



CYFARFOD O'R YMDDIRIEDOLWR CORFFORAETHOL
MEETING OF THE CORPORATE TRUSTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 November 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Ratification of Charitable Funds Requests over £100,000
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Nicola Llewellyn, Head of Hywel Dda Health Charities

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

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 applications presented to the Charitable Funds Committee at its meeting on 28 November 2023.

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 Charitable Funds Committee (CFC) has been established as a Committee of HDdUHB and constituted from 22 July 2010.

The purpose of the CFC is to:

- Make and monitor arrangements for the control and management of the Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
- Provide assurance to the Board in its role as corporate trustees of the charitable funds held and administered by the University Health Board.
- Agree issues to be escalated to the Board with recommendations for action.

The CFC is responsible for approving all charitable expenditure between £50,000 and £100,000 in accordance with the Committee's terms of reference and agreed scheme of financial delegation. Expenditure over £100,000 requires the approval of the CFC as well as the approval of the Corporate Trustee.

Asesiad / Assessment

Bronglais Hospital Chemotherapy Day Unit Refurbishment

The report, attached at Appendix 1, will be presented to CFC at its meeting on 28 November 2023 and, subject to its approval by CFC, is subject to ratification by the Corporate Trustee. The Corporate Trustee is requested to ratify the request for charitable funds expenditure of £912,989.00 from the Bronglais Chemo Appeal Fund (T392) for the capital scheme for the new Bronglais Hospital Chemotherapy Day Unit as well as any future donations to the appeal fund.

Neonatal Ventilators

The report, attached at Appendix 2, will be presented to CFC at its meeting on 28 November 2023 and, subject to its approval by CFC, is subject to ratification by the Corporate Trustee. The Corporate Trustee is requested to ratify the request for charitable funds expenditure of £120,727.72; comprising of £15,090.96 from the PDT – WGH Ward 9 Fund (T516), £15,090.96 from the Carms Community Midwifery fund (T754), £60,363.86 from the Carms Special Care Baby Unit fund (T134) and £30,181.93 from the Carms Children's Services Neonatal fund (T782).

Argymhelliad / Recommendation

The Board of Hywel Dda University Local Health Board, in its role as Corporate Trustee of the charitable funds held by the UHB, is asked to:

- **RATIFY** the release of £912,989.00 of charitable funding from the T392 Bronglais Scheme Appeal Fund as well as any future donations to the appeal fund, to support the capital scheme for the new Bronglais Hospital Chemotherapy Day Unit;
- **RATIFY** the release of £120,727.72 from within the Neonatal Paediatric Maternity Service for the procurement of four new SLE6000 respiratory ventilators.

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: 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:	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 Charitable Funds Committee Terms of Reference Charity Commission guidance
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / 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:	Hywel Dda University Local Health Board holds the charitable funds linked to its NHS services in the capacity of a Corporate Trustee. The responsibility for the management and use of these charitable funds held on trust lies with the Board of Hywel Dda University Local Health Board acting as Corporate Trustee. The Charitable Funds Committee has been established as a Committee of the Hywel Dda University Local Health Board. The purpose of the Charitable Funds Committee is to make and monitor arrangements for the control and management of the UHB's charitable funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework. The Committee is responsible for ensuring that all charitable expenditure is reasonable, clinically and ethically appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	The Charitable Funds Committee must ensure that adequate controls and governance arrangements are in place to ensure that our charitable funds are used to support NHS services locally.
Gweithlu: Workforce:	The resources outlined in the paper will allow the work of the charity to be further developed. The charity has no employees but accesses staff time via the University Health Board.

Risg: Risk:	Breach of Standing Orders and/or Standing Financial Instructions if the Charitable Funds Committee's Terms of Reference are not adhered to.
Cyfreithiol: Legal:	The charity's financial reporting is in line with charity law and guidance.
Enw Da: Reputational:	No impact
Gyfrinachedd: Privacy:	No impact
Cydraddoldeb: Equality:	No EqIA is considered necessary for a paper of this type.



**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 November 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Development of the new Chemotherapy Day Unit at Bronglais General Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, County Director Ceredigion

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to present the Charitable Funds Committee (CFC) with an update on the development of the new Chemotherapy Day Unit (CDU) at Bronglais Hospital (BH). The report also requests formal approval of funds raised via the Bronglais Chemo Appeal for the development.

Cefndir / Background

A business case relating to the development of a new CDU at BH was approved at the Hywel Dda University Health Board's (HDdUHB) Public Board meeting on 26 September 2019. The development of a capital fundraising appeal under the umbrella of Hywel Dda Health Charities (HDdHC) to meet a shortfall in funding for the new CDU was then approved by the CFC in September 2019.

Asesiad / Assessment

1. Current position

The aim of the new CDU at BH 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 new CDU will provide:

- 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.

The project is nearing the construction phase which is planned to start at the beginning of January 2024. During this phase the new CDU will begin to take a physical shape.

The dedicated project team is currently progressing the detailed technical design that will ensure the unit meets the highest standards and delivers the expected benefit outcomes.

The current CDU is in the process of being decanted into a mobile treatment unit on the BH site, provided under the terms of a hire agreement from Tenovus Cancer Care, to allow construction to commence.

Below is a breakdown of the overall timeline for the project:

Planning and Construction	
Key phases	Timescales
Stage 0 - Project Planning Business Case/Discretionary Capital Projects	March 2021 to June 2022
Stage 1 - Estate Preparation and Brief	April 2022 to July 2022
Stage 2 - Concept Design	August 2022 to April 2023
Stage 3 - Technical Design / Tender	April 2023 to December 2023
CDU decant period	November 2023 to December 2024
Stage 4 - Construction & Commissioning	January 2023 to December 2024
'Go live' date	December 2024

2. Financial position

The current development costs have been estimated with a project out-turn cost of £2,532,925 (as per Development Approval Cost Form (DAF) v9 25.07.2023) and can be broken down as follows:

Capital Cost Summary

Ref	Detail	Net £	VAT @ 20% £	Gross £
5	Works Cost	1,432,244.78	286,448.96	1,718,693.74
6	Fees & charitable Funding Support	272,748.88	54,549.78	327,298.66
7	Non-works Costs	149,298.77	29,859.75	179,158.52
8	Equipment Costs (0% of (5))	172,212.55	34,442.51	206,655.06
9	Contingency (15% of 5)	129,724.48	25,944.90	155,669.38
10	Forecast Project Out-turn Cost (Pre VAT Recovery)	2,156,229.46	431,245.89	2,587,475.35
11	LESS RECOVERABLE VAT (DAF 5)		54,549.78	54,549.78
12	Forecast Project Out-turn Cost	2,156,229.46	376,696.12	2,532,925.58

The

DAF costs have increased from the costs estimated in 2021 (v4 £2,197,717.40) due to inflationary increases and consumer demands. (ref: DAF V9 25.07.2023)

The current position in relation to the funding confirmed or pending approval for the development can be broken down as follows:

1. Capital development	Total £	Status
1.1 Provisional Cost Estimate	2,532,925.58	DAF V9 25.07.2023 £78,000 decant costs included

Total	2,532,925.58	
2. Confirmed charitable funds	Total £	Status
2.1 Ceredigion Cancer Services T865	287,496.00	CFC approval September 2019
2.2 B.A. Jenkins Legacy Fund T322	259,977.00	CFC approval September 2019 Future interest growth also approved
2.3 BGH Chemotherapy Day Unit Appeal Fund T392	97,364.29	CFC approval June 2021 Donation from the former trustees of the Mid Wales Scanner Appeal
2.4 Ceredigion Cancer Services T865	173,936.80	CFC approval June 2021.
2.5 Bronglais Hospital General Fund T330	400,000.00	CFC approval June 2021.
Confirmed charitable funds sub-total	1,218,774.09	
3. Funding pending from other sources	Total £	Status
3.1 Mid Wales Colo-Rectal Cancer Fund	110,000.00	Receipt of funds pending. Verbal commitment of funds provided in October 2020.
Total	110,000.00	
4. Confirmed funding from other sources	Total £	Status
4.1 HDdUHB discretionary capital funding	364,461.00	Approved as a pre-commitment from HDdUHB's 2023/24 discretionary capital programme.
Total	364,461.00	
5. Charitable funds pending approval	Total £	Status
5.1 BGH Chemotherapy Day Unit Appeal Fund T392	912,989.00	Funds donated to the Bronglais Chemo Appeal. Pending formal CFC approval.
Total	912,989.00	
6. Total funds available / pending	2,606,224.09	
7. Funding balance	73,298.51	

3. Bronglais Chemo Appeal

The Bronglais Chemo Appeal was launched in November 2021 and had exceeded its original target of £500,000 by September 2022. As of 31 October 2023, the balance of the Bronglais Chemo Appeal was £912,989.00.

The CFC is asked to endorse and recommend for approval by the Corporate Trustee the contribution of £912,989.00 from the Bronglais Chemo Appeal fund (T392) to the capital scheme for the new CDU as well as any future donations to the appeal fund.

Although the appeal had reached its target by September 2022 and all proactive fundraising for the appeal stopped, support for the appeal across mid Wales has continued. As it was predicted that construction costs would increase prior to tender award, all funds donated specifically to the Bronglais Chemo Appeal have continued to be accepted to the appeal fund.

Following tender return costs, any surplus funds held in the appeal will be transferred to the Ceredigion Cancer Services charitable fund to support those affected by cancer across mid Wales. This is in line with the purpose of the secondary purpose appeal that was launched allowing any remaining funds to be used for wider aims closely associated with the overall aim of the appeal:

- *'To provide a new Chemotherapy Day Unit for Bronglais General Hospital. Once this aim has been achieved, any surplus or unused funds will be used to relieve the needs of those affected by cancer across Ceredigion'.*

4. Financial governance and scheme of delegation

The BH CDU project is being delivered in line with both capital and charitable funds financial procedures.

The majority of project costs will follow the HDdUHB capital financial procedures with only zero-rated VAT purchase orders being raised directly to a charitable funds cost centre. These items will primarily be medical equipment.

All charitable funds approved for the scheme will be held in a central charitable fund (fund reference T392). Charitable funds will be transferred to the scheme's capital cost code B547 retrospectively on a monthly basis to negate any project costs incurred. Expenditure will be in line with the HDdUHB capital scheme of delegations summarised below and all expenditure will be reported to the BH CDU Finance, Estate, IM&T and Workforce Sub-Group and BH CDU Project Group meetings on a monthly basis.

The HDdUHB capital scheme of delegations is as follows:

- Level 1 - Director of Estates up to £74,999.99 & Digital Director up to £19,999.99
- Level 2 - Head of Capital Planning up to £499,999.99
- Level 3 - Assistant Director of Finance up to £1,000,000.00
- Level 4 - Director of Finance over £1,000,000.00

As the project progresses, any relevant risks or concerns will be escalated to the CFC by the BH CDU Project Group. A financial report and evaluation report will be submitted to the CFC by the BGH CDU Project Group following the completion of the project.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

- **NOTE** the update relating to the development of the new Chemotherapy Day Unit at Bronglais General Hospital.
- **ENDORSE** and **RECOMMEND FOR APPROVAL** by the Corporate Trustee the contribution of £912,989.00 from the Bronglais Chemo Appeal fund (T392) to the capital scheme for the new Chemotherapy Day Unit as well as any future donations to the appeal fund.
- **NOTE** the financial governance arrangements in place for expenditure relating to the development.

Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>6.1 Within the budget, priorities and spending criteria determined by the UHB as trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts), to apply the charitable funds in accordance with its respective governing documents.</p> <p>6.3 To ensure that the UHB policies and procedures for charitable funds investments are followed.</p> <p>6.19 Expenditure in excess of £50,000 will require the approval of the Charitable Funds Committee. Expenditure over £100,000 will require the approval of the Corporate Trustee.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Any risks are summarised under the assessment section of this SBAR. A project risk register is maintained by the BGH CDU Project Group and is managed by the project team.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	7. All apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	<p>1.1 Health Promotion, Protection and Improvement</p> <p>3.1 Safe and Clinically Effective Care</p> <p>3.3 Quality Improvement, Research and Innovation</p>
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:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Bronglais General Hospital Chemotherapy Day Unit Project Group Head of Hywel Dda Health Charities Finance Business Partner – Planning & Major Projects Planning Project Manager
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Included within the body of this report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The refurbishment and upgrade of facilities is intended to improve patient facilities and will provide a significantly improved environment for patients to offer comfort in more modern surroundings.
Gweithlu: Workforce:	Not applicable.
Risg: Risk:	Included within the body of the report.
Cyfreithiol: Legal:	The Bronglais Chemo Appeal was developed in line with Charity Commission guidance and fundraising regulations.
Enw Da: Reputational:	Should the scheme be delayed or not proceed there is a reputational risk to HDdUHB if the funds donated for the development could not be used for the purpose they were intended for.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	No EqIA is considered necessary for the development of the fundraising appeal.



**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 November 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable funds request for the purchase of Neonatal Ventilators
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Nick Williams-Davies (Service Delivery Manager, Acute Paediatric and Neonatal Services)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is being presented to the Charitable Funds Committee to consider and approve an application for £120,727.72 of charitable funding to support the purchase of four respiratory ventilators utilised within the neonatology settings at Glangwili and Bronglais Hospitals, prior to ratification to Board in its role as Corporate Trustee.

Cefndir / Background

There are currently five ventilators in use, four at Glangwili Hospital (GH) and one at Bronglais Hospital (BH) which are required to support infants with respiratory distress immediately after birth.

The following table shows the identity of the units and most importantly, the installation dates:

Site	Location	Brand	Model	Equipment No	Serial No	Status	Support Level	Installation Date
GGH	SCBU	SLE	5000	CE010875	52793	In Use	EXT	08/04/2009
GGH	SCBU	SLE	5000	CE010876	52794	In Use	EXT	08/04/2009
BGH	GWENLLUAN WARD	SLE	5000	CE004232	55156	In Use	EXT	11/01/2012
GGH	SCBU	SLE	5000	CE010873	56408	In Use	EXT	23/07/2014
GGH	SCBU	SLE	5000	CE010874	56409	In Use	EXT	23/07/2014

Noting the installation dates above, these ventilators require replacement due to the support and maintenance packages no longer being available due to the age of the machines.

PERIPrem Cymru

PERIPrem Cymru (Perinatal Excellence to Reduce Injury in Premature Birth) is a new Quality improvement (QI) project which has recently been launched in Wales with the aim to improve “best practice”. Although it is not a statutory requirement to meet the standards that are set out in PERIPrem guidance, it is a clear and accepted opportunity to enhance the pathways and outcomes that are available to neonates. Hywel Dda University Health Board (HDdUHB) is actively participating in the scheme. One of the outcome measures of this project is the

utilisation of equipment to meet the “volume guarantee” standards that are a standard describe by the British Association of Perinatal Medicine (BAPM). BAPM standards are widely adhered to within neonatal units in Wales.

Volume Guaranteed (VG) ventilation, also known as Volume Targeted Ventilation (VTV), is known to be protective to the lungs of premature infants and lead to reduced rates of chronic lung disease, including reducing the need of the use of home oxygen. The use of VTV is an integral part of the PERIPrem All-Wales project - ensuring good perinatal optimisation of preterm infants, leading to improvements in survival and neurodisability.

