

**COFNODION Y CYFARFOD PWYLLGOR CRONFA ELUSENNOL
HEB EU CYMERADWYO/ UNAPPROVED
MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING**

Date and Time of Meeting:	12 March 2024; 09:30 – 12:30
Venue:	Boardroom, Ystwyth Building (and via Microsoft Teams)

Present:	<p>Mrs Delyth Raynsford, Independent Member (Committee Chair) Mr Iwan Thomas, Independent Member (Committee Vice Chair) (VC) Ms Anna Lewis, Independent Member Ms Ann Murphy, Independent Member (VC) Cllr Rhodri Evans, Independent Member (VC) (part) Mr Huw Thomas, Director of Finance (part) Ms Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience (Lead Director, Hywel Dda Health Charities)</p>
In Attendance:	<p>Ms Rhian Davies, Assistant Director of Finance (Financial Planning and Statutory Reporting) Ms Carly Hill, Chair of Charitable Funds Sub-Committee (VC) Mrs Nicola Llewelyn, Head of Hywel Dda Health Charities Mr Anthony Dean, Staff Side Representative Mr Timothy John, Senior Finance Business Partner Ms Tracy Davies, Finance and Business Partner (Accountancy and Statutory Reporting) (VC) Ms Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs (VC) Ms Louise O'Connor, Assistant Director (Legal and Patient Support) (VC) (part) Ms Kathryn Lambert, Arts in Health Coordinator (VC) (part) Mr Peter Skitt, County Director Ceredigion (VC) (part) Ms Nerys James, Cardiorespiratory Department Manager (VC) (part) Ms Sophie Corbett, Deputy Head of Internal Audit (VC) Mr John Jenkins, Committee Services Officer (Secretariat)</p>

Agenda Item	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
CFC(24)1	<p>Mrs Delyth Raynsford welcomed everybody present to the meeting and introduced Ms Tracy Davies, Finance and Business Partner (Accountancy and Statutory Reporting) to her first meeting of the Charitable Funds Committee (CFC).</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • Mrs Judith Hardisty, Interim Chair, HDdUHB • Prof Philip Kloer, Interim Chief Executive 	

CFC(24)2	DECLARATIONS OF INTEREST	
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	No declarations of interest were made.	
CFC(24)3	MINUTES OF THE PREVIOUS MEETING HELD ON 28 NOVEMBER 2023	
	RESOLVED - that the minutes of the Charitable Funds Committee meeting held on 28 November 2023 be APPROVED as an accurate record of proceedings.	
CFC(24)4	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 28 NOVEMBER 2023	
	<p>An update was provided on the Table of Actions from the meeting held on 28 November 2023.</p> <p>There was one item incomplete:</p> <p>CFC(23)85 Draft Annual Report and Accounts (2022/23): it was noted that once the date for the Hywel Dda Health Charities (HDdHC) Fundraising Team to present to the CFC was confirmed in the Committee Work Plan for 2024/25 then an email would be sent to all Board Members to issue an open invite to attend CFC and to inform them of the HDdHC Fundraising Team's attendance.</p>	
CFC(24)5	RATIFICATION OF ANY APPROVALS MADE OUTSIDE THE MEETING VIA CHAIR'S ACTION	
	<i>There were no approvals made outside of the meeting via Chair's Actions</i>	
CFC(24)6	RATIFICATION OF CHARITABLE FUNDS DECISIONS BY THE CORPORATE TRUSTEE	
	It was reported to the CFC that the Corporate Trustee had approved the HDdHC Annual Report and Accounts 2022/23.	
	The Charitable Funds Committee NOTED the ratification of Charitable Funds decisions by the Corporate Trustee.	
CFC(24)7	EXPENDITURE REQUEST: HYWEL DDA ARTS AND HEALTH PROVISION CAPACITY BUILDING	

The Committee received the expenditure request for charitable funding to support the cost of capacity building within the Hywel Dda Arts and Health provision.

Ms Louise O’Conner advised that Hywel Dda University Health Board (HDdUHB) had recently signed the Arts in Health Charter which was the first of its kind in Wales with the Health Board being recognised nationally within the sector as being innovative within the area of arts in health.

Ms O’Connor reported that past Arts in Health programmes had been very well received by patients and staff and that following the signing of the Arts in Health Charter it was hoped that the Health Board could access a wide range of external resources available to increase the provision of arts in health to HDdUHB patients and staff.

Ms O’Conner advised that currently resources within the HDdUHB Arts in Health Team were stretched to cover as many projects as possible and that with additional resources extra benefits could be provided to patients and staff with the potential for significant external funding to be drawn down to the Health Board.

Ms O’Conner reported that to date, £365,000 had been secured for the Health Board by the Arts in Health Team and the request for charitable funds was to cover the appointment of a Project Support Officer for four years with initial capacity funding having already been secured from the Arts Council of Wales. The Team were confident that the external funding that would be secured would directly benefit patients.

Ms O’Connor advised that in addition to the charitable funds requested to fund the appointment of a Project Support Officer, funding for the provision of a £25,000 activities budget was also requested and this could be also used to contribute towards match funding, which was commonly a requirement of external funding bodies.

Ms O’Connor advised that consideration has been given to an exit plan for the cost of the project for after the initial four-year period. the aspiration is that the programme will show positive outcomes and cost efficiencies so that the additional resources could be funded longer-term by a combination of funding from external arts bodies and from NHS funding. Ms O’Connor confirmed that the post would be fully evaluated in relation to performance and delivery as well as being evaluated from a value-based healthcare perspective which was envisaged would lead to other opportunities.

In response to a question from Mr Huw Thomas regarding funding in Years 4 and 5, Ms O’Conner advised that she was confident that external funding would be available to continue funding the Project Manager post, however, because it could not be completely guaranteed then it was acknowledged as a risk, however, was confident that the

value of the post could be demonstrated through evaluation. Ms O'Connor believed that the long-term funding mechanism was a blend of Health Board and NHS funding combined with external funding sources.

Ms Lambert advised that the Year 1 funding from the Arts Council of Wales was confirmed, and that Year 2 funding was promised and there were other external funding sources available, such as the National Lottery and specific arts in health dedicated funding streams so that there were strong opportunities and given the extend of investment into arts in health in Wales it was felt that future funding would then not cease.

In response to a question from Mrs Raynsford about the area of operation, Ms Lambert confirmed that the activity would be focussed on the HDdUHB area and its patients and staff.

In response to a question from Ms Nicola Llewelyn regarding funding the post, Ms Lambert confirmed that the intention was to implement a management fee from the different funding applications to fund a full cost recovery model to build up income and cover the management fees.

In response to a question from Ms Llewelyn enquiring whether there had been proof of concept in terms of apportioning management fees from the £365,000 previously secured, Ms Lambert confirmed that there has been and that funding bids had been funding the post at a level higher than a 10% management fee depending on the funding stream and the work being proposed.

Ms Llewelyn advised that the Fundraising Team were working closely with the Arts in Health Team to support their sustainable funding plan for attracting external funding.

In terms of the direction of travel Ms Anna Lewis enquired to how there will be collaboration between community arts organisations within the Health Board's communities. In response Ms Lambert confirmed that the Arts in Health Team have been working closely with the arts sector to assist growth and to nurture the sector in the Health Board's area through partnership working to create a shared vision and that this work would be considered as part of the evaluation into the post. Ms Llewelyn advised that the Arts in Health Team had worked with large UK and Wales national charities to engage with local artists to express an interest in the delivery of projects that the Health Board have been funding.

Mr Huw Thomas proposed that the recommendations from the CFC include the project having an independent assessment by the Value Based Healthcare Team.

	<p>In response to a question from Ms Lewis regarding CFC oversight of the project, Ms Llewelyn confirmed that an annual review of the project would be presented to the Committee for review, and this would be added to the Committee work plan.</p> <p><i>Ms Louise O'Connor and Ms Kathryn Lambert left the meeting.</i></p>	CSO
	<p>The Charitable Funds Committee:</p> <ul style="list-style-type: none"> • NOTED the Arts and Health Capacity Building Plan. • CONSIDERED and ENDORSED for approval by the Corporate Trustee an application for £198,065 of charitable funding to support the cost for the additional Project Support Officer post as part of the overall capacity building of the Arts and Health programme for the next four years. • AGREED that the evaluation of the Arts in Health Capacity Building Plan would be subject to an independent evaluation by the Value Based Healthcare Team. 	

CFC(24)8	<p>PRESENTATION ON RECENT CHARITABLE FUNDS EXPENDITURE: CARDIAC ULTRASOUND MACHINE TO IMPROVE ACCESS TO ECHOCARDIOGRAPHY IN CEREDIGION</p> <p>Ms Nerys James presented the Committee with a presentation on the impact of charitable expenditure on an echocardiography machine for the Cardio-Respiratory Department at Bronglais Hospital (BGH) to improve access to echocardiography in Ceredigion.</p> <p>Ms Nerys James advised that the previous semi-portable echocardiography machine was irreparably damaged due to burst water pipes in the ceiling of the Cardio-Respiratory Department and the funding of a replacement machine was sought from charitable funds in June 2023. Having been approved in July 2023, the replacement GE S70 Echocardiography Machine was purchased in September 2023.</p> <p>Ms Nerys James advised that the benefits of the new machine for patients included the production of high-quality imaging for greater diagnostic confidence, was able to provide four-dimensional imaging modality and three-dimensional imaging of valve structures and lesions and has the latest muscle strain software which allowed for the identification of heart failure at an early stage.</p> <p>Ms Nerys James advised that the new machine was ergo-dynamically designed to reduce back injury and strain and was better for use with out-patients and was also light and portable, allowing the machine to be easily moved around the hospital for in-patient use.</p>	
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The new machine also supported transoesophageal echocardiography, whereby a probe is inserted into a patients' throat to examine the heart.

The benefits to the Health Board of the new machine were the ability to increase the local echocardiography capacity to meet the needs of the local population and the ability for trainee medical students to scan independently on the second echocardiography machine with the facility to interpret diagnostics using high quality imaging and to learn how to scan using the latest measurement techniques.

Ms Nerys James advised that with the provision of the new echocardiography machine had doubled capacity of echocardiography scanning at BGH. The new machine has also supported the accreditation of a new physiologist and assisted a physiologist and a physician associate be accredited in a Master's degree module in echocardiography improving the point-of-care and urgent diagnosis in echocardiography for BGH patients.

In response to a question from Ms Raynsford regarding what improvements to the capacity and availability of echocardiography scanning the new machine had results in, Ms Nerys James advised that prior to the new machine, there was only one member of staff able to perform echocardiography scanning whereas now there were three members of staff and a physician associate who are also competent to independently scan patients with staff on-call to be able to support evening and weekend scanning when called upon with the portability of the new machine resulting in the ability to utilise the new machine on wards.

Following a question from Ms Lewis on what benefit to patient outcomes was expected to be derived from the provision of the new echocardiography machine, Ms Nerys James believed that speed of access was vital to quality of outcomes given that the quicker diagnosis occurs the quicker treatment can commence, and that timing is of the utmost importance to treat patients before heart failure occurs. Ms Nerys James believed that because echocardiography diagnosis was predicated on a clinician's judgement, the provision of the higher quality imaging provided by the new echocardiography machine allowed for better diagnosis.

In response to comments from Mr Huw Thomas and Ms Sharon Daniel regarding measuring outcomes, Mrs Llewelyn advised that a revised template for evaluation feedback would be produced to incorporate measures such as Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) to align with business case templates for future bids to clarify the benefits to patients and staff.

NLI

	<p>Mrs Raynsford advised that the presentation would be circulated following the meeting.</p> <p><i>Ms Nerys James left the meeting.</i></p>	CSO
	<p>The Charitable Funds Committee NOTED the presentation on the recent charitable funds expenditure on a cardiac ultrasounds machine to improve access to echocardiography in Ceredigion.</p>	

