

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Templates for Expenditure Requests and Evaluation Reports
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Interim Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Nicola Llewelyn, Head of Hywel Dda Health Charities

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is presented to the Charitable Funds Committee (CFC) to provide an update on the development of templates for charitable funds expenditure requests and evaluation reports; an action from the CFC Self-Assessment Outcome Report 2023/24.

Cefndir / Background

The CFC Chair and Lead Director met to consider the responses from the CFC Self-Assessment digital form completed by Committee members, and other intelligence on how the Committee currently operates, to ascertain where it has made an impact and what it has shone a light on, and the areas where it could have done better.

The following action was agreed to address key themes from the self-assessment report:

Action	By whom	By when
Develop a Business Case template, and supporting guidance, to be used for requests for charitable funding, that will include the steps taken in the application process, and key areas including how the request will satisfy and/or promote the charities aims, the intended benefits and expected outcomes of funding and consultation with the Estates and Facilities Team.	Head of Hywel Dda Health Charities	31/05/24

Asesiad / Assessment

The following templates have been developed to address key themes from the CFC Self-Assessment Outcome Report 2023/24:

1. Application form for charitable funds expenditure over £10,000 (see Appendix 1).

This application form will be completed for all charitable funds expenditure requests submitted over the value of £10,000 that are considered, in line with the charity's scheme of delegation, by the Charitable Funds Sub-Committee (CFSC) and CFC.

Work has begun on a suite of user-friendly staff guidance documents to support staff with the completion of this new application form, as well as the new electronic/online application for requests under £10,000, that is currently being piloted.

Feedback on the new application form has been requested from several services and departments that regularly apply for charitable funds. Once this feedback has been received, the form will be refined, and it will be introduced for the September CFSC and CFC meetings.

As part of the application process for building or refurbishment expenditure requests, Estates colleagues will be asked to confirm that the nature of the funding request is above and beyond routine maintenance work to ensure that only appropriate requests for funding are submitted to the CFSC and CFC for consideration.

2. Evaluation report for charitable-funded requests over £10,000 (see Appendix 2).

The new evaluation report template will be completed for all charitable funds expenditure requests submitted over the value of £10,000 that are considered, in line with the charity's scheme of delegation, by the Charitable Funds Sub-Committee (CFSC) and CFC.

Guidance documents will also be produced to support staff with the completion of this new reporting template, to ensure that the value and impact of charitable expenditure is captured and reported on effectively.

Feedback on the new reporting template has been requested from several services and departments that regularly apply for charitable funds. Once this feedback has been received, the form will be refined, and it will be introduced for applications that have been approved by the CFSC and CFC from April 2024.

For expenditure requests approved by the CFSC (between the value of £10,000 to £50,000), an annual evaluation report will be presented to the CFC in March 2025 summarising the feedback received from expenditure incurred during 2024/25.

For expenditure requests approved by the CFC, applicants will be invited to present their evaluation reports to the CFC. Where practical, members will also have an opportunity to visit funded projects.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **NOTE** the content of this paper and the actions that have been undertaken to improve the following the feedback received in the Self-Assessment Outcome Report 2023/24.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

12.6 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established.

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

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	CFC Terms of Reference CFC Self-Assessment digital form results Committee Chairs meetings
Rhestr Termiau: Glossary of Terms:	Included within report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Senior Finance Business Partner (Accounting & Statutory Reporting) Clinical Engineering Manager Head of Capital Planning

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

Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts.
Gweithlu: Workforce:	No direct impacts.
Risg: Risk:	No direct impacts.

Cyfreithiol: Legal:	No direct impacts.
Enw Da: Reputational:	No direct impacts.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	No direct impacts.

Hywel Dda Health Charities

Application for charitable funds expenditure over £10,000

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](#) to help you with completing your funding request. Please direct any questions to CharitableFundsFinance.HDd@wales.nhs.uk / 01267 239815 / 01825 4815.

