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Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# **Charitable Funds Committee**

## **Annual Report for 2025-26**

**DATE April 2026**

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## Chair's Foreword

I am pleased to present this Annual Report for the year ended 31 March 2026.

The Charitable Funds Committee meets four times a year and ensures the proper oversight and effective management of funds donated to the charity of Aneurin Bevan University Health Board. We oversee the administration, governance and investment of these funds to ensure they are used appropriately and in line with the required legislative framework. The funds are independently audited each year, providing assurance and transparency.

Charitable donations continue to make a real and lasting difference to patients, staff and the wider Health Board community.

I would like to sincerely thank all members of the public, staff and volunteers who generously donate and raise funds. I am also grateful to the members of the Charitable Funds Committee for their commitment and oversight, and to the Charitable Funds Team and Governance Team for their professionalism and support.

Diolch yn Fawr / Thank you

Paul Deneen  
Chair  
Charitable Funds Committee

## 1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

*"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".*

- 1.2 The Term of Reference of Charitable Funds (referred to throughout this document as 'CFC' or the 'Committee') were approved by the Board in May 2025 (see **Appendix 1**).
- 1.3 The purpose of the **Charitable Funds Committee** is to Ensure the stewardship and effective management of funds which have been donated, bequeathed, and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.
- 1.4 This report describes how the CFC discharged its role and responsibilities during the period 1 April 2025 to 31 March 2026.

## 2 2025-2026 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for CFC in 2025-26 is attached to this report (see **Appendix 2**).

A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives CFC flexibility to identify changing priorities or any need for further assurance or information.

2.2 The Committee received quarterly Finance and Performance Reports providing assurance on income, expenditure, fund balances, investment performance and key risks. The Committee scrutinised trends in donations, grant income and expenditure, noting significant fluctuations between quarters and the impact of one off donations and legacy income.

The Committee maintained oversight of the general fund position, ensuring that commitments remained affordable and that discretionary funds were applied appropriately.

The charities position at the end of the financial year was reported as: -

- Expenditure had increased reflecting a continued shift from a passive to a more active approach to utilising charitable funds, including significant investment in equipment, staff wellbeing initiatives, patient support activities, and charitable project delivery.
- Expenditure relative to available fund balances increased, with the Committee noting that spending levels in-year were higher than in previous years and that the Charity was operating closer to a break-even position, which was considered appropriate given the purpose of charitable funds.
- The total value and number of funds continued to reduce, with ongoing consolidation of funds and increased spend from previously static or slow-moving balances, including a reduction in both the number of individual funds held, and the number and value of funds with balances over £25k.
- Income generation was lower than earlier expectations, ongoing risks associated with reduced donations and investment income due to wider economic conditions, reinforcing the need for active fundraising and marketing efforts.
- No material overdrawn fund positions were reported at year end, with short-term overdrawn positions within the Committee's general fund mitigated through the planned use of interest and dividend income and the transfer of surplus reserves.
- The Charity remained financially viable, with sufficient liquidity to meet existing commitments, including support for approved bids and small grants, while recognising that future sustainability would depend on:
  - successful delivery of the developing marketing and fundraising strategy,

- careful management of commitments in light of reduced investment returns.

This provided the Committee with assurance that the charity was in a positive and stable financial position going into the next financial year, with clear strengths and some areas requiring continued attention.

- 2.3 Throughout the year, the Committee considered and approved a range of small grants and larger funding bids, supporting initiatives aligned with charitable objectives and providing demonstrable benefit to patients, staff and volunteers.

The Committee continued to strengthen its approach to grant scrutiny, including:

- Prior review of bids by the Executive Committee;
- Consideration of affordability and sustainability;
- Assurance that charitable funding supplemented, rather than replaced, core NHS provision.

- 2.4 The Committee received assurance from Audit Wales in relation to the annual audit of the charitable fund's accounts, including the ISA 260 report and the Letter of Representation. The Committee approved the final Annual Accounts and Annual Report for 2024–25 prior to submission to the Board and the Charity Commission.

The Committee also received updates on changes to charity legislation and the revised Statement of Recommended Practice (SORP), noting that no material impacts on reporting or operations were anticipated.

The Annual Report and Accounts for the period can be accessed via appendix 4.

2.5 The Committee received updates on investment performance, including reports from CCLA, and monitored the impact of market volatility and organisational changes within the investment manager.

At 31 March 2026, CCLA investments reflected a significant unrealised loss of approximately £314k, primarily due to market volatility and geopolitical instability.

The Committee sought assurance that the charity's investments remained appropriate, ethical and aligned with a medium-risk, long-term strategy. The Committee agreed to continue regular monitoring and periodic review of investment arrangements.

2.6 The Committee maintained a strong focus on funds with balances over £25k and those identified as slow-moving. Fund holders were invited to attend meetings to present spending plans and provide assurance that funds were being used in line with donor intent.

Where appropriate, the Committee supported proposals to stimulate appropriate expenditure and reinforced expectations that funds should be actively managed. The Committee also noted that, where funds remained unused without good reason, consideration may be given to reallocation in line with Charity Commission guidance.

The Committee received updates on the spending plans from the following accounts:

- RGH Casting Techniques Course Fund: The funds had generated through income from an established national training course and the future spending plans included venue changes and succession planning;
- Ken Shute Fund: The fund holder proposed using £20k to support research into an AI diagnostic tool for ovarian cancer with the Committee approving the release of funds to be used;
- Legacy Gastroenterology Fellowship Fund: The spending plans included training, equipment purchase and service improvements;
- RGH Vascular Laboratory Fund: No income or expenditure recorded in the previous 12–36 months, with potential plans included equipment purchase and an external funding bid;
- Gastroenterology Account: The Committee noted that a detailed spending plan with quotes had been presented previously and that the fund was now being actively managed.
- Rheumatology Fund: The funds were expected to be used for equipment purchases of 20k per item, the account was being reviewed at the July 2026 meeting for further update with clearer spending plans.

2.7 During 2025/26, the Committee continued its established review of spending plans for funds with balances over 25k. The position reported in April 2026 showed a continued reduction in both the number and total value of these funds, reflecting increased and more timely expenditure since enhanced monitoring was introduced. While the overall trend was positive, a small number of funds remained slow-moving, in some cases due to service change or paused development.

The Committee agreed that funds holders associated with these balances would be invited to present spending plans, providing assurance that funds were being used appropriately and inline with the donor intent.

Overall, the Committee was assured that the arrangements in place continued to support effective governance.

2.8 In April 2026, the Committee was assured that sufficient funds were available to support its current and planned commitments. While the general fund showed short-term pressure reflecting previously approved awards, this was mitigated by anticipated interest and dividend income, resulting in an estimated available balance of £86.8k. The Committee recognised that this position reflected a deliberate shift towards more active use of charitable funds and confirmed that robust oversight arrangements were in place to manage commitments and maintain financial sustainability going into the next financial year.

2.9 During 2025/26, the Committee received updates on national changes to charity regulation, with a particular focus on the revised Charities Statement of Recommended Practice (SORP), which came into effect from 1st January 2026. The Committee was advised that the Health Board's charitable funds fell within the Tier 2 reporting category, requiring enhanced narrative reporting but with no material change to existing accounting arrangements. It was confirmed that there were no significant differences between the draft and final versions of the SORP and no material impact on the charity's operations. The Committee was assured that appropriate preparations were in place to ensure continued compliance with the updated legislative requirements.

2.10 During 2025/26, the Committee considered proposals to support a more flexible use of charitable funds where designated balances had remained unspent for prolonged periods. At the April meeting, the Committee agreed that a performance-based approach should be adopted, focused on funds showing limited activity or engagement, rather than applying a universal levy. The Committee was assured that legal advice had confirmed this approach was compliant and

proportionate, and concluded that it would strengthen stewardship and support the more effective use of charitable funds in line with donor intent and charitable objectives.

2.11 During 2025/26, the Committee received assurance that the Financial Control Procedures for Charitable Funds remained appropriate and effective, following their annual review. The Committee was advised that the procedures continued to reflect current practice, legislative requirements and audit expectations, with no control issues raised during the year. While no immediate amendments were required, it was noted that further updates would be brought forward in the next financial year to reflect developments in fundraising methods and reporting arrangements. Overall, the Committee was assured that robust controls remained in place to support effective governance of charitable funds.

2.12 During 2025–26, the Committee received updates on the sale of Clytha Square, a property held as a charitable asset. The Committee were advised that the property had been sold, with the proceeds to be added to the charitable funds following completion of the transaction and settlement of associated costs.

The Committee noted the transparency of reporting in relation to property-related costs incurred prior to sale and was assured that the transaction was being managed appropriately, with the net proceeds contributing to the overall resources available for charitable purposes.

2.13 In April 2026, the Committee received the proposed annual programme of business for 2026/27, setting out the planned schedule reports, assurance activities and areas of focus for the year ahead. The programme was confirmed as aligning with the Committee remit and priorities, including ongoing oversight of financial performance, spending plans, governance arrangements and effective use of the charitable funds. The Committee agreed the programme and was assured that it provided a clear framework to support timely assurance, forward planning and effective governance during 2026/27.

2.14 During 2025–26, the Committee received and scrutinised a report on the proposed administration charge for the management of Charitable Funds. The report set out the forecast costs for 2025–26, including finance, governance, audit and administrative support, and confirmed that all administration costs would continue to be met from charitable funds, with no reliance on Health Board revenue budgets.

Benchmarking information was provided to demonstrate that the proposed charge was proportionate when compared with other NHS Wales charities. The Committee approved an administration charge of £180k for 2025–26, with flexibility to increase to a maximum of £185k should additional costs arise.

### 3 CF Committee Meetings and Membership

3.1 During 2025-26, the CFC met Four times via Microsoft Teams- June 2025, September 2025, January 2026, and April 2026. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Members:

- Paul Deneen (Chair), Independent Member
- Neil Patrick (Vice Chair), Independent Member
- Richard Clark, Independent Member (left in June)
- Akmal Hanuk, Independent Member (Joined in June)
- Nicola Prygodzicz, Chief Executive
- Robert Holcombe, Director of Finance and Procurement

3.3 In line with the Public Bodies (Admissions to Meetings) Act 1960, public bodies are ordinarily required to conduct meetings in public. Throughout 2025/26, Committee meetings were held virtually, which meant that public attendance was not facilitated. To maintain transparency and public accountability, and following agreement with Audit Wales from October 2025, the Health Board implemented an alternative arrangement whereby summaries of Committee meetings were published on the Health Board’s website. These summaries provide an overview of the key discussions, decisions and outcomes of each meeting, ensuring continued openness in the conduct of the Committee’s business.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board’s [website](#) in advance of meetings.

## 4 **CFC Reporting Arrangements**

4.1 Following each meeting, the CFC submits an Assurance Report to the

following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#)

## **5. Self-assessment and Evaluation**

- 5.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of Committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment enables the Committee to identify areas of development and focus for the coming year, including any training and development needs, as well as changes to processes and procedures.

The Charitable Funds Committee undertook its statutory annual self-assessment between November 2025 and January 2026, achieving a 50% response rate. The results demonstrated a strong and positive position, with full assurance across all areas assessed, including Committee governance and membership, induction arrangements, understanding and management of conflicts of interest, balance of skills and experience, clarity of the Committee's role, the effectiveness of meeting conduct and challenge, decision-making and follow-up, and the quality, timeliness and clarity of information and reporting to the Board.

The assessment did not identify any areas for further development. The findings of the self-assessment were circulated to Committee members by email for comment, and no feedback or additional comments were received. The outcomes of the self-assessment will therefore be taken forward through the Committee's work programme and will inform the development of objectives for 2026/27, as well as the Annual Accountability Report and the Governance Statement.

Overall, the Committee concluded that it remains effective and well-supported, with clear strengths in governance, assurance and operation, and will continue to keep its effectiveness under review as part of its ongoing programme of work for 2026/27.

## **6. Key Areas of focus in 2026-27**

- 6.1 The Committee had identified the following key areas of focus for 2026/27:

- Continued oversight of grant affordability and sustainability;
- Further development of the charity's growth and engagement strategy;

- Ongoing review of slow-moving funds and legacy arrangements;
- Monitoring of investment performance and market conditions;
- Maintaining strong governance, assurance and transparency.

## **7. Conclusion**

- 7.1 This report demonstrates that the Charitable Funds Committee has continued to discharge its responsibilities effectively during 2025–26, providing assurance to the Board on the stewardship, governance and appropriate use of Charitable Funds.

The Committee remained committed to ensuring that charitable resources are used wisely, ethically and in a way that maximises benefit to patients, staff and the wider community.



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Date: May 2025

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## 1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Charitable Funds Committee**.

Aneurin Bevan University Local Health Board (ULHB) Charitable Fund and Other Related Charities, also known as Aneurin Bevan Health Charity, is registered with the Charity Commission following a Deed of Amendment dated 7<sup>th</sup> January 2011 with Aneurin Bevan University Local Health Board as the Corporate Trustee, registration number 1098728.

The Aneurin Bevan ULHB was appointed as corporate trustee of the charitable funds by virtue of the Supplemental Deed of Declaration and that its Board serves as its agent in the administration of the charitable funds held by the ULHB.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document. The Health Board, acting as trustee must approve any changes to these terms of reference.

## 2. Purpose of the Committee

The purpose of the **Charitable Funds Committee** ("the Committee") is to:

Ensure the stewardship and effective management of funds which have been donated, bequeathed and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.

## 3. Delegated Powers and Authority

### 3.1. Authority

The Committee is authorised with the responsibility for

- Overseeing the day-to-day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the trustee and the requirements of the ULHB's Standing Financial Instructions;
- Scrutinising requests for use of the charitable funds to ensure that any such use is in accordance with the aims and purpose of any charitable fund or donation and are clinically and ethically appropriate. Committee members will

bear in mind due diligence to Charity Commission and ULHB guidance regarding the ethical use of funds and acceptance of donations;

- The appointment of an investment manager (where appropriate) to advise it on investment matters and may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:
- The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
- There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
- The performance of the person or persons exercising the delegated power is regularly reviewed;
- Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;
- Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Director of Finance and Performance;
- Ensuring that the banking arrangements for the charitable funds should be kept entirely distinct from the Health Board's NHS funds;
- Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;
- Ensuring that the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;
- Ensuring the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the LHB Board for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance;
- Regularly reviewing investments to see if other opportunities or investment services offer a better return.

The Committee may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);
- and
- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other

independent professional advice to support investment opportunities and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

### 3.2. **Sub-Committees**

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

## 4. **Function and Work Programme**

### 4.1. **Delegated Powers and Duties of Director of Finance & Performance**

The Director of Finance (as Financial Trustee) has prime responsibility for the Health Board's Charitable Funds as defined in the Health Boards Standing Financial Instructions. The specific powers, duties and responsibilities are:

- The administration of all existing charitable funds;
- To identify any new charity that may be created (of which the Health Board is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity;
- To provide guidelines with respect to donations, legacies and bequests, fundraising and trading income;
- The responsibility for the management of investment of funds held on trust;
- To ensure appropriate banking services are available;
- To prepare reports to the LHB Board including the Annual Account.

### 4.2. **Effective Assurance**

The Committee's programme of work will be designed to provide assurance that:

- Within the budget, priorities and spending criteria determined by the Health Board as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.
- To ensure that the Health Board policies and procedures for charitable funds investments are followed.
- To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:
  - Trustee Act 2000;
  - The Charities Act 1993;
  - The Charities Act 2006;

- Terms of the fund's governing documents.
- To receive at least twice a year reports for ratification from the Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Health Board's investment adviser.
- To oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions.
- To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.
- To monitor and review the Health Board's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

#### 4.3. **Access**

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## 5. **Membership**

### 5.1. **Members**

The Committee shall comprise:

Chair:	Independent member of the Board
Vice Chair:	Independent member of the Board
Other Members:	Independent Member
Two (2) Executive Directors:	
	<i>Chief Executive</i>
	<i>Director of Finance and Procurement (as Financial Trustee)</i>

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

### 5.2. **Attendees**

*Other officers of the Health Board will attend:*

- Other Executive Directors will attend as required by the Committee

*Others by invitation*

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter. These may include:

- ~ Director of Corporate Governance
- ~ Assistant Director of Finance – Financial Systems & Services
- ~ Head of Financial Services & Accounting
- ~ Charitable Funds Manager

~ Health Board's Investment Advisor

### 5.3. **Member Appointments**

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

### 6.1. **Secretariat**

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

### 6.2. **Advice and Member Support**

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
- and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

## 6. **Committee Meetings**

### 7.1. **Quorum**

At least three of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair, one other should be an Independent Member and one must be the Chief Executive or the Director of Finance

### 7.2. **Frequency of Meetings**

Meetings will be held **Quarterly** and otherwise as the Chair of the Committee deems necessary – consistent with the Health Boards plan of Board business.

### 7.3. **Withdrawal of individuals in attendance**

The Chairman may ask any or all of those who normally attend but who are not members of the Committee to withdraw to facilitate open and frank discussion of particular matters (an In Committee meeting).

### 7.4. **Record of the Committee Meeting**

A record of the meeting will be presented as notes and action points.

## 7.5. **Public Meetings**

The Committee will not routinely meet in public.

## 7. **Relationship and Accountabilities with the Board and its Committees**

The Committee is directly accountable to the Board, as Corporate Trustee, for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board and where appropriate its committees and groups, through the:

- ~ Joint planning and co-ordination of Board and Committee business  
and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

## 8. **Reporting and Assurance Arrangements**

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board (as Trustees) on the Committee's activities.
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair and Chief Executive (as Accountable Officer) of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## 9. **Applicability of Standing Orders to Committee Business**

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## 10. **Review**

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

## Appendix 2

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Dates of Meeting			
			QTR 1/2 4 <sup>th</sup> June 2025	QTR 3 30 <sup>th</sup> September2025	QTR 4 7 <sup>th</sup> January 2026 (Accounts)	QTR 1 22nd April 2026
			<b>Preliminary Matters</b>			
Attendance and Apologies	Chair	SI	√	√	√	√
Declaration of Interest	All Members	SI	√	√	√	√
Minutes of the Previous Meeting	Chair	SI	√	√	√	√
Action log and Matters Arising	Chair	SI	√	√	√	√
<b>Committee Governance</b>						
Development of Committee Annual Programme of Business 2026/27	DoCG	AN				√
Review of Committee Programme of Business 2025/26	Chair	SI		√	√	√
Annual Review of Committee Terms of Reference 2025/26	DoCG	AN	√ 2024/25			√D
Annual Review of Committee Effectiveness 2025/26	DoCG	AN	√ 2024/25			√
Committee Annual Report 2025/26	DoCG	AN	√ 2024/25			√D
Committee Self-Assessment Results 2025/26	DoCG	AN	√ 2024/25			√

<b>Committee Assurance</b>						
Finance & Performance Report to include:- <ul style="list-style-type: none"> <li>• Report on Significant Donations, legacies and grant income.</li> <li>• Update on new and closed funds</li> <li>• Overdrawn Accounts</li> <li>• KPIs Review</li> <li>• Benchmark data for other Health Board charity income (Action September)</li> <li>• Options appraisal for growing the charity and promoting the benefits (Action September)</li> <li>• Briefing paper on transition (Action for January)</li> <li>• Further clarity on the landscape of active charities and initiatives (Action for March)</li> </ul>	AHOFA	SI	v	v	v	v
Legislation Changes	HOFA	SI	v	v	v	v
Funds available to the Committee	HOFA	SI	v	v	v	v
Consideration of Bids/Small Grants <ul style="list-style-type: none"> <li>• 3 year plan for Decarbonisation – (Action for June 2025 meeting)</li> <li>• Staff Network grant - (Action for June 2025 meeting)</li> <li>• Clearer breakdown of the bid by financial year and further information on the impact and</li> </ul>	HOFA	SI	v	v	v	v

<p>affordability of the proposal (Action for January )</p> <ul style="list-style-type: none"> <li>universal benefit to staff and patients, and the importance of maintaining transparency and fairness through a scoring matrix (Action for March)</li> <li>update on the status of other funds and deferred applications (Action for March)</li> </ul>						
<p>Update on Property Matters</p> <ul style="list-style-type: none"> <li>Update on Clytha Square (June 2025 meeting)</li> </ul>	HOFSA	SI	v	v	v	v
<p>Spending Plans over £25K</p> <ul style="list-style-type: none"> <li>Review the current practice and provide recommendations (Action for January)</li> </ul>	HOFSA	Bi-AN		v		v
<p>Level of Reserves</p>	AFD	AN	v			
<p>Review of Investment Strategy and Performance (CCLA)</p> <ul style="list-style-type: none"> <li>Monitoring quarterly investment reports and to review the contract and performance at regular intervals. (Action for March)</li> </ul>	AFD	AN			v	
<p>Review of Financial Control Procedure</p>	AFD	AN				v
<p>Administration Charge</p>	HOFSA	AN			v	
<p>Draft Accounts and Annual report</p>	HOFSA	AN		v		

Final Accounts and Annual report for approval	HOFSA	AN			v	
Attendance of fund holders for slow moving funds <ul style="list-style-type: none"> <li>Detailed plan with costings for account F831 ( Action for January )</li> <li>Progress update on monitor slow moving funds, supporting fund holders in developing spending plans (Action for January)</li> <li>Account F306 RGH VASCULAR LABORATORY (Action for January )</li> </ul>	DOFP	SI	v	v	v	v
Audit Plan Update (Verbal)	HOFSA	Action	v			
Review of the various options presented, including benchmarking with other NHS Wales charities, and bring back a prioritised plan	ADOF	Action			v	
Proposal for Flexible use of Charitable Funds	DOF	Ad Hoc				v
Committee Self-Assessment Discussion (In-Committee)	DOCG	Ad Hoc				v

## Appendix 3

### Charitable Funds Committee: Attendance at meetings in 2025-26

**Attended** **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	4th June 2025	30th September 2025	7th January 2026	22nd April 2026
<b>Independent Members</b>				
Paul Deneen	x	x	x	x
Neil Patrick	x	x	x	x
Richard Clark	x			
Akmal Hanuk		X	X	x
<b>Executive Directors</b>				
Director of Finance, Procurement & Value	x	x	x	x
Chief Executive	x	x	x	x

## Appendix 4



Appendix 4--  
Annual Report a...