

# Charitable Funds Committee

Tue 30 September 2025, 13:00 - 16:00

Microsoft Teams



## Agenda

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### 1. PRELIMINARY MATTERS

 CFC 20250930 Agenda - Approved.pdf (2 pages)

#### 1.1. Welcome and Introductions

*Oral*            *Chair*

#### 1.2. Apologies for Absence

*Oral*            *Chair*

#### 1.3. Declarations of Interest

*Oral*            *Chair*


#### 1.4. Draft Minutes of the last Meeting held on 4th June 2025

*Attached*            *Chair*

 CFC 20250930 1.4 CFC 20250604 Minutes - Draft.pdf (10 pages)

#### 1.5. Committee Action Log

*Attached*            *Chair*

 CFC 20250930 1.5 Committee Action Log.pdf (3 pages)

### 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

#### 2.1. Finance & Performance Report

*Attached*            *Head of Financial Services and Accounting*

 CFC 20250930 2.1 Finance Performance Report.pdf (3 pages)

 CFC 20250930 2.1 Finance Performance Report Q1 25-26 - Appendix 1.pdf (19 pages)


#### 2.2. Funds Available to the Committee


*Attached*            *Head of Financial Services and Accounting*


 CFC 20250930 2.2 Funds available to the Committee.pdf (6 pages)

#### 2.3. Consideration of Bids/Small Grants


*Attached*            *Head of Financial Services and Accounting*

 CFC 20250930 2.3 Consideration of Bids and Small Grants.pdf (6 pages)

 CFC 20250930 2.3 Consideration of Bids-Small Grants - Appendix A Charitable Funds Small Grants Scheme Bids Assessment Criteria.pdf (3 pages)

 CFC 20250930 2.3 Consideration of Bids-Small Grants - Appendix B - SGS-027 Staff Networks.pdf (4 pages)

 CFC 20250930 2.3 Consideration of Bids-Small Grants - Appendix C - SGS-028 Decarb Promotion.pdf (3 pages)

 CFC 20250930 2.3 Consideration of Bids-Small Grants - Appendix D - SGS-029 Saturation Monitors Maternity.pdf (3 pages)

- 📄 CFC 20250930 2.3 Consideration of Bids-Small Grants Appendix E - SGS-030 perinatal Mental Health Dancing the Parenting.pdf (5 pages)
- 📄 CFC 20250930 2.3 Consideration of Bids- Small Grants - Appendix E.1 Dancing the Parenting Evaluation report April 2025.pdf (65 pages)
- 📄 CFC 20250930 2.3 Consideration of Bids- Small Grants - Appendix F - SGS-031 Military Choir GUH.pdf (3 pages)
- 📄 CFC 20250930 2.3 Consideration of Bids-Small Grants -Appendix G - SGS-032 Future Care Planning Facillitators Primary Care.pdf (5 pages)
- 📄 CFC 20250930 2.3 Consideration of Bids-Small Grants - Appendix H CFC-279 SUS Speaking Up Safely.pdf (11 pages)

### **3. ITEMS FOR DISCUSSION**

#### **3.1. Legislation Changes**

*Oral Assistant Finance Director*

- 📄 CFC 20250930 3.1 Legislation Changes.pdf (5 pages)

#### **3.2. Options appraisal for growing the charity and promoting the benefits**

*Attached Assistant Finance Director*

- 📄 CFC 20250930 3.2 Options Appraisal for Growing the Chaity and Promoting the Benefits.pdf (9 pages)
- 📄 CFC 20250930 3.2 Options appraisal for growing the charity and promoting the benefits - Appendix A Sample magazine My University Hospitals Sussex.pdf (68 pages)
- 📄 CFC 20250930 3.2 Options appraisal for growing the charity and promoting the benefits - Appendix B - Uniting for Health Partnership Proposal.pdf (2 pages)
- 📄 CFC 20250930 3.2 Options appraisal for growing the charity and promoting the benefits - Appendix C - NHS Wales Charities Professional Steering Group TOR Draft August 2025.pdf (4 pages)
- 📄 CFC 20250930 3.2 Options appraisal for growing the charity and promoting the benefits - Appendix D - NHS Charities in Wales Brand Vision and Values Draft August 2025.pdf (3 pages)

#### **3.3. Spending Plans over £25K**

*Attached Head of Financial Services and Accounting*

- 📄 CFC 20250930 3.3 Annual Spending Plans over 25k.pdf (4 pages)
- 📄 CFC 20250930 3.3 Spending Plans over £25k - Appendix A Over 25k Balances - Spending Plans.pdf (2 pages)

#### **3.4. Draft Accounts and Annual report**

*Attached Head of Financial Services and Accounting*

- 📄 CFC 20250930 3.4 Draft Annual Accounts Annual Report 2024-25.pdf (6 pages)
- 📄 CFC 20250930 3.4 Draft Accounts and Annual report - Appendix 1 ABUHB Charitable Funds Draft Accounts 2024-25.pdf (21 pages)
- 📄 CFC 20250930 3.4 Draft Accounts and Annual report - Appendix 2 Charitable Funds Draft Annual Report 2024-25.pdf (44 pages)
- 📄 CFC 20250930 3.4 Draft Accounts and Annual report - Appendix 3 ABUHB Charitable Fund Audit Enquiries 2024-25.pdf (19 pages)

#### **3.5. Audit Wales Progress Update**

*Attached Audit Wales*

- 📄 CFC 20250930 3.5 Audit Plan Update - Audit Plan 2025.pdf (16 pages)

#### **3.6. Attendance of Current CFC Fund Holders for Slow Moving Funds**

*Attached Assistant Finance Director*

- 📄 CFC 20250923 3.6 Attendance of Current CFC Fund Holders for Slow Moving Funds .pdf (4 pages)
- 📄 CFC 20250923 3.6 Attendance of Current CFC Fund Holders for Slow Moving Funds - Appendix A Over 25k Report Vascular Fund.pdf (2 pages)
- 📄 CFC 20250930 3.6 Attendance of Current CFC Fund Holders for Slow Moving Funds - Appendix B Over 25k Report Gastroenterology.pdf (2 pages)

## **4. ITEMS FOR INFORMATION**

### **4.1. Development of Committee Annual Programme of Business 2025/26**

*Attached*                      *Director of Corporate Governance*

 CFC 20250930 4.1 Review of Committee Forward Work Plan 2025-26.pdf (4 pages)

 CFC 20250930 4.1 Forward Work Plan 2025-2026 - Appendix 1 .pdf (6 pages)

## **5. OTHER MATTERS**

### **5.1. Items to be Brought to the Attention of the Board and Other Committees**

*Oral*                      *Chair*

### **5.2. Any Other Urgent Business**

*Oral*                      *Chair*

### **5.3. Date of the Next Meeting: 7th January 2026**

**AGENDA**

<b>Date and Time</b>	<b>Tuesday 30<sup>th</sup> September 2025, 13:00PM-16:00PM</b>
<b>Venue</b>	<b>Microsoft Teams</b>

<b>Item</b>	<b>Title</b>	<b>Format</b>	<b>Presenter</b>
<b>1</b>	<b>PRELIMINARY MATTERS</b>		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence	Oral	Chair
1.3	Declarations of Interest	Oral	Chair
1.4	Draft Minutes of the last Meeting held on 4 <sup>th</sup> June 2025	Attached	Chair
1.5	Committee Action Log	Attached	Chair
<b>2</b>	<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>		
2.1	Finance & Performance Report	Attached	Head of Financial Services and Accounting
2.2	Funds Available to the Committee	Attached	Head of Financial Services and Accounting
2.3	Consideration of Bids/Small Grants	Attached	Head of Financial Services and Accounting
<b>3</b>	<b>ITEMS FOR DISCUSSION</b>		
3.1	Legislation Changes	Attached	Assistant Finance Director
3.2	Options appraisal for growing the charity and promoting the benefits	Attached	Assistant Finance Director
3.3	Spending Plans over £25K	Attached	Head of Financial Services and Accounting
3.4	Draft Accounts and Annual report	Attached	Head of Financial Services and Accounting
3.5	Audit Wales Progress Update	Attached	Audit Wales
3.6	Attendance of Current CFC Fund Holders for Slow Moving Funds	Attached.	Assistant Finance Director



	To include Spending Plan(s)		
<b>4</b>	<b>ITEMS FOR INFORMATION</b>		
4.1	Development of Committee Annual Programme of Business 2025/26	Attached	Director of Corporate Governance
<b>5</b>	<b>OTHER MATTERS</b>		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: <ul style="list-style-type: none"> <li>7<sup>th</sup> January 2026</li> </ul>		

#### **Motion to Exclude Members of the Public and the Press**

There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:

“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

*Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960*





**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN**

**MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

**MINUTES OF CHARITABLE FUNDS COMMITTEE MEETING**

<b>DATE OF MEETING</b>	04 June 2025 09.30-12.30
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Paul Deneen, Committee Chair, Independent Member
	Neil Patrick, Committee Vice Chair, Independent Member
	Richard Clark, Independent Member
	Robert Holcombe, Director of Finance and Procurement
	Nicola Prygodzicz, Chief Executive (Joined at 11.00)
<b>IN ATTENDANCE</b>	Robert Jones, Assistant Finance Director
	Alison Griffiths, Charitable Funds, PPM Manager
	Susan Gauntlett, Assistant Head of Financial Accounting
	Gareth Lewis, Head of Financial Services and Accounting
	Rani Dash, Director of Corporate Governance
	Naomi Murtagh, Board Business Manager
	Julie Rees, Audit Wales
	Paul Edwards, Consultant Surgeon
	Nicola Hardwicke, Senior Orthopaedic Practitioner
	Gillian Watkins, Department Manager
	Gavin Thomas, Governance Support Officer (Secretariat)
	Thomas Jaynes, Governance Support Officer, (Observing)

<b>CFC/0604/01</b>	<b>Welcome and Introductions</b> Paul Deneen, (PD) Committee Chair, welcomed everyone to the meeting.
<b>CFC/0604/02</b>	<b>Apologies for Absence</b> Paul Deneen, (PD) Committee Chair noted that there were no apologies received for this meeting.
<b>CFC/0604/03</b>	<b>Declarations of Interest</b> There were no declarations of interest raised to record.
<b>CFC/0604/04</b>	<b>Draft Minutes of the last Meeting held on 7<sup>th</sup> March 2025</b>



	<p>The previous minutes were received and were <b>AGREED</b> as a true and accurate record.</p>
<p><b>CFC/0604/05</b></p>	<p><b>Committee Action Log</b></p> <p>The Committee received the action log and were content with the progress made in relation to completed actions, noting that there were no outstanding actions.</p>
<p><b>CFC/0604/06</b></p>	<p><b>Development of Committee Annual Programme of Business 2025/26</b></p> <p>Rani Dash (RD), Director of Corporate Governance, presented the Annual Programme of Business for 2025/26.</p> <p>The committee <b>APPROVED</b> the workplan for 2025/26.</p>
<p><b>CFC/0604/07</b></p>	<p><b>Finance and Performance Report</b></p> <p>Susan Gauntlett (SG), Assistant Head of Financial Accounting, provided the Committee with a financial update and the following key issues were noted from within the report:</p> <ul style="list-style-type: none"> <li>• Annual expenditure was 11% higher than in 2023/24.</li> <li>• Annual expenditure as a % of fund balances was significantly higher than in previous years.</li> <li>• Since 2022/23, both the total number of funds and number of static funds had decreased.</li> <li>• At 31<sup>st</sup> March 2025 the CCLA investment reflected an unrealised loss of £158k.</li> </ul> <p>SG explained that income for the year totals £807K. This was £69K lower than the same period in 2023/24, mainly due to a reduction in donations, legacies and investment income offset by increases in grants and other income. In addition, SG explained that during the year 2 new legacies were received, one for Paediatrics Crohn's Disease and one for the Royal Gwent Medical Day Unit, and in addition there was 1 residual legacy, making a total of £10,000 in legacy donations.</p> <p>The Committee noted that total donations for 2024/25</p>



totalled £168,000 which was a reduction of £69,000 when compared to 2023/24 financial year.

SG further explained that expenditure for the year totalled £139K which by comparison to the same period in 2023/24 was £137,000 higher. The committee noted that the Charitable Funds Administration Charge at £166K was the largest single item of expenditure, in addition staffing costs totalling £313K in relation to grant funded projects and other schemes remained significant.

SG confirmed to the committee that there were no overdrawn accounts as of 31<sup>st</sup> March 2025.

SG advised that in terms of Gains / Losses on Investment Assets, as of 31<sup>st</sup> March 2025, the CCLA Investment presented an unrealised loss of £158K against the 2023/24 year-end value. In addition, the valuation for 13 Clytha Square had been reduced, which reflected the current market value and a reduction in that held of £63K. This reflected the sale price of the property achieved at auction in April 2025.

SG advised that the overall position for the period was a decrease in funds of £808K. Excluding investment losses there would be an underlying decrease of £587K, reflecting the fact that expenditure has significantly exceeded income this year.

Neil Patrick (NP) Independent Member, suggested that it would be beneficial to consider appointing someone who could help with promoting the charity and the benefits which it had brought to patients and the wider Health Board.

PD requested this as an agenda item at the next meeting and asked Robert Holcombe (RH), Director of Finance and Procurement (RH), to develop an options appraisal, which RH would provide an update to the committee at a later date.

### **Action: Director of Finance and Procurement**

In addition, the Committee felt that it would be useful to have some benchmarking data from other Health Boards in order to compare with their arrangements for charity management.



	<p><b>Action: Director of Finance and Procurement</b></p> <p>The committee <b>NOTED</b> the report.</p>
<p><b>CFC/0604/08</b></p>	<p><b>Funds Available to the Committee</b></p> <p>Gareth Lewis (GL), Head of Financial Services and Accounting, provided the committee with an update on the funds available.</p> <p>The Committee noted that payments totalling £18.4k relating to 13 Clytha Square have been charged against the committee’s general fund but would be recovered from the sale. In addition to this the committee noted that there was an additional £3.6k charged for securing the empty property pending sale.</p> <p>The Committee further noted that following the closure of the Royal Gwent Hospital League of Friends Charity, their remaining balance of £17k has been paid into the Committee’s general fund. In addition to this, there is a legacy of £5.6k left to the League which is available to the committee for use at Royal Gwent Hospital.</p> <p>The Committee noted that as of 1<sup>st</sup> April 2025, the Committee had further expenditure commitments totalling £57k. With the transfer of £184k of the Dividends and Interest from 2024/25, as agreed at the last committee meeting, this would leave the Committee with a balance of £159k.</p> <p>The Committee further noted that based on the current surplus of £159k, no further release of reserves was requested.</p> <p>PD thanked GL for the report and the Committee <b>noted</b> the contents.</p>
<p><b>CFC/0604/09</b></p>	<p><b>Consideration of Bids / Small Grants</b></p> <p>Gareth Lewis (GL), Head of Financial Services &amp; Accounting, provided the Committee with an overview of the requests that had been received for funding by the Charitable Funds Committee via their Small Grants Scheme as well as more substantial requests for approval.</p>



The Committee considered the following bids: CFC-270 Cardiology Impella Equipment £41k for ratification. CFC-271 Thyroid Gently Study £40k for ratification.

The Committee noted that CFC-270 had previously been to Committee in March 2025 and was approved in principle, but as the bid was over £20K, it has come back to Committee for further examination.

### **The Committee approved both CFC-270 and CFC-271**

The Committee received 2 bids for designated funds:

SGS 272 - purchase of the pintuition system - £66k.

SGS 273 additional myeloma clinical nurse specialist - £59k.

The Committee **approved both** of the Bids for the designated funds.

The Committee received 4 small grant scheme applications and 5 significant bids:

SGS 023 – £5k to support overall cost of work £22k.

SGS 024 – £7.5k to support the Finance and Procurement Conference.

SGS 025 – £4.5K to support the MHLD Conference.

SGS 026 – £4.7k to support development of an inclusive and accessible Community of Practice (CoP) for People’s Experience across ABUHB.

The Committee noted that in respect of the significant bids, each of them contained costs which span multiple financial years.

The Committee received the following significant bids:

CFC 275 - £139k

CFC 276 - £213k Over a 2-year period

CFC 277 - £104K Over a 2-year (3FY) period

CFC 278 – £151K Over a 2 – year period

The Committee noted that the current value of bids exceeds what was available to spend. The Committee



	<p>noted that the sale proceeds from Clytha Square had not yet been added.</p> <p>PD explained that the Committee could approve the bids today with a stipulation that it's for 12 months only, NP agreed with PD.</p> <p>The Committee <b>APPROVED</b> the bids with a stipulation that where the bid was for more than 12 months, the Committee was supportive in principle but would need to review at the end of the first 12 months.</p>
<p><b>CFC/0604/10</b></p>	<p><b>Legislation Changes</b></p> <p>Robert Jones, (RJ), Assistant Finance Director, provided the Committee with an update on the legislation changes, advising that there was a consultation into reviewing financial thresholds in charity law but confirmed that the Health Board was not responding to the consultation as the Health Board was content with the suggested changes to the legislation.</p> <p>The Committee noted that any changes to the legislation would come into effect at the end of March 2027.</p> <p>PD asked for information to be provided to him on the proposed legislation.</p> <p><b>Action: Assistant Finance Director</b></p>
<p><b>CFC/0604/11</b></p>	<p><b>Update on Property Matters</b></p> <p>Robert Jones (RJ), Assistant Finance Director, provided the Committee with an update on the Clytha Square property, advising the property had now been sold and the proceeds from the sale were awaited.</p> <p>MR advised that once the proceeds were received and all fees and charges had been paid, we should have somewhere in the region of £160k added to the fund.</p> <p>The committee <b>NOTED</b> the sale of the property.</p>
<p><b>CFC/0604/12</b></p>	<p><b>Level of Reserves</b></p> <p>Robert Jones, (RJ), Assistant Finance Director presented the report to the Committee and the following key points were noted.</p>



The anticipated reserve was £385k and the sale of Clytha Square will provide an additional figure of £160k after all legal fees and charges had been paid.

In terms of designated funds, the balance as of 31<sup>st</sup> March 2025 was currently circa £3m. To release £500k to the general-purpose fund would require a release of 16% across all funds and where this had been discussed with fund holders, a variety of feedback had been received.

RJ explained that we would need to apply one or more of the options identified within the report to support the bids received as part of item 2.4.

The Committee **NOTED** the contents of the report.

**CFC/0604/13**

**Attendance of Current CFC Fund Holders for Slow Moving Funds**

Gareth Lewis (GL), Head of Financial Services & Accounting, provided background to the Committee on the two funds which are slow moving in nature.

PD welcomed Nicola Hardwicke (NH), Senior Orthopaedic Practitioner and Gillian Watkins (GW), Department Manager to the Committee.

NH explained that she runs the RGH Casting Techniques Course which is the only course in the UK and had been running for 23 years. NH further explained that owing to the success of the course, it is offered to people outside of the Health Board and if attendees are from outside, they pay the course fee of £2800 in order to attend.

NH explained that the high balance of the fund currently is a testament to the success of the course. In addition, NH stated that she was looking for an alternative venue to hold the course as well as undertaking succession planning.

Nicola Prygodzicz, (NP) Chief Executive, noted that she would be keen to see this course continue and grow. PD supported ND's comments.

The Committee **NOTED** the update.

Paul Edwards, (PE) Consultant Surgeon, was welcomed to the Committee and updated on the Ken Shute fund. PE



explained that one of his colleagues had identified an AI algorithm to help with the diagnosis of ovarian cancer and it was ready to be tested in the real world and live cases.

PE explained that there is currently £20k in the Ken Shute Fund which he would like to utilise to put towards this research.

NP asked if there was any intellectual property (IP) value and the Committee noted that there was currently no IP NHS Wales policy.

The committee further noted that PE had made submissions to NHIR and other organisations in a bid to move this research forward.

The committee agreed that it was worth PE discussing this further with NP and RH outside of this meeting.

**Action: Robert Holcombe (RH), Director of Finance and Procurement**

The Committee **APPROVED** the release of the £20k from the Ken Shute fund.

The Committee noted that this item would return to the Committee for an update in September.

**Action: Governance Support Officer**

**CFC/0604/14**

### **Audit Plan 2024/25 Update**

Julie Rees, (JR) Audit Wales, was welcomed to the meeting to update on the plan for Audit 2024/25. The Committee noted that there was a planning meeting held in April with a timetable for the audits presented and agreed.

JR advised that in addition to the usual audits taking place, there would also be audits undertaken in respect of deferred income, risk management override and the property sale in respect of 13 Clytha Square.

The Committee further noted that Matthew Argyle would be taking over from JR.

The Committee **NOTED** the update.



<b>CFC/0604/15</b>	<p><b>Annual Review of Committee Terms of Reference 2025/26</b></p> <p>The Committee received the Terms of Reference for 2025/26 and these were <b>APPROVED</b>.</p>
<b>CFC/0604/16</b>	<p><b>Committee Annual Report 2024/25</b></p> <p>The Committee received the Annual Report for 2025/26 and the report was <b>NOTED</b> and <b>APPROVED</b>.</p>
<b>CFC/0604/17</b>	<p><b>Items to be Brought to the Attention of the Board and Other Committees</b></p> <p>The following items were agreed to be brought to the attention of the Board and other Committees.</p> <ul style="list-style-type: none"> <li>• The number of new bids which were being received which were of an Innovative nature.</li> <li>• Income and marketing and how best to utilise the funds.</li> </ul>
<b>CFC/0604/18</b>	<p><b>Any Other Urgent Business</b></p> <p>There was one item of any other urgent business to be discussed namely, Repayment of Grant Funding to NHS Charities Together which Gareth Lewis (GL), Head of Financial Services &amp; Accounting presented.</p> <p>GL explained to the Committee that the funds were to be used to employ a part time Grants Income Officer for 22.5 hours a week on a band 6 for a fixed term contract of 12 months (from July 23 to July 24) working in the Person-Centred Care Team with additional costs for a laptop and expenses etc. Their role was to develop and implement a policy for identifying and applying for external grants so that all staff across the Health Board could follow the system.</p> <p>GL explained that owing to a number of factors, the role was not appointed to and as a result of the agreement applied to the Development Grant the money would need to be repaid to NHS Charities Together.</p> <p>PD thanked GL for his report and noted that whilst it was unfortunate and disappointing to have to repay the money,</p>



	<p>the lessons learnt from the recruitment will provide an opportunity.</p> <p>The committee <b>APPROVED</b> the repayment. As this was the last meeting to be attended by Susan Gauntlett, Assistant Head of Financial Accounting, the Chair took the opportunity to thank her for her excellent service particularly to the Charitable Funds Committee. She was wished a very happy retirement.</p>
<b>CFC/0604/5.3</b>	<p><b>Date of the Next Meeting</b> Tuesday 30<sup>th</sup> September 2025.</p>

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<b>Outstanding</b>	<b>Overdue: In Progress</b>	<b>Not Due</b>	<b>Completed</b>	<b>Transferred to another Committee</b>
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
June 2025	<b>CFC/1706/2</b>	<p><b>Finance and Performance Report</b></p> <p>Benchmarking data from other Health Boards in respect of charity income to be obtained and shared at the next meeting.</p>	<b>Director of Finance and Procurement</b>	<b>September 2025</b>	<p><b>Completed</b></p> <p><u>June update</u> Benchmark data for other health board charity income had been added to the forward work plan.</p> <p><u>August update</u> The benchmarking data will be included in agenda item 3.2 Options Appraisal for Growing the Charity and Promoting the Benefits for September's meeting.</p>
June 2025	<b>CFC/1706/2</b>	<p><b>Finance and Performance Report</b></p> <p>Options appraisal for growing the charity and promoting the</p>	<b>Director of Finance and Procurement</b>	<b>September 2025</b>	<p><b>Completed</b></p> <p><u>June Update</u> Options appraisal for growing the charity and promoting</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		benefits to be brought to the next meeting			the benefits had been added to the forward work plan  <u>August update</u> Options appraisal for growing the charity and promoting the benefits has been included on September's agenda under item 3.2
June 2025	<b>CFC/1706/3</b>	<b>Legislation Changes</b>  Information on the consultation currently underway into changes to financial thresholds in charity law to be shared with the independent members.	<b>Assistant Finance Director</b>	<b>September 2025</b>	<b>Completed</b>  <u>September Update</u> Information on the consultation currently underway into changes to financial thresholds in charity law has been included on September's agenda under item 3.1
June 2025	<b>CFC/1706/</b>	<b>Attendance of Current CFC Fund Holders for Slow Moving Funds</b>	<b>Chief Executive / Director of Finance</b>	<b>September 2025</b>	<b>Completed</b>  <u>September Update</u> Professor Edwards has met with Value-Based Health



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		CEO and Director of Finance to meet with Paul Edwards, Consultant Surgeon to examine ways in which the research into the AI Algorhythm could be taken forward.			Care with plans potentially for him to be invited to the 'strategic collaboration innovation board.

*All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready. Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.*



<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Charitable Funds Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Financial Report for Quarter 1, Period Ending 30 June 2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gareth Lewis, Head of Financial Services & Accounting

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)  
**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report updates the committee on a range of financial issues, including the following items, that were agreed as part of the annual work plan:

- Financial update including investment valuation.
- Report on significant donations
- Overdrawn accounts
- Key Performance Indicators (KPI's)
- New fund requests
- Update on cash balances

The key findings for quarter 1 (April to June 2025) are as follows:

- Expenditure is 37% lower than the same period in 2024/25.
- Expenditure as a % of fund balances in the first quarter of the year is lower than in previous years.
- Income is 48% lower than the same period in 2024/25.
- At 30 June 2025 the CCLA investment reflected an unrealised gain of £10K (at 31<sup>st</sup> August 2025, this gain increased to £38K).

## Cefndir / Background

This report provides a financial update for the Charitable Funds Committee for Quarter 1, the period from 1 April 2025 to 30 June 2025.

## Asesiad / Assessment

The full financial analysis update is provided in Appendix 1.

## Argymhelliad / Recommendation

The Charitable Funds Committee is asked to note this report.

## **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item. Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

## **Gwybodaeth Ychwanegol:**

### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	KPIs – Key Performance Indicators

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Yes, outlined within the paper
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.



# Aneurin Bevan Health Charity Finance & Performance Report

Quarter 1 01 April to 30 June 2025



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board



# Summary



The following information is presented in this report

- Balance Sheet
- Statement of Financial Activities
- Income (including investments)
- Expenditure
- Cashflow
- New Fund Requests
- Fund Sizes
- Overdrawn Account
- CCLA acquired by Jupiter Investments
- Events after Reporting Period
- NHS Charities Together(NHS CT) Comparison Survey Dashboard



# Balance Sheet



During the quarter, the Charitable Funds have reduced by 0.13%

	31-Mar-25 £	30-Jun-25 £	Movement £
<b>Fixed Assets</b>			
13 Clytha Square	187,000	0	-187,000
Oakdale 1M Strip of Land	55,000	55,000	0
Painting - The Domestic Chaplain	25,000	25,000	0
<b>Other Assets</b>			
CCLA Investments	4,419,294	4,429,239	9,945
Cash	517,383	534,403	17,020
Debtors	235,553	116,222	-119,331
Creditors	-483,398	-210,598	272,800
<b>Total Net Assets</b>	<b>4,955,832</b>	<b>4,949,267</b>	<b>-6,565</b>
<b>of which</b>			
<b>Restricted Funds</b>	<b>966,286</b>	<b>1,030,224</b>	<b>63,938</b>
<b>Unrestricted Funds</b>	<b>3,989,546</b>	<b>3,919,043</b>	<b>-70,503</b>

- 13 Clytha Square was sold in April 2025 for £187k (the same as its carrying value) with proceeds from the sale being received in June 25.
- CCLA investment reflected an unrealised gain of £10k
- £1.030m of funds are currently restricted (Legacies and Grants) reflecting 33% of total funds held.



# Statement of Financial Activities



Funds have decreased by £7k, reflecting expenditure exceeding income

	Quarter 1 30-Jun-24 £000's	Full Year 31-Mar-25 £000's	Quarter 1 30-Jun-25 £000's
<b>Income</b>			
Donations	46	168	<b>51</b>
Legacies	0	10	<b>0</b>
Grants	366	235	<b>140</b>
Investment Income	66	189	<b>43</b>
Other Income	38	205	<b>36</b>
<b>Total Income</b>	<b>516</b>	<b>807</b>	<b>270</b>
<b>Expenditure</b>	<b>448</b>	<b>1,394</b>	<b>283</b>
<b>Gains/(Losses) on investment assets</b>	<b>-33</b>	<b>-221</b>	<b>6</b>
<b>Surplus/(Deficit)</b>	<b>35</b>	<b>-808</b>	<b>-7</b>

- Income for the quarter is £246k lower than the same period in 2024/25, mainly due to a reduction in legacies, grants, other income and investment income offset by a slight increase in donations.
- No new legacies were received in the quarter (in 2024/25 we received 2 new legacies and 1 residual legacy totalling £10k).
- Donations for the quarter are £51k which is £5k up on the same period last year.
- During the quarter we received a grant instalment of £78k from NHS Charities Together for an ongoing project on Meaningful Activities (F995). In addition, grant funding of £65k was deferred in 2024/25, and brought forward into 2025/26.
- Expenditure for the quarter is £165k lower than the same period in 2024/25.
- Alongside the Unrealised Gain of £10k from CCLA, there was a Realised Loss of £4k from the sale of Clytha Square, which were charges relating to the cost of sale.

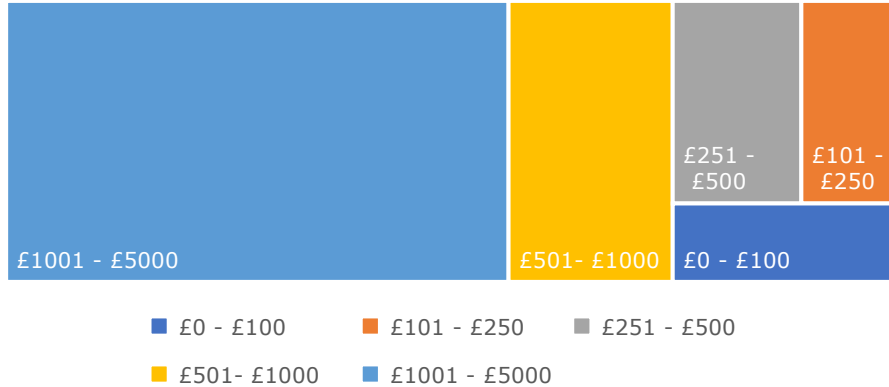


# Income

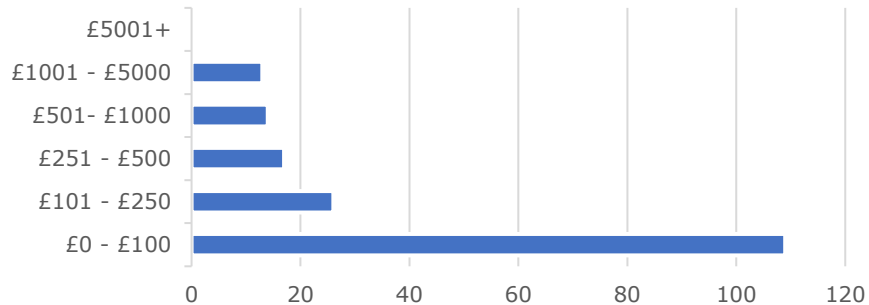
Donations totalling £51k were received in the quarter.



**Donations by Value**



**No. of Donations By Value**



The following table shows significant donations (over £1k) received in the quarter

Fund Ref	Received From	Amount £	Location
<b>Apr-25</b>			
F703 ABUHB JACKS APPEAL	JACK THOMAS CELEBRATION	2,000.00	ABUHB
F703 ABUHB JACKS APPEAL	BRITISH RADIO CAR ASSOCIATION	4,512.00	ABUHB
F229ABUHB CHILDREN'S PHYSIO TRAINING	THE MOVE PARTNERSHIP	2,854.40	ABUHB
		9,366.40	
<b>May-25</b>			
F231 ABUHB DINKY DRAGONS	JUST GIVING	1,268.10	ABUHB
F703 ABUHB JACKS APPEAL	NELSON COMMUNITY	1,408.00	ABUHB
F792 ABUHB STOMA CARE	B J TORJESEN STOMA FUND	1,500.00	ABUHB
F804 GUH B2 ACUTE CARDIAC UNIT ACU	RHYMNEY BREWERY	5,000.00	THE GRANGE
F675 CASGWENT WARD	CASH FROM RAFFLE	1,327.80	CHEPSTOW
		10,503.90	
<b>Jun-25</b>			
F186 ABUHB MATERNITY BEREAVEMENT FUND	S CHADWICK	1,026.00	ABUHB
F186 ABUHB MATERNITY BEREAVEMENT FUND	SANDS STILL BORN & NEONATAL	5,000.00	ABUHB
F231 ABUHB DINKY DRAGONS	JUST GIVING	1,251.10	ABUHB
F485 ABUHB PHYSIO EQUIP FUND	BRADLEY MJ/CD ABUHB PHYSIO	1,869.15	ABUHB
		9,146.25	
<b>Overall Total</b>		29,016.55	

The charity continues to rely on larger individual donations and so is susceptible to small reductions in volume. However, 40% of donations still relate to those <1k.



# Income



Other Income of £36k was received, mainly through training courses whose fee is charged through the Charity  
Grant Income of £140k was recognised from both deferment from prior year and new draw down



## Training & Course Fees Income

- Casting Techniques courses received training income totalling £12k in the quarter
- The Employee Well-being Service received £11.2k in relation to Clinical Supervision.
- There were also a number of Sexual Health Study Days arranged in the quarter, which generated over £7.4k in income.

## Grant Income

- A grant instalment was received from NHS Charities Together in relation to the Meaningful Activities programme, totalling £78.4k
- Deferred income brought forward from 2024/25 of £61.1k was also recognised in the quarter.
- This relates to other grants from NHS Charities Together totalling £54k which were received in a prior period and deferred, and
- A grant from Wales Council for Voluntary Action (WCVA) totalling £7k



# Income – In Pictures



## Donation for Stoma Care



The Stoma Care team were grateful to receive a donation for the Stoma Care department of £1,500. This was from the family of patient, Andrew Torjesen, whereby a charity rugby day was held in memory of Andrew at Pill Harriers Rugby Club. The charity day was attended by all families / friends / players past and present and this was a great community day.

This is going to be an annual event held in Andrew's memory. This wonderful donation will be used to improve the waiting area in the Stoma Care Clinic and contribute towards new seating.

We are extremely grateful to receive this donation and cannot thank Andrew's family and all those who donated enough.

# Income - CCLA Investment



Investments reflected an unrealised gain of £10k in the quarter

## Portfolio summary

	Opening value (£)	Purchases (£)	Sales (£)	Income retained (£)	Capital returns (£)	Closing value (£)
<b>Long-term portfolio</b>						
Ethical Investment	3,611,540	-	-	-	1,096	3,612,636
Property	807,754	-	-	-	8,849	816,603
<b>Total Long-term portfolio</b>	<b>4,419,294</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>9,945</b>	<b>4,429,239</b>
<hr/>						
<b>Total portfolio</b>	<b>4,419,294</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>9,945</b>	<b>4,429,239</b>

- Yield performance in the first quarter improved compared to 2024/25 0.77% vs -1.32%. Resulting in a small Capital Return
- Equities exposure was reduced at the end of March to reduce further effects of the US Tariffs on global markets, which had a major impact on performance in final quarter.
- The Technologies Market – a key area of our portfolio improved in the quarter.
- Improved outlook for the rest of the year, following Trade deal announcements

## Income earned during the quarter

COIF Charity Funds	Distribution per income unit	Payment date	Income payable (£)	
Ethical Investment	2.2p	29/08/2025	26,787.33	The payment is 0.5% more than the equivalent payment in 2024.
Property	1.39p	29/08/2025	10,696.18	The payment is unchanged from the equivalent payment in 2024.
<b>Total payable</b>			<b>37,483.51</b>	



# Expenditure



Expenditure for the quarter was £283k, benefitting patients and staff through the purchase of equipment, welfare and training.

## Equipment



- £106k was spent funding purchases of equipment. This included Defibrillators and Cabinets (8k), Mobile Screens in Cardiology (£3k), 3 recliner chairs in Ward B4 (7k), 1 Recliner chair in Chepstow (2k), Armchair for Risca Ward, YYF (£3k), Grasping Forceps (£3k), and Analysis software for equipment in colorectal services (£7k)

## People



- £136k was spent on training and wellbeing. This included patient welfare (£73k), staff training (£63k) which included Nipple Tattoo course (£4k), Staff Recognition Event funded by the Committee (£5k) and MS Conference Costs (£5k)

## Administration



- Administration costs totalled £41k, 14% of the quarter's expenditure.
- We returned £30k of unused grant, as presented at the last committee
- We spent £3k on NHS Charities Together annual membership



# Expenditure – In Pictures



## Staff Recognition Event



# Expenditure –in Statistics



This quarter

- We have processed **223** requisitions
- We have made **158** payments totalling **£153k**
- The average number of payments per month is **53**
- The average value of each payment is **£1k**
- We have made **23** internal transfers to ABUHB consisting of **86** transactions totalling **£271k**
- The average number of transfers is **8** per month and the average number of transactions per month is **29**
- The average value of each transfer transaction is **£3k**



# Cashflow 1 of 2



The monthly cash flow forecast is presented on the following page, commentary below:

A monthly cash flow forecast has been included to enable the cash position to be monitored. It presents actual figures for April to August and forecasted figures for the remaining period up to March 2026.

It should be noted that:


- CCLA interest & dividends are paid quarterly in arrears.
- The full cash proceeds from the sale of 13 Clytha Square were received in June 2025.
- Grant income of £78K was received in June 25 from NHS Charities Together in relation to the Meaningful Activities project.
- We expect to pay a further £20K in October 25 for the Thyroid Project presented to the Committee at its March meeting.
- The administration charge is usually paid at the end of the financial year in March, and this has been estimated based on last year at £166k.
- We have assumed a further release of £250K from CCLA investments, due to anticipated expenditure towards the end of the financial year.



# Cashflow 2 of 2



## MONTHLY CASHFLOW FORECAST

 <b>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</b>	ACTUAL Apr-25 Mth 1	ACTUAL May-25 Mth 2	ACTUAL Jun-25 Mth 3	ACTUAL Jul-25 Mth 4	ACTUAL Aug-25 Mth 5	FORECAST Sep-25 Mth 6	FORECAST Oct-25 Mth 7	FORECAST Nov-25 Mth 8	FORECAST Dec-25 Mth 9	FORECAST Jan-26 Mth 10	FORECAST Feb-26 Mth 11	FORECAST Mar-26 Mth 12	TOTAL 2025/26
BALANCE B/F	516,228	330,766	357,872	527,565	436,877	320,601	250,395	180,189	267,984	197,778	377,572	345,366	
<b>INCOME</b>													
DONATIONS INCOME	10,654	20,202	16,726	80,754	3,108	17,758	17,758	17,758	17,758	17,758	17,758	17,758	255,752
JUST GIVING INCOME	1,308	3,724	2,066	2,120	3,262	2,334	2,334	2,334	2,334	2,334	2,334	2,334	28,819
LEGACY INCOME			-	-	-	-	-	-	-	-	-	-	-
GRANT INCOME			78,470					120,000					198,470
INVOICE RECEIPTS	62,276	9,195	1,120	6,580	8,210	10,493	10,493	10,493	10,493	10,493	10,493	10,493	160,834
COURSE INCOME	2,880	1,040	2,401	3,635	11,584	2,535	2,535	2,535	2,535	2,535	2,535	2,535	39,283
OTHER INCOME		80	184,342	-	-	-	-	-	-	250,000	-	-	434,422
PAID TO CF IN ERROR	3,100		8,431	2,710	-	-	-	-	-	-	-	-	14,241
BANK INTEREST	1,599	1,441	1,203	1,533	1,699	1,733	1,733	1,733	1,733	1,733	1,733	1,733	19,603
VAT RECLAIMED	-	615	916	524	1,483	689	689	689	689	689	689	689	8,364
CCLA INTEREST & DIVIDENDS		38,561	-	-	37,484	-	-	38,000	-	-	38,000	-	152,044
<b>TOTAL INCOME</b>	<b>81,817</b>	<b>74,858</b>	<b>295,675</b>	<b>97,855</b>	<b>66,829</b>	<b>35,543</b>	<b>35,543</b>	<b>193,543</b>	<b>35,543</b>	<b>285,543</b>	<b>73,543</b>	<b>35,543</b>	<b>1,311,832</b>
<b>EXPENDITURE</b>													
FASTER PAYMENTS	58,500	24,334	70,633	91,445	170,652	64,476	64,476	64,476	64,476	64,476	64,476	64,476	866,899
TRANSFERS - PAYMENTS TO ABUHB	204,224	12,154	50,854	29,749	7,536	39,562	39,562	39,562	39,562	39,562	39,562	39,562	581,454
TRANSFERS - PAYMENTS TO ABUHB FOR ERRORS			-	2,710	-	-	-	-	-	-	-	-	2,710
PAYABLE ORDERS		170	-	-	-	-	-	-	-	-	-	-	170
OTHER	2,938	780	5,000	66,380	-	-	-	-	-	-	-	166,000	241,098
JUST GIVING	47	47	47	47	47	47	47	47	47	47	47	47	562
BANK CHARGES	30	26	28	29	28	28	28	28	28	28	28	28	339
G4S	1,540	2,050	2,410	1,180	5,940	1,634	1,634	1,634	1,634	1,634	1,634	1,634	24,560
<b>TOTAL EXPENDITURE</b>	<b>267,279</b>	<b>39,561</b>	<b>128,972</b>	<b>191,540</b>	<b>184,204</b>	<b>105,748</b>	<b>105,748</b>	<b>105,748</b>	<b>105,748</b>	<b>105,748</b>	<b>105,748</b>	<b>271,748</b>	<b>1,717,793</b>
NET INCOME/(EXPENDITURE)	-185,462	35,297	166,703	-93,684	-117,375	-70,206	-70,206	87,794	-70,206	179,794	-32,206	-236,206	-405,961
<b>BALANCE C/F</b>	<b>330,766</b>	<b>357,872</b>	<b>527,565</b>	<b>436,877</b>	<b>320,601</b>	<b>250,395</b>	<b>180,189</b>	<b>267,984</b>	<b>197,778</b>	<b>377,572</b>	<b>345,366</b>	<b>109,161</b>	<b>-405,961</b>



# New Fund Requests



The Committee are asked to approve the following requests to open new funds.

The Charitable Funds Team would like temporary charitable funds to be set up to manage the bids containing staff that have been funded and approved by the Committee.

Any expenditure from the Committee's own fund, regardless of amount, must be approved by the Chief Executive Officer as signatory of this fund. By setting up short term funds for the duration of the funding, the authorised signatory will change to managers in the service who are able to confirm the member of staff is still assigned to the project etc.

- We require 5 new temporary funds for the following:
- SGS 012/013/019/020 Mental Health Conferences/Wellbeing Schemes
- CFC-274 Decarbonisation Project
- CFC-275 Patient & Family Inclusion Officer
- CFC-276 Volunteer Co-ordinators
- CFC-278 Language & Interpretation Services



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# Fund Size Breakdown

Fund Size	No. of Funds	Total Fund Value
1k or Below	94	(£36,418.66)
1k-5k	135	(£361,022.81)
5k-10k	65	(£458,932.66)
10k-25k	62	(£959,607.90)
25k-100k	40	(£1,769,108.44)
100k-500k	5	(£1,364,176.67)

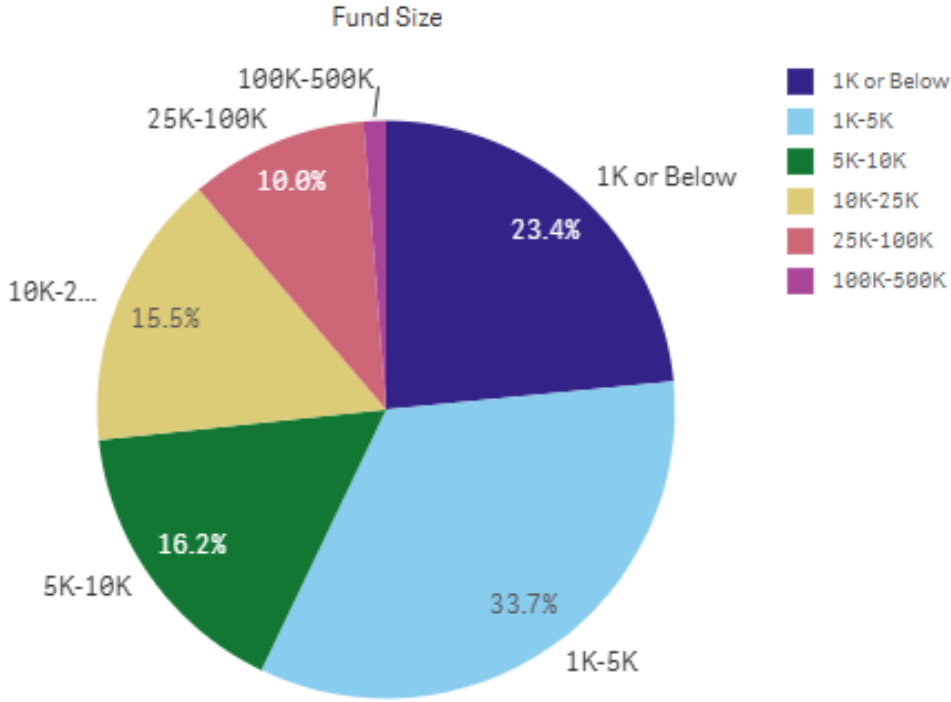
Open Funds

**401**

Inactive Funds

**0**

Fund Size Breakdown



GIG  
CYMRU  
NHS  
WALES

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University Health Board



# Matters to Note



## Overdrawn Account

There is one overdrawn account as of 30 June 2025. F003 which is the holding account used for the interest and dividends and the administration charges is overdrawn as the estimated admin charge is more than the estimated interest and dividends. The fund is likely to remain overdrawn until the end of the financial year when it will be nil following the apportionment of the admin charge across the funds and the removal of the interest and dividends to the reserve or Committee funds.

The reason the interest and dividends figure is lower this year is because we are holding less in investments following the withdrawal of £900k in 2024/25 required to meet increased expenditure.



# Matters to Note 2 of 2



## CCLA has been acquired by Jupiter Investments

### Churches



### Charities



### Local Authorities



CCLA, subject to regulatory approval, is being acquired by Jupiter Investment Management Group Limited (Jupiter), a leading European investment manager. CCLA will become part of Jupiter, retaining the CCLA branding, investment and client service approach, its mission, its stewardship activities, and its drive to build a better world.

CCLA stand to benefit from Jupiter's strength and resources. Its market-leading investment capabilities, including its 100-plus investment professionals, will add support to CCLA's existing investment team and product range. Jupiter's extensive distribution capacity both within the UK and abroad will help to facilitate CCLA's future growth, paving the way to expand into new markets.

As clients we should expect no change in service.



# Events after Reporting Period



We are aware of the following for next quarter

## Expenditure

- We made an international payment of £66k in July for a Pintuition breast cancer localisation system which the Committee approved at its June meeting from the Breast Care charitable fund (Bid CFC-272 refers).
- Following Care Fund Bursary interviews which took place on August 6, £53k expenditure was committed from the Care Fund Project Fund F295.

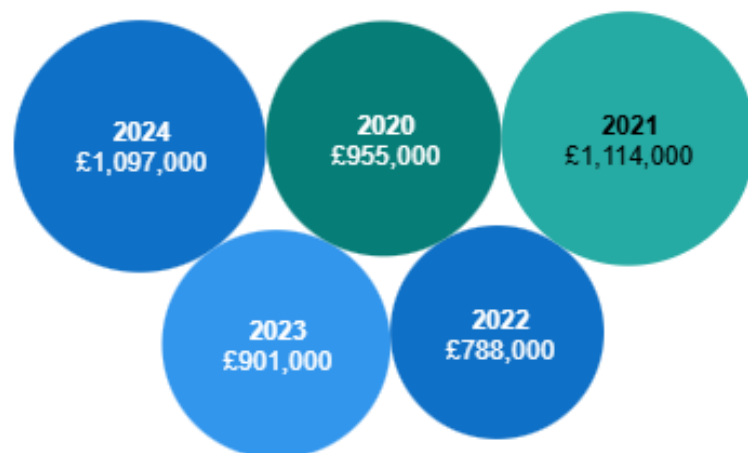
## Income

- At 31 August 2025, the unrealised gain in investments increased to £38k (£10k at 30 June 2025).
- We have been informed of a legacy of £8k to be paid to us shortly for ABUHB general funds, less costs for scattering services.
- A £71k donation has been received from the external charity "Be Heart Happy" for the purchase of ECG machines.

## From NHS Charities Together Finance Comparison Dashboard

### Value of grants awarded by **Aneurin Bevan Health Board Charitable Fund**

Hover for value



### Expenditure breakdown of **Aneurin Bevan Health Board Charitable Fund** (grants in bubbles below)

	Support costs	Fundraising costs	Investment expenses	Other costs on raising funds	Other charitable activities	Other	Total expenditure
2020	£125,000	£7,000	£0	£0	£0	£0	£1,087,000
2021	£126,000	£1,000	£0	£0	£0	£0	£1,241,000
2022	£139,000	£3,000	£0	£0	£0	£0	£930,000
2023	£147,000	£0	£0	£0	£0	£0	£1,048,000
2024	£160,000	£0	£0	£0	£0	£0	£1,257,000

**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Charitable Funds Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Funds available to the Committee
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gareth Lewis, Head of Financial Services & Accounting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

This report provides the Charitable Funds Committee with details of funds that are available to them as at 31.08.2025.

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Charitable Funds Committee approved a scheme allowing individuals to engage with Charitable Fund Holders to potentially access some of their charitable funds if the request meets the purpose/criteria of that fund. Once these avenues of funding have been explored the individual will be able to apply to the committee for a small grant (£5k or under) either in whole or as a top-up to funding they have been able to secure.

There are however areas where there are no suitable funds available and requests, which can be for exceptional amounts, are submitted to the Charitable Funds Committee for their support from general funds that are available to them.

This paper provides details of the funds available to the committee to support such grants and bids which are listed in agenda item 2.3.

All grant requests must be supported by the Executive Team.



The Committee is asked to note the remaining funds available to them.

**Cefndir / Background**

The Charitable Funds Committee can apply general funds for the benefits of patients and staff across the Health Board.

The table below shows the transactions on the general purpose fund together with commitments agreed by the committee.



<b>Charitable Funds Committee - General Funds</b>	ABUHB F002 £000's
<b>Fund Balances as at 31.03.2025</b>	<b>31.8</b>
<b>25/26</b>	
Dividends & Interest 24/25	<b>183.9</b>
Proceeds from sale of 13 Clytha Square	<b>186.1</b>
Contribution to CFC-277 from F029	<b>5.6</b>
Unknown General Donations	<b>2.3</b>
CFC-268 Staff Recognition Awards 25/26	<b>-28.1</b>
CFC-274 Staff Resource for Decarbonisation Programme 25/26	<b>-7.3</b>
SGS 012 Well Being Pop up Events across ABUHB	<b>-0.4</b>
SGS 013 Mental Health & Learning Disabilities Wellbeing Space	<b>0.0</b>
SCS 014 Decarbonisation Promotional Materials	<b>0.0</b>
SGS 017 Women's Health Conference	<b>-0.4</b>
SGS-020 MHLD Wellbeing & Connection Growth for the Integration of International Nurses	<b>-0.6</b>
SGS-021 Furniture for Therapy Room, Beechwood Ward, St Cadocs	<b>-0.8</b>
<b>Total 25/26</b>	<b>340.14</b>
<b>Balance as at 31.08.25</b>	<b>371.91</b>
<b>Less Commitments</b>	
CFC-234 Radio YYF	<b>-1.0</b>
CFC-274 Decarbonisation Project - 1 year	<b>-9.7</b>
CFC-275 Patient & Family Inclusion Officer - 1 year	<b>-71.0</b>
CFC-276 Volunteer Co-ordinators - 1 year	<b>-108.0</b>
CFC-277 Suicide Bereavement Service - 1 year	<b>-24.0</b>
CFC-278 Language & Interpretation Services - 1 year	<b>-72.0</b>
SGS 012 Well Being Pop up Events across ABUHB	<b>0.0</b>
SGS 013 Mental Health & Learning Disabilities Wellbeing Space	<b>-2.4</b>
SCS 014 Decarbonisation Promotional Materials	<b>0.4</b>
SGS 017 Women's Health Conference	<b>-0.5</b>
SGS-019 MHLD Nurse Conference	<b>-4.0</b>
SGS-020 MHLD Wellbeing & Connection Growth for the Integration of International Nurses	<b>0.0</b>
SGS-023 Contribution to Medicinema, Serennu Children's Centre	<b>-5.0</b>
SGS-024 Finance Conference 2025	<b>-7.5</b>
SGS-025 MH/LD Conference 2025	<b>-4.9</b>
SGS-026 Community of Practice for People's Experience across ABUHB	<b>-5.6</b>
<b>Total Commitments</b>	<b>-315.28</b>
<b>Remaining available funds after commitments</b>	<b>56.63</b>



## Asesiad / Assessment

### Key points

- The Committee currently has **£56.6k** available to them as at 31<sup>st</sup> August 2025.
- A commitment of £2.5k was released relating to SGS-022 Pride Staff Network across ABUHB. This request was agreed in principle by the Committee who asked for the matter to be reviewed once all of the Staff Networks had been approached regarding additional requests so that all requests could be considered together. A new request for all Staff Networks has been submitted to this Committee meeting for consideration.

## Argymhelliad / Recommendation

The Charitable Funds Committee is asked to note the funds available.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.



<a href="#">Strategic Equality Objectives 2020-24</a>	
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	SGS – Small Grants Scheme CFC – Charitable Funds Committee
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Yes, outlined within the paper
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies  Choose an item.



<https://futuregenerations.wales/about-us/future-generations-act/>



<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Charitable Funds Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Consideration of Bids / Small Grants Scheme
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gareth Lewis, Head of Financial Services & Accounting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

This report provides the Charitable Funds Committee with details of the requests that have been received for funding by the Charitable Funds Committee for:

- Small Grants Scheme (up to £5k)
- Charitable Fund Bid applications (over £5k)

The Committee is asked to consider the requests submitted.

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Charitable Funds Committee approved a scheme allowing individuals to engage with Charitable Fund Holders to potentially access some of their charitable funds if the request meets the purpose/criteria of that fund. Once these avenues of funding have been explored the individual will be able to apply to the Committee for a small grant (£5k or under) either in whole or as a top-up to funding they have been able to secure.

There are however areas where there are no suitable funds available and requests, which can be for exceptional amounts, are submitted to the Charitable Funds Committee for their support from general funds that are available to them.



All requests were presented to the Executive Committee on the 18<sup>th</sup> September trialling a new appraisal criteria. This criteria was welcomed and will be refined over the next quarter based on the draft process outlined in Appendix A.

The Committee is asked to consider each request in line with the Charities' objectives taking into account comments received from the Executive Committee.

### Cefndir / Background

Throughout the last year there have been many successful engagements between individuals seeking funding and Charitable Fund Holders who have approved their requests. This is a key part of the strategy to ensure funds are spent and shows increasing awareness of funds available throughout the Health Board and willingness of fundholders to ensure this happens.

### Asesiad / Assessment

There are several requests as summarised below:

- 6 Small Grant Scheme applications
- 1 Bid requesting Charitable Funds Committee funding from the General Fund.

Full details of each bid can be found in the attached appendices (B-H)

### **Overview of the Small Grant Scheme Applications (<£5k)**

These are bids applying for funding from the Charitable Funds Committee's General Fund, as there are no suitable delegated Charitable Funds to support the applications.

<b>Small Grant Requests</b>	<b>Total Cost £000's</b>	<b>Area of Benefit</b>
<b>Bids Supported by Executive Committee</b>		
SGS-027 Equality, Diversity & Inclusion Team - Staff Equality Networks, ABUHB	7.00	Patients, Staff & Visitors
SGS-028 Decarbonisation Promotion	1.80	Patients, Staff & Visitors
SGS-029 Saturation Monitors, Maternity	6.10	Patients & Staff
SGS-030 Perinatal Mental Health Dancing the Parenting (DTP) sessions	5.00	Patients & Staff
SGS-032 Future Care Planning Facilitators	5.99	Patients, Staff & Wider Public
	<b>25.89</b>	
<b>Bids Not Supported by Executive Committee</b>		
SGS-031 Military Wives Choir	0.45	Patients, Staff & Visitors
	<b>0.45</b>	
<b>Total Bids</b>	<b>26.34</b>	



Although presented to the Executive committee on the 18<sup>th</sup> September, SGS-031 Military Wives Choir, was not supported. The rationale for not supporting the scheme is on the basis that the Committee felt that SGS-027 Staff Equality Networks should encompass schemes such as the Military Wives Choir as part of the Networks' aims to improve staff and patient wellbeing – and therefore potentially risks duplicate funding for the same cause.

### Overview of the Charitable Fund Bid Applications (>£5k)

One such request was made in the period:

Bids requesting funding from Charitable Funds Committee	Total Cost £000's	Area of Benefit
CFC-279 Speaking Up Safely (SUS), ABUHB - 3 years	204	Patients & Staff
<b>Total Bids</b>	<b>204</b>	

Whilst there are suitable designated funds (F871) these are fully committed to the provision of funding to support the salary of a Psychologist currently. The funding request is for three years and the £204k is the three year exposure, with no annual breakdown provided by the fund requestor.

### Key considerations for the Committee

- Any requests relating to the employment of staff must be approved by the Charitable Funds Committee to ensure that contracts are fixed term and under a period of two years. It must be clear what plans are in place to cover unexpected costs such as maternity leave and sickness. This particularly applies to grant funding as they will not normally support these items.
- All requests must have the full support of the Executive Committee. The bids were considered on 18<sup>th</sup> September with one bid not receiving approval as outlined above.
- At 31<sup>st</sup> August 2025 the Committee has a balance of £56.6k available to them to apply to general funding requests.
- The Committee has sufficient funds to support the 5 small grant scheme applications totalling £25.89k that were supported by the Executive Committee.
- The Committee has insufficient unallocated general funds to support the bid request.
- The Committee are reminded that at the last meeting they were presented with 5 requests that were seeking funding for over 2 years. They were supportive in principle of the whole bids but with insufficient funds available to fund the requests in full, they agreed to fund the first year of each bid and



would need to review the remaining requested funding, shown in the table below, at the end of the 12 months.

<b>Bids requesting funding from Charitable Funds Committee</b>	<b>Total Cost 26/27 £000's</b>	<b>Total Cost 27/28 £000's</b>
	<b>Year 2</b>	<b>Year 3</b>
CFC-274 Decarbonisation Project - 3 years	17	18
CFC-275 Patient & Family Inclusion Officer - 2 years	68	0
CFC-276 Volunteer Co-ordinators - 2 years	105	0
CFC-277 Suicide Bereavement Service - 2 years	52	28
CFC-278 Language & Interpretation Services - 2 years	78	0
<b>Total Bids</b>	<b>320</b>	<b>47</b>

### Argymhelliad / Recommendation

The Charitable Funds Committee is asked to consider all requests.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item.



<a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item.
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	SGS – Small Grants Scheme
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Yes, outlined within the paper
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies  Choose an item.



<https://futuregenerations.wales/about-us/future-generations-act/>



## **Charitable Funds Small Grants Scheme & General Funds Bids Application Assessment Methodology**

As part of the application process for small grant schemes and general-purpose fund bids, an assessment will be performed to determine how the proposal aligns with the strategic aims and objectives of the Health Board and the Charitable Funds.

The aim of this assessment led by the Charitable Funds management team is to provide greater clarity to the Executive Committee on the merits of each proposal that is received. This is especially important where fund requests may compete for limited funding.

This in turn will offer assurance to the Charitable Funds Committee that each proposal that has been supported by the Executive Committee has received the required scrutiny.

The assessment is based against the following Criteria:

<b>Criteria</b>	<b>Maximum Score</b>
Strategic Alignment	5
Impact on Beneficiaries	5
Value for Money	5
Feasibility	5
Innovation	5
<b>Total</b>	<b>25</b>

Each criterion will be scored on a 1-5 scale, and be based on the following scoring assessment:

	<b>Score 1</b>	<b>Score 2</b>	<b>Score 3</b>	<b>Score 4</b>	<b>Score 5</b>
Strategic Alignment	The bid does not align with the Health Board's strategic objectives or charitable aims.	The bid shows limited alignment with strategic goals and lacks clear relevance.	The bid moderately aligns with strategic priorities but could be better justified.	The bid aligns well with strategic objectives and supports key priorities.	The bid strongly supports and advances the Health Board's strategic and charitable goals.

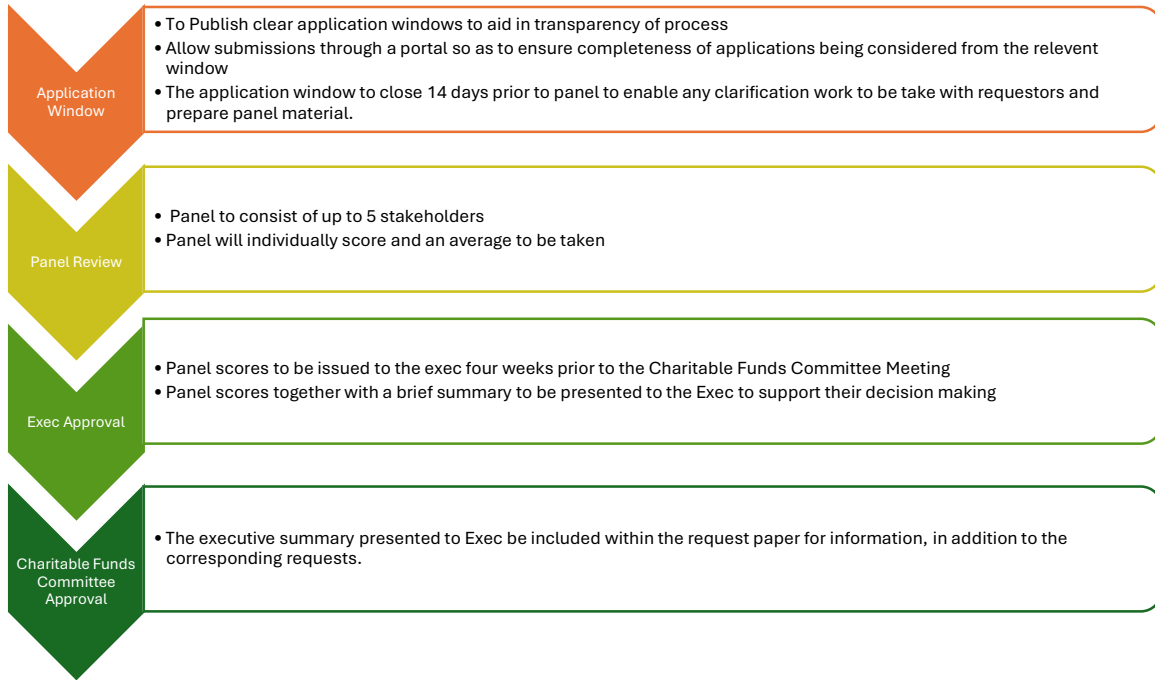
	<b>Score 1</b>	<b>Score 2</b>	<b>Score 3</b>	<b>Score 4</b>	<b>Score 5</b>
Impact on Beneficiaries	Minimal or unclear benefit to patients, staff, or the community.	Limited benefit with narrow scope or unclear outcomes.	Moderate benefit with some evidence of positive outcomes. Either a big impact on a small number (<100) of people or low impact on a large number.	Clear and meaningful benefit to a defined group of beneficiaries. Either a significant impact on a low number of people or large impact on a large number	Significant and wide-reaching benefit with strong evidence of impact. Either Life changing impact on a small number, or significant impact on a large number of people.
Value for Money	High cost (>50% of available funds) with limited justification or unclear return on investment.	Cost is somewhat justified but lacks efficiency or sustainability.	Reasonable cost (10-25% of available funds) with acceptable value and moderate sustainability.	Good value for money with clear benefits and efficient use of funds.	Excellent value with strong return on investment and long-term sustainability.
Feasibility	Implementation is unclear or unlikely due to major barriers.	Feasibility is questionable with several unresolved issues.	Implementation is possible but requires further planning or support.	Feasible with a clear plan and manageable risks.	Highly feasible with strong planning, support, and minimal risk.
Innovation	The bid lacks originality and replicates existing approaches.	Limited innovation with minor enhancements to existing practices.	Moderate innovation with some new elements or improvements.	Good innovation introducing new ideas or methods with potential impact.	Highly innovative with creative, transformative approaches and strong potential.

The total scoring would identify the following overall assessment for each scheme/bid:

<b>Total Score</b>	<b>Assessment</b>
5-9	Poor
10-14	Fair
15-19	Satisfactory
20-24	Good
25	Excellent

### **Outline Approval Framework to be established**

In order for a fair and transparent process to be effective the following schedule, and flow would be implemented:



## Charitable Funds Small Grants Scheme Application –£7k CFC/SGS-027

### 1. Name of ward or department and hospital:

Equality Diversity & Inclusion Team -ABUHB Staff Equality Networks

### 2. Description of item/service required:

#### Charitable Funds Purpose of the Proposal

This proposal seeks Charitable Funds Committee support for a unified funding allocation that can be made available to all ABUHB Staff Equality Networks. The aim is to provide an equitable, consistent offer of promotional and engagement materials that support our values of inclusion, wellbeing, and diversity across both internal and external engagement activities.

#### Context and Rationale

- The Staff Equality Networks play a vital role in:
- Promoting visibility and support for underrepresented groups,
- Creating brave spaces for peer support and discussion,
- Contributing to inclusive patient care and workplace culture,
- Supporting community links and engagement with external populations.

### 3. Cost of item/service plus supplier information:

*Please provide a quote if available and ensure that any costs for delivery and installation are included.*

*Please state if your costs include VAT.*

*If there is any ongoing maintenance or consumable costs, please explain how you intend paying for this.*

#### Proposal Overview

We propose a block allocation of funding (suggested value: £750–£1000 per network) to support the following core areas:

#### 1. Visibility and Internal Promotion

- Branded lanyards (inclusive designs, tailored per network)
- Pin badges / stickers for awareness days and campaigns
- Posters and digital screens promoting values of inclusion, network meetings, and key messages
- Network pop-up banners (reusable for events and internal comms)
- Promotional material to publicise events.

#### 2. Engagement and Events

- Materials to support outreach at ABUHB events, local authority events, and community pride/diversity

days

- Booklets or flyers sharing stories of lived experience, ABUHB commitments, and available support
- Tablecloths / signage for community presence.
- Educational celebratory events with the intention to further educate staff and patients.

### 3. Wellbeing and Belonging

- Merchandise that reinforces identity and pride (e.g. mugs, tote bags, notebooks) with inclusive messaging
- Resource packs for new members or induction
- Each network would be able to select from a menu of options to ensure flexibility and relevance to their membership, while maintaining a consistent brand and values message across ABUHB.

### Networks Included

- Pride Network
- Armed Forces Network
- Enable Network
- Carers Network
- Women's Network
- Voices Network
- Neurodiversity Network

### Proposed Funding Request

- Total Estimated Request:
- £750–£1000 per network
- Estimated Total (for networks): £5250–£7000

A central budget line could be administered through the EDI Team, with coordinated ordering to ensure best value and quality assurance

## 4. How will this item/service benefit patients and staff:

### Outcomes and Benefits

- Increased staff engagement and sense of belonging
- Visibility of ABUHB's commitment to inclusion both internally and externally
- Reinforced compliance with NHS Wales EDI duties and Well-being of Future Generations Act
- Enhanced staff morale and retention through inclusive practice
- Stronger presence at public and partner events

Stronger understanding for everyone across the health board to see EDI as their business/responsibility

**5. Have you applied for funding for this item/service elsewhere, including your own charitable fund:**

*Please give details of who you approached, and the response received.*

Following recent feedback on a funding request by the LGBTQ+ Network, and subsequent discussion with the Charitable Funds Chair, a more holistic and equitable approach has been proposed — supporting all staff networks through a shared suite of materials, while allowing for flexibility and relevance to each network's needs.

**6. Other supporting information:**

**Next Steps**

- Confirm indicative budget approval
- Develop menu of options in partnership with Network Chairs
- Coordinate procurement via EDI Team
- Evaluate reach and impact through feedback from network members and event attendees

**7. Submitted by:**

Name: Joanne Gubbings	Job title: Assistant Director of Workforce & OD
Telephone: 01633 623639	Email: joanne.gubbings@wales.nhs.uk

**8. Supported by:**

*This must be signed by the Directorate Manager/Head of Service*

Name: Sarah Garland	Date:
Job title: General Manager	
Signature:	

**9. Sponsored by:**

*This must be signed by the Executive Director*

Name:	Date:
Job title:	
Signature:	

**Please note you will be asked to complete an evaluation form to demonstrate how your small grant has made a difference.**

**Please e-mail completed application to: [Charitable.Funds.ABB@wales.nhs.uk](mailto:Charitable.Funds.ABB@wales.nhs.uk)**

**For Executive Committee Use**

<b>Approved</b>	<b>Not Approved</b>
Next Action:	Reason:

**For Charitable Funds Committee Use**

<b>Approved</b>	<b>Not Approved</b>
Next Action:	Reason:

**Charitable Funds  
Small Grants Scheme Application –£1.8k  
CFC/SGS-028**

<b>1. Name of ward or department and hospital:</b>
PMO for Transformation – Decarbonisation Programme Board
<b>2. Description of item/service required:</b>
<p>The Decarbonisation agenda is a Welsh Government priority for Health Boards across Wales become 'net zero' for carbon emissions by 2030.</p> <p>To support the Programme Board in getting the message out to our colleagues we are seeking funding for promotional materials. Whilst the majority of communication to colleagues is being done via the Intranet, not all of our colleagues have access to this and having visuals placed around the health board sites promoting work which is being rolled out will educate staff, patients, families and visitors. It is hoped the visual prompts and promotions of net zero will get people to think about their actions and make changes and also accept changes from management, which will both help the environment and the health board reach net zero whilst also generating financial savings.</p>
<b>3. Cost of item/service plus supplier information:</b>
<p><i>Please provide a quote if available and ensure that any costs for delivery and installation are included.</i></p> <p><i>Please state if your costs include VAT.</i></p> <p><i>If there is any ongoing maintenance or consumable costs, please explain how you intend paying for this.</i></p>
<p>500 Bamboo pens with logo and carriage £297 from Get Yourself Noticed.</p> <p>2000 Colour posters of different designs on uncoated paper consisting of both A4 and A3 to be placed in public areas, including wards £460.00 + VAT (£330 for 1400 A3 and £130 for 600 A4).</p> <p>Printing from Harlequin in Pontyclun.</p> <p>£727</p> <p><b>Total request inc VAT £1,780.80</b></p>
<b>4. How will this item/service benefit patients and staff:</b>
<p>This will help staff and patients understand the significance of us achieving net zero and the changes we are making in order to achieve this.</p>

For example, the Gloves R Off campaign, which was rolled out in 2024 across all clinical areas there were posters visible on the wards and there were also engagement sessions in public areas, raising awareness of the project and the other activities happening under the Green Healthcare umbrella. Having informative posters in strategic places educates and reminds staff to reduce waste and ask themselves the question – “do I need to use this?”

We desperately need to get the message out of the necessity to reduce climate change and encourage people to change what they do and massively reduce unnecessary waste.

**5. Have you applied for funding for this item/service elsewhere, including your own charitable fund:**

*Please give details of who you approached, and the response received.*

**no**

**6. Other supporting information:**

Under the Clinical and Healthcare Planning group we have over 50 projects and have helped set up many “green wards” and “champions” but our work is not over and having promotional materials to engage with people will really help us in our aim to reduce the impact on climate change not only on the environment but on people’s health and wellbeing.

**7. Submitted by:**

Name:  
Francine Phillips (Aneurin Bevan UHB - Planning)

Job title:  
Service Improvement Manager

Telephone:

Email: Francine.phillips@wales.nhs.uk

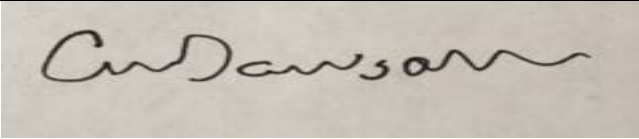
**8. Supported by:**

*This must be signed by the Directorate Manager/Head of Service*

Name:  
Chris Dawson-Morris  
Job title:  
Deputy Director Strategy Planning and Partnerships

Date: 04/03/2025

Signature:

	
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**For Charitable Funds Committee Use**

<b>Approved</b>	<b>Not Approved</b>
Next Action:	Reason:

**Charitable Funds  
Small Grants Scheme Application – £6k  
CFC/SGS-029**

<b>1. Name of ward or department and hospital:</b>
Maternity Services
<b>2. Description of item/service required:</b>
<b>Purchase of additional 11 neonatal saturation monitors to support implementation of NEWTT2 chart in Maternity. As additional equipment is allowed via charitable funds, it will improve conditions for both patients and staff.</b>
<b>3. Cost of item/service plus supplier information:</b> <i>Please provide a quote if available and ensure that any costs for delivery and installation are included. Please state if your costs include VAT. If there is any ongoing maintenance or consumable costs, please explain how you intend paying for this.</i>
<b>Costing</b> <ul style="list-style-type: none"> <li>• Cost of device = £555:00</li> <li>• Total cost for 11 devices = £6,105.</li> </ul> <b>Items are VAT exempt.</b>
<b>4. How will this item/service benefit patients and staff:</b>
<b>Purchase of 11 saturation monitors to enable adoption of BAPM best practice guidance and provision of a high standard of care to newborns at risk of deterioration</b>
<b>5. Have you applied for funding for this item/service elsewhere, including your own charitable fund:</b> <i>Please give details of who you approached, and the response received.</i>
<b>We have utilised our own charitable funds to support previously. Having support from the small grants scheme to purchase additional saturation monitors will provide the services with assurance that we are compliant with BAPM best practice recommendations.</b>  <b>We are unable to ask for Capital funding due to the cost of each machine being under the 5K request.</b>

## 6. Other supporting information:

The NEWTT2 tool contains the words “very pale/blue” and “pink/normal” for assessment of newborn colour and saturations, in line with terminology within the Resuscitation Council UK guidance 2021. The guidance notes for colour and saturation at the time of NEWTT2 publication stated that “cyanosis in neonates is unreliably detected by visual inspection” and that pulse oximetry is the preferred method (BAPM, 2024).

The ability to visually detect cyanosis in Black, Asian and minority ethnic neonates is likely to be reduced compared to their White counterparts due to the historic absence of training in assessing these neonates and recognising deterioration, combined with a lack of visual resources. Furthermore, it has been noted that colour change may not be as apparent in infants with darker skin. Therefore, cyanosis may remain unobserved by parents and professionals, with the deterioration of a Black, Asian, or minority ethnic neonate subsequently identified later in the absence of a pulse oximeter (Race Health Observatory, 2023). These factors could contribute to inequalities in care and poorer outcomes for this group.

In ABUHB maternity services we do not currently have enough saturation monitors within acute and community settings to enable staff to perform this assessment with each set of observations. Additional monitors will improve conditions for both patients and staff.

## 7. Submitted by:

Name: Kerry Jeffries

Job title: Assistant Service Manager

Telephone: 07989141007

Email: [kerry.jeffries@wales.nhs.uk](mailto:kerry.jeffries@wales.nhs.uk)

## 8. Supported by:

*This must be signed by the Directorate Manager/Head of Service*

Name: Jayne Beasley

Date:

01.07.2025

Job title: Head of Midwifery

Signature: |



## 9. Sponsored by:

*This must be signed by the Executive Director*

Name:  Job title:  Signature:	Date:
---	-------

**Please note you will be asked to complete an evaluation form to demonstrate how your small grant has made a difference.**

**Please e-mail completed application to: [Charitable.Funds.ABB@wales.nhs.uk](mailto:Charitable.Funds.ABB@wales.nhs.uk)**

**For Executive Committee Use**

Approved	Not Approved
Next Action:	Reason:

**For Charitable Funds Committee Use**

Approved	Not Approved
Next Action:	Reason:

## Charitable Funds Small Grants Scheme Application – Max £5k CFC/SGS xxx

### 1. Name of ward or department and hospital:

Perinatal Mental Health Team (PMHT) and Gwent Parent-Infant Mental Health Service (G-PIMHS),  
Aneurin Bevan University Health Board

### 2. Description of item/service required:

We have an exciting time limited opportunity to access significant funding to scale and spread our tested and successful ***Dancing the Parenting (DtP) sessions*** to our perinatal service users in Gwent over the next two years.

We have offer of **£35,000** external funding available to access with a limiting drawdown condition for a commitment from us (Health Board) to contribute **£5,000 in match/leveraged funding**. That £5000 commitment and funding will unlock this £35,000 from external funding sources.

#### What is a Perinatal DtP Session?

DtP is a movement-based intervention for new parents and their children, delivered collaboratively by artists and clinical staff. It uses dance and creative expression to:

- Support mental and physical wellbeing
- Strengthen parent-child attachment
- Improve community and resilience

#### Background:

- In 2023, our perinatal team delivered some “Creativity and Connection” sessions with some limited slippage funding available to us from our internal AiH team.
- In 2024, we achieved £15,000 funding from a successful bid with Arts Council/Lottery, we began ***Dancing the Parenting*** sessions. **21 sessions were carried out.**
- A comprehensive evaluation was created in April 2025 as part of the condition of evidencing outcomes



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from that funding. [It is embedded in this application](#) →

**The report highlights the transformative outcomes and recommended embedding this within NHS Perinatal Specialist Services.**

#### Quick Summary of the Key Highlights in the Evaluation report:

- **Transformative impact** on birth parents’ wellbeing, confidence and self-expression
- **Enhanced attachment** between parents and children
- **Empowered artists** and inspired our staff
- **Strengthened community** and mutual support
- **Cost-effective** with long-term mental health benefits

**Two Examples of Participant Feedback included in the Report Evaluations :**

**A Service User Participant, March 2025**

“Thank you for holding space for me to let go and feel myself again. To move my body without shame and express my emotions without judgement.”

“I love coming to group, I look forward to a Tuesday morning. I love that being the part of the group enables mums under our care to have time to themselves, to be with others, to learn new ways to be creative, and to also not be viewed as a 'service user'. Something that's really struck me is that no-one is reminded or pointed out as being under PIMHS or PNMHS, they're just mums and babies who gather in a space that's welcoming and joyful.”

— A Healthcare Professional, 2025

The **£5000** funding sought from this committee will enable the release of additional £35000 for DtP to continue over the next two years in ABUHB (2025-2027).

*Referrals will continue to be made for appropriate participants to attend via PMHT and G-PIMHS.*

DtP will be facilitated by the artists, alongside clinical staff from both services, with a focus on dance/movement based work. There will be 21 sessions available in ABUHB in both years(2026 & 2027).

The cost of public health researchers has been incorporated into this bid, meaning the outcomes and cost effectiveness of this unique public health intervention continue will be evaluated and outcomes disseminated.

We're proud and passionate about continuing this impactful work and seek your support in achieving £5000 of funding to help us bring it to more families.

### 3. Cost of item/service plus supplier information:

*Please provide a quote if available and ensure that any costs for delivery and installation are included.*

*Please state if your costs include VAT.*

*If there is any ongoing maintenance or consumable costs, please explain how you intend paying for this.*

- **Total cost of sessions over next 2yrs:** £40,000 over two years
- **Funding Achieved** - £35,000 secured from Arts Council Wales/Lotter
- **There is a condition for release of £35k funding to our services**

We are seeking £5,000 match/leverage funding in this request from this Committee to meet the condition of commitment to enable drawdown the £35000 of external funding.

**A commitment of £5000 to enable the additional funding access is required by September 2026**

The total costs will cover 21 sessions per year for Gwent and include artist facilitation, clinical staff time, venue, transport/parking support and public health research evaluation.

- **Costs include VAT. There will be no additional costs required.**
- **Evaluation** - The cost of public health researchers has been incorporated into this overall costing, to cover for the next 2 years; meaning the outcomes and cost effectiveness of this unique public health intervention continue will be evaluated and outcomes and learning available.

### 4. How will this item/service benefit patients and staff:

#### Key Benefits:

- Improves mental wellbeing, confidence and self-efficacy in parents
- Enhances attachment between parents and children
- Builds community connection and reduces isolation
- Supports professional development for staff and artists
- Offers inclusive access to underserved/hard to reach populations
- Creates a joyful, non-clinical space for healing and connection
- Improves staff experiences and connections
- Improves patient experience
- Enables more place-based care (closer to home)
- Comprehensive evaluations offer valuable learning

Through the previous evaluation we know that our teams through these sessions are reaching parents who would not access typical postnatal mum and baby groups, either through financial barriers or psychological ones about feeling they don't belong.

Recognising the needs of the local area, funding has also been incorporated to cover the cost of

parking and public transport as needed to ensure the group remains inclusive.

- The MHL Division's Qi-nnovation Hive (MHLD's innovation Hub) will support our team in profiling and the sharing of learning and evaluations for our Division/Health Board.

**5. Have you applied for funding for this item/service elsewhere, including your own charitable fund:**

*Please give details of who you approached, and the response received.*

**Yes** – £35,000 successfully secured from Arts Council Wales/Lottery Funding.

Other funding sources sought within ABUHB eg AiH and other internal/external networks.

**No other funding sources are available for us to access at this time.**

NB- This application is for the required £5,000 NHS match/leverage funding. Required by September 2025 to release the additional £35000 for use.

**6. Other supporting information:**

- Evaluation from the last year, shows the sessions reach parents in the communities who typically do not access postnatal groups due to financial or psychological barriers
- 21 sessions per year (2026 & 2027) for Gwent
- Referrals via PMHT and G-PIMHS
- Evaluation and outcomes will be disseminated via public health researchers and shared to all Funding sources
- Additional support and evaluation will be offered via MHLD Qi-Nnovation Hive (MHLD Innovation Hub)
- Pilot case study is [available](#)(click link)


**7. Submitted by:**

<b>Name:</b> Catherine King	<b>Job title:</b> Senior Service Improvement and Programmes Manager – MHLD Division
<b>Telephone:</b>	<b>Email:</b> Catherine.m.king@wales.nhs.uk

**8. Supported by:**

*This must be signed by the Head of Service*

<b>Name:</b> Dr Rebecca Tucker	<b>Date:</b> 6/8/2025
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<p><i>Principal Clinical Psychologist</i> <i>Specialist Perinatal Mental Health Service</i></p> <p>Job title:<i>Principal Clinical Psychologist</i> <i>Specialist Perinatal Mental Health Service</i></p> <p>Signature: via email</p>	
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**Please note you will be asked to complete an evaluation form to demonstrate how your small grant has made a difference.**

**For Charitable Funds Committee Use**

<b>Approved</b>	<b>Not Approved</b>
Next Action:	Reason:

# **Dancing the Parenting Evaluation Report April 2025**

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# 1 Introduction

## 1.1 The project

*“Thank you for holding space for me to let go and feel myself again. To move my body without shame and express my emotions without judgement.”*

*(Participant 1, ‘Thank You’ writing, 25<sup>th</sup> March 2025)*

This report is about the Dancing the Parenting project that ran from October 2024 until March 2025. This was a collaboration between the Aneurin Bevan Health Board Perinatal Mental Health Team, Gwent Infant Parent Mental Health Service and Familia de la Noche Theatre Company.

Dancing the Parenting built on the work of the Arts in Minds project. With this evolution of the project the emphasis was on a much longer project length, a recognition of the artists as leading the process and a much larger component of co-production with the parents. Putting parents, artists and the clinical teams in direct collaboration created a dynamic and efficient way of running this kind of project, whilst finding novel ways of creatively evaluating it. Using dance we sought to increase feelings of wellbeing, physical recovery from birth and ability to experience joy through our bodies. One of our objectives was to explore co-evaluation as a way to embed the values in the quality standards of the Royal College of Psychiatrists: ensuring patients and carers are at the centre of decision-making (Sustainability Principle 2, Lucas, PQN, 2023).

The transition to parenting can be rife with mental and physical challenges. The Sustainability Principle in the PQN of empowering individuals and communities – improving awareness of mental health problems and ensuring patients and carers are at the centre of decision-making, is the core value that was addressed through this project. We took an experimental dive into co-evaluation and the report reflects this. The women were involved in decisions over the aims and in assessing the success of this at the end of the project.

This report is structured around the aims and outcomes of the work. There were four initial sets of aims, relating to making a difference for:

- Birth parents
- Children
- Three Artists who previously worked on the Arts and Minds project
- Teams from the Perinatal and PIMHS NHS with a mix of staff at various banding levels.

Through creative processes, described below, women in the group identified their own criteria, which are also included as headings.

## 1.2 Evaluation Approach and Process

The evaluation approach and processes were designed through using an Evaluation Framework (Appendix 1). This enabled the team and the group to think about and evolve creative processes for evidencing the outcomes of the work and surfacing learning. One of the aims of this whole project was to challenge traditional ways of evaluating mental health arts interventions. Instead of relying on measures such as the Edinburgh Postnatal Depression scale, we sought to find ways that the participants and staff could recognise and measure the impact of the group themselves. These processes included a number of creative reflective sessions, alongside the weekly write ups of the group based on Borton's reflective cycle of what, so what, now what. Doing the evaluation in this way meant that the participants and staff were on a 'level playing field' and gave everyone the chance to reflect on the impact of being part of the group. It also meant the women were in control of what information was gathered.

These processes included:

- Using movement to think through how we were feeling or what we wanted to say
- Drawing with pastels to express feelings about and hopes for the group
- Discussion about the drawings to articulate feelings about and hopes for the group
- Journalling as an option at every session, to reflect on the difference made by each session
- Reflection and sense making sessions in the group
- A reflection and sense making session with the team
- A survey for the Teams from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists
- A film produced by the group about the experience
- Drawing with pastels to express feelings about the group and how far it had fulfilled the members' criteria
- Discussion about the drawings to articulate feelings about and how far it had fulfilled the members' criteria
- Weekly reflective write ups made by the team members at each session
- The group were very clear they didn't want to do feedback forms or 'tests' for this project

Extracts and quotes from the evidence gathered are presented in section 3, including pastel images made and photos of the journal. The film can be seen here:

<https://vimeo.com/manage/videos/1069548421/e68e49d13f>

## 2 Project Summary

The project consisted of 21 sessions run for women who were currently being treated by either of the two clinical teams. Attendance was optional and there was no cut off point for joining the group. The sessions had a focus on movement and dance, led by Bronwen Wilson Rashad, with musical contributions from Alex Lupo and visual art work by Deborah Aguirre Jones.

Each week a support team made up of Bronwen, Laura Bolton (GIPMHS), Barbara Cunningham and then Alex Smith (PMHT) and Tess Copley (student psychologist on placement) facilitated the group. There was always one other member of the PMHT there, and this was rotated through the team on a sign-up basis.

The highest number of women attending a session was 11, we had a consistent attendance from 9 women, averaging at 6.1 per session. In all, 14 women attended at least one session. All the women who were at the last sessions had come to the very first one. We had two women join later in the project - including one woman who was pregnant. The babies were mostly of a similar age (all nearing their first birthdays at the end of the project), with one toddler.

Bronwen led all the sessions, except for 1. Deborah attended 6 sessions and Alex attended 3. From the clinical teams: Laura and Tess attended all sessions. Barbara Cunningham was at 11 and Alex at 9. Other members of the PMHT that attended included senior clinical psychologists, nursery nurses, and occupational therapists.

In each session we met on the mat, introduced ourselves and our children, found a movement (even if tiny) which would lead into a warm up/grounding exercise. From there we explored movement, either as a tool to find what we enjoyed in our bodies, or as a way to express something. For example, a favourite activity of the group was the 'river' dance score which involves imagining a river in the centre of the room. We filled the river with 'water' or creatures. This allowed the group to move in ways they wanted to, and we adapted it with the sessions: one week we were all ice skating!

We also used movement to express different feelings, or thoughts about how a feeling expresses itself in our body. In some sessions we would take that feeling and movement and put that into clay or drawing. Blurring the lines between the different art forms was really important to our group: we got really into humming after Alex worked with us and used that sound as an accompaniment to our stretching and warming up. The sessions always had a rough plan but were very much led by the energy levels of the group and what came up in the initial grounding moment. Over the weeks the women made more and more suggestions, expressing what they felt like doing that day. Due to having a longer project timescale, we built up a host of work that they knew and could draw on. Hence in one of the last sessions, someone requested a song, then a dance score to go with it.

There was always the option to join in or not, to do the work seated or around the room. Sometimes we worked as a whole group together, sometimes there would be two activities going on simultaneously. Sometimes we just rested. We never aimed at production, such as a performance or finished piece of art. We were always interested in what the creative act felt like, doing a dance or moving some clay and just enjoying that sensation in the moment. Inadvertently, we did end up making dances and art pieces, and our final co-created film, but this was almost because we had freed ourselves up to create.

We aimed to co-evaluate this project, so the evidence you will see in the next section includes information from our weekly write ups, the creative journal, drawings and words from conversations at our sense making sessions.

### 3 How the project met its Aims

This section presents evidence relating to the different aims of the work and surfaces the learning that has taken place around these aims.

#### 3.1 Making a difference with Birth Parents

##### **Aim 1: To improve birth parents' mental wellbeing and feelings of positivity**

The following aims articulated by members of the group relate to this aim of the work:

- To move from chaos to calm
- To find calm spaces in the chaos
- To move from anger to calmness
- To increase hope

*"I got into letting go and not being so self-conscious, not thinking of what others think of me, being in the moment. I usually offend someone at some point, I like the silliness!"*

*(Participant 1, Sense Making Session, 18<sup>th</sup> March 2025)*

Over the course of the project, we had numerous occasions to notice and mark the increase in feelings of positivity within the group. This was documented either in the weekly write ups, spontaneous conversations or happenings in the room or in our sense making sessions.

The Collective Journal was a weekly way in which we could see how feelings changed from the start and at the end of the session - we would have a page from each that people could draw or write in:

*"As we drew near the end of the session, there was another chance for parents to decorate the page with their feelings in the Collective Journal. We noticed a clear change from the beginning to the end, with some anxiety noted at the beginning and darker tones (black and red area), compared to brighter, lighter colours at the end (yellow, more hopeful and positive feelings represented)."*

*(Laura Bolton, Weekly Write Up, 29<sup>th</sup> October 2024)*

This happened repeatedly, showing the journey that happened each week from feeling one way when we started and another way when we ended.

We also saw that there was a growth over the weeks in terms of what participants were willing to do in the sessions:

*"One mum was involved more physically today than she had been before, she got down onto the floor with her baby when engaging in the activity to see the world from their level. It was nice to see her becoming more comfortable with taking part in the movements in front of the group and creating connections with her infant."*

*The gesture and name round was interesting as everyone offered a gesture and their name much more quickly than last week. Still quite small gestures (like a wave or nodding of the head), but there was no hesitation."*

*(Tess Copley, Weekly Write Up, 4<sup>th</sup> November 2024)*

Re-doing some of the creative evaluation processes had the added benefit of the women themselves observing how they felt differently over the course of the project. By offering the same activity three times it helped to highlight this change and growth, without being intrusive or clinical and with consent:

*"In comparison to week 1's artwork, this week's artwork used more vibrant colours such as orange and yellow, and also took up more space on the piece of paper. This can be interpreted positively as the colours can be seen as positive and taking up more space on the page can be interpreted as being more comfortable. One mother reflected on how she struggled with the task in week 1 and at the time was worried about what people would think of her artwork whereas she felt a lot more confident in doing it this week."*

*(Tess Copley, Weekly Write Up, 10<sup>th</sup> December 2024)*

The majority of the artwork at the first session was smaller and simpler images, using darker colours. At the end the pictures were taking up more space, there was often a lot more detail in them and the stories the women could tell about them were more complex.

This is a piece from the end session with the person's description in comparison to her first image:



*"My first one was like bad chaos, like intrusive thoughts and everything and it had a chicken nugget in it because, you know, chicken nuggets! This one's more happy chaos because I don't feel so much in that nasty headspace anymore. It is nice to see him thrive as well. It's also about how free flowing the group is."*

*(Participant 3, Sense Making Session, 18<sup>th</sup> March 2025)*

Some of our evaluation documents occurred as unplanned moments when we were doing an activity. One week Bronwen brought some questions she had had from a colleague in Morocco - the colleague had wanted to know if there is something they are able to do because of this community. We did an improvised dance based on this question then sat down to talk about it. Here is some of the transcript of that discussion, there are three women's accounts in this conversation:

*"I see it as time to just like be present and in my body rather than running around and doing things for everybody else. I was imagining I was a rooted tree."*  
(Participant 4)

*"This group, giving me some sort of like perspective. For tackling the day. It gives you a picture of normal life...But yeah, the mess is just for a moment. Yeah. Other things exist."* (Participant 1)

*"It doesn't feel so lonely. So, you don't feel on your own basically. Yeah. There's solidarity."* (Participant 4)

*"I always feel a bit on edge. I think it is such a busy house, but I always feel sort of a bit on edge, and I get very overwhelmed. So, coming to the group calms me down."*  
(Participant 3)

*"I have to admit something, that I come to this group for the same reason, like this week's been very overwhelming. And then, I come here and it's like, yeah, it's only about being present in your body. In the free movements. I realised 'Oh my God, I need to let go' because I, you don't realise... You're just holding it. Yeah, yeah. So, when you sort of remove it, it feels much better."* (Participant 5)

*(Participant discussion transcript, 11<sup>th</sup> February 2025)*

The theme of solidarity will be explored more in the section on togetherness.

An overwhelming theme that came up was one of joy. There were so many occasions where we all were laughing and being silly. This might seem insignificant or simple, but for women who are reaching the requirements to even be seen by PMHS, it is significant. It also indicates an ability to let go. There were many occasions where this happened, but here is an example where we decided to make our introductions related to the season:

*"We then began the session with a round of introductions followed by an action that represents St David's Day, Pancake Day, or Easter, since we recently had (or are approaching) these celebratory dates. This was from suggestions from the women – Bronwen asked what they'd like to use as inspiration and this is what they came up with, we all laughed at all three celebrations being featured. The mums each made up an interesting move, and we had to guess which day the move represented. This brought about a lot of laughs – with a few pancake 'splats', an Easter bunny, a wafty leek and a St David's Day dragon (with accompanying noise)!"*

*(Laura Bolton, Weekly Write Up, 11<sup>th</sup> March 2025)*

The clearest indicator that this project improved the group's positive feelings was the attendance. We had the highest attendance of all the groups offered by PMHS and GPIMHS. We also consistently had the same women coming from the very first session to the end. All of them wanted the group to continue.



*(Participant entries at the start and end of a session in the Creative Journal)*

From the evidence gathered, we believe this aim was fully met, and there were increased feelings of positivity due to attending this group.

## **Aim 2: To improve physical wellbeing**

*“I’m going to carry on dancing / moving”*

*“I realised how beneficial movement is, even just walking here from the car.”*  
(Participant 4 and 1 feedback, Sense Making Session, 18<sup>th</sup> March 2025)

From the evidence we have gathered it is difficult to give an accurate picture of physiological recovery after giving birth. What we can clearly evidence is a growing confidence in and use of the women's bodies. As you can see from the two quotes at the start of this section, the group found joy in moving their bodies, some talking about how much more they were dancing at home, and also how important movement was in general to their wellbeing.

*“And it's it's a funny thing with. Like feeling overwhelmed is that if you try and think your way out, I find if I try and think my way out of it, it often doesn't work, but if I move my way out of it, actually go and run up and down the stairs.”*  
(Participant 3, Feedback discussion transcript, 11<sup>th</sup> February 2025)

This also links to the singing we did with the group. With Alex we discovered humming, Alex feeding back that humming helped to calm the parasympathetic nervous system. We combined humming with stretching and releasing at the start of most sessions. One woman reported that she was regularly humming at home as she had noticed that it helped calm her and her baby.

A theme cropped up several times about a) how the groups movements were getting bigger and more expansive as the weeks went on and b) how people were starting to relate body position and movement with how they felt:

*“Bronwen reminded the group about our previous reflections about how body position can affect feelings. Expansive, closed; reaching, curling. Playful, quite a bit of laughter. Standing up, more movement around the expression of feeling powerful...we did this by mindfully walking in the space, then stopping to pose. There was a lot of laughter.”*

(Deborah Jones, Weekly Write Up, 11<sup>th</sup> Feb 2025)

We also played with the idea of rest. Several times we had moments where everyone had ended up on the floor and decided to stay there. This was after a moment in the group where Bronwen had encouraged everyone to lie down and just see what the babies got up to. The discovery that the babies loved it, gave permission to the group to do this at times they felt like resting. So, lack of movement, ironically, was also a positive outcome in this area!

As you can hear in the film, we did regular belly breathing as part of our warm ups. To help us centre and ground ourselves, but also to start to engage with our pelvic floors. At several sessions we had a go at finding any separation in our stomach

muscles (diastasis recti) and played each week with seeing if our pelvic floors moved or changed as we did the belly breathing. However, the group mainly just wanted to lose themselves in movement. Some opted to do this from the mat, some wanted to move around the space. It was possible to hold both options in this group.

From the evidence gathered, we can't conclusively show that there was an improvement to physical wellbeing, however, we can show that there was an increased embodiment and comfort with their bodies.

### **Aim 3: To improve birth parents' postnatal physical and mental recovery**

*"One Mum, who was new, did a big leap into the air when she heard a song she loved." (Laura Bolton, Weekly Write Up, 27<sup>th</sup> November 2024)*

In hindsight, this aim has many overlaps with the previous one but does concentrate more on the link between the body and the brain. As evidenced above, the ability to start to understand the links between the two became hugely important to the group. Here is a description of an early activity we undertook:

*"After the break we started moving around the room. We thought about putting attention into the front of our bodies, back of our bodies and sides and noticed how that changed how we moved. One Mum noted that when she put her attention in her back, she rounded her spine and it made her feel/seem depressed, but when she opened her chest, she felt better. From this Bronwen talked about the theory behind super hero poses, so for the next section we boogied around the space and when Bronwen shouted POSE we all struck a super hero pose. We then did this all together as a group crossing the room. It felt powerful. Some really interesting insights came from the women about posture and how it affects how they feel. A few commented how nice it felt when they did the patting of their bodies. We can maybe explore more of this and apply it to work with the babies too."*

*(Bronwen Wilson Rashad, Weekly write up, 22<sup>nd</sup> October 2024)*

We returned, over and over, to these 'poses' - sometimes we'd use them to explore feeling powerful, sometimes we'd use them to help us describe how we felt about the group, sometimes we'd use them to investigate more negative emotions. They were an incredibly useful tool for Bronwen to take the temperature of the room and for the women to start to understand themselves.

*"It's also worth noting that even uncomfortable feelings that were shared (chaos, overwhelm) were brought into the dancing and accepted. Everyone was comfortable with that rather than shying away from them and commented on how it felt good to embody them and turn them into something else." (Bronwen Wilson Rashad, Weekly write up, 7<sup>th</sup> January 2025)*

We used these poses in this way, but then also to build choreography from them:

*"The parents then followed this discussion with a movement activity, and they made a shape to represent what they had said. They then added these movements together, and created a dance with them to the song "The Only Way Is Up", which felt an apt choice. All the poses were quite powerful and strong, including one that represented the tree, one that was about grabbing the day and keeping going and one that was about wrangling a baby (like a baby crocodile!). Bronwen helped them to combine the movements working in two small groups, then joining these together to create a routine." (Laura Bolton, Weekly Write Up, 4<sup>th</sup> February 2025)*

This ability to name a feeling, but through their bodies, then to use that shape to make a movement, then take that movement and join it together with someone else in the group holds the key for a lot of what worked in this group. First, that we always started with a move, rather than a word or explanation and the gestures were repeated and shared by the group. Second, it was a way of expressing or releasing that feeling through movement. Last, those movements, even the ones about difficult feelings could be combined by the group and danced together. This translated what might have been an isolated emotion or thought, into something that was part of the whole group. An example is a dance we did after Christmas. We all shared gestures that expressed how we felt, and they were mostly around feeling overwhelmed and stressed. We then used these moving around the room. By the end of the dance one of the women said: I feel like I've danced that feeling out now.

From the evidence gathered, we can conclude that participation in this project led to an improvement in physical and emotional recovery.

#### **Aim 4: To improve birth parents' self-efficacy in decisions that are right for them and their families**

*"The group fed back what they wanted to get out of the sessions from the start. Themes of hope, calm in the chaos, anger (as in finding space for it/working with it) and hope, came out strongly.*

*Not everyone wanted to share their drawings, with one Mum saying, "we don't have to share do we?" and being reassured they didn't, but those who did were vocal about what they wanted, some sounding nervous but committed to sharing their picture. There were lots of nods when the themes started emerging."*

*(Bronwen Wilson Rashad, Weekly Write Up, 15<sup>th</sup> October 2024)*

We started this project with a session that was all about setting out our goals, for ourselves and for the group, from the start. At the first session we had 11 women and 12 children, with all the staff team present too. Some of the women had previously been in creative groups run by Bronwen, Deborah and Alex, but the majority was brand new. This is an interesting point; by involving them in the process of thinking about what this group was going to do, they got to practice self-efficacy from the start. This is also reflected in general attendance. We had a total of 14 women come to the group, with 9 of those being regular attendees. None were forced to come, so the very act of walking through the door each week was their choice. Considering what some of them are dealing with, this is not an insignificant thing.

Throughout the weeks, the group got to exert control in overt and also subtle ways. Subtly they made choices, mainly by showing how they were feeling and their willingness (or not) to do certain activities:

*"It was clear that the class provided a calm and relaxing environment for both mothers and babies. Mums seemed happier to have more of a chilled session, so we didn't do any dancing this week. We took this opportunity to adapt the session and take it outside for the last 45 minutes. Mums were given the choice of staying inside if they wanted to, but all the mums were happy to take their infant outside in their pushchairs." (Tess Copley, Weekly Write Up, 4<sup>th</sup> November 2024)*

The ability of the facilitators to 'read the room' was integral to responding to these non-verbal decisions about what would work each week. However, as time went on, the women became confident in asking for what they'd like to do that week:

*"One mum expressed a wish to do more of the developmental movement work where we move like the babies and do more on the ground. This came from her having her baby in a sling and during the melting sections of the 1234 exercise the baby loved being on her chest. Now that the babies are all crawling, this would be a good time to introduce this." (Deborah Jones, Weekly Write Up, 11<sup>th</sup> February 2025)*

Also, once some activities became more regular features of the group, people felt more confident naming what they'd like to do, such as choosing to do our 'river' score or the numbers game. They were also able to express their individuality and decision making over things like song choice:

*"We started singing, starting with some familiar tunes, but then Alex reminded everyone we had started discussing making our own song. This wasn't jumped on by the group and instead one of the women offered that she had a song she sings to her children at night. She shared this and we all sang the song, adding some gentle harmonies and experimenting with repetition. We then sang Bob Marley's Three Little Birds which was surprisingly moving and was a move away from music for babies." (Bronwen Wilson Rashad, Weekly Write Up, 3<sup>rd</sup> December)*

Half-way through the project we started experimenting with film. We used this as part of a mindful activity, helping us to see lines and shapes, compositions that appealed to us. We also used it to film each other. As Deborah wrote in the following weekly write up, this ability to be an audience enabled the group to notice what it was capable of thereby increasing self-efficacy:

*"Introducing the 'role' of the audience seemed easy and was effective and useful. We can be expressive, discerning and creative by 'witnessing' and describing something back to people. Again, offering a vocabulary/range of languages/forms/media so we people are more likely to find one that suits them or excites them."*  
(Deborah Jones, Weekly Write Up, 11<sup>th</sup> February 2025)

This all culminated in the making of the film. This was created completely from the women's own work and Bronwen brought in several edits of the film so that the group could add or edit any part of it.

Self-efficacy also showed up in people feeling able to say 'no'. There was a balance being constantly navigated between fostering an ethical environment where the no is welcomed and respected, and also gently nudging participants to do more than they think they can. This can feel uncomfortable. However, because of the trust that was built up, and partly because of the solidarity of the group it was possible to be demanding, yet realistic and also to allow people the space to sit activities out and rejoin and then leave again. All options were always on the table and there was no judgement either way. The fact that the women made use of them illustrates their ability to advocate for themselves.

From this evidence, we can say that the aim to improve parents' self-efficacy was fully met.

### **Aim 5: For birth parents to increase confidence in themselves and as parents**

There were many occasions when it was visible how much the women in the group were growing in confidence. Part of this can be explained with time and the change from having tiny babies to ones almost a year old at the end, but a to a great degree was fostered and given a space to grow in our group. One way in which this was aided was in the warm and welcoming environment we created. Barbara Cunningham, who helped start this group, was exceptional at thinking of little ways to bring activities into the space that might seem overwhelming in other settings (the 'real world' as one woman put it). This meant participants could try things that are part and parcel of being a new parent, in this group because they knew it was a safe space. The example below is typical of this - getting a seasonal photo taken with their babies. Many of them described how they would be too anxious to try this in public, but here it felt ok:

*"We had a gentle Autumnal/Halloween theme today, as it is the end of October. Some babies were dressed in autumn or Halloween outfits. Barbara had brought and set up some blankets, pumpkins and props to create a space for mums to photograph their little ones. This activity was taken up by a number of the mums, who appeared to enjoy the experience of taking photos of their babies and interacting with them to get some lovely shots."*

*(Laura Bolton, Weekly Write Up, 29<sup>th</sup> October 2024)*

We also noted changes in behaviour which indicated a growing confidence in the group, themselves and their ability as a parent. One mother, who had previously shown worry about anyone else holding her baby due to germs, asked Alex to hold her baby whilst she went to the toilet. Another had been relatively reserved for her first three weeks attending, suddenly offered potential moves for the dance. One woman who attended and was pregnant, opened up to the staff about how nervous she was about becoming a mum, but she felt like she had learnt a lot just from coming to the sessions. In subsequent weeks she helped hold the babies and played with them whilst the other women did various activities.

In the weekly write ups, there's a general theme of a growing sense of ease in the group, which is related to the previous aim, but also due to the regularity of the sessions and the length of the project. One woman commented she liked that she wasn't thinking about it ending from the start. This ease, also allowed more complex and difficult conversations to occur:

*"Interesting conversation in the 1<sup>st</sup> clay activity about whether or not one of the mums could express anger. A punch. This is a mum who can be very accomplished in artwork, who finds it more difficult to risk not being in control. The shared discussion was playful and easy, with an acknowledgement of how powerful and difficult it can be to express power and anger."*

*(Deborah Jones, Weekly Write Up, 11<sup>th</sup> February 2025)*

Through talking about these more difficult feelings, there was a checking in with each other that allowed the women to accept these parts of themselves, alongside the more positive joyful moments.

*“I nearly didn’t come after session 1 as having an older toddler felt hard and different. But now it feels different (good) and I am so glad I came back.”*

*(Participant 5, Sense Making Session, 18<sup>th</sup> March 2025)*

*“The one mother who needed additional support at the beginning of the session appeared to be calmer by the end of the session. She had moved from being in tears to laughing and smiling with her child.”*

*(Tess Copley, Weekly Write Up, 18<sup>th</sup> February 2025)*

During our session where we wrote poems about the group, one mum felt comfortable to say that she felt shy about sharing hers. The other women and team rallied round her, sharing their own stories about feeling shy. This clearly indicated that she felt comfortable to say how she was feeling, but also how confident the women in the group had become at looking after each other and that we were creating a space in which people could go outside of their comfort zone.

We also saw growing confidence in how the women interacted with their babies. This will be explored more in relation to a different aim, but it is useful to include an example here, of one occasion where we had a session over half-term, in which a mother also brought her stepchildren:

*“We also appreciated that one mum still attended with her older children/teens, and they did join in with the activities despite being initially shy. This Mum has expressed worries over her relationship with her step children, so it was lovely to see all three laughing and having fun together. They particularly enjoyed the dances they made up based on day-to-day activities.”*

*(Laura Bolton, Weekly Write Up, 25<sup>th</sup> February 2025)*

We also saw these themes reflected in the evaluation drawings and sense making sessions:



*“There are more hands on it than there was on the original one, so it does show an interesting difference, I think, that how much all the babies have grown since the last one, in the first one I feel like we could sort of park the babies and do our own thing a little bit and then you know, now the babies are involved. Also, it is from playing with the colours and not trying to draw anything specific, also creative groups like dance space is not something like either working to a performance or making a thing.”*

*(Participant 6, Sense Making Session, 18<sup>th</sup> March 2025)*

From this evidence, we can say that parents’ confidence did increase as a result of attending the group.

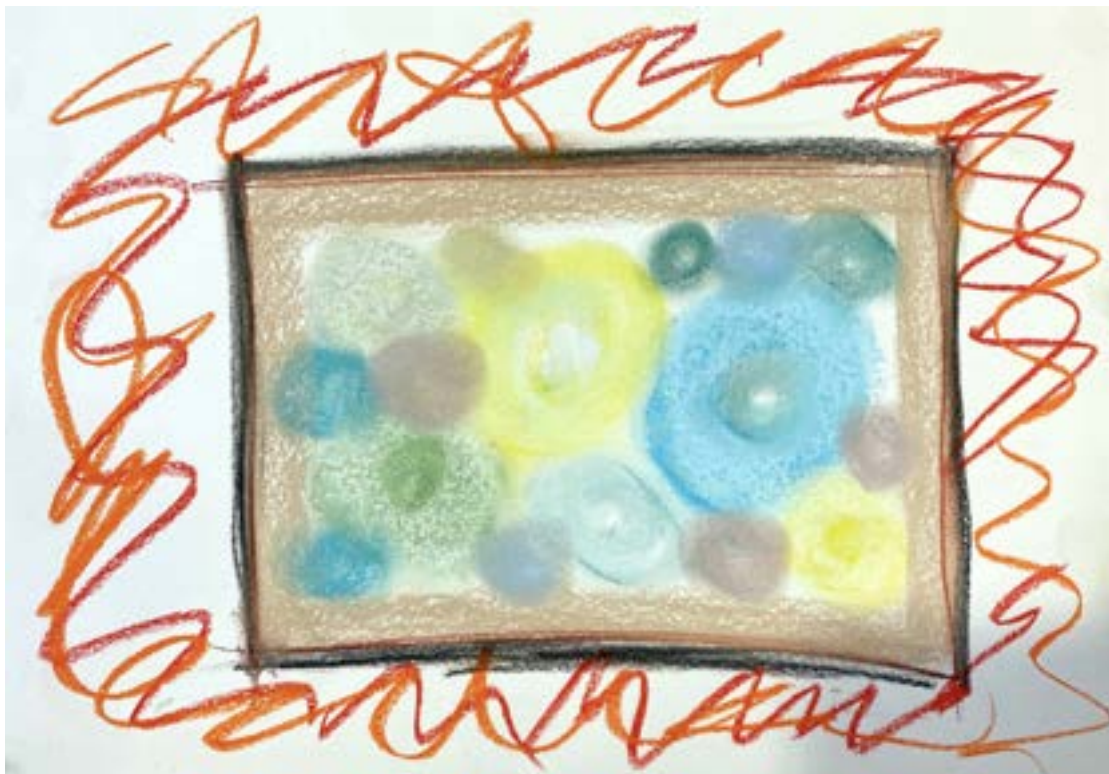
## Aim 6: To increase birth parents' interactions with others in their community

The following aim articulated by members of the group relates to this aim of the work:

- **Togetherness**

*“When we first were told what we were doing I immediately thought of a safe space. I tried to draw the calmness inside the safe space and then the chaos outside of the safe space.”*

*(Participant 5, Sense Making Session, 18<sup>th</sup> March 2025)*



This group proved to be a place where women who had experienced mental ill health were able to come and just be mums. They were able to witness each other over the weeks in a group where it was understood everyone had struggled, but that this space was for focusing on their strengths, not on the many things they were struggling with. The solidarity that was discussed earlier, experienced both physically and through discussions, created a sense of identity and kinship. In the final sense making session the women identified three key areas that fit under this aim: that it was a nice mix of people, that it made them feel less alone and that everyone related to each other. As the weeks went by, we noticed a growing comfort in the group, as evidenced by how they used the space:

*“Socially we really noticed how all the women were very comfortable today moving positions with each other, swapping spots on the mat and chatting to different*

*people. We felt this showed an increase in comfort with each other and the space. There was a lot of little conversations going on all around."*

*(Bronwen Wilson Rashad, Weekly Write Up, 12<sup>th</sup> November 2024)*

We also observed it in how conversations happened across the group, not through the person facilitating, and that it was wide ranging, drawing in aspects of their identity and personality:

*"The main takeaway from today's session was how comfortable everyone is becoming with one another. This could be seen by conversations going on between people that hadn't spoken before and mums inputting their opinions about songs and dancing. It is lovely to see the development of relationships and dynamics within the group."* (Tess Copley, Weekly Write Up, 26<sup>th</sup> November 2024)

It also showed up when things weren't going so well:

*"Since three of the mums were struggling a lot this week... In terms of this, we noticed that it seemed safe enough in the room for mums to be really vulnerable and share how they were truly feeling. One mum was crying, and this felt OK and safe enough in this community."*

*(Laura Bolton, Weekly Write Up, 4<sup>th</sup> February 2025)*

Another way we observed that this aim was met was how they participated in the activities that were offered. In the dance moments through eye contact, sharing moves or directly working together to create a piece of choreography. In the visual arts, it was seen in how they were able to draw together or share their observations about trying to get a feeling into clay. Quite often these conversations would end with a lot of laughter. At one point we even accidentally made a baby cry by getting carried away with comically expressing anger by slapping some clay!

We got to know each other as individuals but felt a clear sense of group identity. When editing the film one of the women said "yes, that's our group" and everyone nodded. Through movement we even created a collection of dance moves that could, arguably, be our folk dance - moves generated from Wind the Bobbin Up and our domestic chore dance being two examples. It also showed up in our weird and wonderful song choices, from the Spotify playlist made up of suggested tunes, to what we chose to sing in our group, music played a big role and helped us to learn more about each other:

*"Towards the end of the session, we decided to sing some songs, but instead of our usual nursery rhymes we used the time to sing 'Teenage Dirtbag', and to talk about a few other popular singalong songs ('Stacey's Mum', 'Jolene') which appeared to be enjoyed by all the mums."* (Laura Bolton, Weekly Write Up, 11<sup>th</sup> March)

From this evidence, we can see that parents not only had weekly interactions with others, but also increased their feelings of solidarity and togetherness.

## 3.2 Making a difference with Children

**Aim: To improve children's attachment with their caregiver**

The following aim articulated by members of the group relates to this aim of the work:

- **Togetherness**

*"The babies are very engaged with all the activities - it's actually really rare we have a baby become unconsolable, if ever. Which is rare!"*

*(Bronwen Wilson Rashad, Weekly Write Up, 3<sup>rd</sup> December 2024)*

Most of the babies were a few months old at the start of the sessions, varying in age between 4 and 6 months. We had one toddler who came through GPIMHS. They all gained confidence and became comfortable in the space we created. By the end they were very active participants in the group - crawling, some starting to walk and joining in with our songs. Our own resident toddler also really helped to shape our group - by suggesting songs and asking for stories. We found many different ways to move and create whilst also entertaining or including the children, often these were super useful for the parents to take home as tools they could practically use:

*"The humming had a big effect on the women and babies - everyone sort of calmed down and stilled. It was nice to have a united quiet moment together. The babies fell silent and mostly still; the atmosphere in the room changed while we were singing - calm, harmonised, together."*

*(Bronwen Wilson Rashad, Weekly Write Up, 12<sup>th</sup> November 2024)*

For much of the time, this was a space where the women could concentrate on themselves because there were so many hands to help, however, we often ended up noticing how much we entertained the children through our activities:

*"The babies loved us dancing for them and on a few occasions, we orientated to dance to and for them, we all noticed them starting to 'join in' with bouncing and waving arms."*

*(Bronwen Wilson Rashad, Weekly Write Up, 7<sup>th</sup> January 2025)*

On another occasion:

*"There was one mum who took a moment to spontaneously sing a nursery rhyme to all the babies, on her own. It was lovely to see that a number of babies (around 5) had all paused in their movements or play to watch her sing the song! They seemed very interested, and the mum appeared proud to have entertained the little ones."*

*(Laura Bolton, Weekly Write Up, 16<sup>th</sup> December 2024)*

We also had some activities where they were the focus, giving our attention to them as a source of inspiration, this led to an exploration of developmental movement,

trying to copy the babies and follow them through the space. This gave them the power to control the group, which they responded to with giggles and checking over their shoulder. This was a popular activity with both babies and women which led to this request in response to how much this woman's son had enjoyed it:

*“One mum expressed a wish to do more of the developmental movement work where we move like the babies and do more on the ground. This came from her having her baby in a sling and during the melting sections of the 1234 exercise the baby loved being on her chest.”*

*(Deborah Jones, Weekly Write Up, 11<sup>th</sup> February 2025)*

This fluid focus of attention, sometimes on the children, sometimes on ourselves, gave a balance to the room. Particularly for those who were struggling with attachment with their babies, it was important they had space to concentrate on doing things that made them feel good, but over the weeks we did notice an increased amount of interaction with the babies, especially in one woman who had really struggled with this:

*“The Mum who had come for the first time last week and had sat out of quite a lot of activities, moved a lot more this week and even took part in the walking/swirling/river exercise. She really liked the Donna Lewis track, one reason why I played it so many times! She was also smiling this week and there was an increased sign of connection with her baby - her looking at the baby with a smile and also noticing when others were interacting with him and smiling at them and at the interaction. This was a new development.”*

*(Bronwen Wilson Rashad, Weekly Write Up, 19<sup>th</sup> November 2024)*

This change wasn't constant, and she still did struggle with eye contact with her baby, and her baby clearly was seeking that contact with other members of the group. However, over the weeks the amount she was interacting comfortably with him increased.

The toddler in our group has struggled with separation from her mother. Her mother was mainly attending the group because of her struggles with the extreme nature of this. We could see, at first, how hard it was to attend and how frustrating it was when the toddler didn't let her Mum join in with some exercises. However, by including songs that the toddler liked, she started to settle into the group and trusting us. Laura also thought about bringing in play doh and colouring sheets and over the course of the project, this little girl was quite happily sitting with another adult whilst her mother was doing something different. This would have been unthinkable at the start. As her mother said in the sensemaking session:

*“It took my little one a while to settle in – but her confidence has grown getting to know stuff. She plays more on her own now.”*

*(Participant 5, Sense Making Session, 18<sup>th</sup> March 2025)*

This toddler has names for all of us, which also showed how she was starting to have relationships with other grown-ups, not just relying on her Mum. Here's an example from early on in the project:

*“The Mum with a toddler had a real struggle getting to the session with a long walk through the weather. Both Mum and toddler were upset when they got to Beechwood, but Laura and Barbara took care of them outside the room and when they came in, they both managed to sit with the group and we sang straight away which helped the toddler regulate. The toddler also talked a lot more to me and other adults in the room, telling us what she was eating and doing. Both joined in with the river activity.”*

*(Bronwen Wilson Rashad, Weekly Write Up, 19<sup>th</sup> November 2024)*

The format of the sessions meant we were all able to witness the changes in the babies and celebrate any milestones. In the sensemaking session some mothers talked about how their babies had warmed to the sessions, responded to songs from the group when they sang them at home and that the group had made it easier to notice their developments. Here's a lovely selection from the weekly notes that really captures some of this:

*“We began the session sat in our usual circle on the mats and noticed that a lot of the babies were interacting together, more so than they had done before. One was kicking his legs in excitement to watch another baby shaking an instrument, and others would crawl towards each other and reach for one another's faces in curiosity (mums kept a close eye on this to keep babies safe). This was enjoyable to watch, and the mums noticed and commented on their development and interest in one another. It was clear that since the beginning of the group, there had been some real developments for the babies – some are now sitting much more confidently, some are crawling/moving, and others are finding their voices, which is lovely to see. Mums appeared proud of their developments and shared a little about how the changes have been for them.”*

*(Laura Bolton, Weekly Write Up, 16<sup>th</sup> December 2024)*

From this evidence we can see that there was a positive impact on attachment of the children involved with their caregiver.

### **3.3 Making a difference with Artists who previously worked on the Arts and Minds project**

**Aim1: For artists to have an increased feeling of ownership in the project.**

**Bronwen:**

I led on this project, so felt a great sense of ownership over the structure and logistics around the project. I was able to work over a much longer time frame, which we had argued for in the past, and we were able to have the group open to recruitment throughout. This meant the group was solid, but flexible, able to welcome new people into the group whilst maintaining an identity. I really enjoyed having a greater role in organising the group and liaising with the clinical team, rather than feeling like I just turned up to run workshops. I do very much feel, though, that the group owned the group. As in each person who attended - women, babies, clinical staff, artists - all had a role in creating what went on in each session and the culture of the project.

**Deborah:**

There was a broad overarching framework for each session I took part in, so we decided together beforehand about which visual art media/process was appropriate. What we did with those materials was shaped by the specific curiosities, engagements and group dynamics that emerged on the day. So, this doesn't quite feel like 'ownership' on my part, but it did feel easy and effortless in terms of facilitation – because it emerged from the group. And I felt that was largely because of really good facilitation on Bronwen's part.

I'm still in a phase of feeling dissolved or empty in terms of facilitating arts activities. Because the visual arts activities felt so merged with the movement, and because it emerged/flowed directly out of each sessions' explorations, it was easy to do. And enjoyable!

It's also a reflection of proper collaboration, which is quite rare. So, ownership comes in there. I felt the duration and understanding of our working relationship/understanding (including Alex) so in that sense I did own it.

**Alex:**

I'm not so sure how to answer that. It's difficult to say if my sense of ownership has developed. I was involved in a number of sessions towards the beginning of the project so the sense that I would be leaving the project before it had finished may have impacted my sense of ownership over the project. I can say that my connection to the project and participants grew over the weeks of my involvement.

**Aim 2: For artists to conduct further exploration of how movement can be linked to and complemented by other art forms (visual and music).**

**Bronwen:**

The sessions where I had Deborah or Alex in the room were exciting and really helped to appeal to all the participants in the group. There were some women who preferred visual art or music, so having that input on a very needs-based approach was essential. From an artistic point of view, being able to improvise and collaborate with Alex and Deborah was gorgeous. We would normally have a plan, but then things would happen in the session, and we would go with it - I think because we've now worked together for a while we are effortlessly able to do that. I really enjoyed thinking about how to marry movement with their two practices - with Alex the thing that stands out is how some of the simple things we did with him became part of our weekly ritual. The humming in particular - it was something that grounded us, grounded the babies and helped us get into our bodies in a different way. Similarly playing with songs, finding movement vocabularies for them and then messing around with those to create parades and circle dances from very simple origins was joyful.

With Deborah, I really enjoyed us focusing on how things felt. Using all our warm ups and movement prompts to feel into our bodies, then taking that feeling to a material - clay or paper or pens or pastels - and focusing on the creative act rather than production. It freed us all up both movement wise and art wise.

I love collaborating with other artists, these two in particular, and would love this to continue to be a part of my practice.

**Deborah:**

There was a lovely blurring of movement with visual art. We found ways of working with both pastels and clay which were pretty seamless with the movement. I enjoyed this. It stepped straight into the core of what's sensory and aesthetic; engaging more with the non-conscious than the surface thoughts/ideas/perceptions. The resulting drawing and clay-work was markedly more expressive and physical than had happened on previous iterations over the recent years.

I loved how the humming, breath and music were enmeshed into everything.

**Alex:**

This is something I do think about. I have worked on a fairly lengthy tour since delivering the sessions and have been working with dancers quite a bit on the tour. I definitely approached that work with a new curiosity and a more attuned sense of the intersection between music and movement. Somehow my awareness of the implicit interactions between music and movement was sharper.

**Aim 3: For artists to be able to consider what impact this has on their artistic process.**

**Bronwen:**

Being part of this project has had a huge impact on me and my process. It has highlighted for me what elements of dance practice, but also mental health theories that I can bring to this sort of project. During pregnancy and birth, women experience the destructive force of the patriarchy, even if they hadn't previously. Simultaneously, solidarity amongst new mothers can have a transformational effect. I am influenced by therapeutic practitioners such as Emma Haynes, who problematizes the idea that people are mentally ill, rather than having healthy responses to unhealthy environments. "Is it an illness, or is it a reaction to societal and systemic pressures, particularly in an industrialised world?" (Haynes, 2025, p.6). Becoming a mother highlights that the 'village' has not been replaced *and* "blaming the mother" (Haynes, p.17) is common practice. This is even more apparent in medicine: "mother blaming is endemic in society...most prevalent within the medical profession and psychology." (Haynes, p.17). The Sick Woman Theory (2020) is central to this sort of understanding. By gathering we bring these issues out into the open, we can be 'wrong' and still be accepted and part of this 'village'.

This helped me consider my interest in the concept of getting better, rather than being good (Van Eikels, 2012). Donald Winnicott and his framing of the 'good enough' parent (1964) re-emerged. As a perfectionist myself, it's illuminating that I'm attracted to theories that tangle with this. Perfectionism is a lens that's useful to think about both dance and mothering through. There is a clear link between perfectionism and low self-esteem, the 'shoulds' and 'musts' getting in the way of the being and doing (Nordin-Bates, 2021). In our group we do things because they feel good, because we want to. This has been liberating for me, it's also underlined how social dance forms (circles, soul trains, parades) are so effective at everyone feeling able to 'join the dance'. They are celebratory forms and by doing them with moves we've generated from talking about difficult things, we start to unpick some of the shame around how we've been feeling.

Stadlen (2013) talks about the steady ongoing attention of mothers, "their slower paced love" (p.161). This describes me and this group. I have given these women and babies slow undivided attention. I'm not always exciting and I don't have to be. Sometimes I feel that pressure, that if I'm not exciting, they won't want to come back, but actually the steadiness is what keeps them coming.

"To look upon, to marvel, to see are all characteristics of beholding. Many people do not feel seen, but want to be."

(Hutchinson, 2025, p.30)

"If we see 'nothing' when we look at... a mother who is quietly being a mother, it is easy for her to feel as if she is doing nothing too."

(Stadlen, 2013, p.258)

Giving and receiving attention (for example in pair work) is political when you are marginalised. In this case by patriarchy and mental ill health. Rebecca noted the moment where I said to the mother breastfeeding, that that was a dance too. The dancer's voice is central to the inquiry and uses “embodied reflections as a starting point for further reflections” (Lee and Pethybridge, 2021, p.471). I am always trying to find the dance they do.

Over the course of the sessions, I used my knowledge of social and folk-dance forms to bring these to the group when we needed a structure to put our moves into. This underlined, for me, the importance of these to get non-dancers dancing. I also brought breathing and physical grounding techniques in which helped all of us to settle in the space, but also to rediscover our physical shape, a key aspect of recovery after birth.

**Deborah:**

It was refreshingly simple, basic and yet effective. I feel like the combination of practitioners in the room as well as moving between different artforms enabled the artwork to be less self-conscious and straightaway it was more expressive and direct.

Often, when elements of an artform are ‘abstracted’ (for example, qualities of mark making), it becomes less accessible or meaningful to a ‘non-professional’, but this didn’t happen.

Apart from this project I don’t particularly have an ‘art practice’ currently because I’m changing over to body work, however the integration of movement, dance and music in this dialogue and collaboration has been easy. It doesn’t especially feel like I’m doing visual art, it’s closer to the body work or it’s a combination of both. This is really valuable for me because my transition out of visual art could so easily have involved a backlash inside me, a blanket turning away rejection of my artist identity, memories and affiliation. This work has kept a visual art part of me alive and real, with associations of pleasure, relationship and genuine benefit (to all of us).

**Alex:**

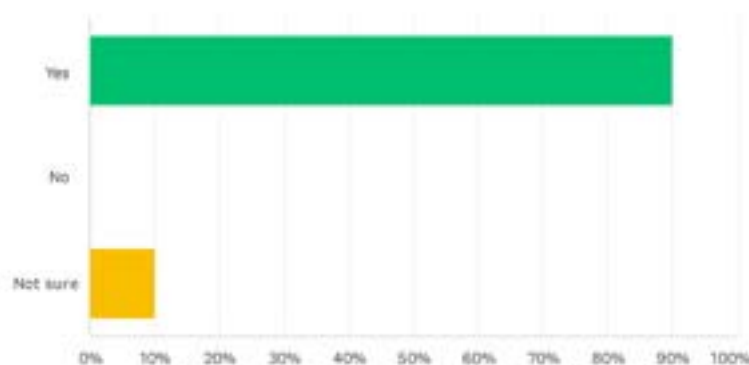
I took a great deal from this project as an artist. Whenever my work focuses more on community or socially engaged practice it brings a richness to the whole of my practice that wouldn’t exist otherwise. Through working on this project particularly I came away with a really focused sense of the civic role of the arts, that is to say the way in which art, be it movement, music, theatre, etc, can give people the opportunity to transcend their everyday experience and experience being a person in new ways and from new perspectives. It also reminded me to be grounded, to be playful and to see the beauty in even the smallest detail.

### 3.4 Making a difference with Teams from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists.

**Aim1: To empower and spread creativity through the teams from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists.**

Q5 Has it led you to consider using creativity as a tool in your wider practice?

Answered: 10 Skipped: 0



The effects of being part of this project has been wide ranging for individual staff members. For some it re-confirmed something they already firmly believed in and used in their practice, for some of our team who are just starting out on their journey within the NHS, it helped establish creativity as a tool they could draw on. One member of staff is applying to study Art Therapy as a result of coming to the sessions. It also had a positive impact on the staff themselves. As a result of moving and creating their own art work they reported increased feelings of energy and satisfaction with their week.

Here is a selection of comments from the survey and from our sense making sessions:

*"I think I'm more creative in my own practice; encouraging movement and creativity to help develop therapy understanding and skills learning."*

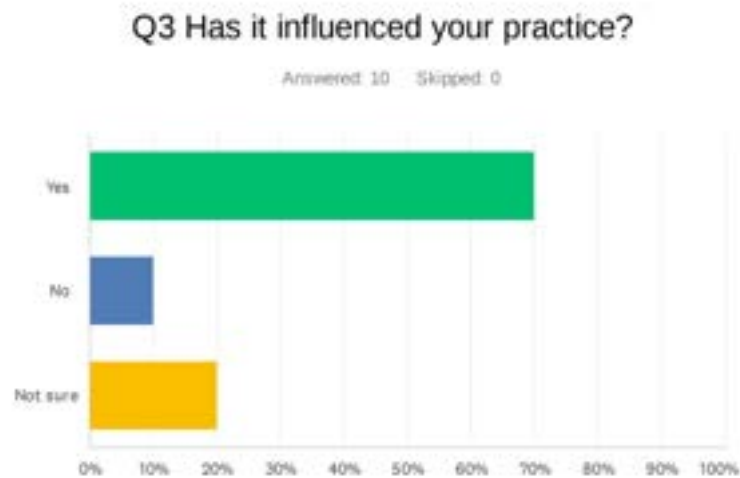
*(Healthcare professional 3, Feedback survey, March 2025)*

*"Going forward with my studies and hopefully a career in psychology, I value the importance of creativity more in therapeutic spaces."*

*(Healthcare professional 5, Feedback survey, March 2025)*

*"Involvement allowed me to feel lighter and enthusiastic for the days and week ahead." (Healthcare professional 2, Feedback Survey, March 2025)*

**Aim 2: To lead the change in the ways in which these teams view the service users and what impact that has on them and their practice.**



Both teams that were involved in the project (PMHT and GMIPS) are already excellent at patient centred care. However, there were effects from being involved with this project that we feel enhance both their clinical practice and their own wellbeing.

One such way was in being able to see women outside of the clinical settings they normally see them in. This had two effects: seeing women relating to others (babies and other women) and seeing women once they were beyond the immediate urgent therapeutic period. Rebecca Tucker attended one session and commented that she normally just sees the women on their own and at their crisis point. Being able to see them further on in their journey had a positive impact on her practice:

*“Rebecca reflected that she realised her presence could have had an effect on the women she has worked with clinically, and she said it would have been good to think about this, however everyone was OK and Rebecca found it actually really lovely to see the women now. This is something interesting for our evaluation - considering the time sensitive way perinatal services has to work with women, what effect seeing them post treatment could have on staff.”*

*(Bronwen Wilson Rashad, Weekly Write Up, 12<sup>th</sup> November 2024)*

There is an impact on NHS staff on seeing people ‘at their worse’ and we are interested if programmes like this could mitigate against burnout.

We also had evidence that being involved affected the way staff see patients, mainly from a strengths-based point of view, rather than what they typically experience:

*“It allows you to connect with a patient in a different way and enhance your assessment and care planning.”*

*(Healthcare professional 1, Feedback Survey, March 2025)*

*“I think it's helped to connect with the human side of the mums we work with. It's felt more organic and natural to build a relationship (vs being problem focused).”*

*(Healthcare professional 3, Feedback Survey, March 2025)*

It also improved relationships between the team and individual women, enhancing their ability to tailor their care for the participants:

*“It's been wonderful having an opportunity to meet with mums, in a different environment to the 'clinic room'. I have seen a completely different perspective and felt this has positively enhanced our relationship.”*

*(Healthcare professional 3, Feedback Survey, March 2025)*

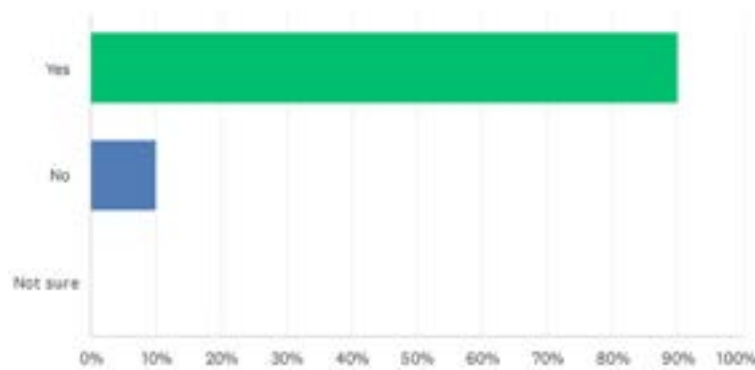
For the team who made the core group that came every week, they all reported increased feelings of positivity, that coming gave them a boost each week. There were also some surprising things that they noticed about the group that they felt were important and changed the dynamic between women and their care team:

*“I love coming to group, I look forward to a Tuesday morning. I love that being the part of the group enables mums under our care to have time to themselves, to be with others, to learn new ways to be creative, and to also not be viewed as a 'service user'. Something that's really struck me is that no-one is reminded or pointed out as being under PIMHS or PNMHS, they're just mums and babies who gather in a space that's welcoming and joyful.”*

*(Healthcare professional 4, Feedback Survey, 2025)*

### Q11 Has this experience had impact on your own wellbeing?

Answered: 10 Skipped: 0



**Aim 3: For these teams to have increased feelings of self-efficacy in terms of how to support the service users in a pressured environment.**

*“My main idea was just like joy and trying to get as many like nice bright colours as possible because I feel like I came in and I was never initially meant to be working in the perinatal team but my supervisor at my other place said ‘give this a go’ and I’ve never held a baby before, I’d never been around babies, so I feel like I’ve learned so much from this group it’s been it’s been amazing, it’s been such a such a nice group to be part of.”*

*(Tess Copley, Sense Making Session, 18<sup>th</sup> March 2025)*



This aim was more difficult to ascertain from the survey responses and sense making sessions, however, we do know that participation in the group had a big impact on our psychology student who was on placement and with one core member of the team who is looking to train in Art Therapy.

For more established members of the teams, it certainly reaffirmed their belief in these sorts of offers. The Occupational Therapist from the PMHT was a big advocate and felt that the group underlined to some of the women she worked with that sometimes doing is as valuable as talking. One theme that is identified in the comment included below, is that it also meant team members worked with each other who would not normally. We also had a huge range of banding within the group meaning that staff at different levels of the NHS hierarchy were meeting each other and working alongside.

*“It’s helped to reinforce my view of alternative and more community led ways of working with mums experiencing difficulties in the perinatal period. It’s also*

*reinforced my view of the importance of bringing people together (rather than falling into silo working)."*

*(Healthcare professional 2, Feedback Survey, March 2025)*

One important result was that staff members who haven't always been keen on therapeutic group work, came to our sessions and changed their attitudes towards this way of work. This will have a direct impact on what the teams can offer women who come into their care.

It also provided an opportunity to 'walk the walk' in terms of the Sustainability Principle in the PQN of empowering individuals and communities – improving awareness of mental health problems and ensuring patients and carers are at the centre of decision-making:

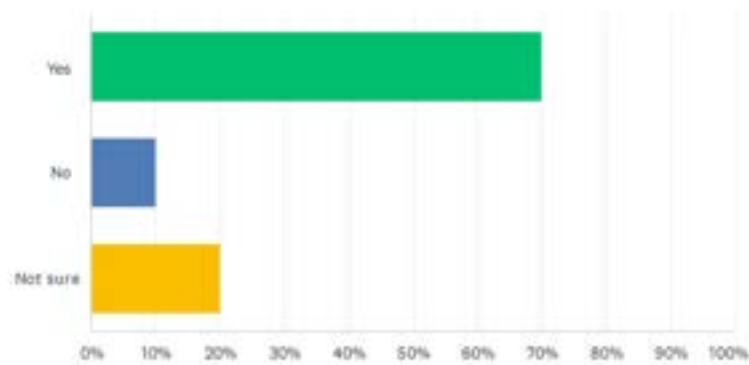
*"Yes - I feel more confident in supporting babies and their mums since it has been such a 'hands on' opportunity. I feel I will take away some learning from seeing Bronwen facilitate, with skilled gentle guiding and thoughtful ways of practising - letting the mums lead in ideas and going with them. I've enjoyed the format of the sessions and having some freedom to also be creative in how we have set up and led the group."*

*(Healthcare professional 7, Feedback Survey, March 2025)*

**Aim 4: For the teams to increase the use of movement because of how that supports them mentally and physically.**

**Q6 Has it influenced or increased your use of movement because of how it supports us mentally and physically?**

Answered: 10 Skipped: 0



We don't have concrete evidence that staff are using movement-based practices in their day-to-day work, however, the majority reported that it had. We certainly observed an increased amount of participation from staff and for those who made up the core team, there was a real ease with them doing movement-based work.

*"Certainly, after attending the group, I felt much more energized and was able to hold this feeling all day, which impacted positively on my work."*

*(Healthcare professional 3, Feedback Survey, March 2025)*

## 4 Learning Points

This section summarises the learning points from the project including unexpected outcomes, issues that arose, and observations about the relevance of the approach.

### **This was the right approach**

This project offered both a streamlined administrative version of previous creative groups and allowed the artists to lead on how the project unfolded. Both approaches clearly had a net positive effect on the efficacy and efficiency of this project. There was a combination of clarity of purpose and a freedom to experiment within the sessions that allowed them to be truly responsive to what the participants wanted and needed. The streamlining of the administration of this project meant there was a reduced burden on clinical staff and artists in terms of attending meetings or endless emailing. Within this clear project container, the individual sessions were able to be free flowing, creative and imaginative. Movement as the central art form, supported by music and visual arts, resulted in a playful, physical and joyful approach to the work that was created.

### **Longer project length works**

Having the group run for 20 weeks was a net positive, both for attendance at the group, satisfaction with attendance and for the staff team coming to the sessions.

The length of the project and its continuing come what may (half terms, snow etc) was incredibly important. The ability of women to feel they could come one week, then not the next, but still feel able to come back was also important. Quite a few women disappeared for extended periods and then rejoined. This is really unusual as women who are experiencing anxiety often struggle with re-entering a group and with consistency. There were also a number of women who joined at different stages, but this never felt tricky as the group was very welcoming and free flowing. All of this really helped with solidifying the group and creating the community within it. One woman noted in the final session, "this was way better doing 20 weeks. I didn't think about the end from the start. It was more relaxed, I enjoyed movement more."

### **Attendance had an impact on attendance elsewhere:**

It was noted, anecdotally, that women who had attended our group were more inclined to participate in other group offerings, both clinical therapeutic groups and other creative offerings. We know of 1 woman who started attending a clinical therapy group because of Dancing the Parenting, and several who joined a creative group from being part of our sessions. This is something we'd definitely want to study in further iterations.

### **Staff attendance at groups increased feelings of positivity about group work**

Again, anecdotally, several team members who had not been as keen on group work generally, felt differently about this after attending. This could also be studied further to see what impact this has on practice.

### **Tools for evaluation**

The use of drawings three times in the project in combination with the conversations that occurred around these images proved a very useful and effective tool for gathering learning from the project. Similarly, the collaborative journal was well used in the first half of the project. We did notice that once it got moved to the centre of the mat (a change that happened purely because of a change of room and not having a table) people used it more for just drawing and were less likely to use it to mark how they were feeling in it. As one woman commented at the end: "It was just more private. And if you wanted to escape from the floor for five minutes you could go to the table and do it, give yourself a job to do." However, another commented that they just didn't feel like they needed it once they'd got used to coming - it was useful as a way to ease the awkwardness of coming into the room, but once they got comfortable with the group, they didn't need it.

The weekly write ups, in the form of a reflective cycle, was incredibly useful, both for documenting what happened each week and noticing changes or interesting things, but also as a tool of communication to the wider team. As our administrator Becca noted: "I loved getting the write up once a week and looked forward to reading it. A little bit of joy delivered into my inbox."

Creating the film and having a bit of a focus towards the end of the project really did help with the group starting to discuss and learn what they had got out of the project. This culminated in the community poem we wrote, generated through movement and words we gathered which encapsulated a lot about the project.

### **Staffing**

This project was conceived and started by Bronwen and Barabara Cunningham. Barbara is a Peer Supporter with the PMHS and has been involved in projects with the artists for the past three years. She has been one of our biggest cheerleaders and was really passionate about the need for groups such as this. Half way through the project she had to take personal leave. This could have derailed the project as she had such a strong connection to the women who attended and to the project itself. She was also a huge advocate for it within the PMHT and we worried without her we would struggle. It certainly wasn't easy and Alex within PMHT probably bore the brunt of that. Alex had to step up and take responsibility for coming to the group and recruiting other members of the team to come along to sessions. Laura took on the task of contacting the women each week to remind them it was on. In some ways, having to find our way without Barbara's guidance did give all of us a chance to step up a bit and find a new way of working. The women also struggled to begin with, with her absence, but in some ways the group continuing really helped some of them to maintain contact with the PMHT and with other people who knew them.

## 5 Recommendations and Ways Forward

This section summarises recommendations and ideas for future work based on the above learning points as well as on project successes. It also includes comments about the sustainability of the work and possible future partners / funders / participants / projects and ideas.

**We would recommend that this group becomes an integral part of the offer** for new parents in Aneurin Bevan Health Board. The impact on individual participants and on the staff involved in the project is overwhelmingly positive and has had secondary positive impacts on practice within perinatal and parent infant mental health services.

The format, administration, project management and artistic practice all supported these positive impacts and resulted in a programme that was of value to all parties. **We would ideally like to see this sort of group embedded within the NHS, with staffing and financial investment.** Continuing this project would also afford us with the ability to bring in researchers to study the financial impact on the NHS, to provide a rationale for why groups like this would be an effective addition to wider perinatal services. We would like to see this group replicated in other health boards and feel Aneurin Bevan is in a unique place to share this groundbreaking and effective arts interventions. It offers value for money and centres women in their care. The impact also has potential long-term benefits - by providing a shift in the mental wellbeing of the women involved, there is the knock-on impact on their families. With CAMHS waiting lists at all-time high, and the link between parental and adolescent mental health being established, it makes sense to invest in this kind of intervention. Not just because of the positive effects for the mother, but for her whole family.

**We would recommend more artists should be recruited/trained who have both skills as an artist, but also in working within mental health contexts.** It's important to note, that whilst we feel strongly that the artists having a lead role in running sessions is key, it is worth noting that each artist involved in this project has an additional skill: Bronwen has extension experience in mental health services and perinatal education, Deborah does body work for therapeutic purposes and Alex is a trained music therapist. We would not see the same results in a group run by artists who didn't have their understanding of psychological safety or their ability to 'read the room'. This is not just about teaching people creative skills; this is skilful use of creativity to create spaces where participants are empowered to explore creatively and from a strengths-based approach.

So often, in the transition to parenthood, we can lose ourselves. We are trying to parent against a cultural backdrop that leaves us isolated. We have also gone through one of the biggest changes that can occur to a human. Having a dedicated space that is warm and kind, that is open and free, and that allows us to find out, again, what we like and how to find hope, calm and joy in our bodies is rare, but precious.

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### Appendices

1. Evaluation Framework
2. Survey results

## Evaluation Framework

### Project or programme: Dancing the parenting

**Overarching Aim:** To improve the health and wellbeing of birth parents who have struggled with mental health and address any issues to do with attachment with their child, for the benefit of the parents and child(ren)

WHO	Aims and Objectives	
-	Aims	Objectives (what will happen in the project to realise the aims?)
<b>Birth parents</b>	To improve birth parents' mental wellbeing and feelings of positivity <ul style="list-style-type: none"> <li>• To move from chaos to calm</li> <li>• To find calm spaces in the chaos</li> <li>• To move from anger to calmness</li> <li>• To increase hope</li> </ul>	<ul style="list-style-type: none"> <li>• Through a regular dance group (to aid physical and mental recovery from pregnancy and birth.)</li> <li>• Through dance and movement to change how we feel.</li> <li>• Through a longer running group, (to increase attendance and engagement, particularly with more marginalised groups.)</li> <li>• Through using to increase feelings of wellbeing, physical recovery from birth and ability to experience joy through our bodies aligning with the standards in the Perinatal Quality Network.</li> </ul>
	To improve physical wellbeing	
	To improve birth parents' postnatal physical and mental recovery	
	To improve birth parents' self-efficacy in decisions that are right for them and their families	<ul style="list-style-type: none"> <li>• Through dance in a supportive environment (to increase women's self-efficacy.)</li> <li>• Through putting co-production front and centre, with parents at the heart of the project, in direct collaboration with artists and the NHS team, to create a more dynamic and efficient way of running this kind of project.</li> <li>• Through improving awareness of mental health problems and ensuring parents and carers are at the centre of decision-making is the core value that will be addressed in this iteration of the project.</li> </ul>
	For birth parents to increase confidence in themselves and as parents	<ul style="list-style-type: none"> <li>• Through attendance at this group (to increase feelings of physical and psychological closeness to their children)</li> </ul>

	To increase birth parents' interactions with others in their community <ul style="list-style-type: none"> <li>• <b>Togetherness</b></li> </ul>	<ul style="list-style-type: none"> <li>• Through bringing parents together in the group</li> </ul>
<b>Children</b>	To improve children's attachment with their caregiver <ul style="list-style-type: none"> <li>• <b>Togetherness</b></li> </ul>	<ul style="list-style-type: none"> <li>• Through all of the above</li> </ul>
<b>Three Artists who previously worked on the Arts and Minds project</b>	For artists to have an increased feeling of ownership in the project.	<ul style="list-style-type: none"> <li>• Through building on the work of the Arts in Minds project, but putting co-production front and centre, with parents at the heart of the project, in direct collaboration with artists and the NHS team, to create a more dynamic and efficient way of running this kind of project, whilst finding novel ways of creatively evaluating it.</li> </ul>
	For artists to conduct further exploration of how movement can be linked to and complemented by other art forms (visual and music).	<ul style="list-style-type: none"> <li>• Through ongoing reflection and sense making as co-designed with the wider team and the evaluation consultant.</li> </ul>
	For artists to be able to consider what impact this has on their artistic process.	<ul style="list-style-type: none"> <li>• Through running a dance/movement focused group to increase physiologically self-efficacy in the NHS teams and artists as well?</li> </ul>
<b>Teams from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists.</b>	To empower and spread creativity through the teams from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists.	<ul style="list-style-type: none"> <li>• Through building on the work of the Arts in Minds project, and using co-production, putting parents, artists and the Perinatal Team at the heart of the project, to collaborate, creating a more dynamic and efficient way of running this kind of project, whilst finding novel ways of creatively evaluating it.</li> </ul>
	To lead the change in the ways in which these teams view the service users and what impact that has them and their practice.	

	For these teams to have increased feelings of self-efficacy in terms of how to support the service users in a pressured environment.	<ul style="list-style-type: none"> <li>Through running a dance/movement focused group to increase physiologically self-efficacy in the NHS teams and artists as well</li> </ul>
	For the teams to increase the use of movement because of how that supports them mentally and physically.	

Who	Aims	Outcomes	Outcome Indicators	Ways of gathering evidence	When and By whom
Birth parents	To improve birth parents' mental wellbeing and feelings of positivity <ul style="list-style-type: none"> <li>To move from chaos to calm</li> <li>To find calm spaces in the chaos</li> <li>To move from anger to calmness</li> <li>To increase hope</li> </ul>	Birth parents' mental wellbeing and feelings of positivity improve, so that they feel they can: <ul style="list-style-type: none"> <li>Move from chaos to calm</li> <li>Find calm spaces in the chaos</li> <li>Move from anger to calmness</li> <li>Increase hope</li> </ul>	Analyse evidence generated through the activities listed on the right for indicators of: <ul style="list-style-type: none"> <li>Increased feelings of positivity</li> <li>Movement from chaos to calm</li> <li>Finding calm spaces in the chaos</li> <li>Movement from anger to calmness</li> <li>Increased hope</li> </ul>	<ul style="list-style-type: none"> <li>Journaling for yourself and then sharing it anonymously. Choose parts of the story and then write them down, writing about how things change over time, from your own experiences. The bad bits and how its improved it, what's good and what needs to improve.</li> </ul>	<b>To be organised by the team and developed and facilitated throughout all sessions. (Roz to support team to analyse evidence)</b>
	To improve physical wellbeing	Physical wellbeing improved			

	To improve birth parents' postnatal physical and mental recovery	Birth parents' postnatal physical and mental recovery improved	<ul style="list-style-type: none"> <li>• Improved physical wellbeing</li> <li>• Physical and mental postnatal recovery</li> <li>• improved self-efficacy in decisions that are right for them and their families</li> <li>• Increased confidence</li> <li>• More positive interactions with others in their community</li> <li>• Togetherness</li> </ul>	<ul style="list-style-type: none"> <li>• The difference in movement between now and later in the process – video documented. Movement to show how we are feeling</li> <li>• Anonymous film- cut aways of other things when people are talking. The film could also show movement exercises to show the differences made. It could reflect that it's a journey which is not necessarily linear. Using Barbara's questions: <ul style="list-style-type: none"> <li>○ What things came out of it?</li> <li>○ What difference did it make for you?</li> <li>○ Were there unexpected things that came out of it?</li> <li>○ What will you take away?</li> </ul> </li> </ul>	
	To improve birth parents' self-efficacy in decisions that are right for them and their families	Birth parents have improved self-efficacy in decisions that are right for them and their families			
	For birth parents to increase confidence in themselves and as parents	Birth parents increase confidence in themselves and as parents			
	To increase birth parents' interactions with others in their community Togetherness	Birth parents' interaction more with others in their community Togetherness			

				<ul style="list-style-type: none"> <li>○ What would you change? / How can we improve it?</li> <li>• Having one big group journal to write / draw how we feel on that day when we come in and how we feel when we leave. People could be encouraged to bring in 'traces' of things that have happened in the week.</li> <li>• Do the same colour drawing exercise as we did on day one and compare them – blue seen as negative colour, pink, yellow and orange, although that's subjective – Deb to invite people to make new drawing then find their drawing from today and then think / talk / write about the difference between to two</li> </ul>	<p><i><b>Epecially Deb</b></i></p>
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				<ul style="list-style-type: none"> <li>• Voice blog – voice note / audio, how it’s helpful. A mini essay on a blog. Anonymous, but creative work with the words.</li> <li>• That we all turn up - Measure attendance and ask: ‘Does it get easier to get here?’</li> <li>• Sessional team reflection notes</li> </ul>	<p><i>Ask this question in the round or in the shared journal?</i></p>
Children	To improve children’s attachment with their caregiver <i>Togetherness</i>	Children’s attachment with their caregiver is improved <i>Togetherness</i>	Analyse evidence generated through the activities listed on the right for indicators of caregivers’ greater attachment with children	Using the above evidence and notes from sessional team reflection: <ul style="list-style-type: none"> <li>• What have you noticed this week?</li> <li>• Have there been any visible changes in terms of attachment?</li> </ul>	<b>Roz to support team to analyse evidence</b>

Three Artists who previously worked on the Arts and Minds project	For artists to have an increased feeling of ownership in the project.	Artists have an increased feeling of ownership in the project.	How far Artists recognise these things have happened	<b>Sense making session with Artists to consider:</b> Have you had an increased feeling of ownership in the project? If yes, in what ways? If no, why not?	Roz in sense making with artists
	For artists to conduct further exploration of how movement can be linked to and complemented by other art forms (visual and music).	Artists conduct further exploration of how movement can be linked to and complemented by other art forms (visual and music).	How far Artists recognise these things have happened	<b>Sense making session with Artists to consider:</b> Have you conducted further exploration of how movement can be linked to and complemented by other art forms (visual and music)? If yes, in what ways? If no, why not?	
	For artists to be able to consider what impact this has on their artistic process.	Artists are able to consider what impact this has on their artistic process.	How far Artists recognise these things have happened	<b>Sense making session with Artists to consider:</b> Have you been able to consider what impact this has had on your artistic process? If yes, in what ways? If no, why not? What impact has this work had on your practice?	

<b>Teams from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists.</b>	<p>To empower and spread creativity through the teams from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists.</p>	<p>Creativity is spread through the teams from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists.</p>	<p>Team members from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists recognise that creativity has been spread through their team</p>	<p><b>Sense making session with the teams to consider:</b></p> <ul style="list-style-type: none"> <li>• What have you learnt from this project?</li> <li>• Has it influenced your practice?</li> <li>• Have you been able to share this learning with wider teams from the Perinatal and PIMHS NHS?</li> <li>• Has it influenced how you think about service users?</li> <li>• Has it influenced how you feel about supporting service users?</li> <li>• Has this experience had impact on your own wellbeing?</li> <li>• Has this experience influenced how you view the women in your care?</li> </ul>	<p><b>Roz in sense making with teams from the Perinatal and PIMHS NHS with a mix of senior staff and Peer Mentors, Assistant Psychologists.</b></p>
	<p>To lead the change in the ways in which these teams view the service users and what impact that has for them and their practice.</p>	<p>The ways in which these teams view the service users is changed with impact on them and their practice.</p>	<p>The teams recognise a change in how they view the service users is changed and the impact this has had on them and their practice.</p>		
	<p>For these teams to have increased feelings of self-efficacy in terms of how to support the service users in a pressured environment.</p>	<p>Teams have increased feelings of self-efficacy in terms of how to support the service users, in a pressured environment.</p>	<p>Teams recognised increased feelings of self-efficacy in terms of how to support the service users, in a pressured environment.</p>		

	For the teams to increase the use of movement because of how that supports them mentally and physically.	Teams increase the use of movement because of how that supports them mentally and physically.	Teams recognise an increase in the use of movement because of how that supports them mentally and physically.	<ul style="list-style-type: none"> <li>• Has it led you to consider using creativity as a tool in your wider practice?</li> <li>• Has it influenced or increased your use of movement because of how it supports us mentally and physically?</li> </ul>	
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Objectives	Outputs	Output Indicators	Ways of recording or gathering data	When and By whom
<ul style="list-style-type: none"> <li>• To facilitate a regular dance group (to aid physical and mental recovery from pregnancy and birth.)</li> <li>• For dance and movement to change how we feel.</li> <li>• To facilitate a longer running</li> </ul>	<ul style="list-style-type: none"> <li>• A regular dance group aids physical and mental recovery from pregnancy and birth.</li> <li>• Dance and movement changes how we feel.</li> <li>• A longer running group, with</li> </ul>	<ul style="list-style-type: none"> <li>• Record of the dance group and attendance</li> <li>• Evidence of changes it brings about</li> <li>• Evidence of changes the sessions bring about</li> <li>• Record of the dance group,</li> </ul>	<ul style="list-style-type: none"> <li>• Register</li> <li>• Photo documentation</li> <li>• Qualitative processes described above</li> <li>• Qualitative processes described above</li> <li>• Register</li> <li>• Photo documentation</li> </ul>	<p>? ?</p> <p>-</p> <p>-</p> <p>? ?</p>

<p>group, (to increase attendance and engagement, particularly with more marginalised groups.)</p> <ul style="list-style-type: none"> <li>To use dance and movement to increase feelings of wellbeing, physical recovery from birth and ability to experience joy through our bodies aligning with the standards in the Perinatal Quality Network.</li> </ul>	<p>increased attendance and engagement, particularly with more marginalised groups.</p> <ul style="list-style-type: none"> <li>Dance and movement increase feelings of wellbeing, physical recovery from birth and ability to experience joy through our bodies aligning with the standards in the Perinatal Quality Network.</li> </ul>	<p>duration and attendance</p> <ul style="list-style-type: none"> <li>Record of the cultural and class identity of the parents</li> <li>Evidence of the increased feelings of wellbeing, physical recovery and ability to experience joy through our bodies</li> <li>What are the standards?</li> </ul>	<ul style="list-style-type: none"> <li>Equalities monitoring forms used once for each person (towards the end or as they leave?)</li> <li>Painting exercise and notes take of parents' descriptions of their paintings</li> <li>Content from group journal</li> <li>Do we need a sense making session towards the end where we ask the group to discuss: <ul style="list-style-type: none"> <li>Has this group increased your feelings of wellbeing?</li> <li>Has it helped your physical recovery from childbirth?</li> <li>Has it made a difference to how your body feels? / the feelings you experience through your body</li> </ul> </li> <li>?</li> </ul>	<p>?</p> <p>As above</p> <p>As above</p> <p>Roz to facilitate sense making</p>
<ul style="list-style-type: none"> <li>To use dance in a supportive environment to increase women's self-efficacy.</li> </ul>	<ul style="list-style-type: none"> <li>Dance is used in a supportive environment to increase women's self-efficacy.</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of dance being used</li> <li>Dance is used in a supportive environment to</li> </ul>	<ul style="list-style-type: none"> <li>Photo documentation of dance and movement</li> <li>Do we need a sense making session towards the end where we ask the group to discuss: <ul style="list-style-type: none"> <li>Has this group felt supportive?</li> </ul> </li> </ul>	<p>?</p> <p>Roz to facilitate sense making</p>

<ul style="list-style-type: none"> <li>• To put co-production front and centre, with parents at the heart of the project, in direct collaboration with artists and the NHS team, to create a more dynamic and efficient way of running this kind of project.</li> <li>• To improve awareness of mental health problems and ensuring parents and carers are at the centre of decision-making is the core value that will be addressed in this</li> </ul>	<ul style="list-style-type: none"> <li>• Co-production is front and centre, with parents at the heart of the project, in direct collaboration with artists and the NHS team, to create a more dynamic and efficient way of running this kind of project.</li> <li>• Greater awareness of mental health problems</li> <li>• Parents and carers are at the centre of decision-making, as the core value addressed in this</li> </ul>	<p>increase women's self-efficacy</p> <ul style="list-style-type: none"> <li>• Evidence of co-production process</li> <li>• Examples of how the project has been run in a more dynamic an efficient way</li> <li>• Evidence that parents have a Greater awareness of mental health problems</li> </ul>	<ul style="list-style-type: none"> <li>○ <i>Has it made a difference to how you feel about your own potential to change things?</i></li> <li>• Details of sessions and decisions made by parents, artists and the NHS team (Possibly in sessional team reflection?)</li> <li>• Team sense making session to include a discussion about: <ul style="list-style-type: none"> <li>○ <i>What examples have there been of co-production?</i></li> <li>○ <i>Has this led to the project being run in a more dynamic and efficient ways</i></li> </ul> </li> <li>• <i>Do we need a sense making session towards the end where we ask the group to discuss:</i> <ul style="list-style-type: none"> <li>○ <i>Has this group made a difference to how aware you are of your own happiness?</i></li> </ul> </li> <li>• Team sense making session to include a discussion about:</li> </ul>	<p>?</p> <p>Roz to facilitate sense making</p> <p>Roz to facilitate sense making</p> <p>Roz to facilitate sense making</p>
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iteration of the project.	iteration of the project.		<ul style="list-style-type: none"> <li>○ <i>In what ways have parents and carers been at the centre of decision making?</i></li> </ul>	
<ul style="list-style-type: none"> <li>• For attendance at this group to increase feelings of physical and psychological closeness to their children</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at this group increases parents' feelings of physical and psychological closeness to their children</li> </ul>	Evidence that parents feel closer to their child/ren	<ul style="list-style-type: none"> <li>• <i>Do we need a sense making session towards the end where we ask the group to discuss:</i> <ul style="list-style-type: none"> <li>○ <i>Has this group made a difference to how close you feel to your child/ren?</i></li> </ul> </li> </ul>	Roz to facilitate sense making
<ul style="list-style-type: none"> <li>• To bring parents together in the group</li> </ul>	<ul style="list-style-type: none"> <li>• Parents come together in the group</li> </ul>	Evidence of parents coming together in the group	<ul style="list-style-type: none"> <li>• Photo documentation of parents coming together</li> <li>• <i>Do we need a sense making session towards the end where we ask the group to discuss:</i> <ul style="list-style-type: none"> <li>○ <i>Have you met people in this group who you plan to keep in touch with?</i></li> </ul> </li> </ul>	? Roz to facilitate sense making
<ul style="list-style-type: none"> <li>• To build on the work of the Arts in Minds project, but putting co-production front and centre, with parents at the heart of the project, in direct</li> </ul>	<ul style="list-style-type: none"> <li>• The work of the Arts in Minds project, is built upon, but with co-production front and centre</li> <li>• Parents are at the heart of the</li> </ul>		<ul style="list-style-type: none"> <li>• Team sense making session to include a discussion about: <ul style="list-style-type: none"> <li>○ <i>How has this project built on the Arts In Minds project?</i></li> <li>○ <i>How have parents been at the heart of the project?</i></li> <li>○ <i>How has collaboration between parents, artists and the NHS team</i></li> </ul> </li> </ul>	Roz to facilitate sense making

collaboration with artists and the NHS team, to create a more dynamic and efficient way of running this kind of project, whilst finding novel ways of creatively evaluating it.	project, collaborating with artists and the NHS team, creating a more dynamic and efficient way of running this kind of project, whilst finding novel ways of creatively evaluating it.		<p><i>created a more dynamic and efficient way of running this kind of project?</i></p> <ul style="list-style-type: none"> <li>○ <i>What novel ways of evaluating the project have been most useful?</i></li> </ul>	
<ul style="list-style-type: none"> <li>• To run a dance/movement focused group to increase physiologically self-efficacy in the NHS teams and artists as well</li> </ul>	<ul style="list-style-type: none"> <li>• A dance / movement focused group increases physiologically self-efficacy in the NHS teams and artists as well</li> </ul>	Evidence that the self-efficacy has increased for the NHS teams and artists	<ul style="list-style-type: none"> <li>• Team sense making session to include a discussion about: <ul style="list-style-type: none"> <li>○ Has this project influenced your own self efficacy?</li> <li>○ If yes, how?</li> <li>○ If no, why not?</li> </ul> </li> </ul>	Roz to facilitate sense making

**Reminder re Terminology**

**Aims are the changes you are trying to bring about or the impact you intend a project to have.**

- It is important to have a clear idea of what your aims are, or what a project is setting out to achieve and for this to be understood by all involved, so that the actual aims of the work inform the detail of the approach.
- Aims relate to the outcomes of the project or in other words, the impact a project has, and so evidence of achieving our aims tends to be

qualitative, for example, how far participants' confidence and skills have grown.

Aims are often expressed as:

- To enable...
- To improve...
- To increase...
- To reduce...

**Outcomes = the impact of the work. The effect the work has had: Outcomes are always a consequence of Aims.**

**Objectives are the things you will do to achieve the aims, and therefore often describe the planned project activities.**

- It is important to plan objectives on the basis of the aims, so that the activities of a project are ones that will realise the aims.
- Objectives relate to the outputs of the project, and so evidence of realising our objectives tends to be quantitative, for example the number of young people participating and the number of workshops.

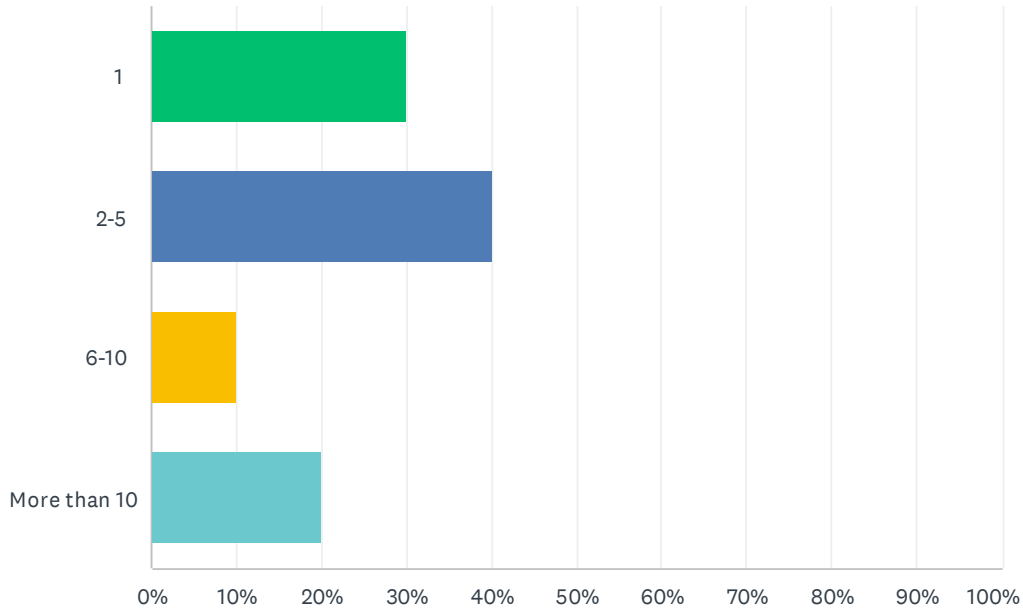
Objectives are often expressed as:

- To facilitate...
- To support...
- To stimulate...
- To run...

**Outputs = the quantifiable products and data relating to the project: Outputs are always a consequence of Objectives.**

# Q1 How many Dancing the Parenting sessions have you attended?

Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
1	30.00%	3
2-5	40.00%	4
6-10	10.00%	1
More than 10	20.00%	2
Total Respondents: 10		

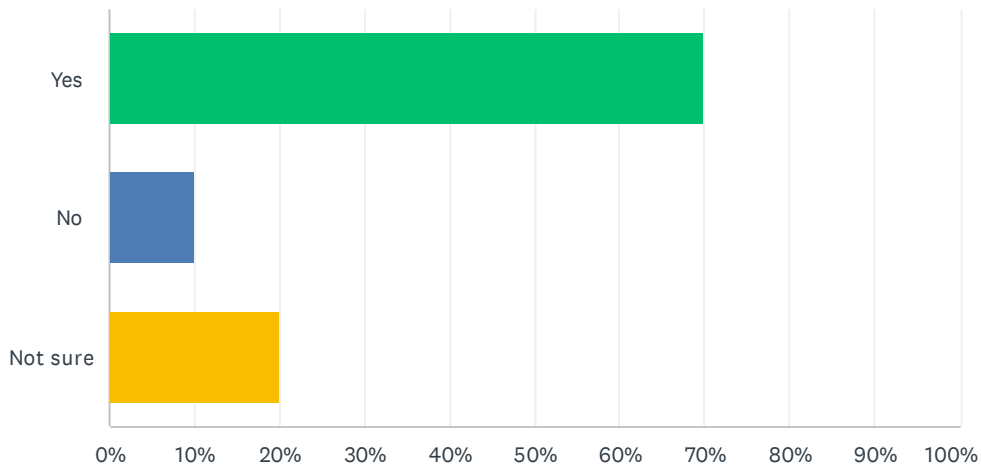
## Q2 What have you learnt from this project?

Answered: 10 Skipped: 0

#	RESPONSES	DATE
1	The importance of connecting with others and having a safe space, for new mums. This felt like a really lovely way to be creative and include baby.	3/23/2025 7:41 AM
2	That good outside therapy practitioners are like gold dust and also that mothers flourish in unfamiliar territory given guidance	3/21/2025 10:31 PM
3	The value of alternative ways of connecting with mums. The importance of slowing the body down and having time to connect with our body, and with others.	3/21/2025 4:01 PM
4	I have really enjoyed being a part of this project. I'm not sure what I've learnt, however I've seen so many wonderful things that reinforce my belief in the value of peer support, creativity, having a space where you're listened to and supported to be creative, and where you can most importantly be yourself.	3/18/2025 2:26 PM
5	How helpful dance and music is for mums and their babies to bond and enjoy each other's company	3/5/2025 4:35 PM
6	I am an undergraduate student in my placement year so this was my first time working with mothers and babies as well as my first time being part of an art group therapy, so I feel like I have learnt a lot! I have learnt the importance of building rapport with the mums so they feel comfortable to come back. Also how it is important to read the energy of the mums each week and adapt what we should do around that and to not be disappointed if things do not go as planned. I have seen how so many lovely moments have come from this group and how art and being creative is a great way to bring people together without the pressure of having to talk about deep topics. This programme has shown me how powerful group therapies can be as they open up so many opportunities for the mothers to talk to each other and staff about their experiences. Furthermore I have learnt that each facilitator has different roles within the group. I struggled to work out my role for a while because in my head I knew I had the least experience but I found that there is usually a mum to talk to, a baby to hold, coffee to make or an activity to set up and just because I was inexperienced that didn't make me less helpful.	3/5/2025 1:08 PM
7	That it is a safe place to "be" and express oneself as little or as much as one would like and that is informal and supportive	3/5/2025 12:30 PM
8	Dancing and feeling free and in a group setting is very helpful for mums to be able to go along and feel free, be creative and have fun all while having the babies with them and enjoy the group	3/5/2025 12:28 PM
9	Working with mums and babies across a longer time span (20 sessions) has allowed us to get to know the families better and I've enjoyed seeing the way Bronwen skilfully runs the sessions, adapting them to those in the room and responding to the need in the room. Its been lovely to be a part of creating a relaxed, safe space for mums in this special but challenging period of their and their babies lives.	3/4/2025 5:39 PM
10	How lovely is it to get a group of mums and baby's together to move freely	3/4/2025 3:08 PM

### Q3 Has it influenced your practice?

Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	70.00%	7
No	10.00%	1
Not sure	20.00%	2
<b>TOTAL</b>		<b>10</b>

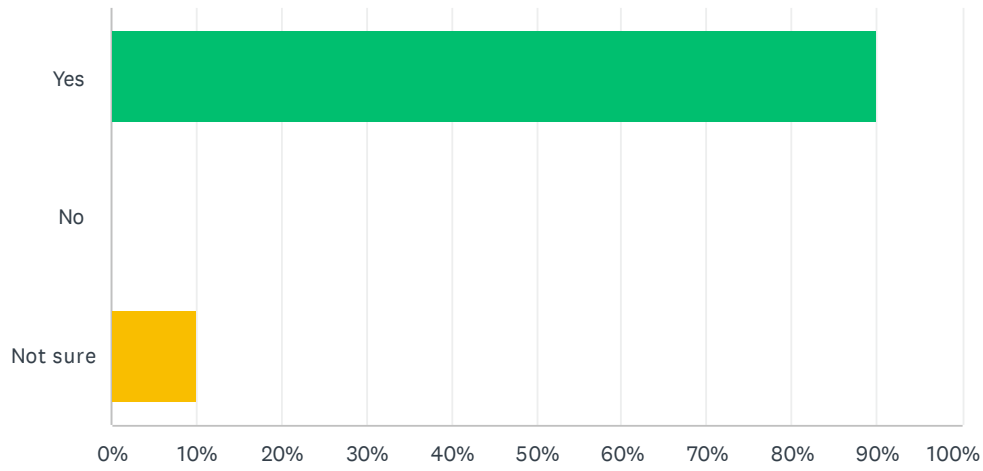
## Q4 If 'yes', in what ways has it influenced your practice? If 'no' or 'not sure', can you say why?

Answered: 7 Skipped: 3

#	RESPONSES	DATE
1	Yes as it has reinforced my understanding that there are many different ways of encouraging creativity for mental health recovery	3/21/2025 10:31 PM
2	It's helped to reinforce my view of alternative and more community led ways of working with mums experiencing difficulties in the perinatal period. It's also reinforced my view of the importance of bringing people together (rather than falling into silo working).	3/21/2025 4:01 PM
3	I think I'm more creative in my own practice; encouraging movement and creativity to help develop therapy understanding and skills learning.	3/18/2025 2:26 PM
4	Yes it has enlightened me to consider suggesting ways to Mums to engage with their children in ways I hadn't considered previously	3/5/2025 4:35 PM
5	Going forward with my studies and hopefully a career in psychology, I value the importance of creativity more in therapeutic spaces. I have also become part of a perinatal creative writing group called 'rewriting motherhood' and I can share skills I have learnt from the dancing the parenting to this new group. Such as if someone is having a hard time, I would offer to go outside with them and talk. This programme has given me the confidence to be able to go and do that. In the future I hope that I would use art and music more in therapy because I have seen what positive impacts it can make.	3/5/2025 1:08 PM
6	Music and art are so important within my own self care, i always promote and encourage creativity when i can	3/5/2025 12:28 PM
7	Yes - I feel more confident in supporting babies and their mums since it has been such a 'hands on' opportunity. I feel I will take away some learning from seeing Bronwen facilitate, with skilled gentle guiding and thoughtful ways of practising - letting the mums lead in ideas and going with them. I've enjoyed the format of the sessions and having some freedom to also be creative in how we have set up and led the group.	3/4/2025 5:39 PM

## Q5 Has it led you to consider using creativity as a tool in your wider practice?

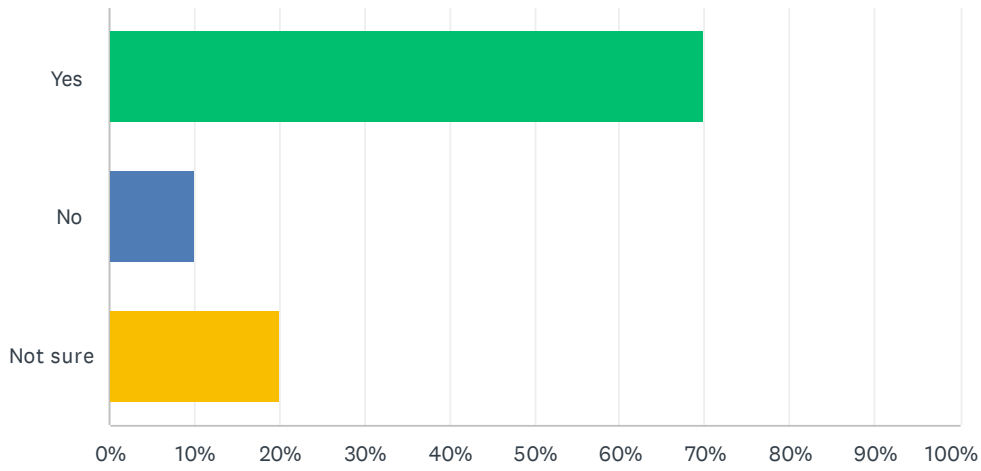
Answered: 10 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		90.00%	9
No		0.00%	0
Not sure		10.00%	1
TOTAL			10

### Q6 Has it influenced or increased your use of movement because of how it supports us mentally and physically?

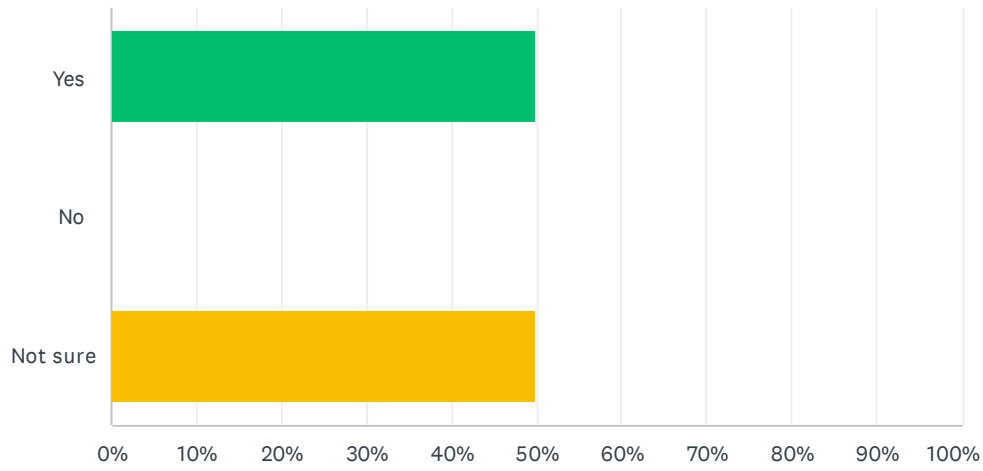
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	70.00%	7
No	10.00%	1
Not sure	20.00%	2
TOTAL		10

## Q7 Has being involved influenced your perception of the women in your care?

Answered: 10 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		50.00%	5
No		0.00%	0
Not sure		50.00%	5
TOTAL			10

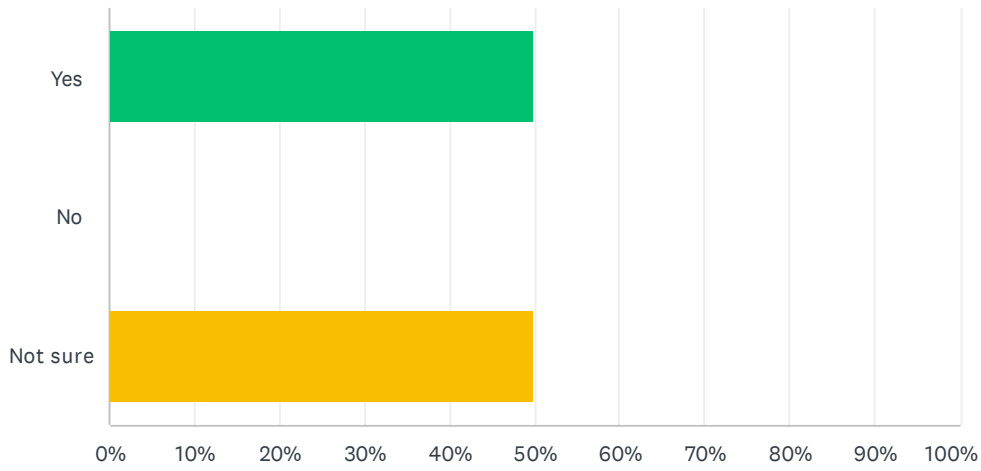
## Q8 If 'yes', in what ways has it influenced you? If 'no' or 'not sure', can you say why?

Answered: 8 Skipped: 2

#	RESPONSES	DATE
1	It allows you to connect with a patient in a different way, and enhance your assessment and care planning	3/23/2025 7:41 AM
2	I try to hold in mind the women in my care as unique individuals. It is good to support a group without being responsible for hosting as I have no aims other than being supportive in the space	3/21/2025 10:31 PM
3	It's been wonderful having an opportunity to meet with mums, in a different environment to the 'clinic room'. I have seen a completely different perspective and felt this has positively enhanced our relationship.	3/21/2025 4:01 PM
4	Seeing mothers in a different environment with their babies and interacting with each other	3/5/2025 4:35 PM
5	My placement year was initially meant to be in early intervention for psychosis, and then I additionally got offered to be part of this programme. So before this programme I had no experience with mothers and babies in the perinatal service therefore I don't think this has influenced my perception as this is the only perception I have of women in this service. Before joining the programme I didn't know anything really about post partum anxiety, depression and psychosis. This programme has definitely opened my eyes to some peoples reality of motherhood.	3/5/2025 1:08 PM
6	I haven't been to sufficient sessions nor no many of the women directly to comment	3/5/2025 12:30 PM
7	by promoting Being active, weather it be walking dancing or just stretching, using art and colouring can be therapeutic and calming	3/5/2025 12:28 PM
8	I've been able to get to know the parents better than I would usually, since we have worked with them over a number of weeks (over 20). I feel I already had a respect for the women in our care and enjoyment of working with them, but certainly taking part in the group has cemented this.	3/4/2025 5:39 PM

### Q9 Will it influence your perception of service users generally and how you feel about supporting service users in future?

Answered: 10 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		50.00%	5
No		0.00%	0
Not sure		50.00%	5
TOTAL			10

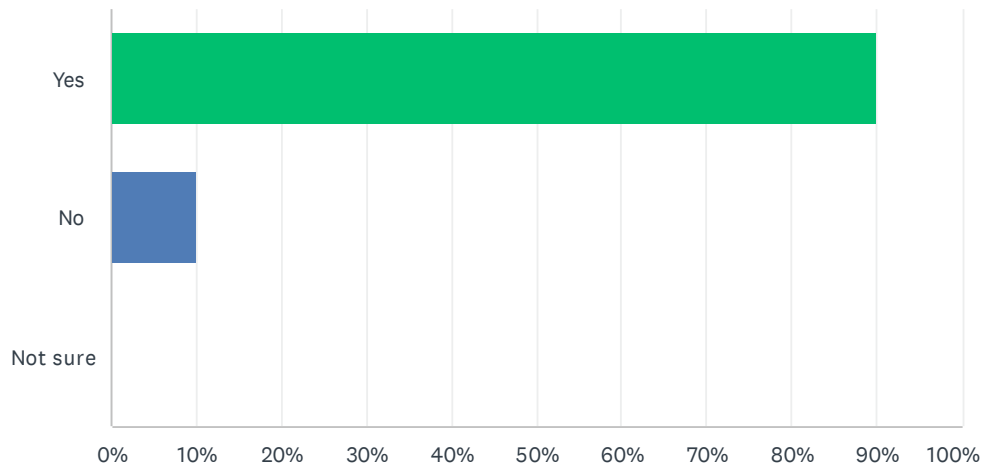
## Q10 If 'yes', in what ways has it influenced you? If 'no' or 'not sure', can you say why?

Answered: 7 Skipped: 3

#	RESPONSES	DATE
1	I would encourage the group more	3/23/2025 7:41 AM
2	The not sure is more accurately described as not really. I am fully supportive of any activity the mums can be involved in which supports their health and wellbeing	3/21/2025 10:31 PM
3	I think it's helped to connect with the human side of the mums we work with. It's felt more organic and natural to build a relationship (vs being problem focused)	3/21/2025 4:01 PM
4	I will endeavour to encourage our mums to attend groups and engage in activities	3/5/2025 4:35 PM
5	I think this has changed my perception in a positive way, before this programme I had not had much face to face experience with service users. So I have seen first hand the extremes of emotions these women face and how this can change from week to week. It has been admirable to see how so many of these women turn up each week considering the struggles they are going through. I think I have gained even more respect for the service users I have been working with as I have seen them balance everything that is going on in their lives and not be worried to ask for support. I hope to continue supporting service users in the future, I have seen how influential this programme has been to the mothers so I hope one day I can be part of something like this again.	3/5/2025 1:08 PM
6	It has confirmed my belief that services users benefit from accessing a variety of supportive services to process some of their feelings	3/5/2025 12:30 PM
7	I think my perception of the service users has not changed massively, as I have already been working with service users for a while. My perception of the service users and working with them is very positive and being in this group has cemented that.	3/4/2025 5:39 PM

## Q11 Has this experience had impact on your own wellbeing?

Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	90.00%	9
No	10.00%	1
Not sure	0.00%	0
<b>TOTAL</b>		<b>10</b>

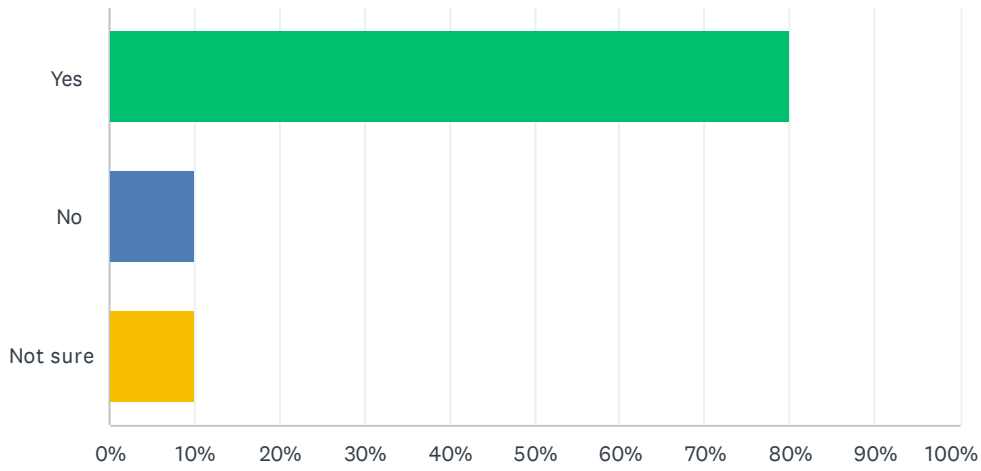
## Q12 If 'yes', in what ways has it impacted on your wellbeing? If 'no' or 'not sure', can you say why?

Answered: 9 Skipped: 1

#	RESPONSES	DATE
1	I enjoyed this group very much, and having the opportunity to do something relaxing and creative	3/23/2025 7:41 AM
2	Involvement allowed me to feel lighter and enthusiastic for the days and week ahead	3/21/2025 10:31 PM
3	Certainly after attending the group, I felt much more energized and was able to hold this feeling all day, which impacted positively on my work.	3/21/2025 4:01 PM
4	I love coming to group, I look forward to a Tuesday morning. I love that being the part of the group enables mums under our care to have time to themselves, to be with others, to learn new ways to be creative, and to also not be viewed as a 'service user'. Something that's really struck me is that no-one is reminded or pointed out as being under PIMHS or PNMHS, they're just mums and babies who gather in a space that's welcoming and joyful.	3/18/2025 2:26 PM
5	I really enjoyed spending time in a relaxed environment with mums and being mindful	3/5/2025 4:35 PM
6	Coming into this programme, I had never held a baby before so the first few weeks I was very nervous and struggled finding my feet because I did not previously know any of the service users of the staff. Throughout this programme I feel like I've grown in confidence with how to be around babies and talk to mothers. I feel a lot more capable in knowing my role within the group. this group has had a positive impact on my wellbeing as it has been lovely seeing how service users have grown and how friendships have formed. I am very grateful to have been part of such an influential project for these women.	3/5/2025 1:08 PM
7	Not been to enough	3/5/2025 12:30 PM
8	It has reminded me how important it is to use art and movement	3/5/2025 12:28 PM
9	Somewhat - As a facilitator of a group, I feel more that we are there to support with other's well being than our own, so that has been the focus. Of course, with facilitating a group comes challenges and stresses at times. However, it has been a lovely team to work with and when being able to take part in the activities, this has in a way been regulating and very enjoyable. Working alongside a group of lovely parents and babies is inspiring and enjoyable.	3/4/2025 5:39 PM

### Q13 Have you been able to share your learning from this project with wider teams from the Perinatal and PIMHS NHS?

Answered: 10 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		80.00%	8
No		10.00%	1
Not sure		10.00%	1
TOTAL			10

## Q14 is there anything more you would like to say?

Answered: 4 Skipped: 6

#	RESPONSES	DATE
1	Keep up the good work	3/23/2025 7:41 AM
2	I have championed outside therapy providers to other groups I am involved with Wales wide and hope that team leads will contact ABUHB perinatal service for more details.	3/21/2025 10:31 PM
3	Thank you for offering this space. I know it's been incredibly valued and has felt safe and containing for the mums attending.	3/21/2025 4:01 PM
4	I've thoroughly enjoyed being a part of the team running the Dance Group. I get the impression the group has been of real value to the mums and babies, and I feel proud of what we have provided.	3/4/2025 5:39 PM

**Charitable Funds**  
**Small Grants Scheme Application – £0.5k**  
**CFC/SGS 031**

<b>1. Name of ward or department and hospital:</b>
Armed Forces, Workforce & Organisational Development Team, Grange Site
<b>2. Description of item/service required:</b>
I am looking to get the military wives' choir on site at Christmas (18 <sup>th</sup> of Dec) to sing carols for patients and staff.
<b>3. Cost of item/service plus supplier information:</b>
<i>Please provide a quote if available and ensure that any costs for delivery and installation are included.</i>
<i>Please state if your costs include VAT.</i>
<i>If there is any ongoing maintenance or consumable costs, please explain how you intend paying for this.</i>
£450- this is the donation they require to attend any events, it covers their travel and subsistence costs and well as a donation to them as a charity
<b>4. How will this item/service benefit patients and staff:</b>
Christmas cheer for patients and staff. Collaboration with the military wives and promotion of us as an Armed Forces Friendly employer as well as supporting our Armed Forces Community patients.
<b>5. Have you applied for funding for this item/service elsewhere, including your own charitable fund:</b>
<i>Please give details of who you approached, and the response received.</i>
Our department do not have the funds and therefore I have just approached the health board charity.
<b>6. Other supporting information:</b>
We are signatories of the Armed Forces Covenant and want to uphold our commitment to the Armed Forces Community through all we do. I would like to invite the military wives on site on the 18 <sup>th</sup> of December to sing carols and bring some festive cheer for patients and staff to boost wellbeing.

<b>7. Submitted by:</b>	
Name: Maisy Provan	Job title: Regional Armed Forces Lead
Telephone: 07483118665	Email: maisy.provan2@wales.nhs.uk
<b>8. Supported by:</b> <i>This must be signed by the Directorate Manager/Head of Service</i>	
Name: Joanne Gubbings Job title: Assistant Director of Workforce and Od	Date: 19.9.25
Signature: 	
<b>9. Sponsored by:</b> <i>This must be signed by the Executive Director</i>	
Name:	Date:
Job title:	
Signature:	

**Please note you will be asked to complete an evaluation form to demonstrate how your small grant has made a difference.**

**Please e-mail completed application to: [Charitable.Funds.ABB@wales.nhs.uk](mailto:Charitable.Funds.ABB@wales.nhs.uk)**

**For Executive Committee Use**

<b>Approved</b>	<b>Not Approved</b>
Next Action:	Reason:

**For Charitable Funds Committee Use**

<b>Approved</b>	<b>Not Approved</b>
Next Action:	Reason:



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

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**Charitable Funds  
Small Grants Scheme Application – Max £5k  
CFC/SGS xxx**

**1. Name of ward or department and hospital:**

Future Care Planning Facilitators Primary and Community Care

**2. Description of item/service required:**

Future Care Planning is a vital part of delivering compassionate, person-centred care. Yet many people currently face barriers to understanding or engaging in these important conversations. Individuals from diverse cultural backgrounds, people with sensory loss or learning disabilities, and those with limited literacy or English proficiency are often excluded because information is not available in accessible formats. This means that too often, people and families miss the opportunity to make informed choices, which can lead to care that does not reflect their wishes.

We are seeking funding for the design, development, production, and procurement of promotional materials and translatable services to support inclusive communication and engagement around Future Care Planning. These resources will be tailored to reflect the needs of diverse communities, ensuring accessibility and relevance for all individuals regardless of background or ability.

The materials will be used across a range of settings, including public engagement events, care homes (for staff, residents, and families), internal and external training sessions, conferences, and staff engagement activities. Their purpose is to raise awareness, encourage proactive conversations, and support informed decision-making around future care planning.

To ensure accessibility, translatable services will be utilised to produce materials in key community languages, British Sign Language (BSL), easy-read formats, braille, and any other formats identified as necessary within our patient population.

**Materials will include:**

- Leaflets
- Posters
- Printing and translation
- Pens
- Lapel pins with logo
- Magnets for PSAG boards
- Notebooks with logos
- Trolley tokens with logo
- Tote bags



**3. Cost of item/service plus supplier information:**

*Please provide a quote if available and ensure that any costs for delivery and installation are included.*

*Please state if your costs include VAT.*

*If there is any ongoing maintenance or consumable costs, please explain how you intend paying for this.*

**Cost of item/service plus supplier information**

All costings are exclusive of VAT. Delivery costs are included where applicable. Ongoing costs will only relate to the occasional replenishment of promotional stock (e.g. pens, tote bags, trolley tokens). These will be met through our organisation's core communications budget.

Item/Service	Quantity	Supplier/Estimate Basis	Cost (ex VAT)
Promotional information: posters, banners, leaflets – design & printing	n/a	Based on quotes from [Local Print Supplier / Online Print Supplier]	£2,000
Translative services (languages, BSL, braille)	n/a	Estimate based on [Translation agency/Framework rates]	£500
Easy read and graphic design	n/a	Specialist accessible design supplier	£500
Pens (with logo)	500	Supplier: [Promo Gifts UK / XYZ Promotions]	£395
Magnets (with logo)	1,000	Supplier: [ABC Print / XYZ Promotions]	£380
Notebooks (with logo)	300	Supplier: [Promotional Print Ltd]	£207
Tote bags (with logo)	300	Supplier: [XYZ Promotions]	£507
Lapel pins (with logo)	200	Supplier: [Badge It / Promotional Merchandise Supplier]	£200
Trolley tokens (with logo)	300	Supplier: [XYZ Promotions]	£300

**Total requested:** £4,989 (ex VAT)

**VAT:** Costs do not include VAT.

**Ongoing costs:** Occasional replenishment of stock will be funded through our core communications budget.



#### 4. How will this item/service benefit patients and staff:

This initiative directly advances equity, diversity, and inclusion by ensuring that **Future Care Planning is accessible to all**, regardless of language, culture, literacy, or ability. Currently, too many individuals are excluded from these vital conversations because information is not presented in formats they can understand or engage with. By producing inclusive, multi-format materials, we will remove communication barriers and create a consistent, accessible approach that benefits patients, families, staff, and the wider public.

##### Benefits for patients and care home residents

- **Equity of access:** Resources produced in multiple languages, Easy Read, BSL, braille, and other inclusive formats ensure that no one is disadvantaged because of communication or literacy barriers.
- **Increased understanding and awareness:** Clear, visually engaging materials will help patients understand the purpose and importance of Future Care Planning, even if the concept is unfamiliar.
- **Empowerment and confidence:** Accessible resources support patients and residents to make informed decisions about their care, giving them greater control and dignity.
- **Earlier engagement:** Inclusive, well-designed materials encourage people to start conversations sooner, leading to less stress in times of crisis and better alignment of care with personal values.
- **Consistency of messaging:** Patients and families will receive the same clear, accurate information across different settings, reducing confusion and inequality of experience.

##### Benefits for staff

- **Enhanced communication:** Structured, accessible resources make it easier for staff to introduce and explain Future Care Planning in a way that meets diverse patient needs.
- **Professional support tools:** Branded, high-quality resources reinforce staff confidence, enabling them to deliver consistent, compassionate care.
- **Training and education:** Materials will also be used in staff training, helping teams to develop inclusive communication skills and embed EDI principles in everyday practice.
- **Stronger patient–staff relationships:** By using inclusive resources, staff demonstrate respect for individual needs, which builds trust and improves overall patient experience.

##### Benefits for the wider public

- **Equity of information:** Distributing materials in community spaces (libraries, GP surgeries, community centres) ensures that even those not currently engaged with healthcare services can access vital information.
- **Reduced health inequalities:** People from underrepresented groups, or those who face communication barriers, will have the same opportunity as others to understand and participate in Future Care Planning.
- **Increased confidence and reduced anxiety:** Accessible information demystifies Future Care Planning, making it less intimidating and more empowering.
- **Community resilience and engagement:** Public-facing campaigns normalise discussions about care preferences, encouraging shared responsibility and strengthening inclusivity across communities



**5. Have you applied for funding for this item/service elsewhere, including your own charitable fund:**

*Please give details of who you approached, and the response received.*

**No previous application for funding.**

**6. Other supporting information:**

Future Care Planning aligns with both the Welsh Government and Aneurin Bevan University Health Board's commitment to equitable, person-centred care. It supports strategic goals around inclusion, communication, proactive care, and reducing health inequalities. By ensuring that all individuals, regardless of background or ability, have the opportunity to participate meaningfully in decisions about their future care, this initiative will strengthen patient voice and uphold the principles of fairness and dignity.

To maximise impact, the project team will continue to work closely with:

- Health Board Equality and Diversity Leads – ensuring that materials and approaches reflect the needs of protected characteristic groups and seldom-heard communities.
- End of Life and Bereavement Team – embedding Future Care Planning into wider end-of-life care priorities and ensuring continuity across related services.
- Patient Experience and Involvement Team – supporting co-production and ongoing engagement with patients, families, carers, and community groups to ensure materials remain relevant, accessible, and trusted.

Impact will be evaluated through:

- Direct feedback from patients, families, staff, and community partners.
- Usage metrics (distribution levels, training uptake, engagement at public events).
- Qualitative evidence from case studies demonstrating improved communication and inclusivity.

By combining strategic alignment with meaningful partnership working, this project will ensure that resources are not only produced, but also reach the widest possible population, particularly those most at risk of exclusion.

**7. Submitted by:**

Name:  
Louise Rooney / Pat Worlock

Job title:  
Future care Planning Facilitators

Telephone:

Email:  
[Louise.rooney@wales.nhs.uk](mailto:Louise.rooney@wales.nhs.uk)  
[Pat.worlock@wales.nhs.uk](mailto:Pat.worlock@wales.nhs.uk)



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

**8. Supported by:**

*This must be signed by the Directorate Manager/Head of Service*

Name: Eira Turner

Date:

**27<sup>th</sup> August 2025**

Job title: Head of Service

Signature: *E. Turner*

**Please note you will be asked to complete an evaluation form to demonstrate how your small grant has made a difference.**

**For Charitable Funds Committee Use**

**Approved**

**Not Approved**

Next Action:

Reason:



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

## Charitable Funds Committee Bid Ref: CFC –279

### Bid for **Essential software and staffing** For **Welsh Government required Speaking Up Safely Program** At **ABUHB wide**

#### 1. Introduction

ABUHB launched the Welsh Government mandated Speaking Up Safely (SUS) framework in December 2024, creating new confidential pathways to raise concerns to protect staff and patient safety.

However, the framework was launched without critical implementation or sustainability funding from Government, creating urgent operational risks highlighted in a recent NWSSP limited assurance internal audit of our approach.

Our current Charitable Funds-sponsored external platform for staff to raise concerns expires December 2025 (£10K) and fails to meet operational requirements for effective raising, management and reporting of concerns.

What's more we currently have no dedicated staff to drive this framework. Without dedicated staff resource, we cannot effectively embed or sustain the essential elements of this framework and the appropriate culture change required.

We urgently require essential financial support for two critical areas:

- Three-year licence for best-in-class, NHS Wales widely used technology platform £61,016 (incl VAT)
- 24 months Dedicated AfC band 7 programme manager for framework delivery. £142,750 (incl on costs)

**The total costs of the bid: £203,766.40**

#### 2. Background

In August 2024 Welsh Government launched the National Speaking up Safely Framework, transforming how NHS organisations address critical workplace concerns from patient safety incidents to bullying

and harassment. This strategic shift from traditional whistleblowing recognises that early intervention on workplace concerns directly protects staff wellbeing and patient outcomes. However, NHS Wales organisations were expected to self-fund implementation despite the framework's comprehensive scope and complexity.

ABUHB launched the framework in December 2024 under Co-Guardians Dr Peter Brown and Dr Adrian Neal, establishing robust governance through a cross-organisational steering group with Executive accountability. This was supported by an initial investment of £10,000 from Employee Wellbeing Charitable Funds, which secured an external reporting platform to enabled rapid implementation. The programme of work is hosted by the Workforce and Organisational Development Division but is an Organisational priority.

The first 9 months of the project has been invaluable in allowing us to better understand the range, subject matter, and complexity of concerns. 29 concerns were raised by staff and processed, revealing the critical need for this service and the substantial resources required for meaningful, timely responses and two-way conversation with staff who raise their concerns. What's more it has highlighted limitations in the current model that if not addressed will be detrimental to the Health Board's SUS cultural ambitions, as well as our ability to comply with standards as set out by the National Framework.

The National Framework does not specify what a local SUS program should look like and to what extent it should be resourced. As such there is already minimal national consistency in approach. ABUHB have convened a national learning group for SUS leads and our recent benchmarking exercise demonstrated important disparities:

- Of the 8 NHS Wales organisations surveyed, 4 have dedicated, recurrent funding for staff.
- In addition, 6 use an online raising, reporting and management tool called Work in Confidence. The current platform used by the Health Board is not fit for purpose.

Most critically, In December 2024 the Health Board's approach to the Government Framework was subject to and NWSSP internal audit which identified three areas of Limited assurance:

- 1) Appropriate resourcing levels for technology and staffing.
- 2) Consistency, appropriateness and timeliness of addressing concerns.

3) Appropriate data management and records management.

Without immediate investment, ABUHB risks falling behind in delivering this essential patient and staff protection framework. The funding will enable the procurement of essential technology platform and dedicated staffing resources to create a safe, confidential environment where all staff can raise concerns about patient safety, quality of care, and workplace issues without fear of reprisal in a confidential and anonymous way.

### **3. Key Issues**

There are two key funding issues and requirements:

#### **1) Funding for an online technology solution**

This is to enable staff to raise concerns anonymously, engage in anonymous and confidential conversations with relevant managers about their concerns, for data to be managed securely (and efficiently) and for effective reporting at Board Committees and for dedicated targeted work to be delivered where the data shows gaps in staff groups, for example those from minority communities.

Current non-recurrent funding for this programme of work consists of £10,000 from the Staff Wellbeing charitable funds account. This funding specifically purchased an external, online raising concern questionnaire-based mechanism only for staff (which expires in December 2025). This tool was implemented in a rapid response to the framework requirements in December 2024 and our experience of the past 9 months demonstrates it is not fit for purpose.

**Requirement:** we require funding for a new tool which has been widely across the NHS. It enables secure, confidential and anonymous raising of concerns, data management and reporting.

#### **2) Funding for staffing costs to embed and sustain the project.**

There is no funding for staff to drive this project, rather it is an additional work pressure for Dr Peter Brown and Dr Adrian Neal; the Health Board's co-lead guardians. Without a funding source for additional staffing, we cannot effectively embed or sustain the essential elements of this framework and the appropriate culture change required from the framework.

**Requirement:** we require funding for a dedicated member of staff to embed the requirements of the framework and sustain the work moving forwards. This includes liaising with staff who raise concerns

in a timely manner, signposting and working with managers to address concerns, data management, training of staff, engaging with staff networks and staff groups from minority demographics.

### **3.1 Category of Bid**

This bid relates to:

- **Patient's welfare and amenities** - Creating safer care environments through early identification of risks
- **Staff education and welfare** - Supporting staff safety, wellbeing and development

### **3.2 Description of the Bid**

Following the recent internal audit of the Health Boards implementation of the Framework, Limited assurance was provided in 3 areas:

- 1) Appropriate resourcing levels for technology and staffing.
- 2) Consistency, appropriateness and timeliness of addressing concerns.
- 3) Appropriate data management and records management.

This bid describes key funding required to address these issues and will focus on two key areas, Technology and staffing.

#### **Technology Platform:**

**Context:** the current technology used to enable staff to raise concerns is not fit for purpose. It is slow, the external provider offers poor support and communication with staff who have raised concerns anonymously is problematic. As highlighted in the audit, it creates data mismanagement as manual completion of the reporting information from staff is transferred to an excel spreadsheet and offers no ability for case management, tracking and clunky analysis by multiple staff.

#### **New system:**

- Secure, user-friendly digital platform enabling anonymous and identifiable concern reporting called 'Work in Confidence'
- 24/7 accessibility across all devices

- Anonymous conversations with a person of choice to raise and discuss concerns
- Automated workflow management and case tracking
- Analytics and reporting capabilities for trend identification

### **Dedicated Staffing:**

**Context:** The work of implementation and embedding the framework is currently lead by Peter Brown and Adrian Neal in addition to normal workloads. This creates a delay in replying to staff. The co-leads have implemented the basics of the framework, however, recognising this is a long-term culture change initiative and requires extensive stakeholder engagement, we are currently satisfying the bare minimum of the Framework requirements.

New staffing:

- Speaking Up Safely manager (band 7)
- Lead the implementation of the new technology platform
- Lead investigations into staff concerns
- Engage with staff networks and minority groups who are poorly represented
- Track, monitor and present data at governance committees
- Develop and deliver training for managers and staff
- Create and disseminate regular comms including staff stories and case studies
- Drive culture change across the Health Board

*Please explain why this request is not being met through core funds.*

The Welsh Government Speak Up Safely (SUS) Framework was launched rapidly following the Lucy Letby verdict, the former neonatal nurse at the Countess of Chester Hospital NHS Foundation Trust. The resulting Thirlwall enquiry initial findings stated:

- Staff were fearful of speaking up for fear of victimisation and retaliation rather than being supported.
- The scale of staff who wish to raise concerns is in the hundreds, yet they don't.
- Enabling staff to speak up is directly linked to patient safety.
- The framework aims to address the cultural and systematic failures experienced in Chester.

As such the ABUHB SUS program needed to be set up at pace and rapidly launched resulting a lack of suitable and necessary funding from already stretched recurrent financial plans. There is no current budget associated with our SUS program, and although currently led by WOD it is an ABUHB wide program, which requires organisation wide ownership and support.

In addition, WOD have a savings target like all divisions and do not have the funds within its current financial envelope to support the programme.

*What alternatives have been considered?*

There are no alternatives available. The Health Board is required to establish, embed and sustain the Speaking up Safely programme of work aligned to the Welsh Government Framework.

Importantly, Welsh Government has tasked ABUHB with developing the national reporting maturity matrix that will annually assess all NHS Wales organisations' SUS performance. This positions the Health Board under national scrutiny – consequently any resource gaps or service limitations will be immediately visible across the entire NHS Wales system, potentially damaging our reputation as a Health Board and as SUS leaders.

### **3.3 Outcome Measures & Benefits**

#### **3.3.1 Activity Analysis**

Since the launch of the process in the Health Board, 29 concerns have been raised using this process.



Within each concern raised, there are specific time frames which must be adhered to according to the framework:

- Acknowledge within 7 days
- Follow up the concern within 14 days
- Communicate the outcome to the individual within 28 days
- Follow up monthly with the manager addressing the concern
- Gather feedback from manager and individual who raised concern

The Guardian role has become unsustainable due to escalating demands that fall well beyond its intended scope. Case complexity and severity continue to intensify, with individual concerns now requiring extensive multi-stage conversations to extract adequate context, evidence, and clarity. Each case also demands lengthy coordination with HR teams to determine alignment with formal Health Board policies and processes, creating additional administrative burden. The Guardian role was designed for strategic oversight and framework implementation, yet guardians are increasingly pulled into granular case management and repetitive individual follow-ups that drain capacity from their core responsibilities.

The current model places unrealistic expectations on guardians, forcing them to operate as both strategic leaders and frontline case workers - a dual function that is neither efficient nor viable long-term. Without structural changes to redistribute these operational demands, the Guardian role risks becoming entirely consumed by case management at the expense of its essential oversight and strategic functions.

The consequence of this is that only the bare minimum of the framework implementation is possible and there has been no capacity to engage with wider staff networks, training and ultimately culture change for the Health Board.

### **3.3.2 Benefits**

#### **Patient Safety Benefits:**

- Early identification and resolution of safety risks before harm occurs.
- Improved incident reporting culture leading to better learning.
- Reduced serious incidents through proactive risk management.

- Enhanced patient experience through staff empowerment

#### **Staff Welfare Benefits:**

- Reduced workplace stress and anxiety related to raising concerns.
- Improved staff confidence in the Health Board
- Improved job satisfaction and retention.
- Enhanced professional development through reflective practice.
- Stronger team relationships and communication.

#### **Organisational Benefits:**

- Compliance with national speaking up standards.
- Regarded as a leader in the field.
- Reduced reputational risks.
- Enhanced learning culture and continuous improvement.

#### **Public Benefit Demonstration:**

This program directly serves the public by creating safer healthcare environments, preventing patient harm, and ensuring taxpayer resources are used effectively. Improved staff wellbeing translates directly to better patient care as well as improved workforce metrics such as sickness absence, retention and wellbeing.

### **3.4 If the Bid is not Supported**

Based on the evidence from the SUS program to date and our comments above, without support this program will not be sustainable resulting in increased corporate risks at local and national level.

In addition, without this funding:

- ABUHB will continue to rely on inadequate informal processes for speaking up or formal process which staff are either reluctant to engage with due to their rapid escalation or an increase in employee relations activity.
- Potential patient safety risks may go unidentified and unaddressed.
- Staff may continue to feel unsupported when raising legitimate concerns.
- The organisation will fall behind national best practice standards.

- Legal and regulatory compliance risks will persist.
- Staff wellbeing and retention issues may worsen.

Alternative approaches would include:

- Acknowledging as a Health Board we do not take this area of work seriously therefore implementing a very basic level approach.
- Continuing with current informal processes (maintaining status quo risks)
- Relying solely on formal high-risk processes.

### **3.5 Bids relating to Additional Staff Resources**

- *What period is the committee being asked to fund staff?*

Technology: 3 years

Staffing: 24 months

- *What is the tenure of appointment proposed for the new staff?*

Fixed term for 24 months

- *Who has accountability for the staff?*

Dr Peter Brown

- *What happens when funding comes to an end to the staff and the new service that they have provided?*

An alternative funding model needs to be developed during the next 12-24 months (December 2027+) which is co-funded across the Health Board.

- *It must be clear what plans are in place to cover unexpected costs such as maternity leave and sickness. This particularly applies to grant funding as they will not normally support these items.*

N/a

## **4. Financial Analysis**

### **4.1 Funding Requested**

*What is the proposed procurement route?*

- Work in confidence via the national Procurement Framework.
- Staffing – we are planning on seconding an existing member of the Workforce and OD team who has a fixed term contract ending at the time we require the new starter.

#### **4.2 Availability of Local Charitable Funds**

Fund Ref: Wellbeing Service (Current balance approx. £60K). These funds are allocated to a future new initiative requiring approximately £80K to initiate.

#### **4.3 Revenue Costs**

Not applicable – the costs of purchasing the tool also includes the cost of ongoing support.

#### **4.4 Revenue Costs - Affordability**

##### **Financial benefits and cost avoidance:**

- Reduced serious incident investigation costs.
- Decreased staff turnover and recruitment costs.
- Avoided legal and compensation costs.
- Improved efficiency through early problem resolution.
- Reduced sickness absence costs.

#### **5.0 Conclusions and Recommendations**

The Committee is asked to support this investment in the Speaking Up Safely Framework to:

1. Provide **essential technology** infrastructure for safe concern reporting and responding.
2. Fund **dedicated specialist staff** to support and coordinate the program.
3. Create a comprehensive training and support system.
4. Deliver measurable improvements in patient safety and staff wellbeing.
5. Establish ABUHB as a leader in speaking up culture.

**Bid Prepared by:**

<b>Name:</b>	Dr Pete Brown
<b>Title:</b>	Assistant Director of OD
<b>Date:</b>	28/08/25


**Bid prepared by:**

<b>Name:</b>	Dr Adrian Neal
<b>Title:</b>	Head of Wellbeing
<b>Date:</b>	28/08/25

**Supported by Division**

<b>General Manager:</b>	<b>Na</b>
<b>Signature:</b>	<b>na</b>
<b>Date:</b>	

**Executive Sponsor**

Sarah Simmonds	Executive Director of WOD
<b>Signature:</b>	
<b>Date:</b>	<b>28 August 2025</b>

**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Charitable Funds Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Legislation Changes
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Robert Jones, Assistant Director of Finance – Systems and Services

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

This report provides an update to the Charitable Funds Committee on the planned changes to the Charities Statement of Recommended Practice (SORP) in 2026, and the impact it would have on the Aneurin Bevan UHB Charitable Funds.

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Charities Statement of Recommended Practice (SORP) provides a framework for charity accounting and reporting in line with FRS 102.

A revised SORP is expected to take effect from 1 January 2026, following a consultation that closed in June 2025. Aneurin Bevan ULHB Charitable Funds and other related Charities, as a registered charity under the Aneurin Bevan University Local Health Board, prepares annual reports and accounts in accordance with this framework.

The Committee is asked to note the contents of the report and the recommended future actions.

**Cefndir / Background**



## **Key Changes in Charities SORP 2026**

The Exposure Draft outlines several significant updates to the SORP, which will have an impact on charities, dependant on their size and the scope of transactions they perform. the charity.

### **Tiered Reporting Structure**

3 tiers have been introduced as part of SORP 2026, which charities will now be classified under, and is determined on the value of the Funds held.

The 3 tiers are:

- **Tier 1:** Less than £500k total Funds
- **Tier 2:** More than £500k, but less than £15m total Funds
- **Tier 3:** More than £15m total Funds

The Aneurin Bevan UHB Charitable Fund is expected to fall under **Tier 2**, which carries enhanced narrative reporting requirements but excludes some disclosures like the cash flow statement.

### **Narrative Reporting Enhancements**

There will be a greater emphasis on impact reporting, volunteer contributions, sustainability, and the level of reserves held.

It is noted that Trustees' Annual Reports must be richer in insight and more accessible to stakeholders.

### **Lease Accounting**

Most leases will now appear on the balance sheet, potentially altering asset and liability profiles.

For some charities this may affect audit thresholds and financial covenants.

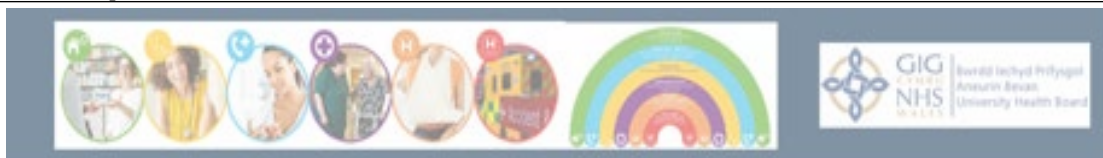
### **Revenue Recognition:**

A new five-step model for income from exchange contracts will be introduced.

Gifted income (e.g., legacies, grants) will require reassessment under updated recognition criteria.

## **Asesiad / Assessment**

### **Relative Impact on Aneurin Bevan UHB Charitable Fund**



The charity's recent annual reports reflect a growing emphasis on transparency, community impact, and strategic alignment with the Health Board's goals.

The SORP 2026 changes align well with this direction, especially:

- **Narrative Reporting:** The charity already highlights its role in reducing health inequalities and supporting wellbeing. The new SORP will formalise and expand these disclosures.
- **Volunteer Contributions:** The Charity benefits from significant public and staff support. Quantifying this will enhance stakeholder engagement.
- **Lease and Income Accounting:** The finance team will need to review current lease arrangements and income streams to ensure compliance with the new recognition models.

### **Recommended Actions**

To prepare for SORP 2026, the following actions will be undertaken:

- 1. Tier Classification:** Confirm Tier 2 status and understand the implications for reporting in the final SORP.
- 2. Enhance Narrative Reporting:** Identify any gaps in information which would help present richer focus on impact, sustainability, and volunteer contributions in our annual report.
- 3. Lease Audit:** Monitor that no new leases are entered, and if they are then follow the draft guidance on accounting.
- 4. Revenue Stream Analysis:** Apply the five-step recognition model to all income sources, especially grants and legacies.
- 5. Stakeholder Engagement:** Continue to coordinate with auditors and internal stakeholders to align expectations and prepare for implementation.
- 6. Training and Awareness:** Ensure finance and governance teams are briefed on the changes and their implications.

### **Argymhelliad / Recommendation**

The Charitable Funds Committee is asked to note the changes to SORP 2026 and approve the actions recommended above.



<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	SORP – Statement of Recommended Practice CFC – Charitable Funds Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy



	development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Yes, outlined within the paper
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.





**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Charitable Funds Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Options Appraisal for Growing the Charity and Promoting the Benefits
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gareth Lewis, Head of Financial Services & Accounting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

It was reported at the June meeting that our income for 2024/25 had decreased and there was a significant downward trend in donations received in the last few years. This was reflective of a recent report commissioned by the Charities Aid Foundation for 2025, which indicated that there has been a substantial reduction in the volume and value of donations and sponsorships received by charities on a national basis.

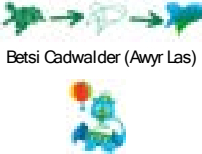






The Charitable Funds Committee suggested that it may be beneficial to consider appointing someone who could help with promoting the charity and the benefits which it had brought to patients and the wider Health Board, with an indirect benefit of increasing our donations and legacies.

In addition, the Committee felt that it would be useful to have some benchmarking data from other Welsh NHS charities to compare income and review their arrangements for charity management regarding fundraising.

## Cefndir / Background

### **Comparison to other Welsh NHS Charities**

The benchmarking table below compares the income received by the 9 NHS Welsh charities over the past 3 years together with fundraising costs and the value of funds held.

Charity	Category	2023/24	2022/23	2021/22	Total	Average
		£000's	£000's	£000's	£000's	£000's
Aneurin Bevan UHB Charitable Funds	<b>Total Value of Funds Held</b>	<b>5,764</b>	<b>5,770</b>	<b>6,044</b>	<b>17,578</b>	<b>5,859</b>
	Donations	237	418	399	1,054	351
	Legacies	44	146	170	360	120
	Charitable Activities - Grants	226	50	99	375	125
	Charitable Activities - Course Fees	149	219	101	469	156
	Charitable Activities - Other	9	111	25	145	48
	Investment Income	211	200	187	598	199
	<b>Total Income</b>	<b>876</b>	<b>1,144</b>	<b>981</b>	<b>3,001</b>	<b>1,000</b>
<b>Expenditure - Raising Funds</b>	<b>10</b>	<b>10</b>	<b>8</b>	<b>28</b>	<b>9</b>	
 Betsi Cadwalder (Awyr Las)	<b>Total Value of Funds Held</b>	<b>13,542</b>	<b>11,801</b>	<b>12,327</b>	<b>37,670</b>	<b>12,557</b>
	Donations	901	1,104	746	2,751	917
	Legacies	679	452	1,731	2,862	954
	Charitable Activities - Grants	204			204	68
	Charitable Activities - Course Fees	12			12	4
	Other trading activities	296	210	258	764	255
	Investment Income	224	194	102	520	173
	<b>Total Income</b>	<b>2,316</b>	<b>1,960</b>	<b>2,837</b>	<b>7,113</b>	<b>2,371</b>
<b>Expenditure - Raising Funds</b>	<b>291</b>	<b>295</b>	<b>370</b>	<b>956</b>	<b>319</b>	
 Health Charity Eusenneddy	<b>Total Value of Funds Held</b>	<b>9,354</b>	<b>10,259</b>	<b>8,988</b>	<b>28,601</b>	<b>9,534</b>
	Donations	320	405	1,145	1,870	623
	Legacies	206	423	134	763	254
	Charitable Activities - Grants	454	871	0	1,325	442
	Other trading activities	395	363	307	1,065	355
	Investment Income	154	141	174	469	156
	<b>Total Income</b>	<b>1,529</b>	<b>2,203</b>	<b>1,760</b>	<b>5,492</b>	<b>1,831</b>
	<b>Expenditure - Raising Funds</b>	<b>475</b>	<b>455</b>	<b>456</b>	<b>1,386</b>	<b>462</b>
Cwm Taf Morgannwg NHS Charity	<b>Total Value of Funds Held</b>	<b>4,338</b>	<b>3,761</b>	<b>4,222</b>	<b>12,321</b>	<b>4,107</b>
	Donations	171	118	148	437	146
	Legacies	543	87	367	997	332
	Charitable Activities - Grants	16	39	29	84	28
	Other trading activities	12	15	4	31	10
	Investment Income	110	94	79	283	94
	<b>Total Income</b>	<b>852</b>	<b>353</b>	<b>627</b>	<b>1,832</b>	<b>611</b>
	<b>Expenditure - Raising Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
 Eusennau Iechyd HYWEL DDA Health Charities	<b>Total Value of Funds Held</b>	<b>11,994</b>	<b>11,946</b>	<b>9,773</b>	<b>33,713</b>	<b>11,238</b>
	Donations	725	1,542	551	2,818	939
	Legacies	1,425	1,921	281	3,627	1,209
	Charitable Activities - Grants	66	102	24	192	64
	Other trading activities	15	13	4	32	11
	Investment Income	451	405	315	1,171	390
	<b>Total Income</b>	<b>2,682</b>	<b>3,983</b>	<b>1,175</b>	<b>7,840</b>	<b>2,613</b>
	<b>Expenditure - Raising Funds</b>	<b>296</b>	<b>452</b>	<b>388</b>	<b>1,136</b>	<b>379</b>
 Eusennau Iechyd Pŵysol Pŵysol Health Charity	<b>Total Value of Funds Held</b>	<b>4,404</b>	<b>4,258</b>	<b>4,597</b>	<b>13,259</b>	<b>4,420</b>
	Donations	82	58	0	140	47
	Legacies	17	6	542	565	188
	Charitable Activities - Grants	30	0	0	30	10
	Investment Income	157	162	112	431	144
	<b>Total Income</b>	<b>286</b>	<b>226</b>	<b>654</b>	<b>1,166</b>	<b>389</b>
	<b>Expenditure - Raising Funds</b>	<b>17</b>	<b>15</b>	<b>16</b>	<b>48</b>	<b>16</b>
	 Eusennau Iechyd Iau Abertawe Swansea Bay Health Charity	<b>Total Value of Funds Held</b>	<b>5,142</b>	<b>5,191</b>	<b>6,070</b>	<b>16,403</b>
Donations		424	245	457	1,126	375
Legacies		68	353	199	620	207
Charitable Activities - Grants		146	90	303	539	180
Charitable Activities/Fundraising Inc		57	36	60	153	51
Investment Income		147	147	133	427	142
<b>Total Income</b>		<b>842</b>	<b>871</b>	<b>1,152</b>	<b>2,865</b>	<b>955</b>
<b>Expenditure - Raising Funds</b>		<b>287</b>	<b>297</b>	<b>224</b>	<b>808</b>	<b>269</b>
 Eusennau Iechyd	<b>Total Value of Funds Held</b>	<b>21,121</b>	<b>9,741</b>	<b>7,395</b>	<b>38,257</b>	<b>12,752</b>
	Donations	9,850	1,434	1,333	12,617	4,206
	Legacies	2,450	2,795	1,314	6,559	2,186
	Charitable Activities - Grants	323	0		323	108
	Charitable Activities/Fundraising Inc	1,595	647	427	2,669	890
	Investment Income	249	144	114	507	169
	<b>Total Income</b>	<b>14,467</b>	<b>5,020</b>	<b>3,188</b>	<b>22,675</b>	<b>7,558</b>
	<b>Expenditure - Raising Funds</b>	<b>816</b>	<b>973</b>	<b>363</b>	<b>2,152</b>	<b>717</b>
 ELUSEN Gwasanaeth Ambwiliars Cymru Welsh Ambulance Service CHARITY	<b>Total Value of Funds Held</b>	<b>947</b>	<b>399</b>	<b>531</b>	<b>1,877</b>	<b>626</b>
	Donations	19	15	18	52	17
	Legacies	165	5	17	187	62
	Charitable Activities - Grants	427	11	0	438	146
	Investment Income	11	4	0	15	5
	<b>Total Income</b>	<b>622</b>	<b>35</b>	<b>35</b>	<b>692</b>	<b>231</b>
	<b>Expenditure - Raising Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

It is important to note, of the 9 NHS Charities, 5 of them have significant fundraising costs, 2 have no associated costs and 2, including ourselves, have costs under £20k.

The average fundraising cost for the 5 charities with fundraising teams over 3 years is £435k.

Cardiff & Vale recently redeployed a number of fundraising staff that had been with the charity for several years. Other Welsh Health Boards with well-established fundraising teams like Cardiff & Vale have had to justify their costs and demonstrate how much funds they have raised in recent years which has been difficult to evaluate.

Other Welsh Health Boards that have recently decided to go down the Fundraising route have had some difficulty in recruiting staff.

Several Welsh NHS charities have rebranded recently, but it is too early to say if this has made a difference in increasing their income.

Currently, our charity compares favourably against similar size charities, namely Cwm Taf Morgannwg and Swansea Bay, especially regarding the level of income over the last few years.

However, there is clearly scope for us to increase our income and there are several inexpensive things we can do ourselves to raise the profile of the charity both with our own staff and the public, with a hopeful indirect benefit of raising funds.

### Asesiad / Assessment

Not many people are aware that Aneurin Bevan University Health Board has its own Charity including its own staff.

In order to raise awareness of our charity and raising the charity's income, there are several areas which the Committee could consider to help grow the Charity, which we have detailed below.

#### **Our own Charity Magazine**

We have an opportunity to partner with Uniting for Health, a **free** A4 magazine (printed and digital) designed to support NHS charities in increasing funding opportunities and boost donations. The magazine would include adverts from local companies and Uniting for Health would also give us an annual donation of £1k.

The magazine could be produced annually, or bi-annually, using the content from our Annual Report and be distributed to various waiting areas across our sites where it can be read by patients, staff and visitors. Staff, particularly nursing staff, don't have time or access to view the Health Board's intranet to view all messages. We could include ways to donate, including QR codes linking to our Just Giving pages and details of how to leave a legacy in your will.

If we don't have sufficient content to fill 60 pages, we can include information from our Person Involvement Team on volunteering, sepsis and other topical items the Health Board may wish to promote such as decarbonisation, flu jabs etc.

Full autonomy would be given to the Chairty on the information included, but also with regard to any business that are promoted as part of the magazine.

A sample magazine is attached as Appendix A. Full details of the partnership are attached as Appendix B.

### **NHS Charities Together**

NHS Charities Together provide a video (available with Welsh subtitles) that explains the story of NHS charities which we could promote on our website. This short film explains what an NHS charity is, the work they do, the different settings in which they operate and that they work with NHS staff, patients and volunteers.

NHS Charities Together have also developed a legacy pack which we could tailor to our needs and put on our website.

### **All Wales Fundraising Partnership**

The NHS Wales charities are working together to form a collective partnership to engage corporate donors into funding common causes. We could use this platform to reduce costs on services such as staff lotteries, legal agreements by agreeing to this support for a new way of working. This is in its early stages but during Covid we had a successful joint Just Giving page for All Wales Charities that was split equally and worked well. A draft term of reference and a vision and value statement are shown in Appendices C and D.

### **Fundraising Regulator**

Almost all other NHS Wales Charities (Swansea Bay and ourselves are the exceptions) are members of the Fundraising Regulator. Registering with the Fundraising Regulator (annual charge of £60) allows organisations to demonstrate their commitment to legal, open, honest and respectful fundraising practices by displaying the Fundraising Badge and being listed in a public directory.

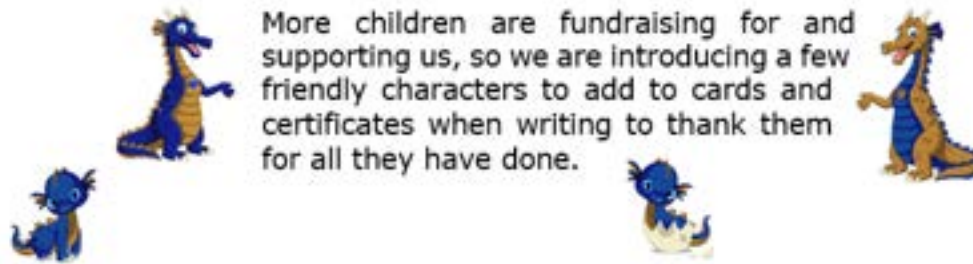
### **Logo and Strategy**

The Charity does not currently have a logo or brand, unlike some of the other NHS Wales Charities. A strong brand helps build awareness and recognition. There are companies that specialise in doing this, but they can be expensive and their methods of using certain content to get their message across and give impact may not be in keeping with the Health Board or Charity's values.

Equally, producing "Fundraising" or "Growing the Charity" Strategy, outlining our values and the direction we wish to take the charity in, thus establishing rules for the use of any fundraisers and marketing companies.

Some years ago, we introduced an unofficial logo to assist us in sending thank you card etc.as shown below (taken from 2019/20 Annual Report).

### Introducing "Nye" & Family



A logo does not have to be one static item; it can be adapted and various parts or versions of it used.



We could use what we have or come up with a new logo by using an in-house workshop with volunteers and engaging with our own Arts Development Manager.

### Posters

We can display posters on every ward and department, one explaining how people can donate, with a QR code that will take them to our Just Giving website where they can donate and another explaining how we have used the funds donated to benefit the patients as this may encourage further donations.

We may need to put posters in frames to avoid the risk of the QR code being maliciously replaced or overlaid with a sticker with a fraudulent code leading to a scam website.

### Thank you

We don't say thank you enough. Although we acknowledge donations sent in the post and a generic thank you message is sent from our just Giving pages, we could introduce handwritten "Thank you" postcards to send out with a short note. This may increase awareness of the charity and may lead to additional donations, but it may also lead to criticism in that some people may say it is a waste of money because of the cost of postage.



### Promotional Materials

The Charitable Funds Team have taken a promotional stand to various events within the Health Board including conferences, raising awareness of the charity. We are currently at the end of our promotional merchandise stock and would like to order more but we are aware that this will increase the administration charge. Our costs are detailed in the administration charge that will be presented to the Committee's next meeting.

### Staff Lottery

The Committee considered this in 2017/18 but were against having a staff lottery based on the potential promotion of gambling in the workplace.

Cardiff & Vale Health Charity have a long-established staff lottery scheme which they manage themselves using a specific regulated software package. There are a few more of the Welsh NHS charities looking to establish their own schemes but wish to use an external provider to operate them.

Revisiting the possibility of establishing a staff lottery could help to raise funds.

### Communication

Make more use of social media/engagement with the Health Board Communications Team. Research indicates that we all spend more than 3 hours a day online looking at Facebook, Instagram, Tik Tok and other similar platforms that reach a large audience.

Several NHS Wales Charities have their fundraising team as part of the organisations' Communications teams – this helps improve engagement and ensures their Charities prominence.

### Affordability and Measuring Success

Some of the above suggestions, as outlined, are either free or inexpensive.

However, others may prove costly, and as the Committee currently does not have sufficient funds to pay for some of the above suggestions, costs would potentially have to be:

- added to the administration charge and apportioned over all the funds; or
- taken from the reserves if not needed this financial year; or
- taken from the interest and dividends.

To measure the success of some of the suggestions made above, the Committee could:

- Monitor the levels of donations and income raised before and after introducing any changes.
- Send out a simple questionnaire asking questions about the charity and repeating the exercise a year after any changes have taken place.

### Argymhelliad / Recommendation

The Charitable Funds Committee is asked to consider and discuss this report.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

### **Gwybodaeth Ychwanegol:**

### **Further Information:**

Ar sail tystiolaeth:  
Evidence Base:

Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Aseiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.



SAMPLE MAGAZINE  
JULY 2025

# Uniting for Health

MY UNIVERSITY HOSPITALS SUSSEX



Don't Miss Out  
on the Fun...:Pg17

Lightning Seeds  
to Headline for  
NHS My Music :Pg13

EASY FOOD

5 Simple Ways to Embrace  
Healthy Eating: p44

Sussex

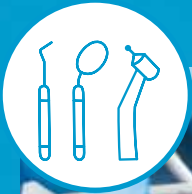
Hidden Gems

Discovering the Best Kept Secrets: Pg22

my University  
Hospitals  
Sussex

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# WELCOME

## Message from My University Hospitals Sussex



**Steven Crump OBE**  
Director of Charity

My University Hospitals Sussex

**my** University  
Hospitals  
Sussex

**I am delighted to introduce an exciting new initiative that we are proud to be part of.**

At My University Hospitals Sussex, our mission is to support excellent patient care across University Hospitals Sussex NHS Foundation Trust, enhancing the experience of patients, families and staff through the power of charitable giving. That's why we're thrilled to be partnering with Uniting for Health to bring you a brand-new, high-quality magazine.

This bespoke publication will not only showcase the exceptional care delivered across our hospitals, but also highlight the people, stories and community spirit that make our Trust so special. Through informative and inspiring content, the magazine will shine a light on key health initiatives, innovation and the vital support made possible by our charity and our generous supporters.

Available in both print and digital formats, the magazine will be distributed across our hospitals and local communities and shared online for easy access via QR code and email. We hope it will become a valued source of information and inspiration for everyone connected to our hospitals.

Thank you for joining us on this journey - together, we're Uniting for Health.

Warm regards,

Steven Crump OBE

**Director of Charity, My University Hospitals Sussex**  
**Registered Charity No. 1050864**

**My University Hospitals Sussex c/o the Post Room Royal Sussex County Hospital Eastern Road Brighton BN2 5BE**

### Connecting Communities. Celebrating Innovations. Inspiring Wellness.

Today, more than ever, our NHS communities, their charities and the local community need a unified platform to share inspiring stories, promote collaboration and celebrate innovation. That's why we've created Uniting for Health; a free magazine dedicated to connecting NHS Charities, NHS Trusts and voluntary sector, patients and the wider community through meaningful stories and opportunities for engagement. The publication serves as a platform to highlight inspiring initiatives, foster collaboration and share valuable insights that focus on preventing disease and promote health and wellbeing within the population helping to strengthen the connection between healthcare providers and the communities they serve. Mission: To inspire, educate and empower individuals and communities to make informed decisions about their health and wellbeing. Vision: We envision a world where health information is accessible, actionable and unites people in pursuit of healthier lives.

#### Promote Your Business with Us

Are you a local business looking to reach a wider audience? Uniting for Health magazine offers the perfect platform to showcase your services. Distributed directly through local hospitals and healthcare centres, our publication is seen by a high footfall of patients, staff and visitors every day. Advertising in Uniting for Health magazine is a powerful way to promote your business while supporting community health and wellbeing. To learn more about our advertising packages and how we can help you reach thousands of potential customers, contact us at [info@unitingforhealth.co.uk](mailto:info@unitingforhealth.co.uk) and get your message in front of the people who matter.

 **Uniting  
for Health**

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This magazine is a conceptual example created solely for demonstrational, promotional and illustrative purposes. This is not intended for public distribution or any other use beyond internal or client facing presentations. The content contained in this sample other than that relating directly with My University Hospitals Sussex is fictional and should be understood as creative representations designed to illustrate the format, tone and editorial approach. It is not intended that any content could replace the seeking of medical advice.

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# About

My University Hospitals Sussex

My University Hospitals Sussex is the dedicated charity supporting the University Hospitals Sussex NHS Foundation Trust. It was formed in April 2023 by the merging of two former dedicated charities: Love Your Hospital and BSUH Charity.



The charity raises funds for treatment, care and research which go over and above core NHS funding, making real and tangible improvements to patients and staff every day.

We provide state-of-the-art equipment, more comfortable hospital environments and wellbeing initiatives for patients, staff and visitors.

Our work supports seven NHS hospitals across Sussex:

- Princess Royal Hospital, Haywards Heath
- Royal Alexandra Children's Hospital, Brighton
- Royal Sussex County Hospital, Brighton
- Southlands Hospital, Shoreham-by-Sea
- St Richard's Hospital, Chichester
- Sussex Eye Hospital, Brighton
- Worthing Hospital, Worthing

## Our core priorities

- Creating more patient-friendly environments
- Providing equipment for diagnosis and treatment
- Supporting staff development to provide even better care
- Advancing understanding through research projects

## Our mission

To make life all together better. We enhance the care and experience of everyone who comes through the doors of our hospitals.

## Our values

### Engaging

Everything we do is about engaging with our community. It's communicating and being visible in ways that inspire and compel individuals to support the charity. It's being there for staff and volunteers as they go about their work. It's amplifying the voice of the hospital in the local community.

### Optimistic

Our outlook is positive. We are here to make the day better for patients, staff and the wider community.

It's a mindset that informs the way we work - looking ahead with optimism and a belief in the possible.

### Personal

We are personal - with the wellbeing of our individuals in mind. Helping patients, staff and visitors to have the best experience in hospital beyond core clinical care and infrastructure. It reflects the Trust's Patient First strategy.

# Success Stories

## Swimming for St Richard's



**12-year-old Darcey Webb has raised over £250 for My University Hospitals Sussex to support patients and staff on the Intensive Treatment Unit (ITU) at St Richard's Hospital.**

After a school project tasked the class to 'be creative' on a topic such as war, love or charity, Darcey chose the last theme. She challenged herself to swim as many lengths as possible in two hours, across two days in February, to fundraise for the hospital ward her grandfather, Terry, had been cared for

on, before his passing in 2022. Darcey managed an impressive 107 lengths across the two hours and raised an equally impressive £250.

Darcey's adventurous streak and dedication to making a difference in the community make for an ideal fundraiser. She shared: "At 7 years old I did a 13 mile walk for charity and that's when I caught the fundraising bug! I'm a Charity Representative at my school, a role in which we organise different events for different charities. I'm an active person too, I play football with the Portsmouth Under 12 Girls Academy and enjoy swimming and dancing, so once I'm old enough I'd love to do something like a skydive for the hospital charity. I want to repay the kindness the hospital team showed my grandpa and family."

Fundraising runs in the Webb family; Darcey's grandmother, Rosemary, also helped raised vital funds for the ITU shortly after Terry received his end-of-life care on the ward. Rosemary worked as a nurse her

whole career before retirement, from NHS to palliative care to the Navy (which was where she met Terry, an Army Medic). Rosemary was impressed with the care he received at St Richard's Hospital. She said: "After my husband had a rare reaction to the chemotherapy he was receiving for his cancer treatment, he was transferred to the ITU where he stayed until he sadly died 6 days later. The team of doctors and nurses were so special. They were patient-centred, family-centred and I didn't have to ask for anything. It was a sad time and I miss him very much, but I will always be grateful for the wonderful care he received during his last days."

Daisy Rosser, Critical Care Ward Manager, shared her thanks: "Between them, Darcey and Rosemary have raised over £1000 for the ITU, which is truly inspiring. We are thankful for their fundraising efforts. These funds will help us continue to improve patient experience and it is such a morale boost for our staff."

## A Lively Year for Lanes

When it comes to fundraising, Lanes Health Club do not do things by halves. The Rustington based gym members and staff have come together to raise an impressive £2,348 to support patients and staff at their local NHS hospitals. From 25 brave souls tackling Tough Mudder, putting their strength, stamina and mental grit to the test with the ultimate obstacle course, to their sell-out monthly quiz night full of laughter,

friendly competition and good vibes, there was no challenge too big or small for Lanes.

Laura Stennett, Group Exercise Manager at Lanes Health Club, shared: "Community and compassion are at the heart of everything we do, so to fundraise for our local NHS was really meaningful for us this year. We couldn't have done it without our amazing members who participated, donated or

simply cheered us on. Every effort made a difference. We're so proud of what we've achieved together."



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# How You Can Help

None of our work is possible without you, our incredible supporters and generous donors.

Because of you, over the last 12 months we have been able to improve the lives of NHS patients and staff across Sussex. To help us continue making a positive difference to everyone who comes through the doors of our hospitals, please make a gift today.



**£10**

Could give an elderly person with rheumatism or arthritis a pain-relieving hand massage.

**£28**


Could provide a care bag to help a child cope with the trauma of a hospital visit.

**£50**

Could fund 90 minutes of reflexology treatment for somebody in a critical care unit.


## Ways to Donate

### Donate Online




Donate directly to us online where you can choose a one off or regular donation

### Bank Transfer



To make a donation by bank transfer contact us via telephone for our charity bank details on 01273 664708

### Via Cheque



Please make your cheque payable to My University Hospitals Sussex, and post it to us at: c/o the Post Room, Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE

## Community Fundraising

From bake sales to beard shaves, magic shows to marathons - we love to help you put the fun in your fundraising! Just send us an email at [uhsussex.charity@nhs.net](mailto:uhsussex.charity@nhs.net) or download our fundraising guide packed full of handy tips.



## Leaving a Legacy

Transform lives for the next generation through a legacy gift to your local hospital. Just send us an email at [uhsussex.charity@nhs.net](mailto:uhsussex.charity@nhs.net) or read our information pack to find out how to leave a gift in your Will.

Gifts in Wills (otherwise called legacies) are vital to us in making transformational improvement to the experience of every patient who visits our hospitals.

With your support, we are able to fund state-of-the-art medical equipment, innovative clinical research, specialist staff training and wellbeing programs and enhanced hospital environments.

Thank you again for supporting My University Hospitals Sussex. Your generosity will make care and services better for the people of Sussex for years to come.

[www.myuhsussex.org/get-involved](http://www.myuhsussex.org/get-involved)



# Nursery Open Day

Learning through  
play and discovery

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6:30am - 6.00pm

Enrolling for 2025-2026

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Email: [hello@happynursery.co.uk](mailto:hello@happynursery.co.uk)

Visit: [happynursery.co.uk](http://happynursery.co.uk)



# Choice in Childbirth



**My Charity is committed to supporting the Trust to provide excellent care, every time, for every mother and baby across its maternity wards.**

Our midwives listen to and value the choices of pregnant people - ensuring the Trust's Patient First strategy is adhered to in decision making. Providing choice as part of a patient's birthing plan is vital and the charity is pleased to have helped improve this pathway for expectant mothers with the installation of a new birthing pool at Royal Sussex County Hospital.

Water births are becoming increasingly common in

the UK, with approximately 10% of mothers opting to deliver in a birthing pool each year. Water is a proven natural pain reliever; immersion in warm water during childbirth supports buoyancy, easing pressure on the spine and pelvis. This, in turn, reduces the need for stronger forms of pain relief during labour for many patients. What's more, the National Institute for Health and Care Excellence emphasises the importance of availability of birthing

pools on maternity units.

With no birthing pool at Royal Sussex County Hospital, choice was being limited for patients in this area. It was crucial that expectant mothers in Brighton and Hove be offered equal opportunities for their deliveries as others across the country. In partnership with the Dervia Foundation, My Charity was able to support this need into fruition by funding a brand-new

birthing pool, as well as a newly installed floor suitable for water births and LED lighting and Bluetooth speakers. The contemporary room provides a calming environment and positive experience of childbirth.

Rebecca Elms, Head of Midwifery, said: "We are so pleased that more women in the area are now able to consider a waterbirth as part of their birthing plans. The state-of-the-art room opened in February 2025 and we've already had 39 women utilise and birth in the pool."

Leah recently gave birth to her first baby, using the birthing pool in her delivery journey. The new mum shared: "My labour was long and challenging, but the relief I felt when the time came to use the pool was incredible. I was relaxed, light and free to move around, which had been impossible before. It was amazing pain relief in a calming atmosphere. My mood was instantly lifted."



# Don't Miss Out on the Fun...

Did you know the Trust charity holds an exciting, fun and varied events programme each year?

The My University Hospitals Sussex events calendar has something for everybody. From comedy nights and music gigs to skydives and marathons, get involved now to make unforgettable memories in 2025 and beyond. Every penny raised goes to support the patients and staff at UHSussex.

Email our friendly fundraising team at [uhsussex.charity@nhs.net](mailto:uhsussex.charity@nhs.net) for more information or call our charity phone number on **01273 664708**.

## Cycle

### London to Brighton Cycle Ride

Take on this challenging 55-mile ride to raise vital funds for our hospitals.

**Sunday 14th September 2025**

Location: London to Brighton

Registration: £30

Minimum Sponsorship: £150



## Defeat

### Tough Mudder

Test your strength, stamina and mental grit on the ultimate obstacle course.

**Saturday 20th & Sunday 21st September 2025**

Location: Holmbush Estate, Faygate

Registration: FREE

Minimum Sponsorship: £300



## Jump

### Skydive

Take the leap of a lifetime this summer to support our hospitals.

**Sunday 3rd August 2025**

Location: Old Sarum Airfield, Salisbury

Registration: £50

Minimum Sponsorship: £400



### Bungee

Make 2025 the year you tick 'bungee jump' off your bucket list.

**Saturday 6th September 2025**

Location: The Octagon, Brighton

Registration: £50

Minimum Sponsorship: £250



### Inflatable 5K - 15K

Get ready to bounce your way through The World's BIGGEST and most EPIC Inflatable 5K Obstacle Course!

**Saturday 18th October 2025**

Location: Stanmer Park, Brighton

Registration: From £35

Minimum Sponsorship: £150

If you're interested in doing an event that's not listed here - maybe you've always wanted to do a Firewalk or Wingwalk - or if you have your own event in mind, please get in touch with the charity team for a chat by emailing [uhsussex.charity@nhs.net](mailto:uhsussex.charity@nhs.net) or phoning **01273 664708**.



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# Run

## Littlehampton 10K

Run along LA beach to fundraise for our patients and staff.

**Sunday 31st August 2025**

**Location:** The Promenade, Littlehampton

**Registration:** £29

**Minimum Sponsorship:** £100

## Thorpe Park 5K - 10K

Run around the rides and rollercoasters inside the Thorpe Park Resort.

**Sunday 7th September 2025**

**Location:** Thorpe Park, Chertsey

**Registration:** £15

**Minimum Sponsorship:** £150

## Royal Parks Half Marathon

This is the most spectacular half marathon that central London has to offer - it is a unique and inspiring event.

**Sunday 12th October 2025**

**Location:** London

**Registration:** £25

**Minimum Sponsorship:** £300

## Amsterdam Marathon

Combine running a marathon for My Charity with a weekend in Amsterdam.

**Sunday 19th October 2025**

**Location:** Olympic Stadium, Amsterdam

**Registration:** £25

**Minimum Sponsorship:** £300



## West Wittering Beach Run

The Wittering Beach run is back by popular demand!

**Saturday 29th November 2025**

**Location:** West Wittering, Chichester

**Registration:** £20

**Minimum Sponsorship:** £150

## Crystal Palace Run

Come and run a 5K, 10K or Half Marathon with us at Crystal Palace Park located in the South-East London suburb of Crystal Palace.

**Sunday 14th December 2025**

**Location:** Crystal Palace

**Registration:** £25

**Minimum Sponsorship:** £250

## Chichester 10K

Take the opportunity to run the famous Goodwood Motor Circuit.

**Sunday 1st February 2026**

**Location:** Goodwood Motor Circuit, Chichester

**Registration:** £28

**Minimum Sponsorship:** £100

## Brighton Marathon

The Brighton Marathon is a unique event which brings out the best of Brighton and celebrates its vibrant communities.

**Sunday 12th April 2026**

**Location:** Brighton

**Registration:** £70

**Minimum Sponsorship:** £300



## Surrey Half Marathon & 5K

The Half Marathon boasts unparalleled PB potential and follows a professionally marked and measured single loop from central Woking into the surrounding countryside. The 5K features some of the Half Marathon's best bits - including starting and finishing under the main event gantry.

**Sunday 22nd March 2026**

**Location:** Woking

**Registration:** £25

**Minimum Sponsorship:** £250

## Haywards Heath 10 Mile

Runners will start on South Road High Street before entering Victoria Park to complete two course loops covering roads, paths, trails and footpaths in and around Haywards Heath.

**Sunday 3rd May 2026**

**Location:** Haywards Heath

**Registration:** £25

**Minimum Sponsorship:** £100

With new events added regularly, make sure to stay up-to-date on what's coming up, along with other charity news, by signing up for the newsletter and following the charity socials [@myuhsussex](#).

Follow us on social media [@UnitingForHealth](#) to be entered into a draw to win a £50 Amazon voucher.

# CHARITY NEWS AND EVENTS

## Walk

### South Coast Ultra Challenge

Trek Beachy Head and the Seven Sisters on the South Downs Way route.

**Saturday 6th & Sunday 7th September 2025**

**Location:** Eastbourne to Arundel

**Registration:** From £89

**Minimum Sponsorship:** £330



### South Downs Hiking Trail

This ultimate hiking experience takes place in the South Downs National Park, offering spectacular views across the South Downs, as well as distant vistas of the North Downs, Chichester Harbour, and the Isle of Wight.

**Saturday 8th November 2025**

**Location:** Goodwood, Chichester

**Registration:** £30

**Minimum Sponsorship:** £150

### Sussex Downs Hiking Trail

Take in the views as you trek one of the best trails in the South.

**Saturday 6th December 2025**

**Location:** Plumpton Racecourse, Lewes

**Registration:** £30

**Minimum Sponsorship:** £150

### South Downs Hiking Trail

This ultimate hiking experience takes place in the South Downs National Park, offering spectacular views across the South Downs, as well as distant vistas of the North Downs, Chichester Harbour, and the Isle of Wight.

**Saturday 8th November 2025**

**Location:** Goodwood Racecourse

**Registration:** £32

**Minimum Sponsorship:** £150

## Swim, Bike & Run

### Brighton & Hove Triathlon

Swim Bike Run events for everyone from first-timers to the pros.

Experience the fast and flat traffic-free route from Hove Lawns along the famous seafront Promenade. Brighton & Hove Triathlon is well established as one of the biggest events in the triathlon calendar.

**Sunday 8th August 2025**

**Location:** Hove Lawns

**Registration:** Swim only events from £41 for children aged 8+

All other events from £61

**Minimum Sponsorship:** Swim only £150

All other events £300

## Spectate

### Covert Comedy

Laugh the night away when the Covert Comedy series returns this August.

**Thursday 14th August 2025**

**Location:** The Charmandean, Worthing

**Entry:** £15



### Supercar Track Day

Head to Goodwood for a fun family day out in aid of our hospitals.

**Saturday 9th August 2025**

**Location:** Goodwood Motor Circuit, Chichester

**Entry:** FREE – Donations welcome



### Lightning Seeds

Legendary Lightning Seeds head to Worthing this October for the only Sussex show of their 2025 tour, as part of our charity's new venture – My Music. All profits will be donated directly to UHSussex, supporting our hospitals through the power of music. Book now.

**Thursday 23rd October 2025**

**Location:** Worthing Assembly Hall

**Entry:** £32



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# LIGHTNING SEEDS

## Lightning Seeds to Headline Worthing's Assembly Hall for NHS My Music

Thursday 23 October 2025 at 8pm | Assembly Hall, Worthing

A brand-new charity venture - **My Music NHS** - 23 October 2025 at the Assembly Hall, Worthing, with the **Lightning Seeds** playing their greatest hits. This gig will set the tone for a series of gigs featuring internationally renowned and upcoming artists performing to raise vital funds for My University Hospitals Sussex, which works to support the seven hospitals that make up the University Hospitals Sussex NHS Foundation Trust.

**Steve Crump OBE, Director of My University Hospitals Sussex**, the charity behind My Music, said: "They say music is the food of love, but with My Music it can be the heartbeat of healthcare too. This new venture will bring the excitement and vitality of music together with the passion that so many people share for the NHS. What could be better than attending a gig knowing that you are going to have a great evening, while helping to support your local hospitals.

100% of the profits from the gigs and merchandise will go to the NHS, helping to provide a huge range

of services which range from - for example - aiding patient healing after childbirth through to new eye equipment for eye clinics, and the landscaping of gardens for both patient benefit and staff wellbeing.

We are delighted to launch My Music NHS. From this amazing starting point we aim to deliver multiple live events delivering unforgettable music experiences across Sussex - experiences which excite, enthuse and engage."

Marking their only Sussex date in 2025, the evening promises an unforgettable celebration of melody, memory and music as Ian Broudie and his band present their iconic catalogue of hits spanning 35 years. From the anthemic Pure, Lucky You, The Life of Riley to Change, Perfect and Sugar Coated Iceberg, plus the football classic Three Lions, fans can expect a night filled with pure nostalgia and soaring pop brilliance.




Fresh off the release of Tomorrow's Here Today - a career-spanning anthology and critically acclaimed

memoir - **Ian Broudie** shows no signs of slowing down. His passion for songwriting and live performance remains infectious: "I still get a thrill when I pick up my guitar. The chance to connect with people through songs is what it's all about."

From his early days in Liverpool's post-punk scene to fronting one of Britain's most beloved pop acts, Broudie's story is one of creativity, perseverance and a lifelong love of melody. With a legacy of timeless songs and an acclaimed return to the spotlight, **Lightning Seeds'** appearance in Worthing will be a highlight of the musical calendar.

**Don't miss this unique opportunity to experience the Lightning Seeds live in Worthing while supporting a vital cause.**

For tickets and more information, visit: [wtm.uk](http://wtm.uk)

    Follow us on social media @UnitingForHealth to be entered into a draw to win a £50 Amazon voucher.

# Stepping Out of the Comfort Zone

For children with Type 1 Diabetes, life can feel isolating as they learn to live with and manage their condition. My Charity was pleased to fund an exciting trip for a group of paediatric patients with a diabetes diagnosis supported across the Worthing Hospital and St Richard's Hospital diabetes centres.

In February 2025, a group of young people living with Type 1 Diabetes headed to the Lodge Hill Centre in Pulborough. The trip to the activities centre aimed to provide a transformative experience through a wide range of outdoor learning opportunities - addressing any feelings of isolation, loneliness or concerns about their condition alongside their peers - in a stunning woodland setting in the midst of the South Downs National Park.

Paul Peacock, Youth Worker at University Hospitals Sussex NHS Foundation Trust, explained: "At the beginning of the trip the participants were quiet and apprehensive, but throughout the day we saw them gradually open up and become more comfortable with one another to engage freely.

We saw our young people recognise their strengths, learn new skills and discover new things about themselves. There was also plenty of fun and laughter, which was equally important!"

From zip lines to axe throwing, vertical obstacle courses to blindfolded orienteering, the activities successfully pulled individuals out their comfort zone as they relied on teamwork and logic. They learned from one another, developed independence away from their families and gained vital confidence in themselves.

On top of participants fostering connections with each other, the trip also provided an opportunity for patients to engage with their medical team involved in their care, outside of the usual clinical setting. It encouraged open communication and trust - key aspects of successful ongoing medical treatment for young people with diabetes. What is more, by observing patients in the 'real world', the multidisciplinary teams at Worthing and Chichester diabetes centres can continue to develop their independence moving forward.



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# Funding the Future

## Medical Research Fellowship

**“Research is vital in providing the evidence we need to transform services and outcomes” – The Five Year Forward View (Department of Health, 2017).**

Research and Innovation are embedded at University Hospitals Sussex. The Trust’s research studies aim to find out important information in response to a health question; a well-designed study provides reliable evidence that can help improve NHS services and treatments, the knowledge and understanding of health professionals and give patients the best outcomes.

The charity is dedicated to supporting the Trust’s Research and Innovation strategy, and as such, has committed to funding components of a three-year Medical Research Fellowship. In partnership with the University of Sussex, My University Hospitals Sussex is supporting **Dr Stephen Robinson** to undertake his PhD, developing blood tests to help with diagnosis, subtyping and monitoring treatment for brain tumours.

Glioblastomas are the most common type of cancerous brain tumour in adults. Fast-growing and aggressive, they display a high recurrence rate and resistance to current common and highly invasive therapies, which include maximal surgical resection and radiotherapy. Therefore, the development of new procedures to progress diagnosis and treatment of glioblastomas is urgently needed.

The charity-funded research aims to move forward extracellular vesicles based liquid biopsies (blood tests)

for the identification of glioblastoma biomarkers, leading to clinical implementation. Meaningful biological insights derived from the blood of patients with brain tumours will open the possibilities for non-invasive diagnosis, subtyping and monitoring response to treatment.

This study directly involves the local patient population in its ground-breaking clinical-translational research. **Dr Stephen Robinson** is a Clinical Oncology Registrar at the Trust specialising in systemic therapy and radiation for cancer treatment. He is one year into the Medical Research Fellowship, with spend so far at £19,750. He said:



**“ Pushing our collective knowledge forward has been a driving force throughout my career, and this fellowship is a great opportunity to do just that. Our lab’s research into developing a liquid biopsy will tackle many of the difficulties that come with diagnosing and treating glioblastomas. ”**



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# Beyond the Treatment

## Small Acts of Friendship

**Small Acts of Friendship is a unique programme that improves the wellbeing of inpatients across our hospitals. In its sixth year of operation, My University Hospitals Sussex is committed to ensuring the programme continues to grow and benefit more patients.**

Offering personal services, therapies and activities through comfort, connection and therapeutic touch, Small Acts of Friendship supports patients' emotional state, sense of dignity and self-expression whilst in hospital. It also helps with preparation for the transition back home to the community, mobility and social activity - providing a safe space for patients to interact, form friendships and share similar experiences.

From haircuts and reflexology to music sessions and art therapy, the acts of friendship are varied, person-centred and tailored to the individual.

The programme aligns with the Patient First strategy, helping the Trust provide outstanding care for patients. In fact, this was recognised by the Care Quality Commission. They stated:

**“Staff highly valued people’s emotional and social needs and we saw these were not only embedded in their care and treatment but went over and beyond to innovate the ‘Small Acts of Friendship’ programme.”**

Primarily focused at Royal Sussex County Hospital in Brighton and Princess Royal Hospital in Haywards Heath on the elderly care, respiratory and intensive care wards, 4,616 patients were supported in 2023.

Recipient feedback across all areas reported the difference the Small Acts of Friendship have had on hospital experiences:

**“The music was beautiful and calmed my breathing.”**

Staff on the wards have also praised the programme, with one doctor sharing:

**“The Small Acts of Friendship team do wonderful work. It’s so supportive and helps each patient with their recovery and ongoing treatment.”**

Small Acts of Friendship is funded through a blended solution, with Friends of Brighton and Hove Hospitals and Princess Royal Hospital League of Friends contributing financially for provision of the programme, alongside My University Hospitals Sussex.

It is vital that patients are stimulated, motivated and engage in daily routines of activity, self-care and connection. Small Acts of Friendship helps enable patients to achieve this, feeling more in control of their lives. Paula O’Sullivan, Small Acts of Friendship Co-ordinator, summarised:

**“The patients’ testimonies speak for themselves. These treatments reduce pain, increase self-confidence and help people cope with life in hospital.”**

**“Very relaxing, better than the pain patches, and has more impact than the morphine.”**

# Haven for Heroes

**My Charity has the wellbeing of everyone who comes through the doors of our hospitals at its heart. Whether patients, visitors or staff, we are here to make their day better.**

For our dedicated staff, working tirelessly to support their patients, a moment's calm can be difficult to come by during their hectic shifts. The Trust's Health, Wellbeing and Engagement team have been tackling this in recent years by introducing spaces across our hospital sites to provide rare areas of peace and quiet for our NHS heroes. With St Richard's Hospital one of the last to have such a space installed, the team were quick to submit a bid to the charity for funding when a disused room became available on site. We were more than happy to ensure their vision became a reality.

Refurbishment began shortly after and now a serene, tranquil and calming room sits just past the entrance corridor of the hospital – central and easy to locate for all staff. The blue walls, comfortable sofas and enticing refreshments allow individuals to step out of their clinical



environment they've been surrounded by all shift to unwind, recharge and refresh in the aptly named 'Staff Oasis.' For recently back to work mothers that wish to continue infant feeding, the room offers an expressing and feeding zone. Relaxing activities such as massages and arts & crafts will be available here on occasion too.

Eloise O'Shea from the Health, Wellbeing and Engagement team, said: "The wellbeing spaces already open at other sites are well used by staff and are having a positive impact on their mental and physical health. It's somewhere to take ten minutes away from work, have a quiet conversation or simply share a cup of tea with a colleague. The charity has helped us demonstrate to our staff that their wellbeing is a priority. It's just one of the ways we can say 'we care, we value and we appreciate you!'"



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# STROKE AWARENESS

**F A S T**

**F**  
Facial  
drooping

**A**  
Arm  
weakness

**S**  
Speech  
difficulty

**T**  
Time to  
call 999

Acting quickly can save lives and prevent permanent damage.

# Our Hospitals

## Royal Sussex County Hospital

The Royal Sussex County Hospital is an acute teaching hospital in Brighton, East Sussex.

Eastern Road, Brighton BN2 5BE

Telephone: **01273 696955**

## Princess Royal Hospital

The Princess Royal Hospital, also known as PRH, is an acute, teaching, general hospital located in Haywards Heath, West Sussex.

Lewes Road, Haywards Heath RH16 4EX

Telephone: **01444 441881**

## Worthing Hospital

Worthing Hospital is a medium-sized District General Hospital located in Worthing, West Sussex. It is also our Trust headquarters.

Lyndhurst Road, Worthing, West Sussex BN11 2DH

Telephone: **01903 205111**

## Royal Alexandra Children's Hospital

The Royal Alexandra Children's Hospital is a children's hospital located within the grounds of the Royal Sussex County Hospital in Brighton, East Sussex

Eastern Road, Brighton BN2 5BE

Telephone: **01273 696955**



BORCELLE CPR

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- Get Started with CPR
- Get Started with First Aid
- Real-life Demonstration



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### St Richard's Hospital

St Richard's Hospital is a medium-sized District General Hospital located in Chichester, West Sussex.

Spitalfield Lane, Chichester, West Sussex PO19 6SE

Telephone: **01243 788122**

### Sussex Eye Hospital

Sussex Eye Hospital is a local eye hospital providing eye accident and emergency services and ophthalmology.

Eastern Road, Brighton BN2 5BE

Telephone: **01273 696955**

### Southlands Hospital

Southlands Hospital is a medical facility based in Shoreham-by-Sea, West Sussex.

Upper Shoreham Road, Shoreham-by-Sea, West Sussex BN43 6TQ

Telephone: **01903 205111**



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Seven Sisters cliffs, Cuckmere Haven

## SUSSEX

# HIDDEN GEMS

### DISCOVERING THE BEST KEPT SECRETS

Tucked in the rolling hills of South East England, Sussex is often associated with its popular seaside towns like Brighton or its historic cities like Chichester. But beyond the well-trodden tourist paths lies a treasure trove of hidden gems waiting to be discovered. From secluded beaches and mystical woodlands to quaint villages and forgotten ruins, Sussex offers a rich blend of natural beauty, history and charm that even many locals have yet to fully explore.

#### QUAINT VILLAGES WAITING TO BE EXPLORED

If charming villages with picturesque views, historic cottages and cozy pubs are your idea of a great day out, look no further than these tucked-away spots.

##### AMBERLEY – THE HIDDEN HAMLET

Nestled beneath the South Downs and overlooking the River Arun, Amberley is a chocolate-box village of thatched cottages, stone walls and blooming gardens. Despite its picture-perfect beauty, it remains relatively unknown outside the county.

Amberley Castle, now a luxury hotel, dominates the village with its 900-year-old walls and portcullis. Nearby, the Amberley Museum & Heritage Centre offers a fascinating look into the area's industrial

past, with vintage buses, a working print shop and blacksmith demonstrations.

#### HISTORICAL SITES YOU DIDN'T KNOW ABOUT

##### ALFRISTON – A TIMELESS VILLAGE

Tucked within the Cuckmere Valley and the South Downs National Park, Alfriston feels like a step back in time. With its medieval architecture, cobbled streets and charming tea rooms, it's the quintessential English village that somehow remains relatively quiet.

Don't miss the Clergy House - an atmospheric 14th-Century timber-framed building and the first property ever acquired by the National Trust. Across the Tye (village green), St. Andrew's Church, known as

the "Cathedral of the Downs," adds to the village's serene allure.

#### CHARLESTON FARMHOUSE – A CREATIVE HIDEAWAY

Art and literary buffs will fall in love with Charleston Farmhouse, the countryside retreat of the Bloomsbury Group - an influential circle that included Virginia Woolf, Vanessa Bell and Duncan Grant. Hidden near Firle, the house is now a museum, gallery and cultural centre, yet retains the bohemian spirit of its former residents.

Every room is filled with hand-painted furniture, vibrant textiles and original artworks, making it feel more like a lived-in canvas than a conventional museum. The surrounding gardens are equally whimsical, blending traditional English landscaping with Mediterranean flair.



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# WHERE TRADITION MEETS EXCELLENCE



## CHURCH OF ST. ANDREW

St Andrew's Church is the parish church of Alfriston, East Sussex, England. This Grade I listed building was built in the 1370s and is also known as the 'Cathedral of the Downs'

## UNCOVERING SECLUDED NATURE TRAILS

Whether you're a seasoned walker or just looking for a tranquil escape, the region's hidden trails promise a serene connection with nature.

### CUCKMERE HAVEN – SUSSEX'S SECRET BEACH

Though it's often overshadowed by the nearby Seven Sisters cliffs, Cuckmere Haven is a hidden coastal paradise in its own right. Accessible only by foot or bicycle, the walk to the beach winds along the Cuckmere River through fields, salt marshes and wildlife-rich wetlands. The reward is a pebbly beach with panoramic views of the chalk cliffs and almost total tranquillity. It's one of the most photographed spots in England, yet it still feels like a personal discovery every time you visit.

### KINGLEY VALE – HOME OF THE ANCIENT YEWS

For a walk that combines natural wonder with a hint of the mystical, Kingley Vale near Chichester is a must. This National Nature Reserve is home to one of Europe's oldest yew forests, with trees that are estimated to be over 2,000 years old. The twisted, gnarled trunks create an almost otherworldly atmosphere, particularly on misty days.

Aside from the yews, Kingley Vale also boasts chalk grasslands, rare orchids and breathtaking views from its summit - a truly magical experience for hikers and nature lovers alike.

### PETWORTH PARK – DEER AND

## DISCOVERY

While Petworth House is a recognised National Trust site, its sprawling parklands are often overlooked. Designed by Capability Brown, Petworth Park offers 700 acres of open space, dotted with ancient trees and a large population of free-roaming fallow deer.

Early mornings or late afternoons are the best time to visit, when the low light casts a golden glow and the deer are most active. It's a peaceful, almost poetic spot, perfect for slow strolls or painting sessions.

## DISCOVER SUSSEX OFF THE BEATEN PATH

Sussex, in all its quiet glory, rewards the curious traveller. Beyond Brighton's buzz or Chichester's grandeur lies a softer, more intimate landscape of forgotten woods, riverside idylls and ancient villages where stories still linger in the air.





The best part about exploring these hidden gems? The sense that you're seeing a version of England not curated for tourists but lived in and loved by those who know where to look. Whether you're a walker, a writer, an artist or just someone seeking stillness, Sussex has a secret waiting for you.

**Are you ready to unlock the secrets of Sussex? The hidden wonders are waiting - you just need to take the first step.**

**So, grab your boots, your camera and a sense of adventure - and go find it.**



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# CELEBRATING COMMUNITY

## SUSSEX'S FESTIVALS AND EVENTS:



Warwick Folk Festival

Sussex is a vibrant region teeming with festivals and events that not only entertain but also promote health, wellbeing and community cohesion. From artistic showcases to cultural celebrations, here's a curated selection of events that align with the ethos of "Uniting for Health."

### September 2025: A Month of Cultural Richness

#### Eastbourne Walking Festival

**(7–15 Sept):** Engage in a series of free guided walks suitable for all ages and abilities, promoting physical activity and exploration of Eastbourne's scenic landscapes.

**Artwave Festival (7–22 Sept):** One of the South East's largest visual arts festivals, featuring free exhibitions across various venues, including private homes and studios, fostering community engagement through art.

#### Steyning & District Food & Drink Festival

**(6–15 Sept):** A celebration of local produce with events ranging from wine tastings to bread-making workshops, promoting healthy eating and community connection.

#### Brighton Art Fair (Dates TBC):

Returning for its 20th anniversary, this fair showcases contemporary art from over 100 UK artists, embracing Brighton's reputation for visual culture.

**Rye Arts Festival (13–29 Sept):** Now in its 53rd year, offering an eclectic mix of events, including walks, talks, cinema screenings, live music and theatre, catering to diverse tastes.

#### Goodwood Revival (7–9 Sept):

A vintage-themed motor racing event where attendees dress in period attire, celebrating history and community.

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## Autumn 2025: Embracing Heritage and Nature

### Sussex Bonfire Processions

**(Sept–Nov):** Traditional torchlit processions in towns like Uckfield (7 Sept), Crowborough (14 Sept), and Mayfield (21 Sept), fostering community spirit and historical remembrance.

### CPRE Sussex Countryside Day

**(7 Sept):** Held at Knepp Estate, this event focuses on countryside conservation with talks, tours and activities that highlight the importance of nature for wellbeing.

### Dahlia Days at Pashley Manor Gardens

**(4–14 Sept):** Experience the vibrant display of over 80 dahlia varieties, complemented by garden walks and talks, celebrating horticultural beauty.

### Shoreham Wordfest

**(29 Sept–20 Oct):** A literary festival featuring discussions, performances and workshops, emphasizing the role of literature and arts in navigating contemporary challenges.

## Autumn 2025: Festive Gatherings and Cultural Celebrations

### Lewes Bonfire Night

**(5 Nov):** Renowned as the largest bonfire event in the county, featuring processions of the Lewes Bonfire Societies, fireworks and community festivities.

### Crawley Fleadh

**(Nov):** A celebration of Irish culture with music, dance, storytelling and sports, fostering cultural appreciation and community engagement.

## 2026: Renewed Energy and Artistic Expression

**Chichester Festival Theatre Season (April–Nov):** Offering a mix of classic and contemporary plays, musicals and workshops, promoting cultural enrichment and creative expression.

**Arundel Castle Medieval Weekend (5–6 July):** Experience historical reenactments, crafts, and tournaments, connecting communities through shared heritage.



## Summer 2026: Celebrating Diversity and Wellbeing

**Brighton Pride (2–3 Aug):** A vibrant celebration of LGBTQ+ communities with parades, performances and community events, promoting inclusivity and mental wellbeing.

environmental organisations, aligning with holistic wellbeing.

**The Good Vibrations Society (1–3 Aug):** Held in Ashdown Park, this festival emphasises nature and friendship, featuring yoga, meditation and talks by

**Rye International Jazz & Blues Festival (22–26 Aug):** A vibrant music festival attracting over ten thousand visitors, showcasing acclaimed and emerging artists, fostering cultural appreciation and community spirit.



## Savour the taste of Sussex...



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# Nurturing Emotional Wellbeing



**In our fast-paced lives, it's easy to prioritize physical health and overlook our emotional wellbeing. But emotional resilience - our ability to cope with life's ups and downs - is just as crucial to overall health**

## WHAT IS EMOTIONAL WELLBEING?

Emotional wellbeing is the foundation for how we handle stress, build relationships and bounce back from adversity. It's not about suppressing emotions but understanding and expressing them in healthy ways.

People with strong emotional wellbeing often:

- Recognise and manage their emotions constructively
- Enjoy stronger personal relationships
- Cope better with change and uncertainty
- Find greater satisfaction and purpose in everyday life

## WHY IT MATTERS

Emotional health and physical health are deeply connected. Prolonged stress or unresolved emotional pain can manifest physically - affecting our immune system, sleep, digestion and heart health.

Studies show that people with positive emotional wellbeing are more likely to maintain healthy habits, recover more quickly from illness and live longer lives.

**Let's remember:** emotional wellbeing isn't just personal - it's collective. Together, we thrive.



## EVERYDAY PRACTICES FOR EMOTIONAL RESILIENCE

Building emotional resilience doesn't require radical life changes - just small, consistent practices. Try integrating the following habits into your routine:

- 1. Pause and Reflect:** Take a moment each day to check in with yourself. Whether it's journaling, meditating or simply breathing deeply, self-awareness is key.
- 2. Connect with Others:** A strong support system is essential. Share a laugh, reach out to a friend or simply spend time with someone you trust.
- 3. Protect Your Boundaries:** Don't be afraid to say no or take a step back when needed. Boundaries help preserve your emotional energy.
- 4. Move Your Body:** Regular movement - a walk, yoga or even dancing - can reduce anxiety and lift your mood.
- 5. Reach Out for Help:** There's strength in seeking support. Whether through friends, mentors or mental health professionals, asking for help can be the first step toward healing.

## CREATING A CULTURE OF CARE

Communities play a powerful role in supporting emotional wellbeing. By encouraging openness, reducing stigma and practicing everyday kindness, we foster environments where everyone feels seen, heard and valued.

## FINAL THOUGHTS

Emotional wellbeing is not a luxury - it's a necessity for a balanced, healthy life. It empowers us to live authentically, relate deeply and navigate challenges with grace. By nurturing our inner worlds and supporting one another, we unite for health in the truest sense.



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# MENTAL HEALTH AWARENESS

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# PUZZLE TIME

Welcome to the puzzle corner, where fun meets brainpower! Take a moment to challenge yourself with these exciting activities designed to keep your mind active and engaged. Whether you're solving riddles, cracking codes or completing crosswords, you'll enjoy a healthy dose of mental exercise.

## Word Search: New Year, New You!

Find these health-related words hidden in the grid:

- BALANCE
- ENERGY
- EXERCISE
- FITNESS
- GOALS
- HYDRATE
- MINDFUL
- MOTIVATION
- NUTRITION
- STRENGTH
- WATER
- WELLNESS

K	V	D	O	Y	X	P	H	B	W	A	T	E	R	D
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R	A	S	O	N	F	Z	M	W	Y	A	Y	H	P	S
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M	I	N	D	F	U	L	W	O	B	R	P	Z	Y	N

## Riddle Time

Test your wits with these fun riddles:

I'm a colourful snack, often found in a bowl. Some say I'm nature's candy, loved by young and old. What am I?

The more you take away from me, the bigger I get. What am I?

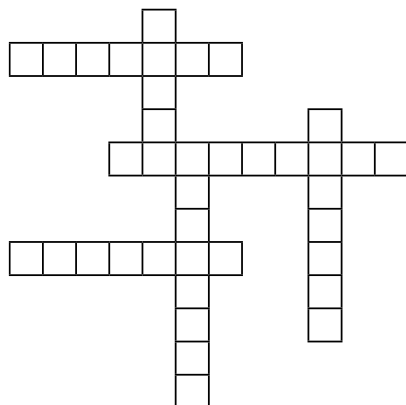
I'm essential for your body and found in every cell. Some people drink me every day; without me, life's not well. What am I?

(Answers: Fruit, A hole, Water)

## Mini Sudoku

	7	5	3	1				
						1		8
4			5		2	6		3
			7	3			4	6
		4		2		7		
7	6			5	9			
1		7	2		5			9
9		8						
				9	7	5	3	

## Quick Crossword: Healthy Habits



**Across:**

A green vegetable high in iron (7 letters)

The first meal of the day (9 letters)

A calming practice for mental health (7 letters)

**Down:**

Keeps you hydrated (5 letters)

A type of physical activity (8 letters)

A goal-setting month (7 letters)

*Down: Water, Exercise, January*  
*Across: Spinach, Breakfast, Meditate*  
**Answers:**

Take a break, enjoy these puzzles and keep your mind as healthy as your body.

Follow us on social media @UnitingForHealth to be entered into a draw to win a £50 Amazon voucher.

# BETTER START FOR LIFE

Family time strengthens bonds, fosters emotional wellbeing and provides numerous benefits for children and adults alike.

# Emerging Healthcare Trends: Innovations Shaping the Future

The healthcare industry is evolving rapidly, driven by technological advancements, shifting patient expectations, and a greater focus on preventative care. As we move forward, several key trends are reshaping the way healthcare is delivered and experienced. Here's a look at the top healthcare trends making an impact today.

## 1. TELEHEALTH AND VIRTUAL CARE EXPANSION

Telehealth has surged in popularity, allowing patients to access medical consultations remotely. Video appointments, digital prescriptions and remote patient monitoring have improved healthcare accessibility, particularly for those in rural or under-served areas.

This trend is expected to continue growing, with telehealth becoming a standard part of medical care.

## 2. ARTIFICIAL INTELLIGENCE IN HEALTHCARE

AI is transforming healthcare by improving diagnostics, streamlining administrative tasks and personalizing patient care.

AI-powered tools can analyse medical images, predict disease outbreaks and assist in drug development, leading to faster and more accurate treatments.

## 3. PERSONALIZED MEDICINE AND GENOMICS

Advancements in genomics are paving the way for personalized medicine, where treatments are tailored to an individual's genetic profile.

This approach enhances the effectiveness of treatments for conditions like cancer and rare diseases, offering more targeted therapies with fewer side effects.

## 4. WEARABLE HEALTH TECHNOLOGY

Smartwatches, fitness trackers and other wearable devices are enabling individuals to monitor their health in real-time.

These devices track metrics such as heart rate, oxygen levels and sleep patterns, providing valuable data for both patients and healthcare providers to optimize health outcomes.

## 5. MENTAL HEALTH AWARENESS AND DIGITAL THERAPY

The importance of mental health is gaining recognition, leading to increased access to digital therapy options.

Online counselling platforms, mental health apps and AI-driven chatbots are providing new ways for individuals to receive psychological support, reducing the stigma around mental health care.

## 6. VALUE-BASED CARE OVER FEE-FOR-SERVICE MODELS

The healthcare industry is shifting towards value-based care, which prioritizes patient outcomes over the volume of services provided.

This model encourages preventative care, better management of chronic diseases and improved overall patient wellbeing.

## 7. HEALTHCARE CYBERSECURITY

With the rise of digital health records and online consultations, protecting patient data has become a major priority.

Hospitals and clinics are investing in stronger cybersecurity measures to safeguard sensitive medical information from potential breaches.

## 8. SUSTAINABLE AND GREEN HEALTHCARE INITIATIVES

Sustainability is becoming a focus in healthcare, with hospitals and

medical institutions adopting eco-friendly practices.

From reducing medical waste to using energy-efficient equipment, healthcare providers are working towards a more sustainable future.

## THE FUTURE OF HEALTHCARE

As these trends continue to develop, the future of healthcare looks promising, with enhanced patient care, improved efficiency, and greater accessibility.

Embracing these innovations will help create a more effective and patient-centred healthcare system for all.



# STAYING ONE STEP AHEAD OF SEASONAL ILLNESS

As the seasons change, so too does our vulnerability to illness. Whether it's the sniffles that arrive with autumn winds or the stomach bugs that seem to flourish in spring, seasonal illnesses are a regular part of life for many. Understanding what causes these shifts, how to recognise early symptoms and - most importantly - how to protect ourselves and others can help reduce their impact on our families, workplaces and communities.

## QUICK HEALTH TIPS FOR EVERY SEASON

### Wash Up Often

Regular hand-washing with soap and warm water helps stop germs in their tracks - especially before eating or touching your face.

### Stay Vaccinated

Keep up with flu, COVID-19 and other recommended vaccines - your immune system's best backup.

### Ventilate Your Space

Open windows or use air purifiers to keep indoor air fresh and reduce virus transmission.

### Eat the Rainbow

Boost immunity with fruits and vegetables rich in vitamins A, C and D - think spinach, berries, carrots and citrus.

### Hydrate Daily

Water helps flush toxins and supports all your body's systems, including your immune response.

### Prioritise Sleep

Aim for 7-9 hours of quality sleep to give your body time to rest, repair and defend against illness.

### Dress for the Weather

Layer up in colder months and stay dry to avoid unnecessary strain on your body.

### Stay Home When Sick

Rest, recover and reduce the risk of spreading illness to others by staying in when unwell.

### Look Out for Others

Check on neighbours, share health information and offer support when needed. Community matters.

## PREVENTION IS POWERFUL

While we can't control the weather, we can take steps to reduce our risk of catching or spreading illness:

- 1. Hand hygiene:** Wash hands thoroughly and regularly, especially before eating or after being in public spaces.
- 2. Stay up-to-date on vaccinations:** The flu vaccine, COVID-19 boosters and other recommended jabs can significantly reduce the severity of illness.
- 3. Ventilation matters:** Fresh air helps reduce the concentration of airborne viruses. Open windows where possible or use HEPA air filters.
- 4. Eat for immunity:** A balanced diet rich in fruits, vegetables and whole grains supports immune function.
- 5. Rest and hydrate:** Adequate sleep and staying well-hydrated can keep your immune system in top shape.

## WHAT ARE SEASONAL ILLNESSES?

Seasonal illnesses are conditions that tend to emerge or spike at certain times of the year due to changes in weather, temperature or indoor behaviours. Some of the most common include:

- Colds and flu (autumn and winter)
- Norovirus and other stomach bugs (often in winter)
- Allergies and asthma (spring and summer)
- COVID-19 (now showing seasonal surges)
- Respiratory Syncytial Virus (RSV) (primarily winter)

These illnesses can affect people of all ages but are especially concerning for the very young, older adults and those with weakened immune systems.

## WHY DO ILLNESSES RISE WITH THE SEASONS?

Several factors contribute:

- Temperature drops in autumn and winter lead people to spend more time indoors, increasing the risk of airborne transmission.
- Dry air can irritate the respiratory tract, making it easier for viruses to take hold.
- Weaker immune responses are common in colder months due to reduced sunlight exposure (and lower vitamin D levels).

- Seasonal allergens such as pollen or mould can trigger asthma and other respiratory conditions.

## WHEN TO SEEK MEDICAL ADVICE

Not every cough or fever requires a trip to the GP, but you should seek help if:

- Symptoms are severe or worsening
- You experience difficulty breathing
- A fever lasts more than 3 days
- You're in a high-risk group (elderly, pregnant or have underlying health conditions)

Community pharmacies can often help with minor ailments, offering quick advice and treatment recommendations.

## LOOKING OUT FOR EACH OTHER

In times of illness, kindness and consideration go a long way. If you're feeling unwell, stay home if possible to prevent spreading germs. Check in on elderly neighbours, and offer to pick up essentials for those who can't get out.

At Uniting for Health, we believe in the power of informed, proactive communities. With a little preparation and a shared sense of responsibility, we can all help reduce the burden of seasonal illness and keep our communities healthy throughout the year.



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# KICKSTART YOUR FITNESS JOURNEY:

## A WORKOUT PLAN FOR SUCCESS

It's never a bad time to refocus on your health and wellbeing, and for many, that means getting in shape. Whether you're a beginner or looking to elevate your routine, a structured plan can help you stay committed. Here's a simple yet effective workout plan to kickstart your fitness journey.

### WEEK 1–2: BUILDING A STRONG FOUNDATION

Before diving into intense workouts, focus on consistency and proper form.

#### MONDAY & THURSDAY: FULL-BODY STRENGTH TRAINING

- Squats: 3 sets of 12 reps
- Push-ups: 3 sets of 10 reps
- Dumbbell Rows: 3 sets of 12 reps per arm
- Plank: 3 rounds of 30 seconds

#### TUESDAY & FRIDAY: CARDIO & CORE

- 20-minute brisk walk or light jog
- Bicycle crunches: 3 sets of 15 reps per side
- Leg raises: 3 sets of 12 reps

#### WEDNESDAY & SATURDAY: ACTIVE RECOVERY

- Yoga or stretching routine (20–30 minutes)
- Leisurely walk or recreational activity

#### SUNDAY: REST DAY

### WEEK 3–4: INCREASING INTENSITY

Once you've built consistency, it's time to challenge yourself.

#### MONDAY & THURSDAY: STRENGTH TRAINING

- Deadlifts: 3 sets of 8 reps
- Bench Press or Dumbbell Press: 3 sets of 10 reps
- Lunges: 3 sets of 12 reps per leg
- Russian Twists: 3 sets of 15 reps per side

#### TUESDAY & FRIDAY: CARDIO & CONDITIONING

- 30-minute run or high-intensity interval training (HIIT)
- Jump Squats: 3 sets of 12 reps
- Mountain Climbers: 3 sets of 20 reps per side

#### WEDNESDAY & SATURDAY: MOBILITY & RECOVERY

- Foam rolling and deep stretching
- Light activity like swimming or cycling

#### SUNDAY: REST AND REFLECTION

### STAYING MOTIVATED & COMMITTED

**Set Realistic Goals:** Aim for consistency over perfection.

**Track Your Progress:** Keep a fitness journal or use an app.

**Mix It Up:** Avoid boredom by trying different exercises or activities.

**Stay Accountable:** Partner with a friend or join a fitness community.

**Celebrate Small Wins:** Reward yourself for milestones reached.

### FINAL THOUGHTS

Starting a new fitness routine can feel overwhelming, but with a structured plan and determination, success is within reach. Stay patient, listen to your body and enjoy the journey. Here's to a healthier, stronger you - starting now.



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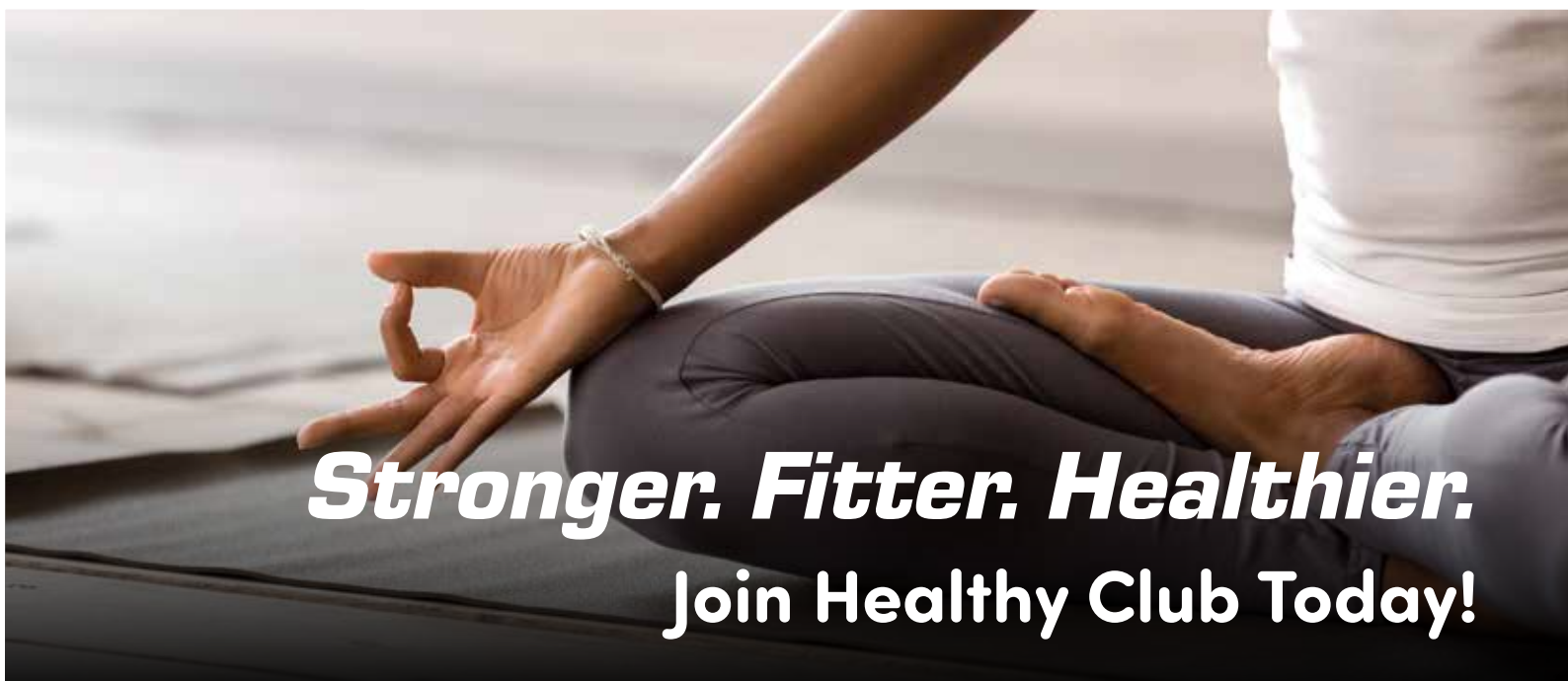
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# HEALING FROM WITHIN:

## THE TRANSFORMATIVE POWER OF HOLISTIC THERAPY

In today's fast-paced world, stress, anxiety and chronic illnesses have become all too common. While conventional medicine focuses on treating symptoms, holistic therapy takes a different approach - addressing the mind, body and spirit to achieve overall wellbeing. This comprehensive method has gained immense popularity as people seek more natural and sustainable ways to heal.

### WHAT IS HOLISTIC THERAPY?

Holistic therapy is a form of healing that considers the whole person rather than just the illness or condition they are experiencing. It integrates physical, emotional, mental and spiritual wellbeing to create balance and harmony. Practitioners use a variety of techniques, including traditional medical approaches, complementary therapies and alternative healing practices.

### KEY PRACTICES IN HOLISTIC THERAPY

Holistic therapy encompasses a wide range of practices that cater to different aspects of wellbeing:

- 1. Acupuncture and Traditional Chinese Medicine (TCM)**  
 A core part of holistic healing, acupuncture involves inserting fine needles into specific points on the body to stimulate energy flow or "Qi." TCM also includes herbal remedies and dietary therapy to restore balance and prevent disease.
- 2. Aromatherapy**  
 Using essential oils extracted from plants, aromatherapy promotes relaxation, reduces stress and enhances overall health. Lavender, eucalyptus and peppermint oils, for example, are known for their calming and therapeutic properties.

- 3. Chiropractic Care**  
 Focused on spinal health, chiropractic care improves posture, alleviates pain and enhances nervous system function. Proper spinal alignment is believed to improve overall health and energy flow.
- 4. Meditation and Mindfulness**  
 Meditation trains the mind to focus and be present, reducing stress and improving mental clarity. Mindfulness, a key component of holistic healing, encourages individuals to be aware of their thoughts and emotions without judgment.
- 5. Reiki and Energy Healing**  
 Reiki is a Japanese energy healing technique where practitioners channel universal energy to promote emotional and physical wellbeing. It is believed to restore balance and release blocked energy in the body.
- 6. Nutritional Therapy**  
 A healthy diet plays a crucial role in holistic therapy. Nutritional therapy assesses dietary habits, lifestyle choices and food sensitivities to promote optimal health. Whole foods, plant-based diets and herbal remedies are often recommended.
- 7. Yoga and Movement Therapy**  
 Yoga combines breathwork, movement and meditation to enhance flexibility, strength and mental balance. Other movement therapies like Tai Chi and Qigong also promote physical and emotional wellbeing through controlled, mindful movements.

### THE BENEFITS OF HOLISTIC THERAPY

Holistic therapy offers numerous benefits that go beyond symptom management:

- Personalized Healing:** Each person is treated as a unique individual, ensuring customised care.
- Reduced Stress and Anxiety:** Practices like meditation and aromatherapy help calm the mind.
- Improved Immune System:** A balanced diet and natural healing techniques strengthen immunity.
- Long-Term Wellness:** Unlike quick fixes, holistic therapy promotes sustainable health and wellbeing.

### EMBRACING A HOLISTIC LIFESTYLE

Incorporating holistic practices into daily life can lead to profound transformations. Whether it's starting the day with meditation, using essential oils for relaxation or embracing mindful eating, small changes can create lasting health benefits.

Holistic therapy reminds us that true healing comes from within. By nurturing the body, mind and spirit, we can achieve harmony, vitality and overall wellbeing. As more people turn to these time-tested practices, the future of health and healing is becoming more balanced and integrative.

# UNLOCKING THE POWER OF PHYSIOTHERAPY:

## A PATH TO RECOVERY AND WELLNESS

In today's fast-paced world, injuries, chronic pain and mobility issues can significantly impact daily life. Whether caused by sports injuries, medical conditions or the wear and tear of aging, these physical ailments can hinder overall wellbeing. Fortunately, physiotherapy offers a scientifically backed approach to healing, pain management and functional improvement.

### WHAT IS PHYSIOTHERAPY?

Physiotherapy is a healthcare discipline focused on restoring movement and function through a variety of techniques, including manual therapy, exercise and specialized treatments. It is a non-invasive and drug-free approach that helps people recover from injuries, manage chronic conditions and improve their overall quality of life.

### BENEFITS OF PHYSIOTHERAPY

- 1. Pain Management:** Chronic pain from conditions such as arthritis, back pain and joint disorders can be debilitating. Physiotherapy techniques like soft tissue mobilization, ultrasound therapy and electrical stimulation help reduce pain and inflammation.
- 2. Injury Recovery and Prevention:** Athletes, fitness enthusiasts and even office workers can suffer from repetitive strain injuries or acute trauma. Physiotherapists develop tailored rehabilitation programs that promote faster healing and prevent further injuries.
- 3. Post-Surgery Rehabilitation:** After surgery, the body requires proper rehabilitation to regain strength and mobility. Physiotherapy plays a crucial role in post-operative recovery, ensuring that patients regain function safely and effectively.
- 4. Improved Mobility and Balance:** Age-related issues, neurological disorders or musculoskeletal conditions can affect movement and stability. Through targeted exercises and balance training, physiotherapy helps individuals regain confidence in their mobility.
- 5. Management of Chronic Conditions:** People suffering from conditions such as Parkinson's disease, multiple sclerosis and stroke can greatly benefit from physiotherapy. It aids in maintaining physical abilities, preventing muscle stiffness and improving overall independence.

- 6. Postural Correction and Ergonomics:** Poor posture can lead to chronic discomfort and injuries. Physiotherapists provide guidance on proper body mechanics and ergonomics to reduce strain on muscles and joints.

### HOW PHYSIOTHERAPY WORKS

Each physiotherapy session begins with a comprehensive assessment where the therapist evaluates the patient's medical history, physical condition and movement patterns. Based on this, a personalised treatment plan is developed. Treatment may include:

- Manual Therapy:** Hands-on techniques like massage, joint mobilisation and stretching to improve mobility and reduce pain.
- Therapeutic Exercises:** Specific exercises designed to strengthen muscles, enhance flexibility and restore movement.
- Electrotherapy and Ultrasound Therapy:** These techniques use electrical currents or sound waves to promote healing and pain relief.
- Hydrotherapy:** Water-based therapy that reduces stress on joints while allowing movement and exercise.
- Education and Lifestyle Advice:** Physiotherapists provide insights into proper posture, movement techniques and exercises to integrate into daily life.

### WHO CAN BENEFIT FROM PHYSIOTHERAPY?

Physiotherapy is beneficial for people of all ages, from children to seniors. Whether recovering from an injury, managing a chronic condition or simply aiming to enhance physical health, physiotherapy offers a proactive approach to maintaining and improving overall wellbeing.

### TAKING THE NEXT STEP

If you or someone you know is struggling with pain, mobility issues or recovering from an injury, consulting a physiotherapist could be a game-changer. With a professional approach tailored to individual needs, physiotherapy paves the way toward a healthier, more active and pain-free life.

By incorporating physiotherapy into your wellness routine, you're investing in long-term health, mobility and overall quality of life. Don't let pain or physical limitations hold you back - take the first step towards recovery today!



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# Kids are

# SWEET ENOUGH

Make healthy changes; swap **sweets for fruit.**

Reducing sugary snacks and drinks and opting for healthier alternatives like fruits and vegetables can help prevent tooth decay.



# BUSTING MYTHS:

## DEBUNKING POPULAR HEALTH MISCONCEPTIONS

In the age of the internet, health advice is everywhere. Unfortunately, not all of it is accurate. Misinformation can spread quickly, leading to unnecessary fears and ineffective treatments. Let's set the record straight by debunking some of the most common health myths.



### MYTH #1: YOU NEED TO DRINK EIGHT GLASSES OF WATER A DAY

Reality: While hydration is essential, the "eight glasses a day" rule isn't backed by strong scientific evidence. Water needs vary based on factors like age, activity level and climate. Many people get sufficient hydration from food, beverages like tea and coffee, and by drinking when they feel thirsty.

### MYTH #2: CRACKING YOUR KNUCKLES CAUSES ARTHRITIS

Reality: The popping sound when you crack your knuckles is caused by the release of gas bubbles in the joints. Research has shown that knuckle cracking does not lead to arthritis, though excessive cracking might cause minor joint swelling or reduced grip strength over time.

### MYTH #3: YOU LOSE MOST OF YOUR BODY HEAT THROUGH YOUR HEAD

Reality: The belief that 50% or more of body heat is lost through the head is a myth. Heat loss depends on which parts of the body are exposed. If you're bundled up but leave your head uncovered, you will lose heat from there—but the same would happen if you exposed any other body part.

### MYTH #4: MICROWAVING FOOD DESTROYS NUTRIENTS

Reality: Microwaving is actually one of the best methods for preserving nutrients in food. Because it cooks food quickly and with minimal water, it retains more vitamins compared to boiling or frying.

### MYTH #5: DETOX DIETS CLEANSE YOUR BODY

Reality: Your body has a natural detox system—the liver and kidneys. Most "detox" diets lack scientific backing and can sometimes do more harm than good. Instead of fasting or drinking special juices, supporting your body's detox processes with a balanced diet, exercise and hydration is more effective.



### MYTH #6: YOU SHOULD AVOID EGGS BECAUSE OF CHOLESTEROL

Reality: While eggs contain cholesterol, they do not necessarily raise blood cholesterol levels significantly. Research suggests that moderate egg consumption is not harmful for heart health and can be part of a nutritious diet.

### MYTH #7: SUGAR MAKES KIDS HYPERACTIVE

Reality: Numerous studies have found no direct link between sugar consumption and hyperactivity in children. However, sugary foods can cause energy spikes and crashes, which may affect mood and behaviour temporarily.

### MYTH #8: GOING OUTSIDE IN THE COLD WILL MAKE YOU SICK

Reality: The common cold is caused by viruses, not cold weather. While being cold might weaken your immune response slightly, the main reason colds spread more in winter is that people spend more time indoors in close contact with others.

### THE BOTTOM LINE

Misinformation can influence our health choices, sometimes leading to unnecessary fears or ineffective habits. By questioning commonly held beliefs and relying on scientific evidence, we can make better decisions for our wellbeing. Next time you hear a health claim, be sure to fact-check before accepting it as truth!

# EASY FOOD

## A Fresh Start: 5 Simple Ways to Embrace Healthy Eating

### Ingredients:

- 1 tbsp olive oil
- 1 onion, diced
- 2 garlic cloves, minced
- 1 tbsp ginger, minced
- 2 tsp curry powder
- 1 can (14 oz) diced tomatoes
- 1 tsp turmeric
- 1 can (14 oz) coconut milk
- 1 can (14 oz) chickpeas, drained and rinsed
- 3 cups fresh spinach
- Salt and pepper to taste
- Fresh coriander for garnish

### Instructions:

- Heat olive oil in a pan. Sauté onion, garlic and ginger until fragrant.
- Add curry powder and turmeric; cook for 1 minute.
- Stir in tomatoes and coconut milk. Simmer for 10 minutes.
- Add chickpeas and spinach; cook until spinach wilts. Season and garnish with coriander.

### Chickpea & Spinach Curry

Packed full of essential nutrients, this curry is sure to satisfy



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**1** Yogurt and Berry Parfait**Ingredients:**

1 cup Greek yogurt  
1/2 cup granola  
1/2 cup mixed berries (blueberries, strawberries, raspberries)  
1 tsp honey (optional)

**Instructions:**

In a glass or jar, layer Greek yogurt, granola, and mixed berries.  
Repeat the layers until the glass is full.  
Drizzle with honey if desired.

**2** Avocado Toast with Egg**Ingredients:**

1 slice whole-grain bread  
1/2 avocado, mashed  
1 boiled or poached egg  
Salt, pepper and red pepper flakes to taste

**Instructions:**

Toast the bread to your liking.  
Spread mashed avocado over the toast.  
Top with the egg and season with salt, pepper and red pepper flakes.

**3** Banana Oat Energy Bites**Ingredients:**

1 cup rolled oats  
1/2 cup peanut butter (or almond butter)  
1 ripe banana, mashed  
1/4 cup dark chocolate chips

**Instructions:**

Combine all ingredients in a bowl and mix well.  
Roll into small bite-sized balls.  
Refrigerate for 15–20 minutes before serving.

**4** Cucumber and Hummus Wrap**Ingredients:**

1 whole-grain tortilla  
2 tbsp hummus  
1/2 cucumber, thinly sliced  
1/2 carrot, shredded  
Handful of spinach or mixed greens

**Instructions:**

Spread hummus evenly over the tortilla.  
Layer cucumber slices, shredded carrot and greens on top. Roll up tightly, slice in half, enjoy.

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# THE IMPORTANCE OF DENTAL CARE:

## A GATEWAY TO OVERALL HEALTH



When it comes to maintaining good health, many people focus on diet, exercise and regular medical check-ups. However, dental care is an equally vital aspect of overall wellbeing that is often overlooked. Proper oral hygiene not only ensures a bright and healthy smile but also plays a significant role in preventing a range of health issues that extend far beyond the mouth.

### THE LINK BETWEEN ORAL HEALTH AND GENERAL HEALTH

Your mouth is a gateway to your body, and the health of your teeth and gums can have a profound impact on your overall physical condition. Poor oral hygiene can lead to cavities, gum disease and infections, but

the consequences don't stop there. Research has shown that oral health is closely linked to conditions such as heart disease, Diabetes, respiratory infections and even pregnancy complications. Bacteria from untreated gum disease can enter the bloodstream, increasing inflammation and contributing to various systemic diseases.

### Common Dental Issues and Their Consequences

1. **Cavities and Tooth Decay** – Caused by plaque build-up, cavities can lead to tooth sensitivity, pain and eventually tooth loss if untreated.
2. **Gum Disease (Periodontitis)** – Inflammation of the gums due to plaque can lead to bleeding, bad breath and even tooth loss. It has also been linked to serious conditions like heart disease and Diabetes.
3. **Oral Infections** – Abscesses and bacterial infections in the mouth can spread to other parts of the body, posing serious health risks.
4. **Tooth Loss** – Losing teeth can affect speech, chewing and self-esteem, and may require costly treatments like implants or dentures.
5. **Oral Cancer** – Regular dental visits help with the early detection of oral cancer, significantly improving treatment outcomes.

### ESSENTIAL DENTAL CARE HABITS

To maintain optimal oral health, it is important to follow a comprehensive dental care routine:

- **Brushing Twice a Day** – Use fluoride toothpaste and a soft-bristled toothbrush to clean your teeth and remove plaque.
- **Flossing Daily** – Flossing removes food particles and plaque buildup between teeth that a toothbrush cannot reach.
- **Using Mouthwash** – Antibacterial mouthwashes help reduce plaque, fight bad breath and keep gums healthy.
- **Eating a Healthy Diet** – Limiting sugar intake and eating a balanced diet rich in calcium, vitamins and minerals helps maintain strong teeth and gums.
- **Avoiding Tobacco Products** – Smoking and chewing tobacco increase the risk of gum disease, tooth loss and oral cancer.

- **Regular Dental Check-Ups** – Visiting the dentist at least twice a year for cleanings and exams helps detect issues early and maintain good oral hygiene.

### THE ROLE OF PROFESSIONAL DENTAL CARE

While at-home oral hygiene is crucial, professional dental care is indispensable. Regular dental check-ups allow for early detection of problems, preventive care like fluoride treatments and professional cleanings to remove tartar buildup that cannot be eliminated with brushing alone. Dentists can also provide personalised advice tailored to an individual's specific oral health needs.

### CONCLUSION

Prioritizing dental care is not just about having a beautiful smile - it's about safeguarding your overall health. By practicing good oral hygiene and seeking regular dental check-ups, you can prevent serious health conditions, enhance your confidence and enjoy a lifetime of healthy teeth and gums. Remember, a healthy mouth is a key to a healthier body!



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# PLANNED GIVING AND LEGACY DONATIONS

Leaving a lasting impact on the future of healthcare is easier than you think. Planned giving and legacy donations offer a way for supporters to contribute beyond their lifetime, ensuring that future generations benefit from enhanced healthcare services.

## WHAT IS PLANNED GIVING?

Planned giving involves setting aside assets such as savings, stocks or property to be donated to the NHS Trust Charity in the future. This can be done through a Will, trust or other financial instruments.

## THE BENEFITS OF LEGACY DONATIONS

- **Tax Benefits:** Many legacy donations provide tax relief to estates, reducing inheritance tax liabilities for beneficiaries.
- **Long-Term Impact:** Funding groundbreaking research, new facilities and innovative patient care programs that continue to benefit future generations.
- **Honouring a Loved One:** A meaningful way to remember someone special by contributing to causes they cared about.
- **Providing Financial Security to the Charity:** Helping ensure ongoing funding for critical healthcare projects.
- **Encouraging Philanthropy:** Inspiring others to give and create a lasting culture of generosity.

## HOW HAVE LEGACY GIFTS HELPED? RECENT LEGACY DONATIONS HAVE FUNDED:

- **A New Children's Play Area in the Hospital:** Ensuring young patients have a space to relax and play while receiving treatment.
- **Specialist Training for Nurses:** Enhancing skills in critical care, palliative treatment and emergency response, directly improving patient outcomes.
- **Equipment for Stroke Rehabilitation:** Providing advanced technology to aid in recovery and improve mobility for stroke patients.
- **Enhancing End-of-Life Care Facilities:** Creating peaceful and well-equipped spaces for patients and families facing terminal illnesses.
- **Investing in Groundbreaking Medical Research:** Supporting projects that focus on cancer treatments, mental health advancements and innovative surgical techniques.

## HOW TO LEAVE A LEGACY GIFT

Leaving a gift in your will is straightforward and ensures that your generosity will support the Trust Charity long into the future.

1. **Consult a Solicitor or Financial Advisor:** They can help you structure your Will to include a legacy donation while ensuring your loved ones are cared for.
2. **Decide on the Type of Gift:**
  - Fixed sum of money.
  - A percentage of your estate.
  - A specific asset (property, stocks or valuable items).
3. **Include our NHS Trust Charity in Your Will:**
  - Ensure the charity's name and details are correctly listed.
4. **Let Us Know:** Informing the charity of your decision allows us to acknowledge your generosity and plan for the future.

## TO LEARN MORE OR PLEDGE A GIFT

If you're considering leaving a legacy gift, we'd love to discuss how your donation can make a real difference.

- **Phone:** 01273 664708
- **Email:** uhsussex.charity@nhs.net
- **Website:** www.myuhsussex.net
- **Office Address:** Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE

Every legacy gift, no matter the size, plays a crucial role in shaping the future of healthcare for Sussex. Thank you for considering this meaningful way to give back.



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# Plan Ahead

## Why Instructing a Solicitor Early Can Prevent Power of Attorney Pitfalls

Few people like to think about a time when their loved ones may no longer be able to make decisions for themselves. However, life is unpredictable, and ensuring the right legal structures are in place early can make all the difference. One of the most important legal documents to consider is a Lasting Power of Attorney (LPA). This document enables a trusted individual to make decisions on behalf of another person should they lose mental capacity due to illness, injury or age-related conditions such as dementia.

While many people assume that their next of kin will automatically be able to make decisions for them if they become unable to do so, this is not the case. Without an LPA in place, loved ones may face lengthy legal battles, financial hardship and unnecessary stress during an already challenging time. That's why instructing a solicitor early is crucial to avoiding these pitfalls.

## The Consequences of Not Acting Early

One of the biggest mistakes families make is waiting too long to put an LPA in place. If an individual loses mental capacity before an LPA is set up, family members must apply to the Court of Protection for a deputyship. This process is significantly more expensive and time-consuming than setting up an LPA in advance. Court applications can take months to process, leaving financial and healthcare decisions in limbo. In some cases, families may even have to go to court multiple times to gain permissions for different types of decisions.

Additionally, the court may not grant decision-making authority to the person the individual would have chosen, potentially leading to disputes among family members. By setting up an LPA while the individual is still of sound mind, families can avoid these difficulties and ensure that their wishes are upheld.



## The Role of a Solicitor in Setting Up an LPA

While it is possible to create an LPA without legal assistance, mistakes in the application can cause delays or even render the document invalid. A solicitor ensures that the process is handled correctly, that the document is legally sound and that the appointed attorney's powers are clearly outlined.

A solicitor can provide guidance on key issues such as:

- **Choosing the Right Attorney(s):** This decision requires careful consideration, as the appointed person will have significant responsibilities.
- **Understanding the Scope of the LPA:** There are two types of LPAs—one for financial decisions and another for health and welfare. A solicitor can advise on the differences and help structure the LPA to suit individual needs.
- **Avoiding Common Errors:** Many LPAs are rejected due to errors or omissions. A solicitor ensures that all legal requirements are met, avoiding costly delays.
- **Addressing Potential Disputes:** A solicitor can help prevent family disagreements by ensuring transparency and clarity in the decision-making process.

## The Benefits of Planning Ahead

Beyond avoiding legal hurdles, setting up an LPA early provides peace of mind. It allows individuals to have open discussions with their families about their preferences for financial management, healthcare and living arrangements. It also means that decisions will be made by someone they trust rather than a court-appointed deputy.

Additionally, an LPA is not just for the elderly. Accidents and sudden illnesses can happen at any stage of life. Having an LPA in place ensures that, in the event of an unforeseen circumstance, there is someone with the legal authority to act in an individual's best interests.

## Final Thoughts

Instructing a solicitor to set up an LPA early is a proactive step that protects families from unnecessary stress, legal complications and financial uncertainty. With expert guidance, individuals can ensure their wishes are respected and that their loved ones are equipped to make important decisions should the need arise.

If you or a family member have yet to set up an LPA, now is the time to act. Consulting a solicitor today could prevent significant challenges in the future and provide invaluable peace of mind.



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# THE POWER OF FINANCIAL ADVICE:

## WHY IT'S ESSENTIAL FOR A SECURE FUTURE

In today's complex financial landscape, making informed decisions about money is more crucial than ever. From planning for retirement to investing wisely and managing debt, financial advice plays a pivotal role in shaping a secure future. Yet, many people underestimate the value of professional financial guidance, often making costly mistakes that could have been avoided with expert insight. This article explores why financial advice is essential, how it benefits individuals and key areas where it can make a significant impact.

### The Need for Financial Advice

Financial markets and personal finance have evolved considerably over the years. With ever-changing tax laws, investment options and economic conditions, navigating financial decisions alone can be overwhelming. Many individuals, whether due to a lack of knowledge, time or experience, struggle to make informed choices. A financial advisor provides clarity by assessing one's financial situation and offering tailored strategies that align with long-term goals.

### The Cost of Ignoring Financial Advice

Ignoring financial advice can lead to serious consequences. Many people fall into common pitfalls such as inadequate savings, poor investment choices and excessive debt. Without a well-structured financial plan, individuals may find themselves unprepared for emergencies

or unable to retire comfortably. In some cases, the lack of financial guidance results in significant losses that could have been prevented with expert assistance.

### Choosing the Right Financial Advisor

Selecting a trusted financial advisor is just as important as seeking financial advice itself. When choosing an advisor, consider the following:

- **Qualifications and Experience:** Look for certified professionals with a proven track record.
- **Fee Structure:** Understand how they charge - whether through commissions, hourly fees or a percentage of assets managed.
- **Transparency and Trustworthiness:** A good advisor should offer clear, unbiased recommendations and have their client's best interests in mind.

- **Specialisation:** Some advisors specialise in retirement planning, tax strategies or investment management. Choose one that aligns with your specific needs.

### Final Thoughts

Financial advice is not just for the wealthy - it is a valuable tool for anyone looking to secure their financial future. Whether you are just starting out, planning for major life milestones or nearing retirement, professional guidance can help you navigate financial complexities with confidence. Seeking expert financial advice is an investment in your future, providing peace of mind and ensuring long-term financial stability.

By prioritizing financial advice, individuals can take control of their financial wellbeing, make informed decisions and build a secure and prosperous future.

## KEY BENEFITS OF FINANCIAL ADVICE

1. **Wealth Building and Investment Planning:** Professional financial advice helps individuals develop an investment strategy suited to their risk tolerance, time horizon, and financial objectives. Advisors help diversify portfolios, manage risks, and identify opportunities that align with long-term growth.
2. **Retirement Planning:** A secure retirement doesn't happen by chance; it requires careful planning. Financial advisors help determine the right savings plans, estimate future expenses, and ensure individuals are on track to retire comfortably.
3. **Tax Efficiency:** Tax laws are intricate, and without proper guidance, individuals may miss out on significant tax-saving opportunities. Financial advisors assist in optimizing tax strategies, ensuring that clients retain more of their hard-earned money.
4. **Debt Management:** Uncontrolled debt can be a financial burden, leading to stress and limiting financial growth. A financial advisor provides structured debt repayment plans, helping individuals manage their obligations effectively and avoid high-interest pitfalls.
5. **Risk Management and Insurance Planning:** Financial planning isn't just about wealth accumulation—it's also about protecting it. Advisors help assess insurance needs, ensuring that families and assets are safeguarded against unexpected events such as health crises or job losses.
6. **Estate Planning:** Without a proper estate plan, wealth distribution can become complicated and may not align with an individual's wishes. Financial advisors assist in structuring Wills, trusts and inheritance plans to minimize legal issues and tax burdens.

# WHY FINDING THE RIGHT MORTGAGE MATTERS MORE THAN YOU THINK

TAILORED ADVICE CAN SAVE YOU TIME, MONEY, AND STRESS

Buying a home is one of the most significant financial decisions you'll ever make. Whether you're a first-time buyer, remortgaging, moving up the property ladder, or investing in buy-to-let, the mortgage you choose can shape your finances for decades. Yet many people rush the decision—accepting the first offer from their bank or relying solely on comparison sites.

**Choosing the right mortgage isn't just about what you can get. It's about what's right for you. Here's why it's worth getting it right from the start.**

## Mortgages Are Not One-Size-Fits-All

From fixed-rate and tracker mortgages to offset and interest-only, the UK market offers a huge variety of products. Your ideal mortgage depends on your income, deposit, credit history, future plans—and even the property type.

**First-time buyer? You may want a long-term fixed deal for peace of mind.**

**Moving again soon? Portability or low exit fees may be key.**

**Self-employed or a contractor? You'll need a lender who understands your income setup.**

## It's Not Just the Rate—It's the Cost Over Time

That headline interest rate may look tempting—but it doesn't tell the whole story. Fees, charges, and repayment terms all add up. Some products with lower interest rates may come with high arrangement or legal fees. Others penalise early repayment or limit overpayments.

A mortgage advisor will calculate the total cost over your preferred term—helping you choose based on true value, not just the marketing.

## The Market Moves Fast

The UK mortgage market shifts constantly. Lenders tweak criteria, interest rates fluctuate, and new products launch weekly. Advisors stay on top of these changes so you don't have to. They know which lenders are offering flexible criteria or better rates for certain borrowers—and can move quickly before deals are withdrawn.

## It's Even More Vital for Complex Cases

Many people no longer fit the "standard borrower" mould. If you've got multiple income streams, past credit issues, or non-traditional employment, you'll need a lender who understands your situation.

**An advisor will:**

- Recommend lenders based on your actual profile
- Help prepare your documentation
- Avoid applications that might harm your credit score if declined

## Guidance, Not Just a Product

Mortgage advisors don't just compare deals—they explain the process, help you plan long-term, and make sure nothing is missed. From affordability checks and paperwork to liaising with solicitors and lenders, they take much of the pressure off your shoulders.

This is invaluable whether you're a first-time buyer or a seasoned mover.

## It's About Long-Term Security

**You want a mortgage that supports your life—not one that restricts it. An advisor can help you find a deal that offers:**

- Overpayment flexibility
- Low early exit fees
- Portability if you move house
- A balance between stability and freedom

## Whole-of-Market = More Choice

Unlike banks or building societies, whole-of-market mortgage advisors can access products from dozens of lenders. That increases your chance of finding the right fit—not just the available one.

Even if your case is simple, it's often possible to get a better rate, lower fees, or more flexible terms through a wider search.

## Peace of Mind Is Priceless

A mortgage is likely the biggest financial commitment of your life. Choosing the right one isn't just about cost—it's about confidence. With expert guidance, you'll know you've chosen a product that's affordable, reliable, and suited to your future goals.

So before you sign that mortgage offer—take a step back. With the right help, you could save more, stress less, and secure a stronger financial future.

*Need advice? Speak to a regulated, independent mortgage advisor who can guide you through the process with your personal goals in mind.*



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# ADAPTING YOUR HOME FOR ACCESSIBILITY: A COMPREHENSIVE GUIDE

Creating an accessible home is about more than just convenience - it's about fostering independence, safety and comfort for people with mobility challenges, disabilities or aging individuals. Whether you're planning for the future or making adjustments for a current need, adapting your home can significantly improve the quality of life for all residents. This guide explores key areas of adaptation, offering practical solutions to create a more inclusive living space.



## ENTRYWAYS AND DOORWAYS

The first step in making a home more accessible is ensuring that entryways and doorways accommodate all individuals.

- **Ramps and Threshold Ramps:** Standard steps can be a significant barrier. Installing a permanent or portable ramp allows for smooth entry and exit.
- **Widening Doorways:** Standard doorways may not be wide enough for wheelchairs or walkers. Expanding them to at least 32 inches ensures easy passage. If widening is not an option, offset door hinges can provide extra space.
- **Smart Door Systems:** Automated door openers, keyless entry and smart locks improve accessibility for individuals with limited mobility or dexterity.

## FLOORING CONSIDERATIONS

Flooring plays a crucial role in mobility within the home. The ideal flooring should minimize tripping hazards and be easy to navigate.

- **Non-Slip Surfaces:** Choose materials such as textured tile, low-pile carpet or vinyl to prevent slipping.
- **Seamless Flooring:** Uneven surfaces and raised thresholds can create obstacles. Ensuring a smooth transition between rooms improves movement.
- **Avoid Rugs and Clutter:** Loose rugs and unnecessary furniture can become trip hazards. Opt for secured rugs with non-slip backing if necessary.



## BATHROOM MODIFICATIONS

Bathrooms can be particularly challenging, but simple modifications can make them more accessible and safer.

- **Walk-in Showers and Bathtubs:** A curbless shower or a walk-in tub eliminates the need for stepping over high ledges.
- **Grab Bars:** Installing sturdy grab bars near toilets, showers and bathtubs provides stability and support.
- **Raised Toilets:** A higher toilet seat reduces strain and makes transfers easier.
- **Touchless Faucets and Lever Handles:** Lever-style handles and touchless faucets improve usability for those with limited hand strength.



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# HOME & LIFESTYLE



## KITCHEN ADJUSTMENTS

A well-designed, accessible kitchen enhances independence when preparing meals and performing daily tasks.

- **Lowered Countertops and Cabinets:** Adjusting counters to wheelchair-friendly heights (approximately 34 inches) ensures usability.
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## SMART HOME TECHNOLOGY

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- **Voice-Activated Assistants:** Devices like Amazon Alexa or Google Assistant can control lights, thermostats and appliances with voice commands.
- **Smart Lighting:** Motion-sensor or app-controlled lighting improves visibility and reduces the need to reach for switches.
- **Video Doorbells:** These allow users to see and communicate with visitors remotely, enhancing safety and convenience.



## BEDROOM ACCESSIBILITY

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- **Adjustable Beds:** Beds with adjustable heights and positions improve comfort and accessibility.
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- **Bedside Controls:** Light switches, alarm systems, and call buttons should be within easy reach from the bed.

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# THE POWER OF COMMUNITY:

## HOW MOVING TO A RETIREMENT COMMUNITY CAN HELP COMBAT LONELINESS

Loneliness has become a growing issue among older adults. The transition from a busy career, raising a family, or engaging in active social circles to a quieter, more isolated lifestyle can leave many seniors feeling disconnected. However, there is a solution that not only provides companionship but also enhances overall wellbeing: moving to a retirement community.

### UNDERSTANDING LONELINESS IN OLDER ADULTS

Loneliness is more than just feeling alone - it is a serious health concern that can lead to depression, anxiety and even physical ailments such as high blood pressure and weakened immune function. Research has shown that prolonged isolation can increase the risk of cognitive decline and dementia. In contrast, social engagement has been linked to improved mental sharpness, emotional stability and longevity.

Retirement communities are designed to foster an active and supportive environment where older adults can build meaningful connections and enjoy a fulfilling lifestyle. Here's how making the move can significantly reduce loneliness and improve overall wellbeing.

### BUILT-IN SOCIAL OPPORTUNITIES

One of the greatest benefits of a retirement community is the wealth of social opportunities available. Unlike living alone or in a traditional neighbourhood where social interactions might be sporadic, retirement communities offer structured activities such as:

- **Group Outings and Excursions** – Trips to local museums, theatres, and gardens create opportunities to bond with peers.
- **Clubs and Hobby Groups** – Whether it's a book club, gardening, or painting, joining a group fosters a sense of belonging.
- **Fitness and Wellbeing Programmes** – Yoga classes, swimming sessions, and group exercises keep both the body and mind engaged.
- **Community Events** – From seasonal celebrations to quiz nights, these events bring residents together and nurture friendships.



### A SUPPORTIVE ENVIRONMENT

Beyond structured activities, retirement communities provide a built-in support system. Neighbours become like family, and staff members are there to offer assistance and companionship when needed. This supportive atmosphere helps eliminate the sense of isolation that many older adults experience when living alone.

Additionally, many communities have resident committees that allow individuals to have a say in activities and community enhancements. This involvement creates a sense of purpose and investment in the place they call home.

### SAFE AND CONVENIENT LIVING

Loneliness can sometimes stem from physical limitations that make it difficult to go out and engage with others. Retirement communities address this by providing:

- **On-Site Dining and Communal Meals** – Shared meals encourage social interactions and reduce the isolation of eating alone.
- **Transport Services** – Scheduled transport to shopping centres, medical appointments, and cultural events ensures that residents remain active and connected to the wider community.
- **Security and Emergency Assistance** – The peace of mind that comes with knowing help is always available reduces stress and anxiety, allowing residents to focus on enjoying life.

### ENHANCED MENTAL AND PHYSICAL HEALTH

Social interaction has been proven to enhance both mental and physical wellbeing. Regular engagement with peers can:

- Reduce stress and promote emotional resilience.
- Encourage a more active lifestyle, leading to improved mobility and overall health.
- Strengthen cognitive function and delay the onset of memory-related illnesses.

Retirement communities are structured to promote holistic wellbeing, integrating social, physical and mental activities that contribute to a happier, healthier lifestyle.



### A FRESH START

For many, moving to a retirement community is an opportunity to embrace a new chapter in life. Instead of dwelling on the past, residents have the chance to make new friends, explore new hobbies and live in a stress-free environment that prioritises their happiness and wellbeing.

### CONCLUSION

Loneliness doesn't have to be an inevitable part of ageing. Retirement communities offer a vibrant, supportive and enriching environment where older adults can rediscover the joys of companionship and social engagement. By making the move, individuals can transform their later years into a time of connection, fulfilment and lasting friendships. If you or a loved one are experiencing loneliness, it may be time to consider the benefits of joining a retirement community - because no one should have to navigate their later years alone.



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# CARING FOR LOVED ONES AT HOME:

## THE BENEFITS OF HIRING A HOME CARE PROVIDER

In today's fast-paced world, ensuring our loved ones receive the care they need can be challenging. While many families try to manage caregiving responsibilities on their own, it can often become overwhelming. This is where hiring a professional home care provider can make all the difference. A home care provider offers personalised assistance, allowing loved ones to maintain their independence while receiving essential support in the comfort of their own home.

### The Benefits of Hiring a Home Care Provider

- 1. Comfort and Familiarity** One of the greatest advantages of in-home care is that your loved one can stay in their own home, surrounded by familiar settings, cherished memories and personal belongings. This can reduce stress and anxiety, particularly for individuals suffering from dementia or mobility limitations.
- 2. Personalised Care** Home care providers offer tailored services based on the individual's specific needs. Whether it's help with daily activities, medical assistance or companionship, the level of care can be adjusted as requirements evolve.
- 3. Enhanced Independence** Aging individuals often fear losing their independence. With a home care provider, they can maintain a level of autonomy while receiving just the right amount of assistance, whether it's with meal preparation, bathing, dressing or medication management.
- 4. Family Involvement** When care is provided at home, family members can remain actively involved in their loved one's daily routine. They can collaborate with the home care provider to ensure the best possible care plan is in place.
- 5. Cost-Effective Alternative** Compared to assisted living facilities or nursing homes, home care services can be a more affordable option, especially when care is needed only on a part-time basis. Families can also avoid relocation expenses and the emotional toll of moving a loved one away from home.

- 6. Companionship and Emotional Support** Loneliness is a significant issue for many elderly individuals. Home care providers not only assist with physical tasks but also offer emotional support and companionship, reducing the risk of depression and isolation.
- 7. Professional Medical Assistance** Many home care providers have trained medical professionals who can help manage chronic illnesses, administer medication and monitor health conditions. This reduces the risk of hospital readmissions and provides peace of mind to family members.

### How to Source the Right Home Care Provider

Choosing the right home care provider is a crucial decision that requires careful research and planning. Here are the key steps to finding a reliable provider:

- 1. Assess Your Loved One's Needs** Determine the level of care required. Does your loved one need assistance with daily activities, medical care or simply companionship? Understanding their needs will help narrow down provider options.
- 2. Research and Compare Agencies** Look for licensed home care agencies in your area and compare their services, costs and reputation. Read online reviews and ask for recommendations from friends, doctors or social workers.
- 3. Check Credentials and Certifications** Ensure that the agency and caregivers are properly licensed, insured and certified. Background checks and proper training should be standard practice for all employees.

- 4. Interview Potential Caregivers** Arrange face-to-face interviews with potential caregivers. Ask about their experience, training and how they handle emergency situations. Compatibility and trust are essential when choosing someone to care for your loved one.
- 5. Request References** Ask for references from past clients to get first-hand feedback on the quality of care provided. Speaking with other families can provide valuable insight into a care-giver's reliability and professionalism.
- 6. Understand Costs and Payment Options** Home care services vary in cost depending on the level of assistance required.
- 7. Monitor and Evaluate the Care Provided** Once a caregiver is in place, continue to assess the quality of care being provided. Regular communication with both the caregiver and your loved one is key to ensuring their needs are met.

### Final Thoughts

Hiring a home care provider can be one of the best decisions a family makes for a loved one in need. With the right caregiver, seniors and disabled individuals can continue to live with dignity, independence and a high quality of life - all while remaining in the comfort of their own home. By carefully researching and selecting a trusted provider, families can ensure their loved ones receive compassionate, professional care that enhances their wellbeing and peace of mind.

# HELPFUL CONTACTS

A comprehensive guide to essential services and support groups across Sussex.

## HOUSING SUPPORT SERVICES

### Brighton Housing Trust (BHT Sussex)

Housing advice and services for people at risk of homelessness.

Phone: 01273 645400

Email: [enquiries@bht.org.uk](mailto:enquiries@bht.org.uk)

Website: [www.bht.org.uk](http://www.bht.org.uk)

### Southdown Housing Association

Supported housing, mental health services, and tenancy support.

Phone: 01273 405800

Email: [info@southdown.org](mailto:info@southdown.org)

Website: [www.southdown.org](http://www.southdown.org)

## FOOD BANKS

### Trussell Trust Food Banks

Emergency food parcels via referral network across Sussex.

Phone: 01722 580 180

Website: [www.trusselltrust.org](http://www.trusselltrust.org)

### Chichester District Foodbank

Support for individuals and families in food crisis.

Phone: 01243 773687

Email: [info@chichesterdistrict.foodbank.org.uk](mailto:info@chichesterdistrict.foodbank.org.uk)

Website: [chichesterdistrict.foodbank.org.uk](http://chichesterdistrict.foodbank.org.uk)

## HOSPICE & END-OF-LIFE CARE

### Martlets Hospice (Brighton & Hove)

Care for adults with terminal illnesses.

Phone: 01273 273400

Email: [enquiries@martlets.org.uk](mailto:enquiries@martlets.org.uk)

Website: [www.martlets.org.uk](http://www.martlets.org.uk)

### St Barnabas House (Worthing)

Palliative care for those with life-limiting conditions.

Phone: 01903 706300

Email: [info@stbh.org.uk](mailto:info@stbh.org.uk)

Website: [www.stbh.org.uk](http://www.stbh.org.uk)

## EMERGENCY CONTACTS

### Sussex Police

Emergency and non-emergency contact lines.

Phone: 999 (Emergency)

Phone: 101 (Non-Emergency)

Website: [www.sussex.police.uk](http://www.sussex.police.uk)

### NHS 111

Urgent medical help, 24/7.

Phone: 111

Website: [111.nhs.uk](http://111.nhs.uk)

### Samaritans

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## Uniting For Health – Partnership Proposal

*Uniting for Health*, is a free A4 magazine designed to support NHS charities in increasing funding opportunities and boosting donations.

*Uniting for Health* is created in both print and digital formats FREE for NHS charities, designed to boost funding, featuring inspiring stories, promoting volunteer opportunities, and highlight fundraising initiatives.

By simply distributing, your charity benefits from a donation from *Uniting for Health*.

Additionally, we strive to maximize the reach of *Aneurin Bevan Health Charity* by distributing the magazine through hospitals, medical centres, local hubs, and other key locations. *Uniting for Health Digital* will also be featured through websites and social media platforms, as well as shared through the social media channels of our local business sponsors.

- *Uniting for Health* magazine can be published annually or biannually.
- The magazine can be fully *Aneurin Bevan Health Charity* branded, including the front cover and we can perpetuate the magazine solely to charity content or include aims of the Trust if desired.
- Composition of magazine material - Cover: gloss wet laminate; fold, gather, stitch and trim to size. Cover: Silk FSC Mix 150gsm Text: Silk FSC Mix 90gsm
- We meet an annual print run of a *minimum of 5,000 copies* per primary Hospital, distributed biannually in batches of *2,500 copies* as per the new edition printed every six months. Along with distribution from medical centres, local hubs & satellite centres, and other key locations.
- The proportion of the magazine dedicated to *Aneurin Bevan Health Charity* can be adjusted based on the amount of content you wish to promote. The more you choose to showcase; the more material can be included. Additionally, we have the flexibility to add extra pages as needed to accommodate your requirements.
- The magazine must have a minimum of 60 pages. If you are unable to provide sufficient content, our writers will create editorial pieces and stories exclusively focused on *Aneurin Bevan Health Charity*, ensuring that all content remains relevant to the charity.
- The magazine is exclusively supported by reputable and relevant local businesses, ensuring that all featured content aligns with the publication's purpose. Examples of relevant sectors include solicitors (Power of Attorney), domiciliary care (home care), nursing homes (residential living), opticians, dentists, and mobility services etc.

- We also maintain a standard veto list to exclude any businesses you do not wish to be included.
- Additionally, you will have complete oversight and final approval of the *Uniting for Health* publication final draft, ensuring that every aspect aligns seamlessly with your brand identity, messaging, and objectives.
- The donation is provided annually, or every six months and the first donation is received upon the publication of the first print run. The donation amount is determined based on the number and location of distribution points.
- *The annual donation may be negotiable following our discussion and your association with the other related Hospitals. However, a minimum would be £1,000 per annum or 2 x £500 every 6 months.*
- We integrate QR code interactions across signage, print, and digital formats, seamlessly directing users to *Aneurin Bevan Health Charity* website, Just Giving platforms and newsletter enhancing accessibility and engagement.
- We are seeking a four-year agreement as a means to demonstrate our strong commitment to establishing a long-term, mutually beneficial partnership. This extended commitment not only reflects our confidence in the value of our collaboration but also provides both parties with the opportunity to align strategic objectives, optimize operational efficiencies, and invest in a future of continued growth and success together. This duration also ensures consistency for local business sponsors who may choose to feature in the publication for a set period. Additionally, given the significant costs associated with creation, printing, and distribution, a four-year term allows us to effectively manage and recoup these expenses.

### **To summarise**

- Free A4 Magazine
- Free digital version that can be updated daily to highlight recent and upcoming charity fundraising events
- As much creative involvement and input as you desire
- Full control over content and final draft
- Guaranteed annual donation



## NHS Wales Charities: Professional Steering Group Strategic Proposal

### 1. Executive Summary

NHS Wales charities play a vital role in enhancing patient care, funding innovation, and supporting healthcare services. However, the absence of a coordinated approach across NHS Wales limits their collective impact. This proposal outlines the need for a **Professional NHS Wales Charity Steering Group**, providing a high-level strategic framework to drive collaboration, maximise fundraising potential, and improve visibility.

### 2. Strategic Opportunities for a Steering Group

Currently, NHS charities in Wales operate independently of each other. By establishing a **Professional Steering Group**, NHS Wales charities can coordinate efforts for select campaigns and areas of work, leverage collective influence, and build a sustainable framework for long-term success.

The strategic opportunities include:

- Coordinating joint national campaigns with local adaptation, reducing duplication and increasing reach.
- Strengthening engagement with corporate partners and major donors by presenting a coordinated, pan-Wales offer that maximises reach, impact, and return on investment for supporters.
- Building a more consistent and recognisable collective identity through shared messaging and brand alignment, while still celebrating each charity's local distinctiveness.
- Accelerating learning and innovation by pooling best practice in governance, compliance, and new approaches, enabling all members to benefit from proven models and avoid duplication of effort.
- Coordinating and targeting grant applications strategically so that, as a collective, we can secure a greater share of available funding and open doors to larger, multi-region funding opportunities.

### 3. Strategic Objectives

The Steering Group will focus on six key areas:

#### I. **Enhancing Collaboration & Best Practice Sharing**

- Establishing a central forum for NHS Wales charities.
  - Facilitating knowledge exchange on governance, compliance, and innovation.
- II. Strengthening Fundraising & Resource Mobilisation**
- Joint campaigns to improve donor reach and engagement.
  - Unified approach to corporate partnerships and major donors.
  - Accessibility to national corporate partnerships currently not available to individual/local NHS charities.
- III. Improving Visibility & Public Engagement**
- Coordinated communications strategy to increase brand recognition.
  - A central digital resource to connect all individual charities and amplify fundraising messages.
- IV. Driving Charity Policy & Advocacy**
- A collective voice in NHS Wales charity policy discussions.
  - Advocacy for sustainable funding models and charitable impact.
- V. Enhancing Operational Efficiency**
- Sharing soft resources to reduce costs.
  - Developing centralised training programs for charity professionals.
  - Developing centralised intelligence repositories for job descriptions, policies, regulatory compliance information etc.
- VI. Preserving Local Charity Identity**
- Ensuring each NHS charity maintains its unique brand and community connections.
  - Balancing national collaboration with local fundraising priorities.
  - Supporting autonomy while strengthening collective impact.

#### **4. Benefits to NHS Wales, Health Boards and NHS Trusts**

The Steering Group will focus on delivering tangible benefits to NHS Wales and its Health Boards by:

- **Increasing charitable income** to support frontline services and patient care, research, development and innovation, and staff wellbeing.

- **Strengthening relationships** between NHS charities and local communities.
- **Enhancing patient and staff well-being** through improved charitable support programs.

## 5. Proposed Governance & Implementation

- The Steering Group will be composed of **senior representatives** from NHS Wales charities.
- Governance will be guided by an elected **Chair and Vice-Chair** (elected for a two-year term).
- Meetings will be held **quarterly**, with regular reporting to Charitable Funds Committees, the Corporate Trustee, Health Board and NHS Trust Executives and NHS Wales leadership. Individual members will be responsible for reporting to their respective Charitable Funds Committee and Corporate Trustee.
- Task focused sub-groups will be established as needed for key workstreams (e.g., fundraising, comms, governance).
- Wherever possible, decisions will be made **by consensus**. If consensus cannot be reached, **a majority vote** will be taken, with dissenting views recorded.
- Initial pilot phase to launch in **Year 1**, with evaluation and full implementation in **Year 2**.

## 6. Risk Management

Through member feedback, the group has identified several areas that will require attention to ensure the Steering Group's work is effective and sustainable. These are not barriers, but considerations the group will actively manage to safeguard success:

- **Service Overlap & Income Allocation:** The group will agree clear, transparent principles for allocating income where service provision spans more than one charity area, ensuring fairness and donor confidence.
- **Local Autonomy:** All joint activity will be on an opt-in basis, with assurance that local priorities, governance, and branding will be respected at all times. Charities may opt out of campaigns and activities that do not align with their local priorities.

- **Leadership Gaps & Capacity Variations:** Activities will be planned in a way that reflects different organisational capacities, with options for sharing resources and expertise to enable participation from all members.
- **Early Alignment with Governance and Leadership** – The group will engage Charitable Funds Committees, the Corporate Trustee, and lead Executives from the outset to surface any concerns early, secure input, and ensure the Steering Group’s objectives align with organisational priorities.

Risks will be reviewed regularly as part of Steering Group governance, with agreed mitigations monitored and updated.

This proactive approach will allow the group to manage these risks effectively while building trust, ensuring transparency, and maximising the value of national collaboration for all members.

## 7. Next Steps

- Seek formal endorsement from Charity leadership & Corporate Trustee.
- Establishment of an interim working group.
- Development of a roadmap for implementation.
- Launch of first collaborative fundraising initiative.

## 7. Conclusion

The creation of an NHS Wales Charity Steering Group represents a significant opportunity to **unify efforts, enhance fundraising impact, and support NHS services across Wales more effectively**. By working together, NHS Wales charities can ensure a stronger, more sustainable future for charitable giving in healthcare.



## **NHS Charities in Wales – Vision and Values**

For internal stakeholder review and discussion

### **Our Vision**

To provide NHS charities across Wales with an overarching brand which can be used to strengthen our collective voice, increase public understanding, engage corporate partners and drive greater support for NHS care in every Welsh community.

We strive for a future where every person in Wales recognises the value of their NHS charity, feels inspired to engage with it, and understands how dedicated NHS charitable support enhances healthcare outcomes.

### **Our Shared Values**

Each value expresses what we stand for and how we will work together as a collective, while supporting our distinct identities as local NHS charities.

#### 1. United, Not Uniform

We stand together as Wales' NHS charities, presenting a consistent identity while preserving the unique local character of each organisation.

Under the NHS Charities in Wales brand, we will offer a wide range of opportunities for corporate engagement emphasising the national reach of the brand.

#### 2. Partners with a Shared Purpose

We collaborate jointly, pooling resources, sharing insight, and supporting each other to deliver greater impact across Wales.

Through coordinated campaigns and the use of shared digital platforms, we will create opportunities that maximise reach and efficiency. The aim is to ensure all participating charities can receive the shared benefits of joint activity.

#### 3. Proudly Welsh

We embrace and promote the Welsh language and culture in everything we do. To reflect the communities we serve and strengthen our connection with the people of Wales.

All shared campaigns will be developed bilingually from the outset, and storytelling reflects the diversity and richness of Welsh communities, delivering compelling stories about real people.

#### 4. Rooted in Community

Our work is grounded in the communities we serve. We listen, respond, and act in ways that reflect local priorities and voices.

With national campaigns, each individual charity will showcase local stories, needs, and successes, ensuring that each community sees the direct impact of charitable support in their own area.

#### 5. Transparent and Trustworthy

We operate with honesty, integrity, and accountability to earn the trust of our supporters, partners, and the NHS we serve.

We will develop the tools to support coordinated reporting on how our donations are being used and shared impact stories that demonstrate how charity funds enhance NHS services across Wales.

#### 6. Bold and Forward-Looking

We embrace creativity and innovation to grow sustainable income, strengthen engagement, and future-proof our work.

We will explore and test new fundraising approaches, digital tools, and partnership opportunities, sharing results and learning so that each charity can adapt ideas to fit its local priorities and audiences.

#### 7. A Stronger Voice for NHS Giving in Wales

We champion the value of charitable support for the NHS in Wales: locally, nationally, and with policymakers.

We collectively engage with the Welsh Government and NHS Wales Executive to ensure our role as partners is represented in national health strategies.

#### 8. Committed to Long-Term Impact

We focus on sustainable fundraising, legacy giving, and enduring partnerships that will deliver lasting benefits for the NHS in Wales.

Together we will develop initiatives that encourage long-term support, while ensuring each charity can direct resources to projects that reflect its local needs and ambitions.

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Charitable Funds Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Spending Plans over £25k
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gareth Lewis, Head of Financial Services & Accounting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

The Charitable Funds Committee continuously review spending plans of funds with balances over £25k and monitor these plans against spend to ensure that funds are spent in a timely manner.

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Aneurin Bevan University Local Board Charitable Fund holds a total value of £4.856m consisting of 389 individual funds as at 31.08.25. Of this, there are 37 funds that have balances over £25k representing 10% of the total number of funds held and 40% of the total value of funds held.

The Charitable Funds Committee want to ensure that expenditure from these funds is on a consistent and timely basis and wish to further develop plans to encourage spend. Monitoring actual expenditure against forecast spend allows the Committee to target those Fundholders whose funds remain unspent.

**Cefndir / Background**

An analysis of funds with balances over £25k is shown below:







<b>Analysis of Funds over £25k</b>	<b>31.03.22</b>	<b>31.03.23</b>	<b>31.03.24</b>	<b>31.03.25</b>	<b>31.08.25</b>
	£000's	£000's	£000's	£000's	£000's
<b>Value of Funds over £25k</b>	<b>2,954</b>	<b>3,099</b>	<b>2,563</b>	<b>2,205</b>	<b>1,951</b>
Number of funds over £25k	45	45	49	44	39
Funds added to over £25k category		6	4	3	2
Funds removed from over £25k category		-2	-9	-8	-4
<b>Number of Funds over £25k</b>	<b>45</b>	<b>49</b>	<b>44</b>	<b>39</b>	<b>37</b>

### Key points

- The value of funds over £25k has decreased by a third since the fund monitoring was introduced, reflecting increasing spend in that period.
- The remaining 37 funds consist of 13 restricted legacy funds totalling £611k (31% of the total) and 24 unrestricted funds totalling £1,343k (69% of the total).
- Grant funds are excluded from this exercise as they are already committed under the terms of their agreements.
- The property funds, the reserve fund, holding accounts and the Committee's own fund are also outside the scope of this exercise.

### Asesiad / Assessment

The spending plans are summarised in appendix A against details of current fund balances and end of year balances over the past 4 years. A traffic light system has been introduced to the document to show the status of each fund:

	The fund has achieved a 60% reduction or more of its original balance.
	The fund has not achieved a reduction of 60% of its balance but there is evidence to support that the fund is being used regularly and the target is likely to be achieved; either through the Fundholder's attendance at a committee meeting or through sight of requisitions for goods and services.
	The fund balance has only been reduced between 10% and 40% and is being closely monitored.
	The fund has reduced by less than 10% of its balance and the Fundholder will be asked to attend a Charitable Funds Committee meeting to discuss how they can be supported to spend their fund.



At the end of a five-year monitoring process, any funds in the red zone will revert to the control of the Charitable Funds Committee.

**Argymhelliad / Recommendation**

The Charitable Funds Committee is asked to discuss this report to see how they can further ensure funds are spent in a timely manner.

**Amcanion: (rhaid cwblhau)  
Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

**Gwybodaeth Ychwanegol:  
Further Information:**

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	



Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<p><b>Is EIA Required and included with this paper</b> <b>No does not meet requirements</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>	<p>Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Choose an item.</p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>



Spending Plans over £25k

No	Department	Fund Details	Balance					Plans	Status	Attended Committee
			31.03.22 £000's	31.03.23 £000's	31.03.24 £000's	31.03.25 £000's	31.08.25 £000's			
1	Nursing	F112 ABUHB NURSE CONFERENCE	27	-	-	-	-	Fund under £25k		
2	Facilities	F134 ABUHB FACILITIES	-	25	-	-	-	Fund under £25k		✓
3		F140 ABUHB MEDIA FUND	-	63	62	-	-	Fund spent and closed		✓
4	General Surgery	F295 ABUHB THE CARE PROJECT	44	119	105	66	65	Ongoing, used for student bursaries. Partnered with Shaw Foundation for past 5 years but this funding may be coming to an end.		✓
5	Postgraduate	F043 ABUHB POSTGRADUATE FUND	107	62	56	54	54	Currently looking at refurbishing office furniture and restocking library with books and journals. Courses still run through these funds so levels fluctuate monthly depending on course income and costs.		
6		F051 RGH PG POSTGRADUATE NO 1 ACCOUNT	49	47	50	50	48			
7		F057 RGH PG MRCOG	29	29	28	-	-	Fund under £25k		
8		F059 RGH POSTGRADUATE NO 2 A/C	-	-	26	31	-	Fund under £25k		
9	Person Centred Care	F102 CHAPLAINCY SERVICE	-	-	-	31	27	Fund merged with F103		✓
10		F103 ABUHB CHILL OUT IN THE CHAPEL	28	28	-	-	-	Fund closed and merged with F102 (above)		✓
11		F105 ABUHB VOLUNTEERING (CORPORATE)	58	71	31	36	32	Still supporting staff salary re ongoing project and volunteer expenses		✓
12		F702 ABUHB PERSON CENTRED CARE FUND	83	65	-	81	73	Still supporting staff salary re ongoing project		✓
13		F713 ABUHB FFRIND I MI VOLUNTEER SERVICE	83	64	28	-	-	Fund spent and closed		✓
14		F715 ABUHB DEMENTIA FUND	-	39	38	-	-	Fund under £25k		✓
15	Breast Care	F298 LEGACY RGH BREAST G S WATKINS	61	61	59	56	56	This fund will close shortly as this money will be used towards equipment purchased from F303 for £66k		
16		F300 NHH BREAST CARE FUND	45	46	43	-	-	Fund closed and merged with F303(below)		
17		F301 RGH BREAST CARE UNIT	72	70	68	-	-	Fund closed and merged with F303(below)		
18		F303 ABUHB BREAST CENTRE	236	261	260	351	204	This will be the only Breast Care fund remaining and will be used for ongoing purchases for the unit. They are considering trialling a new patient portal for breast and would need a HCSW to manage patient queries		
19	Paediatrics	F207 LEGACY RGH CHILDREN'S WARD - H M MILSOM	150	106	97	69	57	The unit has depleted its own charitable fund and are now reliant on this legacy fund. No plans other than replenishing toys, arts and crafts and other activities for the children and supporting staff training		
20	Neonatal	F231 ABUHB DINKY DRAGONS	41	46	55	31	-	Fund under £25k		
21	Sexual Health	F240 ABUHB COMMUNITY GYN&E & FAMILY PLANNING	-	-	-	-	34	Invoices raised for courses and sponsorship has put the balance of this fund over £25k and the cost of the courses has yet to be incurred		
22	Bladder & Bowel	F241 ABUHB BLADDER & BOWEL NURSING FUND	35	27	-	-	-	Fund under £25k		✓
23	Critical Care	F265 ABUHB GUH CRITICAL CARE UNIT	83	65	-	-	-	Fund under £25k		
24	Haematology	F270 NHH CLINICAL HAEMATOLOGY	39	39	38	35	35	Funds were being held to go towards new cancer unit at Nevill Hall but unit is currently on hold, awaiting update		
25		F273 RGH WARD B6 NORTH - HAEMATOLOGY	48	45	44	38	32			
26		F277 NHH WINDSOR SUITE	52	54	52	38	36			
27		F278 LEGACY RGH HAEM G S WATKINS	61	61	59	56	56			
28	Vascular Surgery	F306 RGH VASCULAR LABORATORY	34	34	32	31	31	Attending 30 Sept 2025 meeting		
29	Orthopaedics	F327 RGH CASTING TECHNIQUES COURSE	103	104	110	102	102	Fundholder attended CFC meeting last month and presented plans to expand the service, equipping a new training room and also using the fund to support an uplift in salary		✓
30	Rheumatology	F340 ABUHB RHEUMATOLOGY	58	58	55	53	53	Following attendance at CFC meeting, they purchased 2 scanners for RGH and NHH. No significant purchases planned, department use very little in terms of equipment. Fund is being closely monitored and Fundholder will be prompted to spend.		✓
31		F342 LEGACY NHH RHEUM I M MORRIS	100	86	83	51	51			✓

No	Department	Fund Details	Balance					Plans	Status	Attended Committee
			31.03.22 £000's	31.03.23 £000's	31.03.24 £000's	31.03.25 £000's	31.08.25 £000's			
32	Ophthalmology	F386 RGH POST GRADE EYE	88	89	34	37	33	Having spent most of their funds recently on equipment, fund will be used to support training and further equipment requests as they arise		
33		F387 LEGACY RGH EYE G M GUNTER	30	30	-	-	-	Fund spent and closed		
34	Urology	F400 RGH RLG UROLOGY FUND	43	43	-	-	-	Fund under £25k, purchased robotic equipment		
35		F401 ABUHB UROLOGY BLADDER CANCER FUND	-	-	-	26	26	Donation from an anonymous patient given specifically for bladder cancer, directorate deciding how best to utilise		
36		F407 RGH WINDSOR BOWSER PROSTATE CANCER FUND	62	63	56	-	-	Fund under £25k, purchased robotic equipment		
37	Renal Unit	F411 LEGACY RENAL NEWPORT G BEST	75	74	70	68	68	The renal unit is privately run and there are no plans for any large purchases in the near future. As well as this legacy they also have another unrestricted fund for the department which is used for small purchases.		
38		F417 LEGACY RENAL MAMHILAD P MANNING	-	-	33	31	31	As F411 above		
39	Nephrology	F414 LEGACY B E WOODS RENAL	40	35	34	26	-	Fund under £25k		
40	Dietetics	F432 RGH DIETETIC FUND	-	-	25	-	-	Fund under £25k		
41		F435 ABUHB DIET SHEET	26	-	-	-	-	Fund under £25k		
42	YAB	F550 BG YAB HOSPITAL FUND	48	37	-	-	-	Fund under £25k		
43	Palliative	F583 LEGACY NHH PALLIATIVE CARE I M MORRIS	29	29	28	27	27	To be invited to next CFC meeting		
44	Oncology	F586 NHH ONCOLOGY REHAB	76	76	81	57	57	Funds were being held to go towards new cancer unit at Nevill Hall but unit is currently on hold, awaiting update. The department required various items of equipment so funds were utilised last year for this.		
45	Monmouth Community Nurses	F660 MON CHIPPENHAM COMM E32	72	66	60	57	56	Recent requests received for laptop purchases and staff team building/training. Consideration being given to extending to other community nurse areas		
46	Chepstow Community Hospital	F018 LEGACY CCH GEN R W JONES	-	52	39	38	35	Recently purchased recliner chair £3k.		
47	Springfield Unit	F010 LEGACY STW GEN G S WATKINS	-	26	-	-	-	Fund under £25k		✓
48		F696 STW SPRINGFIELD COMM WARD PROJECT	111	111	108	96	96	Fundholders have attended CFC twice but changes in circumstances have changed plans. Now situated in a refurbished ward in RGH, plan to use it for team building and support and staff asked to suggest where funds could be used. Fund is being closely monitored and Fundholder will be prompted to spend.		✓
49	Diabetes & Cardiovascular	F770 YF DIABETES & CARDIOVASCULAR R & D	55	52	50	48	36	Attended CFC meeting with plans to spend all of the fund on a thyroid research project. We have received one invoice and are expecting a further two in October		✓
50	Cardiology	F804 GUH B2 ACUTE CARDIAC UNIT ACU	-	-	-	-	78	Balance over £25k due to large donation of £71k from "Be Happy" for ECG machines that are on order		✓
51		F811 LEGACY RGH CCU ARTHUR HENRY MORGAN	116	141	60	44	32	Fund to be used for future equipment requirements		✓
52		F812 LEGACY NHH CARDIO V WILLIAMS	-	45	44	42	-	Fund under £25k		✓
53		F813 LEGACY NHH CCU M T SPENCER-JONES	75	70	67	63	43	Fund to be used for training in the cardiology department		✓
54	Diabetes	F816 NHH WENDY BOWEN TRUST DIABETES FUND	34	30	29	30	30	The service has moved to a new diabetes centre located in Gilwern Ward. It was expected that the funds would be used towards this but funds were made available through capital, revenue and donations from external charities.		
55		F817 LEGACY NHH DIAB G M GUNTER	30	30	29	27	27	Once settled in, will agree how best to use funds.		
56		F818 LEGACY RGH EJ WATKINS	32	31	28	26	26			
57	Gastroenterology	F831 LEGACY GASTROENTEROLOGY FELLOWSHIP	100	110	106	102	102	Attending 30 Sept 2025 meeting		✓
58	Workforce & OD	F871 ABUHB EMPLOYEE WELL BEING SERVICE	86	84	61	54	55	Fund has ongoing salary commitments for staff wellbeing as presented previously at a CFC meeting		✓
59	Pharmacy	F477 ABUHB PHARMACY	-	-	42	46	47	To be invited to next CFC meeting		
		<b>TOTAL</b>	<b>2,954</b>	<b>3,099</b>	<b>2,563</b>	<b>2,205</b>	<b>1,951</b>			

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Charitable Funds Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Draft Annual Accounts & Annual Report 2024-25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gareth Lewis, Head of Financial Services & Accounting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

This report gives an overview of the Draft Annual Accounts and Annual Report for the year ending 31 March 2025 for Aneurin Bevan University Health Board Charitable Fund and Other Related Charities and highlights the key issues that are contained in the accounts.

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

Aneurin Bevan University Health Board, as corporate trustee of its charitable funds, must file accounts for the year ended 31 March 2025 with the Charities Commission before 31 January 2026. The draft accounts and annual report are attached and will be subject to external audit by Audit Wales. The audit process is planned to start in November.

**Cefndir / Background**

This report presents the draft Annual Accounts and Annual Report of the charity for 2024/25.

**Asesiad / Assessment**

**1. Annual Accounts**

The detailed accounts are shown at Appendix 1 and the following are key points to note from the accounts for 2024/25:



Statement of Financial Activities for year ended 31 March 2025: (Page 2 of Accounts)

**The 2024/25 financial year saw an increase in expenditure by the charity alongside a reduction in income received. These factors, together with a significant unrealised loss on the charity's investment portfolio has meant a net decrease for the year of £808K.**

**The total funds carried forward at the end of 2024/25 is £4,956k.**

Income from Donations, Legacies and Grants (Note 4, Page 10 of Accounts)

Income from Donations, legacies and grants has decreased by £94K from the previous year to £413K. There were 2 legacies received in the year.

Income from Charitable Activities (Note 5, Page 10 of Accounts)

Income from courses has increased by £56k from the previous year due to an increase in the number of courses held. Other income is £0k for 2024/25.

Investment Income (Note 7, Page 10 of Accounts)

Investment income has decreased by £22K from the previous year to £189K due to a decrease in the income received from the investment portfolio.

Expenditure (Page 2 of Accounts and Notes 8 & 9, Page 11 of Accounts)

Expenditure has increased by £137K. The main increase in spend relates to patient and staff education & welfare and the purchase of equipment.

**The net impact of income and expenditure is a decrease in funds of £587k before investment losses, compared with a decrease of £381k in the previous year. (Page 2 of Accounts)**

Loss on Investment Assets (Page 2 of Accounts)

During the year there has been a net loss of £221K on investments which is mainly with CCLA reflecting stock market decreases on underlying investments.

The Charity released £900k of our investment holdings in 2024/25 to support the increase in expenditure on funds in the year.



Alongside the stock market decreases since the previous year this has resulted in a decrease in our CCLA investments from £5,477K on 1st April 2024 to £4,419K on 31<sup>st</sup> March 2025 (*Note 16, Page 13 of Accounts*).

***The net movement in funds for the year is therefore a decrease of £808k between 2023/24 and 2024/25. (Page 2 of Accounts)***

Balance Sheet as at 31 March 2025 (*Page 3 of Accounts*)

Net assets / liabilities have decreased by £808K reflecting the decrease in funds during the year. The main movements in the balance sheet consist of a decrease in the value of the CCLA investments offset by an increase in creditors. The balance sheet movements are as follows:

	<b>£000</b>
Investments	-1121
Decrease in Cash Balances	-124
Increase in Debtors Balances	34
Decrease in Creditors Balances	403
<b>Total</b>	<b>-808</b>

The following table gives a more detailed breakdown of fixed assets (*Note 16, Page 13 of Accounts*):

	<b>Balance 1 Apr 2024 £000</b>	<b>Disposals £000</b>	<b>Realised Gains / (Losses) £000</b>	<b>Unrealised Gains / (Losses) £000</b>	<b>Balance 31 Mar 2025 £000</b>
<b>Fixed Asset Investments</b>					
<b>Investments</b>					
CCLA	5,477	- 900	-	- 158	4,419
	5,477	- 900	-	- 158	4,419
<b>Property</b>					
13 Clytha Square	250	-	63	-	187
TP Price - Strip of land Oakdale	55	-	-	-	55
	305	-	63	-	242
<b>Other</b>					
Painting	25	-	-	-	25
<b>Total per Note 16 of the Accounts</b>	<b>5,807</b>	<b>- 900</b>	<b>- 63</b>	<b>- 158</b>	<b>4,686</b>

Cash Balances (*Note 18, Page 14 of Accounts*)

Cash at 31 March 2025 totalled £517K as follows:

	<b>£000</b>
NatWest Current Account	516
Petty Cash	1
<b>Total</b>	<b>517</b>



## 2. Annual Report

The Trustees Annual Report is shown at Appendix 2 and is subject to audit, by Audit Wales, in conjunction with the Annual Accounts.

## 3. Audit Enquiries of Management and those Charged with Governance

As part of their annual audit process, Audit Wales requested documented consideration and understanding on a number of governance areas that impact on the audit of the financial statements. These considerations are relevant to both the management of Charity and those charged with governance (the Board and Charitable Funds Committee).

The information provided helps inform the auditors' understanding of the Charity and its business processes and supported their work in providing an audit opinion on the 2024/25 financial statements.

The completed document is shown at Appendix 3.

## 4. Next Steps and Actions

The Annual Accounts and Annual Report have been forwarded to Audit Wales. Audit Wales have indicated that the main audit will begin at the start of November. Once the audit is complete, the final Accounts and Annual Report will be presented to the Board for approval at the meeting in January.

The final step will be to file the Annual Accounts and the Annual Report with the Charity Commission before the 31<sup>st</sup> January 2026 deadline, and the accounts and annual report will then be available on the Charity Commission website.

### Argymhelliad / Recommendation

The Charitable Funds Committee is asked to note this report and to provide comments on the Annual Accounts and any suggested changes or amendments to the Annual Report of the charity for 2024/25.

### **Amcanion: (rhaid cwblhau) Objectives: (must be completed)**

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

The monitoring and reporting of committee business is a key element of the Health Boards assurance framework



Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Yes, outlined within the paper
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>



**Deddf Llesiant  
Cenedlaethau'r Dyfodol – 5  
ffordd o weithio  
Well Being of Future  
Generations Act – 5 ways  
of working**

<https://futuregenerations.wales/about-us/future-generations-act/>

Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies  
Choose an item.



Aneurin Bevan University Local Health Board Charitable Fund and Other  
Related Charities

The accounts for Funds Held on Trust.

**FOREWORD**

The Charity's accounts and annual report for the year ended 31st March 2025 have been prepared by the Corporate Trustee in accordance with the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2008.

**STATUTORY BACKGROUND**

Aneurin Bevan University Local Health Board is the Corporate Trustee of the Funds Held on Trust under the National Health Service (Wales) Act 2006.

The Aneurin Bevan University Local Health Board and Other Related Charities registered with the Charity Commission on 7th January 2011, registration number 1098728.

## Statement of Financial Activities for the year ended 31 March 2025

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2024-25 £000
<b>Incoming resources from generated funds:</b>				
Donations, legacies and grants	4	168	245	413
Charitable activities	5	205	0	205
Investments	7	189	0	189
<b>Total incoming resources</b>		<b>562</b>	<b>245</b>	<b>807</b>
<b>Expenditure on:</b>				
Raising Funds	8	11	0	11
Charitable activities	9	959	424	1,383
<b>Total expenditure</b>		<b>970</b>	<b>424</b>	<b>1,394</b>
Net gains / (losses) on investments	16	(221)	0	(221)
<b>Net income / (expenditure)</b>		<b>(629)</b>	<b>(179)</b>	<b>(808)</b>
Transfers between funds	22	0	0	0
<b>Net Movement in funds</b>		<b>(629)</b>	<b>(179)</b>	<b>(808)</b>
<b>Reconciliation of Funds</b>				
Total Funds brought forward	23	4,618	1,146	5,764
<b>Total Funds carried forward</b>		<b>3,989</b>	<b>967</b>	<b>4,956</b>

## Statement of Financial Activities for the year ended 31 March 2024

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2023-24 £000
<b>Incoming resources from generated funds:</b>				
Donations, legacies and grants	4	237	270	507
Charitable activities	5	158	0	158
Investments	7	211	0	211
<b>Total incoming resources</b>		<b>606</b>	<b>270</b>	<b>876</b>
<b>Expenditure on:</b>				
Raising Funds	8	10	0	10
Charitable activities	9	887	360	1,247
<b>Total expenditure</b>		<b>897</b>	<b>360</b>	<b>1,257</b>
Net gains / (losses) on investments	16	375	0	375
<b>Net income / (expenditure)</b>		<b>84</b>	<b>(90)</b>	<b>(6)</b>
Transfers between funds	22	3	(3)	0
<b>Net Movement in funds</b>		<b>87</b>	<b>(93)</b>	<b>(6)</b>
<b>Reconciliation of Funds</b>				
Total Funds brought forward	23	4,531	1,239	5,770
<b>Total Funds carried forward</b>		<b>4,618</b>	<b>1,146</b>	<b>5,764</b>

**Balance Sheet as at 31 March 2025**

	Note	Unrestricted funds £000	Restricted Income funds £000	Total 31 March 2025 £000	Total 31 March 2024 £000
<b>Fixed assets:</b>					
Investments	16	3,729	957	<b>4,686</b>	5,807
<b>Total fixed assets</b>		<b>3,729</b>	<b>957</b>	<b>4,686</b>	<b>5,807</b>
<b>Current assets:</b>					
Debtors	17	194	42	<b>236</b>	202
Cash and cash equivalents	18	405	112	<b>517</b>	641
<b>Total current assets</b>		<b>599</b>	<b>154</b>	<b>753</b>	<b>843</b>
<b>Liabilities:</b>					
Creditors: Amounts falling due within one year	19	338	145	<b>483</b>	886
<b>Net current assets / (liabilities)</b>		<b>261</b>	<b>9</b>	<b>270</b>	<b>(43)</b>
<b>Total net assets / (liabilities)</b>		<b>3,990</b>	<b>966</b>	<b>4,956</b>	<b>5,764</b>
<b>The funds of the charity:</b>					
Restricted income funds	23	0	966	<b>966</b>	1,146
Unrestricted income funds	23	3,990	0	<b>3,990</b>	4,618
<b>Total funds</b>		<b>3,990</b>	<b>966</b>	<b>4,956</b>	<b>5,764</b>

The notes on pages 5 to 17 form part of these accounts

Approved by the Trustees on XX January 2026 and signed on its behalf by:

Signed : .....

Name : ..... (Chair of Trustees)

**Statement of Cash Flows for the year ending 31 March 2025**

	Note	Total Funds 2024-25 £000	Total Funds 2023-24 £000
<b>Cash flows from operating activities:</b>			
<b>Net cash provided by (used in) operating activities</b>	21	<b>(1,213)</b>	<b>(122)</b>
<b>Cash flows from investing activities:</b>			
Dividend, interest and rents from investments	7	189	211
Proceeds from the sale of investments	16	900	25
<b>Net cash provided by (used in) investing activities</b>		<b>1,089</b>	<b>236</b>
<b>Change in cash and cash equivalents in the reporting period</b>		<b>(124)</b>	<b>114</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>	18	641	527
<b>Cash and cash equivalents at the end of the reporting period</b>	18	<b>517</b>	<b>641</b>

## **Note on the accounts**

### **1 Accounting Policies**

#### **(a) Basis of preparation**

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2019.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meets the definition of a public benefit entity under FRS 102.

#### **(b) Funds structure**

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified as a restricted fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals, grants and legacies for specified purposes.

Those funds which are not restricted income funds, are unrestricted income funds which are sub-analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the Charity's reserves. The major funds held in each of these categories are disclosed in note 23.

**(c) Incoming resources**

Income consists of donations, legacies, grants, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the Charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

**(d) Incoming resources from legacies**

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the Charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

**(e) Resources expended and irrecoverable VAT**

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

**(f) Support costs**

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 12.

**(g) Fundraising costs**

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The costs of generating funds consists of expenses for fundraising activities.

**(h) Charitable activities**

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 9.

**(i) Fixed Asset Investments**

Ethical Fund Investments are stated at mid-market value as at the balance sheet date, and Property Fund investments are stated at net asset value. Investment properties are included at their open market valuation. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

Quoted stocks and shares are included in the balance sheet at mid-market price, excluding dividend.

Other assets are valued on an open market basis by a professional valuer.

**(j) Debtors**

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

**(k) Cash and cash equivalents**

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due.

**(l) Creditors**

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

**(m) Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or purchase date if later).

**2. Key Judgements and Assumptions**

Average fund balances are used to apportion certain balances across restricted and unrestricted funds, which is deemed to be the most appropriate methodology to use.

There are no material assumptions judged to affect the 2024/25 accounts.

As at 31st March 2025, there is no other information to show that assets/liabilities would need to be materially adjusted during 2025/26.

**3. Related party transactions**

The Aneurin Bevan University Local Health Board is the sole beneficiary of the charity.

The charity had significant material transactions with Aneurin Bevan University Local Health Board as follows:

	2024-25		As at 31st March 2025	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Aneurin Bevan University Local Health Board	1,394	17	263	3

The Corporate Trustee has interests in related parties as follows:

Member	Related Organisation	Relationship with Related Party	2024-25		As at 31st March 2025	
			Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
			£000	£000	£000	£000
Penny Jones	Monmouthshire County Council	Councillor	0	0	0	0

The Corporate Trustee has interests in a number of related parties. All transactions with those related parties have been reviewed and there are nil transactions except for those listed above.

The value of expenditure paid to Monmouthshire County Council was less than £500 and therefore rounds to £0 in the above table.

**3. Related party transactions (continued)**

In 2023-24 the charity had significant material transactions with Aneurin Bevan University Local Health Board as follows:

	2023-24		As at 31st March 2024	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Aneurin Bevan University Local Health Board	1,257	39	378	8

The Corporate Trustee has interests in related parties as follows:

Member	Related Organisation	Relationship with Related Party	2023-24		As at 31st March 2024	
			Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
			£000	£000	£000	£000
Nicola Prygodzicz	Velindre NHS Trust	Sister is a Senior Nurse in the Corporate Nursing Team	4	0	1	0
Penny Jones	Monmouthshire County Council	Councillor	1	0	0	0
Martin Blakebrough	Kaleidoscope Project	Chief Executive	0	0	0	0

The Corporate Trustee has interests in a number of related parties. All transactions with those related parties have been reviewed and there are nil transactions except for those listed above.

The value of income from Kaleidoscope Project was less than £500 and therefore rounds to £0 in the above table.

#### 4. Income from donations, legacies and grants

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Donations	168	0	168	237
Legacies	0	10	10	44
Grants	0	235	235	226
	<b>168</b>	<b>245</b>	<b>413</b>	<b>507</b>

#### 5. Income from charitable activities

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Course income	205	0	205	149
Other income	0	0	0	9
	<b>205</b>	<b>0</b>	<b>205</b>	<b>158</b>

#### 6. Role of volunteers

Volunteers have the trust and understanding of the community and are invaluable in engaging with our patients and providing support to paid professionals . The services they provide include:

- welcome services at our hospitals, directing patients and visitors
- befriending service for patients in our hospitals and nursing homes
- end of life companion support for patients in our hospitals
- operating buffet /coffee bars through volunteer organisations such as the League of Friends
- raising funds to purchase equipment across our hospitals.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

#### 7. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Fixed asset equity and similar investments	168	0	168	189
Short term investments, deposits and cash	21	0	21	22
	<b>189</b>	<b>0</b>	<b>189</b>	<b>211</b>

## 8. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Fundraising office	0	0	0	0
Fundraising events	0	0	0	0
Investment management	0	0	0	0
Support costs	11	0	11	10
	<u>11</u>	<u>0</u>	<u>11</u>	<u>10</u>

The investment management fee is shown as nil as this is deducted from capital held by the investment management company.

Note 12 sets out an analysis of support costs

## 9. Analysis of charitable activity

Split by activity	Grant funded activity £000	Support costs £000	Total 2024-25 £000	Total 2023-24 £000
Purchase of equipment	369	47	416	299
Building and refurbishment	39	5	44	189
Staff education and welfare	371	47	418	327
Patient education and welfare	449	56	505	432
	<u>1,228</u>	<u>155</u>	<u>1,383</u>	<u>1,247</u>

Support costs are allocated here as a proportion of the charitable activities listed  
Note 12 sets out an analysis of support costs

Split by fund type	Grant funded activity £000	Support costs £000	Total 2024-25 £000	Total 2023-24 £000
Restricted Funds	383	41	424	360
Unrestricted Funds	845	114	959	887
	<u>1,228</u>	<u>155</u>	<u>1,383</u>	<u>1,247</u>

## 10. Analysis of grants

The majority of grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The charity makes grants to individuals from one specific fund which is used to support nominated medical students from deprived areas. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity is disclosed in note 9.

The trustees operate a scheme under which Fund Holders control how the Charity's designated funds should be spent. The day to day disbursements are in accordance with the directions set out by the trustees in the Charity's Standing Orders and Financial Instructions.

Where undesignated funds exist, the trustees do make grant awards based on applications from across the Health Board.

### 11. Movements in funding commitments

	Current liabilities	Non-current liabilities	Total 31 March 2025	Total 31 March 2024
	£000	£000	£000	£000
Opening balance at 1 April	375	0	375	563
Movement in funding commitments	(285)	0	(285)	(188)
<b>Closing balance at 31 March 2025</b>	<b>90</b>	<b>0</b>	<b>90</b>	<b>375</b>

As described in notes 9 and 10, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants are paid over a longer period.

### 12. Apportionment of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity.

	Raising funds	Charitable activities	Total 2024-25	Total 2023-24	Basis
	£000	£000	£000	£000	
<b>Governance</b>					
External audit	1	19	20	19	Average fund balance
Finance and administration	4	79	83	82	Average fund balance
<b>Total governance</b>	<b>5</b>	<b>98</b>	<b>103</b>	<b>101</b>	
Finance and administration	6	57	63	59	Average fund balance
<b>Total Finance and Administration</b>	<b>6</b>	<b>57</b>	<b>63</b>	<b>59</b>	
	<b>11</b>	<b>155</b>	<b>166</b>	<b>160</b>	

	Unrestricted funds	Restricted Income funds	Total Funds 2024-25	Total Funds 2023-24
	£000	£000	£000	£000
Raising funds	11	0	11	10
Charitable activities	125	30	155	150
	<b>136</b>	<b>30</b>	<b>166</b>	<b>160</b>

### 13. Trustees' remuneration, benefits and expenses

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.

### 14. Analysis of staff costs

The charity has no employees. Staff services are provided to the charity by Aneurin Bevan University Local Health Board, the Corporate Trustee of the charity, which has received reimbursement of £451,295 (2023-24: £414,818) for these services.

**15. Auditors remuneration**

The auditors remuneration of £20,099 (2023-24: £19,764) related solely to the audit of the statutory annual report and accounts.

**16. Fixed asset investments****Movement in fixed assets investments**

	Investment Properties £000	Investments Listed on Stock Exchange £000	Cash Held in Investment Portfolio £000	Other Assets £000	Total 2024-25 £000	Total 2023-24 £000
Market value brought forward	305	5,477	0	25	5,807	5,457
Add: additions to investments at cost	0	0	0	0	0	0
Less disposals at carrying value	0	(900)	0	0	(900)	(25)
Add any gain / (loss) on revaluation	(63)	(158)	0	0	(221)	375
Movement of cash held as part of the investment portfolio	0	0	0	0	0	0
<b>Market value as at 31st March 2025</b>	<b>242</b>	<b>4,419</b>	<b>0</b>	<b>25</b>	<b>4,686</b>	<b>5,807</b>

All investments are carried at their market value.

The investment valuation has been performed by CCLA Investment Management Limited.

The valuation of investment properties, consisting of a property and a small parcel of land, is based on a professional assessment of market value, by independent RICS (Royal Institute of Chartered Surveyors) qualified valuers at least every five years.

The other asset relates to a painting which is valued by an independent auctioneer and valuer of art, pictures and collectables, every 5 years.

The significance of financial instruments to the ongoing financial sustainability of Aneurin Bevan University Health Board Charitable Fund is considered in the risk management section of the trustees' annual report.

The Charity receive the majority of their income in the form of donations. However, significant investments are made and are the source of the main financial risk.

Interest rate risk - the Charity is exposed to fluctuations in interest rates on the monies invested in deposits and the stock market.

Liquidity risk is the risk that the charity does not have sufficient available resources to enable it to meet its obligations as they fall due. The vast majority of expenditure is funded from donations and legacies and therefore the Charity is not exposed to significant liquidity risk. The Charity also holds around 6 months of expenditure in its cash balance to cover any short term fluctuations and holds a reserve to protect against any fluctuations in the value of investments. Investments can be converted into liquid cash easily and with

**17. Analysis of current debtors**

<b>Debtors under 1 year</b>	<b>Total 31 March 2025 £000</b>	<b>Total 31 March 2024 £000</b>
Accrued income	80	95
Trade Debtors	130	84
Prepayments	26	23
	<b>236</b>	<b>202</b>

**18. Analysis of cash and cash equivalents**

	<b>Total 31 March 2025 £000</b>	<b>Total 31 March 2024 £000</b>
Current Accounts	516	640
Petty Cash	1	1
	<b>517</b>	<b>641</b>

No cash or cash equivalents or current asset investments are held in non-cash investments or outside of the UK.

All of the amounts held on interest bearing deposit are available to spend on charitable activities.

**19. Analysis of liabilities**

<b>Creditors under 1 year</b>	<b>Total 31 March 2025 £000</b>	<b>Total 31 March 2024 £000</b>
Trade creditors	380	560
Deferred Income	78	305
Accruals	20	12
Other Creditors	5	9
<b>Total creditors</b>	<b>483</b>	<b>886</b>

**20. Analysis of Deferred Income**

	<b>Total 1 April 2024 £000</b>	<b>Deferred £000</b>	<b>Released £000</b>	<b>Total 31 March 2025 £000</b>
Grant Income	292	0	(228)	64
Other Income	13	14	(13)	14
	<b>305</b>	<b>14</b>	<b>(241)</b>	<b>78</b>

**21. Reconciliation of net income / expenditure to net cash flow from operating activities**

	<b>Total 2024-25 £000</b>	Total 2023-24 £000
<b>Net income / (expenditure) (per Statement of Financial Activities)</b>	<b>(808)</b>	<b>(6)</b>
<b>Adjustment for:</b>		
(Gains) / losses on investments	<b>221</b>	<b>(375)</b>
Dividends, interest and rents from investments	<b>(189)</b>	<b>(211)</b>
(Increase) / decrease in debtors	<b>(34)</b>	26
Increase / (decrease) in creditors	<b>(403)</b>	444
<b>Net cash provided by (used in) operating activities</b>	<b><u>(1,213)</u></b>	<b><u>(122)</u></b>

**22. Transfer between funds**

Transfers have been actioned between Unrestricted funds during 2024/25 to streamline the number of funds in line with the Charitable Funds Committee plans to merge and reduce the number of Charitable Funds.

**23. Analysis of funds**

**a. Analysis of restricted fund movements**

	<b>Balance 1 April 2024 £000</b>	<b>Income £000</b>	<b>Expenditure £000</b>	<b>Transfers £000</b>	<b>Gains and losses £000</b>	<b>Balance 31 March 2025 £000</b>
Gastroenterology Fellowship Legacy	106	0	(4)	0	0	102
Royal Gwent Childrens Ward Legacy	97	0	(28)	0	0	69
Renal Unit Legacy	70	0	(2)	0	0	68
Nevill Hall Coronary Care Legacy	67	0	(4)	0	0	63
Royal Gwent Haematology Legacy	59	0	(3)	0	0	56
Royal Gwent Breast Care Legacy	59	0	(3)	0	0	56
Nevill Hall Rheumatology Legacy	83	0	(32)	0	0	51
Other - 53 restricted designated funds	605	245	(349)	0	0	501
	<b><u>1,146</u></b>	<b><u>245</u></b>	<b><u>(425)</u></b>	<b><u>0</u></b>	<b><u>0</u></b>	<b><u>966</u></b>

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

We consider that a closing fund balance of £50,000 or greater are material for disclosure in these accounts.

### 23. Analysis of funds (continued)

The objects of each of the restricted funds are as follows:

The Gastroenterology Legacy fund was bequeathed to the charity to assist in colonoscopy practices within the Health Board.

The Royal Gwent Hospital Children's Ward Legacy Fund was bequeathed to the charity for the benefit of the Children's Ward. A proposal for the purchase of various equipment to improve patient care and access was approved by the Charitable Funds Committee.

The Renal Unit Legacy Fund was bequeathed to the charity for the purpose connected with the research and treatment of patients under haemodialysis treatment (kidney unit).

The Nevill Hall Coronary Care Legacy Fund was bequeathed to the charity for the use of the heart unit at the hospital.

The Royal Gwent Haematology Fund was bequeathed to the charity for the Haematology Unit at the Royal Gwent Hospital.

The Royal Gwent Breast Care Legacy Fund was bequeathed to the charity for the Breast Care Unit at the Royal Gwent Hospital.

The Nevill Hall Rheumatology Legacy Fund was bequeathed to the charity for the use of the Rheumatology department at the hospital.

The other 53 restricted funds also related to monies bequeathed to the charity for various wards and departments.

**23. Analysis of funds (continued)****b. Analysis of unrestricted and material designated fund movements**

	Balance 1 April 2024	Income	Expenditure	Transfers	Gains and losses	Balance 31 March 2025
	£000	£000	£000	£000	£000	£000
ABUHB Charitable Funds Reserves	597	184	0	(25)	(158)	598
ABUHB Breast Centre	260	15	(31)	106	0	350
Royal Gwent Property, 13 Clytha Square	250	0	0	0	(63)	187
Royal Gwent Casting Techniques Course	110	17	(25)	0	0	102
St Woolos Springfield Community Ward Project	108	0	(12)	0	0	96
ABUHB Patient Experience & Involvement Team	22	0	(26)	85	0	81
The Care Project	105	45	(84)	0	0	66
ABUHB Outpatients	81	0	(24)	0	0	57
Monmouth Chippenham Community Nurses	60	0	(3)	0	0	57
Royal Gwent Property, TP Price	55	0	0	0	0	55
ABUHB Post Graduate Fund	56	2	(4)	0	0	54
ABUHB Employee Well Being Service	61	54	(61)	0	0	54
ABUHB Rheumatology	55	0	(2)	0	0	53
Royal Gwent Post Graduate Fund	50	5	(5)	0	0	50
Other - 321 unrestricted designated funds	2,748	240	(692)	(166)	0	2,130
	<b>4,618</b>	<b>562</b>	<b>(969)</b>	<b>0</b>	<b>(221)</b>	<b>3,990</b>

The trustees have delegated all unrestricted funds as designated funds to the ward or department the donations were intended for.

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

We consider that a closing fund balance of £50,000 or greater are material for disclosure in these accounts.

**24. Events after the reporting period**

In April 2025 the Charity sold 13 Clytha Square, one of its investment properties. The sale value of this investment property is reflected as the carrying value held at year end in Note 16. The actual sale will be shown in the 2025/26 Annual Accounts.

World and political events are likely to continue to cause fluctuation in the markets and impact on our investments in 2025/26.

## Statement of Trustee's Responsibilities

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the year and its financial position at the end of the year. In preparing financial statements giving a true and fair view, the Trustee should follow best practice and :

- select suitable accounting policies and apply them consistently;
- observe the methods and principles of the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity and which enable them to ascertain the financial position of the charity and which enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. The Trustee is responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee confirms that they have complied with the above requirements.

### By order of the trustee

Ann Lloyd  
Trustee

Rob Holcombe  
Financial Trustee

Dated: XX January 2026

## **The independent auditor's report of the Auditor General for Wales to the trustee of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities**

### **Opinion on financial statements**

I have audited the financial statements of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2025 under the Charities Act 2011.

The financial statements comprise the Statement of Financial activities, Balance Sheet, Statement of Cash Flows and related notes, including the material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2025 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

### **Basis for opinion**

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

### **Conclusions relating to going concern**

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

### **Other information**

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

### **Matters on which I report by exception**

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustees' report.

### **Responsibilities of the trustee for the financial statements**

As explained more fully in the statement of trustee's responsibilities, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustee determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the trustee anticipate that the services provided by the charity will not continue to be provided in the future.

### **Auditor's responsibilities for the audit of the financial statements**

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management and those charged with governance, including obtaining and reviewing supporting documentation relating to Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities' policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances on non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals.
- Obtaining an understanding of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities' framework of authority as well as other legal and regulatory frameworks that the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities operated in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the charity.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the trustee;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities' controls, and the nature, timing and extent of audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Other auditor's responsibilities**

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Adrian Crompton  
Auditor General for Wales  
XX January 2026

24 Cathedral Road  
Cardiff  
CF11 9LJ

# 2024-2025



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Annual Report & Accounts

**Aneurin Bevan University Local Health Board  
Charitable Fund and Other Related Charities**

**Trustee's Annual Report and Accounts  
2024-2025**

**Registered Charity No: 1098728**



# Aneurin Bevan Health Charity

## About Us

We are a registered charity, receiving monies given to Aneurin Bevan University Local Health Board from grateful patients, their loved ones and the wider community; thanking us for the NHS care and treatment they receive.

## Our NHS Health Board

Aneurin Bevan University Local Health Board was established in October 2009 and achieved 'University' status in December 2013.

The Health Board serves the population of Gwent of just over 600,000, which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The demographics of Gwent are varied and include rural countryside areas, urban centres and the most easterly of the South Wales valleys.

The Health Board is the largest employer in Gwent, with a budget of just over £1.7 billion, employing 13,424 whole time equivalent (WTE) staff (17,111 people at the end of March 2025) and providing an exceptional workplace to start, grow and build a career.

The workforce is ageing, as is the demographic profile of our population and the health inequalities of our population are also found within our workforce and 80% of our staff live within our communities. Therefore, it is essential that staff health and wellbeing is a key priority and a feature of the Health Board's preventative plans.

## Introduction to the Annual Report & Accounts

By law, every charity must prepare annually a set of accounts and an annual report which is subject to audit by an independent auditor and should explain to the reader what the charity's purpose is; where the charity gets its money from; how the charity spends its money; what the charity achieved during the year and what plans it has for the future.

**We present the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities Annual Report together with the audited financial accounts for the year ending 31<sup>st</sup> March 2025.**



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## Message from the Chief Executive

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### *Croeso / Welcome*

*I want to start by thanking you all for your continued support in making donations, leaving gifts in your will and generating funds for our Charity over what has been a particularly challenging time. I truly appreciate everything you do to enable us to provide those added extras that make a difference to our patients, our staff and our services.*

*Our population is growing and ageing, demand for services is increasing, and we need to adapt to new challenges and opportunities, along with technological and medical advancements. We are shifting our focus beyond just treating illness and looking at how we can help keep people well, reduce health inequalities, and improve access to care.*

*We continue to look to charitable funds to support us in this, funding numerous initiatives as shown below in the highlights of our past year.*

**Thank You**



**Nicola Prygodzicz**  
**Chief Executive, Aneurin Bevan University Health Board**

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## Message from Chair of the Charitable Funds Committee

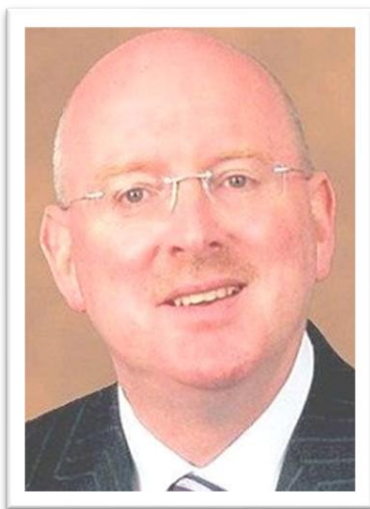
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I would like to take this opportunity to thank all members of the public, patients and their family and friends, staff and others who have raised and donated funds to Aneurin Bevan Health Charity, the registered charity of Aneurin Bevan University Health Board.

The funds really do make a difference, helping to improve the quality of life for our patients and individuals from the Aneurin Bevan University Health Board Community, as well as supporting our staff who deliver such wonderful care and treatment.

Throughout this report we provide an overview of the Charity's achievements over the period April 2024 to March 2025. Your contributions have allowed us to fund many projects and items of equipment, and this great work is evidenced through the stories and information presented here.

The Charitable Funds Committee has the responsibility of administering the Charity and ensures that there are policies and procedures in place in relation to legislative framework, ensuring funds are used for public benefit. The Charity is also audited annually by Audit Wales.



**Paul Deneen**  
Chair of the Charitable Funds Committee

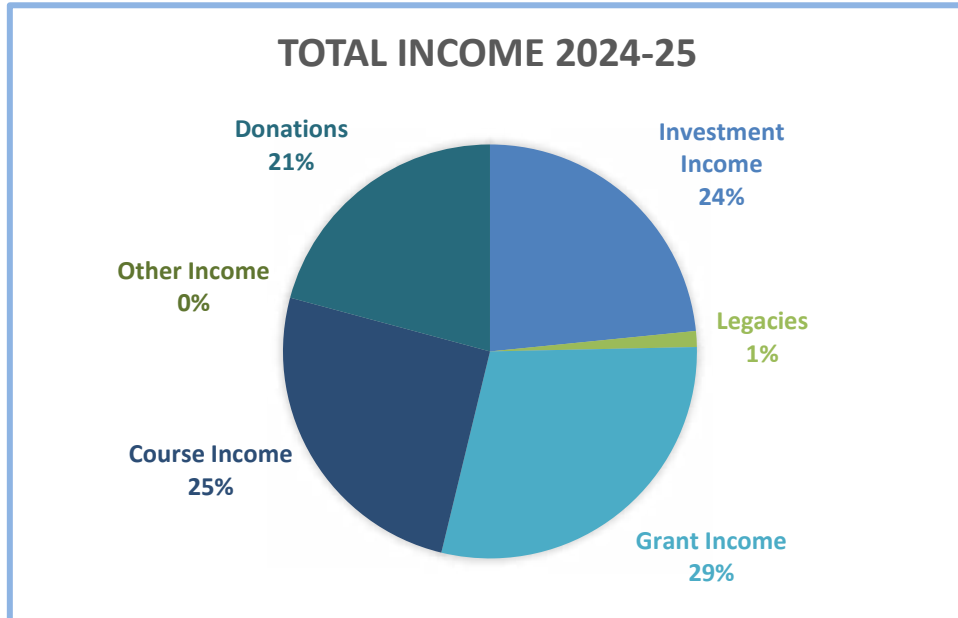
I would like to thank all members of the committee for their input and advice over the past 12 months. I also place on record my particular thanks to all the staff at ABUHB and to all others who have been involved with the Charity's work, for their support and professionalism, which has been much appreciated. I am very pleased to present this Annual Report for the year ended 31st March 2025.

Diolch yn Fawr / Thank you

## 2024-2025 At a Glance

### INCOME

This year we received **£807,000**



### DONATIONS £168,000

We are so grateful for the donations we receive thanks to the generosity of patients, their relatives and friends in recognition of the care and treatment received from Aneurin Bevan University Local Health Board.

### LEGACIES £10,000

We are extremely grateful to those individuals who choose to leave a gift to us in their will.

### GRANT INCOME £235,000

This money is received from external organisations to fund specific schemes / projects. Most of this funding was received from NHS Charities Together (NHS CT).

### COURSE AND OTHER INCOME £205,000

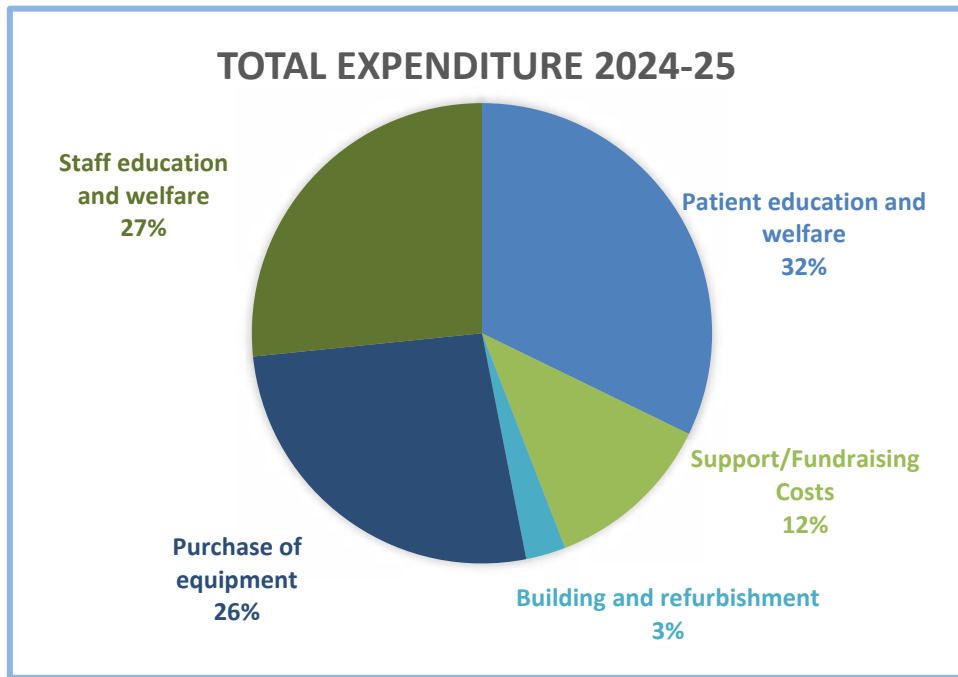
Fees and sponsorship received from in-house conferences and training courses.

**INVESTMENT  
INCOME  
£189,000**

We received this from our investment portfolio. This was down by £22,000 on last financial year.

**This year we spent £1,394,000**

**EXPENDITURE**



The majority of this relates to staffing costs to support various projects such as meaningful activities, local specialist suicide bereavement service, psychological support for patients accessing cancer services, volunteer initiatives and our decarbonisation project. It also consists of various therapies, seasonal activities, support groups, volunteer expenses and other items of expenditure to benefit patients including purchasing Christmas gifts for those patients in hospital during the festive season.

**PATIENT  
EDUCATION &  
WELFARE  
£449,000**

This was spent on a range of varied equipment across the Health Board, additional equipment support by League of Friends and including the purchase of defibrillators and cabinets in the community from our Jack's Appeal Fund.

**PURCHASE OF  
EQUIPMENT  
£369,000**

The main items consist of conferences and training course fees, both in-house and external and related travelling expenses, subsistence and accommodation, support for staff well-being, Counselling Service, Staff Recognition Awards and medical student bursaries.

**STAFF  
EDUCATION &  
WELFARE  
£371,000**

We spent this mainly on various small projects including garden projects, improving the environment, making it better for our patients, staff and visitors.

**BUILDING &  
REFURBISHMENT  
£39,000**

This covers the cost of the Charitable Funds Team, Corporate support and auditor fee in administering the funds.

**SUPPORT COSTS  
£166,000**

***Charitable Funds are spent in line with the Charity's objects and are intended to provide those additional amenities that will improve the conditions under which patients are cared for and treated or staff work***

**KEY  
PURCHASE**

**2 x Bladder scanners for Acute Medical Unit, Nevill Hall Hospital**



Bladder scanners are portable, handheld ultrasound devices which can perform quick, easy and non-invasive scans of the bladder and is painless for the patient. It can be used to help identify bladder distension, causes of urinary frequency and bladder irritability and is useful in assisting with accurate assessments of hydration status. The purchase of additional bladder scanners enables the nursing staff to use them at the patient's bedside which is beneficial to both patients and staff.

Both these machines were purchased by Nevill Hall Hospital League of Friends.

**KEY  
PURCHASE**

**2 x ECG Machines for Acute Medical Unit (AMU) and Haematology Day Unit, Nevill Hall Hospital**

An ECG machine records and monitors cardiac rhythms and can identify if a patient is having a heart attack and the necessary treatment can be applied.

The AMU machine was purchased by Nevill Hall League of Friends.

**KEY  
PURCHASE**

**Ocular Response Analyser for Ophthalmology, Llanwenarth Suite, Nevill Hall Hospital**



**Now we have two!**

We purchased an Ocular Response Analyser last year for the Eye Clinic in Royal Gwent Hospital and this year the League of Friends kindly purchased one for Nevill Hall Hospital.



This equipment is used in assessing the eye condition, Glaucoma. More common in adults in their 70s and 80s, where the optic nerve that connects the eye to the brain becomes damaged. It is caused by a fluid build-up at the front of the eye which increases the pressure inside the eye.

**Key  
Purchase**

**28 x Televisions, Brackets & Installation in Bedwas Ward, Ysbyty Ystrad Fawr**

Bedwas ward was a short stay ward with patients expected to stay no longer than 72 hours. Since the pandemic the ward has been redefined and now looks after medical patients who have similar length of stays to other in-patient medical wards at the hospital, so the ward needed Televisions for the patients in the 28 individual rooms.

**KEY  
PURCHASE**

**Thera Trainer for Ward C5 East, Royal  
Gwent Hospital**



The Thera Trainer is used as part of the treatment for patients to enhance their overall rehabilitation in a cohort of patients where achieving aerobic activity can be challenging.

**KEY  
PURCHASE**

**Sensory Room, Paediatrics, Grange  
University Hospital**

The sensory room offers a safe and calming environment, significantly enhancing the well-being of individuals with sensory processing issues, such as autism and ADHD.

A 3D layout of the room is shown here with a list of items it features.



Interactive Borealis Tube    Fibre Optic Corner    Solar LED Projector    Beanbags



Interactive UV Activity Panel    Mirror Ball System    Floor & Wall Padding    Fibre Optic Harness



Anne Beard, Senior Nurse Manager, Paediatrics said:

*"It's been truly wonderful to see this initiative come to life, making a meaningful difference for our children and young people. The use of charitable funds has highlighted the generosity and support of the public, creating a positive impact. This funding has made the sensory room accessible to those who might not otherwise have access to such spaces. Overall, the sensory room has greatly improved the quality of care we can provide for our children and young people."*

## KEY PURCHASE

### Numerous Defibrillators and Cabinets across the Community



To prevent such heart-related tragedies, working together with community groups via Jack's Appeal, we are continuing to purchase 24/7 public access defibrillators, externally housed in secure cabinets and consumables such as defibrillator pads and batteries.

## KEY PURCHASE

### Other Equipment

Other equipment includes

- 2 x Ultrasound Enhancing Rheumatology equipment, for Royal Gwent & Nevill Hall Hospital.
- Therapy Chair for Outpatients, Royal Gwent Hospital.
- Wide Format Plotter printer for Facilities department, Grange University Hospital.
- Laparoscopic Insufflation System, Urology, Royal Gwent Hospital.

Charitable Funds have supported various volunteer projects such as:

**“Ffrind I Me”**

An initiative to support lonely and socially isolated people through befriender volunteers.

**“Volunteer to Career”**

An employability scheme of current volunteers through a defined pathway.

**“End of Life Companion Support”**

Trained volunteers offer comfort in the last days and hours of life to patients who are at risk of dying alone.

**And so much more.....**

**We want to say a big THANK YOU to all our volunteers. Your commitment and contribution as a volunteer really makes a difference.**

## The Value and Impact of Volunteering

*Volunteering has helped me feel part of something bigger—like I’m giving back but also gaining so much myself – RGH Volunteer*



Currently, **294 directly engaged Ffrind i Mi volunteers** support the Health Board, with many more contributing through valued partnerships with third sector organisations.

Over the past year, we have supported **414 Ffrind i Mi volunteers**.

In addition, those who are engaged by **our partners** for example Age Cymru Gwent Robins, League of Friends, British Red Cross, Sparkle etc have made an **invaluable contribution** across our sites, providing both practical support and emotional care within busy healthcare environments.

# Volunteer Voices



Thank you very much for our last meeting, it was indeed a wonderful meeting with you. The work experience applications are filled up, but I have submitted my interest form anytime it's open, particularly in the Administrative Department so I can have organizational working experience in the Management area - Atinuke



I just wanted to let you know that I have started my 5-day clinical skills training today to join the Bank. Thank you for all of your help in the volunteer to career process, I am really grateful to be on the course - Diana

I have completed the work experience, and I really enjoyed it. Dan

It was lovely to meet you, and I am much grateful for your kind concern on volunteers like me and the assistance giving us to ensure our career goals. Thank you very much, Inoka



I was able to secure employment with one of the agencies you helped with the reference, however, I am seriously searching for a permanent role in the healthcare sector. Thank you for your concerns and constant encouragement towards my career pursuit.  
- Agatha

## 2024/25

Our volunteers have provided over **20,239** unpaid volunteer hours

We have **40** spoken languages, including different dialects

We have supported over **450** volunteer inductions between January 2024 to March 2025

We have provided **62** training sessions for volunteers

We have created **5 new** volunteer role profiles during 2024.

Over **80** Volunteer Hours certificates were issued

We have attended **48** volunteer promotion events across the geographical area

**20** volunteers have gained paid employment through our **volunteer to career** programme

We recruited new **250** volunteers in **2024/2025**

In **2024**, the Volunteer Service has **won 3 Volunteer Awards** and have been **finalists in 2** other awards

Received over **270** referrals for **Home** visits or **Telephone**

Extended our volunteer support across different **10+** areas

# Yasmine's Story

This is Yasmine's story about her experience with a volunteer befriender.

My Mum, Barbara, was widowed at 46, lived alone and had always loved going out dancing and going to bingo until quite late in her life and then as her physical health deteriorated and I was unable to take her out, her life then centred around her home and solitude.



Then, about 8 years ago, I was asked if I would like a befriender to visit mum to offer support and friendship. That was when Susan started visiting; mum was 87.

Mum would chat about the old days, my dad, me and my brothers (probably the same on every visit) but Susan became a good friend that my mum liked and trusted as this was difficult for her to normally do. This is what makes your visits so important and treasured by the person you visit. It's familiarisation and companionship that as a person gets older, they rely on.

Unfortunately, mum had a fall a week after her 90th birthday which resulted in her leg being amputated and her going into a care home; the same week we were put into Lockdown in March 2020. Even with mum in the home, Susan still visited despite the fact she had now moved away.



Your visits to the elderly who are lonely and housebound are so treasured by them and their families.

I know that when I visited mum she would often chat about Susan and would always look forward to her next visit. Personally, it also gave me comfort to know that mum had a new FRIEND because that is what you will ultimately be, a person who can chat, laugh, cry, listen and be that extra bit of happiness in someone's life.

It sounds awful but when you visit your parent on a regular basis, it's difficult to think of things to say for both parties, but with a befriender visiting it opens up other routes for conversation which helps enormously and something that I will always be grateful for.

I just want to say thank you to you all. You give up your personal time to actually go and make someone smile and make their day and that must be so rewarding to know that you are making a difference to someone's life.

Unfortunately, I lost my mum last December. For me, it gave me comfort knowing that mum had a new friend who she loved to see and who added a little bit extra to her life.

THANK YOU



## Staff

## Celebrating our Staff

### Staff Recognition Awards 2024!

On Friday 5th July 2024 - on the 76th birthday of the NHS - the Health Board held our annual Staff Recognition Awards funded from charitable funds. It is always a pleasure to welcome everyone to this special event, where colleagues from across the Health Board gather to celebrate each other's achievements and the hard work, dedication and outstanding care given by teams across Aneurin Bevan University Health Board.



The event was hosted by Chief Executive, Nicola Prygodzicz. In her opening address, Nicola acknowledged the overwhelming number and

standard of nominations received this year. She said: "It is testament to the expertise, dedication and compassion of our staff that despite the many challenges we face, we continue to step up and keep our focus where it should be - on the patient and the community we serve. "We recognise that even with this many nominations, this is just a snapshot of the excellent work undertaken by our staff every day. So, our celebration this evening is about recognising the contribution of all our staff but those of you here today, in particular, have been recognised for your dedication and efforts."



**A huge CONGRATULATIONS to all our nominees, winners and runners up!**

## More Celebrations

## The Breast Unit at Ysbyty Ystrad Fawr Turns 1!



The Breast Unit at Ysbyty Ystrad Fawr has now been open for a full year! This state-of-the-art facility has significantly improved access to breast care services for patients across Gwent, and its impact has been remarkable. A huge thank you to all the staff who have made this service such a success.

As we mark the first anniversary of the Breast Unit at Ysbyty Ystrad Fawr, we reflect on a year of remarkable achievements and unwavering dedication to patient care.

Over the past year, the Breast Unit has brought together clinical teams offering outpatient care, diagnostic investigations and surgery. It is a multidisciplinary unit with Consultants, Radiologists, Breast Care Nurses, Mammographers, Outpatient Nurses, HCSWs, Medical Secretaries and Bookings staff.



The introduction of a gold-standard one stop diagnostic service has allowed patients to undergo investigative procedures in a single visit, significantly improving efficiency and patient satisfaction.

**Natalie North, Breast Unit Support Manager said:** "The success of the Unit is a testament to the hard work and collaboration of the clinical teams, the support of the local community and the vision of leaders like Mr Gateley, whose legacy continues to inspire the team. As we look to the future, we remain committed to providing the highest quality care and support to those affected by breast cancer."

## More Celebrations

### Intensive Care UNIT (ICU) Steps celebrating 10 years



ICU Steps started in Abergavenny (Nevill Hall Hospital) and has been supporting ex ICU patients and their family and will be celebrating its 10-year anniversary.



The group meets monthly to share experiences of patients/ICU stay. The after-effects of critical illness and its recovery period have many common themes and problems for everyone concerned.

Many patients present unconscious for long lengths of time and have no recollection of long periods of time.

The group is made up of ex ICU patients and their families supported by ICU nurses from the Grange Hospital. Members have found it helpful to know they are not alone on their journey and that others have similar issues.

Donations made to the now called Critical Care Unit which is based at the Grange University Hospital support the group with payments for venues, and refreshments.

## More Support Groups

### Monthly Lung Cancer & Mesothelioma Support Group

**Monthly Lung Cancer & Mesothelioma Support Group**

We invite you to join us once a month at our drop in lung cancer support group with our specialist nurses...

**Date & Time: 1<sup>st</sup> Wednesday of each month 11am-1pm.**  
**Venue: Congress Theatre, Cwmbran Town Centre**

The patients who attend find:

- less formal contact with their nurse reassuring
- enjoy meeting other patients

We also arrange annual trips and take part in fundraising for the group.

**Tea & Coffee provided!!!**

**WE HOPE TO SEE YOU THERE!**

We invite you to join us once a month at our drop in lung cancer & mesothelioma support group with members of the team. This is held 1st Wednesday of every month 11:00am-1:00pm at the Congress Theatre in Cwmbran Town Centre.

The patients who attend find the less formal contact with the members of team reassuring and enjoy meeting other patients. We also arrange annual trips and take part in fundraising for the group.

The group is open to Lung Cancer & Mesothelioma patients, relatives, carers etc.

## Care Fund Bursary Project

### Supporting students in medical careers

In partnership with the Shaw Foundation, we continue to gift bursaries from our Care Fund Project which is used to identify individuals from less privileged backgrounds, with a potential to become qualified doctors by supporting them with a programme of mentoring and financial support.

Two of our students have qualified and have stayed in South Wales and we have a third student who will hopefully qualify this year and stay in Wales to complete their foundation training.

The following comments have been received from recipients of our Care Fund Bursary Project.

*I'm sincerely grateful for the ongoing support that's made a significant difference, both practically and emotionally, while pursuing my medical education. The bursary lifted the financial burden and eased the pressure during a particularly challenging year.*

*Receiving the bursary last year allowed me to start the degree, as I otherwise wouldn't have been able to afford the upfront tuition fee. The support from the bursary meant that I did not need to sacrifice revision time to work due to financial worries; I instead had the time to revise and focus on exams.*

*Being awarded the bursary was more than practical support; it had felt like a genuine vote of confidence in my potential as a medical student and future Doctor.*

*Thank you again.*

*Since September 2024, I've completed another year of my Medical Sciences degree and have been re-selected as one of the Presidents of the Med Prep Society. This has been a rewarding role, giving me the chance to work with my co-president to plan and deliver teaching sessions for the first years.*

*Looking ahead, my main goals are to apply to medical schools in October 25, and focus on completing my degree, including my dissertation, to the best standard I can. I'm looking forward to another year of learning, building on my experiences, and making the most of every opportunity.*

*Thank you so much - I am so happy!*

*Oh my goodness, thank you all so much! I'm actually lost for words, and that's not like me at all!*

*Thank you so much, it always means a lot and I'm always incredibly grateful for the generosity. It helps significantly.*

## More Donations

## Donation to Ward 3/4 and Day Hospital, Nevill Hall Hospital



A huge thank you to the amazing Crickhowell and District Fundraising group who have donated £3000 to Ward 3/4 and the Transient Ischemic Attacks (TIA) Clinic at Nevill Hall Hospital (£1500 each) to help buy equipment to improve patients' experience.

The teams are very grateful for the donation, which they hope to use to buy specialist seating for Ward 3/4 and an ECG machine for the day hospital.

Pictured:

Sian Langdon - Ward Sister, 3/4

Rachael Way - Senior Nurse

Jennifer Richards - Day Hospital

## Raffles

## Staff raising funds

Ward A3 at the Grange University Hospital have been raising money towards the memorial garden at the hospital. It is a place where parents/families can sit and, reflect - whether it is a miscarriage with us on Gynaecology, a baby loss with Maternity or NICU, or the loss of a young child with Paediatrics.

***So far, we have raised nearly £900 from a cake sale, £400 from 'Pick a Duck' and an amazing £1500 from a Christmas raffle.***

In addition to this, one of our Deputy Sisters also completed a sponsored 10K to raise £1500 to buy a cuddle cot for the ward to enable patients to keep their baby with them for longer if they wish.





Ward A3 GUH had a cake sale to acknowledge Baby Loss Week and to raise funds towards the development of a memory garden.

We would like to say a massive thank you to everyone that contributed and supported the event, where a total of £810 was raised on the day.



The Grange neonatal unit for Baby Loss Awareness UK has created a stand in the entrance to the ward to display what support is available to those parents that have suffered the loss of a baby.

On the 15<sup>th</sup> of October at 7pm join us and other families across the world in the "wave of light event" to light a candle in memory of those gone too soon.

There are many ways to show support to bereaved families listed on the **#blaw2024** website.

If you would like your baby's name written on a purple heart to display on our remembrance tree, then please leave us a message.



On 11<sup>th</sup> and 12<sup>th</sup> October, for Baby Loss Awareness Week, the Grange University Hospital will be displaying our tree of remembrance in the main reception area.

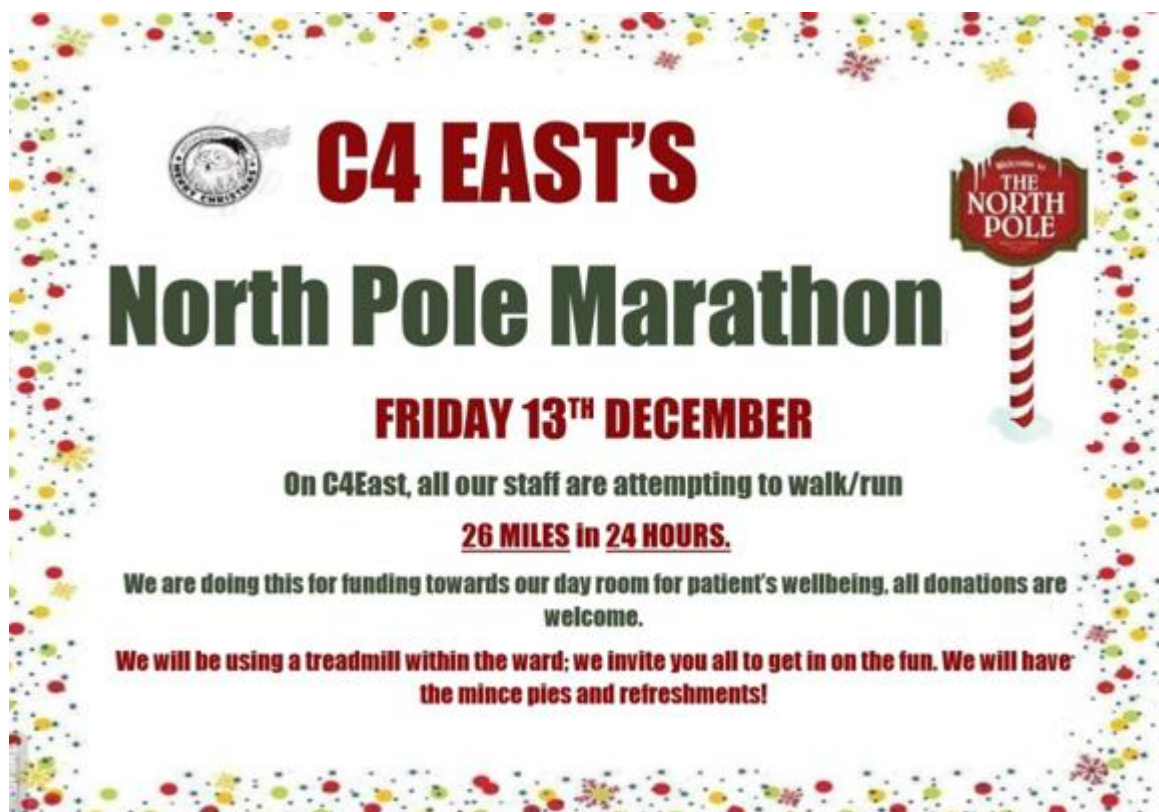
Staff and visitors are welcome to come and put a ribbon on the tree in memory of a baby who has died during pregnancy or soon after birth.

If anyone is unable to attend in person and would like their names added to the tree, please contact [Louise.Howells3@wales.nhs.uk](mailto:Louise.Howells3@wales.nhs.uk)

For further support please contact the SANDS helpline 0808 164 3332.

And

More Staff Fundraising



**C4 EAST'S**  
**North Pole Marathon**  
**FRIDAY 13<sup>TH</sup> DECEMBER**

On C4East, all our staff are attempting to walk/run  
**26 MILES in 24 HOURS.**

We are doing this for funding towards our day room for patient's wellbeing, all donations are welcome.

We will be using a treadmill within the ward; we invite you all to get in on the fun. We will have the mince pies and refreshments!

The poster features a circular logo on the left, a red and white striped candy cane on the right with a sign that says "WALKING TO THE NORTH POLE", and a decorative border of colorful confetti and snowflakes.



NHS Charities Together (NHS CT), the national charity for the NHS, allocated money for supporting Covid-19 projects across the NHS in the UK to be accessed through individual bodies' charitable funds. We were successful in applying for a grant of £290,000 to implement a Meaningful Engagement Activity Programme.

COVID-19 significantly impacted on the wellbeing of our population. A patient experience survey of people on in-patient wards across our hospitals identified that a lack of meaningful activity led to increased boredom, loneliness, frustration, escalation in behaviours that challenge and impacts negatively on their confidence, self-worth and overall wellbeing. Staying in hospital for both general and mental health care can be a difficult and worrying experience for some people.

We set about developing and rolling out a meaningful activity strategy:



- To promote and improve peoples **lived experience**, experience of care, increase cognitive stimuli for people, support carers and **reduce loneliness**.
- To provide hospital wards, care homes and prison services within the Aneurin Bevan University Health Board area with Meaningful Engagement Skills and Resources.
- To develop a cross- sector toolkit of **meaningful activities**.



To commence our scoping exercise, we contacted **partners** to identify the areas who would be interested in participating in this programme. To support **engagement**, we proposed:

- We would provide a **visit** to the participating areas to engage with staff patients and relatives/carers.

- Provide awareness and understanding of Meaningful Engagement.
- We would provide a series of training opportunities to support the Meaningful Engagement programme and **quality outcomes**.
- We would be providing each participating area with a starter Meaningful Engagement **starter pack** containing activity resources.
- We would provide a **list of items** and how you can reorder and get the best from these items.
- **We would provide signposting** to partners who can support with the Meaningful Engagement agenda, to include volunteers, intergenerational partnerships, assistive technology support and community partnerships.

#### What did we Learn?

- The scoping surveys took a lot longer than anticipated to complete. Resource vs outcome for this method was not effective. Feedback from steering group and care homes was survey use isn't always successful in this setting.
  - For **Phase 2** we suggested spending time in the home with staff residents and visitors to collate information rather than chasing survey responses over many weeks.
  - **Phase 1 response rate wasn't inclusive of Nursing homes and was primarily Residential settings. Feedback told us these homes generally have more complex issues and aren't always the first areas to reach out for this support.**
  - For **Phase 2** we have suggested targeting some of these areas with the support of complex care colleagues in steering group.
- In addition to this through the work being carried out for the Meaningful Engagement Programme in all settings inclusive of Care Homes, Hospitals and Prisons, and from listening to partners inclusive of carers, volunteers' staff and people living with Dementia it was identified that access to Information relating to the Meaningful Engagement Programme and resources to support were limited.
  - It was also identified through the Enhanced Care review that staff needed information to be easily accessible and in one place to address this the link for the Meaningful Engagement Padlet has also been embedded into the Enhanced Care Padlet to allow a single point of access for staff.
  - To further support addressing this feedback a new poster that is displayed in areas working in partnership with the Patient Experience Team on this Programme has been produced this includes a QR Link to resources. An Information Leaflet has been produced that is available in ward areas, care homes and the Dementia Hubs.



In response to this feedback we developed a new Dementia and Meaningful Engagement Padlet which is available on the Internal and External webpages and is accessible to all.



In addition to the Padlet as part of the communication work for the programme we have designed and produced several new documents to support communication and access to the programme benefits for all.



**Leaflet: Available in English and Welsh**  
 These are available in all 5 Hubs, throughout our hospital and care home venues. These have also been shared via the communication team and through the steering group with our partners for distribution through all networks.

**Our Services**  
 The Patient Experience and Wellbeing team are working in partnership to promote the benefits of Meaningful Engagement.

Meaningful Engagement offers many people and ensuring they feel included, respected and understood.

- Offers structure and purpose for a person's day
- Reduces stress, frustration and loneliness
- Increases people's social interaction
- Reduces anxiety
- Improves overall emotional and physical wellbeing

**The Patient Experience and Wellbeing team are working in partnership to promote the benefits of Meaningful Engagement**

Meaningful Engagement provides patients, carers and staff with a chance to connect and share their experiences, ideas and feedback. It is a safe space for people to express their views and concerns, and to be heard and understood.

Let us know what you think and we will work with you to make sure your voice is heard and your views are taken into account.

For any queries please contact us on: [ABB.PCCCTDEMENTIA@WALES.NHS.UK](mailto:ABB.PCCCTDEMENTIA@WALES.NHS.UK)

**Poster:** This has been made available to all partners that are involved in the programme for display in their areas.

We also designed some promotional resources to support the delivery and advertisement of the programme.



## What our staff said:



The project is nice for the patients and it is nice to see the patients enjoying the activities and engaging with other patients from other bays on the ward. The activities are suitable for all patients. The gardening and baking sessions have gone down well.

The dayroom has made such a difference to patients' experience during their stay on ward C7E. It breaks the day up from sitting in the bay all day.

Lottie – Assistant Practitioner

I'm really proud of how far we have come and what the ward team have achieved over the last 12 months.

There were some initial barriers and reluctance from staff to engage and get involved. But 12 months on with the support of the Patient Experience and Involvement team the benefits are clear to see.

The ward really does have a new atmosphere to it, I'm proud to watch the whole MDT embrace the Meaningful Engagement agenda and feel it is now embedded into our everyday practice.

Its putting patients at the centre of all we do, but also impacting on the overall moral and well-being of my staff in a positive way.

I'm proud but also excited to continue this work and look forward to all that we can achieve moving forward.



Claire – Ward Manager

## What our visitors said:

The activities are good for the patients: better than some care homes I have been to

Very encouraging and inclusive. Reassuring to know individuals have stimulating activities during a difficult time

Very enjoyable, encouraged to take part in lots of activities

- Patients were happy to meet and pet Dew, Lifted Dew up for one of the patients to be able to stroke her.
- Florence interacted well with all patient on C7E, One Patient who hadn't spoken all day spoke to Florence, staff also enjoyed her visit.
- Spoke to a patient who was a bit agitated, took some coloring books and pencils but she was not interested, talked a lot about going home.
- "Yes, it has been very interesting, and I felt that it has been helpful to myself and patients", Spoke to a patient who was distressed as she thought she had upset people, played a game and did some coloring and just chatted and reassured her.
- Such a lovely lady, she was looking a bit happier, and we discussed about a book which she was reading, told me about cooking and food stuff.
- Patient was looking much better but seemed fed up, she told me about her recent book that she was reading we discussed her physio sessions.
- Patient was looking a bit tired I cheered her up, we talked about birds and animals she told me about her neighbours.
- Had a lovely chat with a patient about her hobbies and she wishes to go back home soon for her gardening activities, she talked about her family and mentioned about her son passing away recently , spoke about her husband's death. Would love to see us again to so some coloring.
- Talked about how patient is doing such as going to the day room, likes puzzles , coloring, -mentioned going home soon.

## Comments from the ward volunteers



## And most importantly this is what our patients said:

### We asked our patients what they like most about the Day room?

- Would like more time in dayroom
- Lightheartedness – good company
- Enjoyed planting seeds and gardening the most
- Dayroom has been set up really well and a lot of work has been put into it
- Enjoyed socializing and meeting people
- Spacious bright welcoming room
- Plenty of chairs and table space for everyone to join in
- Coffee, tea drinks and snacks provided
- Friendly homely feeling, great to have some activies so important for mental well-being and stimulation



So much more to come.....

## In-house

## Staff Conference

The Fracture Liaison Service Conference was held, where Consultant Geriatrician, Dr Inder Singh, delivered a presentation on the work that's underway in the Health Board to improve bone health.



Dr Inder Singh led several initiatives since 2020 to widely integrate and strengthen partnership with Rheumatology, Radiology Directorate and Orthogeriatric teams to streamline processes and identify fragility fractures in above 50 years. This conference was free to delegates, funded through charitable funds.

## Contact Us

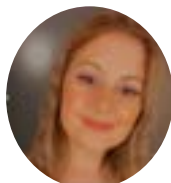
## Charitable Funds Team

Alison Griffiths – Charitable Funds Manager



Wendy Keyte– Charitable Funds Higher Officer

Sue Turley– Charitable Funds Higher Officer



Jess Turley–Charitable Funds Officer

## By E-mail

[Charitable.funds.ABB@wales.nhs.uk](mailto:Charitable.funds.ABB@wales.nhs.uk)

## By Phone

01495 765431

# Charity Governance, Audit and Finance

## 1. Reference and Administrative Details

**Charity Name:** Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

**Charity Working Name:** Aneurin Bevan Health Charity

**Registered Charity No:** 1098728

**Address of Charity:** Headquarters  
St Cadoc's Hospital  
Lodge Road  
Caerleon  
Newport  
NP18 3XQ

### Administration of the Charitable Funds:

The accounting records and the day-to-day administration of the funds are undertaken by:

Charitable Funds Section  
Corporate Finance Department  
Aneurin Bevan University Local Health Board  
Upper Ground Floor  
Ty Gwent  
Lake View  
Llantarnam Park  
Cwmbran  
Torfaen NP44 3HR

Tel No: 01495 765431

E-mail: [Charitable.funds.ABB@wales.nhs.uk](mailto:Charitable.funds.ABB@wales.nhs.uk)

### Professional Advisors:

**Bankers:** National Westminster Bank PLC  
Government Banking Parklands  
De Havilland Way  
Horwich  
Boulton  
BL6 4YU

Santander  
Customer Services Centre  
Bootle

Merseyside  
L30 4GB

**Investment Managers:** CCLA Investment Management Limited  
1 Angel Lane  
London  
EC4R 3AB

**External Auditors:** The Auditor General for Wales  
Audit Wales  
1 Capital Quarter  
Tyndall Street  
Cardiff  
CF10 4BZ

**Internal Auditors:** NHS Wales Shared Services Partnership  
Audit & Assurance Services  
4-5 Charnwood Court  
Heol Billingsley  
Parc Nantgarw  
Cardiff  
CF15 7QZ

**VAT Advisor:** Ernst & Young LLP  
The Paragon  
Counterslip  
Bristol  
BS1 6BX

**Legal advice** NHS Wales Shared Services Partnership  
Legal and Risk Services  
Companies House  
Crown Way  
Cardiff  
CF14 3UB

**Estate Management  
For TP Price Estate:** NHS Wales Shared Services Partnership  
Specialist Estate Services  
3<sup>rd</sup> Floor, Companies House  
Crown Way  
Cardiff  
CF14 3UB

Savills  
2 Kingsway  
Cardiff  
CF10 3FD

**Valuations for  
13 Clytha Square:**

NP Linnells Property Consultants  
Gold Tops House  
Pentonville  
Newport  
NP20 5HB

**Valuations for Painting:**

Bonhams  
Queen Square House  
Queen Square Place  
Bath  
BA1 2LL

## 2. Structure, Governance and Management of Charitable Funds

### Objects of the Charity

The objects of the charity are as follows:

*The main purpose of the charity is to apply income for any charitable purpose relating to the National Health Service delivered by Aneurin Bevan University Local Health Board.*

The corporate trustee is Aneurin Bevan University Local Health Board. The executive directors and independent members of the Board share the responsibility for ensuring that the health board fulfils its duties as a corporate trustee in managing charitable funds.

The chair and independent members of the Board are appointed by the Welsh Government and the executive directors are appointed by the Health Board.

### Trustee Arrangements

Aneurin Bevan University Local Health Board is the corporate trustee of the Charity. The directors who served the Aneurin Bevan University Local Health Board during the year to 31<sup>st</sup> March 2025 were as follows:

Name	Designation	Dates (if less than full year)
<b>Executive Directors</b>		
Nicola Prygodzicz *	Chief Executive	Full Year
Hannah Evans	Director of Strategy, Planning and Partnerships	Full Year
Rob Holcombe *	Director of Finance and Procurement	Full Year

Dr James Calvert	Medical Director / Deputy Chief Executive	Full Year
Sarah Simmonds	Director of Workforce and OD	Full Year
Jennifer Winslade	Director of Nursing	Full Year
Peter Carr	Director of Therapies and Health Sciences	Full Year
Tracy Daszkiewicz	Director of Public Health	Full Year
Leanne Watkins	Chief Operating Officer	Full Year
<b>Independent Members</b>		
Ann Lloyd	Chair	Full Year
Pippa Britton	Vice Chair	Until 30/11/2024
Louise Wright	Independent Member (Trade Union)	Full Year
Richard G Clarke *	Independent Member (Local Authority)	Full Year
Professor Helen Sweetland	Independent Member (University)	Full Year
Paul Deneen *	Independent Member (Community)	Full Year
Iwan Jones	Independent Member (Finance)	Full Year
Dafydd Vaughan	Independent Member (Digital)	Full Year
Neil Patrick *	Independent Member (Community)	From 01/04/2024
Penny Jones	Independent Member (Community)	Full Year
Martin Blakebrough **	Independent Member (Third Sector)	Until 08/06/2024
<b>Directors in Attendance</b>		
Paul Solloway	Director of Digital	Full Year
<b>Special Advisors to the Board</b>		
Phil Robson	Special Advisor to the Board	Full Year
<b>Associate Members</b>		
Vacant	Chair, Stakeholder Reference Group	Full Year
Vacant	Chair, Health Professionals Forum	Full Year
Vacant	Director of Social Services	Full Year
<b>Director of Corporate Governance</b>		
Rani Dash	Director of Corporate Governance	Full Year

\* Members of the Charitable Funds Committee.

\*\* Absent in agreement with Chair and Welsh Government (effective 01/09/2023 to 08/06/2024).

## Charitable Funds Committee

The Board of Aneurin Bevan University Local Health Board, as the corporate trustee, delegates its governance work to the Charitable Funds Committee which is a subcommittee of the Board. The Committee is required to:

- Control, manage and monitor the use of the fund's resources for the public benefit having regard for the guidance issued by the Charity Commission.
- Provide support, guidance and encouragement for all its activities whilst managing and monitoring the receipt of all income.
- Ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all its legal responsibilities.
- Ensure that the Investment Policy approved by the Health Board is adhered to and that performance is continually reviewed whilst being aware of ethical considerations.
- Keep the Health Board fully informed on the activity, performance and risks of the charity.

Membership of the Charitable Funds Committee is as follows:

Name	Designation	Dates (if less than full year)
<b>Charitable Funds Committee Members</b>		
Paul Deneen	Independent Member (Community)	Full Year
Richard G Clarke	Independent Member (Local Authority)	Full Year
Neil Patrick	Independent Member (Community)	Full Year
Nicola Prygodzicz	Chief Executive	Full Year
Rob Holcombe	Director of Finance and Procurement	Full Year

The following also attended the committee with other staff as appropriate for specific agenda items:

Name	Designation	Dates (if less than full year)
<b>In Attendance</b>		
Mark Ross	Assistant Director of Finance, Financial Systems & Services	Full Year
Estelle Evans	Head of Financial Services and Accounting	Until 30/09/2024
Gareth Lewis	Head of Financial Services and Accounting	From 01/09/2024
Rani Dash	Director of Corporate Governance	Full Year

Independent Members are appointed to hold office for a period of up to four years in any one term. During this time, a member may resign or be removed by the Board. The Chair of the Health Board keeps under review the membership of Board Committees to ensure changes are made regularly to refresh the membership of each committee and respond to circumstances when new members join the Board.

### **Trustee Induction and Training**

As part of their induction programme, new Executive and Independent Members of Aneurin Bevan University Local Health Board are made aware of their responsibilities as Board members and as a Corporate Trustee of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities.

At each Charitable Funds Committee meeting, members are advised of any changes in legislation or other requirements relating to charities.

### **Public Benefit**

The objects of the charity are such that all expenditure from the charity is for the benefit of the National Health Service and as such is therefore for 'public benefit'. The Charitable Funds Committee is aware of its duties in relation to public benefit and ensures that all expenditure fulfils public benefit criteria. This is demonstrated further in this report in the Expended Resources Section of Item 7.

### **Management of Funds**

The Director of Finance is responsible for the day-to-day management and control of the administration of charitable funds and reports to the Charitable Funds Committee. The Director of Finance has responsibility for ensuring that:

- The spending is in accordance with the objects and priorities agreed by the Charitable Funds Committee.
- The criteria for spending charitable monies are fully met.
- All accounting records are maintained.
- Devolved decision making or delegated procedures are in accordance with the policies and procedures set out by the Board on behalf of the corporate trustee.

Within the charity there are 389 internal funds which are delegated to authorised fund holders to approve expenditure within predefined limits. All expenditure requests exceeding £25,000 are subject to Committee approval. A further 6 funds are controlled by the Charitable Funds Committee. The Health Board has a formal procedure that sets out

guidance to delegated fund managers to aid them in the process of approving appropriate expenditure from funds.

### **3. Strategic Objectives & Activities**

Charitable Funds received by the charity are accepted, held and administered as funds held on trust in accordance with the National Health Service (Wales) Act 2006.

The principal areas in which the funds are applied for the benefit of the public are:

- The purchase of medical equipment for use by Aneurin Bevan University Local Health Board.
- The provision of patient welfare activities and amenities.
- The education and welfare of staff.

The corporate trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund. The trustee respects the wishes of our generous donors to benefit patient care and advance good health and welfare of patients and staff.

The charity is constituted of 335 unrestricted and designated funds and 60 restricted funds as at 31<sup>st</sup> March 2025. Material fund details are shown in Note 23 to the accounts. The current structure of the individual funds reflects the fact that most of the income and expenditure is focused where patients receive services. Fund managers exercise control over the funds donated to their management area.

### **4. Risk Management**

The main risks associated with the charity relate to:

- Financial controls risk.
- Investment risk.

#### **Financial Control Risk**

A financial control procedure has been developed for Charitable Funds and agreed with the Charitable Funds Committee and approved by the Audit Risk & Assurance Committee to ensure that there are sufficient management controls in place to ensure regulatory compliance and minimise risk of fraud and error. Specifically, to:

- Ensure the spending is in accordance with the objects of the charity and the priorities agreed by the Charitable Funds Committee.

- Ensure the criteria for spending charitable funds are fully met.
- Ensure all accounting records are maintained.
- Ensure devolved decision-making is within specified parameters.

All other Financial Control Procedures covering core financial systems within Aneurin Bevan University Local Health Board are also applied to the financial administration of the charity.

An internal audit is undertaken periodically, based on the assessment of risk, to evaluate the adequacy of procedures and controls in place and to test compliance against those procedures. Audit Reports are presented to both the Charitable Funds and Audit Risk & Assurance Committee of the Health Board and this is a key measure in mitigating control risk. The latest Internal Audit report carried out in November 2021 provided substantial assurance on controls covering charitable funds. This definition of assurance generally means there is substantial assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively and that few matters require attention and are compliance or advisory in nature. Financial reports showing the income statement and balance sheet together with analysis of significant financial changes are reported to each Charitable Funds Committee meeting. In addition, the Charitable Funds Committee reviews the draft annual accounts while the Board approves the final annual accounts of the charity.

The external audit of the accounts is undertaken by the Auditor General for Wales. The accounts have historically received an unqualified audit opinion.

### **Investment Risk**

This risk is mitigated by investing in a diversified portfolio of investments through the professional advice of investment managers. Our investment managers, CCLA, attend the Charitable Funds Committee annually to present and discuss investment performance and strategy.

## **5. Reserves Policy**

The Charitable Funds Committee reviews the Charity's reserve policy, on a regular basis, observing both Charity Commission guidance on reserves and the current level of funds held.

If reserves are too high, the charity is retaining funds without justification, and this could constitute a breach of trust. If reserves are

too low, the fund's ability to meet future commitments or needs may be at risk.

The Charity operates on the basis that it only spends what it has received and does not rely on future donations to meet its commitments. Therefore, the reserves should be set at a level sufficient to cover the liabilities that face the charity, namely the cost of administering the funds and any unrealised losses and to hold some money in reserve to act as a buffer against stock market fluctuations.

The corporate trustee fully understands the need to regularly review the level of reserves and the charity's activities and operations so that future reserves can be maintained at a level which will mitigate the risk of significant fluctuations in the levels of donations and investments, and provide financial stability for the charity, to ensure that its aim of being able to apply charitable funds within a reasonable time is achieved.

In 2022/2023 the Charity had to use its reserves to mitigate the unrealised loss incurred on its investments. The Charitable Funds Committee recalculated the reserve required based on performance over the past ten years and created a new reserve by agreeing to retain the interest and dividends for 2023/2024 and 2024/2025 together with unrealised gain received in 23/24 (there was an unrealised loss in 24/25). The money now held in reserve was more than the calculated reserve of £345k required and on further review it was agreed to allocate the 24/25 interest and dividends to the Committee's general-purpose fund to support funding applications from across the Health Board. This leaves a small excess in reserves of £69k.

The charitable funds reserve value is reviewed at least annually.

## **6. Grant Making Policy**

The use of our funds is restricted by the governing document which established the charity for purposes connected with the NHS. Grants consist of:

### **General Funds**

This consists of donations received by the charity where no preference as to its expenditure has been expressed by donors. The Charitable Funds Committee decides on how these funds should be spent by receiving requests from across the Health Board. The value of general funds held is £37,000. There are also fixed asset valuations totalling £267,000 which includes 2 investment properties (£242,000) and 1 painting (£25,000).

## **Designated Unrestricted Funds**

These consist of donations where a particular part of the hospital or activity was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the trustee, the designated funds reflect these nominations. The value of the designated unrestricted funds is £3,686,000.

## **Restricted Funds**

These consist of legacies and grants where a legal document and signed agreement restricts the use to the terms of the bequest/agreement. The value of restricted funds held is £966,000.

During the year the charity made grants of £1,228,000 representing 89% of the total charitable expenditure. In making grants the trustee requires that the activity falls within the objectives of the charity and relate to the specific purpose of the individual funds from which it is being met.

## **7. Review of our Finances, Achievements and Performance**

The financial statements for 2024-25 are presented at the end of this report.

The net assets of the Charity as at 31<sup>st</sup> March 2025 were £4,956,000 (2024 £5,764,000). Overall net assets decreased by £808,000.

### **Incoming Resources**

Incoming resources when comparing against the 2023/24 position were £69,000 lower than the previous year. Donations decreased by £69,000, legacies decreased by £34,000, investment income decreased by £22,000, grant income increased by £9,000 and income from charitable activities increased by £47,000.

The charity received two legacies during the year, total value £10,000 (2023-2024 four legacies, value £44,000).

The charity received no new grants in 2024-2025 (2023-2024 five new grants, value £198,000). Additional income of £37,000 has been received in respect of two existing grants and £65,000 has been carried forward to 2025-2026. Income of £228,000 brought forward from prior years has been released to meet expenditure in the current year.

## **Expended Resources**

Charity expenditure for the year totalled £1,394,000, an increase of £137,000 from the previous year. Expenditure for the year was across several categories as follows:

### **I. Purchase of Equipment**

Total expenditure on equipment was £369,000. This was on a range of varied equipment across the Health Board as described in our key purchases at the beginning of this report.

### **II. Building and Refurbishment**

Total expenditure on building and refurbishment was £39,000.

### **III. Patients Education and Welfare**

Total expenditure on patients' welfare and amenities was £449,000. The bulk of this relates to staffing costs for numerous projects such as meaningful activities, local specialist suicide bereavement service, psychological support for patients accessing cancer services, volunteer initiatives and our decarbonisation project. It also consists of various therapies, seasonal activities, support groups, volunteer expenses and other items of expenditure to benefit patients.

### **IV. Staff Education and Welfare**

Total expenditure on staff education and welfare was £371,000. The main items consist of running in-house conferences and training, team building events, attending conferences as guest speakers as well as delegates, numerous study days, seminars, training course fees, and related travelling, subsistence and accommodation expenditure, textbooks, professional journals, student bursaries, Staff Recognition Awards and staff wellbeing.

### **V. Fundraising Costs**

There were no specific fundraising costs this financial year.

### **VI. Support Costs**

Total expenditure on support costs was £166,000. This includes the audit fee of £20,000 and costs of the charitable funds office and corporate support.

## Investment Properties

Investment properties owned by the charity are the T P Price Estate £55,000, consisting of one small parcel of land and 13, Clytha Square, Newport £187,000.

13 Clytha Square, Newport is a large Victorian building in the centre of Newport which is rented to Aneurin Bevan University Local Health Board to use as offices. It was sold at auction in April 2025.

Income from the investment properties was £5,000 (2023-2024 - £14,000). This is lower because the rental agreement came to an end during the year when the building needed to be vacated to market and sell it.

## Investments on the Stock Exchange

The charity's investments are managed by CCLA Investment Management Limited with the aim of managing the funds to achieve a balance of growth and income. They are contracted to provide investment management services to the charity until the end of a 3-year term on 31<sup>st</sup> March 2026 where we have an option to extend for an additional year.

The charity's investment policy does not allow managers to invest in those companies whose main business is related to the production or sale of tobacco or alcohol, or those companies involved in the arms trade.

We continue to invest in their ethical investment fund.

Details of the investments (including cash held as part of the investment portfolio) and investment performance for 2024-2025 are shown in the table below:

## Investment Performance 2024-25

	<b>CCLA</b>
	<b>£000</b>
Balance 1 April 2024	5,477
Acquisitions	0
Disposals	(900)
Movement of Cash	0
Realised Gains/(Loss)	0
Unrealised Gains/(Loss)	(158)
<b>Balance 31 March 2025</b>	<b>4,419</b>
<b>Income</b>	<b>163</b>
<b>Gains/(Loss) %</b>	<b>-3.19%</b>
<b>Returns %</b>	<b>3.29%</b>

### Other Investments

"The Domestic Chaplain", a painting donated to the charity many years ago is valued at £25,000 and is currently on loan to the National Museum of Wales, Cardiff.



## 8. Key Achievements

### Funding

Expenditure totalling £77k relating to 4 bids and 8 small grant schemes from across the organisation were supported from the Charitable Funds Committee from its own general fund.

This support significantly enhanced services for the patients and staff in the Aneurin Bevan University Local Health Board as shown throughout this report.

### Charitable Funds Strategy

Progress on streamlining funds has continued throughout the year. There has been a significant decrease in the number of funds held since the start of the year as a result of both the merger & closure of funds. The number of static funds has reduced due to the increase in expenditure.

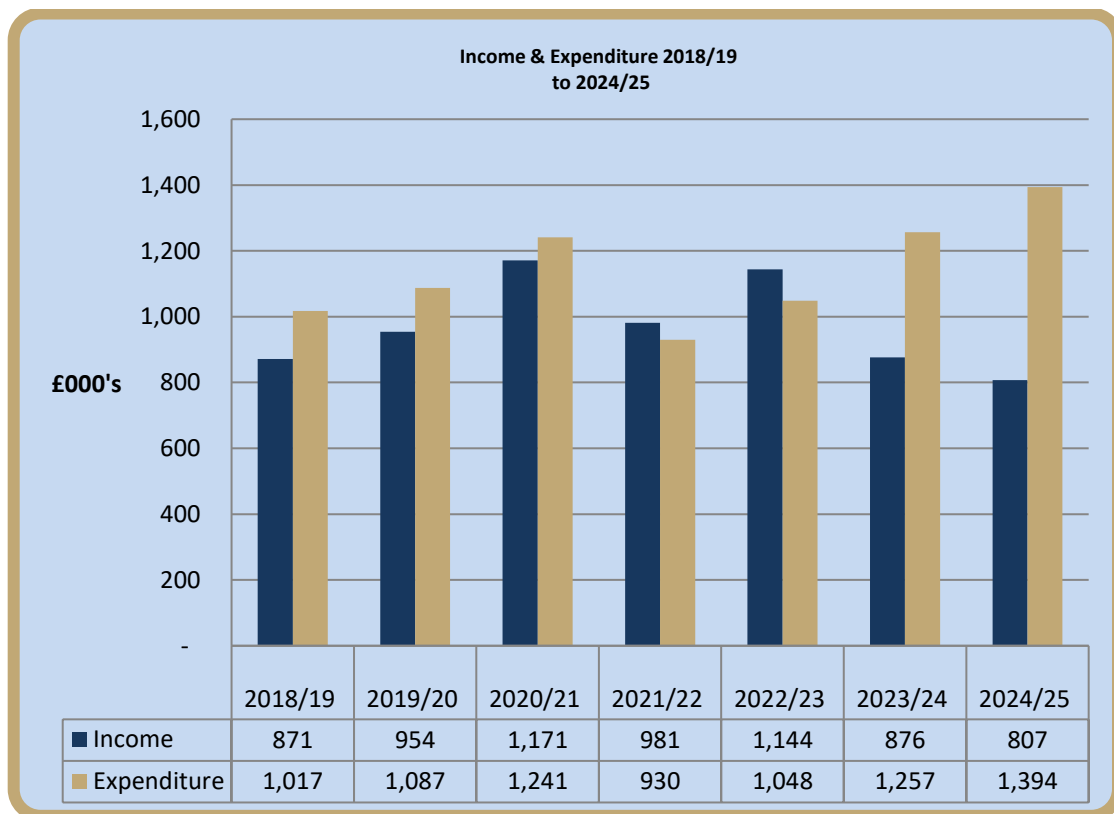
## Governance Arrangements

The accounts and trustees annual report have always been produced on time with unqualified audit opinions and filed on time with the Charities Commission.

## 9. Plans and Objectives for the Future

Income continues to be received by the charity due to the generosity of the public in recognition of the care and treatment received from the Health Board and the charity will continue to use its funds to improve patient experience.

The following chart shows total income and expenditure received either side of the pandemic which is when we experienced our highest level of income. It also reflects that expenditure has significantly exceeded income this year and that donations are at their lowest level.



The Charity must look at ways of increasing income and to better demonstrate the impact of its charitable spending as follows:

- Raise the profile of the Charity.
- Invest in resourcing to grow and fulfil its potential
- Consider the effectiveness of using a Fundraiser.

- Discuss the use of a management consultancy firm that specialises in both raising the Charity's profile and its income.
- Support staff to work with partners to obtain grants from companies, external organisations and charities for identified equipment and projects.

Other objectives for the forthcoming year are to:

- Ensure that all accounting or charity regulatory requirements are fully complied with including reviewing the new Statement of Recommended Practice (SORP) which is expected to be published in Autumn 2025 and effective from January 2026. The SORP is a document that provides guidance on accounting and reporting, offering recommendations on how charities should prepare their financial statements and annual reports. These recommendations help ensure transparency, consistency, and accountability in how charities manage their finances.
- Explore the objectives of the charity to ensure they remain relevant and appropriate for the Health Board and to consider if Trading is something that should be added.

## 10. Events since the Year End

- CCLA, subject to regulatory approval, is being acquired by Jupiter Investment Management Group Limited (Jupiter), a leading European investment manager. CCLA will become part of Jupiter, retaining the CCLA branding, investment and client service approach, its mission, its stewardship activities, and its drive to build a better world.

CCLA stand to benefit from Jupiter's strength and resources. Its market-leading investment capabilities, including its 100-plus investment professionals, will add support to CCLA's existing investment team and product range. Jupiter's extensive distribution capacity both within the UK and abroad will help to facilitate CCLA's future growth, paving the way to expand into new markets.

As clients we should expect no change in service.

Looking ahead:

- ❖ President Trump's tariff negotiations may trigger volatility, but CCLA believe the fundamentals of the assets in which they invest are solid.
  - ❖ President Trump's OBBBA (One Big Beautiful Bill Act) is expected to raise companies free cash flows this year and next, so CCLA have increased their exposure to shares.
  - ❖ The OBBBA is deemed to be good for corporations but less good for consumers. Hints of a slowdown could force a decline in stock markets so despite a higher allocation to shares, CCLA are keeping a close eye on the broader economy.
- The Charitable Funds Committee sold the property 13 Clytha Square, Newport in April 2025.

**Approved on behalf of the Corporate Trustee**

**Ann Lloyd CBE  
Chair  
Aneurin Bevan University Local Health Board**

**Date:**



Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

## Appendix 1: Enquiries of management

### Enquiries of management – in relation to fraud

Question	2024-25 Response
1. What is management's assessment of the risk that the financial statements may be materially misstated due to fraud? What is the nature, extent and frequency of management's assessment?	<i>The risk of misstatement is low. The basis being an effective system of internal controls and sound control environment mitigate against the risk. This is supported by Internal Audit reports, and the measure put in place by the Charitable Funds Committee.</i>
2. Do you have knowledge of any actual, suspected or alleged fraud affecting the audited body?	<i>We have not recorded any known cases of fraud against the Aneurin Bevan Health Board Charity during the 2024/25 financial year.</i>
3. What is management's process for identifying and responding to the risks of fraud in the audited body, including any specific risks of fraud that management has identified or that have been brought to its attention?	<i>The processes for identifying and responding to risks around fraud are enhanced by a robust and well-resourced counter fraud programme. The Cabinet Office NHS requirement GOV S013 requires that all counter fraud risk assessments are carried out by the Counter Fraud Team. Following on from the initial assessment all informed Fraud Risk is reviewed by the counter fraud team. This can be achieved via management ownership, post-investigation, thematic exercise, or central NHS trends reported from NHS Counter Fraud Authority (CFA). A thorough assessment is conducted, and recommendations made which are reported to Directorate, Executive</i>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
	<p><i>Director with responsibility for the risk domain, Executive Director of Finance and Audit Risk and Assurance Committee.</i></p> <p><i>The aim of the risk assessment is to fraud proof processes, address any identified weakness and with the goal of reducing the opportunity of fraud in that area to an absolute minimum. All fraud risks remain live on a document within the Counter Fraud department and are subject to regular review but held by the directorate that holds the process and therefore the risk. All completed fraud risks are recorded and reported to the NHS CFA via the case management system (CLUE). All fraud risk work carried out is compliant with the organisations over riding Risk Management Policy and the requirements of Compliance set by the NHS CFA.</i></p> <p><i>In addition, there is a Post Payment Verification Panel which evaluates and monitor ‘errors’ with claims that have been submitted to Primary Care Services by the individual GP Practices and Opticians.</i></p> <p><i>All senior staff in the Finance Department must be professionally qualified accountants whose professional institutes have strong codes of conduct and professional ethics.</i></p> <p><i>All reported/alleged reports of suspected fraud are routed through to ABUHB’s Counter Fraud Team for consideration of investigation and/or referral to NHS</i></p>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
	<p><i>Counter Fraud Service Wales team where the significance and complexity of the suspected fraud lends itself to an All-Wales approach.</i></p> <p><i>This work is fully reported to the Audit, Risk and Assurance Committee at its regular business meeting in its private/public sessions via the counter fraud progress report. Also, as part of their private meetings, the Board receives minutes from the private meeting of the Audit, Risk and Assurance Committee, which include reference and any significant points highlighted in the Counter Fraud Progress Reports.</i></p> <p><i>ABUHB's senior management team seek and will receive advice from its Counter Fraud team on recommended next steps regarding investigations and prosecutions if appropriate.</i></p>
<p>4. What classes of transactions, account balances and disclosures have you identified as most at risk of fraud?</p>	<p><i>Those areas most at risk of fraud can be generally identified in two ways. By severity of consequence or by likelihood.</i></p> <p><i>Those areas most at risk of fraud by consequence are Mandate Frauds, Invoice Frauds and Procurement Frauds. These areas are high risk generally due the nature of the fraud and the usual high value that is associated with it. But because the processes in place</i></p>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
	<p><i>to combat these are robust and are regularly reviewed and have strict governance the instances are rarer.</i></p> <p><i>Those areas most at risk from fraud by likelihood examples of which are dual working; working whilst sick and trade creditor duplication. These frauds are generally of lower value and due to the nature of these frauds are easier to investigate and the subsequent recouping of losses.</i></p>
<p>5. Are you aware of any whistleblowing or complaints by potential whistle blowers? If so, what has been the audited body's response?</p>	<p><i>In the year 2024/25 the ABUH Counter Fraud Team recorded no cases involving a whistle blower in relation to the Charity.</i></p>
<p>6. What is management's communication, if any, to those charged with governance regarding their processes for identifying and responding to risks of fraud?</p>	<p><i>ABHUB's Head of Counter Fraud reports regularly (as a standing agenda item) to the Public and Private session of the Health Board's Audit, Risk and Assurance Committee. Reports from the Audit, Risk and Assurance Committee are submitted to the Board.</i></p> <p><i>If there is a clear conflict of interest for ABUHB or if it involved a very senior staff member the likelihood would be the matter would be referred to NHS CFS Wales.</i></p>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
<p>7. What is management's communication, if any, to employees regarding their views on business practices and ethical behaviour?</p>	<p><i>ABUHB has an agreed Values and Behaviours Framework and Business Conduct Policy, which equally applies to the those members of staff involved in the Charitable Fund.</i></p> <p><i>Declarations of Interests are sought annually with the expectation that as staff are aware of their duty to disclose this will be done as and when this need arises.</i></p> <p><i>All Board members are provided with a direct request regarding completing a Declaration of Interest and are made aware of their continuing duty to declare as and when required to do so.</i></p>
<p>8. For service organisations, have you reported any fraud to the user entity?</p>	<p><i>No issues to report</i></p>

### Enquiries of management – in relation to laws and regulations

Question	2024-25 Response
<p>9. Is the audited body in compliance with relevant laws and regulations? How have you gained assurance that all relevant laws and regulations have been complied with? Are there any policies or procedures in place?</p>	<p><i>Compliance with legislation and regulations form part of the scopes of external and internal scrutiny bodies reviews. Compliance with major new or revised legislation and regulation are reported as separate</i></p>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
	<i>items to the Charitable Funds Committee and Executive Board.</i>
10. Have there been any instances of non-compliance or suspected non-compliance with relevant laws and regulations in the financial year, or earlier with an ongoing impact on this year's audited financial statements?	<i>No issues to report</i>
11. Are there any potential litigations or claims that would affect the financial statements?	<i>No issues to report</i>
12. Have there been any reports from other regulatory bodies, such as HM Revenues and Customs which indicate non-compliance?	<i>There have been no issues of non-compliance</i>
13. Are you aware of any non-compliance with laws and regulations? Has the Charity received any notice of any such known of possible instances of non-compliance?	<i>No issues to report</i>
14. Have there been any changes to laws and regulations that directly impact the entity this year?	<i>There were no changes to laws and regulations that had a direct impact on the Charity in this financial year.</i>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
15. Has there been any significant communications with regulators?	<i>The Charitable Fund continues to maintain positive relationships with its regulators, including the Charity Commission. There are no significant communications to report. Any report issued by the Charity Commission would be presented to the Charitable Funds Committee, alongside management action plans for improvement.</i>
16. For service organisations, have you reported any non-compliance with laws and regulations?	<i>There have been no matters of non-compliance with laws and regulations reported in 2024/25</i>

### Enquiries of management – in relation to related parties

Question	2024-25 Response
17. Have there been any changes to related parties from the prior year? If so, what is the identity of the related parties and the nature of those relationships? Confirm these have been disclosed to the auditor.	<i>This is fully reflected in the accounts which includes any changes along with prior period information</i>
18. What transactions have been entered into with related parties during the period? What is the purpose of these transactions? Confirm these have been disclosed to the auditor.	<i>The full detail of these transactions will be provided as part of the audit of the Charitable Funds annual accounts and associated statements.</i>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
19. What controls are in place to identify, account for and disclose related party transactions and relationships?	<i>The relevant controls will be provided as part of the annual accounts and associated statements</i>
20. What controls are in place to authorise and approve significant transactions and arrangements: <ul style="list-style-type: none"> <li>• with related parties, and</li> <li>• outside the normal course of business?</li> </ul>	<p><i>There is an annual Declarations of Interest process which is managed by the Health Board's Corporate Governance team, which is completed for all Board Members, including those on the Charitable Funds Committee.</i></p> <p><i>It is also a standard agenda item for all meetings of the Committee, for disclosure of and Declarations of Interest.</i></p>

### Enquiries of management – in relation to the control environment & IT systems

Question	2024-25 Response
21. If internal control deficiencies were reported in the prior year, please comment on the status of these.	There are no control deficiencies that have been reported that would impact on the financial statements.
22. Have there been any changes to significant IT systems or applications in the period?	<p><i>None that affect the accounts process.</i></p> <p><i>The move from Qlik Sense to Qlik View was completed successfully</i></p>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

## Enquiries of management – in relation to financial reporting

Question	2024-25 Response
23. Are you aware of significant transactions that are outside the normal trading activities of the business?	<i>None</i>
24. Are you aware of any transactions, events or changes in circumstances that would cause impairments of non-current assets?	<i>None</i>
25. Are you aware of any transactions, events and conditions (or changes in these) that may give rise to recognition or disclosure of significant accounting estimates that require significant judgement?	<i>None</i>
26. Have there been any changes in accounting policies in relation to significant estimates?	<i>None</i>
27. Have you used any experts in the preparation of the accounts?	<i>No experts are used in the preparation of the accounts themselves – that is done by the in-house financial accounts team.</i>
28. Have there been any issues that may impact the preparation of the accounts identified so far?	<i>None</i>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
29. Do you have knowledge of events or conditions beyond the period of the going concern assessment that may cast significant doubt on the entity's ability to continue as a going concern?	<p><i>The charity is dependant on the funding provided by donations and legacies during the financial year and invests these in a reputable, highly regarded institution used by numerous charities in the UK.</i></p> <p><i>We have not identified any significant changes in these funding sources during the subsequent period that would impact on the Charity to continue as a going concern. The charity also holds a reserve against negative stock market fluctuations.</i></p>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

**Appendix 2: Enquiries of those charged with governance**

**Enquiries of those charged with governance – in relation to fraud**

Question	2024-25 Response
<p>1. Do you have any knowledge of actual, suspected or alleged fraud affecting the audited body?</p>	<p><i>There have been no instances of reported Fraud against ABUHB Charitable Fund in 2024/25.</i></p>
<p>2. What is your assessment of the risk of fraud within the audited body, including those risks that are specific to the audited body's business sector?</p>	<p><i>The level of fraud risk is identified in the Fraud Risk Profile that is maintained by the Head of Counter Fraud on behalf of the Charity.</i></p> <p><i>The assessment of risk is reflected in the Counter Fraud annual work plan, designed to target those areas with most consequence and likelihood and therefore the plan targets the areas where the Charity is at most risk.</i></p> <p><i>Aligned with the Government Functional Standards, the Charity Commission and the Counter Fraud annual workplan, the ABUHB Counter Fraud team, have a requirement to undertake detection activity to reduce the risk/ potential exposure to fraud loss.</i></p> <p><i>The Counter Fraud team work with the Charitable Fund Committee to target service areas that are considered/ highlighted to be at risk, will evaluate the systems and procedures, identify potential weaknesses and ensure that protocols in place are robust.</i></p>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
	<p><i>The high priority service areas at risk of exposure include Accounts Receivable, Accounts Payable &amp; Procurement.</i></p> <p><i>Comprehensive risk assessments are undertaken with follow-up local proactive exercises to evaluate the effectiveness and address any evolving system weaknesses.</i></p>
<p>3. How do you exercise oversight of:</p> <ul style="list-style-type: none"> <li>• management's processes for identifying and responding to the risk of fraud in the audited body, and</li> <li>• the controls that management has established to mitigate these risks?</li> </ul>	<p><i>Counter Fraud throughout NHS Wales and NHS CFA allows for the immediate sharing of information of new and emerging fraud trends. These fraud risks can then be actioned, and processes altered or put in place to minimise the loses via this type of fraud.</i></p> <p><i>The Audit, Risk and Assurance Committee are themselves duty bound to report any potential Risk of Fraud within ABUHB, including fraud related to the Charitable Funds. They are reported to by External Audit, Internal Audit and Counter Fraud Services.</i></p> <p><i>The Counter Fraud service will have an “in confidence” session during the year with the Independent Members of the Charitable Funds Committee and the Director of Corporate Governance to discuss and highlight any instances of Fraud.</i></p>

### **Enquiries of those charged with governance – in relation to laws and regulations**

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
<p>4. Are you aware of any non-compliance with laws and regulations that may be expected to have a fundamental effect on the operations of the entity?</p>	<p><i>There are no issues to report.</i></p>
<p>5. How does the Charitable Funds Committee, in your role as those charged with governance, obtain assurance that all relevant laws and regulations have been complied with?</p>	<p><i>As the Committee itself is charged with governance, a range of mechanisms are in place to seek assurances that all relevant laws and regulations have been complied with.</i></p> <p><i>These include integrated risk and assurance reporting and scrutiny arrangements, and internal and external Audits.</i></p>

### Enquiries of those charged with governance – in relation to related parties

Question	2024-25 Response
<p>6. How does the Charitable Funds Committee, in its role as those charged with governance, exercise oversight of management's processes to identify, authorise, approve, account for and disclose related party transactions and relationships?</p>	<p><i>There is an Annual Declarations of Interest process and Business Conduct Policy in operation.</i></p> <p><i>The Financial statements include a dedicated section in regard to related party relationships where disclosures are made for related party transactions/relationships.</i></p>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Question	2024-25 Response
	<p><i>Arrangements for declarations of interest are also disclosed in the Annual Governance Report, reviewed by the Committee.</i></p>

### Enquiries of those charged with governance – supplementary queries

Question	2024-25 Response
<p>7. Are there any matters which those charged with governance consider require particular attention during the audit?</p>	<p><i>All issues regarding the financial statements have been raised throughout the year and fully disclosed to the auditors.</i></p>
<p>8. Are those charged with governance aware of any significant communications with regulators?</p>	<p><i>There are no significant communications to report. Any report issued by the Charity Commission would be presented to the Charitable Funds Committee, alongside management action plans for improvement.</i></p>

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

## **Appendix 3: Background information**

### **Matters in relation to fraud**

International Standard for Auditing (UK) 240 covers auditors' responsibilities relating to fraud in an audit of financial statements. This standard has been revised for 2022-23 audits.

The primary responsibility to prevent and detect fraud rests with both management and 'those charged with governance', which for the Health Board is the Board. Management, with the oversight of those charged with governance, should ensure there is a strong emphasis on fraud prevention and deterrence and create a culture of honest and ethical behaviour, reinforced by active oversight by those charged with governance.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error. We are required to maintain professional scepticism throughout the audit, considering the potential for management override of controls.

### **What are we required to do?**

As part of our risk assessment procedures we are required to consider the risks of material misstatement due to fraud. This includes understanding the arrangements management has put in place in respect of fraud risks. The ISA views fraud as either:

- The intentional misappropriation of assets (cash, property, etc); or
- The intentional manipulation or misstatement of the financial statements.

We also need to understand how those charged with governance exercises oversight of management's processes. We are also required to make enquiries of both management and those charged with governance as to their knowledge of any actual, suspected or alleged fraud, management's process for identifying and responding to the risks and the internal controls established to mitigate them.

### **Matters in relation to laws and regulations**

International Standard for Auditing (UK and Ireland) 250 covers auditors' responsibilities to consider the impact of laws and regulations in an audit of financial statements.

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Management, with the oversight of those charged with governance, is responsible for ensuring that the Health Board 's operations are conducted in accordance with laws and regulations, including compliance with those that determine the reported amounts and disclosures in the financial statements.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error, taking into account the appropriate legal and regulatory framework. The ISA distinguishes two different categories of laws and regulations:

- laws and regulations that have a direct effect on determining material amounts and disclosures in the financial statements;
- other laws and regulations where compliance may be fundamental to the continuance of operations, or to avoid material penalties.

### **What are we required to do?**

As part of our risk assessment procedures we are required to make enquiries of management and those charged with governance as to whether the Health Board is in compliance with relevant laws and regulations. Where we become aware of information of non-compliance or suspected non-compliance we need to gain an understanding of the non-compliance and the possible effect on the financial statements

### **Matters in relation to related parties**

International Standard for Auditing (UK) 550 covers auditors' responsibilities relating to related party relationships and transactions.

The nature of related party relationships and transactions may, in some circumstances, give rise to higher risks of material misstatement of the financial statements than transactions with unrelated parties.

Because related parties are not independent of each other, many financial reporting frameworks establish specific accounting and disclosure requirements for related party relationships, transactions and balances to enable users of the financial statements to understand their nature and actual or potential effects on the financial statements. An understanding of the entity's related party relationships and transactions is relevant to the auditor's evaluation of whether one or more fraud risk factors are present as required by ISA (UK and Ireland) 240, because fraud may be more easily committed through related parties.

### **What are we required to do?**

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

As part of our risk assessment procedures, we are required to perform audit procedures to identify, assess and respond to the risks of material misstatement arising from the entity's failure to appropriately account for or disclose related party relationships, transactions or balances in accordance with the requirements of the framework.

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

# Aneurin Bevan UHB Charitable Fund and Other Related Charities – Audit Plan 2025

Audit year: 2024-25

Date issued: September 2025

Document reference: 5077A2025



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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

# Introduction



**Adrian Crompton**

Auditor General for  
Wales

I am pleased to share my 2025 Audit Plan. The Plan sets out how I will undertake your audit.

My audit team has developed the Plan following a structured and risk-based planning process, which will remain ongoing throughout the audit. My [Code of Audit Practice](#) provides further detail on how my audit and certain other functions are to be carried out by my auditors.

At the core of all our work is our commitment to maintaining the highest standards of professional integrity, objectivity, independence and audit quality. Our three

lines of assurance model (page 14) sets out how we will ensure those standards of quality are met. Our latest annual quality report, [Audit Quality Report 2024](#), provides more information about our audit quality arrangements.


My audit team will work constructively with your staff to understand the issues you are facing, ensure the audit process operates as smoothly as possible, and provide valuable insights about any areas for improvement.


My work programme, as outlined in this Plan, sits alongside other [national audit work](#) that may include coverage of your organisation.


Should you have any questions about your audit my audit team will be happy to discuss them with you. They will also keep you regularly updated as work progresses.

# Our aims and ambitions

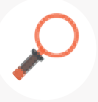
## Our purpose


 Assure people that public money is being managed well


 Explain how that money is being spent


 Inspire the public sector to improve

## Our vision


 Fully exploiting our unique perspective, expertise and depth of insight


 Strengthening our position as an authoritative, trusted and independent voice


 Increasing our visibility, influence, and relevance

 Being a model organisation for the public sector in Wales and beyond

## Our areas of focus

 A strategic, dynamic, and high-quality audit programme

 A targeted and impactful approach to communications and influencing

 A culture and operating model that enables us to thrive

You can find out more about Audit Wales in our [Annual Plan 2024-25](#) and [Our Strategy 2022-27](#).

# Financial audit work

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## Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness' and their proper preparation in accordance with accounting standards and legal requirements (and the regularity of income and expenditure.

I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

There have been no limitations imposed on me in planning the scope of this audit.

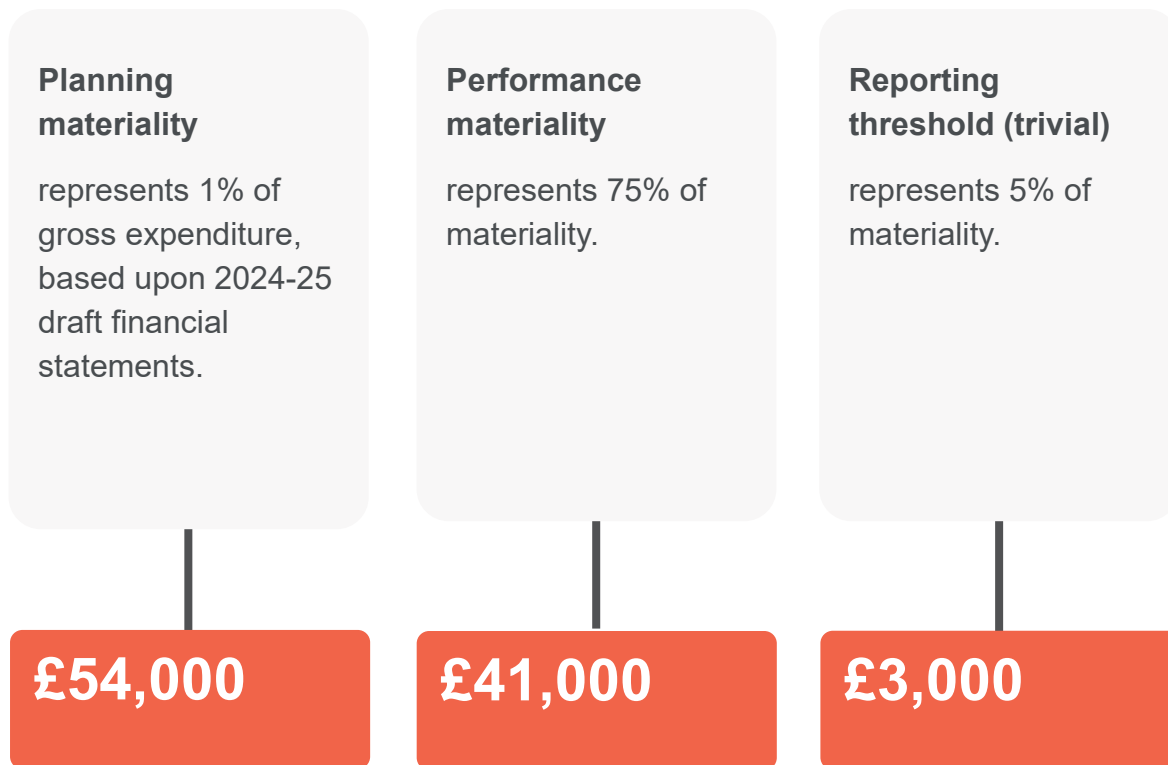
## Financial statements materiality

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material and correct misstatements, that is, those that might result in a reader of the accounts being misled. Materiality applies not only to financial misstatements, but also to disclosure requirements and adherence to the applicable accounting framework and law.

I set planning and performance materiality to:

- Determine the level of misstatement that could cause the user of the accounts to be misled;
- Assist in the scoping of our audit approach and resultant audit tests;
- Determine sample sizes;
- Assess the effect of known and likely misstatements in the financial statements; and
- Report to those charged with governance any unadjusted misstatements above a trivial level, our reporting threshold.

The levels at which I judge such misstatements to be material is set out below.



There are some areas of the accounts that may be of more importance to the user of the accounts, and we have set a lower materiality level for these:

**Related party disclosures**  
£5,000

My audit team will assess materiality levels throughout the audit.

## Significant financial statements risks

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other International Standard on Auditing (ISAs). The ISAs require us to focus more attention on these significant risks.

### Risk of management override

The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].

#### Our planned response

My audit team will:

- test the appropriateness of journal entries and other adjustments made in preparing the financial statements;
- review accounting estimates for bias; and
- evaluate the rationale for any significant transactions outside the normal course of business.

### Other areas of focus

I set out below other identified risks of material misstatement which, although not determined to be significant risks as above, I would like to bring to your attention.

### Valuation of investment assets

The value of investment assets reflected in the balance sheet and notes to the accounts are material estimates. These estimates are subject to a high degree of subjectivity, depending on specialist and management assumptions.

In April 2025 the Charity also sold one of its material investment properties.

There is a risk that the carrying value of investment assets recognised in the accounts could be materially different to the current value of assets as at 31 March 2025.

### **Our planned response**

My audit team will:

- review the information provided to the valuers to assess for completeness;
- evaluate the competence, capabilities and objectivity of the professional valuers;
- test a sample of assets revalued in the year to ensure the valuation basis, key data and assumptions used in the valuation process are reasonable, and the revaluations have been correctly reflected in the financial statements;
- review the accounting treatment of assets held for sale; and
- test the reconciliation between the financial ledger and the asset register.

### **Related party disclosures**

The financial statements must disclose any related party relationships along with the transactions and balances between the body and the other body/party.

The body has many relationships that could be considered a related party. Many are well known for example with the Health Board.

However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these relationships. These transactions are of high interest and are considered to be material by their nature

There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.

### **Our planned response**

My audit team will:

- review management's process for identifying related party relationships and associated transactions and balances;
- undertake procedures to confirm the completeness of related party relationships; and
- ensure disclosures are complete, accurate, consistent with evidence and are in accordance with accounting requirements.

### **Accounting for grant income**

Grant income is a material balance in the Charity's financial statements. In 23-24, a material amount of grant income was incorrectly deferred because the grants did not have the sufficient conditions to allow deferment per the SORP.

There is a risk that grant income is incomplete.

#### **Our planned response**

My audit team will:

- review the work the Charity has completed in response to our 23-24 recommendation on the matter; and
- test a sample of grant income and deferred income to ensure completeness and compliance with the SORP.

## Financial statements audit timetable

Below is a timetable showing the key stages of the audit and our key audit deliverables that we will provide to you.

### Exhibit 1: Financial statements audit timetable

<p><b>Planning &amp; Interim</b></p> <p><b>June - September 2025</b></p>	<ul style="list-style-type: none"> <li>Planning meeting</li> <li>Risk assessment procedures</li> <li>Fraud risk assessment</li> <li>Accounting estimates planning</li> <li>IT environment risk assessment &amp; controls review</li> <li>Develop testing strategy</li> <li>Indicative audit fee</li> <li>Draft Audit Plan</li> </ul>
<p><b>Fieldwork</b></p> <p><b>October to November 2025</b></p>	<ul style="list-style-type: none"> <li>Update risk assessment</li> <li>Audit of financial statements to include narrative report and annual governance statement</li> <li>Complete audit testing</li> <li>Evaluate audit findings</li> <li>Audit closure meeting</li> </ul>
<p><b>Reporting</b></p> <p><b>December 2025</b></p>	<ul style="list-style-type: none"> <li>Audit of Accounts Report</li> <li>Recommendations for improvement</li> <li>Present findings to those charged with governance</li> <li>Auditor General certification</li> <li>Post project learning</li> </ul>

# Audit fee

In January 2025 we published our [2025-26 Fee Scheme](#) following approval by the Senedd Finance Committee which details the average increase to fee rates of 1.7%.

The actual fee that any individual audited body will pay depends not just on our fee rates but on the quantum of work and the skill mix required.

**Your estimated audit fee: £20,099 (2023-24 £19,763)**

Your fee is exclusive of VAT.

Planning will be ongoing, and changes to my programme of audit work, and therefore my fee, may be required if any key new risks emerge. I shall make no changes without my auditors first discussing them with the Director of Finance.

## **I base my audit fee on the following assumptions:**

- The agreed audit deliverables set out the expected working paper requirements to support the financial statements and include timescales and responsibilities.
- No matters of significance, other than as summarised in this plan, are identified during the audit.

# Audit team

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My audit team will continue to work and engage remotely using technology, but some on-site audit work will continue where it is appropriate to do so.

Audited bodies have a responsibility to ensure the safety and wellbeing of Audit Wales staff when they are on your premises.

The main members of my team, together with their contact details, are summarised in **Exhibit 2**.

## Exhibit 2: My local audit team

<b>Engagement Lead</b>	Richard Harries <a href="mailto:richard.harries@audit.wales">richard.harries@audit.wales</a>
<b>Audit Manager</b>	Julie Rees <a href="mailto:julie.rees@audit.wales">julie.rees@audit.wales</a>
<b>Audit lead</b>	Matthew Argyle <a href="mailto:matthew.argyle@audit.wales">matthew.argyle@audit.wales</a>

I can confirm that my team members are all independent of the Health Board and your officers.

# Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



## Our People

- Selection of right team
- Use of specialists
- Supervisions and review



## Arrangements for achieving audit quality

### Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



## Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

# Supporting you

Audit Wales has a range of resources to support the scrutiny of Welsh public bodies, and to support them in continuing to improve the services they provide to the people of Wales.

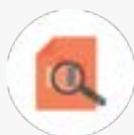
Visit our [website to find:](#)



Our [publications](#) which cover our audit work at public bodies.



Information on our upcoming work and forward work programme for [performance audit](#).



[Data tools](#) to help you better understand public spending trends



Details of our [Good Practice](#) work and events including the sharing of emerging practice and insights from our audit work.



Our [newsletter](#) which provides you with regular updates on our public service audit work, good practice, and events.



Audit Wales

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Website: [www.audit.wales](http://www.audit.wales)

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Charitable Funds Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Fundholder presentations of Spending Plans
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Robert Jones, Assistant Director of Finance – Systems & Services

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Charitable Funds Committee monitor fund balances and where large balances are identified as static or slow moving, the Committee request Fundholders attend Committee meetings to see if they require assistance in spending their funds.

This report contains some background and further information on 2 of those funds and the Charitable Fundholders invited to present their spending plans to the Committee.

## Cefndir / Background

The following funds have been identified as having slow moving or static funds over the last 12 months, as identified in agenda item 3.4 – Spending Plans over £25k.

<b>Fund Number &amp; Name:</b>	F306 RGH VASCULAR LABORATORY
<b>Fund Purpose:</b>	To provide equipment and training for the staff within the department
<b>Fundholder presenting:</b>	Jane Trumper, Vascular Laboratory Manager
<b>Restricted/Unrestricted:</b>	Unrestricted
<b>Fund Balance:</b>	£31,327.87

A report is shown in Appendix A, with greater detail on the Funds spending plans.

<b>Fund Number &amp; Name:</b>	F831 LEGACY GASTROENTEROLOGY FELLOWSHIP
<b>Fund Purpose:</b>	Left in will specifically for the Brian Calcraft Memorial Fund which was for Endoscopy and Gastroenterology
<b>Fundholder presenting:</b>	Sarah Wilson, Directorate Manager, Gastroenterology
<b>Restricted/Unrestricted:</b>	Restricted Legacy
<b>Balance:</b>	£101,908.88

## Asesiad / Assessment

Please see attached spending plans in Appendix A.

## Argymhelliad / Recommendation

The Charitable Funds Committee is asked to note the presentations.

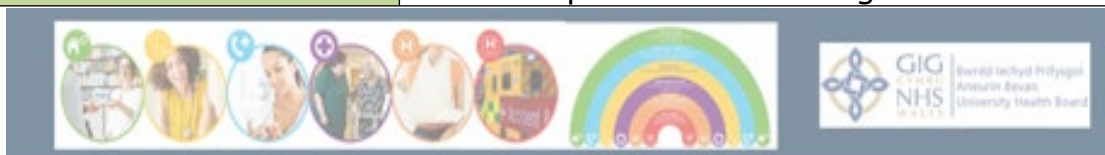
## **Amcanion: (rhaid cwblhau)**



<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	SGS – Small Grants Scheme CFC – Charitable Funds Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:



• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Yes, outlined within the paper
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.



**Charitable Fund Holder – Spending Plan 2025/2026  
For the Charitable Funds Committee  
For funds more than £25K**

<b>Account No:</b>	F306 RGH VASCULAR LABORATORY
<b>Account Name:</b>	
<b>Fund Balance as at 31.08.25</b>	£31,327.87
<b>Fund Purpose</b>	To provide equipment and training for the staff within the department

**Financial Summary**

Income £0  
Expenditure £0

**Describe your main source of income for the year: £0**

The monies in the fund have built up from donations from grateful patients, > 20 years ago, with the bulk of the funds received from the sale of a scanner several years ago which was originally purchased with charitable donations.

**Please describe how the fund was used in the year, including the items purchased and how they were used to improve the service providing examples of benefits to patients and staff. If appropriate, please provide photographs.**

The fund has not been used recently but previously we have used it for training courses which enable staff to remain updated with the latest advances in vascular ultrasound which benefit the patients in our care, computer equipment, room reconfiguration at Nevill Hall Vascular Lab to accommodate a larger desk area for a trainee, and air conditioning units in our scanning room in Ysbyty Ystrad Fawr, due to relocation.

We have also been lucky to receive two software updates for our scanning machines, 1 for Nevill Hall and 1 for Royal Gwent which were kindly purchased by our colleagues in Rheumatology, in order to introduce a new service to diagnose Giant Cell Arteritis [GCA] in 2024.

**Please describe detailed plans with estimated costs for the fund in the next twelve months and over the medium term of three years, describing the benefits these purchases will make to both staff and patients.**

It has been our intention to use the charitable fund to contribute towards replacing the scanner at Nevill Hall at its "end of life" which has been extended from 5 years to 7 years, and this is due for replacement in 2026. We are making an approach to the Nevill Hall League of Friends to see if they will consider contributing to this.

We were in the process of using our funds at the end of 2024 to purchase another upgrade and transducer at the GUH site for GCA diagnosis (like the ones Rheumatology bought for us) but this was put on hold by the GM for Radiology.

This would have enabled three out of four sites offering the rapid access to GCA and offer patients care nearer home, taking into account that the scans should be performed within 72 hours of symptoms.

<b>Charitable Funds Holder</b>	<b>Jane Trumper</b>
<b>Date:18/09/25</b>	<b>Vascular Laboratory Manager</b>

**Charitable Fund Holder Report 2025/2026  
For the Charitable Funds Committee  
For funds more than £25K**

<b>Account No: Account Name:</b>	F831 LEGACY GASTROENTEROLOGY FELLOWSHIP
<b>Fund Balance as at 31.08.25</b>	£101,908.88
<b>Fund Purpose</b>	Left in Will specifically for the Brian Calcraft Memorial Fund

**Financial Summary**

**Describe your main source of income for the year: £0**

This money was left in a Will to the Brian Calcraft Memorial Fund which at the time was an unrestricted charitable fund set up for the gastroenterology/ endoscopy service and was named after a doctor who worked at RGH and died from colorectal cancer.

As a Legacy, this money was allocated as a restricted fund, to support the gastroenterology/ endoscopy service. The Legacy fund is designated as restricted, but there are no restrictions on how it can be used across the service.

**Please describe how the fund was used in the year, including the items purchased and how they were used to improve the service providing examples of benefits to patients and staff. If appropriate, please provide photographs.**

One of our doctors previously attended the Charitable Funds Committee and requested that we use the fund for an ongoing Gastroenterology Fellowship to attract doctors to work at Aneurin Bevan UHB. The Committee agreed to this plan.

We paid for the publication of a paper in an international journal written by one of our consultants, but we have not used the fund since.

**Please describe detailed plans with estimated costs for the fund in the next twelve months and over the medium term of three years, describing the benefits these purchases will make to both staff and patients.**

- There is no longer a desire from the directorate to use the fund for the fellowship previously outlined and agreed by the Committee.
- The directorate have many training requests that we are struggling to fund.
- We would like to utilise this fund by sharing amongst the other funds we hold but I have been advised that I cannot do this as it is a restricted fund, but we can assign portions of the fund against different groups within the directorate for them to spend.
- As the bequest was for the original Calcraft fund which was for gastroenterology/endoscopy services, there are numerous other ways we can use the fund that would be beneficial to our staff and our patients such as the following:
  - Capital projects
  - Travel and accommodation for training

<b>Charitable Funds Holder</b>	<b>Sarah Wilson</b>
	<b>Directorate Manager</b>
<b>Date:</b>	

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2025
<b>CYFARFOD O: MEETING OF:</b>	Charitable Funds Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Charitable Funds Committee – Review of Committee Forward Work Plan 2025/26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Director of Corporate Governance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Governance Support Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Charitable Funds Committee is asked to review the agreed Committee Forward Work Plan appended to this report. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2025/26 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

**Cefndir / Background**

In line with good governance practice, the Committee has a Forward Work Plan that was developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The Forward Work Plan can therefore

be utilised as a tool for informing and pre-empting Committee business and support the agenda setting process.

To aid the Committee when reviewing its programme of business, the Forward Work Programme captures the timing of when reports are to be submitted, identifies items that have been deferred and captures new requests for reports and enables the Committee to monitor and review its business at each meeting.

During the period the following requests and/or changes to the forward work plan have been included:

**Items Deferred on the Forward Work Plan**

- Annual Review of Committee Effectiveness 2025/26 was deferred and would be incorporated within the Committee annual report in March 2026 meeting.

**Additional items on the Forward Work Plan**

- At the June meeting it was agreed to have an update on benchmark data for other Health Board charity income at the September 2025 meeting.
- At the June meeting it was agreed to have an update on options appraisal for growing the charity and promoting its benefits to the September 2025 meeting.

These changes have been reflected on the updated Forward Work Programme.

**Argymhelliad / Recommendation**

The Committee is requested to **NOTE** the updated Committee forward work plan as provided in **Appendix 1**.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Not Applicable Choose an item. Choose an item. Choose an item.
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>	Not Applicable Choose an item.

<https://futuregenerations.wales/about-us/future-generations-act/>

## **Annual Programme of Business for 2025-26**

### **Charitable Funds Committee**

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The discharge of the business needs of the individual Directorates
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The Board's Assurance Framework and Corporate Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

<b>Area of Focus as per Standing Orders:</b>
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.

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> September 2025	QTR 4 7 <sup>th</sup> January 2026 (Accounts)	QTR 1 18 <sup>th</sup> March 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 2025/26	DoCG	AN	√			
Review of Committee Programme of Business	Chair	SI		√	√	√
Annual Review of Committee Terms of Reference 2025/26	DoCG	AN	√ 2024/25			√
Annual Review of Committee Effectiveness 2025/26	DoCG	AN	√ 2024/25			√
Committee Annual Report 2025/26	DoCG	AN	√ 2024/25			√

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> </ul>	AHOFA	SI	√	√	√	√
Legislation Changes	HOFSA	SI	√	√	√	√
Funds available to the Committee	HOFSA	SI	√	√	√	√
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> </ul>	HOFSA	SI	√	√	√	√
Update on Property Matters	HOFSA	SI	√	√	√	√

• Update on Clytha Square (June2025 meeting)						
Spending Plans over £25K	HOFSA	Bi-AN		✓		✓
Level of Reserves	AFD	AN	✓			
Review of Investment Strategy and Performance (CCLA)	AFD	AN			✓	
Review of Financial Control Procedure	AFD	AN				✓
Administration Charge	HOFSA	AN			✓	
Draft Accounts and Annual report	HOFSA	AN		✓		
Final Accounts and Annual report for approval	HOFSA	AN			✓	
Attendance of fund holders for slow moving funds	DOFP	SI	✓	✓	✓	✓
Audit Plan Update (Verbal)	HOFSA	Action	✓			

<b>Lead Officer</b>	
<b>Key</b>	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair
AFD	Assistant Finance Director
HOFSA	Head of Finance
CFM	Charitable Funds Manager

<b>Frequency of Inclusion</b>	
<b>Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions</b>	
<b>SI</b>	Standing Item
<b>An</b>	Annual
<b>1/4ly</b>	Quarterly
<b>BI</b>	!/2 yearly
<b>Schedule of Meetings</b>	
<b>v</b>	Scheduled agenda item in FWP
<b>D</b>	Deferred from this agenda
<b>vD</b>	Deferred Scheduled agenda item

<b>W</b>	Withdrawn from FWP
<b>T</b>	Transferred to another Committee
<b>IC</b>	Matter discussed In Committee