With a national focus being applied to neonatal services through the PERIPrem quality improvement project, it is clear that where volume guarantee can be reliably achieved, neonatal babies will receive higher levels of care and intervention then currently available.

Asesiad / Assessment

Network and Standards

The neonatal team based at GH is part of the Wales Maternity and Neonatal Network. The Network strives to support infants and their families in the provision of high-level evidenced-based comprehensive medical intervention and care. It does this through a system of Special Care Baby Units (SCBU), High Dependency Units (HDU) and Paediatric Intensive Care Units (PICU).

In neonates who have severe respiratory distress at birth, there is a need to deliver oxygen via a ventilator which has the ability to operate a VG to ensure tidal volumes of oxygen are delivered in a controlled way. This enables ventilator support which minimises potential for lung damage (especially in pre-term infants) by reducing the potential for the over-inflation of the lung. Equally, the devices are able to ensure that sufficient inflation is maintained in order to maximise the benefits of ventilation and to bring stability to the patient’s condition.

The neonatologists operating within the Network also observe the guidance as set out by the British Association of Perinatal Medicine (BAPM). The BAPM standards (supported by Welsh Network recommendations) advise how the delivery of VG should be applied.

The importance of VG ventilation provides clear benefits to neonatal babies as described below:

- found to maintain correct levels of carbon dioxide;
- known to reduce the risk of pneumothorax (causing a collapse of a lung) by a third;
- known to reduce intraventricular haemorrhage (bleeding around the ventricles within the brain) by half;
- reduces potential for barotrauma, known as “the bends”, where air or gas pressures can cause the lungs to over-expand.

Current Equipment

Currently, the SLE5000 ventilator is in use within the state-of-the-art SCBU with four based at GH, and a fifth based in the stabilisation area in the maternity ward at BH. It is in these areas that the ventilators provide a critical function, providing the maximum level of intervention that can be offered to the youngest members of the Health Board’s population, without needing to transfer the babies to other units in Swansea or further afield.

Of the five ventilators held within the neonatal service, two at GH are no longer able to be fully supported with a third at BH also at risk. This is due to a manufacturer declaration that they are ending support, meaning parts may no longer be available to repair a ventilator should a breakdown occur with the other two machines continue in service, which will also run out of support.

The neonatal lead consultants have reviewed the use of the equipment in order to ensure that this request is made as cost efficient as possible. For these reasons, the request is to support the replacement of four of the machines. Three will be based in GH to support the delivery of ventilatory support to twin babies and one simultaneous additional birth. The fourth will replace the outdated unit in BH to maximise the stabilisation that is provided to babies in that area, prior to repatriation to the SCBU.

Additional Issues Associated with Current Equipment

In addition to the clear quality improvement outcomes detailed above, and subject to the PERIPrem project, some further issues are emerging with recent reports from the neonatal lead consultants that the ability of the SLE5000 ventilator to deliver the specified VG levels of oxygen is not reliable, with instances of the devices delivering too high a volume of air – meaning the appropriate controlled volume delivery is not achieved.

The Cymru Inter-Hospital Acute Neonatal Transfer Service (CHANTS) is a dedicated resource that is deployed anywhere within the Network to enable safe transfer of neonates to Intensive Care Units, where required. CHANTS clinicians have also made verbal representations to the neonatal consultants that when operating across the South Wales corridor, HDdUHB is an outlier in terms of the type of ventilator it operates meaning there is potential for issues relating to familiarity when they are called to transfer from HDdUHB.

HDdUHB is now seen to be an outlier in terms of the use of the SLE5000 with all other units operating the SLE6000 model.

Finally, a Datix risk-register entry has been made, reference 1674 “Requirement to replace neonatal ventilators due to suboptimal function”. This has an inherent and actual risk rating of 16 ('extreme').

Although support from the Charitable Funds Committee for the replacement of these machines would mitigate this risk, the overarching objective of this application is to improve the care and outcomes of neonatal activity requiring this type of intervention.

Benefits of Upgrade

In order to reduce the clinical risks identified above and to meet the objectives of the QI work-stream, the devices require replacement or upgrade to the newer SLE6000 model. Purchase of the new devices will also have some additional benefits:

- The SLE6000 will provide both non-invasive (via a mask) and invasive (via tube into the trachea) ventilation. The SLE5000 is only able to provide invasive ventilation. This means that babies could be in receipt of higher levels of care via one machine than is currently offered.
- Delivery of non-invasive ventilation is currently provided via an additional Synchronised Inspiratory Positive Airway Pressure (SiPAP) machine. These devices are also no longer supported by the company due to age of the machines. Therefore, it is likely that in the near future these will also need replacing as they are no longer able to be serviced or repaired. However, if the SLE6000 is purchased, it will replace the need for

the SiPAP device, reducing the amount of equipment at the cot side and also reducing the need for staff to utilise multiple machines during an episode of care.

- In addition to the SiPAP, a further oxygen device, Optiflow, is currently deployed in the care of these infants. The SLE6000 would make intervention far more straightforward, as it would replace both the SiPAP and Optiflow machines.
- As the SLE6000 would be able to provide all respiratory support, meaning respiratory circuits such as tubing would not need to be changed as frequently.
- SLE6000 machines are used across the Neonatal Network in the majority of the tertiary centres, providing an additional benefit of standardisation as an optimised level of intervention throughout the network meaning tertiary colleagues can provide a more bespoke advice to Health Board staff in the management of complex patients.
- Where deteriorating babies need an escalation in care, CHANTS clinicians attend Health Board locations to stabilise sick infants and then safely transfer them to definitive care. The clinicians are familiar with the SLE6000 ventilators and with these in use, the provision of the necessary patient care will be improved.
- Staff would also only require training on one piece of equipment rather than three, which would improve their confidence with the machine and improve training plans for the staff.

Summary

- VG is considered the recommended mode of ventilation and is advocated by BAPM, PERIPrem and the Wales Maternity and Neonatal Network. Currently the machines utilised do not reliably deliver this and by default, revert to less optimum modes of ventilation, placing the neonatal babies at significant clinical risk.
- In terms of quality improvement, PERIPrem has VG listed as an outcome measure and target to achieve. The Health Board will currently not meet this measure via the use of the older model ventilator.
- There is potential harm to babies from using non-VG modes, such as barotrauma, pneumothorax, and neurological haemorrhage, which will be addressed by utilising the functions of the SLE6000.
- The current machines, some of which are more than a decade old, no longer have adequate support or maintenance packages in place due to unavailability of certain mechanical parts and software. This raises clinical risks when continued to be used on the unit.
- The CHANTS transfer service has also raised concerns in relation to unreliability of the current machines in optimising ventilation prior to repatriation.

Recommended Solution

Given the significance of these issues and with the support of the Clinical Leads and the Practice Development team, in line with network recommendations, a trial of the newer SLE6000 has been performed in the GH neonatal unit. This is identified as the current default ventilator for neonatal care deliver across the south Wales corridor.

Following the success of the trial and whilst cognisant of the emerging clinical risks, it is proposed that five SLE6000 ventilators are purchased to replace the aging equipment and to provide an enhanced level of care through the newer machine, noting all the benefits and risks as highlighted.

Cost

Replacement of the four ventilators with the newer SLE6000 is subject to a multi-trust aggregation via the NHS Supply Chain. Under the terms of this process, the procurement of four new ventilators incur a cost of £120,727.72.

This includes a part-exchange reduction of £4,000, (£1,000 per device).

Revenue Consequences

There is no additional revenue cost associated with this equipment as they are replacements for the current ageing models. The annual maintenance contract costs are pending with the Service Delivery Manager and Assistant Finance Business Partner confirming that these will be covered from the existing revenue budget.

A Statement of Need (SON) has been completed and approved by Clinical Engineering, reference 2023-159.

Availability of Charitable Funds

There are sufficient charitable funds available within the Neonatal Paediatric Maternity Service to support the cost associated with this initiative:

Fund code	Fund name	Uncommitted balance as at 30.09.2023
Neonatal		
T134	CARMS Special Care Baby Unit	£81,770.92
T782	Carms Children's Services Neonatal	£64,202.42
Paediatrics		
T355	CMW - Angharad Ward	£12,142.13
T807	Ceredigion Children's Services	£6,412.13
T516	PDT - WGH Ward 9 Fund	£25,198.61
T921	Pembrokeshire Children's Services	£4,112.57
T922	Pembrokeshire Children's Services Children's Wards	£7,328.36
T780	Carms Children's Services	£78,059.46
Maternity		
T713	GGH Obstetrics & Gynaecology	£8,319.22
T754	Carms Community Midwifery	£49,045.43
T867	Ceredigion Obstetrics & Gynaecology	£3,152.73
T868	Ceredigion Maternity Services	£12,744.79
T925	Pembrokeshire Maternity & Gynaecology	£1,771.43
Total		£354,260.20

It is proposed that the funding contributions are as follows:

County	Value of contribution	Contribution from
Pembrokeshire	£15,090.96 (50%)	T516 PDT - WGH Ward 9 Fund
Carmarthenshire	£15,090.96 (50%)	T754 Carms Community Midwifery
Carmarthenshire	£60,363.86 (2 units)	T134 CARMS Special Care Baby Unit
	£30,181.93 (1 Unit)	T782 Carms Children's Services Neonatal

This funding application complies with the Charitable Fund eligibility criteria:

- Equipment and consumables: Medical equipment for NHS patient care

This request for charitable funds is being made due to the significant pressures on the HDdUHB 2023/24 capital programme. Although this is replacement equipment, the purchase of this equipment falls within the charity's objectives with significant patient benefit outlined within the body of this report.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **ENDORSE** and **RECOMMEND FOR APPROVAL** by the Corporate Trustee funding within the Neonatal Paediatric Maternity Service of £120,727.72 for the procurement of four new SLE6000 ventilators.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	6.1 Within the budget, priorities and spending criteria determined by the UHB as trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts), to apply the charitable funds in accordance with its respective governing documents.
	6.3 To ensure that the UHB policies and procedures for charitable funds investments are followed.
	6.19 Expenditure in excess of £50,000 will require the approval of the Charitable Funds Committee. Expenditure over £100,000 will require the approval of the Corporate Trustee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	1674 "Requirement to replace neonatal ventilators due to suboptimal function" Score= 16 (extreme)

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research
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	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	https://executive.nhs.wales/networks-and-planning/maternity-and-neonatal-services/information-for-professionals/periprem-cymru-for-professionals/ https://www.bapm.org
Rhestr Termiau: Glossary of Terms:	Included within body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Deputy Director Operations NWSSP Procurement team Head of Hywel Dda Health Charities Directorate Finance Business Partner Clinical Engineering

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Included within the body of the report.

Ansawdd / Gofal Claf: Quality / Patient Care:	Included within the body of the report, replacement of the ventilators will improve patient outcomes and minimise potential complications- and bring the service in line with national objectives and standards.
Gweithlu: Workforce:	No impact. To be included within team brief and all internal training & development will be supported by the in-house practice development team.
Risg: Risk:	Included in the body of the report. Investment will significantly mitigate risks.
Cyfreithiol: Legal:	Not applicable.
Enw Da: Reputational:	Positive reputational impact related to investment and improved outcomes for infants and their families. Potential for press release to support investment.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	EqIA is not indicated for this proposal