SECTION 1: APPLICANT		
LEAD APPLICANT:		
Contact name:		
Job title:		
Department/Service:		
Directorate:		
LEAD DIRECTOR:		
Contact name:		
Job title:		
SECTION 2: APPLICATION SUMMARY		
TITLE OF CHARITABLE FUNDS APPLICATION:		
BRIEF DESCRIPTION OF YOUR APPLICATION:		
In no more than 50 words please tell us what you are requesting charitable funds for.		
TOTAL VALUE OF CHARITABLE FUNDS REQUESTED:	£	
DURATION OF PROJECT:	Project start date:	
	Project end date:	
STRATEGIC PRIORITIES:		
Please identify which of the charity's strategic priorities this application relates to.		
Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	Staff experience: Supporting the wellbeing and professional development of University Health Board staff.	Innovation: Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes / No	Yes / No	Yes / No
EXPENDITURE TYPE:		
Please select the type of expenditure your application relates to (select all that apply).		
Building/refurbishment work (please also complete appendix 1)	Medical equipment (please also complete appendix 2)	Research
Yes / No	Yes / No	Yes / No
Service development or improvement	Staff welfare and wellbeing	Other (please state expenditure type)
Yes / No	Yes / No	Yes / No

SECTION 3: CASE FOR SUPPORT**3.1 FUNDING REQUEST:**

Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

3.2 REASON FOR REQUEST:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

3.3 PROJECT PLAN:

Please tell us how you will deliver this project. Provide timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

3.4 RISKS:

Please tell us what risks have been identified and how they will be mitigated.

3.5 ADDITIONALITY:

Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

SECTION 4: IMPACT**4.1 IMPACT:**

Please tell us about the positive changes or effects that will take place as a result of your project (e.g. improved patient experience, improvements to patient health, efficiencies in the provision of care). You will be required to submit an evaluation report to summarise the project's impact.

4.2 PATIENT BENEFIT:

Please summarise how patients will benefit from this expenditure. If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

4.3 BENEFICIARIES:

Please tell us how people are expected to benefit as a result of this project and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

4.4 EVALUATION METHODS:

Please tell us what methods you will use to measure the effectiveness of your project and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position before the project begins.

5. EXIT STRATEGY (for revenue expenditure requests):**EXIT STRATEGY**

Please tell us how the benefits of the project will be sustained beyond the end of this time-limited period of charitable funding. If this project will continue, please tell us how it will be funded. If this project will not continue, please tell us how the project will be brought to a close.

6. GOVERNANCE**6.1 COMPLIANCE:**

Please tell us (if applicable), how your project meets any relevant legislative requirements or standards (e.g. Data Protection, Clinical Governance).

6.2 STRATEGIC ALIGNMENT:

Please tell us how your project aligns with the health board's strategic objectives.

7. OTHER:

Please provide any other relevant information to support your funding request.

SECTION 8: FUNDING REQUIREMENTS**COST BREAKDOWN:**

Please provide a breakdown of all costs associated with this funding request.

Item/Category	Cost (£)	Comments

TOTAL AMOUNT OF FUNDING REQUESTED:

Net £ <i>Excluding VAT</i>	VAT £	Gross £ <i>Including Vat</i>

DESIGNATED CHARITABLE FUND:

Name of charitable fund:	Charitable fund code/reference:

ALTERNATIVE FUNDING SOURCES:

Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.

SECTION 9: AUTHORISATION**APPLICATION PREPARED BY:****Contact name:****Job title:****Date:****APPLICATION AUTHORISED BY:**

Please ensure that your fund manager (approval up to £10,000) has reviewed your application before submission.

Contact name:**Job title:****Date authorised:****FINANCE BUSINESS PARTNER REVIEW:**

Please ensure that your Finance Business Partner has reviewed your application before submission.

