

## CYFARFOD O'R YMDDIRIEDOLWR CORFFORAETHOL MEETING OF THE CORPORATE TRUSTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 January 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Consideration of Charitable Funds Expenditure Requests
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sharon Daniel, 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 one charitable funds expenditure request.

The funding request, for £152,160.00 aims to pilot a Colon Capsule Endoscopy Service to increase diagnostic capacity for lower Gastrointestinal (GI) cancer pathways. Funds will cover equipment, capsule consumables, data recorder kits, software licensing, and nurse training to deliver a minimally invasive, cost-effective alternative to colonoscopy.

The funding request was considered by the Charitable Funds Committee (CFC) at its meeting held on 8 December 2025 and has 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.

At the CFC meeting held on 8 December 2025, 12 funding applications totalling £540,074.60 were reviewed and considered following an open call for the submission of bids to the Hywel Dda Health Charities (HDdHC) Making a Difference (general) fund.

Of the 12 bids considered, 9 funding applications totalling £217,375.30 were approved. A summary of the approved funding applications is provided below.

One further application totalling £152,160.00 is being recommended by the CFC to the Corporate Trustee for approval, within the scheme of delegation for authorisation of charitable funds expenditure.

**Summary of funding applications approved by the CFC on 8 December 2025:**

Reference	Service	Value £	Summary of request
CF03317	Tenby Cottage Hospital Community & Integrated Medicine	34,072.40	Main waiting area refurbishment to create a comfortable and welcoming space for patients to wait for their appointments.
CF03339	Low Secure Unit (LSU) & Psychiatric Intensive Care Unit (PICU), Cwm Seren Mental Health & Learning Disabilities	8,092.00	Patient gym refurbishment and purchase of new equipment. Training for 4 members of staff to receive entry level gym instructor training.
CF03347	Adult Speech & Language Therapy Allied Health & Health Sciences	33,118.00	Purchase of 12 x Iowa Oral Performance Instrument (IOPI) assessment and rehabilitation tools for acute and community adult dysphagia rehabilitation patients.
CF03398	Main Theatre GGH Planned & Specialist Care	13,079.36	Upgrade the GGH theatres reception area and enhance the paediatric recovery bay.
CF03375	Obstetrics, Gynaecology & Sexual Health Community & Integrated Medicine	8,025.00	Electric gynaecologic chair to establish a dedicated vulval diagnostic clinic in GGH.
CF03335	Prevention & Population Health Public Health	47,520.00	Installation of 4 Lifestyle Checkpoint (K2) health kiosks to provide regular, accessible, self-service health-checks for Hywel Dda staff (at acute sites).
CF03212	Clinical Neuro-Physiology Planned & Specialist Care	3,472.00	Specialised reclining patient chair for electroencephalogram (EEG) sessions.
CF03362	Arts & Health Nursing Quality & Patient Experience	60,000.00	Installation of art in emergency departments to create calmer, more welcoming spaces that enhance both patient and staff experience (BGH, GGH, WGH).
CF03356	Community Neuro- rehabilitation Service (Occupational Therapy) Allied Health & Health Sciences	9,996.54	Rehabilitation equipment for intensive upper limb programmes for neurorehabilitation.

**Asesiad / Assessment**

The accompanying charitable funds expenditure request, attached at Annex 1, was considered by the CFC at its meeting held on 8 December 2025 and has been recommended for approval to the Board, in its capacity as Corporate Trustee, within the scheme of delegation for authorisation of charitable funds expenditure:

Application	Lead director	Value of funding request
CF03353 Pilot of Colon Capsule Endoscopy service	Andrew Carruthers, Chief Operating Officer Paula Goode, Service Director for Planned and Specialist Care	£152,160.00

Summarised within the main body of the expenditure request 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.

### 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 £152,160.00 of charitable funding from the Hywel Dda Health Charities Making a Difference fund (T600) for the pilot of a Colon Capsule Endoscopy service.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable for this report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Standing Orders / Standing Financial Instructions Financial reports CFC Terms of Reference Charitable Funds Financial Administration and Governance Procedure (FP 420)
Rhestr Termau: 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

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

## 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](mailto:charitablefundsfinance.hdd@wales.nhs.uk) / 01267 283055 / 01827 1655.

### Section 1: Applicant

#### Lead applicant

Contact name:	Sara Jones
Job title:	Service Delivery Manager
Department/Service:	Endoscopy & Gastroenterology
Clinical Care Group:	Planned Care & Cancer Services

#### Management contact

Contact name:	Lisa Humphrey
Job title:	General Manager

### Section 2: Application summary

#### 2.1 Title of charitable funds application:

Colon Capsule Equipment

#### 2.2 Brief description of your application:

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

This proposal seeks investment to support the roll-out of a colon capsule pilot, to research and collate evidence of the benefits the service could present to providing additional diagnostic capacity within the lower GI cancer pathway for clinicians to investigate and detect pathology of the colon, including colorectal cancer. The long term aim would be to seek substantive investment from the HB to roll-out the service.