CFC(24)9	BRONGLAIS GENERAL HOSPITAL CHEMOTHERAPY DAY UNIT REFURBISHMENT PROJECT UPDATE	
	<p>Mr Peter Skitt presented an update on the BGH Chemotherapy Day Unit (CDU) project to the Committee.</p> <p>Mr Skitt advised that since the last update to the CFC in November 2023, the project had gone out to tender with the tender return received back indicating a £1.1m shortfall in the funding of the project.</p> <p>Mr Skitt advised that the CDU has already been moved into a mobile unit provided by Tenovus to allow for the surveying of the area proposed for the refurbished CDU. Following the return of the tender, the BGH CDU Project Group met to consider the options for progress with the clinical team and the planning team of the project to re-evaluate the scheme to examine if the project could be continued to be delivered in the manner in which it was commissioned for a lower cost.</p> <p>This evaluation has resulted in a focus on the patient-focussed clinical area with a softer refurbishment of the non-patient areas such as the multi-disciplinary team area. Mr Skitt advised that there was clinical agreement that 98% of the original project brief could be achieved however there was still a £389,000 gap in the funding arrangements. The revised plans have been approved by the clinical team.</p> <p>Mr Skitt advised that several options had been considered to fill the funding gap, including approaching Welsh Government (WG) and discretionary capital funding, however neither were available, with the situation exacerbated by the tender figures only being available to be held at that level by the contractor until May 2024 which has resulted in the application for charitable funding to bridge the funding gap so that the refurbishment project can proceed.</p> <p>Mr Skitt advised that the belief of the Project Team and the Estates Team was that if the project does not commence in May 2024, then the costs are highly likely to increase further and that the funding gap will increase.</p> <p>Mr Skitt confirmed that should the project proceed as requested then the project would still deliver a new CDU for which public fundraising had been sought to contribute towards and that it would be fit-for-</p>	

purpose, be of the correct design and functionality providing patients with the required space and dignity which would deliver the outcome originally proposed and with a completion date of December 2024.

Mr Huw Thomas stated that Members had a responsibility to the HDdHC independent of the Health Board's interests and had a responsibility to ensure that the best value for the charity's monies were derived and questioned if the costs have been reduced by scaling back the scope of works that did not add value to the original proposals and questioned why the proposals were included originally.

Mr Skitt advised that revisions to the proposals that had resulted in savings being made were in consultation with staff who were asked to revise proposals down from best-case specifications to a more compromise on functionality in non-patient facing areas. Mr Skitt confirmed that within the CDU and the patient facing areas, the same original high standard specification was being maintained and that compromises were being made in other areas to reduce the cost of the project.

In response to a question from Mr Huw Thomas on the expert advice that was provided to the project and what sources of evidence were relied upon to provide the original estimates, Mr Skitt welcomed the involvement of Internal Audit to review the process and to discover what lessons can be learned from the review.

In response to a question from Ms Lewis regarding the communication of the change of the scope of the project, Mrs Llewelyn advised that the project is still being delivered in accordance with the stated aims of the public fundraising appeal with a focus on the treatment area and CDU with the non-patient facing areas considered an additionality of the core element of the project, namely the delivery of a newly refurbished CDU being realised as originally planned.

Mrs Llewelyn believed that the project needed to be clear with its communications given the delay in the commencement of works, which were planned to commence in early January 2024 and that public reassurance needed to be made that what is planned to be delivered equates to what was publicly stated through the charitable fundraising process.

Mr Skitt advised that a number of communication approaches have been considered by the Communications and Engagement Director should a response for information be required. Mrs Raynsford believed that we should be proactive in providing information to the public on the project and Ms Lewis expressed that the Health Board staff should also be considered as members of the public who are likely to have conversations outside of the Health Board about the project.

Ms Daniel advised that conversations had been held with staff to ensure that compromises on the non-patient facing areas for staff

usage has been discussed and agreed that they were reasonable adjustments given the reduction in costs that were needed to be realised and commended that staff for their efforts during the interim period and that the shortened timescale for the completion of the project would be appreciated by staff.

In response to a question from Ms Daniel regarding the utilisation of the T600 Support for Life Responses Fund, Mrs Llewelyn advised that as £400,000 had already been received from the Bronglais Hospital general fund and given anticipated future demands on the Bronglais Hospital general fund, it was considered prudent to provide these additional funds from the Support for Life Response Fund.

In response to a question from Ms Lewis as to why additional fundraising to bridge the shortfall was not considered, Mrs Llewelyn advised that over £1m had already been raised by a public charitable appeal and it was anticipated that that amount would continue to increase during the duration of the construction work and given the significant amount of the funding shortfall coupled with the tight deadline of May 2024 to commence work that charitable funding was considered the most effective means to progress the project.

Regarding the communications, Mr Huw Thomas believed that it needed to be stressed that this was a Health Board issue and not a charitable funds issue and that it was important to protect the reputation of the charity.

In response to a question from Mr Huw Thomas that if fundraising was ongoing for the project, was the request for funding through the Support for Life Responses Fund a maximum request. Mrs Llewelyn confirmed and requested that the recommendation be revised to state that the request of £389,468.91 from the T600 Support for Life Response Fund was a maximum ask which would be tapered to be reduced inversely proportional to the amount of additional charitable fundraising raised.

In response to a question from Mr Huw Thomas regarding equitable allocation of charitable funds in line with the population of the Hywel Dda area, Mrs Llewelyn advised that the General Fund had grown significantly in the last four years and that there was an opportunity to explore areas of the organisation that previously had not been supported by charitable funds and that an analysis of expenditure would be presented to the May 2024 meeting to examine these areas.

Ms Llewelyn advised that communications would be prepared in advance of the Corporate Trustee meeting on the 28 March 2024 to ensure proactive communication with the public, staff and stakeholders ahead of any decision of the Corporate Trustee and that the recommendation of this Committee would include a reference to the need to provide communication to reassure the public and donors of the continued and unchanged aims of the project.

CSO

	<i>Mr Peter Skitt left the meeting.</i>	
	<p>The Charitable Funds Committee:</p> <ul style="list-style-type: none"> • NOTED the Executive Team’s approval to proceed with the Preferred Option – a revised floor plan that fulfils the project brief and has been clinically approved. • ENDORSED and RECOMMENDED for approval by the Corporate Trustee a maximum contribution of £389,468.91 of additional charitable funds to bridge the preferred options shortfall from the Support for Life Response Fund (T600). • NOTED that appropriate communication will be prepared to reassure the public and donors that the proposed revised floor plan fully accords with the project brief. 	

CFC(24)10	DEVELOPMENT OF THERAPEUTIC GARDENS AT PRINCE PHILIP HOSPITAL	
	<p>Mrs Llewelyn presented the plans for the development of therapeutic gardens at Prince Philip Hospital (PPH) to the Committee.</p> <p>Mrs Llewelyn advised that a fundraising appeal had been launched in November 2023 to raise funds for the renovation of currently unused outdoor space for the benefit of patients of the Mynydd Mawr and Bryngolau Wards.</p> <p>Mrs Llewelyn advised that a significant legacy had been received by the Mynydd Mawr Rehabilitation Fund and that donations have been received by the PPH Gardens Appeal and continue to do so.</p> <p>Following advice received from the Design Team within the Estates Department to appoint a cost advisor to the scheme to give confidence in the confirmed costs of the PPH Garden project so that the fundraising appeal can continue with confidence and be delivered within the £100,000 target that the Charity has been fundraising towards.</p> <p>In response to a question from Ms Lewis on the apparent significant cost of the provision of a garden, Mrs Llewelyn advised that the costs were high due to the lack of routine maintenance in the garden area historically and that significant tree growth had impacted upon the garden areas resulting in extensive remediation works needing to be undertaken to make the area safe for redevelopment which had escalated the costs of the project.</p> <p><i>Cllr. Rhodri Evans joined the meeting.</i></p> <p>In response to a question from Ms Lewis regarding the Health Board’s responsibility to maintain the garden area, Mrs Llewelyn advised that</p>	

	<p>conversations had been held with the Estates Team and that clinical areas were considered a priority.</p> <p>In response to a question from Ms Daniel regarding the on-going maintenance of the garden area, Mrs Llewelyn confirmed that conversations had been held with the HDdUHB Senior One Health Practitioner so that the project with the National Botanic Garden of Wales could provide options for the construction of the garden area. and that, as opposed to the preferred approach of the Design Team to seek a single tender process for construction.</p> <p>Mrs Llewelyn stated that her preferred approach would be to seek multiple partners for specific areas of the project with local contractors to carry out the works as part of a corporate social responsibility (CSR) undertaking and to seek community volunteering opportunities for ongoing maintenance. Ms Lewis believed that such an approach could endear community support to support the fundraising appeal if the project was seen as a part of the community.</p> <p>Mr Iwan Thomas believed that there was an opportunity to work with Coleg Sir Gâr to provide practical educational opportunities to their horticultural students in exchange for their volunteering.</p> <p>Mr Huw Thomas expressed concern that a public fundraising appeal had been launched without a full understanding of the magnitude of the project and that there was a risk to the reputation of the charity should the scheme not proceed. Mr Huw Thomas also stated that if the reporting officers were not able to attend the CFC meeting to present a bid for charitable funding, then the item should be deferred to a following meeting to maintain the charity's independence of the Health Board.</p> <p>In response to Mrs Raynsford comments regarding the need for further information on the project until the Committee could make a decision, Mrs Llewelyn advised that the reporting officers would be requested to attend the next meeting of the CFC to explore alternative means of progressing the PPH Therapeutic Gardens project that could consider other means of undertaking this project in a more cost-effective manner.</p>	CSO
	<p>The Charitable Funds Committee:</p> <ul style="list-style-type: none"> • NOTED the plans for the development of therapeutic gardens at Prince Philip Hospital. • DEFERRED the decision on the funding request of £4,200 from the Support for Life General Fund (T600) to appoint a cost adviser to provide a project outturn cost for the project until the 21 May 2024 Charitable Funds Committee meeting. 	

REVIEW OF APPORTIONMENTS OF GOVERNANCE AND SUPPORT COSTS AND INVESTMENT INCOME AND GAINS

Ms Rhian Davies presented a report into the review of apportionment of governance and support costs and investment income and gains to the Committee.

Ms Rhian Davies advised that a report had been presented to the CFC on 26 September 2023 regarding the apportionment of governance and support costs and investment income and gains and, as a consequence of that report, further work was requested to review the current level of spend on governance and support costs and explore alternative options for the apportionment of governance and support costs and investment and income gains due to the reduction in investment income.

The budget for 2024/25 is proposed to be set at £469,000. Ms Rhian Davies noted the significant increase in the cost of the Fundraising Team since 2014/15 with the proportion of the budget for the Finance Team for 2024/25 being set is £103,000.

Over the past 10 years income levels have increased gradually over the period up until 2020/21. The Charity's income reduced significantly in 2021/22 following the COVID-19 pandemic however 2022/23 saw the Charity's highest income since its establishment with income of £3.98m as a result of the BGH CDU Appeal as well as significant donations for the Pentre Awel Hydrotherapy Pool with legacy income being particularly strong due to the receipt of a £1.3m legacy in November 2023.

Ms Davies reported that in 2022/23, for every £1 spent on fundraising costs, £7.92 was generated for the Charity and for every £1 received by the Charity, 86 pence was spent on charitable awards and grants.

With regard to the apportionment of support and governance costs, Ms Davies advised that a central fund for unrestricted funds had been established in 2018 to cover the running costs of the Charity.

Ms Davies presented three options for the future process of apportioning governance and support costs of the Charity. The first option was to continue with the current central unrestricted fund whereby if investment income and unrealised investment gains on the unrestricted funds are greater than the fundraising, support and governance costs in a year, the surplus would increase the value of the fund.

The second option was to retain the current unrestricted fund up to a maximum level of 5% of the year-end investment fund balance, which is considered sufficient to cover any future losses of investment income

should that occur and that any funds above this level would be redistributed to the individual unrestricted funds at the end of the year.

The third option was to apportion all investment income, gains and losses as well as fundraising and support and governance costs directly to the unrestricted funds and removing the central fund whereby the unrestricted funds would all receive a proportionate share of any benefit from investment income received would also equally bear the burden of any year's income investment losses should there be insufficient investment income realised.

In response to a question from Ms Lewis as to whether there was a recommendation or a preference for one of the three options presented to the Committee, Ms Davies advised that the recommendation depended on the Committee's appetite for risk. Currently unrestricted funds do not take any detrimental hit nor gain any benefit. Ms Lewis explained that she favoured Option 2 with the consideration of gains and losses considered over a longer period of time, such as 3 years as opposed to yearly. Ms Daniel advised that it was difficult to consider accounts over multiple years due to accountancy practices, although implementing a higher buffer level, such as 10% as opposed to 5%, could have the same effect.

In response to a question from Ms Raynsford as to the practice undertaken by other similar Health Board Charities, Ms Davies advised that she was aware of another Health Board Charity's practice was to maintain one central fund for all investment gains and losses and fundraising.

In response to a question from Mrs Raynsford about the timing of the recommendations, Ms Daniel advised that the timescale was arranged so that the budget was in place for the start of the 2024/25 financial year.

In response to an observation from Mr Huw Thomas, Mrs Llewelyn suggested that a review of the cost benefit of the Fundraising Team and the use of its resources be added to the Committee Work Plan for 2024/25 to be considered at the September CFC meeting.

CSO

The Charitable Funds Committee:

- **CONSIDERED** whether it is content with the current level of spend on governance and support costs; and if so:
- **DETERMINED** its preferred apportionment basis for governance and support costs and investment and income gains as Option 2 as contained within the Report to continue with the current unrestricted fund with a 10% maximum level of year-end investment fund balance;
- **SUPPORTED** and **ENDORSED** for the approval of the Corporate Trustee the proposed fundraising, governance and support costs budget for 2024/25;

	<ul style="list-style-type: none"> • REQUESTED that a review of the cost benefit of the Fundraising Team and the use of its resources be added to the Committee Work Plan for 2024/25 to be considered at the September CFC meeting. 	
CFC(24)12	RATIONALISING OF CHARITABLE FUNDS UPDATE	
	<p>Mrs Llewelyn presented a report on the rationalising of the number of charitable funds within the HDdHC and the manner in which legacy gifts are processed and managed.</p> <p>Mrs Llewelyn advised that the legal advice sought has not yet been received in full to enable the presentation of full and final recommendations with a final recommendation expected to be presented to the CFC in September 2024.</p> <p>Mrs Llewelyn provided assurance that the initial stages of the review have been positive with issues around collaborative working and expenditure plans having already been considered as part of the review.</p> <p>Mrs Llewelyn reported that the feedback received to date indicated that the large number of charitable funds had limited the ability to realise the extent of the possibilities of the use of charitable funds and that to date there had been no opposition to the streamlining and the rationalising both restricted and unrestricted charitable funds.</p> <p>A further report into the review of the rationalisation of charitable funds will be presented to the Committee in September 2024 and will be added to the Committee Work Plan for 2024/25.</p>	CSO
	<p>The Charitable Funds Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE from the work that has been undertaken since March 2023 to review the nature and structure of the charity's unrestricted funds for designated purposes. • NOTED the position in relation to Pharmacy charitable funds. • NOTED the current position relating to the review of restricted funds. 	
CFC(24)13	HYWEL DDA HEALTH CHARITIES INTEGRATED PERFORMANCE REPORT	
	<p>Mr Timothy John presented the HDdHC Integrated Performance Report to the Committee.</p> <p>Mr John noted that the net incoming resources before transfers of the Charity was £765,205 with a donations and fundraising income of</p>	

	<p>£594k compared to £1.35m for the same period in the previous year which included the BGH CDU Appeal.</p> <p>Mr John reported that £1.43m had been received through legacy income compared to £673k for the same period in the previous year following receipt of a significant legacy income in November 2023.</p> <p>Mr John noted that £274k investment income had been received in 2023/24 compared to £203k for the same period in 2022/23.</p> <p>In relation to expenditure on charitable activities in the current financial year up to 31 January 2024 is £1.13m compared to the previous year's expenditure of £653k.</p> <p>The value of the investments on the balance sheets as of 31 January 2024 was £8.7m compared to £8m at the end of September 2023.</p> <p>The cash-in-bank liquid assets was £6.1m as of 31 January 2024 following the transfer of £6m from the Barclays account into the CCLA high interest deposit account.</p> <p>Mrs Llewelyn presented the Integrated Performance Report work plans to the Committee and advised that any items on the 2023/24 work plan that were not complete would be carried over into the 2024/25 work plan and would have a firm date attached for their target completion date.</p> <p><i>Mr Huw Thomas left the meeting.</i></p>	
	<p>The Charitable Funds Committee:</p> <ul style="list-style-type: none"> • NOTED the content of this report and RECEIVE ASSURANCE on the charity's performance. • NOTED the charity's work plan for 2024/25 and priority areas that will be progressed during the next financial year. 	
<p>CFC(24)14</p>	<p>CHARITABLE FUNDS SUB-COMMITTEE UPDATE REPORT</p> <p>Ms Carly Hill presented the update report to the CFC and reported that since the last report the Sub-Committee had met once and considered 8 items of requests for charitable expenditure, 7 of which were approved by the CFSC with one item not supported pending receipt of further information on patient benefit.</p> <p>In response to a question from Ms Ann Murphy regarding the funding of the provision of home care bags for Carmarthenshire community services and whether staff in other counties would also request similar provision, Ms Hill advised that Ceredigion and Pembrokeshire had already made provision to supply home care bags to their teams and</p>	

	that Carmarthenshire was the last of the three counties to receive home care bags.	
	The Charitable Funds Committee NOTED the content of this report in respect of the Charitable Funds Sub-Committee's provision of assurance.	
CFC(24)15	CHARITABLE FUNDS COMMITTEE RISK REGISTER	
	<i>No report for presentation as there are currently no risks in the domain of charitable funds.</i>	
CFC(24)16	CHARITABLE FUNDS COMMITTEE ANNUAL WORK PROGRAMME	
	The Charitable Funds Committee Annual Work Plans for 2023/24 and for 2024/25 were presented to the meeting.	
	The Charitable Funds Committee NOTED the Committee Work Plans for 2023/24 and 2024/25.	
CFC(24)17	MATTERS AND RISKS FOR ESCALATION TO THE BOARD	
	<p>Ms Daniel summarised the key topics discussed during the meeting for inclusion in the Charitable Funds Committee Update Report to Board:</p> <ul style="list-style-type: none"> • Arts in Health: The Committee was informed of the innovative work by the Arts in Health Team and HDdUHB becoming the first Health Board in Wales to develop and sign an Arts in Health Charter. The Committee was supportive of the proposals to increase the capacity of the Arts in Health Team and attract significant investment into the Health Board for Arts in Health projects. • Bronglais General Hospital Chemotherapy Day Unit Refurbishment Project Update: The Committee was updated on the progress of the BGH CDU Refurbishment Project and the response to the return of the tender costs of £1.1m above the budget. The Committee was keen to ensure that communication with the public, staff, and donors was proactive. • Development of Therapeutic Gardens at Prince Philip Hospital: The Committee received an update on the project to develop therapeutic gardens at PPH. The Committee expressed a desire to seek involvement from local contractors and their corporate social responsibility budget and partnership and volunteer avenues to reduce the costs of the project. 	

	<ul style="list-style-type: none"> • Review of Apportionments of Governance and Support Costs and Investment Income and Gains: The Committee received a report into the apportionment of governance, support, and fundraising costs and investment income and gains of the Hywel Dda Health Charities (HDdHC). The Committee resolved to review the cost-benefit of the Fundraising Team and the use of charitable resources. • Rationalising of Charitable Funds Update: The Committee received an update on the proposals to streamline and rationalise the number of charitable funds within the HDdHC and to review the manner in which legacy gifts are processed and managed. 	
	<p>The Committee NOTED the key topics discussed during the meeting for inclusion in the Charitable Funds Committee Update Report to the next Public Board meeting.</p>	
CFC(24)18	ANY OTHER BUSINESS	
	<p>Mrs Raynsford advised the Committee that she was undertaking a sponsored zip wire experience to raise funds for the HDdHC and shared a link to her JustGiving page and advised that all donations were gratefully received.</p>	
CFC(24)19	DATE AND TIME OF NEXT MEETING	
	<p>21 May 2024; 09:30 – 12:00</p>	