



CYFARFOD O'R YMDDIRIEDOLWR CORFFORAETHOL
MEETING OF THE CORPORATE TRUSTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Ratification of Charitable Funds Requests over £100,000
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience

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 Board of Hywel Dda University Local Health Board (HDdUHB), in its role as Corporate Trustee of the charitable funds held by HDdUHB, is requested to ratify the approval of two charitable funds expenditure requests.

The expenditure requests were considered by the Charitable Funds Committee (CFC) at its meeting held on 17 September 2024 and have been recommended by the CFC to the Corporate Trustee for approval, within the scheme of delegation for authorisation of charitable funds expenditure.

Cefndir / Background

HDdUHB has been appointed as Corporate Trustee of the charitable funds by virtue of Statutory Instrument 2009 No. 778 (W.66) and that its Board serves as its agent in the administration of the charitable funds held by the University Health Board. The Corporate Trustee is also responsible for approving all charitable funds requests over £100,000, that are recommended by the Health Board's CFC.

Aseiad / Assessment

The accompanying charitable funds expenditure requests, attached at Annex 1 and 2, were considered by the CFC at its meeting held on 17 September 2024 and have been recommended for approval to the Board, in its capacity as Corporate Trustee, within the scheme of delegation for authorisation of charitable funds expenditure.

Annex	Application	Lead director	Value of funding request
Annex 1	Enhancements to the outpatient area at Bronglais General Hospital's Chemotherapy Day Unit in	Andrew Carruthers, Chief Operating Officer	£115,779.40

	response to a legacy as outlined in the Annex.		
Annex 2	Purchase of six replacement Paxman scalp cooling units plus five-year maintenance and training contracts	Andrew Carruthers, Chief Operating Officer	£113,208.00

Summarised within the main body of the expenditure requests at Annex 1 and 2 are key considerations including:

1. Strategic priorities: which of the charity's strategic priorities the funding requests relate to.
2. Reason for request: why the expenditure is needed and how the need has been identified.
3. Risks: whether any risks have been identified and how they will be mitigated.
4. Additionality: how the expenditure is considered 'above and beyond' core NHS provision.
5. Impact: the positive changes or effects that will take place as a result of the expenditure.
6. Patient benefit: how patients will benefit.
7. Beneficiaries: the number of people expected to benefit.
8. Evaluation methods: what methods will be used to measure the effectiveness of the expenditure and the difference it makes.
9. Exit strategy: how the benefits of this expenditure will be sustained beyond the end of the time-limited period of charitable funding.
10. Compliance: details of relevant legislative requirements or standards as well as any Hywel Dda policies and procedures.
11. Strategic alignment: alignment with the Health Board's strategic objectives.
12. Cost breakdown: details of all costs associated with the funding request.

Prior to submission to the CFC, the requests were reviewed by the Charitable Funds Finance Team and Head of Hywel Dda Health Charities to ensure compliance with the charity's eligibility criteria as set out in the Charitable Funds Financial Administration and Governance Procedure (FP 420).

Argymhelliad / Recommendation

The Board of HDdUHB, in its role as Corporate Trustee of the charitable funds held by HDdUHB, is asked to:

- **RATIFY** the release of £115,779.40 of charitable funding for enhancements to the outpatient area at Bronglais General Hospital's Chemotherapy Day Unit, subject to the receipt of the legacy referred to in Annex 1.
- **RATIFY** the release of £113,208.00 of charitable funding for the purchase of six replacement Paxman scalp cooling units plus five-year maintenance and training contracts for the Chemotherapy Day Units across HDdUHB, subject to confirmation from procurement that the correct process has been followed.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Not applicable for this paper

Parthau Ansawdd:

7. All apply

Domains of Quality Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Standing Orders / Standing Financial Instructions Financial reports CFC Terms of Reference Charitable Funds Financial Administration and Governance Procedure (FP 420)
Rhestr Termiau: Glossary of Terms:	Included within the main body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Charitable Funds Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues and considerations are identified in the expenditure requests attached at Annex 1-2
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues and considerations are identified in the expenditure requests attached at Annex 1-2
Gweithlu: Workforce:	Any issues and considerations are identified in the expenditure requests attached at Annex 1-2
Risg: Risk:	Any issues and considerations are identified in the expenditure requests attached at Annex 1-2
Cyfreithiol: Legal:	Any issues and considerations are identified in the expenditure requests attached at Annex 1-2
Enw Da: Reputational:	Any issues and considerations are identified in the expenditure requests attached at Annex 1-2
Gyfrinachedd: Privacy:	Any issues and considerations are identified in the expenditure requests attached at Annex 1-2

**Cydraddoldeb:
Equality:**

Any issues and considerations are identified in the expenditure requests attached at Annex 1-2

Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com) to help you with completing your funding request. Please direct any questions to: charitablefundsfinance.hdd@wales.nhs.uk / 01267 283055 / 01827 1655.

Section 1: Applicant		
Lead applicant		
Contact name:	Peter Skitt	
Job title:	County Director Ceredigion	
Department/Service:	Ceredigion County	
Directorate:	Operations Directorate	
Lead director		
Contact name:	Andrew Carruthers	
Job title:	Chief Operating Officer	
Section 2: Application summary		
2.1 Title of charitable funds application:		
Enhancements to the Outpatient area at Bronglais General Hospital's (BGH) Chemotherapy Day Unit (CDU).		
2.2 Brief description of your application:		
In no more than 50 words please tell us what you are requesting charitable funds for.		
Request to approve the release of £115,779.40 of charitable funds for enhancements to the Outpatient area at Bronglais General Hospital's Chemotherapy Day Unit, above and beyond the scope of the current refurbishment scheme.		
2.3 Total value of charitable funds requested:	£115,779.40	
2.4 Duration of project	Project start date:	October 2024
	Project end date:	March 2025
2.5 Strategic priorities		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		
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	Yes	Yes
2.6 Expenditure type		
Please select the type of expenditure your application relates to (select all that apply).		
Medical equipment <i>please also complete Appendix 1</i>	Service development or improvement	Staff welfare and wellbeing
No	Yes	Yes
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type: N/A</i>
Yes	Not applicable	

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.

Source of funding

The £115,779.40 of charitable funds that is being requested relates to a legacy gift from the estate of the late Mr H. Lloyd Francis. In his will, Mr Lloyd Francis left 10% of the value of his estate to be shared at the discretion of the estate's Executors between three registered charities. One of the named charities is Hywel Dda Health Charities (HDdHC) with a wish expressed in the will that the funds are used at Bronglais General Hospital (BGH).

Following engagement with the Executors regarding priority areas that the late Mr Lloyd Francis had a personal interest in (Older Adult Mental Health and Cancer Services), the Executors have decided to make a donation of £115,779.40 to BGH, with a request that it is applied solely to fund enhancements to the Outpatient area at the BGH Chemotherapy Day Unit. It is understood that if the donated funds cannot be applied in this way, a lesser share of the legacy will be made to HDdHC for the benefit of BGH, which the Executors have the discretion over.

This application requests the approval of £115,779.40 of charitable funds (the value of the proposed legacy gift from the late Mr Lloyd Francis' estate) to fund enhancements to the Outpatient area at the BGH Chemotherapy Day Unit, above and beyond the scope of the current refurbishment scheme.

HDdHC has not yet received the legacy gift from Mr Lloyd Francis' estate. The gift will only be made by the Executors, and accepted by HDdHC, following approval by the Corporate Trustee of the expenditure of the gift for this particular purpose.

Outpatient area at the Bronglais Hospital Chemotherapy Day Unit

On 12 March 2024, the Charitable Funds Committee (CFC) noted the Hywel Dda University Health Board (HDdUHB) Executive Team's approval to proceed with revised floor plans for the BGH Chemotherapy Day Unit scheme. This was following a value engineering exercise and a review of the specification of works in the non-treatment areas due to a funding shortfall following the tender return.

The revised floor plans fulfilled the original project brief and were clinically approved, however the value engineering exercise resulted in the scheme delivering a softer refurbishment of the non-treatment areas (including Outpatient and office/administration areas) to enable the scheme to be delivered.

The expenditure of an additional £115,779.40 (inclusive of VAT) of charitable funds in the Outpatient area would raise the standard of finishes in this area to the same level as the main clinical treatment areas and create a seamless decorative environment at the unit.

The proposed schedule works is as follows:

- Full decoration of walls and ceilings
- New flooring
- New doors
- New lighting (LED)
- New ceiling to corridor
- New wash hand units to consulting rooms
- Installation of additional art works aligned to the overall art plan for the scheme

The works would be carried out in the following areas (as per area D04 on the plan included as appendix 1):

- Consulting rooms x 2
- Counselling/quiet room
- Waiting area
- Multipurpose information / hot desk / additional waiting area
- Toilet area
- Circulation space

There are no works proposed to the lift lobby or staircase.

This expenditure does not include the purchase of new furniture and equipment. Instead, furniture and equipment from the former Chemotherapy Day Unit will be repurposed for this area until these items need replacing. After their lifetime the furniture and equipment will be replaced with items to match the equipping schedule of the main clinical treatment areas.

This proposal was supported by members of the BGH Chemotherapy Day Unit Project Group at a meeting held on 18 July 2024.

There are no revenue consequences associated with this expenditure request.

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.

This request is being made as the Executors of Mr Lloyd Francis' estate have requested that the legacy to BGH is applied solely to fund enhancements to the Outpatient area at the BGH Chemotherapy Day Unit. This is due to Mr Lloyd Francis' personal experiences as a cancer patient and his discussions with the Executors of his estate, where he expressed a desire to ensure that people receiving a cancer diagnosis and subsequent cancer treatment had access to the most comfortable and tranquil surroundings.

Although the late Mr Lloyd Francis expressed a wish in his will that the funds are used at BGH, the will did not create a restriction on how the gift is used. However, it is understood that if the donated funds cannot be applied in this way, a lesser share of the legacy will be made to HDdHC for the benefit of BGH, which the Executors have the discretion over.

HDdHC is not obliged to agree to the Executors' terms in relation to the acceptance of this gift. It should be noted that Charity Commission guidance states that charities can refuse donations where the conditions imposed are too onerous or where conditions are unlikely to be met. Donations can also be refused if accepting the income would be detrimental to the achievement of the purposes of the charity.