Contact name:**Job title:****Date reviewed:****APPENDIX 1****Assessment for building or refurbishment work (to be completed by Estates team):**

Do you consider this request to be above and beyond routine maintenance work?	
Please explain your answer to the question above:	
Are the costs provided based on a cost estimate or formal quotation?	
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	
If yes, please explain how these costs will be met.	
ESTATES AUTHORISATION:	
I confirm that I have read this application in full and that I am supportive of the application.	
Contact name:	Date reviewed:

APPENDIX 2**Assessment for medical equipment:**

Supplier name:	
Equipment make and model:	
Please provide quote:	<i>Insert quote here</i>
Please tell us about what involvement the Clinical Engineering team has had in this request:	
Please tell us about what involvement the Procurement team has had in this request:	
Is this replacement equipment or is the equipment new to the health board? <i>A replacement device may also be a new make or model.</i>	
If the equipment is new to the health board, has the Medical Devices Steering Group been consulted?	
Will this equipment be used to undertake a new clinical procedure or intervention?	
If the equipment will be used to undertake a new clinical procedure or intervention, has the Clinical Effectiveness team been consulted?	
Does this item appear on HDdUHB's Capital Planning List? If yes, please indicate priority rating.	
Where will this equipment be located?	
Are there any training implications? If so, have the Medical Device Training Team been consulted?	
What is the life expectancy of the equipment?	
Who will maintain the equipment?	
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	
Are there any capital costs associated with this request? If yes, please explain how these costs will be met.	
Please confirm approved Statement of Need (SON) reference number and approval date:	

FOR CHARITABLE FUNDS FINANCE DEPARTMENT

Application Reference Number:		
Fund Title:	Fund Code:	Current Fund Balance £:
FINANCE REVIEW:		
I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Sub-Committee for consideration.		
Contact name:	Job title:	Date reviewed:

Hywel Dda Health Charities

Evaluation report for charitable-funded requests over £10,000

Please read the guidelines available at [Charities - Home \(sharepoint.com\)](#) to help you with completing your evaluation report. Please direct any questions to CharitableFundsFinance.HDd@wales.nhs.uk / 01267 239815 / 01825 4815.

SECTION 1: APPLICANT			
LEAD APPLICANT:			
Contact name:			
Job title:			
Department/Service:			
Directorate:			
LEAD DIRECTOR:			
Contact name:			
Job title:			
SECTION 2: APPLICATION SUMMARY			
Title of application:			
Application reference:			
Date approved by CFC/CFSC:			
Value of funding approved:	£		
Project start date:			
Project end date/estimated completion date:			
REPORTING PERIOD:			
Please indicate the stage of the project this evaluation relates to?			
Mid-term:		End of project:	
BRIEF DESCRIPTION OF YOUR APPLICATION:			
In no more than 50 words please tell us what you received approval of charitable funds for.			
SECTION 3: EVALUATION REPORT			
3.1 KEY ACHIEVEMENTS:			
Please tell us about what has been achieved as a result of the funding awarded. Discuss to what extent the project has delivered aims and objectives set out in the application form.			
3.2 IMPACT:			
Please focus on the positive changes or effects that have taken place as a result of your project and to what extent the anticipated benefits of the project (as set out in the application form) have been achieved.			
3.3 BENEFICIARIES:			
Please tell us how many people have benefited as a result of this project and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.			

3.4 EVALUATION METHODS:

Please tell us what methods you have used to measure the effectiveness of your project.

3.5 LESSONS LEARNT:

Please tell us what lessons have been learnt from the project in terms of what went well and not so well. Did you have to adapt your project, 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?

3.6 EXIT STRATEGY (for revenue expenditure requests):

Please tell us if, and how, this 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.

3.7 OTHER:

Please provide any other relevant information about your project and its delivery that you would like to share with us.

SECTION 4: EXPENDITURE**EXPENDITURE BREAKDOWN:**

Please provide a breakdown of all expenditure associated with this funding request that has been incurred to date.

Item/Category	Budget (£)	Actual (£)	% Variance <i>budget vs actual</i>
TOTALS			

OUTSTANDING EXPENDITURE:

For mid-term evaluation reports, please provide a summary of outstanding expenditure and discuss whether predicted future expenditure is on track:

SECTION 5: AUTHORISATION**EVALUATION REPORT PREPARED BY:**

Contact name:	Job title:	Date:

EVALUATION REPORT AUTHORISED BY:

Contact name:	Job title:	Date authorised:

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: