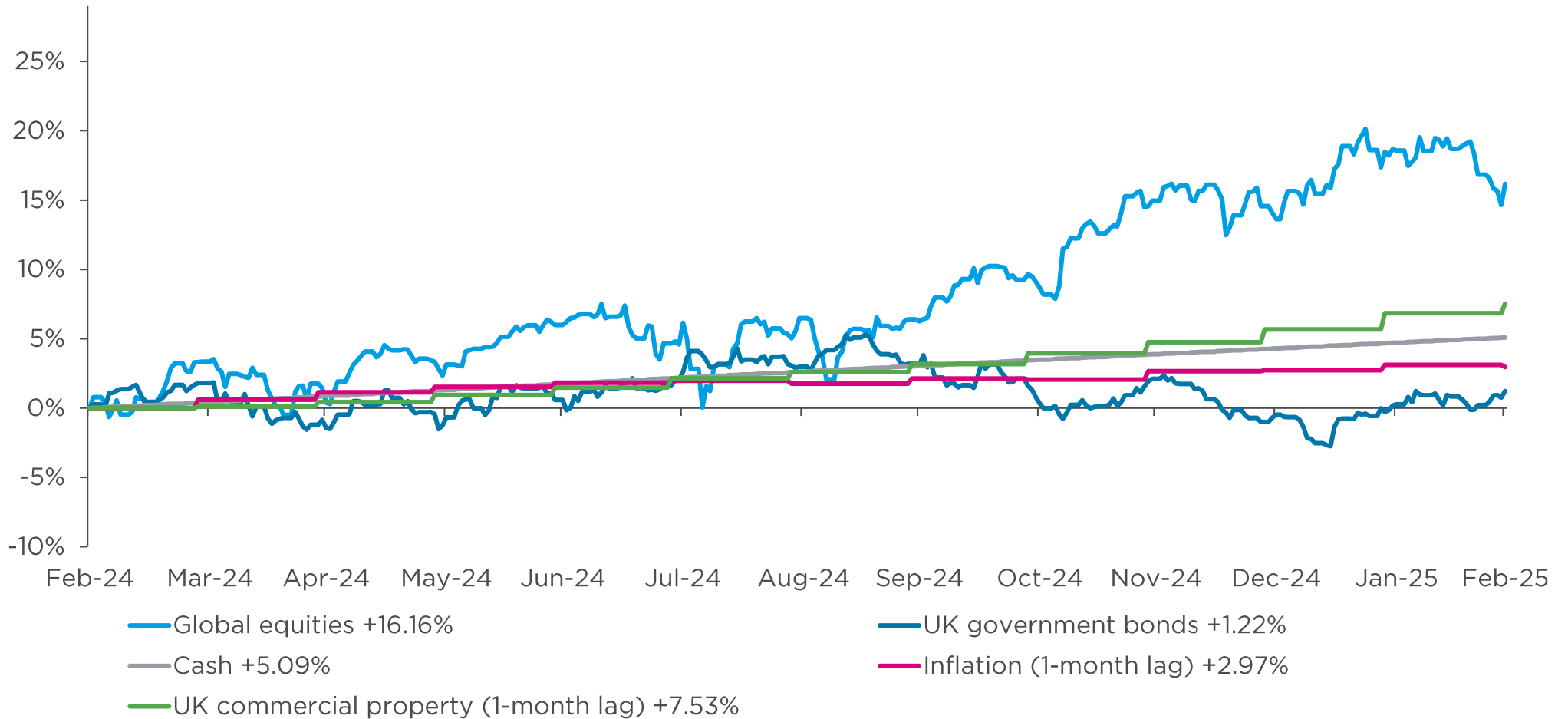
<b>Net performance as at 31 December 2024</b>	<b>Current quarter (%)</b>	<b>Last twelve months (%)</b>	<b>Since Inception (%)</b>
Permanent Endowment Fund	+0.7	+5.7	+18.1
General Investment Fund	+0.7	+5.7	+18.1
Deposit Account	+1.2	+5.1	+5.4
<b>Your portfolio</b>	<b>+0.9</b>	<b>+5.4</b>	<b>+16.3</b>
Consumer Price Index	+0.6	+0.9	+2.6

Source: CCLA as at 31 December 2024

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.

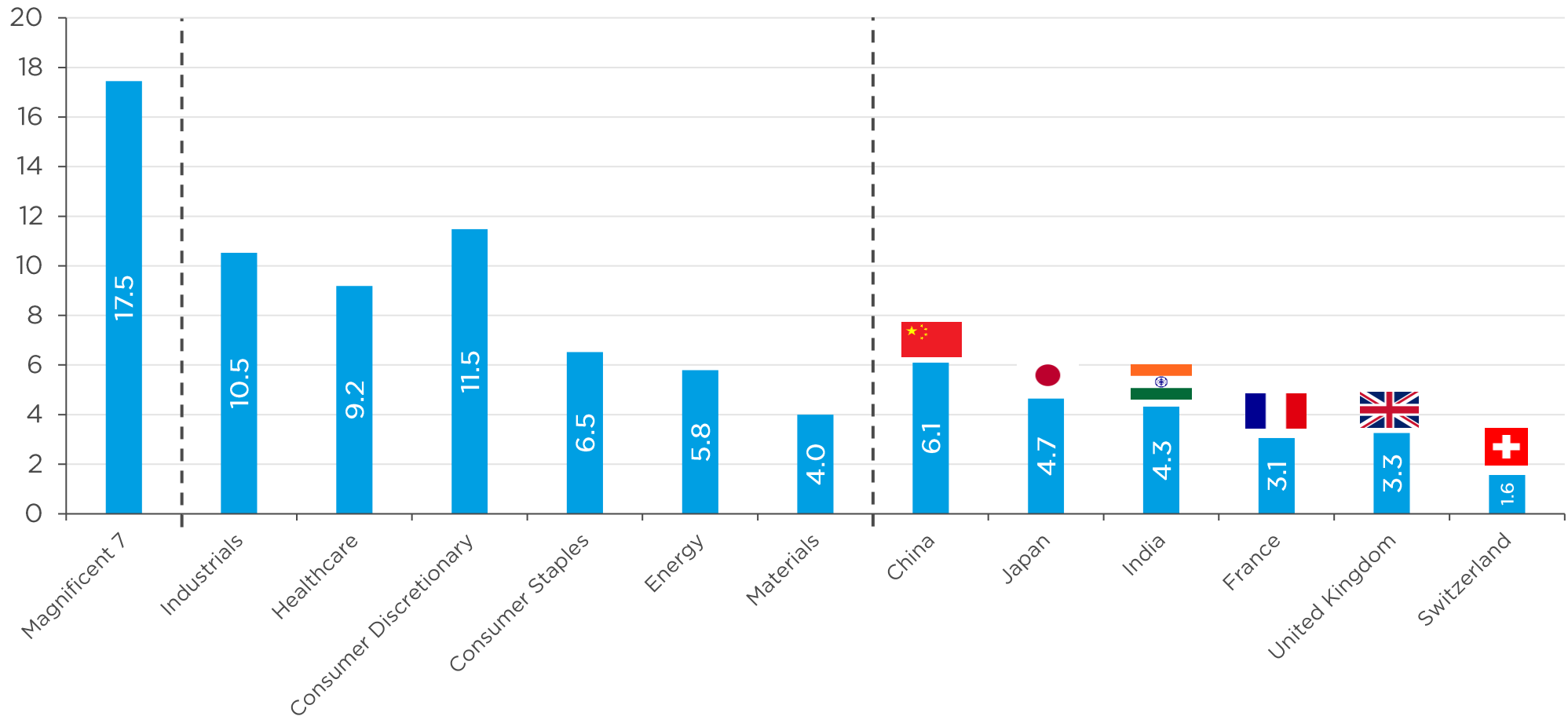
# Market review – 12-month returns



Source: Bloomberg, as at 28 February 2025. Inflation and UK commercial property performance are on a one-month lag. Past performance is not a reliable indicator of future results.

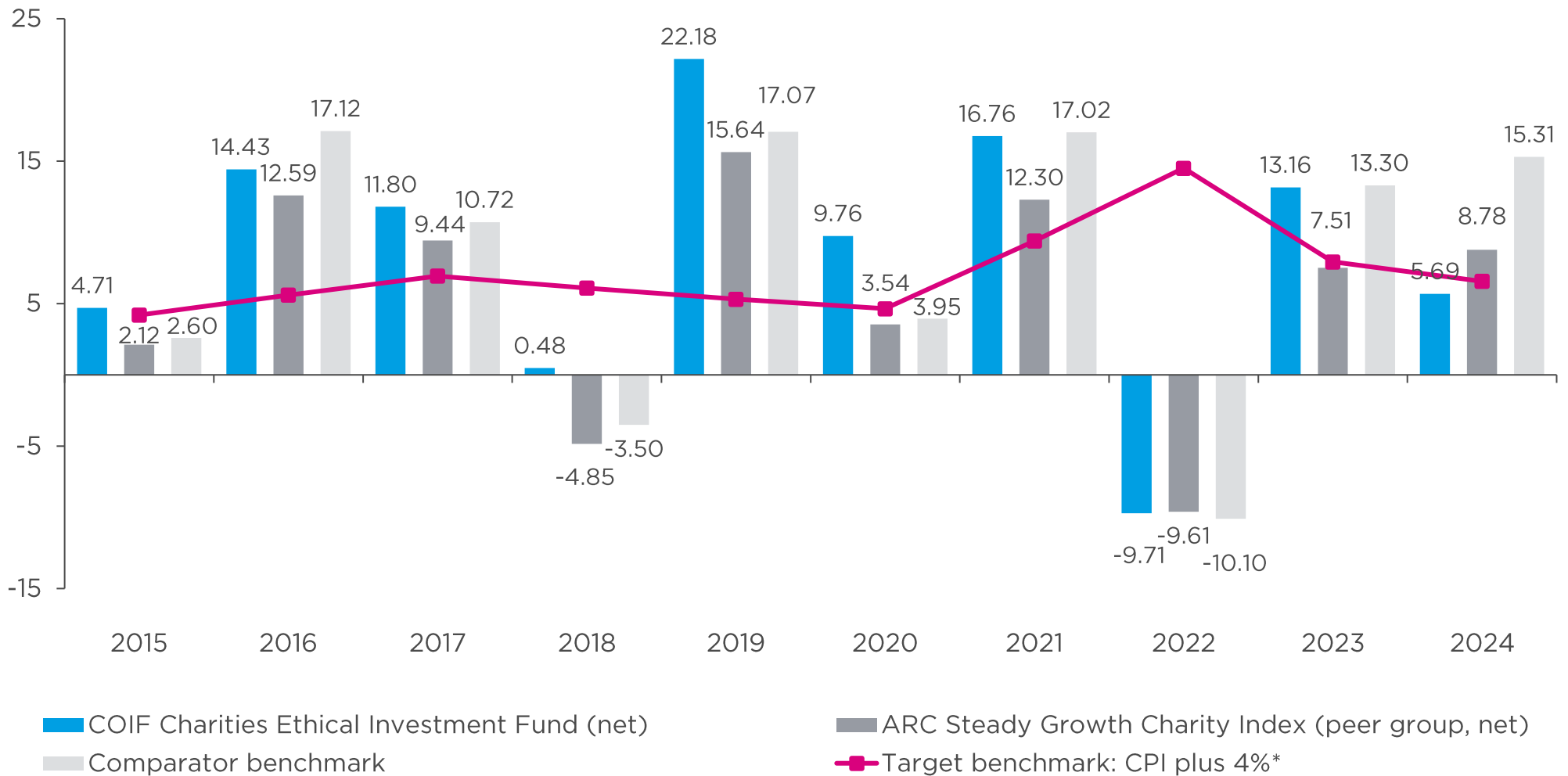
# Is the market too concentrated now?

Market cap (\$ trillion)



Source: CCLA, as at 31 January 2025. Apple, Microsoft, Google, 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 returns (%)



Source: CCLA, as at 31 December 2024. \*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 2024

Our positioning remains in line with our disciplined investment approach, our desire for diversification and our ability to control risks.

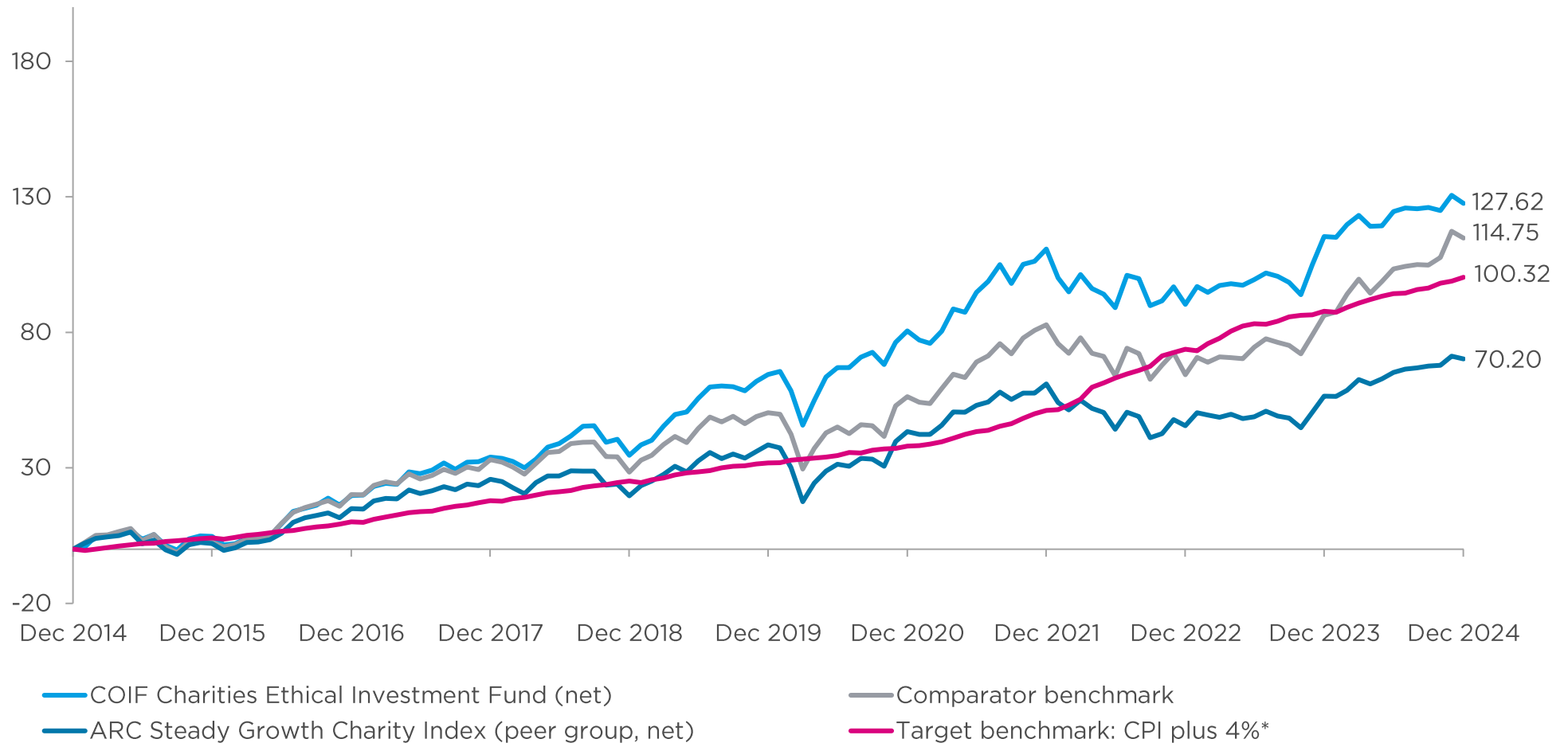


- Equities led returns with strong absolute performance from a range of sectors such as financials, industrials and information technology.
- Fixed interest suffered over the year but our underweight position was helpful.



- Relative performance in equities was weaker due to our absence from Apple, Meta, Tesla and the banks which had a strong year, we were also underweight to Nvidia. Returns were weakest overall in healthcare and consumer staples.
- Rising bond yields had a negative impact on some alternatives in the portfolio, such as renewables.

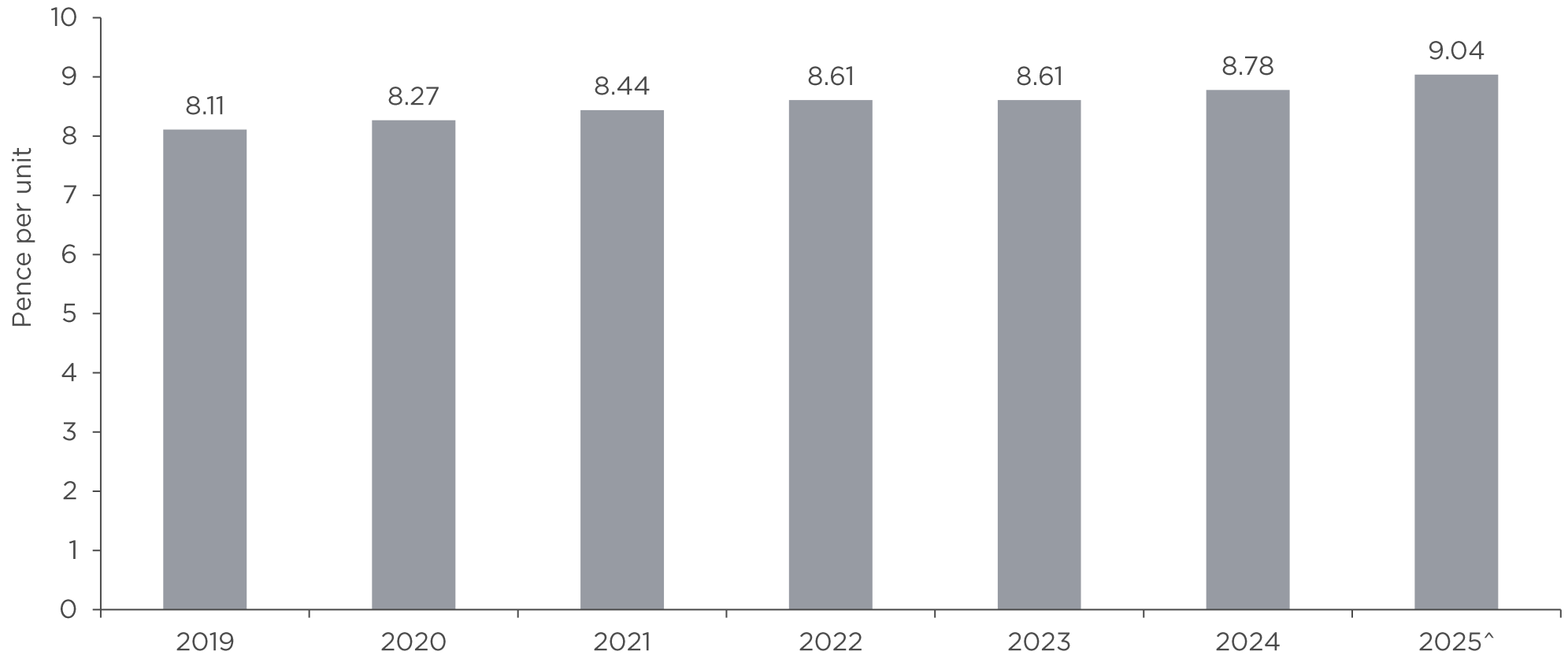
# Cumulative performance (%)



Source: CCLA, as at 31 December 2024. \*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: 2.92%\***



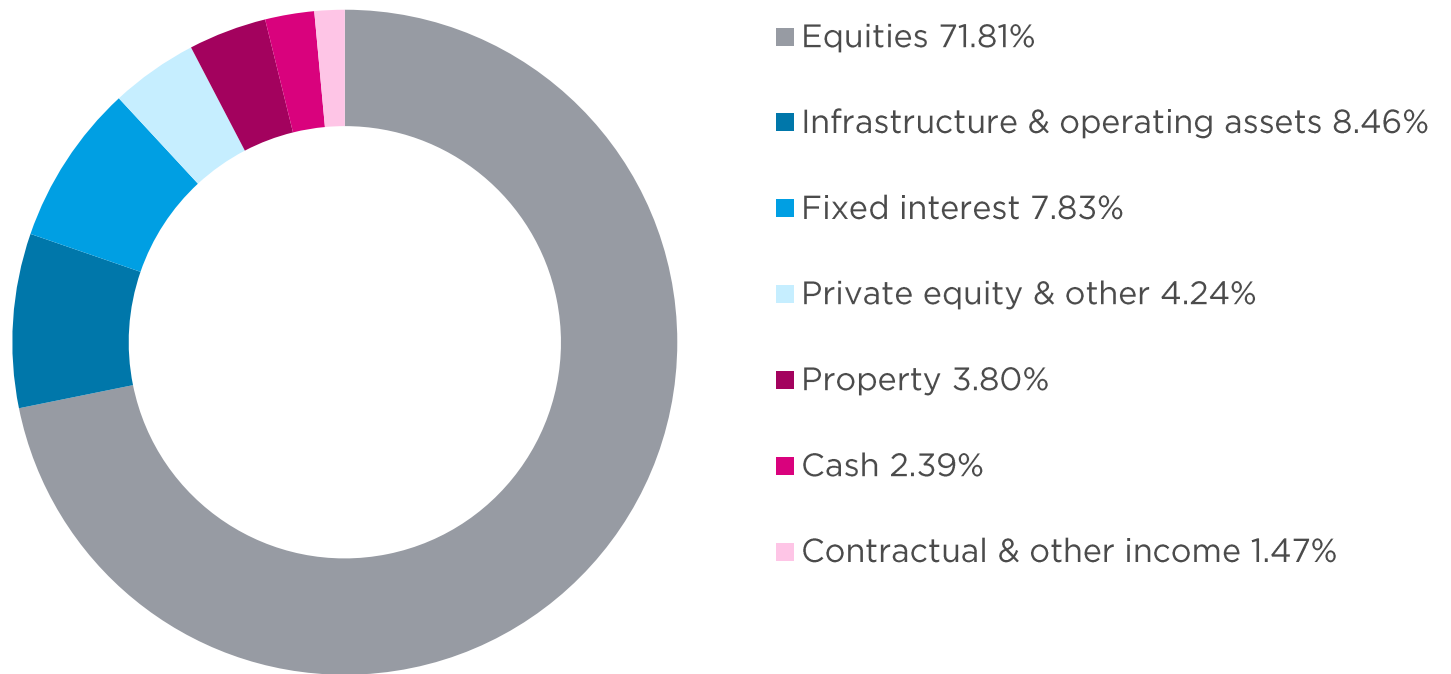
Source: CCLA, as at 31 December 2024. Data showing COIF Ethical Fund. ^Projected annual distribution. Projections for annual distribution is subject to change. \*Current yield is based on unit price as at 31 December 2024 and a projected annual distribution of 9.04p per unit. Forecast income yields are not guaranteed. **Past distribution is not a reliable indicator of future results.**

# COIF Ethical Investment Fund

Fund size:  
£2,377m

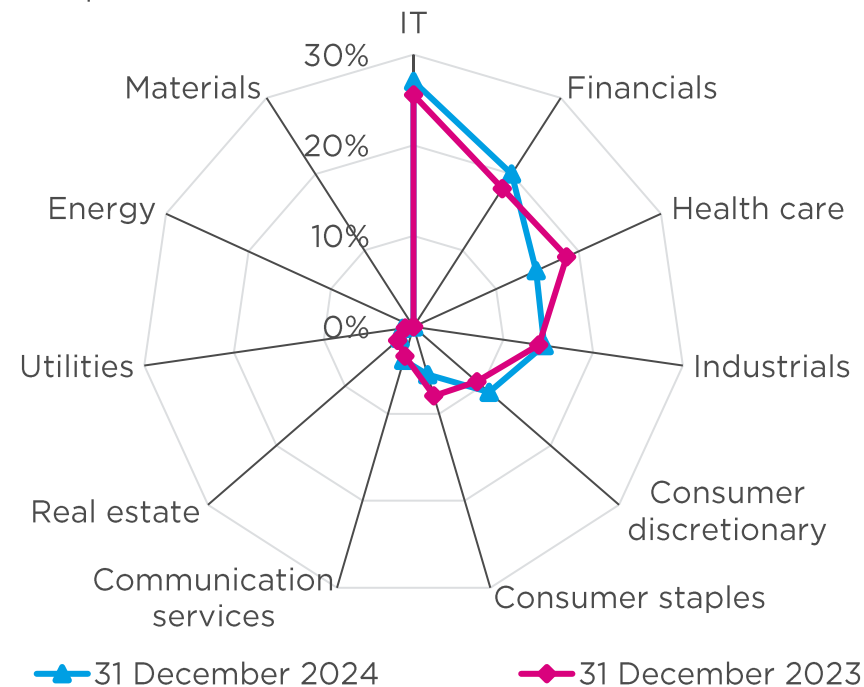
Source: CCLA, as at 31 December 2024. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over 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



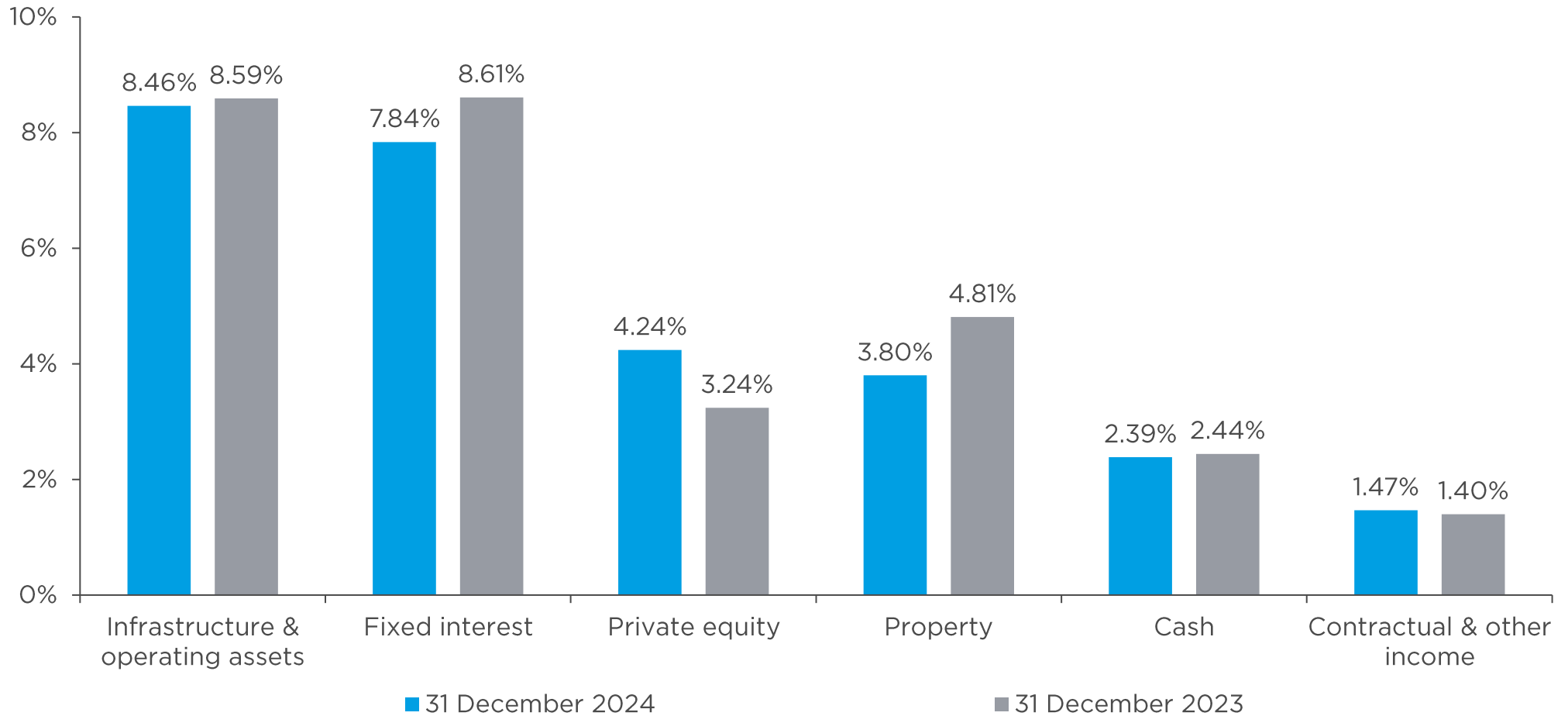
# Equity positioning

- Over the past 12 months, exposure to IT has remained stable with strong performance win semiconductors offset by some weakness within software. No new positions were taken, while profits were taken in the semiconductor industry.
- Health care exposure has fallen due to muted performance and as we exited our positions in Edwards Lifesciences and Humana. Elsewhere, we added to positions in life sciences and medical technology including Avantor, ICON, Abbott Labs and Zoetis.
- Overall exposure to financials has risen with strong recent performance from market infrastructure names such as Tradeweb, London Stock Exchange Group and Visa, offset by the sale of private equity manager Blackstone Group and Prudential. We introduced insurance broker AJ Gallagher.
- 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 Spirax, a thermal energy and fluid technology solutions company.
- Exposure to the consumer sector has risen via three new holdings that we think should exhibit defensive characteristics: Hermès, Compass Group and O'Reilly Automotive. We exited Costco, Starbucks, Nike and Pepsi.



Source: CCLA, as at 31 December 2024. Data showing COIF Ethical Fund. Sector weights are the percentage of the total equity assets in the portfolio. Asset allocation is subject to change. The market review, analysis, and any projections contained in this slide represent the house view and should not be relied upon to form the basis of any investment decisions. **Past performance is not a reliable indicator for future results.**

# Positioning in other assets



Source: CCLA, as at 31 December 2024. Data showing COIF Ethical Fund. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

## Good Investment

Our approach is guided by three imperatives.

# Act

### **Driving change**

Healthy markets require healthy communities and a healthy planet

# Assess

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

Changing regulation, legislation and consumer choice will harm unsustainable business

# Align

### **Aligning with our clients**


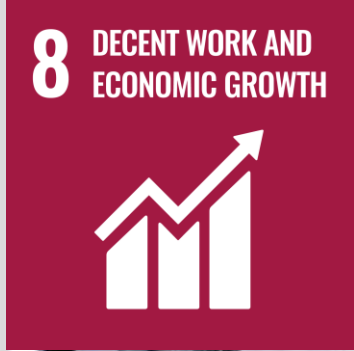
We are the guardians, not the owners of the assets that we manage

# A track record of catalysing real change





## 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



## Improving the business response to modern slavery

- Created 'Find It, Fix It, Prevent It', now supported by £15 trillion AUM
- First public ranking of UK listed businesses on modern slavery disclosures
- Former Independent Anti-Slavery Commissioner, Dame Sara Thornton, leads CCLA's modern slavery policy engagement
- Focussed hospitality/construction sector engagements underway



## Pushing for better workforce mental health

- Created the CCLA Corporate Mental Health Benchmark
- First public ranking of listed companies' approach to workplace mental health
- In 2022-23, 42 companies improved their ranking, with a combined workforce of >7 million
- Global Investor Coalition on Workplace Mental Health supported by £7.6 trillion

Source: CCLA, as at June 2024.

# Economic and market outlook

## Consensus expectations

- Growth is expected to slow but avoid recession – the classical “soft landing”
  - US GDP expected +2.8% in 24, +2.3% in 25
  - UK GDP expected +0.9% in 24, +1.1% in 25
- Inflation remains under control, allowing ...
- ... policy interest rates to be cut (1-2 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

- The **soft landing** we were so suspicious about seems to be happening. This is why we kept “risk on” Q1 2023 to now, and **remain “risk on”**
- Services lead indicators are strong / very strong and point to rising GDP and earnings
- Shorter term (next two quarters) we think the market will focus on extension of the Tax Cuts & Jobs Act (2017) and further cuts to corporate income tax (from 21% to 15%)
- So we are with consensus for now – **equities up, bonds down**
- Beyond the next few quarters risks abound:
  - Tariffs and trade war?
  - Deficit 7% and rising
  - Regime change – Reflation > Inflation

Source: CCLA, as at January 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.

# 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; we will continue to push forward on this topic.



**Nestlé**  
Climate disclosure

CCLA is co-lead investor for Nestlé on behalf of Climate Action 100+. Recent meetings and its new sustainability report highlight several key improvements aligned with our asks. These relate to the detailed measurement and disclosure of the company's greenhouse gas emissions.



**Amazon**  
Freedom of association  
and collective bargaining

In Q2 24 we co-filed a shareholder proposal at Amazon after alleged attempts to prevent its workers from unionising. The proposal asked the company to produce an independent analysis of its practices versus its own labour standards policy. The proposal achieved 32% support. We continue to work on this topic.



**Watches of Switzerland**  
Living Wage accreditation

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. In May, the company stated its intention to become Living Wage accredited and eventually gained accreditation in Aug 2023.



**PepsiCo**  
Nutrition

At a meeting with the company in Q2 24, PepsiCo shared promising progress against timebound targets on calorie, sodium and saturated fat reduction, measured by sales volume. It also told us that new targets would be published imminently. Discussions continue.



**Taiwan Semiconductor Manufacturing Co (TSMC)**  
Workplace mental health

TSMC is one of more than 40 companies in performance Tier 5 (worst) of the 2023 CCLA Corporate Mental Health Benchmark Global 100+. We met the company twice and discussed key recommendations. In 2024, it has improved sufficiently to move out of Tier 5 and up into Tier 4. Discussions continue.

Source: CCLA, July 2024. CCLA is a shareholder in each of these companies at the time of writing.

# Values-based restrictions

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

# Values-based restrictions continued

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

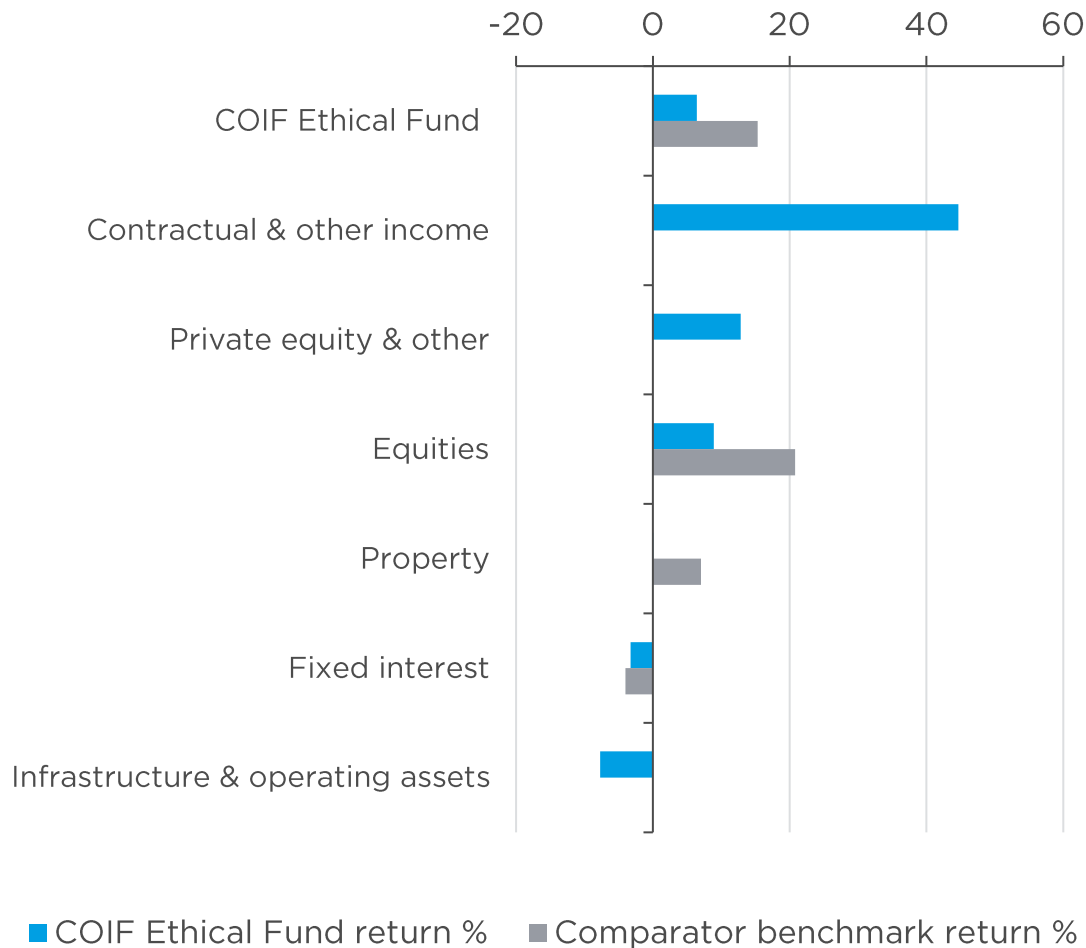
\*See [Approach to sovereign debt](#). Further details of restrictions can be found on our [website](#).

# Annualised performance

As at 31 December 2024 (%)	1 year	3 years	5 years	10 years
<b>COIF Charities Ethical Investment Fund (net)</b>	<b>5.69</b>	<b>2.60</b>	<b>6.71</b>	<b>8.57</b>
Target benchmark: CPI plus 4%*	6.57	9.62	8.56	7.08
Comparator benchmark	15.31	5.51	7.40	7.94
ARC Steady Growth Charity Index (peer group, net)	8.78	1.87	4.21	5.46

Source: CCLA, as at 31 December 2024. \*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



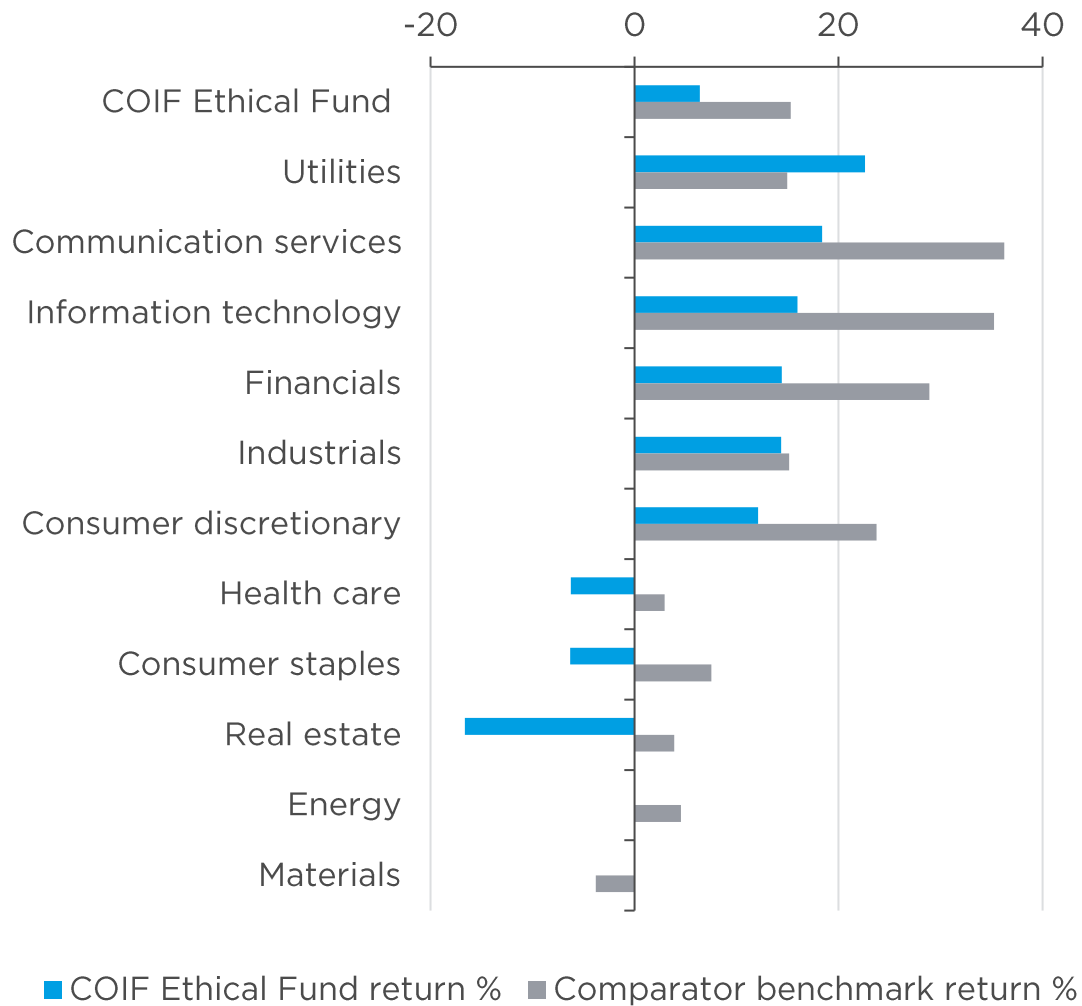
## What were the key factors in the portfolio's total return performance?

Over one year most major asset classes have delivered positive returns to the portfolio:

- Contractual income performance has largely been driven by corporate activity e.g. Round Hill Music and Hipgnosis Songs Fund takeover.
- Property performance improved as result of corporate activity but the higher gilt yields post Trump's election dented returns.
- Listed private equity returns were strong as sentiment towards the sector improved.
- Fixed income performance was negative with expectations for rate cuts fading into the fourth quarter.
- Returns in infrastructure were negative as higher interest rates put pressure on valuations and power prices fell, affecting renewables.

Source: CCLA showing total return performance for the COIF Ethical Fund, one year to 31 December 2024. Comparator benchmark: 75% MSCI World Index, 15% Markit iBoxx Gilts £, 5% MSCI UK Monthly Property Index and 5% SONIA. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets. Please note the cash return has been excluded; this is because the zero start balances of these balances created distorted returns. **Past performance is not a reliable indicator of future results.** Performance is shown gross of management fees and expenses. Net returns will be lower after the deduction of fees and charges. This information does not constitute the provision of financial, investment or other professional advice.

# Performance in absolute terms, by equity sector



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

Performance in information technology was very strong, with the portfolio rising over 16%. Semiconductor positions were the best performing whilst software returns were weaker.

In financials we saw strong performance from exchanges and data providers, whilst emerging market focussed businesses were weaker.

Within industrials, performance across capital goods holdings and professional services was strong.

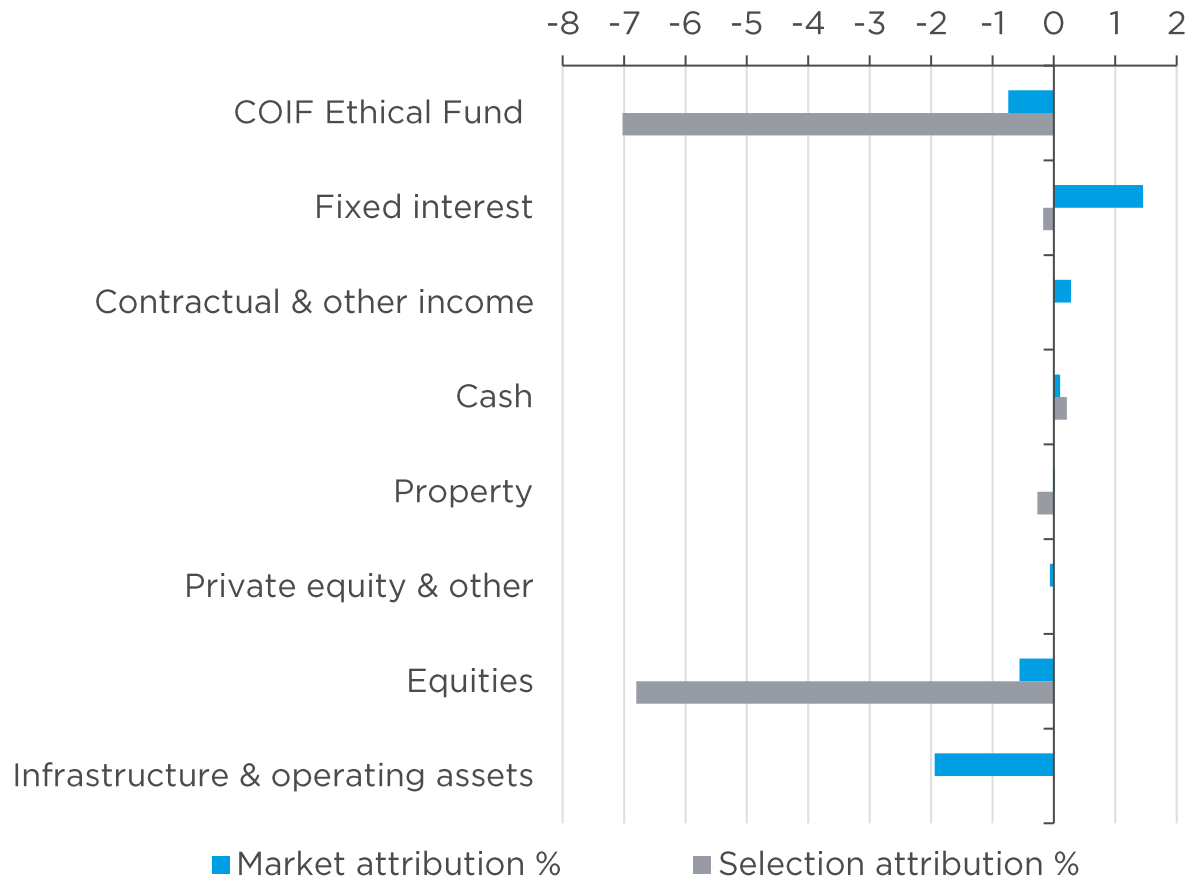
Communication services were strong reflecting good performance from Alphabet.

Returns in healthcare were muted. Strength in medical devices was offset by weakness in life science tools and medical services.

Consumer staples and real estate were weak due to higher rate expectations and slower growth from holdings such as Nestle.

Source: CCLA showing total return performance for the COIF Ethical Fund, one year to 31 December 2024. 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



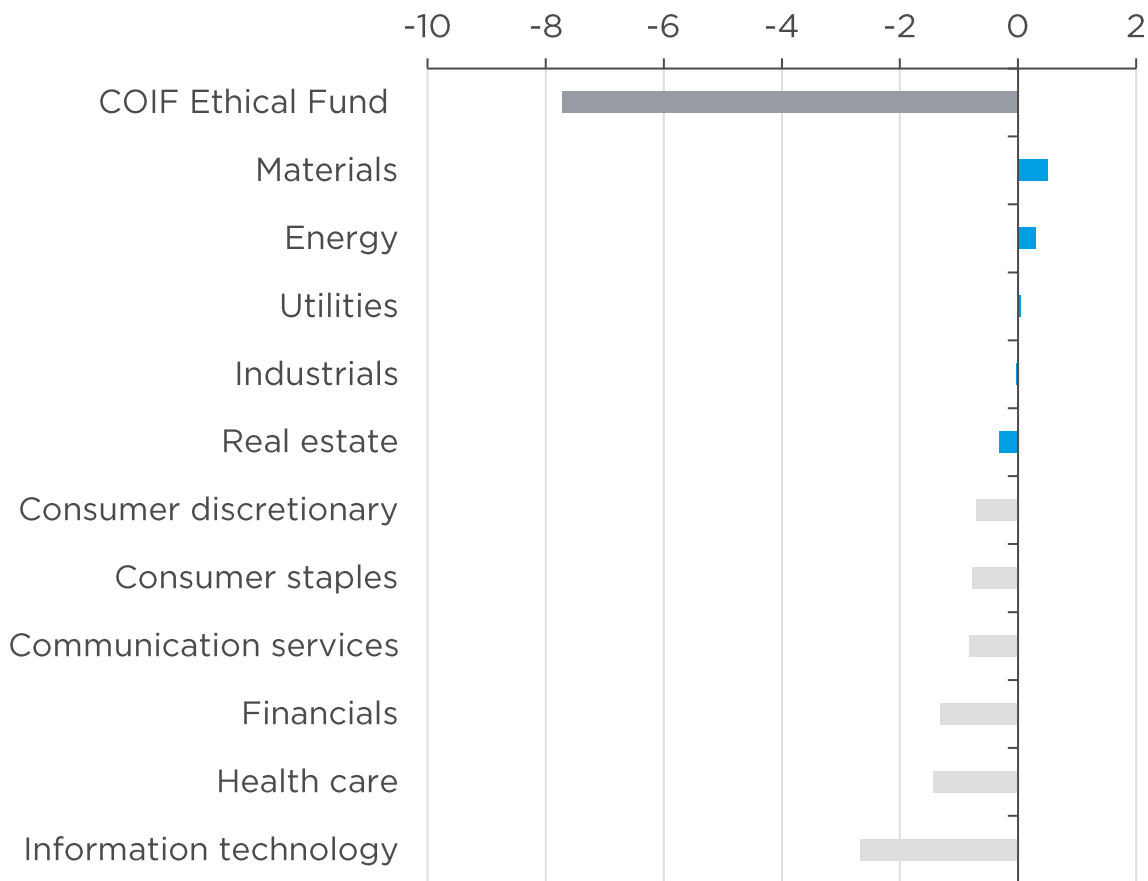
## What were the key factors in the portfolio's performance relative to the comparator benchmark?

- The underweight to fixed income was a positive, however this was partially offset by the allocation to infrastructure.
- Stock selection in equities was the largest detractor to relative performance.

Source: CCLA showing COIF Ethical Fund, one year to 31 December 2024. 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 and communication services, our underweight position to Nvidia and absence from Apple and Meta was a headwind to relative performance.
- Within financials, we lagged a sharp rally in the banking sector particularly in Q4 after Trump's re-election.
- Returns in consumer staples and health care lagged as the market rotated towards growth.
- Our absence from the energy and materials markets was a positive as commodity prices struggled.

Source: CCLA showing COIF Ethical Fund, one year to 31 December 2024. 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%<sup>1</sup>**

## Alternatives and property

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

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

## Fixed income

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

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

## Cash

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

**Allocation range:**  
**0–10%**

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

# Portfolio return assumptions (COIF Ethical Investment Fund)

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

	SAA (%)	Long-term expected real return (%)	Long-term standard deviation (%)
Global equity	75.0	4.3	19.5
UK property	5.0	4.5	10.1
Gilts	15.0	1.9	8.4
IG credit	0.0	3.6	6.0
Sterling cash	5.0	1.0	1.4
Alternatives	0.0	7.1	10.0
<b>Total/weighted average</b>	<b>100.0</b>	<b>3.8</b>	<b>15.5</b>

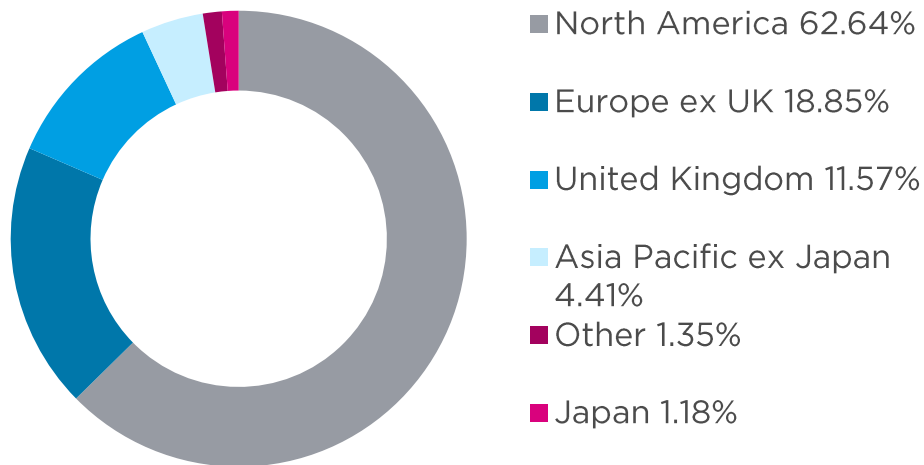
## Tactical asset allocation (TAA) 10-year real returns (median CCLA)

	TAA (%)	Long-term expected real return (%)	Long-term standard deviation (%)
Global equity	71.9	4.3	19.5
UK property	4.3	4.5	10.1
Gilts	5.0	1.9	8.4
IG credit	2.6	3.6	6.0
Sterling cash	2.8	1.0	1.4
Alternatives	13.4	7.1	10.0
<b>Total/weighted average</b>	<b>100.0</b>	<b>4.4</b>	<b>15.8</b>

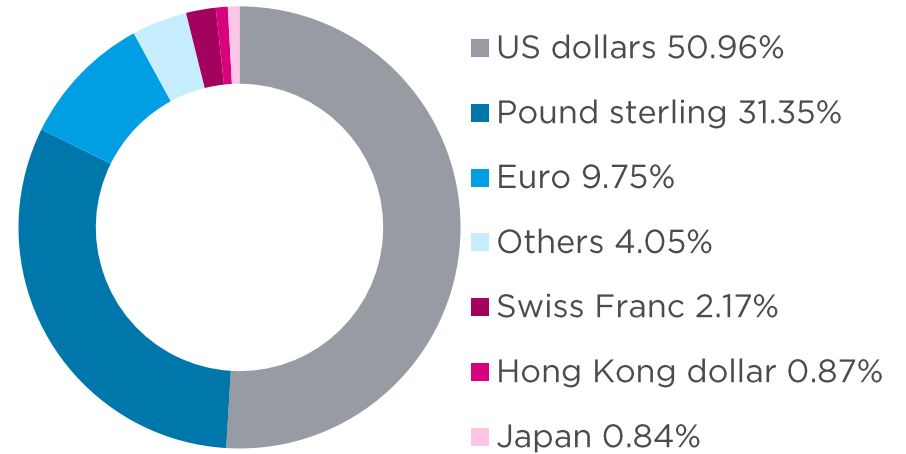
Source: CCLA, as at 31 January 2025. Note: UK CPI assumption is 2.5%. Asset allocation of the COIF Charities Ethical Investment Fund.

# Statement of positioning

## Equity region weighting (equities only)



## Currency exposure (total fund)

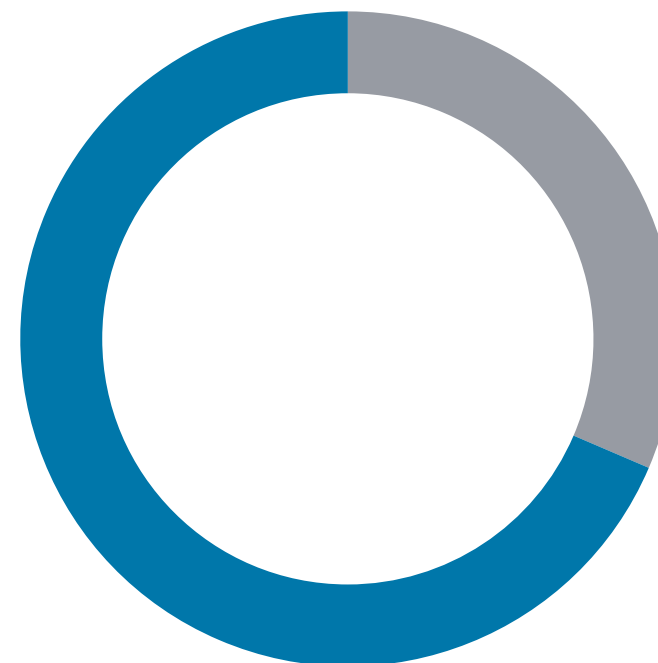


Source CCLA, as at 31 December 2024. Data showing COIF Ethical Fund. Regional weights shown are the percentage of total equity of the portfolio. Asset allocation is subject to change.

# Top 20 holdings

## COIF Charities Ethical Investment Fund

Security name	Portfolio weight %
UK Treasury Gilt 3.25% 22/01/2044	2.86
UK Treasury 4.5% 07/12/2042	2.37
COIF Charities Property Fund	2.31
Microsoft	2.28
Amazon	1.98
COIF Charities Short Duration Bond Fund	1.81
Alphabet	1.70
Visa	1.34
London Stock Exchange Group	1.31
Coca Cola	1.30
Brookfield Infrastructure	1.28
Taiwan Semicon Manufacturing	1.27
Broadcom	1.24
Compass Group	1.23
Roper Technologies	1.22
Hermes International	1.21
Chicago Mercantile Exchange	1.20
Ansys	1.18
S And P Global	1.18
Tradeweb Markets	1.16



- Top 20 holdings 31.44%
- Rest of the portfolio 68.56%

Source: CCLA, as at 31 December 2024. Holdings are subject to change.

## Bond portfolio characteristics

### Fixed income allocation in the COIF Charities Ethical Investment Fund

<b>Fund/security</b>	<b>Portfolio weight (%)</b>	<b>Modified duration (yrs)</b>	<b>Spread duration (%)</b>	<b>Yield to worst (%)</b>
COIF Charities Short Duration Bond Fund*	1.81	1.82	2.81	5.28
Federated Hermes Sustainable Global Investment Grade Credit Fund	0.83	5.79	5.49	4.65
UKT 4.50 12/42	2.37	11.95	--	5.04
UKT 3.25% 01/44	2.86	13.02	--	5.11
<b>Weighted average</b>	<b>100.00</b>	<b>9.17</b>	<b>1.29</b>	<b>5.08</b>
<b>Fund level</b>	<b>7.87</b>	<b>0.71</b>	<b>0.10</b>	<b>5.08</b>

Source: CCLA and Federated Hermes, as at 31 December 2024. 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 December 2024. Asset allocation is subject to change. Infrastructure and operating assets refers to investments that facilitate the functioning of society with the potential for steady cash flows. Contractual assets refers to investments that generate contracted cash flows over a specific period and are typically secured against assets.

<b>Asset class</b>	<b>Sub-asset class</b>	<b>COIF Ethical Fund %</b>
<b>Contractual and other income</b>	Alternative credit	1.47
<b>Infrastructure and operating assets</b>	Renewable infrastructure	3.41
	General infrastructure	2.88
	Student accommodation	1.00
	Healthcare property	0.72
	Energy efficiency	0.28
	Care home property	0.17
<b>Private equity and other</b>	Private equity	4.24
<b>Property</b>	Generalist commercial	2.31
	Logistics warehouses	1.24
	Residential property	0.25
<b>Total</b>		<b>17.96</b>

## Costs and charges

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

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

## Events

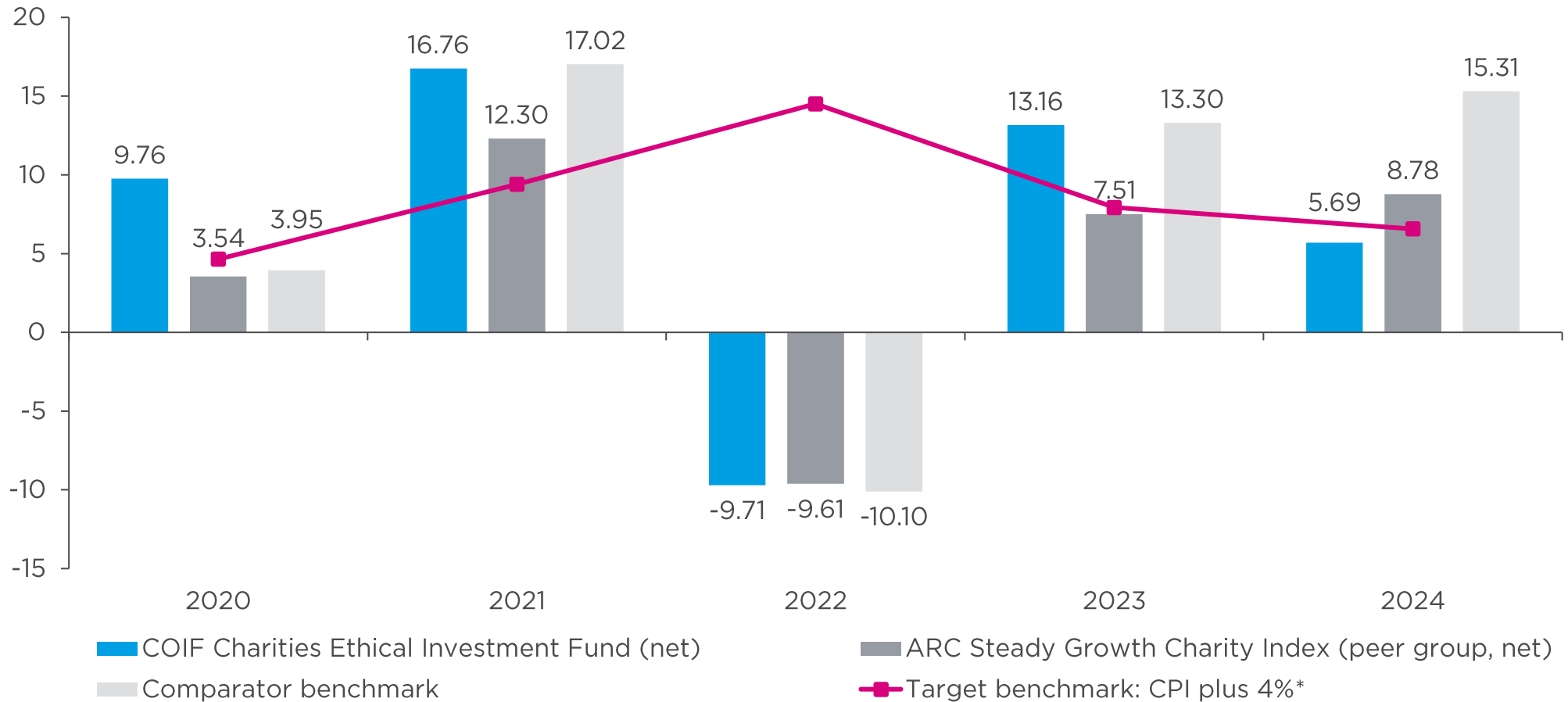
Our events run throughout the year and cover a selection of topics in different formats. They are held virtually and in-person, in London and regionally across the UK.

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

<b>Date</b>	<b>Event</b>	<b>Location</b>
26 March	<a href="#">CCLA Investment Seminar - Belfast</a>	Culloden Estate and Spa
13 May	<a href="#">“Justice and Jeopardy ... the gamble with our future” with HH Wendy Joseph KC</a>	Drapers’ Hall, London
14 & 22 May	<a href="#">CCLA Investment Seminars - London</a>	One Angel Lane (CCLA’s office)
25 June	<a href="#">CCLA Investment Seminar - Newcastle</a>	Hilton Newcastle Gateshead
25 June	<a href="#">CCLA Investment Seminar - York</a>	The Milner York
8 July	<a href="#">CCLA Investment Seminar - Oxford</a>	Rhodes House
16 July	<a href="#">CCLA Investment Seminar - Newmarket</a>	The Jockey Club Rooms
17 September	<a href="#">CCLA Investment Seminar - Edinburgh</a>	The Balmoral Hotel
8 October	<a href="#">CCLA Investment Seminar - Birmingham</a>	Hyatt Regency
4 December	<a href="#">CCLA Investment Seminar - Exeter</a>	Sandy Park Conference Centre

Source: CCLA, as at February 2025.

# Discrete year performance (%)



Source: CCLA, as at 31 December 2024. \*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

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**CCLA**

BECAUSE GOOD IS BETTER

3.3

10:37, 10 Mins

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3.3 - Interim Review of Charitable Funds  
Financial Administration and Governance  
Procedure.

*Delyth Raynsford  
(Hywel Dda UHB -  
Independent  
Member)*

| For approval

**Attachments**

[v1 SBAR Review of Financial Procedure Feb 2025 \(SD\).pdf](#)

[FPReviewFeb2025\\_420-CharitableFundAdminProcedure v5 draft \(SD\).pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Interim Review of the Charitable Funds Financial Administration and Governance Procedure
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Nicola Llewelyn, Head of Hywel Dda Health Charities Timothy John, Senior Finance Business Partner

**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 requests that the Charitable Funds Committee (CFC) considers and approves the proposed amendments to the Charitable Funds Financial Administration and Governance Procedure (Financial Procedure 420) that are outlined below.

**Cefndir / Background**

The aim of the Charitable Funds Financial Administration and Governance Procedure (the Procedure), attached at Appendix 1, is to provide comprehensive guidance to all Hywel Dda University Health Board (HDdUHB) staff relating to the financial administration and governance of charity affairs. The Procedure applies to all HDdUHB staff that have an involvement in charitable funds.

The current Procedure (version 4) was approved by the CFC in June 2022.

An interim review of the Procedure was undertaken in November 2024 and presented to the CFC in December 2024, following a request from the CFC to review the eligibility criteria for charitable expenditure. The CFC considered and approved the proposed amendments to the Procedure, subject to the required consultation process being undertaken.

Following the December 2024 CFC meeting, a staff consultation exercise was undertaken, and some minor amendments have been made to the Procedure following receipt of feedback from Clinical Engineering and Infection Prevention colleagues.

All full review of the Procedure is due on, or before, 26 October 2025.

**Asesiad / Assessment**

Following staff consultation in December 2024 and January 2025, the Charitable Funds Financial Administration and Governance Procedure has been reviewed following staff

feedback, and a number of minor amendments are being proposed. These are clearly marked in the Procedure attached at Appendix 1 and relate to the following:

Item	Proposed amendments	Reason for change
Page 2: To be read in conjunction with	Addition of references to two policies: <a href="#">248 – Standards of Behaviour Policy</a> <a href="#">467 – Medical Devices Policy</a>	For consistency as the Procedure is referenced in both policies.
Page 18 Purchase to Payment Process	Updated paragraph: A 'Request for charitable funds expenditure' form (or equivalent electronic application form/business case template) to be completed in the first instance detailing the item of expenditure and justification for spend, ensuring spend is eligible.	Addition of reference to the new electronic application form for expenditure requests under £10,000 and the new business case template for requests over £10,000.
Page 18 Purchase to Payment Process	Updated paragraph: <del>Medical devices – requests for the purchase of medical devices must be supported by the Clinical Engineering Department</del> accompanied by evidence of Statement of Need (SON) approval to ensure that support has been received from the Clinical Engineering Department and from the Head of Decontamination.	Addition of reference to the evidence that must be provided to accompany an expenditure request for a medical device. The reference to the Head of Decontamination is following improvements that have been made to the HB procedures for purchases of medical devices that require decontamination (cleaning/disinfection/sterilisation) before or following each use.

An Equality Impact Assessment (EqIA) Screening Template has been completed for the proposed amendments to the Financial Procedure. The HDdUHB Diversity and Inclusion Team does not consider that an EqIA is necessary for this procedure as it does not impact anyone with any protected characteristics.

### Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **CONSIDER** and **APPROVE** the proposed amendments to the Charitable Funds Financial Administration and Governance Procedure outlined within this report.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.2 Approve appropriate procedures and policies to ensure that fundraising and accounting systems are robust, donations are received and coded as instructed and that all expenditure is reasonable, clinically and ethically appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	Not applicable

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Included within the main body of this report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Finance team colleagues (Financial Planning & Statutory Reporting) Learning and Development Co-ordinator Fundraising Manager Charitable Funds Sub-Committee Staff consultation via Global email

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Ensure correct controls and governance arrangements are in place to provide assurance that charitable funds within HDdUHB are appropriately managed.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Develop a proactive and standardised approach to the expenditure of charitable funds to ensure that appropriate service needs and additional benefits to patient care is supported.
<b>Gweithlu: Workforce:</b>	There are no workforce impacts from the implementation of the recommendations within this report.

<b>Risg: Risk:</b>	Reputational risk if charitable funds are not appropriately managed and governance controls are not followed.
<b>Cyfreithiol: Legal:</b>	Not applicable for this paper.
<b>Enw Da: Reputational:</b>	Reputational risk if charitable funds are not properly managed and governance controls are not followed correctly.
<b>Gyfrinachedd: Privacy:</b>	Not applicable for this paper.
<b>Cydraddoldeb: Equality:</b>	An Equality Impact Assessment (EqIA) Screening Template has been completed. An EqIA is not considered necessary for this procedure as it does not impact anyone with any protected characteristics.

# CHARITABLE FUNDS

## FINANCIAL ADMINISTRATION AND GOVERNANCE PROCEDURE

### Procedure information

**Procedure number:** 420

**Classification:**

Corporate/Financial

**Supersedes:**

Previous versions

**Version number:** 5

**Date of Equality Impact Assessment:**

16/06/2022

### Approval information

**Approved by:** Charitable Funds Committee

**Date of approval:**

**Date made active:**

**Review date:** 26/10/2025

**Summary of document:**

To outline Charitable Funds administration and governance practices to ensure safe custody of those funds

**Scope:**

This procedure applies to all staff that have an involvement in Charitable Funds. This procedure should be read in conjunction with Standing Orders, Standing Financial Instructions and Financial Procedures

**To be read in conjunction with:**

Standing Orders

Standing Financial Instructions

[Other Financial Procedures](#)

[435 – AW Procedure for NHS to raise concerns \(whistleblowing\)](#)

[815 – Counter Fraud Policy](#)

[248 – Standards of Behaviour Policy](#)

[467 – Medical Devices Policy](#)

**Patient information:**

Include links to [Patient Information Library](#)

**Owning group:**

*Finance Committee/Charitable Funds Team*

**Executive Director job title:**

*Huw Thomas, Director of Finance*

**Reviews and updates:**

1 – new policy April 2015

2 – revised 9.3.2017

3 – full review including changed to a procedure 26.1.2021

4 – additions made to the procedure 26.10.2022

5 – additions and amendments made to the procedure 18.03.2025

**Keywords**

Charitable

**Glossary of terms**

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## INTRODUCTION

Hywel Dda Health Charities (the Charity), is the official charity of Hywel Dda University Health Board (HDdUHB) and exists to make a difference to the thousands of people cared for by HDdUHB each year. The Charity does not replace NHS funding but uses the generous donations received to provide services and activities beyond what the NHS can provide.

Hywel Dda Health Charities which is responsible for our charitable funds is registered with the Charity Commission for England and Wales<sup>1</sup> and is subject to the provisions of the Charities Act 2011. The registered charity is a separate legal entity to HDdUHB and for this reason the charitable funds should be held and accounted for separately from the exchequer funds of HDdUHB. HDdUHB is the corporate trustee of Hywel Dda Health Charities, in accordance with NHS legislation.

HDdUHB, in the conduct of its responsibilities connected with the charitable funds, shall take into account relevant guidance produced by the Charity Commission. HDdUHB has appointed a Charitable Funds Committee to assist in the discharge of its corporate trustee responsibilities in respect of charitable funds. This is in accordance with Standing Orders.

NHS legislation enables NHS bodies, such as Hywel Dda University Health Board, to hold property on trust and also defines the objects, or purpose, of NHS charities for the public benefit.

NHS bodies themselves are not the beneficiaries of NHS charities. Most NHS charities however choose to provide support to their beneficiaries via their linked NHS body. Beneficiaries of NHS charities are primarily NHS patients rather than the charities linked NHS bodies. The majority of grant payments are made as contributions to the NHS. Other grant payments are made for patient and staff welfare and amenities.

## STATEMENT

The purpose of this procedure is to support staff and those charged with governance in their financial responsibilities with regards to Charitable Funds.

## SCOPE

This procedure applies to all staff that have an involvement in Charitable Funds. This procedure should be read in conjunction with Standing Orders, Standing Financial Instructions and Financial Procedures. Appropriate action will be taken should any member of staff not comply with the requirements of this procedure.

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<sup>1</sup> Registered charity number 1147863.

## AIMS

The purpose of this procedure is to provide comprehensive guidance to all staff relating to the financial administration and governance of charity affairs.

## OBJECTIVES

The aim will be achieved by

- Setting out the process to be followed to ensure all income due to the charity is identified and appropriate controls are in place for income collection and banking
- Outlining the criteria required for charitable funds reimbursement of expenditure
- Detailing the Charity Investment Policy, Ethical Policy and Reserves Policy
- Covering internal and external reporting requirements
- Explaining how the charity administers its investments
- Detailing the registrations required of the Charity

## INCOME

### Receiving and Banking Donations

#### *At Ward/Department*

It is the responsibility of the member of staff receiving the donation to ensure all donations to the Charity are banked in accordance with this procedure. When charitable donations are received directly by a ward/department it is the responsibility of the member of staff receiving the donation to, complete a receipt in the ward/department Charitable Funds Donation Book, whether the donation is received in person or by post. The Donation Book is classed as controlled stationery and every ward/department should have their own Donation book. Donation books can be requested via email ([CharitableFundsFinance.hdd@wales.nhs.uk](mailto:CharitableFundsFinance.hdd@wales.nhs.uk)) from the Finance Department.

The Charitable Funds Donation Book must be completed as fully as possible with details of the donation. Details on completion can be found inside the cover of the book. A sample charitable funds donation form and flowchart can be found in [Appendix 1. \(opens in a new tab\)](#)

Always ensure when paying money in that it has been counted twice and ensure the donation form has been signed by the donor and the person accepting the donation. All cheques should be made payable to Hywel Dda Health Charities. All receipts should be promptly passed to the nearest General Office for banking.

It is the responsibility of the officer accepting the donation on behalf of the Health Board to formally establish the intention of the donor as to its use. The officer should use the Charitable Funds Donation Book to record the specific fund the donation is intended for. The Health Board's official donation

record form shall be completed; a copy of the donation record form (yellow copy) shall be retained by the Finance Department.

A receipt (the white copy) of the Donation form shall be made available to the originator of the donation. The receipt will bear an expression of thanks and the charity registration number. It is recommended that a letter of thanks be sent to the donor (minimum value £10). A letter of thanks template can be found in [Appendix 2](#) (**opens in a new tab**) of this document.

The blue copy of the form should remain in the book and retained for ward/department records.

Where donations are received in the post, not in person, a letter of thanks together with the official receipt will be sent out by the officer receiving the donation. If there is no supporting documentation with the donation indicating the use to which the donation is to be put (no Hospital, Service, Department or type of expenditure indicated) the donation shall be banked in HDdUHB's General Purpose Fund (Support for Life Response Fund T600).

If it appears likely that it is not possible to make use of a donation because the donor wishes it to be used for;

- a purpose not relating to the health service,
- a purpose for which a much larger sum is required and there appears little likelihood of such a sum being made available in the foreseeable future,
- a purpose from which there may be significant revenue consequences, the donor shall be advised of the situation, with the suggestion that the donation is made available for an alternative purpose.

## **BACS**

Where charitable donations are received via bank transfer, it is the responsibility of the Charitable Funds Support Officer to complete a donation form and ensure the donation is allocated to the appropriate fund as per the intention of the donor.

A letter of thanks & the white copy of the donation form will be sent out to the donor where sufficient information has been provided. Where applicable, a retrospective Gift Aid claim form will be sent out to the donor with the letter of thanks.

## **Online Sources of Income**

Fundraisers wishing to raise monies for Hywel Dda Health Charities online should refer to the 'Support Hywel Dda Health Charities' section on the Hywel Dda Health Charities' website ([www.hywelddahealthcharities.org.uk](http://www.hywelddahealthcharities.org.uk)) - (**opens in a new tab**).

### *JustGiving*

Once fundraisers have created a new fundraising page, linked to the charity's Just Giving account (<https://justgiving.com/hywelddahealthcharities>), an e-mail is automatically generated by the system and sent to the Fundraising Team, confirming that a new page has been created. Once received, the team will notify the Charitable Funds Support Officer of the page along with the specific fund to be credited with the donation. If it is not clear from the fundraising page which charitable fund the money is to be raised for, then the Fundraising Team will make contact with the fundraiser to allocate to the correct fund.

The Charitable Funds Support Officer will extract monthly details of payments from the Just Giving page and will allocate the donations to the relevant fund. This report will then be sent to the Cash Section to enable the receipts to be allocated to the correct Charitable Fund. The Just Giving platform manages the gift aid reclaim process including the reporting and communication to HMRC and the Charity.

Other online sources available to receive charitable fund donations are Memory Giving and Virgin Money Giving. These webpages are monitored by the Fundraising Team who inform Finance where to allocate income received.

### **Legacies**

The Director of Finance (or nominated Deputy) will be informed immediately of any legacies due to the charitable funds. The Director of Finance will retain the services of Smee & Ford to advise HDdUHB of legacies that are due.

The Finance Department will maintain a register of legacies, which will be reviewed and updated on a regular basis. Details of the legacy will be recorded from the time it is brought to the attention of HDdUHB until the final account is completed and HDdUHB has received all proceeds that are due. The full value of the legacy will be recognised in the accounts as soon as HDdUHB is advised of the legacy, as long as the value can be accurately measured and receipt of the bequest being certain. No legacies will be recognised to individual designated fund level until they are physically received.

The extracting solicitors shall be informed that the Director of Finance is the person empowered to give a valid discharge of legacies. The relevant extract from the will shall be requested. Copies of wills are forwarded at point of notification from external agency.

If it is necessary for HDdUHB to obtain grant of probate or to make application for grant of letters of administration in order to obtain a legacy due to the charitable funds under the terms of a will, the Director of Finance will be HDdUHB's nominee for this purpose.

Any correspondence relating to legacy income for any HDdUHB should be directed to the Charitable Funds Finance Team at the address below for processing:

Charitable Funds Finance Team, Tŷ Gorwel, Building 14, St David's Park, Carmarthen SA31 3HB.

### **Support from Companies**

The Charity only accepts donations from companies, which are acceptable within the framework of our Investments and Ethics Policy and the Health Board's Standards of Behaviour policy. [See Appendix 3 - \(opens in a new tab\)](#)

### **Grants Received**

This relates to monies received from outside organisations such as grant making trusts and foundations.

All grant applications submitted in the name of the Charity must be approved by the head of Hywel Dda Health Charities (or nominated deputy). The submission of grant applications in the Charity's name without the approval and knowledge of the fundraising team is strictly forbidden.

The Fundraising Team will be responsible for submitting grant applications and retaining all relevant correspondence on file. Copies of the grant application, award letter, spend plan & remittance is to be forwarded to Finance. The Finance Department will create a new fund account for each grant award.

Successful applicants must ensure they are familiar and comply with these together with any specific conditions attached to their grant as set out in the award letter.

There is no requirement for a charitable funds request form to be completed for expenditure relating to external grant funding. A purchase order will need to be raised, attached electronically to the requisition should be a copy of the approved application form along with a copy of the grant award letter.

Finance will be responsible for maintaining a record of all grants received in year, monitoring & recording expenditure to ensure it is appropriate and incurred with the timescales specified with the terms and conditions of the grant.

Evaluation and end of grant reports will be completed by the applicant with support provided from the Fundraising Team and Finance to complete any financial returns.

### **Non Charitable Income**

Not all income received by HDdUHB for health purposes is charitable. If you are unsure whether something should be classed as charitable or not, please contact Finance. Monies received from organisations for work done by members of staff during HDdUHB time should not be banked into one of the Charity's funds, but should be banked into the main HDdUHB exchequer funds.

Income arising from the provision of health care, or goods or services connected with the operation of health care activities is classed as trading activity and must be accounted for through revenue (exchequer) funds.

The following activities are not classed as charitable donations and MUST therefore be accounted for through normal income generation (revenue) methods:

- Payment in Return for Access to Staff, Patients and Premises
- Clinical trials and research
- Payment made to an Individual as a direct result of their employment by HDdUHB
- Income that could be perceived as NHS income (income generation) will not be credited to a charitable fund
- Attendance fees for training courses/conferences organised by HDdUHB

### **Gift Aid**

If a taxpayer makes a donation to a registered charity and completes a Gift Aid declaration, then the Charity can re-claim the basic rate tax on that donation. Currently, this is an additional 25% of the original donation.

When a donation is received, the donor should always be asked to complete the Gift Aid declaration section of the Charitable Funds donation form, if they are eligible (i.e. a UK taxpayer). This maximises the donation to the Charity, at no additional cost to the donor.

Should an opportunity to claim Gift Aid be missed on receipt of the donation, Hywel Dda Fundraising Team send a retrospective claim form to the donor for all claims over £50.

The finance department will ensure that Gift Aid is recovered annually and by the necessary deadlines on form R68. A gift aid form is included as [Appendix 4.](#) **(opens in a new tab)**

## Investment Income

The investments held by the Charity have been invested solely for the purpose of the Charity with no pooling arrangement in place.

An officer of the Finance Department will obtain such valuations in order to determine the valuation gains and losses of individual investments.

Income from dividends and interest, and realised and unrealised gains and losses will be distributed on a quarterly basis to each charitable fund. The average monthly balance of the individual charitable funds will be used to apportion investment returns.

A record of investment transactions will be maintained.

## Donated items and gifts in kind

All potential donated assets (medical equipment, furnishings) and gifts in kind must follow the guidance given in the Standards of Behaviour Policy which is available on the intranet.

## Sponsorship

All potential sponsorship agreements must be in line with the [Sponsorship by the Private Sector Policy \(FP1601\)](#). (opens in a new tab)

## Acceptance of charitable income

As stated in guidance issued by the Chartered Institute of Fundraising, charitable income should only be rejected if it would be unlawful to accept or if accepting the income would be detrimental to the achievement of the purposes of the Charity.

## High risk sectors

The following industry sectors are considered high risk and detrimental to the achievement of the purposes of the Charity. Donations, grants, proceeds of fundraising or partnerships from organisations or individuals that are derived directly from the following will be refused:

- Armament sales, manufacture or export
- Manufacture or production of tobacco products
- Manufacture or production of alcoholic beverages, where more than 10% of income is derived from this source.

Other sectors may be reviewed and identified as high risk at the discretion of the Charitable Funds Committee and Lead Executive Directors.

## Reputational considerations and due diligence

Charitable income will be declined or returned when it is known, or there are reasonable grounds to believe that:

- Funds have been obtained illegally or through unethical approaches
- There are risks to the Charity or HDdUHB's integrity and reputation
- There is a conflict of interest with the Charity or HDdUHB
- There is evidence that a donor lacks capacity to make an informed decision
- The income would require reciprocal endorsement or recognition which may be detrimental to the reputation of the Charity or HDdUHB

Any charitable income that is refused or returned will be logged on the Charity's fundraising database with a full explanation of the process followed and justification for the decision and subsequently reported to the Charitable Funds Committee.

In line with recommendations made by the Fundraising Regulator, the Charity will carry out due diligence checks, appropriate for the size and nature of the charitable income, on both the financial and reputational dealings of possible donors before accepting any charitable income.

<b>Value of charitable income</b>	<b>Due diligence checks required</b>	<b>Action required</b>
Up to £10,000	No checks required	No action required
£10,001 - under £50,000	Level 1 due diligence checks	Any potential risk to be highlighted to the Lead Executive Director for decision-making
£50,001 - £250,000	Level 2 due diligence checks	Any potential risk to be highlighted to the Charitable Funds Committee for decision-making
Equal to or over £250,000	Level 3 due diligence checks	Any potential risk to be highlighted to the Corporate Trustee for decision-making

The due diligence checks that will be undertaken, coordinated by the Head of Hywel Dda Health Charities and Fundraising Manager, can be summarised as follows:

	Level 1 £10,001 - under £50,000	Level 2 £50,001 - under £250,000	Level 3 Equal to or over £250,000
Online key word search	✓	✓	✓
Review of social media	✓	✓	✓
Review of media coverage	✓	✓	✓
Review of any previous charitable giving and partnerships	-	✓	✓
Google alert set-up for ongoing media review	-	✓	✓
Review of corporate social responsibility and giving policies (for organisations)	-	✓	✓
Review of board/ senior management team (for organisations)	-	✓	✓
Dun & Bradstreet business credit report	-	✓	✓

### Anonymous donations

If a donation is offered or received anonymously, information from the donor's representatives will be sought to ensure that it would be appropriate for the Charity to accept the funds. In the event of the receipt of an anonymous donation where there is no paperwork or the ability to identify the donor and it is impossible to return the donation, we will accept donations up to the value of £10,000. Anonymous donations over the value of £10,000 will be referred to the Charitable Funds Committee for decision making. All anonymous donations will be recorded on our fundraising database.

### Return of charitable donations

In line with the Fundraising Regulator's Code of Fundraising Practice, charitable donations cannot routinely be returned or refunded to donors.

In cases where donations with agreed restrictions have been received and circumstances have changed so that the original purpose of the gift cannot be fulfilled in whole or part, the Charity will typically seek to use the funds in a way that closely corresponds to the original objectives of the donor, consulting the donor or the donor's representatives wherever possible.

In the event of a cancellation of an activity or event managed by the Charity, donors will be contacted to discuss rescheduling of the event or a refund.

### **Acknowledgement of charitable donations**

The Charity recognises the significant role that charitable income brings to the Charity and HDdUHB. The practice of naming buildings and facilities funded by charitable income should however only be considered in exceptional circumstances, in line with HDdUHB policies and procedures.

The Lead Executive Director for Hywel Dda Health Charities, in conjunction with the Charitable Funds Committee, will be responsible for considering requests in relation to the naming of buildings or facilities funded, or part funded, by charitable income, for approval in line with HDdUHB policies and procedures.

The following guidelines are intended to support discussions:

#### **Precedence**

Previous decisions made by HDdUHB should not be seen as a precedent for the recognition of individuals or organisations making a similar contribution, with each decision being made on a case-by-case basis.

#### **Values**

In all cases where a naming opportunity is being considered in relation to charitable income, the naming opportunity should reflect the core values and integrity of the Charity and HDdUHB, and reflect the diverse nature of those who contribute to the Charity.

#### **Construction of new or refurbishment of existing buildings**

The suggested value of a financial contribution to be recognised through a building naming opportunity (e.g. hospital, health centre) should be a minimum of 51% of the construction costs of a new building or the refurbishment costs of an existing building.

Where it is proposed that a charitable gift is to be recognised through the naming of a building, the actual name and period of naming should be discussed and agreed in advance by the principal decision makers.

### Construction of new or refurbishment of existing facilities

The suggested value of a financial contribution to be recognised through a facility naming opportunity (e.g. ward, service, department, laboratory) should be a minimum of 75% of the construction costs of a new facility or the refurbishment costs of an existing facility.

Where it is proposed that a charitable gift is to be recognised through the naming of a facility, the actual name and period of naming should be discussed and agreed in advance by the principal decision makers.

### Capital fundraising appeals

Where appropriate, a facility or room naming list should be prepared prior to the launch of a capital fundraising appeal. This list should include the proposed values for naming associated with each facility or room aligned with the development. The specific value of gifts for naming opportunities will be agreed on a case-by-case basis for each a capital fundraising appeal in line with HDdUHB policies and procedures.

## FUNDRAISING

### Fundraising

Fundraising for Hywel Dda Health Charities (the charity) is actively encouraged. Anyone who wishes to raise money for the charity, whether it be staff, patients, their families, local businesses or the general public, should be encouraged to contact our Fundraising Team at the earliest opportunity.

The Fundraising Team is able to provide fundraising guidance and support for those who wish to raise funds for the charity to ensure that the fundraising complies with the relevant legal requirements and fundraising best practice:

Telephone: 01267 239815

E-mail: [Fundraising.HywelDda@wales.nhs.uk](mailto:Fundraising.HywelDda@wales.nhs.uk)

### Staff fundraising for Hywel Dda Health Charities

The participation in fundraising activities for the charity by members of HDdUHB staff is entirely voluntary and should not be imposed upon any individual member of staff.

Members of HDdUHB staff are however encouraged to work with the Fundraising Team to promote charitable giving and fundraising for the charity as well as their individual wards, services and departments.

Where individual members of staff, or a group of staff, wish to fundraise for the charity, they are encouraged to contact the Fundraising Team to ensure that the fundraising complies with the relevant legal requirements, fundraising best practice and for any relevant support to be provided.

As staff participation in fundraising activities for the charity is voluntary, fundraising activities must not take place during working hours or utilise HDdUHB resources without prior line management approval.

Members of staff must ensure that all staff led fundraising activities must not attract adverse publicity or meet with public disapproval that could damage the reputation of both the HDdUHB and the charity.

Fundraising must not take place at the bedside. Members of staff must not directly approach patients or visitors to request support for their fundraising activity; however, if they are approached by patients or visitors regarding the fundraising activity then offers of support can be accepted.

It is permissible to display information on staff fundraising activities for the charity within the HDdUHB estate, such as in patient waiting areas and on notice boards.

### **Staff fundraising for external charities**

The participation of staff members in major national fundraising events (e.g. Children in Need, Red Nose Day, Macmillan Coffee Morning, Genes for Jeans) is permitted during the duration of each individual appeal, with line management approval.

Staff members are not permitted to fundraise or support the fundraising activities of external charities during working hours or to utilise HDdUHB resources (e.g. name, premises, email, office equipment etc) in relation to this.

In line with HDdUHB's Standards of Behaviour Policy, all HDdUHB staff must ensure that they declare any relevant interests (including those of close family members or associates) in external charities or charitable organisations to the HDdUHB for recording in the Register of Interests, which may include:

- A position of authority in a charity or voluntary body in the field of health and social care; and/or
- Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.

### **Charitable donations and external charities**

All charitable income, including donations, received by HDdUHB staff must be banked, held and administered by HDdUHB. This applies to all charitable income intended to benefit HDdUHB's patients or staff including donations made as a token of thanks for care received.

Staff members are not permitted to hold any charitable income in external bank accounts or direct this income to any external charity or organisation not governed by HDdUHB.

### **Fundraising on the HDdUHB estate**

To protect our patients, visitors and staff from the risks and confusion associated with fundraising activity by multiple charities, HDdUHB does not permit fundraising activities by external charities on the HDdUHB estate.

HDdUHB does however recognise a number of 'partner' charities who raise funds solely, or for the majority, in support of HDdUHB's services, patients and staff and whose aims are closely aligned to those of the charity.

HDdUHB permits its partner charities to raise funds on the HDdUHB estate. The nature of all partner charity fundraising activities on the HDdUHB estate requires the approval of the relevant relationship manager and the Head of Hywel Dda Health Charities.

#### Partner charities:

Organisation	Registered charity number	Relationship manager
Cardigan Hospital and Community League of Friends	1062054	Ceredigion County Director
Friends of Glangwili General Hospital	250482	Glangwili Hospital General Manager
League of Friends of Aberystwyth Hospitals and Welfare Homes	253992	Bronglais Hospital General Manager
Amman Valley Hospital League of Friends	1038522	Carmarthenshire County Director

Organisation	Registered charity number	Relationship manager
The League of Friends of the Llandovery Hospital	512714	Carmarthenshire County Director
The Llanelli and District League of Hospital Friends	501207	Prince Philip Hospital General Manager
The Llanelli-Dinefwr Hospice Appeal Fund (Tŷ Bryngwyn)	702507	Carmarthenshire County Director
Prince Philip Hospital Breast Care Unit Fund (PPH BSU Fund)	1140533	General Manager Scheduled Care
Tŷ Cymorth (Carmarthen & District) Hospice Care Appeal	1020279	Carmarthenshire County Director
Withybush Hospital Cancer Day Unit Appeal	1130261	General Manager Cancer Services

External charities or organisations, other than HDdUHB's partner charities, can seek permission to fundraise on the HDdUHB estate for the benefit of NHS services across mid and west Wales. Requests will be considered on a case by case basis by the Charitable Funds Sub-Committee. Applications should be made in writing to the Head of Hywel Dda Health Charities.

## EXPENDITURE

Expenditure from charitable funds will be for exclusively charitable purposes only, as defined by the Charity Commission. The expenditure shall satisfy both the objects of the relevant registered charity and the deed of trust of the specific fund.

It should be noted that staff welfare and amenity funds are charitable only because their immediate non-charitable purpose of providing benefits to staff is perceived as conducive to the furtherance of the charitable purposes of HDdUHB.

The Corporate Trustee has a duty to apply funds unless the charity's governing document gives them the power to accumulate income or they have plans for specific applications.

The expenditure of restricted funds shall be within the terms of the original receipt. Applying these funds to other charitable purposes shall only be with prior consultation and agreement of the Charity Commission.

The expenditure relating to unrestricted funds should be spent within the original intention of the donor. Where these funds cannot be spent within the original terms, then they can only be reapplied for other purposes through Charitable Funds Committee approval.

All payments shall be made from the HDdUHB's General account and then recharged to the Charitable Funds bank account.

### **Purchase to Payment Process**

All items of expenditure, **will need to be approved prior to the expenditure being incurred**. For this reason disbursements from petty cash from charitable funds are not permitted (unless used as part of the Christmas festivities funding of wards and departments as determined by the Finance Department).

A 'Request for charitable funds expenditure' form (or equivalent electronic application form/business case template) ([Appendix 5 – \(opens in a new tab\)](#) needs to be completed in the first instance detailing the item of expenditure and justification for spend, ensuring spend is eligible. [Appendix 6](#) (opens in a new tab) outlines the **list of eligible and ineligible expenditure under charitable funds**.

Dependent on the type of expenditure being considered a number of pre-approval checks are required to ensure the items to be purchased are compatible with items purchased via exchequer funds.

- IT – requests involving the purchase of any IT equipment must be supported by the ICT Department
- Medical devices – requests for the purchase of medical devices must be supported by the ~~Clinical Engineering Department~~ accompanied by evidence of Statement of Need (SON) approval to ensure that support has been received from the Clinical Engineering Department and from the Head of Decontamination.
- Staff training – approval of requests for staff learning and development opportunities will be made subject to the approval of the relevant study leave application
- Estates – requests involving any building or groundworks must be supported by the relevant estates site operations management team.

All requests for expenditure shall be approved by the [appropriate authorisation level](#) and forwarded to the Finance Department Funds Officer who will check to ensure eligibility, approval and that there are sufficient funds in place.

Approved charitable funds request forms are valid for 3 months, during which time the expenditure must be spent or the approval of funds will be withdrawn after this time.

Purchase order expenditure requests shall be made through the Finance Oracle iProcurement System in accordance with self-service procurement desk top instructions and the guidance to budget holders in the “HDHC User Guide”.

Detailed process for approving & authorising charitable funds expenditure claims is outlined in [Appendix 5 \(opens in a new tab\)](#)

Payment against orders will be made in the normal way following receipt of goods or services and the supplier invoice. The payment will be made by BACS transfer or cheque from the Health Board’s General Account.

**No retrospective submissions for reimbursement of expenditure should be made.** Expenditure forms should include the nearest estimate of costs if costs are not known and should always be completed before the expenditure is incurred. All retrospective claims will be forwarded to the Charitable Funds Sub-Committee for consideration.

#### Procurement requirements

The procedure for requisitioning any items or services using money held in charitable funds is identical to that for Exchequer funds (revenue), therefore all procurement policies must be deemed to apply equally.

#### For items over £5,000 (excluding VAT)

In addition to the process set out above, completed and approved expenditure forms should be sent to the Finance Department along with evidence of compliance with procurement rules. Such evidence is:

- Items purchased are on Oracle catalogue
- 3 competitive quotations have been obtained (copies should be provided with the Expenditure form), and if not, justification
- There is a compliant Public sector framework that the Health Board can utilise

#### For items over £25,000 (excluding VAT)

In addition to the process set out above, completed and approved expenditure forms should be sent to the Finance Department along with evidence of compliance with procurement rules. Such evidence is:

- Items purchased are on Oracle catalogue
- 4 competitive tenders have been obtained (copies should be provided with the Expenditure form) (and OJEU process followed for items above prevailing threshold)
- A single tender application (STA) form has to be completed and approved by the Fund Manager and sent to Procurement.
- There is a compliant Public sector contract/ framework that the Health Board can utilise

Where such evidence is not provided the expenditure request form will be returned to the requestor.

#### Tolerance levels for charitable expenditure approvals under £10,000

For funding applications up to and including £10,000, a tolerance level, equivalent to the lower of 15% or £150 of the value of funding approved, will be applied when approving Oracle requisitions subject to sufficient funds being held to cover the overall spend. This is to minimise the need for applications to be re-submitted for approval where there may be small discrepancies between the supplier quote value and the value of funding requested by a service. If as a result the actual cost exceeds £10,000, approval will be required from the Charitable Funds Sub-Committee before the spend can be incurred.

#### Capital Expenditure

Items over £5,000 in value and falling within the capital definition will need to be capitalised.

Requests to make capital purchases from the Charity may be put forward by the Fund manager, with appropriate approval. The revenue consequences of the purchase must be considered and details included in the request. For all capital purchases, a capital business case form should be completed and submitted to the Capital Planning Group. It must be approved at this group to ensure it fits in with the Health Board's capital strategy. Further guidance regarding capital spend can be obtained from Finance Department Planning and Major Projects Team.

#### Higher Award Study

Higher award and academic studies, over and above that provided by the NHS, which will improve staff knowledge and performance in their roles within the NHS and demonstrate significant benefits to NHS patients can be funded in line with NHS subsistence rates.

#### Charitable Funding for Study Leave

There is no requirement for applicants requesting charitable funding for study leave (courses or conferences) to complete the 'Request for charitable funds expenditure' form. Instead, requests for charitable funded study leave are incorporated into the Health Board's study leave application process. This process enables applicants to apply for study leave that is scrutinised and approved for appropriateness by Learning and Development before being authorised by the relevant charitable funds signatories. This process will also ensure that all expenditure is approved prior to it being incurred.

#### Delegated Authorisation Level

The Finance Department will maintain a list of all authorised signatories, and will only process requests for expenditure that have been suitably authorised. The list of authorised signatories is available on the intranet and will require periodic review by the Service and Finance to ensure it's up to date.

Approval levels are as follows:

<b>Expenditure Amount</b>	<b>Approval Required</b>
Up to £1,000	Senior Nurse Manager/Service Delivery Manager Head of service or managers at equivalent level
£1,001 to £10,000	Clinical, Hospital or Service Director Hospital or Service General Manager Head of Nursing or managers at equivalent level
£10,001 to £50,000	Charitable Funds Sub-Committee
£50,001 to £100,000	Charitable Funds Committee
>£100,000	Corporate Trustee

This is in line with the delegated limits of the Health Board.

Where expenditure is in excess of £5,000 and satisfies the definition of capital expenditure the expenditure will be recorded as appropriate on the capital asset register.

### **Christmas festivities**

The Charity is **not** able to support any staff celebrations or parties including gifts for staff.

The purchase of Christmas presents for inpatients is allowable under charitable funds with the following guiding principles:

- Gifts of a nominal value of up to a maximum of £5 per inpatient will be authorised by the Charity. An allocation to each inpatient ward will be calculated centrally and will need to be validated by Operational Managers.
- All patient Christmas gifts **must be non-monetary**. The distribution of money direct to patients at any time is strictly forbidden. Ward Managers should therefore arrange to buy suitable gifts (taking into account age, gender of anticipated patients) prior to Christmas for distribution on Christmas Day.
- No alcohol or tobacco to be purchased.
- Finance should be notified of any monies not used and this must be banked back into the Charity
- Receipts must be provided for all items purchased, with a deadline of 10<sup>th</sup> January in the following year. If the receipts for all expenditure are not received by this date, Finance will reserve the right to inform Counter Fraud.

- No receipts dated after 25th December will be accepted as the gift is for the patients who are in hospital on Christmas Day

The Charity will also consider additional items of expenditure relating to the Christmas period for inpatient and other direct patient contact areas. The allocation will be up to a maximum of £100 per inpatient area and £30 for other departments. The Managers should apply for this by emailing the Charitable Funds Support Officer in Finance no later than 15<sup>th</sup> November.

Final approval of the charitable funds Christmas monies will be sought from the Charitable Funds Sub Committee and a follow up report will be presented to the Charitable Funds Sub-Committee and Charitable Funds Committee in the quarter following Christmas.

### **Value Added Tax**

The purchase of certain items/goods by or on behalf of an NHS body may be zero rated for VAT, provided they are:

- Purchased **wholly** from charitable funds
- Purchased by an eligible body wholly from funds provided by a charity or voluntary contributions
- Relevant goods as categorised below:
  - Medical, scientific, computer, video, sterilising, laboratory or refrigeration equipment used in medical research, training, diagnosis or treatment
  - Parts and accessories for use with the above item
  - Qualifying aids for the handicapped
  - Computer software solely for use in medical research, diagnosis or treatment and its repair and maintenance

To qualify for VAT zero-rating, the item must be used solely for the declared purpose, e.g. a computer may qualify where used entirely for medical research, however, if it were used partly for research and partly for general administrative work, exemption would not apply.

Before making a request for funds, a quote or other written assurance should be sought from the supplier that the zero rate would be applied. By completing a VAT zero-rating certificate will not guarantee that the zero-rate will be applied. It is at the supplier discretion to be satisfied that the item is eligible and all other conditions are met.

The Fund Holder should ensure that any items requisitioned from charitable funds are clearly marked as such on the requisition and marked as **Non-Catalogue** so that the additional information is visible to Procurement. In the 'Note to Buyer' section of the requisition the following statement should be included:

'THIS ORDER IS FROM CHARITABLE FUNDS. PLEASE ISSUE A VAT ZERO-RATING CERTIFICATE WITH THE ORDER'.

The VAT zero-rating certification is processed by NWSSP Procurement.

VAT exemption is also available where items are purchased specifically for fund raising. Such items include:

- Printed stationery
- Collecting envelopes
- Secure collection boxes which are capable of being locked or sealed containing the charity name
- Label badges, stickers, pens which are given free as an acknowledgement of a donation. Such items are not VAT exempt if sold to raise funds

Further information regarding the VAT zero-rating can be found in HMRC's VAT Notice 701/6. Section 4.11 of the notice includes a comprehensive list of the types of expenditure eligible and not eligible to the relief.

<https://www.gov.uk/guidance/charity-funded-equipment-for-medical-and-veterinary-uses-notice-7016#qualifying-goods-and-services> (opens in a new tab)

### **Donation of medical devices and other equipment**

Where items are purchased and donated by an individual or organisation, outside the standard procurement process, all warranties should be in HDdUHB's name. Wherever possible we advise against using this method of purchase. It is best practice for the individual to donate the purchase cost and for HDdUHB to carry out the procurement.

## **Reporting**

Fund managers will be sent a charitable fund report on a monthly basis. The Finance Department will be responsible for maintaining an up-to-date distribution list.

The financial position of the charitable funds will be reported by the Director of Finance to the Charitable Funds Committee and Sub-Committee on a quarterly basis or otherwise as directed. The Charitable Fund Committee will be advised of all fund balances as requested.

The Charitable Funds Committee will also be advised of the performance of the investments held by the Charity.

The annual report and annual accounts of the charitable funds incorporating the full, not abridged, annual accounts will be submitted to the Charity Commissioners in accordance with Charity Commission guidance.

## Investments

Currently the general power of investment means the power of investment, which is given to trustees by section 3 of the Trustee Act 2000. This Act imposes a duty on those acting as charity trustees, when exercising their powers of investment, to consider the need for diversification, in order to reduce the risk of loss should an investment fail.

Hywel Dda Health Charities shall contract an external Investment Advisor to provide advice on investment of surplus funds. The principles of the appointment will be as specified in the Investment Policy ([Appendix 3](#)). (Opens in a new tab)

In addition as corporate trustee, HDdUHB, in line with the ethos of promoting patient care, attempts to ensure that all investments are ethically and environmentally sound, and are not opposed to the “objects” of the charity. To support this the Charity shall maintain an ethical policy statement ([Appendix 3](#)) (opens in a new tab) which clearly states any ethical restrictions that it sees appropriate.

To ensure that appropriate advice and guidance is available for investments the following has been agreed:

- The Charitable Funds Committee on behalf of HDdUHB has the delegated authority to appoint investment advisors
- The external adviser appointed will be required to submit quarterly performance reports, and to attend the committee on an annual basis to advise on current performance, investment trends, opportunities and possible concerns.
- External adviser’s performance will be reviewed quarterly by the Trustees, and will be subject to re-appointment on a 3 yearly basis. Any proposed change in provider shall be subject to formal tender procedures
- The bank deposit account will be subject to an annual review to ensure that competitive rates of interest are being obtained
- Interest will be received on investments on a regular basis. This will be apportioned over all funds, based on an average monthly balance method
- A separate fund will be maintained for the Permanent Endowment legacy due to this being a material capital in perpetuity. The interest can be spent, however the initial capital remains intact unless the Trustee adopts a total return approach
- Fees payable for external and advice on management of investments will be apportioned across all funds on an average monthly balance basis.

## CASH AT BANK

The Charitable Fund bank account will be used to fund all charitable fund expenditure. Any surplus not required for immediate use shall be transferred for investment to the deposit account. The Charitable Fund bank account will be operated in accordance with HDdUHB's banking mandate. Any long term cash surpluses shall be transferred to the Charity's investment advisors.

## Working balances & Reserves Policy

The working balances will be reviewed on regular basis to ensure there are sufficient accessible funds to meet its daily needs. Income expectations and future expenditure commitments and expenditure expectations will be taken account in the assessment.

The charity should not accumulate significant reserves and the charity has a reserves policy which justifies the holding of certain reserves ([Appendix 7](#)). (opens in a new tab)

## Registration

HDdUHB will register with the Charity Commission, as per guidance, and will be required to submit annual accounts and an annual report to the Charity Commission for the charity. All bank accounts and investments of the charitable fund will be held in the name of the charity

HDdUHB will register further charities where there is a clear requirement to do so.

## RESPONSIBILITIES

The Director of Finance is responsible for ensuring that robust processes and procedures are in place to ensure the management of charitable funds is within the objects of the Charity, and also within the rules and regulations as laid down by the Charity Commission.

The Charitable Funds Committee's purpose, acting as representative of the Corporate Trustee, is:

- To make and monitor arrangements for the control and management of the 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 trustees of the charitable funds held and administered by the Health Board.
- To agree issues to be escalated to the Board with recommendations for action.

## FRAUD

All staff are required to comply with the Health Boards policies and procedures and apply best practice in order to prevent fraud, bribery and corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the [AW Raising Concerns \(Whistleblowing\) Policy](#) (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption then they can make a referral by contacting the Local Counter Fraud Department by telephone on 01267 266268, by emailing HDUHB.CounterFraudTeam.HDD@ wales.nhs.uk or by making an online referral at <https://reportfraud.cfa.nhs.uk>. An anonymous referral can also be made by telephoning Crimestoppers on 0800 028 40 60.

The use of the Health Board or Charity name, brand or any implied association that has not been approved will be regarded as false representation and will fall under the auspices of the Health Boards Counter Fraud, Bribery and Corruption Policy and appropriate action will be taken. Those found not to be complying with the Charitable Funds Financial Administration and Governance Policy, or are suspected of illegal activity may be referred to the Local Counter Fraud Department and risk disciplinary action.

### **Fraud Act 2006**

The Fraud Act 2006 came into force on 15 January 2007 and provided, for the first time, a general offence of fraud. The act sets out three ways in which an offence under the Act may be committed, which are:

- Fraud by false representation
- Fraud by failing to disclose information
- Fraud by abuse of position

### **Bribery Act 2010**

This can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind, which may influence the action of any person. Corruption does not always result in a loss. The corrupt person does not need benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

Offences covered by the Fraud Act 2006, and the Bribery Act 2010, may be considered and investigated in accordance with the Health Boards [815 - Counter Fraud, Bribery and Corruption Policy](#) (opens in a new tab)

### **Money laundering**

This is a process by which the proceeds of crime are converted into assets which appear to have a legitimate origin, so that they can be retained permanently or recycled into further criminal enterprises. Criminals will attempt to distance themselves from their crimes by finding safe havens for their profits where they can avoid confiscation orders, and where the proceeds can be made to appear legitimate.

Money Laundering Regulations 2017 apply to any high value dealer, i.e. any organisation that accepts cash transactions in excess of €10,000 (approximately £9,000). However, the Proceeds of Crime Act 2002 applies to all transactions and can include dealings with agents, third parties, property or equipment, cheques, cash or bank transfers.

Offences covered by the Proceeds of Crime Act 2002 and the Money Laundering Regulations 2017 will be considered in accordance with the Health Boards 815 [Counter Fraud, Bribery and Corruption Policy](#) (opens in a new tab) and referred to NHS Counter Fraud Services Wales team for investigation where appropriate.

## TRAINING

Training will be through dissemination of the procedure by global email, and will be accessible through HDdUHB's Intranet. Where there is a need identified in specific areas then a bespoke training programme will be developed to meet the specific area's needs.

## IMPLEMENTATION

The procedure will be circulated globally by email and posted on HDdUHB's Intranet. Advice on the procedure may also be sought from the Finance Department.

## FURTHER INFORMATION

Further information can be obtained from the Charity Commission web site and NHS Charitable Funds Guide. (Insert links to website)

## Appendix 1 – Sample Charitable funds donation form and flowchart

## **COMPLETING A CHARITABLE FUNDS DONATION FORM**

### **1. DONOR'S CONTACT DETAILS**

- Complete as fully as possible.
- All personal information is protected in line with UHB data protection policies.

### **2. DONATION DETAILS**

- Insert amount of donation and state whether cheque, cash or card payment.
- *Card payments only available in General Offices at acute hospitals.*
- State clearly where the donor wishes to direct their donation if they have a specific purpose in mind.
- Note the name of the ward/department and code for the relevant charitable fund. (e.g. T900).
- Complete as fully as possible to ensure donations are directed to the correct fund.
- If the donor does not indicate where the donation should be directed, the donation will be banked in the

### **3. SIGNATURES**

- In person: Donor to sign the donation form.
- By post: If donation received by post, tick the relevant box.
- Officer accepting the donation must complete their details fully to confirm receipt of donation.

### **4. REASON FOR DONATION**

- Include as much information as possible to ensure that thank you letters are personalised.
- Where appropriate, the Fundraising Team will access this information to contact donors for permission to publicise their support.

### **5. LETTERS OF THANKS**

- State who is responsible for writing and sending a letter of thanks.
- It is recommended that a Thank you letter be sent for all donations over the value of £10.
- Ensure that copies of thank you letters

### **6. GIFT AID**

- Please ask all donors to consent that the charity claims Gift Aid on their donation.
- Ensure that donor is aware that they must be a UK tax payer for their donation to qualify for Gift Aid.
- Gift Aid gives us an extra 25p for every pound donated. It is an income tax relief designed to benefit charities at no extra cost to the donor.
- In person: Donors should be asked to tick the Gift Aid box if they consent for us to claim Gift Aid.
- By post: For donations over £50, the Fundraising Team will contact the donor to obtain consent to reclaim Gift Aid.
- Gift Aid only applies to individual donations, not donations made by an organisation or community group.
- For sponsored/fundraising events, Gift Aid can only be claimed with completed sponsorship/Gift Aid forms

### **IMPORTANT**

- Donations must be kept secure and deposited at the nearest General Office within 48 hours.
- White copy of donation form must be sent to the donor as an official receipt of their donation (if not given in person at the time of making the donation)
- Yellow copy will be sent to Finance by General Office.
- Blue copy should be retained in the donation book.

Teitl / Title:		Enw(au) cyntaf / Forename(s):		Cyfenw / Surname:	
Enw/Rhif Tŷ / House Name/Number:			Enw'r Stryd / Street Name:		
Tref/Pentref / Town/Village:			Sir / County:		Côd Post / Post Code:
Ffôn / Telephone:			Ebost / Email:		
<p>Rwy'n rhoi i ymddiriedolwyr Elusennau Iechyd Hywel Dda, at ddibenion cyffredinol yr elusen honno, y swm o:</p> <p><i>I give to the trustees of Hywel Dda Health Charities for the general purposes of that charity the sum of:</i></p> <p>£.....</p> <p>Siec / Cheque: <input type="checkbox"/>      Srian parod / Cash: <input type="checkbox"/>      Cerdyn debyd, credyd / Debit, credit card: <input type="checkbox"/></p> <p><b>Heb ymrwymiad, fy nymuniad yw y dylai'r rhodd gael ei ddefnddio ar gyfer:</b>  <b>Without imposing any trust it is my wish that the donation should be used for:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>					
Lifnod y rhoddwr / Donor's signature: .....					
Ddim un perthnasol, rhodd trwy'r post / Not applicable, donation by post: <input type="checkbox"/>					
Derbyniwyd y rhodd gan / Donation accepted by:					
Enw / Name: ..... Teitl swydd / Job title: .....					
Dyddiad derbybuwyd / Date received: ..... Llofnod / Signature: .....					
<b>Rheswm dros gyfranny / Reason for donation:</b>					
Gwerthfawrogiad o'r gofal a dderbyniwyd / Appreciation for care received ..... <input type="checkbox"/>					
Er cof am anwyl yn / In memory of a loved one ..... <input type="checkbox"/>					
Gweithgaredd/digwyddiad codi arian / Fund raising event/activity ..... <input type="checkbox"/>					
Arall / Other ..... <input type="checkbox"/>					
Gwybodaeth pellach / Further information: .....					
<b>Llythyr o ddiolch i'w paratoi gan / Letter of thanks to be issued by:</b>					
Ward <input type="checkbox"/> Adran / Department <input type="checkbox"/> Swyddfa cyffredinol / General office <input type="checkbox"/> Tim codi arian / Fundraising team <input type="checkbox"/> Arall / Other <input type="checkbox"/>					

<p>Dim ond y rhoddwr, neu unigolyn â chaniatâd y rhoddwr gellir ticio'r blwch</p> <p><i>Rwyf am roi Rhodd Cymorth ar fy nghyfraniad ac yn rhyw gyfraniad a wnaaf yn y dyfodol neu rwyf wedi'i wneud yn 4 mlynedd diwethal</i> <input type="checkbox"/></p> <p><i>Rwyf yn drethdalwr yn y DU ac yn deal os byddaf yn talu llai o Dreth Incwm a/neu Dreth Enillion Cyfalaf na swm y Rhodd Cymorth a hawliwyd ar fy holl gyfraniadau yn y flwyddyn dreth honno, fy nghrifoldeb i yw talu unrhyw wahaniaeth</i></p> <p><i>Rhowchwybod I ni os (i) ydych am ganslo'r datganiad hwn (ii) ydych am newid eich enw neu'ch cyfeiriad gartref (iii) nad ydych bellach yn talu treth ddigonol ar eich incwm a/neuch enillion cyfalaf.</i></p>		<p><i>Gift Aid box must only be ticked by the donor or with the donor's Consent</i></p> <p><i>I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years</i> <input type="checkbox"/></p> <p><i>I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid Claimed on all my donations it is my responsibility to pay any difference.</i></p> <p><i>Please notify us if you (i) want to cancel this declaration (ii) change your name or home address (iii) no longer pay sufficient tax on your income and/or capital gains.</i></p>	
<b>ADRAN CYLLID A SWYDDFEYDD CYFFREDINOL YN UNIG – FINANCE / GENERAL OFFICE USE ONLY:</b>			
Rhif taleb / Receipt number:			
Côd cyllidol / Financial code:	Derbyniwyd y rhodd gan / Donation received by:	Dyddiad / Date:	
GWYN/WHITE – RHODDWR / DONOR MELYN/YELLOW – CYLLID / FINANCE GLAS/BLUE – ADRAN / DEPARTMENT			



## FFURFLEN RHODDION ELUSENNOL CHARITABLE FUNDS DONATION FORM

<b>Rhif/Number:</b>
---------------------

## APPENDIX 2 – Thank you letter template

Swyddfa gofrestredig | Registered office:  
Ystwyth, Hafan Derwen  
Parc Dewi Sant | St David's Park  
Heol Ffynnon Job | Jobswell Road  
Caerfyrddin | Carmarthen  
SA31 3BB



Rhif elusen gofrestredig | Registered charity number 1147863

Gofynnwch am / Please ask for: XXX

Rhif Ffôn / Telephone: XXXX

E-bost / E-mail: [XXXX](#)

ADDRESS

DATE

Dear XXX

**Donation in aid of name of ward department**

Thank you for your kind donation of £XXX to support name of ward department

Hywel Dda Health Charities is the official charity of Hywel Dda University Health Board. We use the generous donations we receive from patients, their families and our local communities to enhance services for the benefit of the thousands of people we care for each year.

Our charity is made up of over 180 individual charitable funds, each with a specific purpose - from individual hospital wards or departments to research and community care, supporting our services across Carmarthenshire, Ceredigion and Pembrokeshire. Donations do not replace NHS funding, but help us to ensure that patients, their families and our staff can access a wide range of specialist services above and beyond what the NHS can provide, for example:

- Providing the most-up-to-date medical equipment;
- Supporting the training and development of staff;
- Ensuring the best possible environments for care, including building and refurbishing hospital and community facilities;
- Funding research into, and the development of, treatments;
- Delivering healthy living and health promotion initiatives.

Our work would not be possible without the continued generosity of our supporters. Thank you again for your support, we are extremely grateful for your generosity.

Kind regards

**Name**

**Job Title**

# Appendix 3 – Investments and Ethics Policy

## 1 BACKGROUND

The Trustee Board aims to ensure that donations and funds held by the Charity are spent effectively and efficiently for the benefit of the patients of Hywel Dda University Health Board. This means that they may not need to be spent straight away and there will be time between receiving donations and spending them when they can be invested to further increase their value and earn extra income for the Charity as well as to protect them in the short to medium term so that they are available to meet future expenditure on committed projects.

The Trustees have adopted this Investment Policy to regulate the activities of their Investment Manager from time to time and to meet the requirements of the Trustee Act 2000.

## 2 DEFINITIONS

Total return describes an investment approach that charities can adopt to manage their investments. Under this approach, the form in which investment return is received (for example, income, dividend or capital growth) does not matter. Instead, investments are managed to make the most of the total investment return they generate. A total return approach can give charities greater flexibility in achieving their investment objectives. This is because the focus is on investments that are expected to give the best overall performance, rather than on investments which will produce a particular level of income. Cash for the Charity's needs can be generated from both income and from cashing in the capital growth.

**Short term portfolio:** investments managed so as to be available to meet day to day cashflow needs, immediate funding requirements and to pay out grants awarded and other short term commitments made but not yet paid.

**Long term portfolio:** investments representing funds not required in the immediate or short term, and which are expected to be held for at least five years. Some short term risk to capital value can be tolerated in the interests of generating a longer term return.

**Endowment:** property held by the Charity under specific trusts where the capital cannot be spent but is invested to generate an income to be used for charitable purposes. Short and medium term risk to the capital value can be tolerated provided the real value of the capital is preserved over the longer term. Investments must produce an income distinct from the capital growth which the Trustee Board can spend on charitable activity.

### **3 THE LAW**

As an unincorporated Charity our Trustee Board has the general powers of investment and duties provided for in the Trustee Act 2000, subject only to any specific provisions in the governing document. The Trustee Board makes full use of its powers to invest for the benefit of the Charity and its beneficiaries and reserves the right to hold any asset for the purpose of generating money, whether income or capital growth, with which to further the work of the Charity.

In accordance with the Trustee Act 2000 the Trustee Board will:

- exercise care and skill when making investment decisions
- select investments that are right for their charity; this means taking account of:
- how suitable any investment is for the Charity
- the need to diversify investments
- take advice from someone experienced in investment matters unless they have good reason for not doing so
- ensure there is a written agreement with anyone they decide to appoint to manage investments on their behalf, including a provision that the manager should comply with this Policy
- review investments from time to time
- explain their investment policy in the Annual Report and Accounts

### **4 LEVEL OF INVESTMENT**

The Investment policy below will be as specified in the tender document for the appointment of the Investment Advisor. This shall be reviewed when the current appointment ends, or through the Charitable Fund Committee should circumstances dictate.

The investment fund is to be split into two, each with a different objective, as follows:

- Permanent endowment to be invested with the objective of maximising income, where the income is to be released from the fund.
- The remaining general investment with the objective of maximising the investment return, where the income, and capital are to be retained within the fund.
- The value of the investment fund may increase, or decrease over time dependent on the resource commitment of the charity
- The investment advisor is required to actively manage the investment fund. The Trustee is also open to suggestions to alternative approaches that investment managers may wish to put forward that they consider appropriate
- Investments are to have either a low or medium risk profile, and will be guided with advice from the successful investment advisor linked to past performance of those investments.
- The expected annual income stream of the charity is approximately £1.5m, mainly from donations and legacies. The Trustees are committed under Charity Commission guidance not to

accumulate funds unnecessarily, and aims to spend income within a reasonable period. This commitment may affect the level of investment, and an annual review and discussion with the investment advisor will be undertaken to adjustments required.

- As the investment fund is in relation to an NHS charity, the investments should take account of the contents of its ethical investment policy.

The Trustee Board cannot tolerate any risk to the capital value of its short term portfolio. The investment advisor will be expected to use a diversified mix of cash deposits and other assets with a guaranteed capital value to minimise the risks from institutional failure. Any income or capital growth will be incidental.

Costs can materially impact the long term value of an investment portfolio and are an important component in assessing different investment strategies. This does not necessarily imply that costs have to be minimised, as there are often circumstances when paying extra will be more than compensated by increased returns. Nonetheless careful management of costs is important in achieving the highest quality of returns on the portfolios and investment performance will be monitored net of all investment management fees.

## **5 ETHICAL POLICY**

It has been determined that the following investments conflict with the charitable objects and purposes of the charity;

- Investment in the production, manufacturing or supply of tobacco products.
- Investment in the production, manufacturing or supply of alcoholic beverages.

Clearly there are some companies, in particular in the retail sector, which derive part of their turnover from the above two product groups. In proportion to harm caused by the moderate consumption of either the following limits are set, above which investment will not take place;

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

## **6 REPORTING AND MONITORING**

At the end of each quarter a valuation and accompanying report is to be provided by the investment manager(s) containing the following:

- a list of all investments held together with their respective book costs, current market value, and estimated income and yield
- a performance analysis for the period covered by the report providing the statistics necessary to allow monitoring against the performance requirements detailed in this policy
- a transaction schedule detailing both purchases and sales

- details of any non-market transactions and rights issues, capitalisations or other corporate actions
- a detailed review of the market environment for the period including specific comment on any strategic considerations affecting asset allocation or individual holdings in the portfolio, and any other economic considerations that are relevant.

Investment managers will be required to present in person to the Charitable Funds Committee at least quarterly (via Videoconferencing, and in person at least twice a year)

The Charitable Funds Committee will consider the reports and presentations from the investment manager(s) together with current cashflow reports and forecasts.

## Appendix 4 – GIFT AID Declaration form



# GIFT AID DECLARATION FORM

***Boost your donations by 25p of Gift Aid  
for every £1 you donate***

*Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.*

*giftaid it*

I want to Gift Aid my donation of £ \_\_\_\_\_ and any donations I make in the future or have made in the past 4 years.

**Name of charity:** Hywel Dda Health Charities

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

### My details

<b>Title</b>		<b>First Name</b>		<b>Surname</b>	
<b>Address</b>					
<b>Postcode</b>					
<b>Telephone</b>		<b>Email</b>			

Please notify us if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid declarations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please complete and return this form to:

Hywel Dda Health Charities

Hafan Derwen, Parc Dewi Sant, Jobswell Road, Carmarthen, SA31 3BB

Tel: 01267 239815 Email: [Fundraising.HywelDda@wales.nhs.uk](mailto:Fundraising.HywelDda@wales.nhs.uk)

Hywel Dda Health Charities  
Registered Charity Number 1147863  
[www.hywelddahealthcharities.org.uk](http://www.hywelddahealthcharities.org.uk)

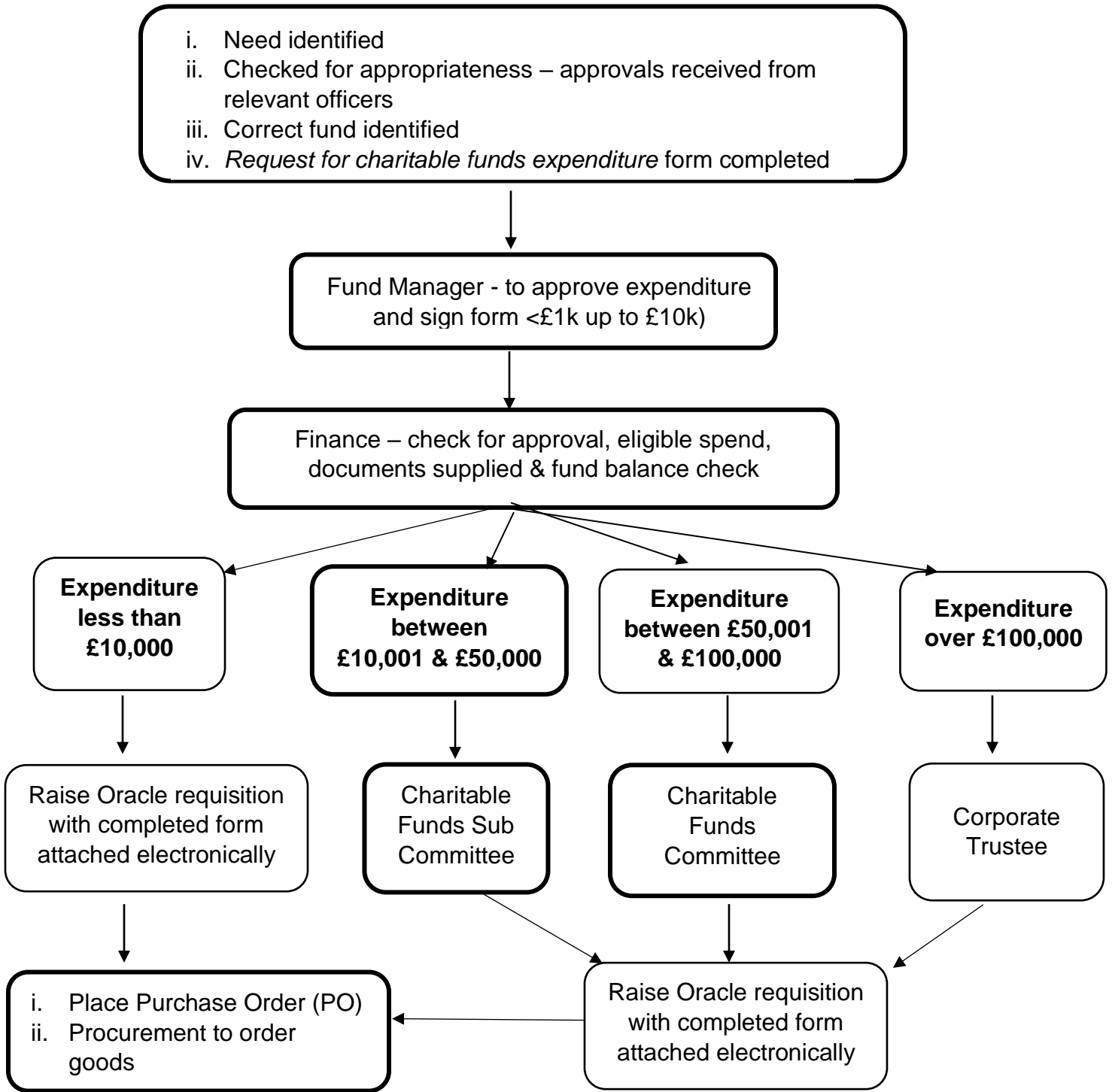


HywelDda  
HealthCharities



@HywelDdaCharity

## Appendix 5 - Process for approving charitable funds requests and request for charitable funds expenditure form



**Note:** All requisitions must be completed within 3 months of the above checks. Any commitments older than 4 months will be unable to proceed without a new dated balance check

### Committee / Trustee to also consider:

- i. Unusual expenditure
- ii. Requests with ongoing fund commitments
- iii. Revenue resource
- iv. Higher Awards & IT

## Hywel Dda Health Charities

### Request for charitable funds expenditure

*For  
 Finance  
 use only*

*Reference:*

#### 1. Lead contact

Contact name:	Job title:
Ward/Team/Department/Service/Directorate:	
Contact address:	
Post code:	
WHTN:	Mobile:
Telephone:	Email:

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

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

## 3. Why is this expenditure required?

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

## 4. Why is this a charitable request?

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

--

**5. Total amount of funding requested**

<b>Net £</b> <i>Excluding VAT</i>	<input type="text"/>	<b>VAT £</b>	<input type="text"/>	<b>Gross £</b> <i>Including Vat</i>	<input type="text"/>
--	----------------------	--------------	----------------------	--	----------------------

<b>Is this medical equipment?</b>	<input type="text" value="Yes / No"/>	<b>Supplier name:</b>	<input type="text"/>
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**6. Fund details**

<b>Fund title:</b>	<input type="text"/>
<b>Fund code:</b>	<input type="text"/>

**7a. Assessment for medical equipment**

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

Is this a new or replacement item?	<input type="text"/>
Where will this equipment be located?	<input type="text"/>
Have you consulted with the Medical Devices Steering Group?	<input type="text"/>

Does this item appear on HDdUHB's Capital Planning List?	
<b>Risk:</b> What risk assessments have been carried out?	
<b>Maintenance:</b> Has support been gained from the maintenance/ estates department? Who will maintain the equipment?	
<b>Storage:</b> Are there any storage implications?	
<b>Training:</b> Are there any training implications?	
<b>Revenue costs:</b> Details of any associated revenue costs and how they will be met	
<b>Capital costs:</b> Details of any associated capital costs and how they will be met	
<b>Approval from Clinical Engineering Department (Attach supporting e-mail)</b>	Yes/No

### 7b. Assessment for IT equipment

Is this a new or replacement item?	
Where will this equipment be located?	
Does this item appear on HDdUHB's Capital Planning List?	
<b>Risk:</b> What risk assessments have been carried out?	

<b>Maintenance:</b> Who will maintain the equipment?	
<b>Storage:</b> Are there any storage implications?	
<b>Training:</b> Are there any training implications?	
<b>Revenue costs:</b> Details of any associated revenue costs and how they will be met	
<b>Capital costs:</b> Details of any associated capital costs and how they will be met	
<b>Approval from ICT Department (Attach supporting e-mail)</b>	Yes/No

### 7c. Assessment for building or groundworks

What is the proposed work?	
Does this item appear on HDdUHB's Capital Planning List?	
<b>Risk:</b> What risk assessments have been carried out?	
<b>Maintenance:</b> Has support been gained from the estates department?	
<b>Training:</b> Are there any training implications?	

<b>Revenue costs:</b> Details of any associated revenue costs and how they will be met	
<b>Capital costs:</b> Details of any associated capital costs and how they will be met	
<b>Approval from Estates Department (Attach supporting e-mail)</b>	Yes/No

**7d. Assessment for higher award training**

<b>Approved Study leave application form (Attach supporting e-mail)</b>	Yes/No
---	--------

**8. Authorisation**

<b>Designation</b>		<b>Date</b>
1. Requester	<b>Name</b> <b>Job Title</b> <b>Signature</b>	
2. Authorised signatory under £1,000	<b>Name</b> <b>Job Title</b> <b>Signature</b>	
<b>Senior Nurse Manager, Service Delivery Manager, Head of Service or managers at equivalent level</b>		

3. Authorised signatory under £10,000	<b>Name</b> <b>Job Title</b> <b>Signature</b>	
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**Hospital or Service Director/General Manager, Head of Nursing or managers at equivalent level**

4. Authorised signatory under £50,000	<b>Charitable Funds Sub-committee meeting reference</b>	
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**Charitable Funds Sub-Committee**

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

**Charitable Funds Committee**

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

**Corporate Trustee**

**FOR FINANCE DEPARTMENT**

Directorate:	Reference Number:
Fund Title:	Fund Code:

Current Fund Balance:	Financial Code:
Eligible Expenditure: Y / N	Authorised Finance Signatory:  Date:

**Please return this form to:**

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

Tel: 01267 283012

WHTN: 01827 1612

Email: [CharitableFundsFinance.hdd@wales.nhs.uk](mailto:CharitableFundsFinance.hdd@wales.nhs.uk)

## Appendix 6 - Eligible and ineligible charitable expenditure



The Charitable Funds Committee has approved the following list of items that can and cannot be funded from our charitable funds.

Items that <b>CAN</b> be funded by charitable funds	Items <b>NOT</b> to be funded by charitable funds
<b>1. Medical Equipment &amp; Consumables</b>	
<p>Medical and surgical equipment and its maintenance (when service plans are purchased with the equipment) for NHS patient care, education and research.</p> <p><i>Confirmation on how any running costs associated with the equipment will be met must be in place prior to purchase.</i></p>	<p>Medical and surgical equipment and its maintenance for private patient care unless such use is incidental to its main NHS use (i.e. less than 2% of total activity).</p>
<p>Medical and surgical consumables for new charitable funded equipment when ordered together. Incidental 'start up' stock to constitute no more than the first year's supply.</p>	<p>Ongoing medical and surgical consumables (e.g. dressings, implants, cannulae, hypodermic syringes, needles).</p>
<p>Medical and surgical consumables for new charitable funded equipment when ordered together. Incidental 'start up' stock to constitute no more than the first year's supply.</p>	<p>Ongoing medical and surgical consumables (e.g. dressings, implants, cannulae, hypodermic syringes, needles).</p>
Items that <b>CAN</b> be funded by charitable funds	Items <b>NOT</b> to be funded by charitable funds
<b>2. Staff Education &amp; Training</b>	
<i>All charitable funds requests must comply with the UHB's Learning &amp; Development Policy.</i>	
<p>Education and training (courses, conferences, higher award and academic studies), over and above that provided by the NHS, which will improve staff knowledge and performance in their roles within the NHS and demonstrate significant benefits to NHS patients. 100% of fees and associated costs can be funded in line with NHS subsistence rates.</p>	<p>Statutory, mandatory, or essential education and training (e.g. required by law, identified as necessary for staff to undertake their roles within the NHS, required for maintenance of professional registration, or considered essential to deliver service/workforce strategies).</p> <p>Backfill for staff attending education and training programmes.</p> <p>Applications for education and training which has already taken place.</p>
<p>Running costs associated with internally or externally run courses or conferences (including team skills development days)</p>	<p>Alcohol for course refreshments.</p>

which are linked to identified education and training needs. E.g. speaker fees, room/equipment hire, refreshments (in line with NHS subsistence rates), honorariums, visiting speakers' accommodation.	Honorariums above and beyond out of pocket expenses, in line with HMRC guidelines.  Team building days/time out not linked to identified education and training needs.
Attendance at awards ceremonies (in line with NHS subsistence rates) when linked to identified education and training needs which will improve staff knowledge and performance in their roles within the NHS and translate to improved care to patients.	Attendance at awards ceremonies not linked to identified education and training needs or improvements in care to patients.
Overseas courses and conferences where there is clear patient benefit and no UK provision available within 12 months. Maximum of 75% of all reasonable costs, in line with NHS subsistence rates. Accommodation for a maximum of 1 night before and 1 night after the event. All applications will be referred to the Charitable Funds Sub-Committee for consideration on a case-by-case basis.	Cost of accompanying family members.
Library facilities and resources that enable NHS staff to improve their knowledge and performance in their roles.	
<b>Items that CAN be funded by charitable funds</b>	<b>Items NOT to be funded by charitable funds</b>
<b>3. Patient Experience &amp; Wellbeing</b>	
Items that offer additional comforts to patients, their families, relatives and carers to make time spent in hospital more comfortable (e.g. arts and crafts materials, children's themed duvet covers, themed curtains, patient library facilities, TVs, radios).	Patient refreshments (e.g. tea, coffee, water, water coolers) as patient hydration is a mandatory requirement in the NHS.
Christmas extras for inpatient wards and patient facing areas including gifts of nominal value (£5 each or less) for those inpatients in hospital on Christmas Day.  <i>Allocation of Christmas monies is coordinated centrally on an annual basis.</i>	Distributions of money to patients at any time. All patient gifts at Christmas must be non-monetary.
Books, educational DVDs, posters, leaflets, information screens for patient care.	
Wellbeing initiatives which demonstrate improved experiences and outcomes for patients and service users (e.g. arts in health programmes, patient support groups, surf therapy).	
<b>Items that CAN be funded by</b>	<b>Items NOT to be funded by</b>

charitable funds	charitable funds
<b>4. Staff Wellbeing</b>	
<i>Tax implications can arise from staff benefits, tax advice should be sought if considered necessary.</i>	
Initiatives that promote staff wellbeing which demonstrate a clear improvement in the wellbeing of staff that translate to improved care to patients.	Staff celebrations or parties (including weddings, special birthdays or retirements).  Gifts for staff including flowers, monetary and non-monetary gifts.
Books, educational DVDs, posters, leaflets, information screens for education of staff or staff welfare and wellbeing.	Games or other entertainment for staff (e.g. gaming equipment).
Ward and departmental subscriptions to clinical journals where such journals are not available from the local staff library.	Personal subscriptions/memberships and professional insurance fees.
	Regulation staff uniforms, protective clothing, theatre shoes, non-static shoes, staff lockers. Including team fleeces or hoodies.
Refurbishment works or furniture, fixtures and fittings for indoor and outdoor staff rest areas or accommodation, which would result in an improvement in staff rest and welfare facilities where such enhancements would not normally be funded by NHS resources.	Furniture, fixtures and fittings for use in non-clinical areas by staff (e.g. offices) unless forming part of a charitably funded service or building/refurbishment project.
Items that <u>CAN</u> be funded by charitable funds	Items <u>NOT</u> to be funded by charitable funds
<b>5. Building, Refurbishment &amp; Improvements to Healthcare Environments</b>	
Building and/or refurbishment works that create more welcoming and comfortable surroundings for patients, services users, visitors and staff where no NHS exchequer resources are available and will not be available for at least 5 years. Including improvement to outdoor spaces for patients, services users, visitors and staff.	Planned preventative maintenance or maintenance repair works (building and engineering).  Health and safety expenditure consequent upon charitably funded works (e.g. safe asbestos removal).  Upgrading/replacement of existing infrastructure or fixed plant (e.g. boilers, central switchgear) unless consequent on a charitably funded scheme. Where absolutely required and where no NHS exchequer funds are available, charitable funding of such works should never exceed 20% of total scheme cost.
Furniture, fixtures and fittings for use in clinical areas by patients, visitors, relatives or staff (e.g. beds, chairs, treatment couches, bedside lockers, artwork, curtains) that create	Furniture, fixtures and fittings for use in non-clinical areas unless forming part of a charitably funded service or building/refurbishment project.

more welcoming and comfortable surroundings.	
<b>Items that <u>CAN</u> be funded by charitable funds</b>	<b>Items <u>NOT</u> to be funded by charitable funds</b>
<b>6. Research &amp; Development</b>	
Non-commercial medical research with direct benefits to NHS patients where ethical approval has already been granted and no other source of funding exists.	Commercial research or non-medical research.
Research where clear public/patient benefit potential is anticipated and where the results will be made publicly available. Funding will generally be limited to the balances in those funds that are raised and held specifically for purposes of research.	Research where the charity or UHB is unable to secure the intellectual property or other rights if the research is successful.
<b>Items that <u>CAN</u> be funded by charitable funds</b>	<b>Items <u>NOT</u> to be funded by charitable funds</b>
<b>7. Other</b>	
Staff posts for a limited time period (maximum of three years) where no other source of funding exists. E.g. projects piloting new models of care or part of a wider service development offering the most effective use of the funds available.  Applications must outline the benefits to patients and the wider NHS and include a detailed exit strategy.	Recurring staff posts, except for situations where the role is undertaken exclusively for the benefit of the charity, i.e. fundraising staff funded from investment income.
Computer equipment and software for use in direct patient care (e.g. attached to radiography equipment, tablet computers for use in direct diagnosis or care and communication, virtual reality technology).	Computer equipment and software where used in administrative and support roles (e.g. patient administration or business support).
	Office furniture, equipment and materials for use in administrative and support roles (e.g. stationery, filing cabinets, notes trolleys, printers, scanners).
	Health and safety items (e.g. antibacterial gels, cleaning products/equipment, access equipment, industrial dishwashers).
	Portable heaters. Fans and air conditioning units.
	Staff communication and navigation equipment (e.g. phones, mobile phones and chargers, satellite navigation systems).

## The public perception test

When considering applying for charitable funds, ask yourself the following questions:

- Would someone who puts a pound in a collection box be happy for it to be spent in this way?
- Would you be proud to tell a donor about this expenditure and the difference it will make?
- Is this a justifiable charitable purchase or should it come from an NHS budget?
- Is there a more effective use of the funds available?

## Appendix 7 - Reserves Policy

### 1 INTRODUCTION

#### 1.1 Terms of Reference

This policy is a requirement of the Charity Commission and has been prepared in accordance with guidance issued by the Charity commission, viz, CC19 Charities Reserves, March 2008.

A charity needs to have sufficient reserves to allow it to cover known liabilities and contingencies, absorb setbacks and take advantage of change and opportunity. Setting and keeping under review a reserves policy is a key part of effective governance.

The Trustee Board acknowledges its responsibility for ensuring the Charity has identified an appropriate level of reserves and for taking steps to achieve and maintain that level, and for keeping the level under review. This Reserves Policy sets the framework within which the Trustee Board will fulfil its responsibilities.

#### 1.2 Background

Reserves are that part of a charity's unrestricted income funds that is freely available to spend on any of the charity's purposes.

The Trustee Board recognises the importance of deciding an appropriate level of reserves as part of active financial management and forward financial planning for sustainability. Failure to do this may result in reserves which are either:

- higher than necessary which would limit the amount that could be spent on charitable activities and therefore the potential benefits the Charity can provide to patients; or

- too low, creating a risk to the Charity’s ability to carry on its activities in future, especially in the event of financial difficulties or unforeseen events, and therefore creating a risk of unplanned and unmanaged closure, and even insolvency.

This Reserves Policy aims to:

- fully justify and clearly explain why the Charity needs to keep a level of reserves
- demonstrate resilience and capacity to manage unforeseen financial requirements and give assurance the Charity can meet its financial commitments
- identify and plan for the ongoing effective, responsive and valuable support of the beneficiary NHS Body for the benefit of its patients
- reflect and help to address the risks of unplanned closure
- give funders and donors an understanding of why their support is needed to undertake a particular project or activity
- manage the risk to the Charity’s reputation from holding substantial unspent funds without explanation
- explain to funders, beneficiaries, the public and the Charity Commission exactly what reserves are kept (or not kept) for and when they are to be used

In setting the level of reserves the Trustee Board has considered guidance from the Charity Commission including CC19: Charity reserves: building resilience.

### 1.3 Definition

“Reserves” is that part of a charity’s income that is freely available for its general purposes. Reserves are the resources the charity can make available to spend for any or all of the charity’s purposes once it has met its commitments and covered its other planned expenditure.

This definition therefore excludes;

- Permanent endowment
- Restricted funds
- Committed designated funds

The reason for inclusion of uncommitted designated funds within reserves is due to there being no legal restriction preventing the Trustees treating them as general purpose funds, and also if Trustees wish they can re designate these funds for different purposes.

This policy applies to both the umbrella charity and special purpose charities.

## 1.4 The Law

Charity law requires any income received by a charity to be spent within a reasonable period of receipt. The Trustee Board must be able to justify the holding of income as reserves.

Charities holding reserves that are greater than their needs will be subject to scrutiny and possible investigation by the Charity Commission. Trustees are justified in exercising their power to hold reserves only if in their considered view it is necessary to do so in the charity's best interests. If their power is used without justification then the holding of income in reserve might amount to a breach of trust.

The Charity Commission expects trustees to decide, publish, implement and monitor their charity's reserves policy so that they can comply with their legal duties to:

- act in the interests of their charity and its beneficiaries
- protect and safeguard the assets of their charity
- act with reasonable care and skill
- ensure their charity is accountable

The Charities SORP requires the Trustee Board to include in its Annual Report and Accounts:

- a statement of its policy on reserves;
- the level of reserves held and an explanation of why they are held;
- where material funds have been designated, the amount and the purpose of the designation should be explained;
- where designated funds are set aside for future expenditure, the likely timing of that expenditure.

## 2 THE NEED FOR RESERVES

2.1 There are a number of reasons why the charity needs reserves; as follows;

2.2 There could be insufficient balances in individual restricted and designated funds to meet the requirements or objectives of those funds.

2.3 There may be a requirement to incur expenditure which is exclusively charitable, and cannot be funded from revenue, for which there is not a relevant fund.

2.4 Future levels of income cannot be guaranteed with any certainty. The value of donations and legacies varies significantly from one year to the next.

2.5 To safeguard funds against fluctuation in the value of investments.

### 3 LEVEL OF RESERVES

3.1 Designated funds can only be excluded from the definition of reserves if there is planned expenditure for these funds. For this reason it is essential that fund managers formulate expenditure plans for these funds.

3.2 The value of fixed asset investments can go up or down. When values go down funds need to be safeguarded from such losses through the level of reserves retained.

3.3 There is no single level, or even a range, of reserves that is right for all charities. In setting an appropriate level of reserves for the Charity the Trustee Board should take into account the Charity's financial circumstances and other relevant factors. These include the need to:

- fund working capital – including fundraising, support and governance costs
- fund unexpected expenditure, for example when projects overrun or unplanned events occur
- fund shortfalls in income, when income does not reach expected levels
- optimise the balance between short-term spending and longer-term sustainability

Based on the definition of reserves above, and an assessment of the need for reserves by the Trustees, the following level should be maintained:

- A separate fixed asset investment reserve, based on 10% of the value of fixed asset investments retained (circa £550,000)
- A minimum of £500,000 to ensure there is sufficient funds for on-going commitments.

3.4 The fixed asset investment reserve shall only fall below 10% to cover losses in the value of fixed assets.

### 4 MANAGEMENT OF RESERVES

4.1 In order to maintain as low a level of reserves, it is important that expenditure plans are formulated for all the relevant funds.

4.2 Monthly financial reports are produced for all funds and in this way overall expenditure is currently monitored. Any designated funds where expenditure has not taken place as planned or expected will be reviewed to establish if the designation is still required.

- 4.3 The value of fixed asset investments performance reviewed on a quarterly basis.
- 4.4 The Director of Finance is responsible for these reviews. Any significant variances of reserves from the target level or range, and the reasons for them, will be reported to the Trustee Board by the Finance Director.

## 4 - OPERATIONAL/STRATEGIC ISSUES

4.1

10:47, 15 Mins

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## 4.1 - Review of the Rationalisation of Charitable Funds

*Tracy Davies (Hywel Dda UHB - Finance Business Partner (Accounting & Statutory Reporting)), Nicola Llewelyn (Hywel Dda UHB - Head of Hywel Dda Health Charities)*

| For approval

### **Attachments**

[Funds rationalisation SBAR March 2025 \(HT\).pdf](#)

[Appendix 1 - Proposed new fund structure \(HT\).pdf](#)

[Appendix 2- Closed restricted funds \(HT\).pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Update on the rationalisation of charitable funds held by Hywel Dda Health Charities
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance & Sharon Daniel, Interim Director Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tracy Davies, Finance Business Partner & 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**

At its meeting held on 20 March 2023, the Charitable Funds Committee (CFC) approved an approach to rationalise the number of individual charitable funds held within Hywel Dda Health Charities (HDdHC).

Following extensive engagement, the work has now been concluded and the CFC is asked to approve the changes proposed to the charity's designated fund structure.

**Cefndir / Background**

At its meeting held on 20 March 2023, the CFC received a report outlining a number of proposals in relation to rationalising the number of charitable funds held within HDdHC. The report highlighted that there were over 250 funds held separately within the charity and that a number of these funds had very small balances making it very difficult to spend. The report also highlighted that a significant amount of the money held by the charity was in restricted or designated funds, with many areas of Hywel Dda University Health Board (HDdUB) not able to easily access funds. Monitoring this number of funds was also noted as an onerous, time-consuming task.

Periodic updates have been provided to the CFC in the intervening period with some delay incurred as a result in the operational management structure. However, this is now in place and this report presents the conclusion of the work undertaken since March 2023.

**Asesiad / Assessment**

**1. Unrestricted funds for designated purposes**

Since April 2023, a programme of engagement has taken place with fund managers and key internal stakeholders to allow colleagues the opportunity to discuss and share their thoughts and ideas on the rationalisation of funds proposals, the most appropriate structure for designated funds held within their services, and to review dormant and small value funds. This

has involved one-to-one meetings as well as attendance at team meetings at a local, service and health board wide level.

Following this engagement process a proposed new fund structure has been developed which is shown in Appendix 1.

The total number of funds has decreased from 289 funds to 180 funds.

The proposed new fund structure will result in a more efficient use of funds for the services for which they were donated, whilst retaining a designation for use in relation to a particular department, speciality or service. For example:

Existing funds	Proposed funds
T604 Hywel Dda Chiropody	T604 Hywel Dda Chiropody fund
T768 Carms Clinical Support Chiropody	
T814 Ceredigion Clinical Support - Chiropody	
T918 Pembrokeshire Clinical Support - Chiropody	

New fund structures for the three areas listed below have been developed and form the basis of the new fund structure shown in Appendix 1. However, these fund structures are pending formal approval before the end of March 2025 from the associated management teams:

- Ceredigion Unscheduled Care
- Pembrokeshire Unscheduled Care
- Mental Health and Learning Disabilities

## 2. Restricted funds

Historically, restricted funds have been created for gifts made in wills or for specific fundraising appeals.

Between April and August 2023, the Finance team undertook a review of the paperwork associated with the 260 legacy gifts left to HDdHC since 2013 to document the wording contained in each will. This was with a view to ascertaining whether the legacies should remain classified as restricted funds, or whether they could be reclassified as unrestricted (either designated or general). NHS Wales Shared Services Partnership - Legal and Risk Services was contacted regarding the instruction of Counsel to undertake the review of these restricted funds.

The initial written advice received in October 2023 did not provide the clarity sought in terms of advising on the ability to reclassify the legacy gifts received by the charity since 2013. Further written advice was received in December 2023 but this also did not provide the definitive advice sought. After a further meeting with Counsel, definitive advice was received in May 2024. On that basis, a number of legacies previously thought to have been restricted have been correctly reassigned as unrestricted, with the balance moved to the most appropriate designated fund.

Details are shown in Appendix 2.

48 restricted funds have been closed with a total value of £2,096,795 being reclassified as unrestricted funds.

All appropriately classified restricted funds will remain as restricted for the present but will be grouped with their relevant designated funds. Fund managers will be asked to consider using restricted funds in the first instance should the proposed spend fall into the reason for the

restriction. In this way it is hoped to free up more funds for general purposes with the service areas associated with the designation of the funds. If the restricted funds remain inactive 12 months after these proposed changes, a further review, with a view to potentially re-classifying as unrestricted funds will be undertaken at that point in March 2026.

### 3. Legacy gifts received from April 2023

From 1 April 2023 a new process has been put in place, in line with Charity Commission guidance, to ensure the correct classification of legacy gifts at the point of receipt.

#### Has a 'trust' been imposed?

- A trust does not arise if a legacy gift is accompanied by a desire, wish, recommendation, hope, or expression of confidence that the recipient will use it in a certain way. In practical and accounting terms the implication is that donations should be presumed to be unrestricted and not subject to a 'trust'.
- A trust does arise from an unequivocal restriction imposed by a donor, for example by saying it 'must be used' or 'can only be used' for a specified purpose. For a particular gift to be treated as restricted, written evidence of an intention to restrict is required for example a will, a letter from a donor.

### 4. Next steps

- Having received the legal advice, it is not felt necessary to contact the Charity Commission, as no appropriately classified restricted funds are being altered. This is on the basis that the work done has identified previous misclassification – therefore this work is simply correcting previous errors. The current fund structure will be reviewed 12 months from implementation and if the remaining balances in the restricted funds are not being actively accessed at that point, a further review, including discussion with the Charity Commission will be undertaken at that time.
- Discussion will be held with Audit Wales following completion of the exercise to ascertain whether a re-statement of the 2023/24 accounts will be required when compiling the 2024/25.
- The new fund structures will be implemented from 1 April 2025.

### Argymhelliad / Recommendation

The CFC is asked to

- **APPROVE** the proposed changes to the funds structure; and
- **NOTE** the correction of previously misclassified legacy funds.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 To make and monitor arrangements for the control and management of the Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="https://sharepoint.com">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable

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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	NHS Charities Guidance (updated 31/10/22) Charities Statement of Recommended Practice Streamlining NHS charitable funds – Healthcare Financial Management Association (HFMA) briefing December 2022
Rhestr Termau: Glossary of Terms:	Included in document.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Not applicable.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The proposal seeks to make it easier to spend donations in a timely manner.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The proposal seeks to make it easier to spend donations in a timely manner.
<b>Gweithlu: Workforce:</b>	Not applicable.
<b>Risg: Risk:</b>	We will seek appropriate advice regarding the proposed changes to minimise risk.
<b>Cyfreithiol: Legal:</b>	We will seek appropriate advice regarding the proposed changes to ensure compliance with legislation.
<b>Enw Da: Reputational:</b>	The proposal seeks to make it easier to spend donations in a timely manner.
<b>Gyfrinachedd:</b>	Not applicable.

<b>Privacy:</b>	
<b>Cydraddoldeb: Equality:</b>	This is a proposal document only. The requirement for an Equality Impact Assessment (EQIA) will be reviewed when a decision will be required.

APPENDIX 1: PROPOSED NEW FUND STRUCTURE

Area	Site/County/Directorates	Service/Ward/Department	Fund name	Fund type	Revised Fund balance P10-25 £	
Carmarthenshire Unscheduled Care	Carmarthenshire Wide	Carmarthenshire Liver Services	T688-Carmarthenshire Liver Services	Unrestricted	17,645.29	
		Carmarthenshire Diabetes Services	T793-Carmarthenshire Diabetes Services	Unrestricted	17,042.36	
	Glangwili Hospital	Glangwili General Hospital Fund	T701-Glangwili General Hospital Fund	Unrestricted	142,054.31	
		Glangwili Hospital Stroke Services	T702-GGH Stroke Services	Unrestricted	61,879.99	
		Glangwili Hospital Cardiology Services	T059-CAR - Cardiac	Restricted	77,191.59	
			T061-CAR - Cardiac Rehabilitation	Restricted	28,813.14	
			T703-GGH Cardiology Services	Unrestricted	131,138.02	
		Glangwili Hospital Respiratory Services	T729- GGH Respiratory Services	Unrestricted	-	
		Glangwili Hospital General Medicine (inc. General Medical Wards)	T213-CAR - Carm Park Dis Serv Dev Fnd	Restricted	211.00	
			T707-GGH General Medicine	Unrestricted	74,708.39	
		Glangwili Hospital Surgical Wards	T730-GGH Surgical Wards	Unrestricted	3,828.74	
		Glangwili Hospital Emergency Department	T164-GGH Accident & Emergency (Capital in Perpetuity)	Endowment	42,309.58	
			T715-GGH Emergency Department	Unrestricted	34,428.50	
		Glangwili Hospital Renal Services	T067-CAR - Dialysis Patnts' Amenities	Restricted	5,000.00	
			T731-GGH Renal Services	Unrestricted	26,501.56	
		Prince Philip Hospital	Prince Philip Hospital Fund	T716-Prince Philip Hospital Fund	Unrestricted	62,326.41
			Prince Philip Hospital Stroke Services	T286-CAR – PPH Ward 9	Restricted	152.76
				T718-PPH Stroke Services	Unrestricted	26,546.65
			Prince Philip Hospital Cardiology Services	T719-PPH Cardiology	Unrestricted	25,847.58
	Prince Philip Hospital General Medicine (inc. General Medical Wards)		T025-CAR - Osteoporosis Fund	Restricted	4,537.14	
			T722-PPH General Medicine	Unrestricted	31,990.30	
	Prince Philip Hospital Surgical Wards		T043-CAR - PPH Wrđ 6	Restricted	1,532.63	
			T732-PPH Surgical Wards	Unrestricted	-	
	Mynydd Mawr Rehabilitation Unit		T742-Mynydd Mawr Rehabilitation Unit	Unrestricted	89,417.66	
	Prince Philip Hospital Respiratory Services		T792-PPH Respiratory Services	Unrestricted	11,688.81	
	Carmarthenshire Respiratory Research		T791-Carmarthenshire Respiratory Research	Unrestricted	3,384.73	
	Prince Philip Hospital Nurses Legacy Fund		T318-Prince Philip Hospital Nurses Legacy Fund	Restricted	25,250.01	
		T592-PPH Gardens Appeal	Restricted	37,691.15		
	Ceredigion Unscheduled Care	Bronglais Hospital	Bronglais Hospital Fund	T851-Bronglais General Hospital Fund	Unrestricted	594,615.93
			Bronglais Hospital Emergency and Urgent Care Centre	T861-Bronglais Hospital Emergency and Urgent Care Centre	Unrestricted	25,044.88
			Bronglais Hospital General Medicine	T862-Bronglais Hospital General Medicine	Unrestricted	28,412.96
			Bronglais Hospital Stroke Services	T821-Bronglais Hospital Stroke Services	Unrestricted	-
			Bronglais Hospital Meurig Ward	T349-CMW - Meurig Ward (S)	Restricted	16,671.04
			T819-Rees Eirwyn Evans Capital Fund	Endowment	20,598.11	
			T822-Bronglais Hospital Meurig Ward	Unrestricted	121,088.64	
Bronglais Hospital Surgical Wards			T323-CMW - FE Smith Leg Income (Ceredig Ward)	Restricted	19,879.96	
			T802-FE Smith Legacy (Capital in Perpetuity)	Endowment	74,752.25	
			T823-Bronglais Hospital Surgical Wards	Unrestricted	39,872.64	
Ceredigion Wide		Ceredigion Diabetes Services	T863-Ceredigion Diabetes Services	Unrestricted	57,814.65	
		Ceredigion Renal Services	T864-Ceredigion Renal Services	Unrestricted	27,308.93	
		Ceredigion Cardiovascular Services	T352-CMW - Cardiac Rehabilitation	Restricted	438,459.50	
			T866-Ceredigion - Cardiovascular Services	Unrestricted	97,429.91	
			T900-Withybush Hospital Fund	Unrestricted	115,006.37	
			T445-PDT - WGH Chest Unit Fund	Restricted	557.67	
			T514-PDT - WGH Coronary Care Fund	Restricted	1,889.49	
Pembrokeshire Unscheduled Care	Withybush Hospital	Withybush Hospital Cardio-Respiratory Fund	T558-PDT - NOF Cardiac Rehabilitation	Restricted	425.22	
			T902-Cardiac/ Respiratory Fund - Pems	Unrestricted	42,592.37	
		Cardiology Equipment WGH	T460-PDT - Cardiology Equip Income Fund	Endowment	138,846.19	
		Endowment	T903-Cardiology Equipment WGH (Capital in Perpetuity)	Endowment	2,325,893.16	
		Withybush Hospital Surgical Wards	T505-PDT - WGH Ward1 General Purpose	Restricted	102.25	
			T509-PDT - WGH Ward 4 Equipment Fund	Restricted	2,025.43	
			T957-Withybush Hospital Surgical Wards	Unrestricted	6,211.00	
		Withybush Hospital Medical Services Fund	T431-PDT - WGH A&E Fund	Restricted	916.12	
			T470-PDT - WGH JI Page Legacy	Restricted	3,362.73	
			T507-PDT – WGH Ward 3 Fund	Restricted	1,074.30	
			T511-PDT - WGH Ward 7 Fund	Restricted	657.98	
			T519-PDT - WGH Ward 11 Fund	Restricted	1,000.00	
			T521-PDT - WGH Ward 12 Fund	Restricted	104.35	
		T906-Withybush Hospital Medical Services Fund	Unrestricted	58,990.98		
	Pembrokeshire Wide	Pembrokeshire Renal Fund	T926-Pembrokeshire Renal Fund	Unrestricted	29,688.78	
		Pembrokeshire Diabetes Services	T958-Pembrokeshire Diabetes Service	Unrestricted	42,150.15	

Carmarthenshire Community	Community	Carmarthenshire Community Palliative Care Services	T216-CAR - Palliative Care Nurses	Restricted	31,269.29		
			T755-Carmarthenshire Community Palliative Care Services	Unrestricted	264,635.20		
		Carmarthenshire Community Bereavement Services	T746-Carmarthenshire Community Bereavement Services	Unrestricted	9,121.31		
		Carmarthenshire Acute Response Team	T288-CAR - Acute Response Services Base Carm	Restricted	3,378.43		
			T744-Acute Response Team - Carm	Unrestricted	20,872.97		
		Amman Valley Hospital	T247-CAR - AV General Purposes	Restricted	8,679.68		
			T285-CAR - AMV OPD + Physio	Restricted	2,070.89		
			T741-Amman Valley General Purposes	Unrestricted	8,671.18		
		Llandovery Hospital	T214-CAR - Llandovery General Purpose	Restricted	5,799.49		
			T740-Llandovery General Purposes	Unrestricted	2,695.22		
			T756-Carmarthenshire Community Nursing Services	Unrestricted	25,554.60		
		Ceredigion Community	Community	Ceredigion Community Services	T855-Ceredigion Ceredigion Community Services	Unrestricted	59,746.40
				Ceredigion Community Palliative Care Services	T870-Ceredigion Palliative Care	Unrestricted	53,581.67
North Ceredigion Community Services	T321-CMW - BA Jenkins - Aberaeron			Restricted	46,288.42		
	T380-CMW - Aberaeron Hosp (G)			Restricted	328.95		
	T879-North Ceredigion Community Services			Unrestricted	7,525.94		
South Ceredigion Community Services	T880-South Ceredigion Community Services			Unrestricted	254,674.39		
Closure of Tregaron Hospital funds	T382-CMW Tregaron Hospital			Restricted	1,520.25		
	T854-Tregaron Hospital - General Fund			Unrestricted	3,708.43		
Pembrokeshire Community	Community	Pembrokeshire Community Services	T535-PDT - TCH General Purpose Fund	Restricted	456.13		
			T557-PDT - NOF Palliative Care Data Base	Restricted	2,968.25		
			T901-Pembrokeshire Community Services	Unrestricted	41,908.60		
		Fishguard Health Centre	T588-Goodwick Surgery	Restricted	1,021.12		
			T927-Fishguard Health Care Centre Fund	Unrestricted	26,893.10		
		South Pembrokeshire Hospital	T528-PDT - SPH General Purpose Fund	Restricted	38,927.36		
			T938-PDT - SPH General Purpose Fund	Unrestricted	7,385.58		
		Pembrokeshire Care at Home Team	T930-Pembs Care at Home Team	Unrestricted	6,676.68		
Scheduled Care	Ophthalmology	Ophthalmology	T343-CMW - Ophthalmology (S)	Restricted	4,882.56		
			T941-Hywel Dda Wide Ophthalmology Fund	Unrestricted	8,765.07		
	Critical Care, Theatres & Anaesthetics	Carmarthen	T942-Carmarthenshire Critical Care, Theatres & Anaesthetics	Unrestricted	187,199.20		
		Bronglais Hospital	T342-CMW - I.C.U (S)	Restricted	132.86		
			T856-Bronglais Hospital Critical Care, Theatres & Anaesthetics	Unrestricted	39,593.21		
		Withybush Hospital	T943-Withybush Hospital Critical Care, Theatres & Anaesthetics	Unrestricted	21,018.02		
	Outpatients	Outpatients	T196-CAR - Out Patient Staff	Restricted	225.06		
			T944-Hywel Dda Wide Outpatients Fund	Unrestricted	12,067.44		
	Endoscopy	Endoscopy	T945-Hywel Dda Wide Endoscopy Fund	Unrestricted	4,319.52		
	Breast	Breast	T946-Hywel Dda Wide Breast Care Fund	Unrestricted	33,170.33		
	Neurology	Neurology	T772-Hywel Dda Wide Neurology Fund	Unrestricted	745.01		
	General Surgery	General Surgery	T947-Hywel Dda Wide General Surgery Fund	Unrestricted	128,282.89		
	Head and Neck	Head and Neck	T608-Hywel Dda Head and Neck Cancer Fund	Unrestricted	22,997.79		
	Colorectal	Colorectal	T614-Hywel Dda Colorectal Fund	Unrestricted	19,545.12		
	Upper GI	Upper GI	T615-Hywel Dda Upper GI	Unrestricted	2,076.13		
	Audiology	Audiology	T616-Hywel Dda Audiology	Unrestricted	2,374.14		
	Dermatology	Dermatology	T704-Hywel Dda Dermatology	Unrestricted	6,414.79		
	Gastroenterology	Gastroenterology	T706-Hywel Dda Gastroenterology	Unrestricted	10,431.05		
	Urology	Urology	T709-Hywel Dda Urology	Unrestricted	68,806.10		
	Trauma & Orthopaedics	Trauma & Orthopaedics	T939-Hywel Dda Wide Trauma and Orthopaedics Fund	Unrestricted	24,630.05		
	Rheumatology	Rheumatology	T129-CAR - PPH Rheumatology Fund	Restricted	5,989.75		
			T493-PDT - WGH Rheumatology	Restricted	963.62		
			T940-Hywel Dda Wide Rheumatology Fund	Unrestricted	10,082.52		
		Endoscopy	Endoscopy	T022-CAR - Endoscopy Fund	Restricted	204.80	
	Cancer Services	GGH Cancer Services	GGH Cancer Services	T131-CAR - Carmarthenshire Lung Cancer Fund	Restricted	2,954.87	
				T705-Glangwili General Hospital Cancer Services	Unrestricted	963,248.87	
		PPH Cancer Services	PPH Cancer Services	T720- Prince Philip Hospital Cancer Services	Unrestricted	79,471.85	
Ceredigion Cancer Services		Ceredigion Cancer Services	T865-Ceredigion Cancer Services	Unrestricted	137,002.11		
Pembs Cancer Services		Pembs Cancer Services	T440-PDT - WGH Cancer Day Unit	Restricted	600.00		
			T518-PDT - WGH Ward 10 Refurbishment Scheme	Restricted	41,464.27		
		T905-Pembrokeshire Cancer Services	Unrestricted	96,740.12			

Women&Children	Neonates	Hywel Dda Neonates	T782-Hywel Dda Neonatal Services	Unrestricted	49,347.32		
	Maternity	Carmarthenshire Maternity Services	T754-Carmarthenshire Maternity Services	Unrestricted	39,604.50		
		Ceredigion Maternity Services	T868-Ceredigion Maternity Services	Unrestricted	14,520.99		
	Women's Health	Pembrokeshire Maternity Services	T925-Pembrokeshire Maternity Services	Unrestricted	1,771.43		
		Hywel Dda Sexual Health Services	T784-Hywel Dda Sexual Health Services	Unrestricted	7,740.07		
		Carmarthenshire Obstetrics & Gynaecology	T713-Carmarthenshire Obstetrics & Gynaecology	Unrestricted	10,507.89		
		Ceredigion Obstetrics & Gynaecology	T867-Ceredigion Obstetrics & Gynaecology	Unrestricted	6,594.88		
		Pembrokeshire Obstetrics & Gynaecology	T948-Pembrokeshire Obstetrics & Gynaecology	Unrestricted	-		
		GGH Early Pregnancy Assessment Unit	T141-GGH Early Pregnancy Assessment Unit	Restricted	9,321.91		
		Paediatrics	The Wish Fund (Paediatric Palliative Care)	T606-The Wish Fund (Paediatric Palliative Care)	Unrestricted	19,459.69	
	Hywel Dda Paediatric Diabetes		T617-Hywel Dda Paediatric Diabetes	Unrestricted	25,923.53		
	Carmarthenshire Children's Services		T267-Eliz Williams Children's Clinic	Restricted	228.52		
	Ceredigion Children's Services		T780-Carmarthenshire Children's Services	Unrestricted	75,970.80		
			T355-CMW - Children's Angharad Ward	Restricted	8,839.61		
	Pembrokeshire Children's Services		T807-Ceredigion Children's Services	Unrestricted	28,914.91		
			T921-Pembrokeshire Children's Services	Unrestricted	21,310.18		
	MHLHD		Hywel Dda Wide	Hywel Dda Mental Health & Learning Disabilities	T959-Hywel Dda Mental Health & Learning Disabilities	Unrestricted	73,194.04
				Hywel Dda Child and Adolescent Mental Health Services (CAMHS)	T960-Hywel Dda Child and Adolescent Mental Health Services (CAMHS)	Unrestricted	1,777.04
			Older Adult Mental Health	Carmarthenshire Older Adult Mental Health	T552-Childrens Services – Child and Adolescent Psychiatry	Restricted	81.40
		T429-Bryngolau Fund			Restricted	8,723.10	
Ceredigion Older Adult Mental Health		T962-Carmarthenshire Older Adult Mental Health		Unrestricted	18,822.55		
		T397-Enlli Ward		Restricted	186.02		
		T961-Ceredigion Older Adult Mental Health		Unrestricted	4,056.96		
Adult Mental Health		Pembrokeshire Older Adult Mental Health	T963-Pembrokeshire Older Adult Mental Health	Unrestricted	34,034.58		
		Carmarthenshire Inpatient Adult Mental Health	T965-Carmarthenshire Inpatient Adult Mental Health	Unrestricted	23,229.16		
			T407-PDT - Cwm Seren Ward Fund	Restricted	1,170.46		
			T586-Low Secure Unit, MH & LD (R)	Restricted	1,134.01		
		Carmarthenshire Community Adult Mental Health	T966-Carmarthenshire Community Adult Mental Health	Unrestricted	10,018.99		
			T415-PDT - Wellfield RC Fund	Restricted	10,793.54		
		Ceredigion Adult Mental Health	T964-Ceredigion Adult Mental Health	Unrestricted	6,103.17		
		Pembrokeshire Adult Mental Health	T967-Pembrokeshire Adult Mental Health	Unrestricted	31,104.44		
Therapies		Physiotherapy	Physiotherapy	T206-CAR - Physiotherapy & Gymnasium	Restricted	16,233.19	
			T357-CMW - Physiotherapy Dept	Restricted	8,578.76		
		Podiatry	Podiatry	T949-Hywel Dda Wide Physiotherapy Fund	Unrestricted	38,708.64	
				T604-Hywel Dda Chiropody fund	Unrestricted	1,658.44	
		Nutrition & Dietetics	Nutrition & Dietetics	T950-Hywel Dda Wide Nutrition & Dietetics Fund	Unrestricted	6,551.84	
	Occupational Health	Occupational Health	T951-Hywel Dda Wide Occupational Therapy Fund	Unrestricted	4,938.09		
	Speech & Language Therapy	Speech & Language Therapy	T952-Hywel Dda Wide Speech & Language Therapy Fund	Unrestricted	4,649.20		
	Brain Injury	Brain Injury	T609-HD Brain Injury & Complex Neurological Therapy	Unrestricted	7,636.26		
	Primary Care	Chronic Conditions	Chronic Conditions	T602-Chronic Conditions	Unrestricted	12,954.94	
		Dental Services	Dental Services	T785-Carmarthenshire Dental Services Fund	Unrestricted	4,600.80	
Meddygfa Minagon Surgery (Kidwelly)		Meddygfa Minagon Surgery (Kidwelly)	T794-Minafon Surgery (Kidwelly)	Unrestricted	190,326.61		
Meddygfa Sarn Surgery (Pontyates)		Meddygfa Sarn Surgery (Pontyates)	T796-Meddygfa Sarn Surgery (Pontyates)	Unrestricted	929.11		
Pharmacy	Hywel Dda Pharmacy	Hywel Dda Pharmacy	T953-Hywel Dda Wide Pharmacy Fund	Unrestricted	89,869.16		
Pathology	Pathology	Pathology	T955-Hywel Dda Wide Clinical Pathology Fund	Unrestricted	12,028.73		
	Clinical Haematology	Clinical Haematology	T191-CAR - Haematology Fund	Restricted	9,855.05		
Radiology	Radiology	Radiology	T954-Hywel Dda Wide Clinical Haematology Fund	Unrestricted	228,847.04		
			T956-Hywel Dda Wide Radiology Fund	Unrestricted	25,166.07		
Corporate	General Fund	General Fund	T600-Support for Life Response Fund	Unrestricted	917,446.25		
			T560-NHS Charities Together	Restricted	452.20		
	Grant	Grant	T562-NHS Charities Together(Stage 2)	Restricted	32,901.08		
			T563-NHS Charities Together(Stage 3)	Restricted	2,308.02		
			T564-NHS Charities together - NHS CT Development Grant	Restricted	7,537.84		
			T590-Co-op Community Fund	Restricted	8,185.11		
			T591-Groundwork UK	Restricted	2,023.00		
			T620-Arts In Health Staff Wellbeing	Unrestricted	223.84		
	Arts in Health	Arts in Health (Committee approved funds)	T622-Arts and Health Capacity Building - Patients	Unrestricted	-		
			T589-Staff Welfare and Wellbeing: Creating Rest Areas for our Staff	Restricted	751.22		
	Other	Other	T610-HD Unrestricted Apportionments	Unrestricted	366,770.06		
			T207-Pentre Awel Hydrotherapy Pool	Restricted	1,602,697.04		
			T392-BGH Chemotherapy Day Unit Appeal	Restricted	-		
						12,328,603.33	

Appendix 2: Closed restricted funds

Clinical Care Group	Site/County/Directorate	Service/Ward/Department	Fund name	Transferred balance	
Carms Unschedule	Carmarthenshire Wide	Carmarthenshire Diabetes Services	T062-CAR - Diabetic Education	1,735.63	
		Glangwili General Hospital Fund	T289-CAR – GGH General Purposes	106,626.98	
	Glangwili Hospital	Glangwili Hospital General Medicine (inc. General Medical Wards)	T050-CAR- Steffan Ward	546.43	
			T058-CAR - Towy Ward	23,163.03	
		Glangwili Hospital Surgical Wards	T001-CAR - Ceri - Ward	1,506.55	
			T002-CAR - Cleddau Ward	616.64	
			T006-CAR - Preseli Ward	631.25	
			T008-CAR – Teifi Ward	1,074.30	
	Prince Philip Hospital	Glangwili Hospital Emergency Department	T163-CAR - Accident+Emergency	23,163.03	
		Prince Philip Hospital Fund	T300-CAR - PPH General Purposes	2,521.46	
		Prince Philip Hospital Cardiology Services	T093-CAR - PPH Cardiac Fund	2,685.17	
		Mynydd Mawr Rehabilitation Unit	T253-CAR - MM General Purposes	7,817.48	
		Prince Philip Hospital Respiratory Services	T103-CAR - PPH Respiratory Medicine	10,309.47	
Cere Unscheduled	Bronglais Hospital	Bronglais Hospital Fund	T330-CMW - Bronglais Gen Hosp (G)	495,110.21	
		Bronglais Hospital Emergency and Urgent Care Centre	T367-CMW - Accident & Emergency (S)	9,167.87	
		Bronglais Hospital General Medicine	T377-CMW - The Osteoporosis Fund	1,119.24	
		Bronglais Hospital Surgical Wards	T345-CMW – Ceredig Ward (OG)	23,887.71	
	Ceredigion Wide	Ceredigion Diabetes Services	T346-CMW – Ceredig Ward (LI)	15,984.93	
			T370-CMW - Diabetic Care fund	23,945.14	
Pembs Unscheduled	Withybush Hospital	Withybush Hospital Fund	T458-PDT - WGH General Purpose Fund	54,930.83	
		Withybush Hospital Cardio-Respiratory Fund	T442-PDT - WGH Cardiac Unit Fund	5,954.47	
	Pembrokeshire Wide	Pembrokeshire Renal Fund	T473-PDT – WGH Renal Fund	5,747.66	
		Pembrokeshire Diabetes Services	T450-PDT-WGH Diabetic Unit Fund	42,150.15	
Carms Community	Community	Carmarthenshire Community Palliative Care Services	T274-CAR - Ty Bryngwyn Fund	179,255.08	
Ceredigion Community	Community	Ceredigion Community Palliative Care Services	T559-CMW – Ty Geraint Palliative care	4,057.39	
		South Ceredigion Community Services	T381-CMW - Cardigan Hosp (G)	56,743.35	
Pembs Community	Community	Pembrokeshire Community Services	T545-Pembs Community General Purposes	537.18	
Scheduled Care	Ophthalmology	Ophthalmology	T482-PDT – WGH Ophthalmology Fund	989.43	
		Critical Care, Theatres & Anaesthetics	Carmarthen	T156-CAR - Intensive Care Unit	10,020.31
		Withybush Hospital	Withybush Hospital	T467-PDT - WGH ICU Fund	20,751.52
				T498-PDT - WGH Surgical DH Fund	266.50
		Outpatients	Outpatients	T456-PDT - WGH Outpatient Equipment	510.54
		Endoscopy	Endoscopy	T336-CMW - Endoscopy Fund	1,018.20
	Breast	Breast	T439-PDT - WGH Breast Clinic Fund	2,119.42	
	Cancer Services	GGH Cancer Services	GGH Cancer Services	T075-CAR - Carmarthen Oncology Fund	19,830.66
T584-CAR - Chemotherapy Unit				615,233.16	
PPH Cancer Services		PPH Cancer Services	T091-CAR – PPH Cancer Fund	44,992.86	
Ceredigion Cancer Services		Ceredigion Cancer Services	T376-CMW - Leri Day Hospital	883.67	
Pembs Cancer Services		Pembs Cancer Services	T517-PDT - WGH Ward 10 Fund	4,733.58	
Women&Children	Neonates	Hywel Dda Neonates	T134-CAR - Special Care Baby Unit	23,829.30	
	Paediatrics	Pembrokeshire Children's Services	T516-PDT - WGH Ward 9 Fund	10,986.52	
MHL D	Older Adult Mental Health	Pembrokeshire Older Adult Mental Health	T403-PDT - St Non's	15,483.27	
		Carmarthenshire Inpatient Adult Mental Health	T419-Bryngofal Ward Fund	2,626.90	
	Adult Mental Health	Carmarthenshire Community Adult Mental Health	T427-Brynmair Fund (R)	2,554.43	
		Pembrokeshire Adult Mental Health	T549-PDT - Bro Cerwyn DH Fund	27,753.61	
Primary Care	Meddygfa Minagon Surgery (Kidwelly)	Meddygfa Minagon Surgery (Kidwelly)	T587-Minafon Surgery (R)	188,994.28	
Pathology	Pathology	Pathology	T333-CMW - Pathology (S)	2,208.81	
Radiology	Radiology	Radiology	T338-CMW - X-Ray Equip (S)	19.53	
<b>Total value of restricted funds released</b>				<b>2,096,795.13</b>	

## 5 - IMPACT OF CHARITABLE EXPENDITURE

5.1

11:02, 0 Mins

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5.1 - Covering SBAR for CFC Evaluation  
Reports Items 5.2 & 5.3

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

| For discussion

**Attachments**

CFC Evaluation Reports SBAR March 2025 (NL).pdf

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Demonstrating the impact of charitable-funded expenditure requests
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Interim Executive Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Nicola Llewelyn, Head of Hywel Dda Health Charities

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

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report is presented to the Charitable Funds Committee (CFC) to demonstrate the impact of charitable funds expenditure requests approved by the CFC and/or Corporate Trustee, within the scheme of delegation for the authorisation of charitable expenditure.

**Cefndir / Background**

The Hywel Dda Health Charities (HDdHC) evaluation framework has been developed to:

- Demonstrate the positive impact the charity makes on the health, wellbeing and experience of NHS patients, service users and staff across Carmarthenshire, Ceredigion and Pembrokeshire.
- Share learning and best practice to further improve experiences and outcomes for NHS patients, service users and staff.
- Develop case studies for future marketing and fundraising campaigns to tell the story of the positive difference we make.
- Inform the development of future grant-making priorities.
- Access additional data to support statutory reporting requirements on public benefit, demonstrating how we fulfil our charitable objectives.

The evaluation framework is comprised of the following data capture processes and reporting mechanisms, that enable the charity to evidence the effectiveness and impact of our charitable expenditure:

<b>Expenditure under £10,000</b>	<b>Expenditure between £10,000 and £50,000</b>	<b>Expenditure over £50,000</b>
Short online questionnaire sent to applicants three months after approval of funding.	Evaluation report template sent to all applicants six months after approval of funding.	Evaluation report template sent to all applicants nine to twelve months after approval of funding.

		Mid-term evaluation reports also required for project funding.
Applicants asked to rate and describe the positive difference the funding has made.	Applicants asked to discuss what has been achieved as a result of the funding awarded and the positive difference the funding has made.	Applicants asked to discuss what has been achieved as a result of the funding awarded and the positive difference the funding has made.
Applicants also asked to rate the application process and provide suggestions for future improvements.		
Quotes and images collected for publicity purposes and sharing of best practice.	Quotes and images collected for publicity purposes and sharing of best practice.	Quotes and images collected for publicity purposes and sharing of best practice.
Annual report submitted to the Charitable Funds Committee (June).	Annual report submitted to the Charitable Funds Committee (June).	Reports submitted to the CFC on a quarterly basis, in line with the evaluation reporting schedule and CFC work plan.
		Where practical, opportunity to visit funded projects.

### Asesiad / Assessment

The accompanying evaluation reports, attached at Annex 1-2, are intended to provide an overview of the impact and positive difference of the charitable funds' expenditure requests listed below, approved by the CFC and/or Corporate Trustee within the scheme of delegation for the authorisation of charitable expenditure:

<b>Annex</b>	<b>Application</b>	<b>Reporting officer</b>	<b>Funding approved</b>	<b>Value of funding</b>	<b>Reporting period</b>
Annex 1	Phase 2 of the Cancer Psychological Support (CaPS) Project: Psychological Support for People Affected by Cancer and the Cancer Workforce	Gina Beard, Lead Cancer Nurse	30 November 2021	£228,000	Final report
Annex 2	"Heads Up!" Initiative – Cancer Services Hair Loss Support	Gina Beard, Lead Cancer Nurse	26 September 2023	£165,000	Mid-term report

Summarised within the main body of the evaluation reports at Annex 1-2 are key considerations including:

1. Key achievements: what has been achieved and to what extent have the intended aims and objectives been achieved.
2. Impact: the positive changes or effects that have taken place and to what extent the anticipated benefits have been achieved.
3. Beneficiaries: the number of people that have benefited.
4. Lessons learnt what went well and not so well.
5. Exit strategy: how funded projects will continue beyond the time-limited period of funding or will be brought to a close.
6. Summary of expenditure: breakdown of expenditure associated with the funding requests.

### Argymhelliad / Recommendation

The Charitable Funds Committee is requested to:

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

### 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 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. 4.8 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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Financial reports Evaluation data gathered by applicants CFC Terms of Reference
Rhestr Termau: Glossary of Terms:	Included within the main body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Finance Business Partner (Accounting & Statutory Reporting)

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Any issues and considerations are identified in the evaluation reports attached at Annex 1-2
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Any issues and considerations are identified in the evaluation reports attached at Annex 1-2
<b>Gweithlu: Workforce:</b>	Any issues and considerations are identified in the evaluation reports attached at Annex 1-2
<b>Risg: Risk:</b>	Any issues and considerations are identified in the evaluation reports attached at Annex 1-2
<b>Cyfreithiol: Legal:</b>	Any issues and considerations are identified in the evaluation reports attached at Annex 1-2
<b>Enw Da: Reputational:</b>	Any issues and considerations are identified in the evaluation reports attached at Annex 1-2
<b>Gyfrinachedd: Privacy:</b>	Any issues and considerations are identified in the evaluation reports attached at Annex 1-2
<b>Cydraddoldeb: Equality:</b>	Any issues and considerations are identified in the evaluation reports attached at Annex 1-2

5.2

11:02, 10 Mins

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5.2 - Update on Expenditure: Phase 2 of the Cancer Psychological Support (CaPS) Project: Psychological Support for People Affected by Cancer and the Cancer Workforce

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

| For discussion

#### **Attachments**

[Nov 2021 CFC approved - Final Evaluation Report Template CaPS \(Mar 25\) \(GB\).pdf](#)

## Evaluation report for charitable-funded requests over £10,000

Please complete this form to tell us about the impact that your charitable funded application has had. We're keen to understand how this funding has made a difference to our patients and service users, their families, carers and Hywel Dda staff.

Please read the guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com).

Please direct any questions to [CharitableFundsFinance.HDd@wales.nhs.uk](mailto:CharitableFundsFinance.HDd@wales.nhs.uk) / 01267 283055 / 01827 1655.

### Section 1: Applicant

#### Lead applicant:

Contact name:	Gina Beard
Job title:	Lead Cancer Nurse
Department/Service:	Cancer Services
Directorate:	Cancer Services

#### Lead director:

Contact name:	Andrew Carruthers
Job title:	Chief Operating Officer

### Section 2: Application summary

2.1 Title of application:	Phase 2 of the Cancer Psychological Support (CaPS) Project: Psychological Support for People Affected by Cancer and the Cancer workforce
2.2 Application reference:	n/a
2.3 Date approved by CFSC/CFC:	30 <sup>th</sup> November 2021
2.4 Value of funding approved:	2022-23 £114,000 2023-24 £76,000 2024-25 £38,000 Total: £228,000
2.5 Project start date:	1 <sup>st</sup> April 2022
2.6 Project end date/ estimated completion date:	31 <sup>st</sup> March 2025

#### Reporting period:

#### 2.7 Please indicate the period this evaluation report relates to?

Mid-term:		End of funding:	✓
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#### 2.8 Brief description of your application:

In no more than 50 words please tell us what you received approval of charitable funds for. The Charitable Funds Committee approved the release of cancer charitable monies to support the second phase of Cancer Psychological Support (CaPS), following an initial two year pilot service, fully funded by cancer charitable funds, delivering psychological support to people affected by cancer within the Health Board population, and the associated cancer workforce

## Section 3: Evaluation report

### 3.1 Key achievements:

Please tell us about what has been achieved as a result of the funding awarded and to what extent the aims and objectives (as set out in the application form) have been achieved.

In March 2018, the Charitable Funds Committee approved the initial application from Cancer Services charitable funds for a two-year psychological support pilot project, which became known as the CaPS project. The aim of the CaPS project was to pilot a service for people affected by cancer and the cancer workforce. The pilot ran alongside a scoping exercise of service needs, based on real world data, to measure the existing need and the effectiveness of the interventions, to inform future service design and provision, and to support any commitment made by the Hywel Dda University Health Board (HDdUHB) towards an ongoing sustainable service. CaPS was initially launched in September 2019 and has had three main objectives running through all service activities over the past five years embedding health board values at the heart of the service provision:

- **Supporting people with cancer and improving the patient experience by providing a robust counselling service to support the psychological needs of people with a cancer diagnosis – *putting people at the heart of everything we do.***
- **Educating cancer professionals through training and support, enhancing psychological skills in daily encounters with cancer patients – *striving to deliver and develop excellent services.***
- **Empowering local cancer teams by supporting the emotional burden of the cancer workforce through supportive supervision, one to one support, teamwork and innovative approaches that support resilience – *working together to be the best that we can be.***

In November 2021, the Cancer Services Team submitted a further application to the Charitable Funds Committee for Phase two funding for the service, seeing phased mainstream funding introduced over the three years that followed up to the end of the charitable funding period at the end of March 2024.

Over the past three years CaPS has continued to meet the service objectives in the following ways:

#### **Objective 1: Supporting people with cancer**

CaPS provides a specialist level three counselling support service available to people affected by cancer:

- Band 5 Specialist Cancer Counsellors employed across the three counties.
- CaPS receives a current average of **23 referrals per month** (based on 2024/25 activity).
- No waiting list – referrals are received, assessed and contacted within two weeks.
- CaPS offers a range of virtual or face-to-face options.
- Service extends to carers (cancer related) offering psychological support to carers as part of the core service, this was introduced following patient feedback.
- Carer support extended to include parents of children with cancer – referrals received from health board Paediatric Oncology Outreach Nurse Specialists (POONS), Latch (Welsh Children's Cancer Charity), and CLIC Sargent Cancer Care for Children (Young Lives Vs Cancer).
- Counselling extended to young people with cancer from age 16.

#### **Objective 2: Educating Cancer Professionals**

The CaPS team continues to provide a resource of specialist knowledge, advice and education in psychological aspects of care for the cancer workforce.

The Team provide and participate in the organisation and delivery of appropriate education and training programmes for the cancer workforce, linked to psychological support (enhancing levels 1-2 psychological support) to equip cancer professionals with strong skills in psychological support in their daily interventions with patients. Examples of this include:

- Breaking Bad News and managing difficult conversations training was delivered to Doctors during HDUHB Grand Round in July 2024. This was well received and resulted in doctors seeking clinical supervision and support around difficult cases they had or were currently managing.
- Advance Care Planning educational sessions for cancer professionals.
- CaPS is currently developing an education programme for healthcare professionals to enhance their skills and knowledge. This aims to develop a robust educational programme that enhances self-reflection in practice, and identifies key areas for continuing professional development; bringing together key professionals to share their knowledge and skills relating to their own profession/ practice.

The CaPS Senior Co-ordinator, Katie Barrett, was approached to contribute to a chapter and publish her research project in a further education research book that identifies good practice: *Reducing barriers to learning opportunities for healthcare professionals to improve attendance*. This research was undertaken to identify the challenges and potential support mechanisms healthcare professionals face when engaging in learning / continuous professional development (CPD) opportunities, this research formed part of her Post Graduate Certificate in Education (Post-compulsory PGCE) Research project.

<https://www.routledge.com/Exploring-Practitioner-Research-in-Further-Education-Sharing-Good-Practice/Scattergood-Jones/p/book/9781032824734>

### **Objective 3: Empowering local Cancer Teams**

CaPs continues to provide collegial, peer based psychological support in the everyday, and promote innovations that build reflective practice, clinical supervision and support into clinical practice.

- Clinical supervision is available to members of the cancer workforce.
- CaPS also provides higher level clinical supervision to members of the cancer workforce who have encountered clinical events that have been particularly distressing.
- The CaPS Team have established a formal process of recording the support that is being provided to healthcare professionals, and implementing feedback processes so formal feedback can be gathered to improve on the support being provided, and alongside capturing its impact on cancer workforce.
- Two of the CaPS counsellors have undergone supervision training to provide clinical supervision to healthcare professionals. Further counsellors have identified an interest in undertaking this training also, supporting the model where counsellors within the service can provide healthcare professionals this level of support. This will allow the offer of Clinical Supervision to be further developed without impacting the availability of support for patients and carers.

### **3.2 Impact:**

Please focus on the positive changes or effects that have taken place as a result of the funding awarded and to what extent the anticipated benefits (as set out in the application form) have been achieved.

Through the CaPS Service, HDdUHB have led the way in Wales and are the first health board in Wales to provide Level three psychological support for people affected by cancer as part of core services with mainstream NHS funding from April 2025. This would not have happened if the funding from charitable funds had not been released in 2019 for the initial project that scoped out

the needs of patients and the impact of providing a service that met those needs. Meeting the psychological needs of people affected by cancer has positive impact not only on individual patient experience (see feedback below) but also has an impact on individual patient outcomes.

In February 2025, HDUHB recruited a Consultant Clinical Psychologist, funded for the first two years from Macmillan Cancer Support. This means that HDUHB can now provide psychological support for cancer patients at all levels.

### **3.3 Beneficiaries:**

Please tell us how many people have benefited as a result of the funding awarded and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

April 1 2024 - February 28 2025, the service received on average 23 referrals per month for cancer patients and/or carers referred for counselling. Each referral receives an initial assessment within the first two weeks post referral and is then allocated to a counsellor who will deliver 6-8 counselling sessions depending on need. This will result in around 2000 counselling sessions delivered in the service over the past 12 months (April 2024 - March 2025)

### **3.4 Evaluation methods:**

Please tell us what methods you have used to measure the effectiveness of the funding awarded.

The CaPS Service has collected feedback from service users since the pilot began in 2019. Initially this was received as paper feedback forms from both patients receiving counselling/support and any healthcare professional accessing education and training. This feedback helped shape the way forward for the service. For example, the service expanded to include support for carers following patient feedback that this was an area of need.

Feedback is now collected using the health board CIVICA software system. This provides in-depth data on service users' experiences and provides the service an opportunity to capture patient stories. The feedback supports reflective practice, with direct patient feedback used to support learning from practice within the team. One of the benefits is that the service is able to capture the experiences more clearly of patients vs carers, to identify if there are themes or challenges these cohorts face.

CaPS contributed to an All-Wales, Macmillan funded scoping project (report available in early 2025). The feedback confirmed that carers were often in greater need of psychological support, but less likely to access it.

Feedback is also available requested bilingually and, where required, paper versions can be sent out via email or freepost.

Feedback is reviewed regularly, and the team collaboratively utilise feedback to drive and improve service user experience. For example, feedback was received that our contact details were not clear, and it was challenging to know how to contact the service (not all patients/carers receive the service leaflet by referrers). The service now routinely offers text/ email confirmation for appointment bookings; this provides the relevant information on how to contact the service and service hours, which helps us manage client expectations. Furthermore, the service therapy agreement paperwork was updated to clearly reference information on how to contact the service.

### **Examples of Patient Feedback**

*"I feel like a transformed person from the one that came to the first session. I'd been in freeze mode, just getting by. Now I feel I have more energy, agency and a sense of humour back. I am ready to more fully participate in society and give back again."*

*"I was able to speak my mind to someone who was not involved in my life and so I could not upset them personally, but at the same time they were empathetic to my situation. Access to the*

*service was impressively quick and the whole service was efficient.”*

*“It gave me back confidence to face the future with a positive outlook and analysis situations to ensure a positive rather than a negative outcome.”*

*“They provide much needed emotional support at an unsettling and unsteady time in your life.”*

*“Excellent support, quick to respond to arrange the counselling I needed. Very attentive and supportive throughout the process.”*

*“It helped me come to terms with a hard diagnosis of terminal cancer. Improved my mental health wellbeing.”*

*“The knowledge that there was someone there to support and advice away from family and friends. That gives a much more balanced reaction in my opinion.”*

*“It helped me deal with my fear and emotions. I felt comfortable and listened to”*

*“When I fought the disease and even when I defeated it and the cancer retreated, underwent treatment and operations, I was afraid that it would return. It is very difficult to cope without a specialist. So I am very happy that I had such help.”*

*“For myself it was set away from the main hospital and in a setting that was relaxing and calming. Helen (my councillor) was extremely professional and approachable - thank you.”*

*“It is difficult to suggest improvements to a service that gave excellent care and counselling.”*

*“No, the service was very supportive and excellently delivered.”*

Where feedback has identified some key areas, e.g. recognition for referrals sooner, availability of appointments and appropriateness of venues, the service has started looking at ways to improve. This has included improving engagement with cancer professionals to ensure awareness of the service at all points on the cancer pathway. The service has also started working with the Waiting List Support Service, to identify opportunities for early intervention following an urgent suspected cancer referral, particularly where there is a high suspicion of cancer.

Finding suitable venues for face-to-face counselling is a challenge, and has resulted in the service hiring venues out in the community to offer service users the option of counselling that is not in the treatment units. The Service has also reached out within the HDdUHB to be able to access spaces within the Health and Wellbeing Hwbs being developed. CaPS Service specification reports have been submitted and the Senior Co-ordinator continues to drive this. Currently, due to high demand from other services requesting allocated space within the hwbs this has been challenging. CaPS has not been identified as a vital service. The CaPS team will continue to advocate for provision and presence for the service in these areas. This not only improves patient access and experience, but will reduce venue hire costs, providing an opportunity for better use of resources. A CaPS presence in the Health and Wellbeing Hwbs would enable service users to access other services available within the hwbs that will support their ongoing cancer journey.

*“I would like to of been offered your services when diagnosed because that is when I needed you most. You have been a great help since but I would have liked to have seen you earlier.”*

*“Counselling should be offered to all patients when being given a cancer diagnosis as this was not offered to me before starting chemo and I had to therefore reach out for support”*

*“It would depend upon the person receiving the counselling, but perhaps a room could be used that is not on the cancer ward - but just somewhere less distressing”*

*“I found out about it by accident so not sure how widely it is advertised ...”*

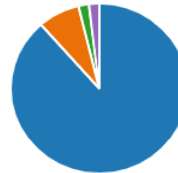
**“Be able to have sessions closer to home”**

4. If a friend or a member of your family needed CaPS support, how likely are you to recommend this service to others?

[More Details](#)

[Insights](#)

Highly likely	93
Likely	8
Neutral	2
Unlikely	0
Not at all	2

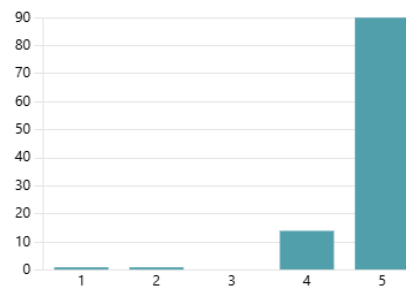


5. Please rate your overall experience with us.

[More Details](#)

[Insights](#)

4.80  
Average Rating



### 3.5 Lessons learnt:

Please tell us what lessons have been learnt from the delivery of your funded project in terms of what went well and not so well. Did you have to adapt your delivery, or did you face any unforeseen challenges? If so, how did you adapt or overcome any challenges? Will any lessons be shared with colleagues across the organisation?

The delivery of CaPS began as an initial concept in 2018 when counselling from a national cancer charity, provided to the HDdUHB cancer population, was withdrawn with little notice. The impact of this was felt amongst the cancer workforce immediately, the psychological impact of cancer being well documented.

### **COVID-19 Pandemic**

The project was impacted in March 2020 by the global COVID-19 pandemic and had to adapt overnight to continue to support patients. The pandemic resulted in specific stressors for cancer patients associated with higher rates of anxiety, depression and insomnia. Access to Primary Care, delays and disruption of diagnostics, paused cancer screening, cancer surgery and cancer surveillance procedures in the first wave of COVID-19, and disruptions to Oncology services all added to higher levels of anxiety. Loneliness and isolation related to the requirement to shield increased the anxiety levels in many people affected by cancer through the pandemic. Fear of disease progression or recurrence, fear around a weakened immune system during chemotherapy, fear of delay or interruption of treatment schedules, fear of infection, fears around supporting family or others and receiving support from others. Between March 31 2020 and April 1 2021, 2311 people were diagnosed with cancer within the population of HDdUHB. There was significant value in providing an adaptable psychological support service to patients during these challenging times. Counselling was offered remotely through video and telephone sessions and these have become part of a toolkit of approaches in delivering a service that meets peoples' needs.

### **Digitalised CaPS Service**

The CaPS Service started out with physical notes stored in paper form. Counselling notes are not held as part of the main medical notes due to confidentiality and are always held separately, supported by the usual information governance regulations. CaPS is now operating with digital notes, with all notes and information stored securely on a service shared drive. This has reduced use of resources such as ink, paper, envelopes, post, etc. as well as a safer system for storage of notes, with more control over accessibility etc.

Following input from the HDdUHB Information Governance Team an application has been submitted to adopt CITO (IT programme) to further develop and secure service information systems.

### **Development of Group work - CaPS/ CISS (Cancer Information and Support Service) collaboration**

A pilot CaPS group collaborating with the third sector organisation HAHAV (Aberystwyth) was undertaken in 2023. The pilot was positive and received an “excellent” rating in feedback, with comments that it was “very supportive,” “very helpful” and “good to share experience with others”. Further development of CaPS and CISS support Groups is underway- aiming to provide high quality therapeutic support, integrated with access to support around common practical concerns such as financial and work issues, relationship, childcare concerns etc.

Further groups planned for June/ July 2025. Initial pilot site: Carmarthen with patient group, with an appetite to implement across the other two counties within Pembrokeshire and Ceredigion.

There is also an opportunity for the CaPS Service to work in partnership with *Arts in Health* to develop a group that utilises the arts for expression; this intervention could be particularly powerful with identified cohorts, such as head and neck cancer patients that experience communication challenges. This lends itself to a potential opportunity to conduct some research in this area.

### **Integration of CaPS within Cancer Services, and other stakeholders**

CaPS has established itself well amongst other services within the HDdUHB, continuing to strengthen strong working relationships with the CISS, Cancer Therapies Team, HDdUHB tumour site teams, and other healthcare professionals within regional cancer teams hosted by other health boards (e.g. Teenage and Young Adults and the Hepatocellular Cancer regional teams both hosted by Cardiff and Vale University Health Board. The service strives for partnership working to ensure best supportive, individualised care that optimises health and wellbeing for our patients (alongside their carers).

### **3.6 Exit strategy (for revenue expenditure requests):**

Please tell us if, and how, the funded project will continue or has continued beyond the end of the time-limited period of charitable funding. If this project will not continue, please tell us how the project will or has been brought to a close.

This service was included in the 2024 Annual Plan submission for Cancer Services and as of April 2025 will be part of core services and 100% mainstream funded.

### **3.7 Other:**

Please provide any other relevant information about your funding award and its delivery that you would like to share with us.

December 2024 CaPS Service successfully achieved Investors in Carers Bronze Award.

The Lead Cancer Nurse, Gina Beard was awarded an MBE in the 2024 Kings New Honours list for services to cancer nursing with heavy reference in the submission to the establishment of CaPS within HDdUHB.

## **Section 4: Expenditure**

### **4.1 Expenditure breakdown:**

Please provide a breakdown of all expenditure associated with the funding awarded that has been incurred to date.			
Item/Category	Budget (£)	Actual (£)	% Variance <i>budget vs actual</i>
Pay	220,000	220,000	0%
Non- pay	8,000	8,000	
Totals	228,000 over three year period	228,000 over three year period	0%

**4.2 Outstanding expenditure:**  
For mid-term evaluation reports, please provide a summary of outstanding expenditure and discuss whether predicted future expenditure is on track:  
N/A

## Section 5: Authorisation

<b>5.1 Evaluation report prepared by:</b>		
Contact name:	Job title:	Date:
Gina Beard	Lead Cancer Nurse	3 March 2025
<b>5.2 Evaluation report authorised by:</b>		
Contact name:	Job title:	Date authorised:
Gareth Cottrell	Deputy Chief Operating Officer	4 March 2025

### For Charitable Funds Finance Department

<b>Finance review:</b>		
I confirm that I have reviewed this report and that the expenditure incurred to date is an accurate reflection of the project spend.		
Contact name:	Job title:	Date reviewed:
Tracy Davies	Deputy Head of Financial Accounting & Statutory Reporting	6 March 2025

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

[CharitableFundsFinance.HDd@wales.nhs.uk](mailto:CharitableFundsFinance.HDd@wales.nhs.uk)

**or via internal mail to:**

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

5.3

11:12, 10 Mins

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5.3 - Update on Expenditure: 'Heads Up!' -  
Cancer Services Hair Loss Support

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

| For discussion

**Attachments**

[Sept 2023 CFC approved - Mid Term Evaluation Report Heads Up \(Mar 25\) \(GB\).pdf](#)

## Evaluation report for charitable-funded requests over £10,000

Please complete this form to tell us about the impact that your charitable funded application has had. We're keen to understand how this funding has made a difference to our patients and service users, their families, carers and Hywel Dda staff.

Please read the guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com).

Please direct any questions to [CharitableFundsFinance.HDd@wales.nhs.uk](mailto:CharitableFundsFinance.HDd@wales.nhs.uk) / 01267 283055 / 01827 1655.

### Section 1: Applicant

#### Lead applicant:

Contact name:	Gina Beard
Job title:	Lead Cancer Nurse
Department/Service:	Cancer Services
Directorate:	Cancer Services

#### Lead director:

Contact name:	Andrew Carruthers
Job title:	Chief Operating Officer

### Section 2: Application summary

2.1 Title of application:	"Heads Up!" Initiative – Cancer Services Hair Loss Support
2.2 Application reference:	n/a
2.3 Date approved by CFSC/CFC:	26 September 2023
2.4 Value of funding approved:	£115,500
2.5 Project start date:	1 January 2024
2.6 Project end date/ estimated completion date:	31 December 2025

#### Reporting period:

#### 2.7 Please indicate the period this evaluation report relates to?

Mid-term:	✓	End of funding:	
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#### 2.8 Brief description of your application:

In no more than 50 words please tell us what you received approval of charitable funds for. The Charitable Funds Committee approved £165,000 of cancer services charitable funds to provide an expert, person centred, holistic hair loss service for patients. This service brings together healthcare professionals and haircare professionals from our local communities to empower patients with the knowledge and products they need to manage their hair loss journey with dignity and choice

## Section 3: Evaluation report

### 3.1 Key achievements:

Please tell us about what has been achieved as a result of the funding awarded and to what extent the aims and objectives (as set out in the application form) have been achieved.

#### Patient Services

Patients have accessed services within hospital settings, at salons, in their own homes (via outreach) and within the community. Services have included:

- **In - hospital hair loss services:** consultations, hairdressing services, practical sessions (e.g. wearing wig well, headwear), trolley service of free hair loss items (e.g. headwear, eyelashes). On average three in-hospital sessions are provided every week. In person services are available at Withybush Hospital (WGH), Glangwili Hospital (GGH) and Prince Philip Hospital (PPH). (Remote services are available to patients from Bronglais Hospital (BGH) while new cancer unit under construction).
- **In salons** – Heads Up specially trained local hairdressers have been providing cuts, colours, wig trims and consultations (e.g. scalp cooling hair care adjustment)
- **At home** - outreach services including online sessions, telephone consultations, free packs sent to home and E-consultations, have served those who are not available for an in-hospital service.
- **Signposting** - one key element of the services is being able to signpost patients to appropriate, local support. For example, explaining to them how the wig referral system works and what to expect is a key part of many consultations. Patients who use scalp cooling have access to scalp cooling booklets and relevant online support. Patients appreciate reliable and trustworthy signposting.
- **Patient packs** - nurses have reported how supported patients feel to be provided with FREE, good quality, appropriate hair loss item such as a scarf, eyelashes, wig cap etc

**Photos:** Patients attend hair loss workshops (patient consent gained for photographs) and the 'Heads Up' hair loss trolley makes its way round hospitals every week. Supplying patients with practical ideas, a trained expert hairdresser to talk to and free hair loss packs.



### **Cultivating the hairdressing community to deliver supportive free hairdressing services**

Hairdressers have joined us at community events, in-hospitals and at education sessions to upscale their knowledge in Chemotherapy Induced Alopecia and related hairdressing services. Cultivating the local hairdressing community is an essential part of making sure that patients can access free, specialist services. The project is building a community of 'Head's Up' hairdressers.



**Photo:** Some of the hairdressers who have attended training at an education event at John Burns Centre, Kidwelly

*"Now when a patient comes to me I know that I am providing them with the best advice. I've always wanted to give something back to the community and I am very proud to be a hairdresser involved with Head's Up"* (hairdresser feedback)

### **Healthcare Professional Training**

Nurses and healthcare professionals have received training and education around chemo related hair loss



*"I didn't know what I didn't know!"* (Nurse feedback following education event)

### **3.2 Impact:**

Please focus on the positive changes or effects that have taken place as a result of the funding awarded and to what extent the anticipated benefits (as set out in the application form) have been achieved.

#### **The following key themes are seen through patient feedback**

- Increased self-esteem - patients feel better able to cope with hair loss after a consultation.
- Being heard - patients value having a trained professional to hear their concerns.
- Learning new skills and ideas - learning how to tie a scarf, put on false lashes or adjust hair due to hair thinning are all part of the patient experience.

- Feeling supported - on a regular basis patients praise the hospital (Hywel Dda University Health Board) for providing a holistic service that they did not expect.
- Patients not limited by personal, financial restraints - patients are delighted and surprised to receive free headwear items and hairdressing services.

### **Impacting the local community**

- Local hairdressers have received training and education, improving the availability of good evidence based support for patients in high street businesses.
- Two local hairdressers (Rhiannon and Amanda) employed by the service (via host charity “Cancer Haircare”) to provide local expertise and training, supporting the local economy.
- Local community has caught the vision and raised the awareness of ‘Heads Up’.
- Local Knit and Natter Group knit hair loss dolls to provide to patients who need to have conversations about hair loss with children  
*"These dolls are such a good idea. I could not believe it when the hairdresser gave me one. She also told me that some local ladies had knitted them. Heartwarming moments during hair loss and chemo where not expected"* (patient feedback)

### **Photos:**

- Local hairdressers wear fun wigs to work to raise awareness of ‘Heads Up’ Service
- Local volunteers from Knit and Natter Group
- Amanda and Rhiannon – two local core ‘Heads Up’ Hairdressers



### **Impacting Hair Loss support across the nation**

HDdUHB is currently the only health board in Wales to provide holistic hair loss support to people experiencing hair loss due to cancer treatment. During 2024, there was an all Wales working group to support a new tender for NHS wig provision. HDdUHB Lead Cancer Nurse, being part of this working group, introduced the group to the wider patient quality and experience aspects of wig selection and patient support that the ‘Heads Up’ service highlights and there is now a mandatory training and education session for all Welsh businesses seeking to achieve the tender for NHS wig supply, impacting the quality of care for patients across the nation.

### **Inclusion**

Reaching individuals who may have specific needs around hair loss support has been a vital part of the project. Nurses, hairdressers and patients are educated and made aware of inclusive approaches. For example:

- Free afro fringes, handmade by volunteers.
- Availability of Afro wig suppliers.
- Education regarding the specific needs of people with afro hair who experience hair loss, use scalp cooling etc.
- Education around cultural issues around hair loss, bespoke hijabs suitable for women who have lost their hair.
- Specific support and education around the issues men may have regarding hair loss, facial hair loss etc.

Photos:

- Two of the project hairdressers discuss afro hair wigs and men's services
- Hairdressers learning about afro hair wig supply in Wales
- Modest headwear such as Hijab's suitable for hair loss



*“ I hadn’t ever thought about how people with afro hair might feel if a wig wasn’t offered that included their hair type. I think every hairdresser should do this training.” (Hairdresser feedback)*

**3.3 Beneficiaries:**

Please tell us how many people have benefited as a result of the funding awarded and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

Total number of patients (or number of services) receiving specialist hair loss services. Including hairdressing, wig services, consultations, information, support, attending any service related to hair loss. Services might be in person or remote (virtual workshop or consultation) e.g. via help desk (phone call) – 639

**Breakdown**

- Co-create & support group sessions (group/ patient input online and in person for co-creation) – 97.
- Outreach and face to face hair loss support packs provided including headwear, lashes,

etc. sent via post and distributed by nurses and allocated support network – **689**.

- Patients receiving printed support resources (including sign posting to support network) – **1600**.

#### **Total number of patient touchpoints: 3025**

- Number of nurses and health care professionals reached with education and training to further support patient– **58**.
- Number of hairdressers reached with education and training to offer local hair loss support - **50**.

### **3.4 Evaluation methods:**

Please tell us what methods you have used to measure the effectiveness of the funding awarded.

#### **The service has been evaluated in the following ways:**

- Activity and services are logged onto a weekly log sheet.
- Patients, health care professionals, hairdressers give feedback via feedback forms and consultations.
- Regular review meetings are held with Oncology Senior Nurse Manager and Oncology Coordinator to ensure there are no operational issues, concerns or feedback.
- Workshops and engagement events have been held involving patients, healthcare professionals and local hairdressers, to ensure that as the service is co-created it is responsive to the needs of those it seeks to serve.
- Patients have helped to select new items of headwear for their free packs, given feedback on services and shared their experiences and insights.

*“You have helped me so much this year, especially Rhiannon on her visits to the chemo unit at Glangwili Hospital and provided me with headwear. Also Valerie, who phoned me and gave me lots of valuable information about hair care, skin care and nutrition.” (Patient feedback)*

### **3.5 Lessons learnt:**

Please tell us what lessons have been learnt from the delivery of your funded project in terms of what went well and not so well. Did you have to adapt your delivery, or did you face any unforeseen challenges? If so, how did you adapt or overcome any challenges? Will any lessons be shared with colleagues across the organisation?

#### **The value of user involvement**

‘Heads Up’ began with a sense of “we could do this better” from the nursing teams in the Cancer Treatment units in HDdUHB. It was important to ensure that our senses were, however, in line with the patients’ thoughts and needs and therefore a baseline patient experience survey was shared with patients, resulting in 66 responses received. The results confirmed that patients did not feel supported with good information during their hair loss journey.

#### **Examples of baseline patient feedback:**

*“It is very distressing to lose your hair because you stop looking like you, yet another part of you has to let go of. My kids did not want me to cut my hair off. I had no information about how to cover up lashes and eyebrow loss and that has been quite distressing too.”*

*“I used my own hairdresser and made my own decision to cut my hair shorter. No information was provided. Who would have provided this?”*

Throughout the first year of the ‘Heads Up’ Project there has been a continued focus on ensuring we are delivering a service that is in line with what patients need, in addition to the support healthcare professionals and the local hairdressing community need, to best support people experiencing cancer treatment related hair loss. The service remains responsive and

seeks to co-create as it evolves, based on the continued feedback from those who access the services available.

### **Opportunities to spread and scale**

The detail and impact of the 'Heads Up' service has been shared with other cancer teams through the clinical networks that exist across the nation. It has also had an impact on the procurement process across Wales, improving the quality of service provided to people accessing wig provision through local businesses who have gone through the NHS tender process.

### **The value of partnership**

The HDdUHB team knew they wanted to provide a better service but did not have the knowledge or expertise to make the change or deliver what was needed. Finding an existing charity that provides this led to the partnership where Hywel Dda Health Charity (HDHC) was able to fund the local service, with support from the national charity, Cancer Haircare, who were able to deliver the service, expert knowledge base and also an element of match funding. We have also partnered with a local Pembrokeshire charity, Withybush Cancer Day Unit Appeal, who fund the Pembrokeshire element of the service.

### **Project challenges**

The first year of any project brings about challenges. The project team have been creative and dedicated at tackling any issues as and when they arise.

**Procurement issues** - this was a unique service that required specific procurement management in keeping with NHS contracts, auditing etc. and there was learning for both the cancer team and the procurement team in getting this right.

**Staff sickness** - as with all services navigating staff sickness has caused issues. However, whenever we have had to cancel a service we have swiftly replaced services with other options. Any missed hospital sessions are re-booked into the schedule.

**Patients booking and cancelling** - providing a hairdressing service in hospital has proved to be complex. The combination of room availability and hairdresser and patients being well enough to attend is problematic. However, we continue to adapt the services and expand the in community hairdressing services that can be more flexible, at a time and location that best works for the patient.

**Staffing** - recruiting hairdressers has been more complicated than expected. Hairdressers are initially very interested but upon completing their training and onboarding process some have proved to be unreliable and so we have had to put in clear expectations to ensure patients are not let down and receive the best possible service.

### **3.6 Exit strategy (for revenue expenditure requests):**

Please tell us if, and how, the funded project will continue or has continued beyond the end of the time-limited period of charitable funding. If this project will not continue, please tell us how the project will or has been brought to a close.

This initiative is above and beyond what the NHS is funded to provide and due to the current financial climate it is not envisaged that the service could be mainstreamed into NHS exchequer funds following the initial two-year funding period. Cancer services are fortunate to receive significant support from patients, their families and our local communities on an annual basis. The Project Team are keen to develop a fundraising strategy for cancer services across HDdUHB, to ensure that the service can continue to be charitable funded following the initial funding period.

### **3.7 Other:**

Please provide any other relevant information about your funding award and its delivery that you would like to share with us.

Not applicable

## **Section 4: Expenditure**

### **4.1 Expenditure breakdown:**

Please provide a breakdown of all expenditure associated with the funding awarded that has been incurred to date.			
Item/Category	Budget (£)	Actual (£)	% Variance <i>budget vs actual</i>
Q1(including set up costs)		27,360.73	
Q2		13,680.37	
Q3		13,680.37	
Q4		15,058.58	
Totals	115,500	69,780.05	40% budget remaining for year two

**4.2 Outstanding expenditure:**  
For mid-term evaluation reports, please provide a summary of outstanding expenditure and discuss whether predicted future expenditure is on track:

Year one spending included set up costs in the first quarter. Therefore, the first year spent 60% of the full two year budget. Quarterly spend for year two will be capped at £16,000 per quarter to remain in budget at the end of the project. This will involve managing activity, number of free packs offered to patients etc. within this budget and will be managed by the project team.

**Section 5: Authorisation**

**5.1 Evaluation report prepared by:**

Contact name:	Job title:	Date:
Gina Beard	Lead Cancer Nurse	March 3 2025

**5.2 Evaluation report authorised by:**

Contact name:	Job title:	Date authorised:
Gareth Cottrell	Deputy Chief Operating Officer	4 March 2025

**For Charitable Funds Finance Department**

**Finance review:**

I confirm that I have reviewed this report and that the expenditure incurred to date is an accurate reflection of the project spend.

Contact name:	Job title:	Date reviewed:
Tracy Davies	Deputy Head of Financial Accounting & Statutory Reporting	6 March 2025

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

[CharitableFundsFinance.HDd@wales.nhs.uk](mailto:CharitableFundsFinance.HDd@wales.nhs.uk)

**or via internal mail to:**

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

5.4

11:22, 10 Mins

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5.4 - Update on the Arts and Health Capacity Building and Creative Activities for Staff Wellbeing projects

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

| For approval

**Attachments**

[Final AH Charitable Funds Committee SBAR March 25 \(KL\).pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Update on the Arts and Health Capacity Building and Creative Activities for Staff Wellbeing projects
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Kathryn Lambert, Head of Arts and Health and Louise O'Connor, Assistant Director (Legal and Patient Support)

**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**

Due to a set of special circumstances and a delay in securing approval to go out to advert for the role of Arts and Health Project Manager, we are one year behind in two of our charitably funded projects.

We are therefore seeking approval to extend the duration of our two charitably funded Arts and Health Projects:

1. Arts and Health Capacity Building Programme (originally due for completion in 2028 but requesting to extend until 2029).
2. Creative Activities for Staff Wellbeing Programme (originally due for completion in 2025 but requesting to extend until 2026).

By extending the term of each grant we will have longer to reach and benefit more patients and staff with our arts and health programme.

There is no request for additional funding, all activities will be delivered within the value of the original funds approved.

**Cefndir / Background**

**1. Arts and Health Capacity Building Programme**

In March 2024, the Charitable Funds Committee (CFC) approved funding of £198,065 over four years from 2024/25 to 2027/28 for a Capacity Building Programme for Arts and Health, to deliver upon the promises set out in our Arts and Health Charter which was approved by the Hywel Dda Board of Directors in January 2024 and launched publicly in May 2024. The funding was made available to part fund a new Arts and Health Project Manager within the Arts and Health team and for a £25,000 per year arts programme budget to benefit our patients.

## 2. Creative Activities for Staff Wellbeing Programme

In September 2023, the CFC approved funding of £35,000 over two years from December 2023 - December 2025 for a programme of creative activities for staff wellbeing.

### Asesiad / Assessment

#### 1. Arts and Health Capacity Building Programme

Due to a set of challenging circumstances within the Arts and Health Team and a delay in appointing the new Arts and Health Project Manager role, the post is currently being interviewed, with the intention to commence in Spring 2025 to take the work programme forwards.

#### Revised timeline

We are therefore seeking approval to extend the duration of this programme (originally due for completion in 2028) until 2029.

We are asking to spread the same amount of funding across five (rather than four) years with 2024/25 becoming Year zero of the delivery of our Arts and Health Charter.

#### Revised budget

There is no request for additional funding, all activities will be delivered within the value of the original funds approved.

The revised budget below, to reflect the additional year's activity, includes:

- 2024/25 becoming year zero
- A reconfiguration of years three and four spread more evenly
- First two years of the funding from the Arts Council of Wales is now confirmed
- Revised figures due to inclusion of 5.5% NHS pay increase
- We have split our £25,000 per year budget over the first two years of the capacity building programme year zero and year one.

Income	Year 0 2024/25	Year 1 2025/26	Year 2 2026/27	Year 3 2027/28	Year 4 2028/29	Totals
<b>Charitable Funds</b>	<b>£5,400</b>	<b>£42,773</b>	<b>£52,303</b>	<b>£54,160</b>	<b>£43,429</b>	<b>£198,065</b>
Arts Council of Wales	£0	£25,000	£25,000	£25,000	£25,000	£100,000
External funding	£0	£2,609	£61	£2,891	£16,211	£21,772
Sub Total	£0	£70,382	£77,364	£82,051	£83,640	£319,837

Expenditure	Year 0	Year 1	Year 2	Year 3	Year 4	Total
	2024/25	2025/26	2026/27	2027/28	2028/29	
Arts and Health PM (B6)	£0	£48,742	£50,204	£54,651	£57,000	£209,597
Travel	£0	£2,040	£2,160	£2,400	£2,640	£9,240
Activities budget for patients	£5,400	£19,600	£25,000	£25,000	£25,000	£100,000
Sub Total	£5,400	£70,382	£77,364	£82,051	£83,640	£319,837

### Notable achievements during 2024/25

Our Arts and Health Team continue to work in partnership with healthcare teams right across the health board bringing art into healthcare for the benefit of our patients and staff. We have live music taking place in our Intensive Care Unit (ICU) settings, art and singing with our in patients with Dementia. This funding has provided us with the opportunity to do the following:

- **Gypsy and Traveller Project** – Working with our Community Development Outreach Team we have used the arts to tackle health inequality by delivering an arts programme for Gypsy and Traveller communities in Pembrokeshire and Carmarthenshire to improve relations, build trust and understanding, tackle misinformation and share health messages. *"For the first time, I felt that professionals genuinely cared about our experiences and wanted to understand our needs."*
- **Arts Boost 3** – Working with our Specialist Child and Adolescent Mental Health Services (SCAMHS) Team we have continued to improve Mental Health and Wellbeing in Young People with mild to moderate mental health needs known to the service. *"This is the only place I look forward to going to, Everyone is so nice its so nice to be around people who understand me because my parents don't always understand, they don't understand what it's like to not want to be alive but here I feel like I can talk about anything" YP*
- **Stepping In Project** – We have been a key partner in a national pilot project led by Wales Arts, Health and Wellbeing Network to diversify the artist workforce for arts and health across Wales by hosting a lesbian, gay, bisexual, transgender, queer, plus other sexual orientations and gender identities (LGBTQ+) artist. Find out more here: [Stepping In | Camu i Mewn | Wales Arts Health & Well-being Network](#)
- **Hywel Dda Arts Referral Pathway (HARP)** – We have secured funding to pilot a new co-created, sustainable, measurable and integrated arts referral pathway for adults and will be working with three GP surgeries, one in each county in 2025.
- **Evidence** - We have already begun to demonstrate the impact of Arts and Health on patient, staff and community wellbeing. We are working closely with our TriTech Institute, Research and Innovation and Value Based Healthcare colleagues to establish an Evaluation Plan for Arts and Health.
- **Leverage of other 2024/25** - Funding from Hywel Dda Charities is being used to lever in other sums of money into the health board to deliver Arts and Health. We have spent £5400 of the first £25,000 per annum for programme activity in 2024/25, which has already levered in £42,604 funds from other sources. A return of investment of £7.80 for every £1 spent.

## **2) Creative Activities for Staff Wellbeing:**

Our Arts and Health team have successfully been running a regular programme of creative activities for our staff, which has reached over 1000 members of staff over the last 12 months. However, without the Arts and Health Project Manager and due to a series of special circumstances within the Arts and Health Staff team we have not had the capacity to run the full programme. This means we have only spent £6,019.50 in 2024 and still have £28,980.50 to spend.

### **Revised Timeline**

We are writing to request a one year extension on the funding until December 2026.

### **Revised Budget:**

There is no request for additional funding, all activities will be delivered within the value of the original funds approved.

The original budget model was designed with regular activities across two years punctuated with two annual larger projects for all staff. However, due to the challenges in the Arts and Health team, and the low capacity as a result of not being able to appoint the Arts and Health Project Manager Role, we have yet to run the larger projects. When the new appointment is made, this will free up our team's time to concentrate on the development and delivery of the projects.

The remaining funds of £28,980.50 will be split across the two years 2025/26 and 2026/27 at £14,490 per annum. Due to lessons learnt in 2024/25 we will allocate more towards valuation by allocating a further £2000 to match the original £2000 budget for evaluation. This would give us £4000 which would offer us a more meaningful budget for an Evaluation Brief.

	<b>2023/24</b>	<b>2025</b>	<b>2026</b>	<b>Totals</b>
Regular Artist and Musician Fees and Materials	£6019.50	£7481.50	£7500	£21,019.50
Bespoke projects to offer staff and teams	0	£5000	£5000	£10,000
Evaluation	0	£2000	£2000	£4000
Sub Totals	£6019.50			£35,000

### **Notable achievements:**

Since December 2023, HDdUHBS staff have had access to a wide range of 70+ gentle creative activities with over 1000 members of staff taking part. Staff have been able to take part in singing, live music, visual arts and crafts, storytelling, songwriting, creative mindfulness, storytelling and more in a range of different contexts.

We regularly share information via our bimonthly Creative Collective newsletter which now has a membership of over 300 healthcare staff.

Some key highlights have included:

- Creative Collective – regular, drop in online activities across a wide range of artforms at different times and days to suit different staff needs and interests.

- Songwriting with Live Music Now
- Singing with Welsh National Opera in English and Welsh
- Arts appreciation with Aberystwyth Arts Centre
- Storytelling with People Speak Up
- Weaving with Carmarthen Art School Students
- Seated dance with Arts Care Gofal Celf
- A six week programme of in person Creative Mindfulness sessions with Theatr Cynefin at Small World Theatre
- Arts activities at Staff Wellbeing Days in Prince Philip Hospital (PPH), Glangwili Hospital (GGH), Bronglais Hospital (BGH), Withybush Hospital WGH, Tregaron Community Hospital, Glien House, Canolfan Rheidol and Aberaeron Integrated Care Centre
- Arts activities for healthcare teams such as Social Prescribing Community of Practice and Partnership and Inclusion Team.

All feedback has been positive, with staff taking part from a wide range of professional groups and geographies.

- *“In terms of my well-being, I feel the benefits because it lifted me out of the fast-paced stress of work for 30 mins & allowed my brain to switch to relaxed and creative mode.” (JW)*
- *“I’ve not had a good couple weeks and this half an hour slot is the time I take for me, it makes me feel better being artistic and creating with others and I always look forward to joining. It works!”*
- *“I slept better after that than I have done in ages”*
- *“It was such a lovely session and I feel calmer already See you next time”*

#### Argymhelliad / Recommendation

To consider and **APPROVE** the request to extend the duration of both charitably funded projects and to **NOTE** the achievements to date.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.20 The following thresholds are approved in the Charitable Funds Procedure: "Expenditure less than £10,000 shall only need approval by the nominated fund manager. All expenditure in excess of £10,000 and up to £50,000 will require the approval of the Charitable Funds Sub-Committee. Expenditure in excess of £50,000 will require the approval of the Charitable Funds Committee. Expenditure over £100,000 will require the approval of the Corporate Trustee".
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable.
Parthau Ansawdd:	7. All apply

Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	<p>The Arts and Health work is built on a growing body of evidence which shows the benefits of the arts in healthcare.</p> <p>Hywel Dda have commissioned a film for health professionals which tells this story here: <a href="https://heiw.nhs.wales/news/the-benefits-of-art-in-healthcare/">https://heiw.nhs.wales/news/the-benefits-of-art-in-healthcare/</a></p> <p>There is a growing body of local, national and global evidence.</p>
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Hywel Dda University Health Board Arts and Health Steering Group Co-production - Working with a wide range of staff and artists and the Arts Council of Wales.

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

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	These funds have already been approved to support the delivery of two agreed CFC funded programmes. The funds remain the same we are just asking to extend the term of the grant.
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<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Patient experience will be enhanced as a result of the programme, with overall care improved based on the accepted evidence base, that demonstrates the arts have a powerful role to play in preventing ill-health, improving wellbeing, treating ill-health, helping people to live well with illness, promoting healing and recovery and encouraging healthy behaviours.
<b>Gweithlu: Workforce:</b>	Staff wellbeing will be improved through the access to creative activities that enable staff to have 'more good days at work' and to encourage staff to bring their whole selves to work (including their creativity).
<b>Risg: Risk:</b>	A risk assessment will be undertaken to ensure that any potential risks are mitigated before the establishment of the project and lessons learnt from the pilot programmes. Project Teams are established to ensure the management of risk throughout.
<b>Cyfreithiol: Legal:</b>	Not applicable.
<b>Enw Da: Reputational:</b>	Not applicable - as the programme directly benefits patients and NHS staff there is no likelihood of public or patient opposition.
<b>Gyfrinachedd: Privacy:</b>	<p>We will follow HDdUHB Privacy Policy to ensure that we protect all data and identities at all times.</p> <p>We will not share any data with any external agencies without express permission.</p> <p>We will always ensure that we gain consent from all involved for any photography/video or documentation and feedback.</p>
<b>Cydraddoldeb: Equality:</b>	The programme will ensure that access is appropriate and equitable for all, through working closely with HDdUHB Diversity and Inclusion Team and Staff Networks.

## 6 - RISK AND ASSURANCE

6.1

11:32, 5 Mins

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

| For assurance

**Attachments**

[CFSC Update Report March 2025 \(CH\).pdf](#)

## CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT

Date of last meetings: 14 January and 4 March 2025

Quoracy: Met

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

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

#### Alert<sup>1</sup> (may require discussion)

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

#### Advise<sup>2</sup> (to monitor)

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

#### Assure<sup>3</sup> (to note)

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

- At the Charitable Funds Sub-Committee (CFSC) meeting held on 14 January 2025, members considered and approved two expenditure requests with a value of £1,685.74. These lower value expenditure requests were considered by the CFSC due to their nature; a retrospective expenditure request and a request for an overseas conference. Further information on the expenditure requests can be found in Appendix 1.
- At the Charitable Funds Sub-Committee (CFSC) meeting held on 4 March 2025, members considered and approved one expenditure request with a value of £1,285.00.

### Review of Risks

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

### Sharing of learning

The CFSC wishes to highlight the learning from a decontamination concern that arose in relation to a probe that formed part of a charitable funds request for a Radial Endobronchial Ultrasound (EBUS) processor approved by the CFSC in July 2024 (CF02942, Prince Philip Hospital (PPH) Respiratory Medicine). Improvements are being made to the health board's procedures relating to the purchase of medical devices to ensure that the Head of Decontamination is consulted regarding the purchase of medical devices that require decontamination (cleaning/disinfection/sterilisation) before or following each use. The Charitable

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

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

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

Funds Financial Administration and Governance Procedure has been updated to reference the improvements made to the Medical Devices Policy (467).

### **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](mailto:Fundraising.HywelDda@wales.nhs.uk)

## APPENDIX 1

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

Meeting: 14 January 2025		
Item	Comments	Decision
<p>CF03113</p> <p>Colorectal Support Group</p> <p>Colorectal Services Bronglais Hospital (BGH)</p> <p>£550.00 Inclusive of VAT</p>	<p><u>Request:</u> Delivery of a support group for colorectal patients in Aberystwyth on 9 December 2024. Request includes the cost of refreshments and a Christmas wreath making activity for up to 25 patients. The request was being made retrospectively as the application form was not signed by the fund manager until after the date of the event due to sick leave and operational pressures. The service confirmed that the actual cost of the event was less than the value of funds requested and advised that the service would submit a revised application form that reflected the actual costs incurred.</p> <p><u>Patient benefit:</u> The patient support group benefits colorectal patients who have been diagnosed and coping with the long-term physical and psychological effects of colorectal cancer. Led by a Clinical Nurse Specialist, patients receive further support with their ongoing rehabilitation for their physical health and wellbeing. Regular groups are run across all counties on rotation, funded by charitable funds (room hire and refreshments). Patients find support and comfort during the group sessions and had requested a Christmas activity to bring enjoyment and improve their mental health at what can be a difficult time of year. The colorectal cancer team and patients have raised nearly £14,000 to provide support to colorectal patients during their treatment, post-treatment and during their long-term recovery.</p> <p><u>Eligibility:</u> Wellbeing initiatives which demonstrate improved experiences and outcomes for patients and service users.</p>	<p>Approved subject to submission of a revised funding request aligned to the actual costs incurred.</p>
<p>CF03117</p> <p>European Bronchiectasis Workshop</p> <p>Respiratory Services Glangwili Hospital (GGH)</p> <p>£1,135.74 Inclusive of VAT</p>	<p><u>Request:</u> Support the attendance of one physiotherapist and two respiratory nurses at the European Bronchiectasis Workshop in Paris 20-22 February 2025. The team leads on delivering nurse and physio led bronchiectasis clinics for patients from all three counties in HDdUHB. There is a lack of education for health professionals delivering care to patients who have bronchiectasis and there is no equivalent UK based education or training for this specific condition.</p> <p><u>Patient benefit:</u> This opportunity would enable the team to receive education and learning to help better manage bronchiectasis patients, which will in turn improve patient outcomes including reduced antibiotic usage and reduced hospital admissions. The conference will help improve knowledge and clinical skills that would be disseminated to other healthcare professionals and progress pathways across the three counties, with the view of improving standards of care for bronchiectasis patients and admission avoidance. The conference is offering a vast agenda and workshops. It would also be a good opportunity for networking, to meet other healthcare professionals leading and delivering care for this condition. The Corporate Legal</p>	<p>Approved subject to evidence of study leave approval being provided and submission of a revised funding request to confirm the</p>



	<p>Services team had confirmed that the sponsorship received to contribute to the event had been declared in line with the Standards of Behaviour Policy and approved.</p> <p><u>Eligibility:</u> Overseas courses and conferences where there is a clear patient benefit and no UK provision available within 12 months.</p>	<p>declaration of sponsorship.</p>
<p><b>Meeting: 4 March 2025</b></p>		
Item	Comments	Decision
<p>CF03134</p> <p>Masters level module at Teesside University</p> <p>Community Cardiology Services</p> <p>£1,285.00 <i>VAT exempt</i></p>	<p><u>Request:</u> Support attendance on an Investigation and Management of Arrhythmias and Blackouts University Certificate in Postgraduate Professional Development at Teesside University. This course helps candidates achieve advanced knowledge and skills to care holistically and competently for patients with arrhythmias, blackouts and those at risk of developing arrhythmias and blackouts. Confirmation was received that the request was for a one-off module with no commitment to fund further studies following completion of the module, in line with the HDdUHB Learning and Development Policy.</p> <p><u>Patient benefit:</u> The candidate is an Arrhythmia Nurse with direct patient care providing a health board wide service on the assessment and investigation into symptoms of palpitations and arrhythmia. At an advanced level, the course aims to develop increased competency and skills in patient assessment investigations, control and holistic care and management. It will also provide practical training and skills in patient examination through observed structured clinical examination. Completing the course will have significant impact on the candidate's clinical practice and will improve patient care with advanced knowledge and skills that can be shared within the multi-disciplinary team.</p> <p><u>Eligibility:</u> Higher award and academic studies for which significant benefit to the HDdUHB can be quantified through training and development objectives.</p>	<p>Approved.</p>
<p>CF03141</p> <p>Bellman Maxi Classic Personal Listeners</p> <p>Carmarthenshire Transfer of Care, Advice Liaison Service (TOCALs)</p> <p>£478.45 <i>Inclusive of VAT</i></p>	<p>Members were advised that application CF03141 had been withdrawn as the listening devices had been funded from a revenue budget. The application had been submitted for CFSC consideration due to the nature of the equipment and HDdUHB's duty to meet the Equality Act and provide accessible communication in healthcare settings.</p>	<p>Withdrawn.</p>

6.2

11:37, 5 Mins

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6.2 - Charitable Funds Sub-Committee Annual Report

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

| For approval

**Attachments**

[v1 CFSC Annual Report 2024.25 \(CH\).pdf](#)

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Charitable Funds Sub-Committee Annual Report 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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)**

Er Sicrwydd/For Assurance

**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) Annual Report for the 2024/25 financial year.

The CFSC Annual Report outlines how the Sub-Committee has complied with the key responsibilities delegated by the CFC through its terms of reference to provide assurance in respect of the work that the Sub-Committee has undertaken during 2024/25.

**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, 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.

As part of the CFSC's Terms of Reference (ToR), the Sub-Committee Chair is required to present an annual report within six weeks of the end of the financial year.

**Asesiad / Assessment**

**1. Principal duties and key responsibilities**

The overall purpose of the CFSC is to ensure that HDdUHB's policies and procedures are followed in relation to the expenditure of our named charitable funds. In particular to:

- Apply HDdUHB's charitable funds within the budget, priorities and spending criteria determined by HDdUHB 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).
- Implement appropriate policies and procedures to ensure that all expenditure is reasonable, clinically and ethically appropriate.
- Agree issues to be escalated to the CFC with recommendations for action.

In respect of its provision of assurance to the CFC, the CFSC is required to:

- Provide 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.
- Provide scrutiny and onward assurance to the CFC on charitable expenditure.
- Provide 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 CFC 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.
- Consider with a view to approving or rejecting all requests for the establishment of new charitable funds.
- Provide quarterly written updates to the CFC.

## 2. Meetings

The CFSC meets on a bi-monthly basis and, since April 2024, meetings have been held on six occasions and were quorate at each of the following meeting dates:

- 7 May 2024
- 2 July 2024
- 17 September 2024
- 5 November 2024
- 14 January 2025
- 4 March 2025

## 3. Membership

In September 2020, the CFC reviewed the function of the CFSC and approved amendments to the CFSC's ToR in relation to its overall purpose, operational responsibilities, membership, frequency and format of meetings.

The CFSC's membership is comprised of colleagues from across HDdUHB with both operational and clinical backgrounds from within the portfolios of members of the Executive Team:

Members:

- Assistant Director of Nursing, Mental Health and Learning Disabilities
- Deputy Director of Operations

- Senior Finance Business Partner (Accounting & Statutory and Reporting)
- Assistant Director Medical Directorate (Chair)
- Assistant Director of Therapies and Health Science
- Assistant Director of Organisation Development (Vice-Chair)
- Head of Capital Planning
- Assistant Director of Primary Care
- Deputy Director of Public Health
- Assistant Director Legal and Patient Support

In attendance:

- Head of Hywel Dda Health Charities
- Assistant Finance Business Partner (Accounting & Statutory and Reporting)
- Charitable Funds Accounts Assistant

#### **4. Reporting to the Charitable Funds Committee**

During 2024/25, the CFC received four written reports from the CFSC providing assurance that the Sub-Committee is exercising its duties in line with its terms of reference and operational responsibilities. The written reports have highlighted the expenditure approvals made within the CFSC's scheme of delegation in addition to any issues or matters of concern for the CFC.

##### CFSC update to the June 2024 CFC meeting

- Members received an update on the work of the Sub-Committee for the period 5 March to 7 May 2024.
- The CFC was updated on seven expenditure requests with a combined value of £161,601.66 which had been approved.
- The CFSC highlighted that learning from the meeting's proceedings would ensure that:
  - Charitable funds expenditure requests for building or estates work will only be accepted with formal quotations rather than budget cost estimates.
  - Services will continue to be reminded of the requirement to place orders following the approval of funds promptly, in line with the expiry date of quotes submitted with their funding requests.

##### CFSC update to the September 2024 CFC meeting

- Members received an update on the work of the Sub-Committee for the period 8 May to 2 July 2024.
- The CFC was updated on eight expenditure requests with a combined value of £168,889.39 which had been approved.
- The CFC received assurance that a written process for the consideration of expenditure requests via chair's actions has been developed, aligned to the CFC's process. This process is intended to document the process where decisions, which would normally be made by the CFSC, need to be taken between scheduled meetings, and it is not practicable to call a meeting of the CFSC. This would be by exception, not the norm and requests would be considered on a case-by-case basis.
- The CFSC highlighted that learning from the meeting's proceedings would ensure that:
  - No late papers will be accepted for future meetings to ensure that all expenditure requests submitted for CFSC consideration are submitted to members for review seven days in advance of the meeting, in line with the Sub-Committee's terms of reference.

### CFSC update to the December 2024 CFC meeting

- Members received an update on the work of the Sub-Committee for the period 3 July to 7 November 2024.
- The CFC was updated on five expenditure requests with a combined value of £56,885.23 which had been approved, one via Chair's Actions on 23 August 2024.
- The CFSC highlighted that learning from the meeting's proceedings would ensure that:
  - For future meetings, all funding requests must be presented by colleagues with a full understanding of the strategic context of the request, and its relevance to any previous recommendations made by the CFSC.

### CFSC update to the March 2025 CFC meeting

- Members received an update on the work of the Sub-Committee for the period 8 November 2024 to 4 March 2025.
- The CFC was updated on three expenditure requests with a combined value of £2,970.74 which had been approved. The lower value expenditure requests were considered by the CFSC due to their nature; a retrospective expenditure request, a request for an overseas conference and a higher award request.
- The CFSC highlighted that learning from the meeting's proceedings would ensure that:
  - Learning from a decontamination concern that arose in relation to a probe that formed part of a charitable funds request for a Radial endobronchial ultrasound (EBUS) processor approved by the CFSC in July 2024 (CF02942, Prince Philip Hospital (PPH) Respiratory Medicine). Improvements are being made to the health board's procedures relating to the purchase of medical devices to ensure that the Head of Decontamination is consulted regarding the purchase of medical devices that require decontamination (cleaning/disinfection/sterilisation) before or following each use. The Charitable Funds Financial Administration and Governance Procedure has been updated to reference the improvements made to the Medical Devices Policy (467).

## **5. Matters Escalated to the Charitable Funds Committee**

During 2024/25 no issues or matters of concern were highlighted to the CFC.

## **6. CFSC meeting dates for 2025/26**

The CFSC meeting dates for 2025/26 are set out below, together with the reporting timeframe for quarterly updates to the CFC:

<b>Charitable Funds Sub-Committee</b>	<b>Update report to Charitable Funds Committee</b>
6 May 2025	17 June 2025
8 July 2025	16 September 2025
9 September 2025	8 December 2025
4 November 2025	8 December 2025
13 January 2026	17 March 2026
3 March 2026	17 March 2026

## **Argymhelliad / Recommendation**

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

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<u>Charitable Funds Committee</u> 12.6 The Committee shall establish the Charitable Funds Sub-Committee to ensure that the UHB's policies and procedures are followed in relation to specialist designated and restricted funds.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of CFSC meetings 2023/24
Rhestr Termâu: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusenol: Parties / Committees consulted prior to Charitable Funds Committee:	Charitable Funds Sub-Committee Interim Director of Nursing, Quality and Patient Experience Head of Hywel Dda Health Charities

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	A sound system of internal control, as evidenced in the Sub-Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds.

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The beneficiaries of NHS charities are NHS patients. All charitable funds expenditure requests considered by the CFSC demonstrate how spending will benefit NHS patients.
<b>Gweithlu: Workforce:</b>	Charitable funds expenditure will often be applied for the benefit of NHS staff however the overriding concern for the CFSC is how expenditure in aid of NHS staff will benefit NHS patients.
<b>Risg: Risk:</b>	A sound system of internal control, as evidenced in the Sub-Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.
<b>Cyfreithiol: Legal:</b>	Compliance with the Health Board's Standing Orders, and the Sub-Committee's Terms of Reference, requires the submission of an Annual Report to the Committee.
<b>Enw Da: Reputational:</b>	Risk to the charity and Health Board's reputation if it is perceived that charitable funds are used inappropriately.
<b>Gyfrinachedd: Privacy:</b>	Not applicable for this paper.
<b>Cydraddoldeb: Equality:</b>	Not applicable for this paper.

6.3

11:42, 10 Mins

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## 6.3 - Charitable Funds Committee Risk Register

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

| For discussion

### **Attachments**

[v2 SBAR Risk Register CFC March 2025 \(SD\).pdf](#)

[v2 Maintenance Risk Assessment Form Jan 2025 \(SD\).pdf](#)

[v2 Income levels Risk Assessment Form Jan 2025 \(SD\).pdf](#)

[v2 Stock market volatility Risk Assessment Form Feb 2025 \(SD\).pdf](#)



# PWYLLGOR CRONFA ELUSENNOL CHARITABLE FUNDS COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Charitable Funds Risk Register
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tim John, Head of Accounting & Statutory Reporting Nicola Llewelyn, Head of Hywel Dda Health Charities

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

Ar Gyfer Trafodaeth/For Discussion

## ADRODDIAD SCAA SBAR REPORT

**Sefyllfa / Situation**

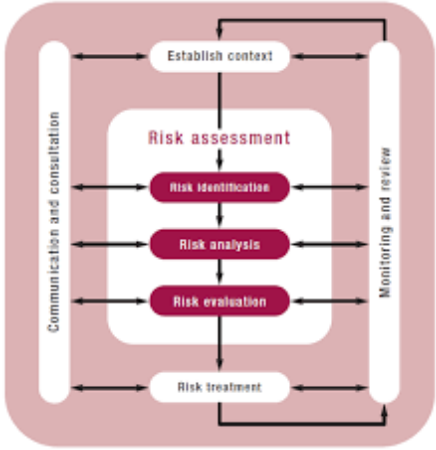
The Charitable Funds Committee (CFC) is responsible for providing assurance to the Board that operational risks aligned to the CFC are being identified, assessed and managed effectively.

This report provides an update on three new risks identified and discussed at the December 2024 CFC meeting in the domain of charitable funds, as well as the proposed actions to be put in place to provide assurance that the risks will be appropriately monitored and mitigated.

The CFC is asked to review and scrutinise the risks to seek assurance that all relevant controls and mitigating actions have been identified and can be implemented.

## 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 Directorates 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 (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group which will be responsible for securing assurance that risks within their remit are being managed effectively.

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

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

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

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.

## Asesiad / Assessment

The CFC Terms of Reference (ToR) 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).

Three new risks in the domain of charitable funds were identified and discussed at the December 2024 CFC meeting:

1. Risk description: Risk of HDdUHB not being able to sustain a paid fundraising function for its charity due to low returns on investment (ROI).
2. Risk description: Risk of the charity's grant-making activities not achieving long-term impact due to HDdUHB not being able to maintain charitable capital investment
3. Risk description: Risk of an adverse effect on the value of the Charitable Funds' investment portfolio due to the potential volatility of stock markets

The risk assessment forms, attached at Appendix 1, provide a detailed description of the risks together with the proposed actions to be put in place to provide assurance that the risks will be appropriately managed and monitored, with any planned additional controls to be implemented to minimise or reduce the likelihood of significant impact occurring.

For the following two risks, a risk-based approach will be undertaken to manage any future issues that may arise relating to the risk, with appropriate management actions being implemented at an operational level and any concerns escalated to the CFC as and when required:

1. Risk description: Risk of the charity's grant-making activities not achieving long-term impact due to HDdUHB not being able to maintain charitable capital investment
2. Risk description: Risk of an adverse effect on the value of the Charitable Funds' investment portfolio due to the potential volatility of stock markets

For the following risk, due to the nature of the risk and the current risk score, the risk will be entered onto the service's risk register in Datix and reported to the CFC on a quarterly basis:

3. Risk description: Risk of HDdUHB not being able to sustain a paid fundraising function for its charity due to low returns on investment (ROI).

## Argymhelliad / Recommendation

The Charitable Funds Committee is requested to:

- **REVIEW** and **SCRUTINISE** the new risks that have been identified to seek **ASSURANCE** that all relevant controls and mitigating actions have been identified.
- **DISCUSS** 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.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk registers on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/owners.
Rhestr Termiau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009) Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Head of Hywel Dda Health Charities Head of Assurance and Risk

**Effaith: (rhaid cwblhau)**

<b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Gweithlu: Workforce:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Risg: Risk:</b>	No direct impacts from report, however organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol: Legal:</b>	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.
<b>Enw Da: Reputational:</b>	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.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts
<b>Cydraddoldeb: Equality:</b>	Not Applicable

# Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

For guidance on completing this form please click on the following link: [Risk-Assessment-Guidance-Form sharepoint.com](https://www.sharepoint.com/~/Risk-Assessment-Guidance-Form)

## Risk Ownership

Executive Director:	Sharon Daniel, Interim Executive Director of Nursing, Quality & Patient Experience
Directorate lead:	Nicola Llewelyn, Head of Hywel Dda Health Charities
Management or service lead:	Nicola Llewelyn, Head of Hywel Dda Health Charities

Directorate:	Nursing, Quality and Patient Experience (NQPE)	Service or Department:	Nursing, Quality and Patient Experience: Charitable Funds
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## Risk Details

Title of risk: Maximum characters: 128	Risk of the charity's grant-making activities not achieving long-term impact	due to HDdUHB not being able to maintain charitable capital investment
Date risk identified:	13/12/2024	
Domains of Quality (select all that are applicable):	Effective Efficient Safe	

Other risks you would like to link to on Datix:	Not applicable
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## Risk Statement

<b>Please describe your risk clearly and concisely - who/what is at risk?</b>	
There is a risk of the charity's grant-making activities not achieving long-term impact.	
Maximum characters: 200	
<b>List all the causes of this risk</b>	
This is caused by the financial pressures faced by HDdUHB resulting in difficulties funding ongoing maintenance costs relating to medical devices or improvements to the healthcare environment (e.g. outdoor areas) that have been funded by charitable donations.	
Maximum characters: 400	
<b>List all potential consequences of the risk</b>	
This will lead to an impact/effect on:	
<ol style="list-style-type: none"> <li>1. Health and safety: the assets will deteriorate if not appropriately maintained, detrimentally impacting patient and staff safety, experience and wellbeing.</li> <li>2. Reputational: Loss of confidence if key stakeholders (NHS staff, public, donors) do not feel that the charity is using its resources efficiently.</li> <li>3. Increased financial pressure on the charity: the charity may be required to cover ongoing maintenance costs as well as the initial investment, diverting resources from other worthy causes.</li> <li>4. Governance: NHS charities have a duty to ensure that all investment is sustainable with longer-term financial plans in place for ongoing maintenance costs.</li> <li>5. Conflict of interest: As the Corporate Trustee of Hywel Dda Health Charities (HDdUHB), all decisions made by the charity must be in the best interests of the charity rather than HDdUHB.</li> </ol>	
Maximum characters: 450	
Location of the risk:	Health board wide
Select the DOMAIN of the risk:	Safety - Patient, Staff or Public (Tolerance Score = 6) <b>This should be based on the Impact of the risk</b>

# Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

## Inherent Risk Score (Impact x Likelihood = Risk Score)

Using the [risk scoring matrix](#), evaluate the **inherent** risk rating. This is the risk score **WITHOUT** control measures in place.

Inherent impact score	4	Inherent likelihood score	4	Inherent risk score	16
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## Control Measures

List all completed actions and ongoing activities that are in place to successfully mitigate the risk

Current control measures that are in place:

1. All charitable expenditure follows HDdUHB purchasing policies and procedures.
2. Charitable funds application process: all charitable funds expenditure requests are considered and approved in line with the charity's scheme of delegation, to ensure that the relevant budget holders are aware and supportive of any projects that may have ongoing maintenance costs and that future costs are considered and planned for as part of the application process.
3. Financial: all charitable funds expenditure requests over £10,000 must be approved by the service's Finance Business Partner to ensure that any ongoing revenue costs are known prior to approval of funding, so that arrangements can be made to cover these costs from departmental budgets.
4. Medical devices: evidence of Statement of Need (SON) approval is required for all charitable funded medical devices to ensure that Clinical Engineering is aware and supportive of all purchases.
5. Medical devices: all equipment purchased by the charity is gifted to HDdUHB. The equipment is placed on HDdUHB asset registers and maintained by HDdUHB in line with medical device policies and procedures.
6. Improvements to the healthcare environment: all charitable funds expenditure requests over £10,000 for building/refurbishment projects must be approved by the local Estates leads. Information is requested on whether there are any immediate or ongoing revenue or maintenance costs associated with the request and how these costs will be met.

## Gap in Controls

List any shortfalls in your control measures and unsuccessful actions (these should be addressed in your Action Plan)

1. Improvements to the healthcare environment: Currently there is no requirement for the HDdUHB Head of Maintenance & Engineering to consider and endorse all charitable funds expenditure requests over £10,000 for outdoor building/refurbishment projects, to ensure that any ongoing maintenance requirements form part of the HDdUHB grounds and gardens maintenance services contract.

## Current Risk Score (Impact x Likelihood = Risk Score)

Using the [risk scoring matrix](#), identify the **current** risk rating. This is the risk score **WITH** control measures in place.

Current impact score	3	Current likelihood score	2	Current risk score	6
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## Rationale of Current Risk Score

Please provide the reason/justification for the **current** risk score chosen above, taking into account the control measures in place and actions yet to be completed. **This section should be updated at each risk review and include any performance metrics that show progress to date that will inform the relevant committee/sub committee on the current position of the risk.**

With all of the current control measures in place, the risk score remains moderate. It is acknowledged that this is a managed issue that will be monitored at service level and any concerns regarding HDdUHB not being able to maintain charitable capital investment will be reported to the CFC via the risk reporting process.

# Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

## Risk Decision

Tolerate, Treat, Transfer or Terminate <a href="#">(Full definitions available here)</a>	Treat
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## Target Risk Score (Impact x Likelihood = Risk Score)

Using the <a href="#">risk scoring matrix</a> , identify the <b>target</b> risk rating. This is the risk score you are trying to achieve when <b>all actions are complete</b> .					
Target Impact score	3	Target likelihood score	2	Target risk score	6

Risk themes (select all that are applicable): For theme definitions <a href="#">click here</a> .	Business continuity/service disruption Capital - Estates Capital - Equipment	Finance Patient Safety Reputation
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## Risk Review & Monitoring

Identify the Lead Assurance Committee or Sub-Committee this risk should be reported to:	Charitable Funds Committee		
Identify the local management group this risk should be monitored at:	Core Team: Nursing, Quality & Patient Experience		
Is this risk to be entered onto your service risk register in Datix?	No	Frequency of review (based on Current Risk Score):	Moderate risk (4-6) = Six-monthly

## Risk Action Plan - **Please note, this section is not visible until your risk has been saved to Datix.**

Please specify actions that address the cause of the risk. <b>Actions must be SMART: Specific, Measurable, Achievable, Relevant/Realistic and Time-bound.</b> Add as many actions as necessary to achieve your target risk score.	By whom Name 1 owner per action	By when Future dates only
ACTION 1: Head of Hywel Dda Health Charities and Director of Estates, Facilities and Capital Management to discuss and agree a process so that all future charitable funds expenditure requests over £10,000 for outdoor building/refurbishment projects are considered and endorsed by the Head of Maintenance & Engineering.	Head of Hywel Dda Health Charities	31 March 2025
PROGRESS UPDATE: New action		
ACTION 2: n/a		
PROGRESS UPDATE: n/a		
ACTION 3: n/a		
PROGRESS UPDATE: n/a		

## Status of Risk

All risks are automatically added at <b>Service Level</b> .  <b>Directorate Level</b> risks must be approved by your Directorate lead.  If you would like to add/escalate a risk to <b>Corporate Level</b> please contact the <a href="#">Head of Assurance &amp; Risk</a> .	Service/Department Level
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# Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

For guidance on completing this form please click on the following link: [Risk-Assessment-Guidance-Form sharepoint.com](https://www.sharepoint.com/~/sites/assurancendrisk/Forms/Risk-Assessment-Guidance-Form)

## Risk Ownership

Executive Director:	Sharon Daniel, Interim Executive Director of Nursing, Quality & Patient Experience
Directorate lead:	Nicola Llewelyn, Head of Hywel Dda Health Charities
Management or service lead:	Nicola Llewelyn, Head of Hywel Dda Health Charities

Directorate:	Nursing, Quality and Patient Experience (NQPE)	Service or Department:	Nursing, Quality and Patient Experience: Charitable Funds
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## Risk Details

Title of risk: Maximum characters: 128	Risk of HDdUHB not being able to sustain a paid fundraising function for its charity	due to low returns on investment (ROI).
Date risk identified:	13/12/2024	
Domains of Quality (select all that are applicable):	Effective Efficient	

Other risks you would like to link to on Datix:	Not applicable
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## Risk Statement

<b>Please describe your risk clearly and concisely - who/what is at risk?</b>	
There is a risk of HDdUHB not being able to sustain a paid fundraising function for its charity.	
Maximum characters: 200	
<b>List all the causes of this risk</b>	
This is caused by the increased investment in fundraising costs since 2021/22 and the level of charitable income generated by the charity resulting in variable levels of ROI.	
Maximum characters: 400	
<b>List all potential consequences of the risk</b>	
This will lead to an impact/effect on:	
<ol style="list-style-type: none"> <li>The charity's ability to sustain its current staffing structure.</li> <li>The charity's ability to generate income from proactive fundraising activities in future years.</li> <li>Staff wellbeing and morale: Fundraising staff may disengage and lose motivation if there is uncertainty regarding the sustainability of the team.</li> <li>Loss of confidence if key stakeholders (NHS staff, public, donors) do not feel that the charity is using its resources efficiently.</li> <li>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.</li> </ol>	
Maximum characters: 450	
Location of the risk:	Health board wide
Select the DOMAIN of the risk:	Finance inc. claims (Tolerance Score = 6) This should be based on the Impact of the risk

## Inherent Risk Score (Impact x Likelihood = Risk Score)

Using the <a href="#">risk scoring matrix</a> , evaluate the inherent risk rating. This is the risk score <b>WITHOUT</b> control measures in place.					
Inherent impact score	4	Inherent likelihood score	4	Inherent risk score	16

For more information on risk assessment and available training visit the [Assurance and Risk Sharepoint](#) page or contact [assuranceandrisk.hdd@wales.nhs.uk](mailto:assuranceandrisk.hdd@wales.nhs.uk).

# Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

## Control Measures

List all completed actions and ongoing activities that are in place to successfully mitigate the risk

Current control measures that are in place:

1. Review of the charity's fundraising and communications activities, including an assessment on the return on investment (ROI) 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 (ROI).
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.

## Gap in Controls

List any shortfalls in your control measures and unsuccessful actions (these should be addressed in your Action Plan)

1. Monthly income reports: reports produced by the Finance team to be published on a monthly basis to ensure that performance can be monitored.
2. External review: explore the feasibility of commissioning an external review of the charity's operations, performance and future income generating potential.

## Current Risk Score (Impact x Likelihood = Risk Score)

Using the [risk scoring matrix](#), identify the **current** risk rating. This is the risk score **WITH** control measures in place.

<b>Current impact score</b>	4	<b>Current likelihood score</b>	3	<b>Current risk score</b>	12
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## Rationale of Current Risk Score

Please provide the reason/justification for the **current** risk score chosen above, taking into account the control measures in place and actions yet to be completed. **This section should be updated at each risk review and include any performance metrics that show progress to date that will inform the relevant committee/sub committee on the current position of the risk.**

With all the current control measures in place, the risk score remains high. Although income from charitable donations has stabilised in the reported position to 31 December 2024, legacy income has continued to decline compared to the same period in 2023/24.

## Risk Decision

Tolerate, Treat, Transfer or Terminate

[\(Full definitions available here\)](#)

Treat

## Target Risk Score (Impact x Likelihood = Risk Score)

Using the [risk scoring matrix](#), identify the **target** risk rating. This is the risk score you are trying to achieve when **all actions are complete**.

<b>Target Impact score</b>	4	<b>Target likelihood score</b>	2	<b>Target risk score</b>	8
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## Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

<b>Risk themes (select all that are applicable):</b> For theme definitions <a href="#">click here</a> .	Business continuity/service disruption Finance Workforce	
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### Risk Review & Monitoring

<b>Identify the Lead Assurance Committee or Sub-Committee this risk should be reported to:</b>	Charitable Funds Committee		
<b>Identify the local management group this risk should be monitored at:</b>	Core Team: Nursing, Quality & Patient Experience		
<b>Is this risk to be entered onto your service risk register in Datix?</b>	Yes	<b>Frequency of review (based on Current Risk Score):</b>	High risk (8-12) = Bi-monthly

### Risk Action Plan - **Please note, this section is not visible until your risk has been saved to Datix.**

Please specify actions that address the cause of the risk. <b>Actions must be SMART: Specific, Measurable, Achievable, Relevant/Realistic and Time-bound.</b> Add as many actions as necessary to achieve your target risk score.	<b>By whom</b> <b>Name 1 owner per action</b>	<b>By when</b> <b>Future dates only</b>
<b>ACTION 1:</b> Ensure that all future Integrated Performance Reports presented to the CFC include an analysis of the charity's performance against third sector recognised benchmarks and ratios for return on investment. <b>PROGRESS UPDATE:</b> Information included in the Integrated Performance Report submitted to the March 2025 CFC meeting and for all future CFC meeting papers.	Head of Hywel Dda Health Charities	Complete
<b>ACTION 2:</b> Ensure that the Finance team produces income reports on a monthly basis, to be shared with the Fundraising team, to ensure that performance can be monitored. <b>PROGRESS UPDATE:</b> New action	Senior Finance Business Partner (Accounting & Statutory Reporting)	31 March 2025
<b>ACTION 3:</b> Explore the feasibility of commissioning an external review of the charity's operations, performance and future income generating potential. <b>PROGRESS UPDATE:</b> Agenda item for discussion at the 18 March CFC In-Committee meeting.	Interim Executive Director of Nursing, Quality & Patient Experience	18 March 2025
<b>ACTION 4:</b> Annual work plan for 2025/26 to be submitted to the March 2025 CFC meeting for consideration and approval. Progress reports to be submitted to the CFC on a quarterly basis during 2025/26. <b>PROGRESS UPDATE:</b> 2025/26 work plan on the agenda for the March 2025 CFC meeting.	Head of Hywel Dda Health Charities	Complete Quarterly reports to be submitted during 2025/26

### Status of Risk

All risks are automatically added at <b>Service Level</b> .  <b>Directorate Level</b> risks must be approved by your Directorate lead.  If you would like to add/escalate a risk to <b>Corporate Level</b> please contact the <a href="#">Head of Assurance &amp; Risk</a> .	Directorate Level
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# Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

For guidance on completing this form please click on the following link: [Risk-Assessment-Guidance-Form sharepoint.com](https://www.sharepoint.com/~/Risk-Assessment-Guidance-Form)

## Risk Ownership

Executive Director:	Huw Thomas, Director of Finance
Directorate lead:	Tim John, Head of Accounting & Statutory Reporting
Management or service lead:	Tim John, Head of Accounting & Statutory Reporting

Directorate:	Finance	Service or Department:	Finance
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## Risk Details

Title of risk: Maximum characters: 128	Risk of an adverse effect on the value of the Charitable Funds' investment portfolio	due to the potential volatility of stock markets
Date risk identified:	13/12/2024	
Domains of Quality (select all that are applicable):	Effective Efficient	

Other risks you would like to link to on Datix:	Not applicable
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## Risk Statement

<b>Please describe your risk clearly and concisely - who/what is at risk?</b>
There is a risk that stock market volatility will have an adverse effect on the value of the charitable funds' investment portfolio, currently administered by CCLA.  Maximum characters: 200
<b>List all the causes of this risk</b>
This is caused by: <ul style="list-style-type: none"> <li>1. <b>Economic Data and Indicators:</b> Data e.g. GDP growth, employment figures, inflation, and consumer confidence can influence investor perceptions about the health of the economy, affecting stock prices. Bad economic news or lower-than-expected data can lead to volatility.</li> <li>2. <b>Monetary Policy:</b> Central banks' actions, such as changes in interest rates or monetary stimulus programs, can significantly impact stock markets. Higher interest rates can reduce borrowing and spending, leading to slower growth and potentially lower stock prices, creating volatility.</li> <li>3. <b>Geopolitical Events:</b> Political instability, wars, trade tensions, or changes in government policies (like tariffs or regulations) can create uncertainty in markets, leading to abrupt price movements as investors react.</li> <li>4. <b>Corporate Earnings Reports:</b> Quarterly earnings reports from major companies can greatly influence stock prices. Unexpectedly good or bad earnings can cause sharp price changes, especially in companies with a significant market share.</li> <li>5. <b>Investor Sentiment:</b> Investor emotions and behaviour, such as fear or greed, can cause rapid buying or selling in the market. Speculation, trends, or herd behaviour often leads to overreaction, amplifying market swings.</li> <li>6. <b>Market Liquidity:</b> The ability to buy or sell assets quickly without causing significant price changes affects volatility. Lower liquidity, particularly in smaller markets or with less-traded stocks, can cause larger price swings.</li> <li>7. <b>External Shocks:</b> Events like natural disasters, pandemics, or unexpected global events (like the 2008 financial crisis or the COVID-19 pandemic) can disrupt markets and cause large, unpredictable price movements.</li> <li>8. <b>Speculation and Leverage:</b> Highly speculative investments and the use of leverage (borrowing money to invest) can exacerbate market swings, as leveraged positions are more sensitive to price movements.</li> </ul>

## Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

9. **Market Speculation and Herd Behaviour:** Investors often act based on collective behaviour, creating bubbles or overreaction to news. Once market sentiment shifts, volatility can follow as traders react rapidly to perceived risks or opportunities

Maximum characters: 400

### List all potential consequences of the risk

This will lead to an impact/effect on:

1. **Short-term Financial Impact:** Volatile stock markets can cause fluctuations in the value of a charity's investment portfolio. If a charity relies on its investments to fund operations, periods of market downturns could lead to reduced funds available for its activities, making it harder to meet financial obligations.
2. **Increased Investment Risk:** Charities often have a longer-term focus, but even long-term portfolios can be affected by significant volatility. If a charity holds a significant portion of its assets in equities, sharp declines in the market can erode capital.
3. **Impact on Donor Confidence:** Market instability can lead to a reduction in donor confidence if the charity's investments lose value.
4. **Risk of Underperforming Investments:** Charities often invest in diversified portfolios, but in times of market stress, even traditionally stable assets might underperform. This risk could affect the charity's future income generation.
5. **Regulatory and Compliance Risks:** Charities in the UK must comply with regulatory requirements, such as those set out by the Charity Commission. Extreme market fluctuations might cause a charity to fall short of meeting its funding needs or could force the charity to make changes in its investment strategy, which might not align with its objectives.

Maximum characters: 450

Location of the risk: Health Board wide

Select the DOMAIN of the risk: Finance inc. claims (Tolerance Score = 6)  
**This should be based on the Impact of the risk**

### Inherent Risk Score (Impact x Likelihood = Risk Score)

Using the [risk scoring matrix](#), evaluate the inherent risk rating. This is the risk score **WITHOUT** control measures in place.

Inherent impact score	3	Inherent likelihood score	3	Inherent risk score	9
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### Control Measures

#### List all completed actions and ongoing activities that are in place to successfully mitigate the risk

It is well documented that capital can be at risk; that past performance is not a reliable indicator of future results and that the value of investments and the income derived from them may decrease as well as increase. Ultimately, investors may not get back the amount originally invested and may lose money.

While this risk is outside the control of Charitable Funds, the use of an Investment Manager helps to mitigate the risk. The Investment Manager, CCLA, has particular expertise in not-for-profit organisations. For charities that it acts for, CCLA invests in a specific fund, namely the COIF Charities Ethical Investment Fund.

The COIF Charities Ethical Investment Fund is an actively managed, diversified portfolio of assets designed to help protect both present and future beneficiaries from the effects of inflation (as measured by the UK consumer prices index). It will have 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. The fund has a wide range of values-based investment restrictions and is advised by an ethical advisory committee that identifies potential areas for development.

In addition, where the Charitable Funds Committee have committed to charitable expenditure spend, the relevant funds are held in liquid cash assets, thereby protecting those against any stock market volatility.

## Hywel Dda UHB - Risk Assessment Form

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### Gap in Controls

List any shortfalls in your control measures and unsuccessful actions (these should be addressed in your Action Plan)

No gaps in control identified.

### Current Risk Score (Impact x Likelihood = Risk Score)

Using the [risk scoring matrix](#), identify the **current** risk rating. This is the risk score **WITH** control measures in place.

<b>Current impact score</b>	3	<b>Current likelihood score</b>	2	<b>Current risk score</b>	6
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### Rationale of Current Risk Score

Please provide the reason/justification for the **current** risk score chosen above, taking into account the control measures in place and actions yet to be completed. **This section should be updated at each risk review and include any performance metrics that show progress to date that will inform the relevant committee/sub committee on the current position of the risk.**

The use of a third-party investment manager with particular expertise in the not-for-profit sector and charities mitigates the impact given the long-term view taken with investments. There will always be a possibility of adverse volatility in the stock market hence the likelihood score. It is acknowledged that this is a managed issue that will be monitored at service level and any concerns will be reported to the CFC via the risk reporting process.

### Risk Decision

Tolerate, Treat, Transfer or Terminate

[\(Full definitions available here\)](#)

Treat

### Target Risk Score (Impact x Likelihood = Risk Score)

Using the [risk scoring matrix](#), identify the **target** risk rating. This is the risk score you are trying to achieve when **all actions are complete**.

<b>Target Impact score</b>	3	<b>Target likelihood score</b>	2	<b>Target risk score</b>	6
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**Risk themes (select all that are applicable):**  
For theme definitions [click here](#).

Finance

### Risk Review & Monitoring

Identify the Lead Assurance Committee or Sub-Committee this risk should be reported to:	Charitable Funds Committee		
Identify the local management group this risk should be monitored at:	Finance Senior Team		
Is this risk to be entered onto your service risk register in Datix?	No	Frequency of review (based on Current Risk Score):	Moderate risk (4-6) = Six-monthly

### Risk Action Plan - **Please note, this section is not visible until your risk has been saved to Datix.**

Please specify actions that address the cause of the risk. <b>Actions must be SMART: Specific, Measurable, Achievable, Relevant/Realistic and Time-bound.</b> Add as many actions as necessary to achieve your target risk score.	<b>By whom</b> Name 1 owner per action	<b>By when</b> Future dates only
ACTION 1: No actions identified		
PROGRESS UPDATE: n/a		

# Hywel Dda UHB - Risk Assessment Form

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## Status of Risk

All risks are automatically added at **Service Level**.

**Directorate Level** risks must be approved by your Directorate lead.

If you would like to add/escalate a risk to **Corporate Level** please contact the [Head of Assurance & Risk](#).

Service/Department Level

7 - FOR INFORMATION

7.1

11:52, 0 Mins

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7.1 - Charitable Funds Committee Annual Work Programme

*Delyth Raynsford  
(Hywel Dda UHB -  
Independent  
Member)*

| For information

**Attachments**

[CFC Work Plan 2024-25 \(for Annual Report 2024-2025\) 19.02.2025.pdf](#)

**HYWEL DDA HEALTH BOARD – CHARITABLE FUNDS COMMITTEE WORK PLAN 2025**

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 - March 2025 - December 2025.

<b>Agenda Item/Issue</b>	<b>Lead</b>	<b>18 March 2025</b> <i>Final Paper</i> <i>Deadline 4 March</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	<b>17 June 2025</b> <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>	<b>16 September 2025</b> <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>	<b>8 December 2025</b> <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>
<b>Governance</b>					
Apologies	<b>Chair</b>	✓	✓	✓	✓
Declaration of Interests	<b>Chair</b>	✓	✓	✓	✓
Minutes from Previous Meeting	<b>Chair</b>	✓	✓	✓	✓
Table of Actions and Matters Arising	<b>Chair</b>	✓	✓	✓	✓
Annual Review of Terms of Reference	<b>Chair</b>		✓		
Annual Review of Scheme of Delegation	<b>NLI/TJ</b>				✓
Annual Review of Charitable Expenditure Eligibility Criteria	<b>NLI/TJ</b>				✓
CFC Annual Report to Board	<b>Chair/SD/ CSO</b>		✓ (Draft 2024/25)		
CFC Self-assessment of Outcome Report – progress update (6 monthly)	<b>CSO</b>		✓		
<b>Risk &amp; Assurance</b>					
Sub-Committee Terms of Reference: <ul style="list-style-type: none"> <li>Charitable Funds Sub-Committee</li> </ul>	<b>CFSC Chair</b>		✓		

Agenda Item/Issue	Lead	18 March 2025 <i>Final Paper Deadline 4 March 2025 Exec Approved Papers to be received PRIOR to this date</i>	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>
Sub-Committee Update Reports: • Charitable Funds Sub-Committee	<b>CFSC Chair</b>	✓	✓	✓	✓
Sub-Committee Annual Report: • Charitable Funds Sub-Committee	<b>CFSC Chair</b>	✓			
Charitable Funds Committee Risk Register	<b>SD</b>	✓	✓	✓	✓
Administrative Committee Annual Meeting (Hydrotherapy Pool: JC Williams (Elizabeth Williams Endowment) Trust Fund) Update Report NL has contacted Anwen Pearce (HDHB Capital Programme Manager, Planning) to advise.	<b>SMJ/RD</b>	✓			
Update on the construction and arrangements of the Hydro Pool at the Pentre Awel Village, Llanelli. (To feedback the outcome of the discussion at Executive Team to the CFC Chair and Vice Chair and agree the next steps.) Checking with Lee Davies re Exec Discussions. Sian-Marie to provide update from MOU meeting on 10 December 2024.	<b>JW/HT</b>				
<b>Operational/Strategic Issues</b>					
Approval of policies and procedures relating to charitable	<b>TJ</b>	✓	✓	✓	✓

Agenda Item/Issue	Lead	18 March 2025 <i>Final Paper Deadline 4 March 2025 Exec Approved Papers to be received PRIOR to this date</i>	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>
funds on behalf of the Board (as required)					
Consideration of charitable funds expenditure over £50,000 (as required)	<b>Chair</b>	✓	✓	✓	✓
Review of any approvals made outside the meeting via Chair's Action or via Corporate Trustee	<b>Chair</b>	✓	✓	✓	✓
Acceptance and recommendation of other relevant strategies, policies, procedures, and reports relating to charitable funds, as appropriate for ratification by Board (as required)	<b>All</b>	✓	✓	✓	✓
Review of the Rationalisation of Charitable Funds. (Streamlining of charitable funds.)	<b>TJ/NLI</b>	✓			
Hywel Dda Health Charities Expenditure Plan	<b>NLI</b>		✓		
Annual Governance and support costs associated with the running of the Charity (for Board approval)	<b>TJ/NLI</b>	✓			
Hywel Dda Health Charities Workplan 2025/26	<b>NLI</b>	✓			
<b><u>IMPACT OF CHARITABLE EXPENDITURE EVALUATION REPORTS:</u></b>					
<b>COVERING INTRODUCTORY SBAR</b>	<b>NLI</b>	✓	✓	✓	✓

Agenda Item/Issue	Lead	18 March 2025 <i>Final Paper</i> <i>Deadline 4 March</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	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>
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	✓			
Update on Expenditure: 'Heads Up!' – Cancer Services Hair Loss Support	GB	✓			
Update on Expenditure: Bronglais Hospital Chemotherapy Unit Project Closure Report	PS			✓	
Update on Expenditure: Arts in Health Provision Capacity Building Annual Review	LOC/KL	✓			
Update on Expenditure: Therapeutic Live Music Programme for Critical Care (End of project)	ADT				✓
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		✓		
Interactive singing and movement sessions for Older Adult Mental	KL			✓	

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Health and Adult Frailty inpatient wards (Mid term)					
<b><u>APPROVAL OF CHARITABLE FUNDS EXPENDITURE:</u></b>					
<b>COVERING INTRODUCTORY SBAR</b>	<b>NLI</b>	✓	✓	✓	✓
Funding Request from Workforce and Organisational Development - TBC	<b>ST/HH</b>	<b>TBC</b>			
<b>Performance</b>					
Integrated Hywel Dda Health Charities Performance Report including: <ul style="list-style-type: none"> <li>Investment performance</li> <li>Delivery of annual workplan against Strategic Objectives.</li> </ul>	<b>NLI/TJ</b>	✓	✓	✓	✓
Draft Annual Accounts (2024/25)	<b>HT/RD</b>				✓
Final Annual Report & Accounts (2024/25) <i>Extraordinary Meeting?</i> <b>TBC</b> – as accounts need to be filed before 31 Jan 2026.	<b>HT/RD</b>	✓			
Annual Review of the Deposit Account Balance.	<b>RD/NLI</b>			✓	
Internal Audit Report on Charitable Funds (Subject to confirmation)	<b>Chair/Inter nal Audit</b>				

Agenda Item/Issue	Lead	18 March 2025 <i>Final Paper</i> <i>Deadline 4 March</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	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>
HDdHC Investment Advisor Update (External CCLA) * <b>NB</b> Investment Advisor - to attend the June and December meetings in person and attend virtually in March and September.	<b>DM</b>	✓ Virtual	✓ In person	✓ Virtual	✓ In person
<b>For Information</b>					
Matters and Risks for Escalation to the Board	<b>SD</b>	✓	✓	✓	✓
CFC Workplan 2024/25	<b>CSO</b>	✓	✓	✓	✓
<b>Administration</b>					
Agenda setting meeting with Chair & Lead Exec at least 6 weeks prior to meeting	<b>CSO</b>	✓	✓	✓	✓
Draft agenda to go to Executive Team	<b>CSO</b>	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	<b>CSO</b>	✓	✓	✓	✓
Quality check agenda and papers prior to dissemination	<b>CSO</b>	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to meeting	<b>CSO</b>	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	<b>CSO</b>	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	<b>CSO</b>	✓	✓	✓	✓
Issue minutes and TOA to Members (including the	<b>CSO</b>	✓	✓	✓	✓

Agenda Item/Issue	Lead	18 March 2025 <i>Final Paper</i> <i>Deadline 4 March</i> <i>2025 Exec</i> <i>Approved Papers</i> <i>to be received</i> <i>PRIOR to this date</i>	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>
Committee Chair) following Lead Exec review					
Prepare 3 A's report to Board (to be signed off by Chair & Lead Exec prior to submission)	<b>CSO</b>	✓	✓	✓	✓
Prepare schedule of meeting dates for next financial year	<b>CSO</b>	✓	✓	✓	✓
Prepare Annual Workplan for next financial year	<b>CSO</b>	✓	✓	✓	✓
Invite Audit Wales representative	<b>CSO</b>				✓
<b>Corporate Trustee</b> SBAR paper for board. Produced following each CFC meeting. <i>If no approval for funding over £100k can be stood down.</i> (Liaise with CM.)	<b>NLI</b> (SD is ED lead)	<b>Deadline 6</b> <b>March</b> for Board 27 March	✓	✓	✓

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

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

8 - MATTERS AND RISKS FOR ESCALATION  
TO THE BOARD

*Delyth Raynsford  
(Hywel Dda UHB -  
Independent  
Member)*

Verbal.

9

11:52, 0 Mins

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9 - ANY OTHER BUSINESS

*Delyth Raynsford  
(Hywel Dda UHB -  
Independent  
Member)*

## 10 - DATE AND TIME OF NEXT MEETING

17 June 2025; 09:30 - 12:15