#### 2.3 Total value of charitable funds requested:

£152,160 (equipment, licensing and training)

#### 2.4 Duration of project

Project start date:

November 2025

Project end date:

April 2026

#### 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
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## 2.6 Expenditure type

Please select the type of expenditure your application relates to (select all that apply).

<b>Medical equipment</b> <i>please also complete Appendix 1</i>	<b>Service development or improvement</b>	<b>Staff welfare and wellbeing</b>
Yes	Yes	Yes
<b>Building/refurbishment Work</b> <i>please also complete Appendix 2</i>	<b>Other</b> <i>If 'yes' selected, please state expenditure type in box opposite.</i>	<i>Expenditure type:</i>
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.

According to NHS data, around half of colorectal cancers are diagnosed at a late stage, with late-stage diagnosis being associated with poorer outcomes. The endoscopy service within the Health Board is faced with growing demand (5% year on year), particularly for lower gastrointestinal procedures. As such, opportunities to expand current service provision and develop new investigative pathways are critical to ensuring there is adequate service capacity to accommodate growing patient demand.

Colon capsule endoscopy (CCE) presents an opportunity to provide additional diagnostic capacity within the lower GI cancer pathway, by providing an alternative diagnostic option for clinicians to investigate and detect pathology of the colon, including colorectal cancer. The high sensitivity and specificity of the procedure (for the detection of polyps & colon cancer) has the potential reduce the need for standard endoscopic colonoscopy (i.e. reducing demand on a highly stretched resource within the HB).

CCE is a minimally invasive diagnostic investigation, whereby patients swallow a pill containing two tiny cameras to examine the colon. The patient wears a sensor belt around the waist for the duration of the test (11 hours) or occasionally a sensor array where the sensors are attached to the patient. CCE has high acceptance rates amongst patients, who report the test to be preferable to colonoscopy. It is used to investigate appropriate patients with lower GI symptoms and can safely and effectively reduce time to diagnosis for patients. It can be undertaken in a clinic / outpatient setting rather than an endoscopy theatre environment and has a reduced staffing requirement via a nurse led service model.

CCE has the potential to reduce the demand of colonoscopy, freeing endoscopy capacity by 10 to 20% by diverting patients with the appropriate indications to CCE, and reducing expensive insourcing capacity increase models. CCE has a nurse led service model and the procedure is performed in a clinic area setting and therefore uses less high-cost endoscopic resource, such as Consultant (operator) time, and endoscopic theatre space.

### 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 proposal involves introduction of a CCE service within Hywel Dda. The expenditure will support funding:

- for the training of a dedicated nurse (to commence a pilot) to pre-assess and consent patients pre-procedure & supply the capsule equipment & data recorder kits to patients, likely from an outpatient setting;
- to purchase CCE equipment, including capsule consumables, data recorder kits, download station & remote readers;
- dedicated PC software license.

This will be supported by a clinical endoscopist and consultant gastroenterologist (already trained in colon capsule), who will be responsible for reviewing the images captured from the data recorder kits, manage

any clinical administration post CCE procedure and provide dedicated consultant oversight for the service.

Funding will therefore be utilised to recruit new dedicated CCE workforce & the associated equipment required to deliver the service. The service aims to dedicate 5 sessions of clinical Endoscopist time per week for CCE – enabling review of 10 CCE recordings per week.

The roll-out of the service is endorsed by the National Endoscopy Programme and is advocated by the NHS Executive/Welsh Government as part of HB performance meetings. An all-Wales network of CCE services has been developed to encourage and support the roll-out of the service at local HB level. Wales piloted the use of CCE in the lower gastrointestinal investigation pathway across 4 Health Boards (BCUHB, C&VUHB, ABUHB, SBUHB) – which has been shared with the Health Board in the CCE network meeting.

### **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.

1. Purchase new equipment & arrange PC licenses and appropriate software
2. Recruit & dedicated colon capsule nurse to support the already trained endoscopists who will deliver the service
3. Roll-out pilot in Glangwili Endoscopy Unit – clinical endoscopist led service, supported by a nurse and overseen by a Consultant Gastroenterologist
4. Review data outputs of service & productivity gains to inform decision making on further roll-out of the service
5. Continue to engage with the National Endoscopy Programme to review roll-out of the service in other HB's and review of evidence.

Longer term:

Aim to develop service business proposal seeking substantive staff investment.

### **3.4 Risks:**

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

The Health Boards will be required to adjust job plans to accommodate the roll-out of the service, however a Clinical Endoscopist & Consultant Gastroenterologist have already completed training in colon capsule and plans have been discussed to create capacity within their job plans to accommodate this service already.

Timeline for training for the nurse post to support the endoscopist to deliver the service – limited however as this is a 1-2 day training programme. The aim would be to train a number of endoscopy nursing staff to ensure continuity of service provision during any leave or unexpected absence.

Additional outpatient facilities or rooms within the endoscopy suites (not procedure rooms) will need to be designated to carry out the procedures and provide dedicated reading areas.

### **3.5 Additionality:**

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

CCE provides a cost-effective alternative to colonoscopy as the service is nurse led and uses an ordinary clinic room rather than full endoscopy procedure room, lending the service, in time, to be located in diagnostic centres or the community. The cost and maintenance for the CCE kit is minimal compared to colonoscopes, endoscopy stacks and staffing.

## **Section 4: Impact**

### **4.1 Impact and patient benefit:**

Please tell us about the positive changes that will take place as a result of this expenditure. You must explain how patients will benefit (e.g. improved experience, improvements to patient health, efficiencies in the provision of care). 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.

*Note: You will be required to submit an evaluation report to summarise the impact at a later date.*

Implementing CCE presents a wide range of benefits that can be realized shortly after the launch of the service:

**-Reduced Colonoscopy Waiting Times:** CCE can serve as an effective triage tool, redirecting patients who do not require therapeutic intervention, thus freeing colonoscopy capacity for those needing further investigation.

**-Enhanced Cancer Pathway Compliance:** The initiative supports earlier diagnosis and treatment within SCP timelines, improving compliance and reducing delays.

**Increased Diagnostic Capacity:** Provides an alternative diagnostic pathway without additional demands on endoscopy suite infrastructure, potentially reducing the need for expensive infrastructure expansion.

**-Improved Patient Experience:**

- **Less Invasive and More Comfortable:** CCE is performed without sedation or invasive techniques, minimizing discomfort, pain, and patient anxiety compared to colonoscopy.
- **At-Home Accessibility:** Patients can complete the procedure from home, reducing the burden on hospital resources and making the diagnostic process more convenient.
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**-Enhanced Safety Profile:** CCE presents lower risks of complications (e.g., bowel perforation, bleeding) than traditional colonoscopy and CT colonography, ensuring a safer diagnostic process.

**-Cost Savings:** With an estimated reduction in symptomatic colonoscopy procedures by 10%, the projected productivity gain for the endoscopy service is around £10,068 per week. The aim of this pilot would be to monitor outcomes to identify whether this productivity gain can be realised.

**-Targeted Resource Allocation:** By reducing unnecessary procedures, the service can reallocate resources to patients requiring more complex interventions, ultimately improving service efficiency.

**-Alignment with National Endoscopy Goals:** CCE aligns with national endoscopy strategies for expanded, sustainable diagnostic pathways across Wales.

#### 4.2 Beneficiaries:

Please tell us how many 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.

NHS England's evidence base describes that of 4,128 participants who underwent CCE, 70% avoided colonoscopy, and 59% required no further bowel investigation.

This pilot would support delivery of 10 colon capsule procedures per week, equating to 420 patients over a 42 week period. Applying the results NHS England have reported to Hywel Dda, the pilot has the potential to reduce colonoscopy demand by circa 300 patients/year - further supporting cost-effective resource utilisation and service efficiency.

#### 4.3 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 following areas will be closely monitored to identify benefits from introducing the pilot:

- Colonoscopy waiting times (reportable information already available as a baseline)
- Single cancer pathway performance (reportable information already available as a baseline)
- Colonoscopy referral demand (reportable information already available as a baseline)
- Productivity metrics - failed procedures numbers (available via the endoscopy reporting system and weekly endoscopy sitrep meetings)
- Patient reported outcome measures (patient surveys)
- Patient comfort scores (available via the endoscopy reporting system)

### 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 aim is to pilot the service to collate evidence as part of a wider investment proposal to the Board for dedicated colon capsule staff.

## 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)

Support from National Endoscopy Programme – clinical network for CCE delivery across Wales – ensuring all relevant clinical governance arrangements are followed.

A service specification has also been developed at a national level to support roll-out.

### 6.2 Strategic alignment:

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

- Planned Care and Cancer Diagnostic Performance/Delivery
- Workforce Stabilisation

## Section 7: Other

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

## 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
	Net £ <i>Exc. VAT</i>	VAT £	Gross £ <i>Inc VAT</i>	
Nurse Training	£2,000	£500	£2,500	Training for 2 nurses
PillCam Colon Capsules	£92,736	£23,184	£115,920	210 capsules in total – 10 per week over a 6 month period
Data Recorder Kits	£24,000	£4,800	£28,800	
12-month PillCam Cloud Reader License	£4,116	£824	£4,940	

### 8.2 Total amount of funding requested:

<b>Net £</b> <i>Excluding VAT</i>	£122,852	<b>VAT £</b>	£29,308	<b>Gross £</b> <i>Including VAT</i>	£152,160
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### 8.3 Designated charitable fund

Name of charitable fund:	Charitable fund code/number:
General Fund	T600

### 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.

- Cancer innovation fund in 24/25
- Health Board DCP
- Health Board Value Based Healthcare

## Section 9: Authorisation

### 9.1 Application prepared by:

Contact name:	Job title:	Date:
Sara Jones	Service Delivery Manager	02/10/2025

<b>9.2 Application authorised by:</b> Please ensure that your General Manager or Head of Service (fund approver up to £10,000) has reviewed your application before submission.		
<b>Contact name:</b>	<b>Job title:</b>	<b>Date authorised:</b>
Lisa Humphrey	General Manager	18/11/2025
<b>9.3 Clinical Care Group approval:</b> Please ensure that your application has been reviewed by your Clinical Care Group before submission. This can be arranged via the manager you have listed above.		
<b>Contact name:</b>	<b>Job title:</b>	<b>Date authorised:</b>
Paula Goode	Service Director for Planned and Specialist Care	03/10/2025
<b>9.4 Finance Business Partner review:</b> Please ensure that your Finance Business Partner has reviewed your application before submission.		
<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>
Alison Wride	Finance Business Partner	18/11/2025

**Please return completed form via email to:**

[charitablefundsfinance.hdd@wales.nhs.uk](mailto:charitablefundsfinance.hdd@wales.nhs.uk)

**or via internal mail to:**

Charitable Funds Support Officer  
Finance Department  
Ty Gorwel, Building 14  
St David's Park, Job's Well Road  
Carmarthen SA31 3BB

**Appendix 1**

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

Supplier name:	Medtronic
Equipment make and model:	PillCam Colon Capsules & Data Recorder Kits
Please provide quote:	<i>Insert quote here</i>
Please tell us about what involvement the <a href="#">Clinical Engineering team</a> has had in this request:	Actively engaged in discussions re: new equipment
Please tell us about what involvement the <a href="#">Procurement team</a> has had in this request:	Early stage discussions with procurement – likely to continue working with supplier the endoscopy unit we already have a contract with
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>	New equipment
If the equipment is new to the health board, has the <a href="#">Medical Devices Steering Group</a> been consulted?	Actively engaged in discussions re: new equipment
Will this equipment be used to undertake a new clinical procedure or intervention?	Yes
If the equipment will be used to undertake a new clinical procedure or intervention, has the <a href="#">Clinical Effectiveness team</a> been consulted?	A national service specification document has been developed and endorsed at WG level – the clinical effectiveness team will be consulted if funding is awarded.
Does this item appear on HDdUHB's Capital Planning List?	No

If yes, please indicate priority rating.	
Where will this equipment be located?	Glangwili General Hospital
Are there any training implications? If so, have the <a href="#">Medical Device Training Team</a> been consulted?	No
What is the life expectancy of the equipment?	Circa 10 years
Who will maintain the equipment, in line with the <a href="#">Medical Devices Policy</a> ?	Service Delivery Manager
Are there any immediate or ongoing revenue or maintenance costs associated with this request?	12-month PillCam Cloud Reader License (£4,166.66+VAT)
Are there any capital costs associated with this request? If yes, please explain how these costs will be met.	None above those already outlined
Please confirm approved <a href="#">Statement of Need (SON)</a> reference number and approval date:	

### For Charitable Funds Finance Department

<b>Application Reference Number:</b>			
<b>Fund Title:</b>	<b>Fund Code:</b>	<b>Current Fund Balance £:</b>	
Making a Difference Fund	T600	£400,000 ring-fenced by CFC June 2025	
<b>Finance review</b> 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.			
<b>Contact name:</b>	<b>Job title:</b>	<b>Date reviewed:</b>	
Jessica Elderfield-Scott	Accounts Assistant	16/12/2025	
<b>Outcome of meeting CFSC/CFC</b> I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / <a href="#">Charitable Funds Committee</a> .			
<b>Meeting date:</b>	<b>Outcome:</b>	<b>Contact name:</b>	<b>Job title:</b>
08 December 2025	Approved	Jessica Elderfield-Scott	Accounts Assistant
<b>Outcome of meeting Corporate Trustee</b> I confirm that this application has been considered and approved by the Corporate Trustee			
<b>Meeting date:</b>	<b>Outcome:</b>	<b>Contact name:</b>	<b>Job title:</b>
Pending	Pending	Pending	Pending