However, accepting this donation would deliver additional benefits to the scheme, above and beyond those already being delivered, to further enhance the overall impact to patients, service users and staff. Specifically, it would result in the unit having a consistent look and feel

throughout the patient facing areas, with no perceived transition in finish and appearance between the newly constructed treatment area and the refurbished outpatient area. It would enable the delivery of a visually higher standard throughout.

3.3 Project delivery plan:

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

The delivery of this project will involve the following key areas of activity should this expenditure request be approved:

1. Provide confirmation to the Executors that the expenditure request has been approved.
2. Acceptance of donation from the Executors.
3. Following receipt of the donation, issue architect's instruction to extend the BGH CDU scheme contract with the current contractor.
4. Uplift of the purchase order for the overall BGH CDU scheme.
5. Construction phase.

If this expenditure request is approved, the proposed works outlined in 3.1 would add one week to the construction phase of the scheme.

3.4 Risks:

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

The following risks have been identified in relation to this expenditure request:

Risk	Mitigation
By accepting the Executors' terms, HDdHC could miss out on an opportunity to receive unrestricted funds that could be used more flexibly.	Conversations with the Executors of the estate regarding charitable priorities at BGH, as well as the charity's governance and decision-making processes to help inform their decision-making.
A lesser share of the legacy gift could be made to the charity (which the Executors have the discretion over) if this expenditure request is not approved.	Comprehensive expenditure request to be submitted to the CFC for consideration, and recommendation for approval to the Board in its capacity as Corporate Trustee. Conversations with the Executors of the estate regarding charitable priorities at BGH, as well as the charity's governance and decision-making processes to help inform their decision-making.
The legacy gift does not align with priorities for the BGH Chemotherapy Day Unit scheme.	Discussions with the BGH Chemotherapy Day Unit Project Group and the Cancer Services Management Team, to ensure that the proposed legacy gift is the most appropriate use of funds for the scheme and offers significant benefits to patients.
Risk of approved Development Approval Costs Form (DAF) costs increasing due to issues found when the work commences.	Management of works and contract management to follow HDdUHB standard procedures. Costs to be monitored through monthly progress meetings, the Construction Risk Register and discretionary capital highlight reports with the project team being advised as applicable.
Risk that the outpatient area will not look finished with	Ensure that the repurposed furniture and equipment is of the highest standard possible.

<p>repurposed furniture and equipment from the former Chemotherapy Day Unit.</p>	<p>Explore alternative funding sources to purchase furniture and equipment to match the equipping schedule of the main clinical treatment areas.</p> <p>After its lifetime, replace the repurposed furniture and equipment when required, to match the equipping schedule of the main clinical treatment areas.</p>
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3.5 Additionality:

Please tell us how this expenditure is considered 'above and beyond' core NHS provision. Due to the funding shortfall in the overall BGH Chemotherapy Day Unit scheme, the revised floor plans resulted in the scheme delivering a softer refurbishment of the non-treatment areas (including Outpatient and office/administration areas) to enable the scheme to be delivered.

This expenditure will provide additional enhancements beyond what is possible with the current funding package for the scheme.

The availability of additional charitable funds will significantly enhance the patient environment by raising the finishes in the Outpatient area to the same level as the main clinical treatment areas that are outside the current scope of works.

This investment would future proof the Outpatient area, ensuring it would require a reduced level of investment in the future, reducing future maintenance and refurbishment works as well as reducing the need to divert resources from other priority areas.

As a whole, the overall scheme will deliver significant enhancements in care and experience for patients and will provide a modern and fit-for-purpose unit for cancer patients. By creating an environment which is seamless and of an equally high standard in all areas, the additional funding will ensure that the new unit is consistent throughout.

There are no revenue consequences associated with this expenditure request.

Section 4: Impact

4.1 Impact:

Please tell us about the positive changes or effects that will take place as a result of this expenditure (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 impact at a later date.

The overall aim of the scheme is to ensure that the population of Ceredigion and the neighbouring counties of Powys and Gwynedd are treated in a modern and welcoming environment to match the outstanding care they receive from staff.

- The scheme's expected benefit outcomes are:
- A significantly improved environment for patients, offering comfort in more modern surroundings.
 - Additional facilities such as counselling rooms and private spaces to ensure the ability to deliver privacy and dignity to patients and their families.
 - A fit-for-the-future environment to deliver chemotherapy and haematological services, resulting in greater clinical efficiency and effectiveness for clinical staff.

This expenditure will provide a higher quality finish to the outpatient area of the BGH Chemotherapy Day Unit and better meet the needs of patients and staff resulting in improved

patient and staff experiences.
The improvements to the Outpatient area will create a more modern and welcoming environment, that will help to reduce patient anxiety, contributing to improved overall wellbeing during hospital visits. A more pleasant, comfortable and calming atmosphere will also lead to a higher level of patient satisfaction.

This additional investment will benefit all staff associated with the Chemotherapy Day Unit, by improving the working environment for those attached to the Outpatient area as well as the main treatment areas. This will result in improved staff well-being and will help to contribute to improved job satisfaction, ultimately improving the quality of care delivered.

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.

As outlined above, this expenditure will provide a higher quality finish to the Outpatient area of the BGH Chemotherapy Day Unit and better meet the needs of patients and staff, resulting in improved patient and staff experiences.

The improvements to the Outpatient area will create a more modern and welcoming environment that will help to reduce patient anxiety, contributing to improved overall wellbeing during hospital visits. A more pleasant, comfortable and calming atmosphere will also lead to a higher level of patient satisfaction.

This additional investment will benefit all staff associated with the Chemotherapy Day Unit by improving the working environment for those attached to the Outpatient area as well as the main treatment areas. This will result in improved staff well-being and will help contribute to improved job satisfaction, ultimately improving the quality of care delivered.

By ensuring that the unit is of a consistently high standard throughout, the expenditure will deliver a seamless experience for both patients and staff, creating a complete therapeutic space and ensuring each area supports the vision of a new and high-specification environment.

4.3 Beneficiaries:

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

The main beneficiaries will be patients, service users and staff of the Chemotherapy Day Unit's Outpatient Department:

- Patients and service users: c. 1,300 per annum (Outpatient appointments)
- Staff: 14 (Chemotherapy Day Unit, Clinical Nurse Specialists and medical)

These numbers have been calculated based on average monthly Outpatient numbers as well as the staffing establishment at BGH.

The families and carers of patients and service users visiting the Outpatient Department will also benefit from the more modern and welcoming environment of the area.

4.4 Evaluation methods:

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

The overall BGH Chemotherapy Day Unit scheme will be evaluated to demonstrate the benefits delivered and the sustained improvements achieved.

A post project evaluation report for the overall BGH Chemotherapy Day Unit scheme will be produced in line with best practice for capital project management. This report will be submitted to the Capital Sub-Committee and shared with the Charitable Funds Committee.

The post project evaluation report will review whether the scheme has achieved its objectives through assessing the extent to which the expected benefit outcomes have been realised. This will include gathering feedback from key stakeholders including staff, patients, families and carers.

A process to capture lessons learnt will also be undertaken, so that wider organisational reflections on the scheme can be observed and that future learning is absorbed by future capital project planning and delivery.

Section 5: Exit strategy (for revenue expenditure requests)

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

Not applicable for this expenditure request. There are no revenue consequences associated with this expenditure request.

Section 6: Governance

6.1 Compliance:

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

Not applicable for this expenditure request.

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

The BGH Chemotherapy Day Unit scheme is aligned with HDdUHB's care closer to home principles and specifically that Chemotherapy Day Units will remain in each District General Hospital site, consistent with "A Healthier Mid & West Wales".

Section 7: Other

Please provide any other relevant information in support of your funding request.

One of the other three named charities due to receive a share of the 10% gift from Mr Lloyd Francis' estate is a national cancer charity. The Executors of the estate are in discussion with this charity and have indicated a wish that the charity's share of the legacy is spent locally, to benefit cancer patients served by BGH. Should these conversations progress, it is likely that an additional sum of funding will be made available by Mr Lloyd Francis' estate to benefit cancer patients at BGH in the form of a restricted grant from the national cancer charity.

Section 8: Funding requirements

8.1 Cost breakdown:

Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

Item/Category	Cost (£)	Comments
Costs as per DAF: BGH CDU Additional Works 04-Jun-24		
Works Cost	89,708.97	- Builders Work

		- Mechanical & Electrical Installation - Art work
Fees	13,319.44	- In-House Design Fees & Project Management - Cost Advisor
Non-works Costs	6,000.00	- Mobile Imaging Unit - Hotel Services / Contract Cleaning - In-House - Direct Labour Assistance
Equipment Costs	0.00	N/A
Contingency	8,970.90	General contingency sum
Forecast Project Out-turn Cost (Pre-VAT Recovery)	117,999.31	
LESS RECOVERABLE VAT	2,219.91	
FORECAST PROJECT OUT-TURN COST	115,779.40	

8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>	98,332.76	VAT £	17,446.64	Gross £ <i>Including VAT</i>	115,779.40
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8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
T392	Bronglais Chemo Appeal

8.4 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.

No alternative funding sources have been sought for this project.

Section 9: Authorisation

9.1 Application prepared by:

Contact name:	Job title:	Date:
Peter Skitt	County Director Ceredigion	02 September 2024

9.2 Application authorised by:

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

Contact name:	Job title:	Date authorised:
Andrew Carruthers	Chief Operating Officer	04 September 2024

9.3 Finance Business Partner review:

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

Contact name:	Job title:	Date reviewed:
Wendy Phillips	Finance Business Partner Planning & Major Projects	04 September 2024

Appendix 1

Assessment for medical equipment (as per [Medical Devices Policy](#)):

Supplier name:	Not applicable
Equipment make and model:	Not applicable
Please provide quote:	Not applicable
Please tell us about what involvement the Clinical Engineering team has had in this request:	Not applicable
Please tell us about what involvement the Procurement team has had in this request:	Not applicable
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>	Not applicable
If the equipment is new to the health board, has the Medical Devices Steering Group been consulted?	Not applicable
Will this equipment be used to undertake a new clinical procedure or intervention?	Not applicable
If the equipment will be used to undertake a new clinical procedure or intervention, has the Clinical Effectiveness team been consulted?	Not applicable
Does this item appear on HDdUHB's Capital Planning List? If yes, please indicate priority rating.	Not applicable
Where will this equipment be located?	Not applicable
Are there any training implications? If so, have the Medical Device Training Team been consulted?	Not applicable
What is the life expectancy of the equipment?	Not applicable
Who will maintain the equipment, in line with the Medical Devices Policy ?	Not applicable
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	Not applicable
Are there any capital costs associated with this request? If yes, please explain how these costs will be met.	Not applicable
Please confirm approved Statement of Need (SON) reference number and approval date:	Not applicable

Appendix 2

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?	Yes	
Please explain your answer to the question above:	This request relates to enhancements above and beyond the scope of the current refurbishment scheme at the BGH Chemotherapy Day Unit.	
Are the costs provided based on a cost estimate or formal quotation?	The costs outlined in the DAF (BGH CDU Additional Works 04-Jun-24) are based on a formal quotation received from the main contractor currently undertaking the main contract works at the BGH CDU. Procurement of work in-line with Standing Financial Instructions.	
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	There are no revenue consequences associated with this expenditure request.	
If yes, please explain how these costs will be met.	Not applicable	
Estates authorisation		
I confirm that I have read this application in full and that I am supportive of the application.		
Contact name:	Job title:	Date reviewed:
Julian Wheeler-Jones	Discretionary Capital Projects Manager	4 September 2024

For Charitable Funds Finance Department

Application Reference Number:		CF03042
Fund Title:	Fund Code:	Current Fund Balance £:
BGH Chemotherapy Day Unit Appeal	T392	£nil (the full fund balance has been committed to the BGH CDU scheme. This expenditure request would be covered by a legacy for the full amount, which has not yet been accounted for since the amount is dependent on the outcome of this decision).
Finance review		
I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.		
Contact name:	Job title:	Date reviewed:
Tracy Davies	Finance Business Partner	06/09/24
Outcome of meeting CFC/CFSC		
I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.		

Meeting date:	Outcome:	Contact name:	Job title:

Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com) to help you with completing your funding request. Please direct any questions to: charitablefundsfinance.hdd@wales.nhs.uk / 01267 283055 / 01827 1655.

Section 1: Applicant

Lead applicant

Contact name:	Bry Phillips
Job title:	Senior Nurse Manager - Oncology
Department/Service:	Oncology
Directorate:	Cancer Services

Lead director

Contact name:	Keith Jones
Job title:	Director of Secondary Care

Section 2: Application summary

2.1 Title of charitable funds application:

Purchase of six replacement Paxman scalp cooling units, plus five-year maintenance and training contracts

2.2 Brief description of your application:

In no more than 50 words please tell us what you are requesting charitable funds for.

This request is to purchase six replacement Paxman scalp cooling units (plus the associated five-year annual maintenance and training contracts) for use in Bronglais Hospital (BGH), Glangwili Hospital (GGH), Prince Philip Hospital (PPH) and Withybush Hospital (WGH) Chemotherapy Day Units (CDU).

The units will be located at:

- Bronglais Hospital 1 x dual unit (PSCS2)
- Glangwili Hospital 1 x dual unit (PSCS2) and 1 x single unit (PSCS1)
- Prince Philip Hospital 1 x single unit (PSCS1)
- Withybush Hospital 1 x dual unit (PSCS2) and 1 x single unit (PSCS1)

Each unit will require one training package per hospital site and one maintenance contract per purchased unit.

2.3 Total value of charitable funds requested:	£113,208.00	
2.4 Duration of project	Project start date:	October 2024
	Project end date:	-

2.5 Strategic priorities		
Please identify which of the charity's strategic priorities this application relates to (select all that apply).		
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
2.6 Expenditure type		
Please select the type of expenditure your application relates to (select all that apply).		
Medical equipment <i>please also complete Appendix 1</i>	Service development or improvement	Staff welfare and wellbeing
Yes	Yes	No
Building/refurbishment Work <i>please also complete Appendix 2</i>	Other <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type:</i> N/A
No	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.		
<p>This request is to purchase six replacement Paxman scalp cooling units, and the associated five-year maintenance and training contracts that are aligned to them, for use in BGH, GGH, PPH and WGH Chemotherapy Day Units (CDU).</p> <p>Scalp cooling involves a cap, which comes in two sections (an inner cap and an outer cover), which is worn by the patient for a little while before, during, and for some time after their chemotherapy infusion. The cap is attached to a refrigerator system, which circulates coolant liquid around the inner cap, reducing the temperature of the patient's scalp. Reducing the temperature of the scalp helps to protect the hair follicles and limits the damage caused by the chemotherapy drugs.</p> <p>The six new units will be split as follows:</p> <ul style="list-style-type: none"> • Bronglais Hospital 1 x dual unit (PSCS2). Direct replacement for 1 x ORBIS dual unit that is obsolete and out of contract in September 2024. • Glangwili Hospital 1 x dual unit (PSCS2) and 1 x single unit (PSCS1). Direct replacement for 1 x ORBIS dual unit that is obsolete and out of contract in September 2024 as well as the purchase of an additional single unit to meet patient demand. • Prince Philip Hospital 1 x single unit (PSCS1) to replace 3 x ORBIS single units that are obsolete and out of contract in September 2024. A new dual unit was purchased from charitable funds for PPH in November 2023, that is in contract and being used daily. • Withybush Hospital 1 x dual unit (PSCS2) and 1 x single unit (PSCS1). To replace 2 x ORBIS single units that are obsolete and out of contract in September 2024, as well as the purchase of an additional single unit to meet patient demand. 		

The ORBIS units are now obsolete and are being replaced, on the advice of Clinical Engineering, as they can no longer be serviced or repaired, and the current maintenance contracts are ending in September 2024.

The initial purchase of these units was over ten years ago thanks to a donation received from the "Walk the Walk" charity. Ongoing maintenance contracts have been continued by Hywel Dda charitable funding since 2021.

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.

These devices are not available through departmental or capital funding, as they are not deemed mainstream treatment. Scalp cooling is an additional service which is above and beyond what is offered by the NHS. However, they offer patients an enhanced service and experience for those patients on certain chemotherapy regimens, where hair loss / alopecia is a side effect.

The current units are now obsolete and the maintenance contracts end in September 2024. We are required to replace all obsolete units and update maintenance and training contracts for all new devices, if we wish to continue to offer this additional service to our patients.

We are requesting funds to replace obsolete devices in Bronglais Hospital, Glangwili Hospital, Prince Philip Hospital and Withybush Hospital, to maintain the ability to offer this important support. Not all patients are eligible for scalp cooling. It is dependent on their treatment type. However, all eligible patients should be offered scalp cooling to potentially reduce the severity of hair loss.

Paxman Cooling Systems provide their leading scalp cooling technology in over 99% of UK NHS and private hospitals. They are globally renowned and used in over 60 countries worldwide.

If this application is not approved, patients across Hywel Dda University Health Board (HDdUHB) will be unable to have access to scalp cooling, and this will result in a poorer patient experience for the majority of our eligible patients. Only PPH will have a dual cooling system that was purchased in November 2023.

As scalp cooling is offered across cancer treatment centres in the UK, (via charitable funds) HDdUHB will be an outlier and there will be reputational risk from patient advocacy groups and the third sector, who lobby for equity of support for cancer patients.

This request has been discussed with, and supported by Gina Beard (Lead Cancer Nurse), Rebekah Fellows (Contract Support Analyst) and Jon Wilson (Clinical Engineering Manager) and Sian John (Senior Procurement Business Manager).

3.3 Project delivery plan:

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

This is a request to replace obsolete devices, not a project.

Due to the current contracts ending in September 2024, if approved, the timeline for this request is to be completed as soon as possible. With approval, we would order in September 2024 for delivery in October or November 2024.

The units would be delivered directly by the manufacturer at a time to suit the clinical staff and Clinical Engineering. Training would be given on the same day and the units would then be ready to be used straight away.

3.4 Risks:

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

Scalp cooling is only offered to patients who are eligible following a clinical assessment, as this is dependent on their treatment type. Patient using the systems are constantly monitored by qualified nursing staff.

A systematic review by Shin et al (2015) concluded that no serious adverse effects associated with scalp cooling have been reported (Roe 2014).

Side effects: The most common side effects reported include cold discomfort (during scalp cooling), headaches (during and after scalp cooling), forehead pain (during scalp cooling, caused by pressure and tightness of the cap), dizziness or light-headedness (during scalp cooling), nausea (anecdotally reported). However, Breed et al (2011) state that headaches can usually be prevented by taking paracetamol before scalp cooling commences.

Scalp cooling is contra-indicated in the following:

Patients with a haematological malignancy, cold sensitivity, cold agglutinins disease, manifest scalp metastases, imminent bone marrow ablation chemotherapy, imminent skull irradiation (Paxman 2016)

3.5 Additionality:

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

Scalp cooling is not a clinical procedure that would be a necessity for mainstream NHS funding and is therefore over and above what the NHS can provide.

Scalp cooling offers all eligible patients the choice to lessen the effect of chemotherapy induced hair loss / alopecia.

Section 4: Impact

4.1 Impact:

Please tell us about the positive changes or effects that will take place as a result of this expenditure (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 impact at a later date.

Chemotherapy induced alopecia is frequently reported as the most distressing side effect of treatment (Roe 2011) and can cause psychosocial disturbances such as poor body image, social withdrawal and even refusal of potentially curative therapy (Breed et al 2011, Collett et al 2013).

Chemotherapy induced alopecia affects all parts of the body including eyebrows and eyelashes, beard, underarm and pubic hair although hair loss on the scalp is more pronounced (Breed et al 2011).

Hair loss starts one to three weeks after starting chemotherapy (Breed et al 2011).

Having the ability to choose to use the scalp cooling devices promotes a better patient experience, increasing the sense of control and contributing to improved overall health including mental health.

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.

Offering additional services to patients undergoing cancer treatment that is not offered by mainstream NHS systems will improve and enhance patient experience.

Chemotherapy induced alopecia can be a constant reminder to patients that they have cancer. By providing them with the option to choose cold capping empowers them to

maintain some control over and be an active participant in their own treatment.

"Cancer treatment takes so much from you which includes your physical appearance, and the change is a constant reminder. My hair regrowth has been a huge part of my moving forward and feeling better and the cold cap has given me a piece of myself that cancer had stolen much sooner." (Patient experience www.coldcap.com)

"Keeping my hair made me feel more normal and allowed me the choice to tell people or not tell people what I was going through at that time. I was able to look normal to my children as well. Every appropriate patient should have the access and option to use the scalp cooling cap. This is not about vanity, it's about mental health. What I wanted more than ANYTHING was to live my life as normal as possible. I was able to continue working and go to my kids' sports events, chorus concerts and more while looking normal." Patient experience www.coldcap.com)

More locally, between February and August 2023, Cancer Services ran a Patient Reported Experience Measure (PREM), regarding hair loss. The following data was captured:

- When asked if patients found scalp cooling to be successful, 29% responded that it was, while 62% could not yet answer due to still receiving treatment. Only 10% reported it to not have been successful.

Free text responses to the same question were:

- *"This is the second time I have used the cold cap and I can honestly say that I have not lost any hair at all. However, I do have very thick strong hair."*
- *"So far only minimal hair loss by treatment 4/6"*
- *"Positive experience as it worked for me, nurses were supportive"*
- *"I have very thick hair, and I believe that the first cold cap wasn't hugely successful as I lost a lot of the hair around my face leaving quite an upsetting appearance to my face, however I didn't lose much else just a general thinning. For every cold cap since that first one I have experienced no more hair loss, which leads me to believe that perhaps the very first one wasn't so well fitted... but might also have been to do with my very thick hair."*

4.3 Beneficiaries:

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

Charitable funding has enabled scalp cooling to be offered within Hywel Dda University Health Board for over ten years.

This charitable expenditure request, if approved, will allow the four chemotherapy units to continue to offer this to patients.

Chemotherapy is administered on all four acute hospital sites and approximately 2,367 chemotherapy treatments are delivered each month (July 2024 data). An estimated 50% of these treatments will be eligible for scalp cooling. This accounts for approximately 15 patients per week potentially benefiting from the use of scalp cooling system in each Chemotherapy Unit (average three per day per Chemotherapy Unit).

Historically there has been no data recorded on the number of patients using the systems, however this has now been requested and will be part of an annual internal audit.

4.4 Evaluation methods:

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

Each Chemotherapy Unit will keep a record of use of devices across all four hospital sites and the effectiveness of the treatment on hair loss.

Patient feedback questionnaires will be used to inform the impact of the scalp cooling support on the patient experience.

Section 5: Exit strategy (for revenue expenditure requests)

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

The continued maintenance contracts will be required to be renewed after the initial five-year period. Cancer Services would look to seek approval of additional charitable funds to continue to offer this financial support, from donations made into the charity for the benefit of our patient group.

Section 6: Governance

6.1 Compliance:

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

The systems are used in line with the manufacturers' guidance and training is provided to all staff using the systems. This is in line with usage of these systems within all Health Boards across Wales.

However, a Standard Operation Procedure (SOP) is to be developed for the new systems within Hywel Dda University Health Board.

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's [strategic objectives](#).

This funding request aligns with the following strategic objectives:

- **Putting people at the heart of everything we do** – by providing choice and an opportunity to maintain a level of control during a difficult time.
- **The best health and well-being for our individuals, families, and communities** – supporting mental health, privacy and dignity for our patients.
- **Safe, sustainable, accessible and kind care** – the system is widely used, well researched, clinically safe and supports a better patient experience. Having access to this in each of the Health Board's four units will maintain the accessibility of this support.

Section 7: Other

Please provide any other relevant information in support of your funding request.

References:

- Roe H (2011) Chemotherapy induced alopecia; advice and support for hair loss British Journal of Nursing 20 (10) S4-11.
- Breed WP, van den Hurk CJ, Peerbooms M (2011) Presentation, impact and prevention of chemotherapy-induced hair loss: scalp cooling potentials and limitations Expert Review of Dermatology 6(10) 109-125.
- Collett A, Al-Tameemi W, Dunnill C, Hussain O, Georgopoulos N (2014) The role of scalp cooling in prevention of chemotherapy induced alopecia European Journal of Medical and Clinical Oncology Special Edition 65-69.
- Paxman (2016) Orbis Quick Reference Guide available at: <https://www.paxmanscalpcooling.com/scalp-cooling>

- Shin H, Jo SJ, Kim DH, Kwon O, Myung S-K (2015) Efficacy of interventions for prevention of chemotherapy-induced alopecia: a systematic review and meta-analysis. Int J Cancer 136(5)
- Roe H (2014), Scalp cooling management option for chemotherapy induced alopecia British Journal of Nursing (Oncology Supplement 23 (16) S4-12.

Section 8: Funding requirements

8.1 Cost breakdown:

Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

Item/Category	Cost (£)	Comments
Paxman PSCS2 x 3 (dual unit) £14,475.00 each	43,425.00	BGH, GGH, WGH
Paxman PSCS1 x 3 (single unit) 12,475.00 each	37,425.00	GGH, PPH, WGH
5-year maintenance package 1st unit £6,500.00 x 1	6,500.00	WGH
5-year maintenance Package additional units £2,500.00 x 5	12,500.00	BGH x 1, GGH x 2 WGH x 1, PPH x 1
5-year training package £3,050.00 x 4 sites	12,200.00	BGH, GGH, PPH, WGH
5-year guaranteed parts £193.00 x 6 units	1,158.00	BGH, GGH, PPH, WGH
Total	113,208.00	

8.2 Total amount of funding requested:

Net £ <i>Excluding VAT</i>	113,208.00	VAT £	0.00 exempt	Gross £ <i>Including VAT</i>	113,208.00
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8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
Pembrokeshire Cancer Services	T905 Contribution: £39,386
GGH Oncology	T705 Contribution: £55,604
PPH Oncology	T720 Contribution: £18,218

Note: It is proposed that the purchase of the equipment for BGH (1 x PCSC2 plus training, maintenance and parts contracts) is supported from GGH Oncology Charitable Fund (T705). This is because the Ceredigion Cancer Services Fund (T865) is a shared fund with BGH Meurig Ward and the remaining balance in T865 is comprised of donations made for the benefit of Meurig Ward with an expenditure plan in place to utilise these donations for improvements to the patient environment on the ward. The GGH Oncology Charitable Fund is the largest oncology fund and utilising this fund would ensure that all patients across the four hospital sites have equity in accessing the scalp cooling units from wherever they are being treated for their cancer.

8.4 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.

Initial devices and contracts were donated by "Walk the Walk" charity in 2011. However,

this was a one-off purchase. Hywel Dda charitable funds has since picked up the annual maintenance contract and renewals for cold caps and replacement units when required from 2021/2022 and 2023.

Macmillan Cancer Support is unable to fund as this funding request is not in line with the charity's spending plans. Confirmed by Macmillan Partnership Manager South West Wales.

Section 9: Authorisation

9.1 Application prepared by:

Contact name:	Job title:	Date:
Emma Bracher	Administration Manager – Cancer Services	30/07/2024

9.2 Application authorised by:

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

Contact name:	Job title:	Date authorised:
Lisa Humphrey	General Manger	05/08/2024

9.3 Finance Business Partner review:

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

Contact name:	Job title:	Date reviewed:
Ali Wride	Finance Business Partner	5/8/24

Please return completed form via email to:


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

Appendix 1

Assessment for medical equipment (as per [Medical Devices Policy](#)):

Supplier name:	Paxman
Equipment make and model:	PSCS1 PSCS2
Please provide quote:	 SQ002101 -WITH001SR4.pdf
Please tell us about what involvement the Clinical Engineering team has had in this request:	Aware of need to replace current ORBIS units as out of contract and units now obsolete.
Please tell us about what involvement the Procurement team has had in this request:	Liaising with Procurement team regarding compliance prior to raising requisition. Procurement have advised to submit application to charitable funds while they work in the background.
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>	Replacement of obsolete units.
If the equipment is new to the health board, has the Medical Devices Steering Group been consulted?	n/a
Will this equipment be used to undertake a new clinical procedure or intervention?	No
If the equipment will be used to undertake a new clinical procedure or intervention, has the Clinical Effectiveness team been consulted?	n/a
Does this item appear on HDdUHB's Capital Planning List? If yes, please indicate priority rating.	No
Where will this equipment be located?	Chemotherapy Day Units in; Withybush Hospital, Bronglais Hospital, Glangwili Hospital and Prince Philip Hospital.
Are there any training implications? If so, have the Medical Device Training Team been consulted?	Training included in new contracts from supplier.
What is the life expectancy of the equipment?	Cold Caps – two years Scalp cooling units 5-10 years depending on the service history. Mandatory maintenance contracts and 5-year guaranteed parts are included in this request which will ensure longevity of the units.
Who will maintain the equipment, in line with the Medical Devices Policy ?	Paxman through maintenance contract included in package price. Clinical Engineering maintain logs and Health Board Contracts Department will monitor contracts.
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	Ongoing costs would be renewal for maintenance and training contracts every 5 years.
Are there any capital costs associated with this request? If yes, please explain how these costs will be met.	no
Please confirm approved Statement of Need (SON) reference number and	2024-150 Approved 07/08/2024

approval date:	
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Appendix 2

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

For Charitable Funds Finance Department

Application Reference Number:		CF03033	
Fund Title:	Fund Code:	Current Fund Balance £:	
Pembrokeshire Cancer Services	T905	£133,959.89 Contribution: £39,386.00	
PPH Oncology	T720	£38,533.20 Contribution: £18,218.00	
GGH Oncology	T705	£345,936.00 Contribution: £55,604.00	
Finance review			
I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.			
Contact name:	Job title:	Date reviewed:	
Jessica Elderfield-Scott	Accounts Assistant	03/09/24	
Outcome of meeting CFC/CFSC			
I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
Meeting date:	Outcome:	Contact name:	Job title: