

Charitable Funds Committee

Wed 04 June 2025, 09:30 - 12:30

Microsoft Teams



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

CFC 20250604 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 7th March 2025

Attached *Chair*

CFC 20250604 1.4 CFC 20250307 Minutes - Draft.pdf (10 pages)

1.5. Committee Action Log

Attached *Chair*

CFC 20250604 1.5 Action Log - Approved.pdf (3 pages)

09:30 - 09:30 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

0 min

2.1. Development of Committee Annual Programme of Business 2025/26

Attached *Director of Corporate Governance*

CFC 20250604 2.1 CFC Forward Plan 2025-26 Cover Report.pdf (3 pages)

CFC 20250604 2.1 Appendix 1 CFC Forward Work Plan 2025-2026.pdf (5 pages)

2.2. Finance & Performance Report

Attached *Assistant Head of Financial Accounting*

CFC 20250604 2.2 Finance Performance Report.pdf (11 pages)

CFC 20250604 2.2 FPR Appendix A 2025-2026 Cashflow.pdf (1 pages)

CFC 20250604 2.2 FPR Appendix B Static Funds.pdf (1 pages)

2.3. Funds Available to the Committee

Attached *Head of Financial Services and Accounting*

CFC 20250604 2.3 Funds available to the Committee Cover Report.pdf (6 pages)

CFC 20250604 2.3 Appendix A Evaluation SGS 15 Moral Injury Small Grants Scheme Evaluation Form (Mar25).pdf (3 pages)

2.4. Consideration of Bids/Small Grants

Attached *Head of Financial Services and Accounting*

- **CFC/0703/08** 3-year Plan for Decarbonisation
- **CFC/0703/08** Staff Network Grant
- CFC-270 Cardiology Impella Equipment £41k for ratification
- CFC-271 Thyroid Gently Study £40k for ratification
- New bids/small grants

📄 CFC 20250604 2.4 Consideration of Bids and Small Grants Cover report .pdf (6 pages)

📄 CFC 20250604 2.4 Appendix 1 CFC-270 Cardiology Impella Equipment.pdf (3 pages)

📄 CFC 20250604 2.4 Appendix 2 CFC-271 Thyroid Genetic Testing Project.pdf (5 pages)

📄 CFC 20250604 2.4 Appendix 3 CFC-272 Pintuition Breast Cancer System Bid.pdf (4 pages)

📄 CFC 20250604 2.4 Appendix 4 CFC-273 Myeloma CNS.pdf (6 pages)

📄 CFC 20250604 2.4 Appendix 5 CFC-274 3 year Decarbonisation.pdf (11 pages)

📄 CFC 20250604 2.4 Appendix 6 CFC-275 Patient and Family Inclusion Officer.pdf (30 pages)

📄 CFC 20250604 2.4 Appendix 7 CFC-276 Volunteer Co-ordinators and Data Entry May 2025.pdf (18 pages)

📄 CFC 20250604 2.4 Appendix 7.1 Risk Mitigation (002).pdf (1 pages)

📄 CFC 20250604 2.4 Appendix 8 CFC-277 Suicide Bereavement Service in ABUHB May 2025.pdf (21 pages)

📄 CFC 20250604 2.4 Appendix 9 CFC-278 Language and Interpretation Services.pdf (13 pages)

📄 CFC 20250604 2.4 Appendix 10 SGS-023 Medicinema Serennu.pdf (3 pages)

📄 CFC 20250604 2.4 Appendix 11 SGS-024 2025 Finance Conference.pdf (4 pages)

📄 CFC 20250604 2.4 Appendix 12 SGS-025 MHLD -Div Autumn - CONF 2025.pdf (5 pages)

📄 CFC 20250604 2.4 Appendix 13 SGS-026 Community of Practice for People's Experience.pdf (6 pages)

09:30 - 09:30 3. ITEMS FOR DISCUSSION

0 min

3.1. Legislation Changes

Oral *Assistant Finance Director*

3.2. Update on Property Matters

Oral *Assistant Finance Director*

3.3. Level of Reserves

Attached *Assistant Finance Director*

📄 CFC 20250604 3.3 Level of Reserves 2025-26 Final.pdf (6 pages)

3.4. Attendance of Current CFC Fund Holders for Slow Moving Funds

Oral *Assistant Finance Director*

- Professor Paul Edwards - KEN SHUTE FUND
- Nicola Hardwicke & Gillian Watkins - RGH CASTING TECHNIQUES COURSE

3.5. Audit Plan 2024/25 Update

Oral *Audit Wales*

09:30 - 09:30 4. ITEMS FOR INFORMATION

0 min


4.1. Annual Review of Committee Terms of Reference 2025/26

Attached *Director of Corporate Governance*

 CFC 20250604 4.1 ToR Charitable Funds Committee Approved May 2025.pdf (9 pages)

4.2. Committee Annual Report 2024/25

Attached *Director of Corporate Governance*

 CFC 20250604 4.2 Charitable Funds Committee Annual Report 2024.25.pdf (30 pages)

09:30 - 09:30

0 min

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*

5.2.1. Repayment of Grant Funding

 5.2 Repayment of Grant Funding to NHS Charities Together.pdf (5 pages)

5.3. Date of the Next Meeting: 30th September 2025

AGENDA

Date and Time	Wednesday 4th June 2025, 09:30PM-12:30PM
Venue	Microsoft Teams

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
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 7 th March 2025	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
2.1	Development of Committee Annual Programme of Business 2025/26	Attached	Director of Corporate Governance
2.2	Finance & Performance Report	Attached	Assistant Head of Financial Accounting
2.3	Funds Available to the Committee	Attached	Head of Financial Services and Accounting
2.4	Consideration of Bids/Small Grants <ul style="list-style-type: none"> • CFC/0703/08 3-year Plan for Decarbonisation • CFC/0703/08 Staff Network Grant • CFC-270 Cardiology Impella Equipment £41k for ratification • CFC-271 Thyroid Gently Study £40k for ratification • New bids/small grants 	Attached	Head of Financial Services and Accounting
3	ITEMS FOR DISCUSSION		
3.1	Legislation Changes	Oral	Assistant Finance Director
3.2	Update on Property Matters	Oral	Assistant Finance Director



3.3	Level of Reserves	Attached	Assistant Finance Director
3.4	Attendance of Current CFC Fund Holders for Slow Moving Funds - Professor Paul Edwards - KEN SHUTE FUND - Nicola Hardwicke & Gillian Watkins - RGH CASTING TECHNIQUES COURSE	Oral	Assistant Finance Director
3.5	Audit Plan 2024/25 Update CFC/0703/12	Oral	Audit Wales
4	ITEMS FOR INFORMATION		
4.1	Annual Review of Committee Terms of Reference 2025/26	Attached	Director of Corporate Governance
4.2	Committee Annual Report 2024/25	Attached	Director of Corporate Governance
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: • Tuesday 30 th September 2025		

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



DATE OF MEETING	Friday 7th March 2025 at 09:30-12:30
VENUE	Microsoft Teams

PRESENT	Paul Deneen, Independent Member (Chair) Neil Patrick, Independent Member (Vice Chair) Robert Holcombe, Director of Finance and Procurement
IN ATTENDANCE	Gareth Lewis, Head of Financial Services & Accounting Alison Griffiths, Charitable Funds Manager Susan Gauntlett, Assistant Head of Financial Accounting Mark Ross, Assistant Finance Director Robert Jones, Assistant Director of Finance Jenna Stevens, Consultant Anaesthetist (Item 2.3) Karen Newman, Assistant Director of Communications and Engagement (Item 2.3) Antonia Cavalier, CCLA (Item 3.5) Vanessa Williams, Directorate Manager (Item 3.6) Dr Mohamed Adlan, Consultant Physician (Item 3.6) Fern Woodhead, Governance Support Officer
OBSVERING APOLOGIES	None Nicola Prygodzicz, Chief Executive Rani Dash, Director of Corporate Governance Richard Clark, Independent Member

CFC/0703/01	Welcome and Introductions Paul Deneen (PD), Chair, welcomed everyone to the meeting.
CFC/0703/02	Apologies for Absence Paul Deneen (PD), Chair, noted the apologies for absence.
CFC/0703/03	Declarations of Interest There were no declarations of interest to record.
CFC/0703/04	Draft Minutes of the meeting held on 13th January 2025.

	<p>The minutes of the previous meeting held on 13th January 2025 were agreed as a true and accurate record.</p> <p>The Committee APPROVED the minutes from the previous meeting.</p>
CFC/0703/05	<p>Committee Action Log</p> <p>The Committee received the action log and was content with progress made on the completed actions.</p> <p>The Committee NOTED the report for information.</p>
CFC/0703/06	<p>Finance & Performance Report</p> <p>Susan Gauntlett (SG), Assistant Head of Financial Accounting, provided the Committee with a financial update for period ending 31st January 2025.</p> <p>The Committee was advised of the following key issues within the report:-</p> <ul style="list-style-type: none"> • Expenditure had increased by 18% compared to the same to period 2023/24; • Expenditure as a percentage of fund balances in the first 10 months of the year were higher than in previous years; • Since 2021/22, both the total number of funds and number of static funds had decreased; • On 31st January 2025 the CCLA investments were reflecting an unrealised gain of £186k with funds decreasing by £53k on 28th February 2025. <p>SG advised the Committee that the total income at month 10 was £805k highlighting this was £77k less then the same reporting period last year. Throughout the year the charity had received 2 legacies and 1 grant income and a total expenditure of £1.2M.</p> <p>The Committee was advised that as the Clytha Square property sale was not completed in this financial year the charity would need to sell some of the investments to cover the cost of cash flow for 2024/25.</p> <p>AG advised the Committee that there was an NHS Charities Together grant for a workforce well-being programme where funds could be available for the Health Board to bid for if Welsh Government agrees to the spend.</p>



There was a request to the Committee to approve the set up of the following new legacy funds:-

- LEGACY CJ WINTOUR – ABUHB PAEDIATRICS CROHN'S DISEASE
- LEGACY T JACKSON – RGH MEDICAL DAY CASE UNIT

Robert Holcombe (RH), Director of Finance and Procurement, asked if the legacy requests were specific in the direction of where the funds were used. SG advised that the legacy documents specified where the funds should be used.

RH asked who advises the solicitors of the titles of what the legacies could be used for. AG advised that the solicitors were asked to be generic on the request to ensure the specification would not be obsolete in the future.

The Committee **APPROVED** the set-up of the 2 new funds requests and **NOTED** the report.

CFC/0703/07

Funds available to the Committee 2024/25

Mark Ross (MR), Assistant Finance Director, provided the Committee with an update on the funds available to the Committee in 2024/25, advising that there was a balance of £12.6k available to support any grant or bid requests.

The Committee was asked to approve the proposal of releasing some of the reserves of an amount equal to the total balance of Dividends & Interest income received in 2024/25 to the General Purpose fund with effect from 1 April 2025.

MR advised there was £830k currently in the reserve and the request would be to release £175k with the £12.6k combined to use for 2025/26 leaving the level of reserve at £785k.

The Committee was advised that the charity was still getting bid requests and there was a need to communicate to the Health Board what the charity would be able to fund.

Paul Deneen (PD), Chair, advised that later in the year, if there were bid requests coming through that meant there was a requirement to release additional funds, an agenda



item should be added on an ad-hoc basis in readiness for bid and grant approvals.

Robert Holcombe (RH), Director of Finance and Procurement, advised the Committee that the Health Board had put a hold on certain administrative arrangements such as conferences, with these requests likely to come as a bid to the Committee to support.

The Committee **NOTED** the funds available and **APPROVED** the transfer of an amount equal to the total balance of Dividends and Interest income received in 2024/25 from Reserves to the General Purpose fund with effect from 1 April 2025.

CFC/0703/08

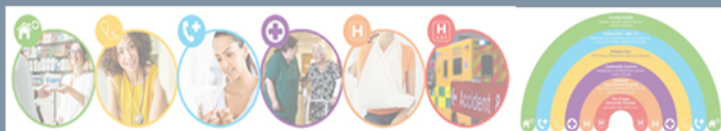
Consideration of Bids/Small Grants

Gareth Lewis (GL), Head of Financial Services & 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 2 more substantial requests for approval.

Robert Holcombe (RH), Director of Finance and Procurement, made the Committee aware that the grants and bids requests had not been to the Executive Committee for oversight prior to the meeting due to the Health Board pressures.

The Committee considered and approved the following small grant applications:-

- SGS-019 MHLN Nurse Conference for £4k;
- SGS-020 MHLN Wellbeing & Connection Growth for the Integration of International Nurse for £900;
- SGS-021 Furniture for Therapy Room at Beechwood ward in St Cadocs for £4,230k;
- SGS-022 Pride Staff Network across ABUHB for £2,500k, The committee received a request for funding for some items for the Pride Staff Network. The committee was supportive of the request in principle. However, the Committee asked for the matter to be reviewed once all of the Staff Networks had been approached regarding any additional requests, so that all requests be considered together at the June meeting. **Action: Head of Financial Services & Accounting**



RH asked if the funding requests were coming from the general funds. Alison Griffiths (AG), Charitable Funds Manager, advised that the funds would be from the general funds, confirming that the team had looked at other areas to try and get funding with this being the last option.

RH asked if the Mental Health and Learning Disability department had access to any other funds. AG advised that there were other funds available to them but these funds had been committed to fund a gym.

The Committee requested that, going forward, when grant applications were submitted, the Charitable Funds team would look at all options before using the general funds.

The Committee considered and approved the following bid applications:-

CFC-268 bid for Staff Recognition Awards 2025/26 – up to £28k approved.

GL advised the Committee that the request would be up to £28k for the Staff Recognition Awards and would share the final agreed figure with the Committee Members once discussed at the Executive Committee meeting on 10th March 2025. **Action: Head of Financial Services & Accounting**

Karen Newman (KN), Assistant Director of Communications and Engagement, advised the Committee that the launch for the awards nominations was on 10th March 2025 and was going to extend the patient choice award over a 12 month period with the event being held on Friday 4th July 2025.

Paul Deneen (PD), Chair, asked if it was possible to include volunteers as part of the categories. KN advised that the Health Board would include volunteers as part of the award ceremony.

CFC-269 bid for Clinical Sessions for Decarbonisation Initiatives - £17k approved.

Jenna Stevens (JS), Consultant Anaesthetist, presented the Committee with an overview of the benefits the Clinical Sessions for Decarbonisation Initiatives would have on the Health Board.



The Committee was advised that the NHS were responsible for over 6% of the UK's carbon emissions, with the Health Board now working to deliver the NHS Wales decarbonisation strategic plan and to aim to meet net zero by 2030.

The Committee was advised that the focus of the strategy for 2025 was to continue to raise awareness, reduce medical procurement, pharmaceutical waste and optimise patients conditions to try and reduce prescribing.

The Committee agreed for a 3 year plan to be created to support the decarbonisation programme and to be included for the next Committee meeting in June 2025. **Action: Director of Finance and Procurement**

The Committee **APPROVED** the grants and bids requests.

CFC/0703/09

Review of Financial Control Procedure

Gareth Lewis (GL), Head of Financial Services & Accounting, provided the Committee with an overview of the review of the Financial Control Procedure (FCP) which was reviewed throughout the year to account for any changes in legislation or processes and reported to the Committee.

The Committee was advised that it had been agreed to review and update the FCP as and when circumstances arose as opposed to updating the FCP based on the renewal date, highlighting the next renewal date was due in July 2025 as part of the Health Boards 3-year review process.

During the review there was a requirement to make the following minor amendments:-

- Changes throughout the document to reflect the change in address of the Charitable Funds Team who moved from Mamhilad, Pontypool to Ty Gwent, Cwmbran in November 2024;
- Renumbering of the appendices throughout the document so that they follow in order of appearance within the policy;
- An addition at Fundraising 9.5.2 to include guidance on ensuring the safety of the foods offered to patients and visitors;



	<ul style="list-style-type: none"> An additional point in Appendix 15 – 3.5 Bids relating to Additional Staff Resources, making reference to the plans that needed to be considered to cover maternity and sickness leave. <p>The Committee was advised that due to a system error with the report being uploaded to Admin Control the track changes on the report had been removed, GL agreed to share the track changes version with Committee Members outside of the meeting. Action: Head of Financial Services & Accounting</p> <p>The Committee APPROVED the listed amendments to the FCP.</p>
CFC/0703/10	<p>Legislation Changes</p> <p>Mark Ross (MR), Assistant Finance Director, provided the Committee with an update on the legislation changes, advising that there had been no changes to the legislation.</p> <p>The Committee NOTED the update.</p>
CFC/0703/11	<p>Update on Property Matters</p> <p>Mark Ross (MR), Assistant Finance Director, provided the Committee with an updated on the Clytha Square property, advising there had been some interest with a developer considering an offer.</p> <p>The Committee agreed that if an offer was not submitted by 31st March 2025 the property could go to auction. MR advised the Committee that the property at auction would sell for between £150k to £200K.</p> <p>The Committee APPROVED for the property to go to auction if no offers were received by 31st March 2025 and NOTED the update.</p>
CFC/0703/12	<p>Audit Wales 2024/25 Timeframe for Programme of Work</p> <p>Gareth Lewis (GL), Head of Financial Services & Accounting, provided the Committee with an update on the Audit Wales 2024/25 timeframe for the programme of work, advising that the team had met with Audit Wales and the aim was to start on the charitable funds accounts in October 2025 and to be completed by the January 2026 Committee meeting.</p>



	<p>The Committee requested for a verbal update on the audit plan to be presented to the June 2025 meeting. Action: Head of Financial Services & Accounting</p> <p>The Committee NOTED the Audit Wales 2024/25 timeframe.</p>
<p>CFC/0703/13</p>	<p>Current Fund Holders Plans</p> <p>Gareth Lewis (GL), Head of Financial Services & Accounting, provided the Committee with an overview of the current fund holder plans with balances over £25k, advising that the Charitable Funds team monitor these plans against spend to ensure that funds were spent in a timely manner.</p> <p>The Committee was advised that there was a total value was £5.721M consisting of 401 individual funds reporting at 31st March 2024. Of this, there were 44 funds that had balances over £25k with 7 now being closed and 37 funds remaining open.</p> <p>GL advised the Committee that throughout 2025/26 some of the fund holders with funds over £25K would provide updates for assurance on their spending plans.</p> <p>Paul Deneen (PD), Chair, praised the team for the positive progress made and having a clear plan in place for the fund holders to share their funding plans with the Committee.</p> <p>The Committee NOTED the current fund holder plans report.</p>
<p>CFC/0703/14</p>	<p>Review of Investment Strategy and Performance (CCLA)</p> <p>Antonia Cavalier (AC),CCLA, provided the Committee with an overview of the Charitable Funds performance in investments.</p> <p>Mark Ross (MR), Assistant Finance Director, advised the Committee that the Health Board uses CCLA to invest the charities funds of £5.5M and highlighted that the 3-year contract with CCLA would expire in March 2026 with a 12month extension option before going to tender.</p> <p>The Committee received an overview of the communities the funds had been invested in, with the interest rates reducing resulting in a decrease in the charities investment</p>



amount being lower in 2024 to previous years. It was highlighted that there had still been a positive return in 2024 of £165K, a 5.8% return rate.

Paul Deneen (PD), Chair, asked what CCLA's predications were for 2025 based on the percentage returns. AC advised that the interest rates were unpredictable at the moment with the capital values but the ethical fund would increase by 3% in 2025 based on project forecast income.

The Committee was advised that there had been a positive return in 2024 for property with the portfolio now seeing capital growth.

AC provided the Committee with guidance that the ethical and property fund was medium risk investment with a risk that the funds could lose capital value.

The Committee **NOTED** the Charitable Funds performance in investments.

CFC/0703/15

Attendance of Current CFC Fund Holders for Slow Moving Funds

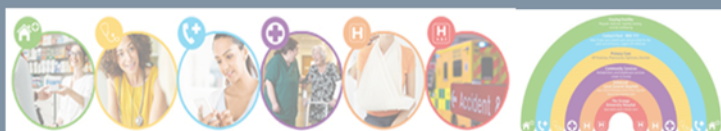
The Committee received an overview of the spending plans for 3 of the account with slow moving funds.

Vanessa Williams (VW), Directorate Manager, asked the Committee for approval to use the F812- LEGACY NHH CARDIO & F813 LEGACY NHH CCU funds to fund a cat lab machine that would have an impact on saving lives. There would be a cost of £50k to start the use of the machine.

The Committee agreed to support the request of using the funds for a cat lab machine.

Dr Mohamed Adlan (DMA), Consultant Physician, asked the Committee to approve the use of F770 - YYF DIABETES & CARDIOVASCULAR R & D funds to support a research project for thyroid genetic testing on 2500 patients, that would be a cost of £40k.

Neil Patrick (NP), Independent Member, asked what the timeframe would be for using the funds. Alison Griffiths (AG), Charitable Funds Manger, advised that the funds had been active for a number of years and the aim was to spend the funds once the plan had come to the Committee.



	<p>The Committee agreed to support the request of using the funds on a research project.</p> <p>The Committee APPROVED the requests and NOTED the spending plans.</p>
CFC/0703/16	<p>Review of Committee Programme of Business</p> <p>The review of Committee Programme of Business was provided to the Committee for information.</p>
CFC/0703/17	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>No items to be brought to the attention of the Board or other Committees.</p>
CFC/0703/18	<p>Any Other Urgent Business</p> <p>As this was the last meeting to be attended by Mark Ross, Assistant Finance Director, the Chair took the opportunity to thank him for his excellent service particularly to the Charitable Funds Committee. He was wished a very happy retirement.</p>
CFC/0703/19	<p>Date of Next Meeting</p> <p>Wednesday 4th June 2025</p>



Outstanding	Overdue: In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
March 2025	CFC/0703/08	Consideration of Bids/Small Grants Share the final agreed figures for the Staff Recognition Awards with the Committee Members once discussed at the Executive Committee meeting on 10 th March 2025.	Head of Financial Services & Accounting	March 2025	Complete <u>April update</u> Confirmation that the bid was approved by the Executive Committee, and the value submitted/ approved was £28k.
March 2025	CFC/0703/08	Consideration of Bids/Small Grants 3 year plan to be created to support the decarbonisation programme and to be included for the next Committee meeting in June 2025.	Director of Finance and Procurement	June 2025	Complete <u>May update</u> 3 year plan for decarbonisation included on the agenda for June's meeting under item 2.4 <u>March update</u>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					3 year plan for decarbonisation has been included to the Committee Forward Work Plan.
March 2025	CFC/0703/08	<p>Consideration of Bids/Small Grants</p> <p>The Committee asked for the matter to be reviewed once all of the Staff Networks had been approached regarding any additional requests, so that all requests be considered together.</p>	Head of Financial Services & Accounting	June 2025	<p>Complete</p> <p><u>May update</u> Staff Network grant included on the agenda for June's meeting under item 2.4</p> <p><u>March update</u> Staff Network grant has been added to the Committee forward work plan for June 2025 meeting</p>
March 2025	CFC/0703/09	<p>Review of Financial Control Procedure (FCP)</p> <p>Share the track changes FCP version with Committee Members outside of the meeting.</p>	Head of Financial Services & Accounting	March 2025	<p>Complete</p> <p><u>April update</u> FCP was shared with Committee members with track changes via email on 15/04/25</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
March 2025	CFC/0703/12	<p>Audit Wales 2024/25 Timeframe for Programme of Work</p> <p>Verbal update on the audit plan to be presented to the June 2025 meeting.</p>	Audit Wales	June 2025	<p>Complete</p> <p><u>May update</u> Audit plan update included on the agenda for June's meeting under item 3.5.</p> <p><u>March update</u> Audit Plan update has been included in the Committee Forward Work Plan.</p>

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.



DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 June 2025
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds - Committee Forward Work Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Governance, Governance Support Officer

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

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Charitable Funds Committee is asked to consider the draft Committee Forward Work Plan appended to this report for approval. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2024/25 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

The purpose of the Charitable Funds Committee is to support the Board and 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.

In line with good governance practice, a Committee forward work plan has been developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The work plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting function.

Asesiad / Assessment

The Committee is requested to approve the Committee forward work plan as outlined in **Appendix 1** noting that the work plan will be presented at each Committee meeting for oversight and noting.

Argymhelliad / Recommendation

The Committee is requested to:

- **RECIEVE** and **APPROVE** the proposed Committee work plan and **NOTE** that it will be brought forward to each future Committee meeting for oversight.

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 Link to IMTP	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 Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
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Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
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	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk
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/	Not Applicable Choose an item.

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.

Area of Focus as per Standing Orders:

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 th June 2025	QTR 3 30 th September 2025	QTR 4 7 th January 2026 (Accounts)	QTR 1 18 th March 2026
			Preliminary Matters			
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	√	√	√	√
Committee Governance						
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			✓
Committee Assurance						
Finance & Performance Report to include:- <ul style="list-style-type: none"> Report on Significant Donations, legacies and grant income. Update on new and closed funds Overdrawn Accounts KPIs Review 	AHOFA	SI	✓	✓	✓	✓
Legislation Changes	HOFSA	SI	✓	✓	✓	✓
Funds available to the Committee	HOFSA	SI	✓	✓	✓	✓
Consideration of Bids/Small Grants <ul style="list-style-type: none"> 3 year plan for Decarbonisation – (Action for June 2025 meeting) Staff Network grant - (Action for June 2025 meeting) 	HOFSA	SI	✓	✓	✓	✓
Update on Property Matters <ul style="list-style-type: none"> Update on Clytha Square (June 2025 meeting) 	HOFSA	SI	✓	✓	✓	✓
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	√			

Lead Officer	
Key	
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

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 June 2025
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Report for Period Ending 31 March 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Susan Gauntlett, Assistant Head of Financial 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

A number of key matters are presented in this report:

- Annual expenditure is 11% higher than in 2023/24.
- Annual expenditure as a % of fund balances is significantly higher than in previous years.
- Since 2022/23, both the total number of funds and number of static funds has decreased.
- At 31st March 2025 the CCLA investment reflected an unrealised loss of £158k.

Cefndir / Background

1. Financial Position as at 31 March 2025

Table 1 below shows the financial position for the period to 31 March 2025 (month 12) compared to the previous report (month 10) and the 2023/24 Annual Accounts.

Table 1

Financial Statement to 31 March 2025	Final Accounts 2023/24 £000	Month 10 2024/25 £000	Month 12 2024/25 £000
<u>Income & Expenditure</u>			
Income			
Donations	237	96	168
Legacies	44	10	10
Grants	226	317	235
Investment Income	211	171	189
Other Income	158	211	205
	876	805	807
Expenditure	1,257	1,237	1,394
Gains / (losses) on investment assets	375	186	-221
Surplus / (Deficit)	-6	-246	-808
<u>Balance Sheet</u>			
Property	330	330	267
Investments	5,477	5,163	4,419
Debtors	202	166	236
Current Liabilities	-886	-578	-483
Cash at Bank	641	437	517
Cash on Deposit	0	0	0
Net Assets	5,764	5,518	4,956
Funds of the Charity	5,764	5,518	4,956
Total Charity Funds	5,764	5,518	4,956

The following commentary supports the figures in Table 1:

1.1 Income

Income for the year totals £807K. This is £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.

1.1.1 Legacy Income (Restricted)

During the year we received 2 new legacies and 1 residual legacy totalling £10K (in 2023/24 we received 4 legacies totalling £44K). The new legacies were received for Paediatrics Crohn's Disease & the Royal Gwent Medical Day Case Unit.

1.1.2 Donations (Unrestricted Income)

Total donations for 2024/25 were £168k, this a reduction of £69k in comparison to 2023/24 (£237k). In 2022/23, donations totalled £418k, which was mainly due to significant donations received in relation to Nevill Hall Hospital Thrombosis Fund, this shows a significant downward trend in donations received in the last few years.

The following table shows donations exceeding £1,000 received since the start of the year:

Fund Ref	Received From	Amount £	Location
Apr-24 F271 RGH GWYNLLYU MEDICAL DAY CASE UNIT F281 GUH B0 SURGICAL WARD	Unknown C Hunt	3,000.00 1,000.00 4,000.00	ROYAL GWENT THE GRANGE
May-24 F574 YYF GERONTOLOGY FUND F303 ABUHB BREAST CENTRE F303 ABUHB BREAST CENTRE	UCB Biopharma Blackwood RFC CCBC Mayor Charity	2,500.00 1,250.00 1,000.00 4,750.00	YYF ABUHB ABUHB
Jun-24 F703 ABUHB JACKS APPEAL	Abertillery & LL Defibs	4,940.00 4,940.00	ABUHB
Jul-24 F191 ABUHB MATERNITY FUND F303 ABUHB BREAST CENTRE F462 RGH ANTICOAGULANT FUND (SAM JONES)	Mrs Helen Edwards Just Giving Linda Proudman	1,318.50 2,380.35 1,805.46 5,504.31	ABUHB ABUHB ROYAL GWENT
Aug-24 F003 ABUHB HOLDING ACCOUNT INT & ADMIN F703 ABUHB JACKS APPEAL	Just Giving Iestyns Fish Bar	1,000.00 1,396.00 2,396.00	ABUHB ABUHB
Sep-24 F816 NHH WENDY BOWEN TRUST DIABETES FUND	Crick E District F Group	3,000.00 3,000.00	NEVILL HALL
Oct-24 F703 ABUHB JACKS APPEAL	Nelson CC	1,408.00 1,408.00	ABUHB
Nov-24 F002 ABUHB CF COMMITTEE F160 ABUHB GYNAECOLOGY FUND F240 ABUHB COMMUNITY GYNAE & FAMILY PLANNING F638 STW SYCAMORE WARD EMI F703 ABUHB JACKS APPEAL	League of Friends League of Friends League of Friends League of Friends Taylor Wimpey South	4,130.27 5,000.00 30,000.00 10,000.00 1,000.00 50,130.27	ABUHB ABUHB ABUHB ST WOOLOS ABUHB
Dec-24 F223 GUH PAEDIATRIC DEPT F277 NHH WINDSOR SUITE F303 ABUHB BREAST CENTRE	PEDS M Edwards Just Giving	1,000.00 3,000.00 1,000.00 5,000.00	THE GRANGE NEVILL HALL ABUHB
Jan-25 F047 NHH PG BASIC ORTHOPAEDIC COURSE	Crickhowell and District	3,000.00 3,000.00	NEVILL HALL
Feb-25 F703 ABUHB JACKS APPEAL F790 GUH C4 RESPIRATORY CRITICAL CARE WARD	Community Council for RU Niaomi Gordon Fundraiser	1,268.26 1,300.00 2,568.26	ABUHB THE GRANGE
Mar-25 F229 ABUHB CHILDREN'S PHYSIO TRAINING F231 ABUHB DINKY DRAGONS F550 BG YAB HOSPITAL FUND F550 BG YAB HOSPITAL FUND F575 RIRC - REDWOOD SUITE F675 CCH CAS GWENT WARD F775 NHH WARD 1-2 STROKE UNIT F837 NHH NORTH GWENT STROKE REHAB FUND	The Move Partnership Just Giving Margaret & Team Glynis Watkins Raymond Jenkins Unknown Crickhowell and District Crickhowell and District	2,854.40 1,234.12 1,000.00 1,020.00 1,000.00 2,780.00 1,500.00 1,500.00 12,888.52	ABUHB ABUHB YAB YAB CHEPSTOW NEVILL HALL NEVILL HALL
Overall Total		99,585.36	

1.1.3 Grant Income (Restricted)

During 2024/25 we received a further grant instalment of £4K in relation to the ongoing Health Foundation Head & Neck scheme (in 2023/24 we received 5 new grants & 2 further grant instalments for ongoing schemes of £354K).

In addition, grant funding of £292k was deferred in 2023/24, in accordance with accounting policies to match income with expenditure, and brought forward into 2024/25. At the end of 2024/25 we have deferred grant funding of £65k in relation to 2 ongoing schemes to meet expenditure in 2025/26.

1.2 Expenditure

The expenditure for the year totals £1,394K which is £137K higher than the same period in 2023/24. It should be noted that:

- The Charitable Funds Administration Charge at £166K is the largest single item of expenditure.
- Staff training and education costs remain significant at around £220K.
- Student bursaries of £80K have been paid from the Care Fund Project (F295).
- £25K was used for the Health Board's Staff 24/25 Staff Award Event from the Media Fund (F140).
- £77K of the expenditure relates to requests funded by the Charitable Funds Committee as shown in the table below:

CFC Funded Expenditure 2024/2025	Ref	£000's
Occupational Therapy Support for staff	CFC-259	2
Televisions for Bedwas Ward, YYF	CFC-264	16
Staff Resource for Decarbonisation Project	CFC-265	13
Suicide Postvention Support Oct 24- Mar 25	CFC-267	24
Well Being Pop Up Events - ABUHB	SGS-012	2
MH & LD Well Being Space	SGS-013	1
Decarbonisation Promotional Materials	SGS-014	1
Moral Injury Workshop	SGS-015	5
Womens Health Conference	SGS-017	4
Child & Baby Memorial Garden	SGS-018	5
MHLD Integration of International Nurses	SGS-020	0
Therapy Room Furniture	SGS-021	4
Total		77

This year there has been increased expenditure on equipment, specifically in Urology, Rheumatology, defibrillators in the community and Facilities. Key purchases totalling £208K are listed in the following table:

Key Purchases 2024/2025	Location	£000's	Funded by
2 x Bladder Scanners	AMU, NHH	11	League of Friends, NHH
Therapy Chair	OPD, RGH	6	Own designated fund
Wide format Plotter	Facilities, GUH	12	Own designated fund
ECG Machine	AMU, NHH	6	League of Friends, NHH
Thera Trainer	C5E, RGH	7	Own designated fund
Tumble Dryer & Washing Machine plus installation	Older Adult, STW	7	Own designated fund
Occular Response Analyzer	Llanwenarth Suite, NHH	14	League of Friends, NHH
ECG Machine	Haematology Unit, NHH	7	Own designated fund
Laprascopic Insufflation System plus additional warranty	Urology, RGH	30	Own designated fund
2 x Ultrasound Enhancing equipment	Rheumatology RGH & NHH	30	Own legacy fund
Sensory Equipment	Paediatrics, RGH	17	Own legacy fund
Vivup Counselling Service	Wellbeing Service, ABUHB	28	Own designated fund
V-Create & Oxford Vermont Software/Licence Fees	Neonatal Unit, GUH	12	Own designated fund
Defibrillators & Cabinets	Various community locations in Gwent	21	Own designated fund
Total		208	

In addition, staffing costs totalling £313K in relation to grant funded projects and other schemes remain significant (With over 14 WTE) as shown in the table below:

Fund	Staff Details	WTE	£000's
F995 NHSCT Grant - Meaningful Activities	Band 6	1.00	48
	Band 3	1.00	31
	Operational Support Grant		22
	Total		101
F997 NHSCT Grant - Long Term Recovery	Band 8 - 7 months	0.20	10
	Band 7 - 2 months	0.60	10
	Band 6 - 5 months	1.00	19
	Band 4	0.60	20
	Total		58
F998 NHSCT Grant - Covid <i>Fund now closed</i>	Band 6 - 6 months	1.50	45
	Band 5 - 2 months	1.00	5
	Total		50
F721 RCN Grant <i>Fund now closed</i>	Band 5 - 3 months	1.00	7
	Total		7
F719 WCVAGrant re MH Volunteer Roles	Band 2 - 9 months	0.40	7
	Total		7
F715 ABUHB Dementia Fund	Band 6 to 7/8 Uplift	1.00	13
	Total		13
F713 Frind I Me Volunteer Co-ordinator <i>Fund now closed</i>	Band 4 - 10 months	1.00	27
	<i>Post transferred to budget</i>		
	Total		27
F702 End of Life Companion & Vol to Career (Wellbeing Asst)	Band 5	0.40	14
	Band 2 - 3 months	1.00	5
	Total		19
F105 ABUHB Volunteer Fund	Band 5 - 2 months	1.00	6
	Total		6
F102 ABUHB Chaplaincy Service	Band 6 to 7 Uplift	1.00	6
	Total		6
F871 ABUHB Wellbeing Fund	Band 6	0.40	19
	Total		19
Grand Total			313

* all posts for 12 months unless otherwise stated

1.3 Gains / Losses on Investment Assets

At 31 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 has been reduced, reflecting the current market value and a reduction in that held of £63K. This reflects sale price of the property achieved at auction in April 2025.

1.4 Overall Position

The overall position for the period is 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.

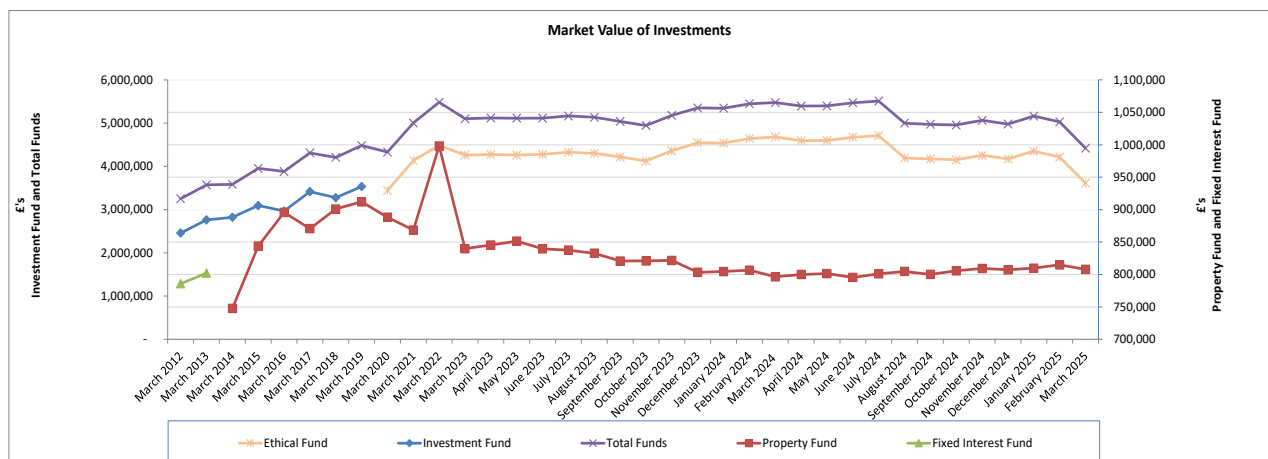
1.5 Balance Sheet

Value of Investments

The investments valuation for CCLA as of 31 March 2025 is as follows:

Investment Valuation	No of Units	Valuation / Unit as at 31/03/25	Total Valuation
		Pence/Unit	£000
Property Fund	769,509	104.97	808
Ethical Fund	1,217,606	296.61	3,611
Total			4,419

The following chart shows the movement in the market value of the CCLA funds since March 2012.



Cash Balances

Overall cash balances have decreased since the start of the year, even after drawing down £900k from our investments during the year – this reflects the increasing level of spending as reported in this paper. At the end of March, £517K was held in the current account.

Monthly Cash Flow Forecast

The Monthly Cashflow Forecast is presented at Appendix A and has been included to enable the cash position to be monitored. It presents actual figures for April and forecast figures for the period up to March 2026.

It should be noted that:

- CCLA interest & dividends are paid quarterly in arrears.
- The full cash proceeds of £187k from the sale of 13 Clytha Square are expected at the end of May 2025.
- Grant income of £185k is expected at the beginning of June 25 from NHS Charities Together in relation to the Meaningful Activities project.

- We expect to pay £40K in June 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.

2. Overdrawn Accounts

There are no overdrawn accounts as of 31 March 2025.

3. Streamlining of funds and Closed funds

The following funds have been merged or closed since the last committee meeting.

FUND	CLOSED / MERGED
F014 LEGACY ABUHB L G NICHOLLS	CLOSED
F027 RGH LEAGUE OF FRIENDS - ROYAL GWENT	CLOSED
F103 ABUHB CHILL OUT IN THE CHAPEL	CLOSED
F140 ABUHB MEDIA FUND	CLOSED
F195 GRANT SAFER BEGINNINGS - MIDWIFERY	CLOSED
F279 NHH GENERIC SC	MERGED WITH F287 ABUHB SURGICAL DIRECTORATE
F299 LEGACY RGH BREAST CARE M SHAW	CLOSED
F301 RGH BREAST CARE UNIT	MERGED WITH F303 ABUHB BREAST CENTRE
F302 RGH BREAST CARE FUND	MERGED WITH F303 ABUHB BREAST CENTRE
F446 NEW NEWPORT WHEELCHAIR SPORT & LEISURE GROUP	MERGED WITH F447 ABUHB OT ADULT PHYSICAL SERVICES
F448 STC MENT ILL OT TRAINING	CLOSED
F565 YYF NURSING FUND	CLOSED
F649 YTC OAK PARC DAY HOSPITAL	MERGED WITH F651 YTC CEDAR PARC
F650 YTC YSBYTI'R TRI CHWM GENERAL	MERGED WITH F651 YTC CEDAR PARC
F713 ABUHB FFRIND I MI VOLUNTEER SERVICE	CLOSED
F717 GRANT ABUHB MACMILLAN CANCER CAFES	CLOSED
F721 GRANT RCN ABUHB	CLOSED
F866 ABUHB EVIDENCE RESOURCES	CLOSED
F998 GRANT NHS CT COVID19	CLOSED
F999-ABUHB COVID-19	CLOSED

This can be seen in the improvement in the KPIs regarding number of funds (which is steadily reducing)

4. New Funds

There are no new funds requested.

5. Key Performance Indicators (KPIs)

Monitoring of Key Performance Indicators (KPIs) allows the Committee to measure the performance of the Charity across a range of objectives over a set period.

Following discussions, the following KPIs have been identified to report to the Committee. The KPIs are split between those that are measured quarterly, year to date & annually:

Charitable Funds Key Performance Indicators	Measurement		Quarterly Indicators					
			2022/23 Q4	2023/24 Q4	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4
Number of funds	Number of funds	No	419	413	414	410	411	395
Number of static funds	A static fund is classed as any fund where the cumulative expenditure is less than 10% of the average fund balance over a 2 year period	No	30	23	22	21	20	13

The KPIs in relation to the number of funds and number of static funds have been updated for Q4 2024/25. Overall, there has been a significant decrease in the number of funds 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 and details are shown in Appendix B.

Charitable Funds Key Performance Indicators	Measurement		YTD Indicators		
			2022/23 M01 - M12	2023/24 M01-M12	2024/25 M01-M12
Number of merged funds	Number of funds closed as a result of merger	No	12	7	8
Expenditure expressed as a percentage of the overall fund balance	Expenditure excludes admin charge to reflect 'true' spend	%	15.65	19.18	24.77
Donations received in the year	Number of Donations Received	No	855	855	599
	Value of Donations Received	£	417,866	227,762	168,060

There have been 8 funds merged since the start of the financial year.

Expenditure as a percentage of the overall fund balance should increase as the year progresses and as more expenditure is incurred. At year end this measure is showing a significantly higher value than that reported at the end of 2023/24 indicating that the level of expenditure has increased this year as the total value of funds has decreased.

The number and value of donations received in the current year are also detailed above, with the 2022/23 & 2023/24 values shown as comparators. The number & value of donations this year is significantly lower than in previous years.

This is reflective of the report commissioned by the Charities Aid Foundation in 2025, which indicates that there has been a significant reduction in the volume and value of donations and sponsorships received by charities on a national basis. The report states that since 2019 there has been a national reduction in the volume of donors by 4 million.

The table below reflects the average time between the receipt of legacy / grant income and the corresponding expenditure being incurred and the monies spent in full. The average time for legacy funding to be spent this year

has decreased whereas for grant funding the time has increased, mainly due to the spend on residual Covid grant funding.

Charitable Funds Key Performance Indicators	Measurement		Annual Indicators		
			2022/23 M12	2023/24 M12	2024/25 M12
Time between receipt of income and expenditure incurred	Legacies	Mths	98	115	82
	Grants	Mths	32	22	39

6. Update on Grants from NHS Charities Together (NHS CT)

Workforce Wellbeing Programme Update

We are aware that NHS Charities Together have met with Welsh Government to explore match funding of £300k to be made available for NHS Charities in Wales but we are still awaiting the outcome.

Asesiad / Assessment

This report provides a financial update for the Charitable Funds Committee for the period ending 31 March 2025.

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 Link to IMTP	Choose an item. Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

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.
---	---

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk
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.

MONTHLY CASHFLOW FORECAST

 Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	ACTUAL Apr-25 Mth 1	FORECAST May-25 Mth 2	FORECAST Jun-25 Mth 3	FORECAST Jul-25 Mth 4	FORECAST 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	TOTAL 2024/25
BALANCE B/F	516,228	330,766	525,774	600,502	530,297	499,091	428,885	358,680	327,474	257,268	187,062	155,857		
INCOME														
DONATIONS INCOME	10,654	11,586	17,758	17,758	17,758	17,758	17,758	17,758	17,758	17,758	17,758	17,758	199,822	192,682
JUST GIVING INCOME	1,308	4,320	2,334	2,334	2,334	2,334	2,334	2,334	2,334	2,334	2,334	2,334	28,970	30,376
LEGACY INCOME			-	-	-	-	-	-	-	-	-	-	-	9,974
GRANT INCOME			184,934										184,934	3,500
INVOICE RECEIPTS	62,276	12,835	10,493	10,493	10,493	10,493	10,493	10,493	10,493	10,493	10,493	10,493	180,044	130,618
COURSE INCOME	2,880	1,820	2,535	2,535	2,535	2,535	2,535	2,535	2,535	2,535	2,535	2,535	30,047	43,642
OTHER INCOME		187,562	-	-	-	-	-	-	-	-	-	250,000	437,562	930,052
PAID TO CF IN ERROR	3,100		-	-	-	-	-	-	-	-	-	-	3,100	1,286,814
BANK INTEREST	1,599	1,441	1,733	1,733	1,733	1,733	1,733	1,733	1,733	1,733	1,733	1,733	20,366	20,167
VAT RECLAIMED	-	615	689	689	689	689	689	689	689	689	689	689	7,510	5,175
CCLA INTEREST & DIVIDENDS		39,000	-	-	39,000	-	-	39,000	-	-	39,000	-	156,000	169,484
TOTAL INCOME	81,817	259,179	220,477	35,543	74,543	35,543	35,543	74,543	35,543	35,543	74,543	285,543	1,248,355	2,822,486
EXPENDITURE														
FASTER PAYMENTS	58,500	39,229	64,476	64,476	64,476	64,476	64,476	64,476	64,476	64,476	64,476	64,476	742,493	898,083
TRANSFERS - PAYMENTS TO ABUHB	204,224	24,667	39,562	39,562	39,562	39,562	39,562	39,562	39,562	39,562	39,562	39,562	624,514	688,519
TRANSFERS - PAYMENTS TO ABUHB FOR ERRORS			-	-	-	-	-	-	-	-	-	-	-	1,306,853
PAYABLE ORDERS			-	-	-	-	-	-	-	-	-	-	-	0
OTHER	2,938		40,000	-	-	-	-	-	-	-	-	166,000	208,938	8
JUST GIVING	47	47	47	47	47	47	47	47	47	47	47	47	563	562
BANK CHARGES	30	28	28	28	28	28	28	28	28	28	28	28	340	341
G4S	1,540	200	1,634	1,634	1,634	1,634	1,634	1,634	1,634	1,634	1,634	1,634	18,083	26,185
TOTAL EXPENDITURE	267,279	64,171	145,748	105,748	105,748	105,748	105,748	105,748	105,748	105,748	105,748	271,748	1,594,932	2,920,551
NET INCOME/(EXPENDITURE)	-185,462	195,008	74,728	-70,206	-31,206	-70,206	-70,206	-31,206	-70,206	-70,206	-31,206	13,795	-346,577	-98,066
BALANCE C/F	330,766	525,774	600,502	530,297	499,091	428,885	358,680	327,474	257,268	187,062	155,857	169,651	-346,577	-98,066
VERIFIED BANK BALANCE	330,766													
VERIFIED BY	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Static Funds Q4 2024/25			
Fund	Fund Balance Q4 2024/25 £	Expenditure Incurred 2023/24 - 2024/25 £	Details
Legacy / Grant Funds			
F278-LEGACY RGH HAEM G S WATKINS	- 56,308.81	4,340.86	The bulk of these funds are on hold awaiting further information as to if and when the new cancer centre on ward 2/4, NHH is going ahead.
F298-LEGACY RGH BREAST G S WATKINS	- 56,308.81	4,340.86	There is a request to use breast charitable funds for some equipment costing £66k being presented to the June 25 meeting. It will be suggested they use the legacy fund first.
F411-LEGACY RENAL UNIT G BEST	- 67,914.56	5,829.23	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.
F583-LEGACY NHH PALLIATIVE CARE I M MORRIS	- 26,619.02	2,458.33	Fundholder is using fund for training courses. Further requisitions are continuing to be received.
F812-LEGACY NHH CARDIO V WILLIAMS	- 42,136.17	3,248.29	£40k Impella equipment ordered to be split 50/50 between this legacy and another legacy fund F813. This was agreed at the March 25 CFC meeting which was attended by the Fundholder.
F817-LEGACY NHH DIAB G M GUNTER	- 27,392.78	2,111.72	The service has moved to a new diabetes centre located in Gilwern Ward which has opened this month. It was expected to use some of these funds for the new unit but funds were provided from elsewhere. Fund will be continued to be monitored.
F831-LEGACY CALCRAFT J GRIFFITHS	- 101,908.88	7,856.19	Following the attendance of the Fundholder to a CFC meeting, it was agreed to use the fund to offer travelling fellowships to attract doctors to work in ABUHB. No expenditure requests have been forwarded so we may ask the Fundholder back to the Committee for review.
	- 378,589.03	30,185.48	
Unrestricted Funds			
F211-ABUHB GWENT CYSTIC FIBROSIS FUND	- 19,866.60	1,531.52	Meeting requested with Fundholder to discuss plans to use this fund.
F233-ABUHB BABY COOLING EQUIPMENT	- 19,684.29	1,517.47	Fund originally set up to provide cooling equipment on ambulances for transporting babies between hospital sites. It has been agreed at Transport Subgroup to purchase 2 sets of Neo-Restraints for each transport team, 6 sets in total. This equipment will replace existing worn and torn equipment that we utilise on every baby, for every transfer. Also exploring transport phototherapy equipment as a future purchase. Thi will be followed up.
F292-ABUHB KEN SHUTE FUND	- 19,902.26	1,534.27	This fund is new to the static fund list. Meeting with Fundholder to explore how this fund can be used will be arranged.
F306-RGH VASCULAR LABORATORY	- 31,327.87	2,414.73	The purchase of an additional scanner for GUH has been put on hold by the directorate awaiting the outcomes of ones recently purchased for RGH and NHH. The bulk of this money was intended to replace a particular scanner as original was purchased over 6 years ago out of charitable funds.
F340-ABUHB RHEUMATOLOGY	- 53,037.35	5,035.47	Fundholder attended CF Committee meeting on 9th November 2023 to see how they can be supported to spend funds. Orders were submitted for 2 scanners, 1 for RGH and 1 for NHH at a cost of £35k but were charged against a Rheumatology legacy charitable fund. May need the Fundholder to attend the Committee at a later date to review.
F770-YYF DIABETES & CARDIOVASCULAR R & D	- 47,963.88	3,697.54	Requisition submitted for £40k following attendance of Fundholder at March CFC meeting
	- 191,782.25	15,731.00	
Total Static Funds	- 570,371.28	45,916.48	

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 June 2025
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Funds available to the Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	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 31.03.2025.

**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 2.4.

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.



Charitable Funds Committee - General Funds		ABUHB F002 £000's
Fund Balances as at 31.03.2024		68.4
24/25		
Sale of 3 High Street and Legal costs		26.2
Unknown/General Donations		13.3
Contribution to CFC-265 from Cardiology		2.0
Contribution to CFC-264 from YYF		5.5
Contribution to CFC-259 from ABUHB Legacy Fund		2.0
Contribution to SGS-014 from RGH Fund		0.0
Funds from Closure of RGH League of Friends		17.4
SGS 012 Well Being Pop up Events across ABUHB		-2.1
SGS 013 Mental Health & Learning Disabilities Wellbeing Space		-0.6
SCS 014 Decarbonisation Promotional Materials		-1.4
SGS-015 Moral Injury Workshops		-4.4
SGS 017 Women's Health Conference		-4.0
SGS 018 Child & Baby Memorial Garden		-5.0
SGS-020 MHLD Wellbeing & Connection Growth for the Integration of International Nurses		-0.3
SGS-021 Furniture for Therapy Room, Beechwood Ward, St Cadocs		-4.2
CFC 259 Occupational Therapy Support for Staff		-2.1
CFC 264 Televisions for Bedwas Ward, Ysbyty Ystrad Fawr		-21.3
CFC-265 Staff Resource for Decarbonisation Programme		-15.5
CFC 267 Bid for Suicide Postvention Support Oct 24-Mar 25		-23.6
13 Clytha Square costs - Security, Wall rebuild		-8.9
13 Clytha Square costs - Refund of rent 24/25		-9.5
Total 24/25		-36.67
Balance as at 31.03.25		31.77
Less Commitments		
CFC-234 Radio YYF		-1.0
CFC-268 Bid for Staff Recognition Awards 25/26		-28.0
CFC-269 Bid for Clinical Sessions for Decarbonisation Planning		-17.0
SGS 012 Well Being Pop up Events across ABUHB		0.4
SGS 013 Mental Health & Learning Disabilities Wellbeing Space		-2.4
SCS 014 Decarbonisation Promotional Materials		-0.4
SGS 017 Women's Health Conference		-1.0
SGS-019 MHLD Nurse Conference		-4.0
SGS-020 MHLD Wellbeing & Connection Growth for the Integration of International Nurses		-0.7
SGS-022 Pride Staff Network across ABUHB		-2.5
Total Commitments		-56.51
Agreed Transfer of Reserves		
Dividends and Interests received - 2024/25		184.0
Remaining available funds after commitments		159.26

Asesiad / Assessment

Key points



- Payments totalling £18.4k relating to 13 Clytha Square have been charged against the committee’s general fund but will be recovered from the sale.
 - £3.6k for securing the empty property pending sale.
 - £5.3k to block a pedestrian access to the Royal Gwent Hospital site.
 - £9.5k for rebate of annual rent of £14k paid in 24/25.
- 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.
- A commitment of £4.5k was released relating to SGS-009 Person Centred Value Based Healthcare Education Programme as it was funded through the department’s budget.
- As at 1st April 2025, the Committee has 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 will leave the committee with a balance of **£159k**.

Release of Reserves

Based on the current surplus of £159k, no further release of reserves is requested.

Evaluation Reports Received

An evaluation report has been received in respect of the following small grant scheme and is attached for information (Appendices A & B).

- SGS 015 Moral Injury Workshop - Clinical Supervision Training– Approved July 24

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 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:	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:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
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



<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</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 ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>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</p> <p>Choose an item.</p>





**Charitable Funds
Small Grants Evaluation Form
CFC/SGS 015 Amount of Grant £ 3,500**

1. Name of ward or department and hospital:
Mental Health & Learning Disabilities, Training Department, St Cadoc's Hospital
2. Description of grant given:
<ul style="list-style-type: none"> • Four Staff Development Days themed on the subject of Moral Injury, for ABUHB staff, run by the Clinical Supervisor Trainer, were provided to health professionals. • These were run in December 2024 (2 workshops) and April 2025 (2 workshops) with 2 facilitators per workshop. • They were run offsite in nature reserves, such as Newport Wetlands and Bute park in Cardiff
3. How did your grant make a difference:
<ul style="list-style-type: none"> • The funds were used to work with 40 NHS staff, in small groups, creatively, drawing out members' experience on the theme of Moral Injury. • Staff emanated from the following divisions : Eating Disorders, Alcohol and Drugs, Forensic services, Veterans service, Learning disability, Critical care, Research nursing, Adult mental health, community psychiatric and crisis treatment teams, and mental health in primary care. About 50% were nursing staff and 50% psychological therapies staff and a peer mentor for one of the services also joined a group. • The CPD/Wellbeing Days offered the opportunity of a sharing and exchange of work experience on the theme of moral injury. Creative methods (poetry, photography, art work, free writing, clay work) were used as part of the process, enabling members to express themselves in different ways and gain insight into their, and other's experiences. • A booklet is attached containing some input from consenting participants and some of the material was drawn from the external world, and this gives an indication of how the experience was shared. • A bespoke video was additionally developed for the workshops by the lead tutor (Amelia Lyons) on the theme which can be viewed here. • https://www.youtube.com/watch?v=n-j0KebMKlg&t=1998s • As a point of interest, following the production of the video Amelia was contacted by an American Academic who had found Amelia's video on her you tube educational channel and had requested a copy and the slides to go with it, which Amelia provided.
What did staff learn about Moral injury?
The quotes in italics are drawn form the evaluations of the days
<i>"key definitions, personal experiences, how to manage"</i>

<i>"It can be longer lasting and more painful than I realised"</i>
<i>"That it can have such an impact on individuals work and home life. It is important to talk"</i>
<i>"I learned the different levels of moral pain, moral distress and moral injury. It was invaluable to hear and share insights with others effected by moral injury in the work place"</i>
<i>"I learnt that I have in depth experience of this subject over my working life and until the course, no vocabulary to discuss it with others. I am glad you used the word 'retreat' in the literature as it was a place to offer yourself some healing around a subject that can detract from us"</i>
<i>"The role that leaders need to play in reducing the likelihood of MI"</i>
<i>"Would be very useful for more NHS staff"</i>
4. How did patients & staff benefit directly or indirectly:
<i>"Hearing similar issues for others and having the chance to get out in nature too".</i>
<i>"Understanding the concept of moral injury and listening to other members from different backgrounds discuss their experiences"</i>
<i>"The experiential nature and togetherness of our collective experiences".</i>
<i>"Small group exchange on related experiences and discussion about forgiveness and letting go".</i>
<i>"The creative break allowed for much needed processing and digesting of the material".</i>
<i>"Hearing other's stories of MI and sitting with my response to them. Connection, knowing we're not alone in our experiences"</i>
<i>"Shared experiences"</i>
<i>"the opportunity to reflect"</i>
<i>"Thank you for such a creative, safe and helpful day. I would highly recommend this to any colleague who has suffered moral injury"</i>
Overall Reflection on the days offered by the lead tutor
<p>There were a number of things I reflected upon following delivery of the workshops, reading the feedback and consulting with my fellow facilitators.</p> <ul style="list-style-type: none"> • One was the CPD/wellbeing days were sorely needed and this indeed proved to be the case. • Even though we had a full day the groups still needed further time for reflection, so if I were doing it again, I would work the stories and exchange over 2 days and punctuate with some other smaller exercises on forgiveness and letting go throughout the period. • Holding the days at an external nature venue, very reasonably priced, worked well as an intervention, using the outdoors and indoors and was appreciated • The booklet started as a prompt from myself to participants, prior to the workshop, to inspire them and give them ideas to express themselves and discuss the area in creative ways. This worked very well and if I were doing it again, I would spend a longer time with this and provide further materials for creative activity.



- The booklet then 'evolved', so that what is appended here is a combination of some of the group members' creations and some from the external world. There were further creations and some members preferred to keep their work confidential. But we decided, as a group to share the booklet as an example of what happened in the days.
- However, the point of the days though wasn't about the creations, but about the opportunity to exchange and share and learn from and support each other. And then to come away from the days knowing more about the subject area, being able to articulate more about their experience in this area and to be able to work on this further, post the wellbeing days, as might be required and know where to go in order to do this.
- We made a good start in achieving this and some colleagues in the training team who co facilitated with myself, Helen Gower, Gerald Hewer and Emma Hagerty are likely to take the subject forward in evolving ways.
- My thanks to these skilled and creative colleagues; it was very necessary to have 2 facilitators for each workshop to provide a safe and well facilitated learning environment.

Amelia Lyons	Job title: Clinical Supervisor Trainer
Amelia.lyons@wales.nhs.uk	12/5/2025

Links to the evaluations can be found here

Day 1

<https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&FormId=uChWuyjjgkCoVkM8ntyPrprRXCaTrsJAAt9IfeM7X5q5UODg1QzNTSEExZTFIQVFNPnkxON01CRzZTMi4u&Token=1525b557422c4e19a0ca36524eb7d9dc>

Day 2

<https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&FormId=uChWuyjjgkCoVkM8ntyPrprRXCaTrsJAAt9IfeM7X5q5URFQyM1ZWU1JVVkxWSERKWFQxVIUzWEZGUi4u&Token=8613a6b4f1124938865c9ad730bfb70c>

Day 3

<https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&FormId=uChWuyjjgkCoVkM8ntyPrprRXCaTrsJAAt9IfeM7X5q5UMIVXOFVMOVRKNIU4U1g2SEE2TEo5MkZUQy4u&Token=51d1f554eaf84ff9b836757ab4b022e6>

Day4

<https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&FormId=uChWuyjjgkCoVkM8ntyPrprRXCaTrsJAAt9IfeM7X5q5UNjMzN1RNRDE0UVhMWENZQkFOTU1BSEVWRy4u&Token=c6d4d69606fe436884eb7c2f8b3a9a8d>

Moral wounds 2024/5

In poetry, song lyrics, art work and photography.



Inspiration for Moral Injury workshops

We invite the group to consider some possible ways of sharing and exchanging about your difficult/injurious/morally painful professional experiences.

Included in this leaflet are some ways, shared by workshop facilitators and previous participants:



Artwork sources throughout include: works from “Drawing the Unspeakable” Towner Art Gallery, Eastbourne in Autumn 2024. ChatGTP. The Tate Gallery, St Ives. Photographs by Helen Gower.

Moral Injury : A Short Poem by Carmen Rumbaut

Like if you were a soldier
during war time
present during war crimes

Like if you were a child
witnessing the domestic violence
of your father beating your mother

Like a helpless slave
forced to watch another
being whipped

You were lucky
yet severely damaged.

You escaped
but not from the guilt.

You survived
but your heart was destroyed.

You still wonder
if you could have,
because you certainly should have,
stopped it.

The vast grief you bear is
* for the victim
* for yourself
* for a society that permits
(and even encourages)
such unfathomable wrongness.

Oh, God!
Mother Nature herself sobs.



Prepared by A Lyons for the workshops

Gopi (1st Job, Bullying)

Gopi- little God
I 'saw 'him
And he punished
and punished
and punished
and punished
and punished me..



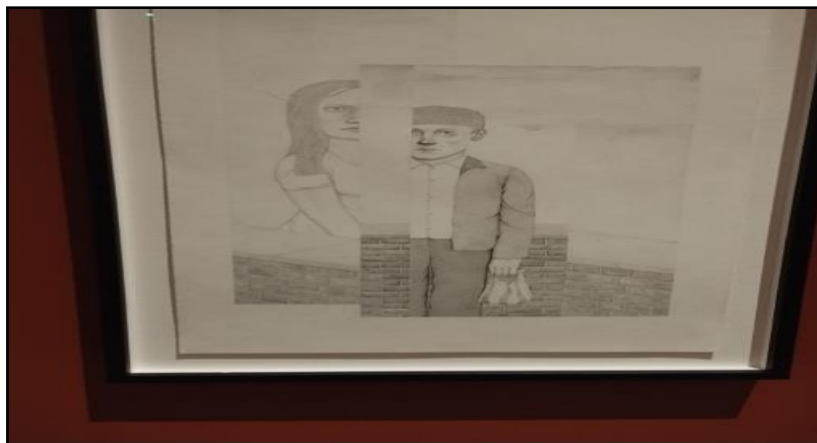
James..(3rd Job, Sacrifice)

You wanted me to take the fall,
So I fell.
It was hard to get up,
I was wounded
You didn't want to see me cry,
Eventually I hobbled away.



Leadership

Honeymoons, battles,
sycophants, haters
and....
just the reliable team.



Just is everything...

FROM THE 2024/25 WORKSHOPS held at ABUHB

Like it never happened at all.

Don't do as I do, just do what I say

We'll fill you up with fear

Till you think and walk our way

We will isolate you, from your friends and family

While you hide your smile behind a mask

And question your sanity

While your sick relatives die alone

We'll party at number 10

And laugh at you behind closed doors

While we stab you in the back again

How twisted has your heart become

How low have you come to fall

Then you sweep it all under the carpet

Like it never happened at all

Phil Millichip ABUHB MH Nursing



Enough

Sometimes enough just isn't quite
Where my best holds unequal requite

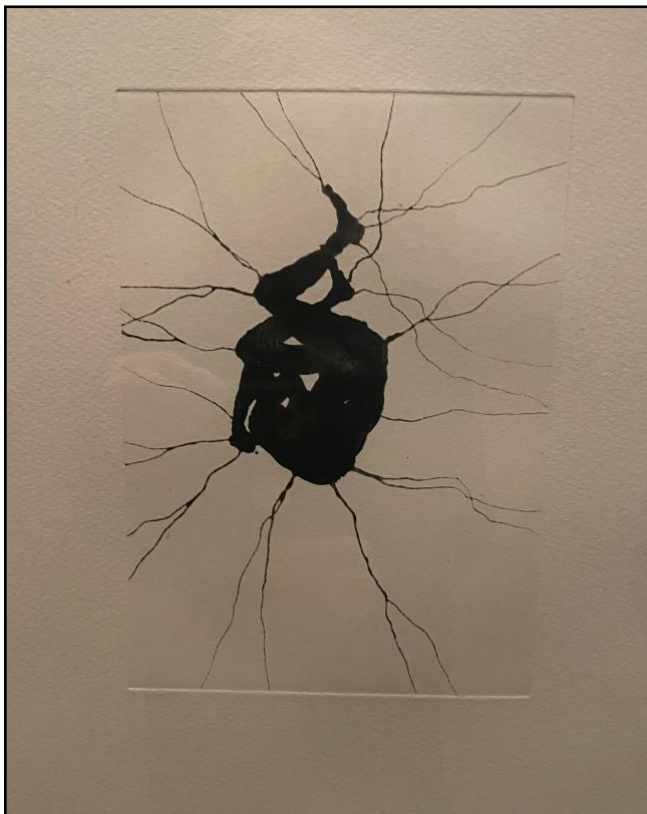
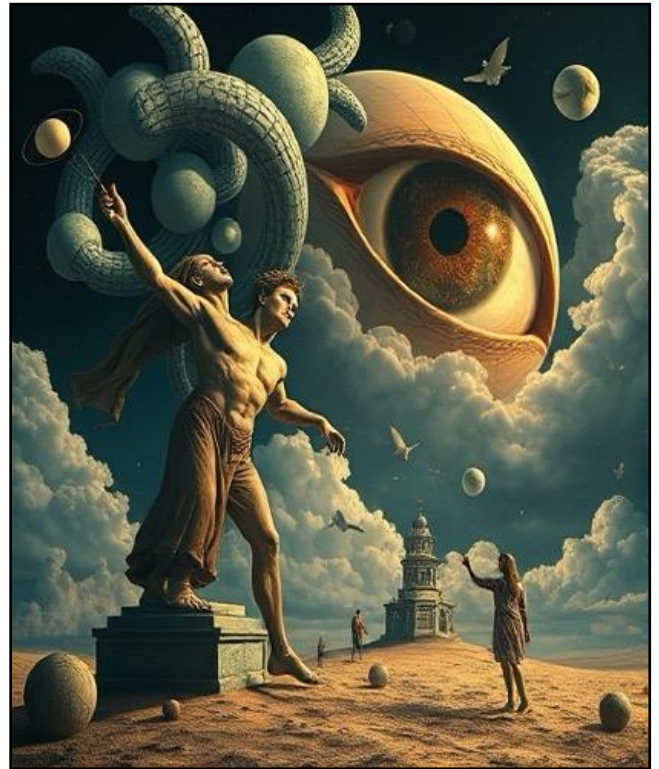
A human being less cared than controlled
A quick fix not a whole-person hold

My heart breaks to see their suffering
My love for kindness meekly muttering

A hopeless venture leaves me weaker
Another path manifesting a bleak future

I must be strong, I must be tough, but
I am only one person, and it isn't enough

Member of NHS staff, Psychology



Cauda Equina Sucks

It all happened so suddenly, oh what a week, one minute you are happy, next you can barely speak.

The MRI noise is so loud and scary, I want to cry out 'what is happening to me'

I hear sciatica, heat, ice and rest, I need to stretch I don't know what's best.

I need diazepam the spasms are bad my little girls scared she's calling her dad.

They mention red flags and numbness too, my biggest worry is I won't get to the loo.

It's all systems go as they blue light me away, its all so surreal its my scariest day.

They tell all your loved ones you must go under the knife, if this is not sorted it could change your life.

They say her nerves are trapped and she can't move her legs, this is the reason she leaked in the bed.

The looks on their faces, I can't take much more, I just want it over and be like before.

Seven months later I go back to work, I've now got a limp and often it hurts.

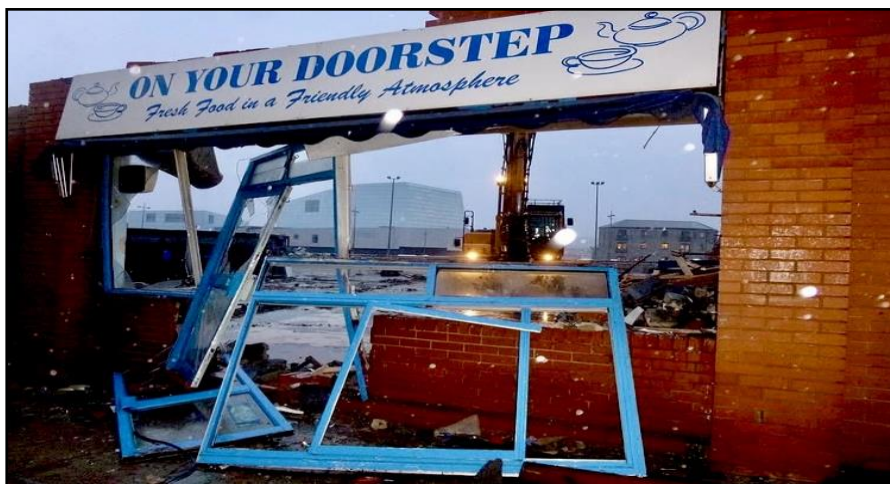
I mourn losing my old job it's all that I knew, but I'm in research and there's so much to do.

Covid 19 in its second wave 'hurry up Gemma we have patients to save'.

When I think back it all makes sense, the challenge I felt was really immense.

A brand-new role, a global pandemic and a move to the Grange, it was too much change.

I try not to look back its all in the past, I have a love for my job now and I know it will last.



Gemma Williams. ABUHB. Nursing

Everything changes Amelia

Close, loving team

But 'everything changes Amelia'
From Halleluia to The Greek chorus

From having my arse licked
To wiping arse,
Everything changes Amelia

ABUHB Psychotherapy and Nursing



Bruce Springsteen, dancing in the dark.

I get up in the evenin'
And I ain't got nothin' to say
I come home in the mornin'
I go to bed feelin' the same way
I ain't nothin' but tired
Man, I'm just tired and bored with myself
Hey there, baby, I could use just a little help
You can't start a fire
You can't start a fire without a spark
This gun's for hire
Even if we're just dancin' in the dark
Messages keeps gettin' clearer
Radio's on and I'm movin' 'round my place
I check my look in the mirror
Wanna change my clothes, my hair, my face
Man, I ain't gettin' nowhere
I'm just livin' in a dump like this
There's somethin' happenin' somewhere
Baby, I just know that there is
You can't start a fire
You can't start a fire without a spark
This gun's for hire
Even if we're just dancin' in the dark
You sit around gettin' older
There's a joke here somewhere and it's on me
I'll shake this world off my shoulders
Come on, baby, the laugh's on me
Stay on the streets of this town
And they'll be carvin' you up alright
They say you gotta stay hungry
Hey baby, I'm just about starvin' tonight
I'm dyin' for some action
I'm sick of sittin' 'round here tryin' to write this book
I need a love reaction
Come on now, baby, gimme just one look
You can't start a fire
Sittin' 'round cryin' over a broken heart
This gun's for hire
Even if we're just dancin' in the dark
You can't start a fire
Worryin' about your little world fallin' apart
This gun's for hire
Even if we're just dancin' in the dark





DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 June 2025
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Consideration of Bids / Small Grants Scheme
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	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)

It also details requests from designated charitable funds that in line with the Charitable Funds Financial Control Policy require approval by the Charitable Funds Committee because it is:

- Over £25k in value or
- It involves the employment of staff

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 must be evaluated and supported by the Executive Committee.

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 multiple approval requests:

- 2 Bids notifying retrospective approval from Designated Charitable Funds
- 2 Bids requesting approval from Designated Charitable Funds above the £25k expenditure threshold
- 4 Small Grant Scheme applications
- 5 Bids requesting Charitable Funds Committee funding from the General Fund.

These are summarised below:

Bids notifying retrospective approval from Designated Charitable Funds

Following attendance of fund holders at the March 2025 Charitable Funds Committee, the Committee approved in principle the expenditure requests presented. The requestions for both have since been processed, and as these are above the delegated £25k threshold, we are providing notification of the bids submitted and expenditure incurred.

Bids for Retrospective Approval from Designated Charitable Funds	Total Cost £000's	Area of Benefit
CFC-270 Cardiology Impella Equipment	41	Patients
CFC-271 Thyroid Genty Study	40	Patients
Total Bids	81	



Bids Requesting Approval for use of Designated Charitable Funds above the £25k threshold

These bids relate to designated Charitable Funds, but as the expenditure is above the £25k threshold, this needs approval by the Charitable Funds Committee.

Bids for Approval from Designated Charitable Funds	Total Cost £000's	Area of Benefit
CFC-272 Pintuition Breast Cancer System	66	Patients
CFC-273 Myeloma CNS	59	Staff and Patients
Total Bids	125	

Small Grant Scheme Applications

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.

Small Grant Requests	Total Cost £000's	Area of Benefit
SGS-023 Contribution to Medicinema, Serennu Children's Centre	5.00	Patients
SGS-024 Finance Conference 2025	7.50	Staff
SGS-025 MH/LD Conference 2025	4.90	Staff
SGS-026 Community of Practice for People's Experience across ABUHB	5.60	Patients, Staff & Visitors
Total Bids	23.00	



Bids Requesting Funding from Charitable Funds Committee

The below bids relate to funding requests for exceptional amounts, of which no delegated Charitable Fund has been identified. Each of the bids relate to commitments exceeding one year, which is outlined in each submission.

Bids requesting funding from Charitable Funds Committee	Total Cost 25/26 £000's	Total Cost 26/27 £000's	Total Cost 27/28 £000's	Total Funds Requested £000's	Area of Benefit
CFC-274 Decarbonisation Project - 3 years	17	17	18	52	Patients, Staff & Visitors
CFC-275 Patient & Family Inclusion Officer - 2 years	71	68	0	139	Staff and Patients
CFC-276 Volunteer Co-ordinators - 2 years	108	105	0	213	Patients, Staff & Visitors
CFC-277 Suicide Bereavement Service - 2 years	24	52	28	104	Patients, Staff & Families
CFC-278 Language & Interpretation Services - 2 years	72	78	0	151	Patients, Staff & Visitors
Total Bids	292	320	47	659	

Key points

- The first year (25/26) of the Decarbonisation Project - CFC 274 was approved by the Committee in March 25 (CFC-269) and is already included within the Committee's commitments.
- 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 will be considered at the meeting to be held on 22nd May 2025.
- At 31st March 2025 the Committee is overcommitted by £25k but in the knowledge that £184k is due to be released from reserves. (The creation of available funds from the Committee's reserves was discussed and approved at the last meeting.) This will leave the Committee with a balance of £159k.
- A further £160k could be made available to the Committee from the net sale proceeds of 13 Clytha Square as shown in report 3.3 Level of Reserves 2025/26.
- The Committee has insufficient unallocated general funds to support all requests without further transfers being made.



- The 2026/27 commitments would exceed the level of income the charity made in 2024/25 (some of which would have been restricted enabling its use for these commitments regardless).

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to consider approving all requests, whilst giving due consideration to:

- the risks of funding such large general requests, for a charity that ringfences a large proportion of its funds for specific fundholders to utilise in agreed areas; and
- Commitments in future years exceeding the annual investment income witnessed in the most recent financial year (the income stream most notably linked to the general fund).

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:	SGS – Small Grants Scheme
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
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
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk
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.





Charitable Funds Committee Bid Ref: CFC – 270

Bid for Impella Equipment For Cardiology At ABUHB

1. Introduction

Vanessa Williams, Directorate Manager, Cardiology attended the March 25 Charitable Funds Committee to discuss static/slow moving charitable funds.

Vanessa presented a request to use the funds for Impella equipment for the Catheter laboratory at a cost of £41k

The Charitable Funds Committee approved the request but required a bid application to be submitted for ratification.

2. Background

Cardiology is lucky in that they have access to several charitable funds including legacy funds. However, some of these funds have been deemed as slow moving/static and the Committee wanted plans on how this money could be used. At a previous Charitable Funds Committee, it was stated that they were going to purchase 2 ECG machines costing £15k but this has now been purchased by Nevill Hall League of Friends.

Vanessa explained to the Committee how they wished to purchase new equipment that would have an impact on saving lives at a cost of approximately £41k.

3. Key Issues

3.1 Category of Bid

This bid relates to:

Patient's welfare and amenities.
Equipment

3.2 Description of the Bid

Impella is a family of medical devices used for temporary ventricular support in patients with depressed heart function. It allows the heart to rest and recover by temporarily assisting the pumping function of the heart to efficiently deliver blood and oxygen.

IMPELLA CP SMART ASSIST SET EU x3 @£13,250 each
UK OPTICAL A/C IMPELLA CONNECT x2 '£50 each
ASSEMBLY, CART, IMPELLA CONTROLLER x2 '£50 each

Total cost £40,850.

Please note these figures exclude VAT as the purchase is VAT exempt.

3.3 Outcome Measures & Benefits

3.3.1 Activity Analysis

3.3.2 Benefits

- Minimally invasive
- More confident positioning
- Enables better cardiac recovery

3.4 If the Bid is not Supported

N/A.

3.5 Bids relating to Additional Staff Resources

N/A

4. Financial Analysis

4.1 Funding Requested

£50k from existing local charitable fund. Equipment has gone through the Procurement tender system and the order has been placed as prices were due to go up significantly after 01.04.25.

4.2 Availability of Local Charitable Funds

F812 LEGACY NHH CARDIO V WILLIAMS	(42136.17)
F813 LEGACY NHH CCU M T SPENCER-JONES	(63324.67)

Funds are being utilised equally from the above charitable funds.

4.3 Revenue Costs

N/A

4.4 Revenue Costs - Affordability

N/A


5.0 Conclusions and Recommendations

Retrospective approval for to approve the use of cardiology legacy funds to support the purchase of Impella Equipment costing £41k.


Bid Prepared by:

Name:	Vanessa Williams
Title:	Directorate Manager
Date:	7th March 2025

Supported by Division

General Manager:	Tracy Morgan
Signature:	
Date:	19.5.25

Executive Sponsor

Signature:	
Date:	19/05/2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Charitable Funds Committee Bid Ref: CFC – 271

Bid for Thyroid Genetic Study For Endocrinology and Diabetes At ABUHB

1. Introduction

Dr Mohamed Adlan, Consultant Physician in Endocrinology and Diabetes based at Ysbyty Ystrad Fawr attended the March 25 Charitable Funds Committee to discuss his static charitable fund.

Dr Adlan presented a request to use the funds for a research study into the investigation of genetic factors underlying psychological morbidity in patients on thyroid hormone replacement therapy costing £40,000.

This is a joint project with Swansea University, Cardiff & Vale HB and Cwm Taf HB.

The Charitable Funds Committee approved the request but required a bid application to be submitted for ratification.

2. Background

Around 5% of women and 0.9% of men in the UK are currently taking thyroid hormone for hypothyroidism, amounting to around 1.4 million people¹. We² and others³ have previously reported an excess of psychological morbidity in patients on thyroxine despite having serum thyroid hormone measurement within the reference range.

The underlying reasons for this impaired psychological well-being are unclear but may relate to reduced supply of the active form of thyroid hormone, T3 to the brain in participants on thyroid hormone replacement therapy with L-thyroxine (T4). Patients on T4 therapy have lower levels of serum T3 levels compared to participants with an intact thyroid gland^{4, 5}. To provide T3 to neurones, T4 must be converted in the body to T3 and transported across the blood brain barrier and into neurones, and there are many separate molecules involved in this process⁶. We⁷ and others (reviewed in⁸) have explored the effects of combined T4 and T3 therapy to correct the deficit in psychological morbidity but were unable to detect a selective advantage for combination therapy over T4 alone.

Recent studies have indicated that common genetic variation exists in many of the molecules involved in thyroid hormone action including the deiodinases that convert T4 to T3 (D1, D2) and the thyroid hormone transporters that are required for uptake of the hormones into tissues (including MCT8 and OATP1C1 – reviewed in ⁹). This raises the possibility that genetic variation between individuals, may contribute to impaired psychological well-being on thyroxine in a subgroup of individuals. To explore this, we have recently conducted a genetic analysis of the participants taking part in the large randomised controlled trial of T3/T4 versus T4 alone that we conducted, and provided preliminary evidence that participants with the rarer variant (CC allele) of the deiodinase enzyme that converts T4 to T3 in the brain, D2, who represent around 12-15% of the population, have particularly impaired psychological well-being on thyroxine replacement. Furthermore, it appeared to be just these individuals who benefited the most from combined therapy with combined T4/T3¹⁰. Variation in this enzyme had no effects on circulating thyroid hormone levels¹¹, presumably because it has its effects at tissue level in the brain, and hence individuals most likely to benefit from T3 cannot be identified by their blood levels of thyroid hormone.

3. Key Issues

3.1 Category of Bid

This bid relates to:

Patient's welfare and amenities.

3.2 Description of the Bid

The primary aim of this study is to confirm whether the CC genotype of the rs225014 SNP in the DI02 gene is associated with increased psychological morbidity in a large group of patients on thyroid hormone replacement in the community.

This will form the basis for a later pharmacogenomically driven intervention trial to determine if partial replacement with T3 (plus T4) can correct the impaired psychological wellbeing experienced by patients with the CC genotype of rs225014 taking thyroxine.

A secondary aim is to determine as far as possible the reasons for commencing thyroxine in as large and unselected a community-based population as possible.

3.3 Outcome Measures & Benefits

3.3.1 Activity Analysis

This is an observational study of DIO2 genotype, psychological well-being and reasons for commencing treatment in patients on thyroid hormone replacement.

Primary end point: Prevalence of psychological morbidity (as determined by GHQ-12 and HADS scores) by DIO2 genotype in patients on thyroid hormone replacement.

Secondary end points:

1. Association between thyroid function (TSH, free T4, free T3) and psychological morbidity, and analysis of whether this association differs between genotypes
2. Association between common genetic variation at other loci in DIO2, and variation in other genes involved in thyroid hormone action (e.g. thyroid hormone transporters, MCT8, OATP1c1, other deiodinases, DI01, DI03, and other SNPs, PDE8B, FOXE1, OATP1B1, MCT10, and UGT1A1), thyroid function and psychological well-being in participants on thyroid hormone replacement.
3. Associations between common genetic variation in deiodinases and other markers of thyroid hormone action, including cholesterol and sex hormone binding globulin.
4. Association between thyroid function and factors which may reduce Levothyroxine availability namely Coeliac disease (serum tissue transglutaminase), Pernicious anaemia (Intrinsic Factor Antibodies).
 -
5. Frequency distribution of different reasons for commencing thyroid hormone
 - (i) by highest initial (pre-treatment) TSH if primary hypothyroidism
 - (ii) by initial symptoms -:
 - (a) asymptomatic/"routine screen"
 - (b) low mood, fatigue
 - (c) other
6. Evaluation of symptoms whilst on thyroxine therapy by using ThySRQ questionnaire.
7. Subgroup-analyses of psychological well-being of participants and genotype by
 - (i) aetiology of thyroid hormone replacement:
 - (a) thyroid ablative therapy,

(b) mild primary hypothyroidism (highest TSH < 10mU/L prior to beginning thyroxine) or

(c) severe primary hypothyroidism (highest TSH \geq 10.1mU/L prior to beginning thyroxine).

(ii) initial presenting symptom:

(a) asymptomatic/" routine screen"

(b) low mood, fatigue

(c) other

3.3.2 Benefits

Due to the retrospective design and borderline sample size the results of our initial study are not sufficiently convincing to change current practice. In addition, our initial study may have overestimated the benefits to be obtained from the population on thyroxine as a whole. It is therefore important that these results are verified in a prospective, community-based study specifically designed to address this issue. If confirmed however, our findings would suggest that around 15% of the population currently on thyroxine – around 150,000 people in the UK – might have significant improvements in psychological well-being if changed to combined T4/T3 therapy. Such individuals could only be detected by genetic testing.

The present community-based study aims to confirm an association between psychological morbidity and common variation in the D2 deiodinase gene (SNP rs225014 in the *DIO2* gene). Once genetically typed, this population could also form the basis for a later interventional trial examining the benefits of combined thyroid hormone replacement (T4+T3) versus T4 monotherapy in a genetically determined patient sub-group.

Mild hypothyroidism (TSH < 10mU/L) is up to 20 times more common than severe biochemical hypothyroidism in the population¹² and is probably asymptomatic¹³. There is some concern that increasing numbers of patients are commenced on thyroxine for relatively minor abnormalities of thyroid function. In addition to the genetic analysis, the collection of a community-based sample provides the opportunity to examine the underlying reasons that lead to thyroid hormone replacement in as unbiased sample as possible. To our knowledge, this has not previously been performed.

3.4 If the Bid is not Supported

Unable to continue research.

3.5 Bids relating to Additional Staff Resources

N/A

4. Financial Analysis

4.1 Funding Requested

£40k from existing local charitable fund to be paid to Swansea University.

4.2 Availability of Local Charitable Funds

F770 - YYF DIABETES & CARDIOVASCULAR R & D

Funds are being utilised from the above charitable fund which currently has a balance of £48k.

4.3 Revenue Costs

N/A

4.4 Revenue Costs - Affordability

N/A


5.0 Conclusions and Recommendations

Retrospective approval for to approve the use of F770 - YYF DIABETES & CARDIOVASCULAR R & D funds to support a research project for thyroid genetic testing on 2500 patients, that would be a cost of £40k


Bid Prepared by:

Name:	Dr Adlan
Title:	Consultant
Date:	7th March 2025

Supported by Division

General Manager:	Tracy Morgan
Signature:	
Date:	19.5.25

Executive Sponsor

	Leanne Watkins
Signature:	
Date:	19/05/2025



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WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Charitable Funds Committee

Bid Ref: CFC – 272

Bid for Equipment – Pintuition breast cancer localisation system
For Breast – General Surgery
At YYF

1. Introduction

The Committee is asked to support the purchase of the pintuition system from local Breast Care Charitable funds enabling surgeons to precisely locate breast tumours prior to operating.

Total cost - £66k

2. Background

Breast-conserving surgery often requires precise localization of non-palpable breast lesions. The standard approach used before the introduction of pintuition employed a combination of metal anchor wires and Hologic RFID tags which are uncomfortable for patients, can migrate, and may require repositioning, leading to delays in care and increased anxiety. They require the attendance of a consultant radiologist in theatre on the morning of surgery, taking them away from undertaking cancer diagnostic clinics and reporting.

The Breast Surgeons have, over the last year, assessed a number of alternative systems to improve patient care, including Savi scout, localizer and magtrace, settling on pintuition's superior performance and integration with the Health Boards systems. The system has been successfully trialled with the equipment currently on site. As pintuition is the superior modality for wire free breast cancer localisation, the clinicians will not support any substitution.

The use of this system is being supported by Welsh Government. The Cancer Recovery Fund has already paid for three years of pintuition consumables - £162,000 plus VAT, allowing 900 patients improved care. This has eliminated the annual cost of wires and RFID tags saving the health board £118,500 plus VAT annually; £355,500 plus VAT over three years.

This offer has been extended to all Health Boards as the pintuition system offers enhanced care for people with breast cancer.

3. Key Issues

The system is already in place offering improved care for patients, it is supported by Welsh Government, with the consumables funded for three years.

3.1 Category of Bid

Purchase of equipment.

3.2 Description of the Bid

Purchase and ongoing utilisation of The Sirius Pintuition system which offers a superior alternative for the localization of non-palpable breast cancers. It utilises a precise magnetic seed localization technology, providing several advantages over traditional methods and the Hologic RFID tag.

General Surgery has no budget to purchase this equipment. However, breast charitable funds holds around £326,000 to improve patient care.

3.3 Outcome Measures & Benefits

3.3.1 Activity Analysis

300 patients per year require tumour localisation prior to surgery.

3.3.2 Benefits

- Accuracy and Efficiency: Provides high accuracy in lesion localization, reducing the need for re-excisions and improving surgical outcomes.
- Patient Comfort: Eliminates the need for preoperative wire placement, improving patient comfort and reducing anxiety.
- Axilla Use: Licensed for use in the axilla, facilitating targeted axillary node dissection.
- Supply Stability: Reduces dependency on RFID tag supplies, ensuring consistent availability and reliability.
- WG supported - £162k of consumables already provided

3.4 If the Bid is not Supported

The clinicians will not support the return to using fixed wires. Being compelled to do so will cause ill will. £162,000 of consumables, funded by WG will be lost and the Health Board will again begin to incur the costs of paying for wires and RIFD tags. Additional consultant radiologists time will be taken up

inserting wires, when that time could be better spent diagnosing patients. Current suspected cancer pathway compliance is 92%, this will fall.

3.5 Bids relating to Additional Staff Resources

N/A

4. Financial Analysis

4.1 Funding Requested

Unit costs of £66,200 excluding VAT as medical equipment would be VAT exempt.

What is the proposed procurement route?

Single tender application

4.2 Availability of Local Charitable Funds

The fund to be used is shown below:

Fund Ref: F303 ABUHB Breast Centre Current balance £325,858.23

4.3 Revenue Costs

None, software updates are free. 12 month warranty.

4.4 Revenue Costs – Affordability

No revenue costs. There are savings. Consumables have been funded by WG for 3 years saving around £193,000 in wire and RFID consumables over 3 years. From year 4 there will also be a saving as pinctuition markers have a lower than guidewire and RFID costs. Annual cost of £118,500 for wires and tags vs £54,000 for pinctuition.

5.0 Conclusions and Recommendations


The Committee is asked to support the purchase of the pinctuition system enabling surgeons to precisely locate breast tumours prior to operating at a cost of £66k.

Bid Prepared by:


Name:	Dawn Baker Lari
Title:	Directorate Manager –

	General Surgery
Date:	2/4/25

Supported by Division

General Manager:	Julie Poole
Signature:	
Date:	07/04/2025

Executive Sponsor

	Leanne Watkins
Signature:	
Date:	19/05/2025



Charitable Funds Committee Bid Ref: CFC – 273

Bid for Band 7 Myeloma CNS
For Haematology service
At RGH/NHH

1. Introduction

The committee is being asked to support the funding of an additional myeloma clinical nurse specialist to increase the service provision for patients with a diagnosis of myeloma. The committee is asked to approve the funding for this post at a cost of £58,820

2. Background

There is an unprecedented demand on the myeloma service within ABUHB. Data collection has shown that the workload for the myeloma CNS has quadrupled in the last 4 years. Currently within ABUHB we have 1 sole CNS for this team. This 1 CNS is serving an expanding and ageing population, that due to new and improving treatment options, is surviving longer.

With new NICE approved treatments being launched, which will transform the lives of patients, there is an expected further increase in the patient caseload for the myeloma CNS. Although this is a fantastic advancement in treatment options, there is however a concern that with more patients requiring to be seen and treated over a longer period of time.

This increase in patient numbers is an additional stressor to an already strained service. Some of the challenges expressed are:

- Increase in haematological conditions and complexity of new treatments.
- New treatments resulting in increases in complexity of care
- Delays of specialist knowledge and support from CNS team
- Staff burnout due to increased work pressures

The Haematology directorate and nursing team have therefore expressed their concern that the haematology system at ABUHB is not sufficient to prevent risks to patients.

3. Key Issues

3.1 Category of Bid

This bid relates to: *(please delete as appropriate)*

Patient's welfare and amenities.

Staff education and welfare.

3.2 Description of the Bid

There is an unprecedented demand on the myeloma service within ABUHB. Data collection has shown that the workload for the myeloma CNS has quadrupled in the last 4 years. Currently within ABUHB we have 1 sole CNS for this team. This 1 CNS is serving an expanding and ageing population, that due to new and improving treatment options, is surviving longer.

With new NICE approved treatments being launched, which will transform the lives of patients, there is an expected further increase in the patient caseload for the myeloma CNS. Although this is a fantastic advancement in treatment options, there is however a concern that with more patients requiring to be seen and treated over a longer period of time.

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- New treatments resulting in increases in complexity of care.
- Delays of specialist knowledge and support from CNS team
- Staff burnout due to increased work pressures

The Haematology directorate and nursing team have therefore expressed their concern that the haematology system at ABUHB is not sufficient to prevent risks to patients.

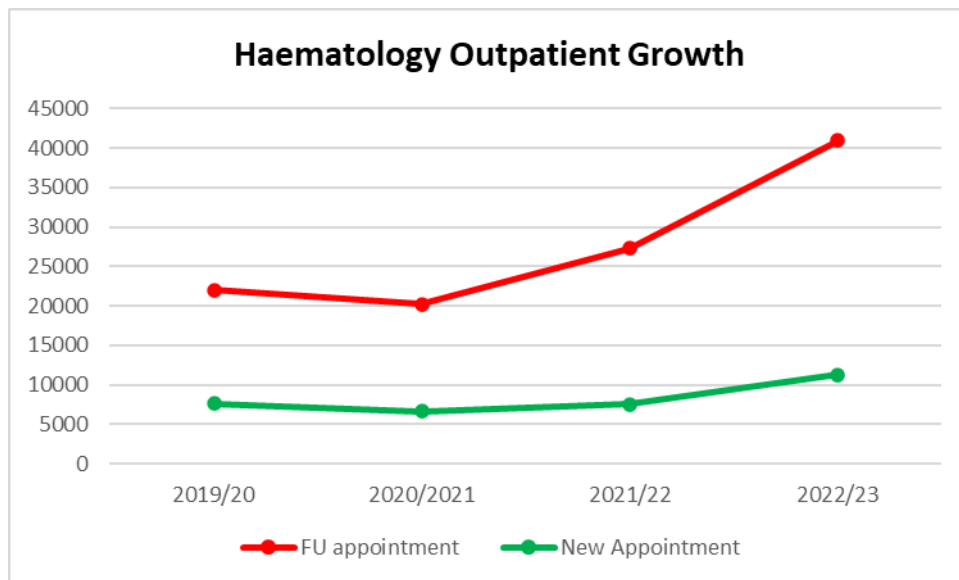
By approving funding for this post, will allow for an increase by 1 WTE band 7 CNS. This will allow patients access to vital support on their cancer journey, allowing access to specialist knowledge around disease management, symptom management as well

3.3 Outcome Measures & Benefits

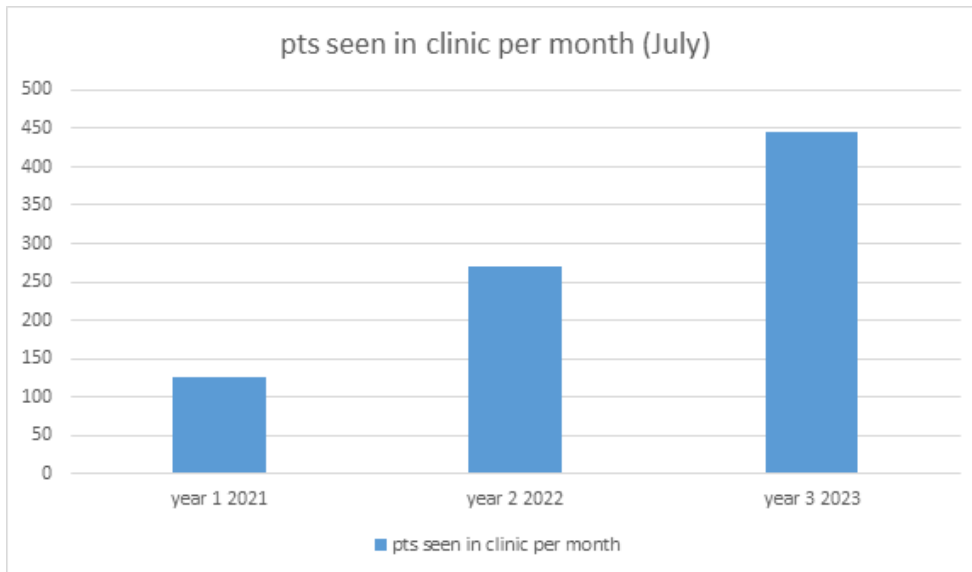
3.3.1 Activity Analysis

: The Graph below shows the growth of outpatients across haematology. It shows a 48 % growth in new outpatient appointments but an 86 % growth in follow up appointments. Evidencing that more people remain in the service as they are receiving an increase in ongoing treatment.

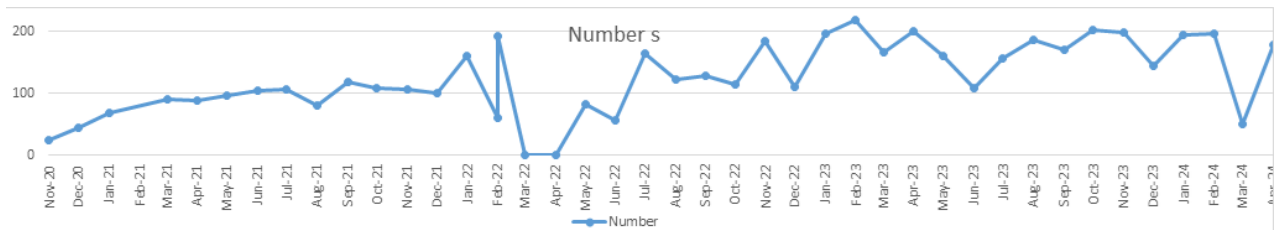
Please note the period of time when existing CNS was unwell and unable to attend work patient activity ceased which is causing harm to the patients and delaying their treatments. This also elongates the waiting lists. This dip highlights the fragility of the service with responsibility on 1 member of staff. During annual leave or unforeseen times not in work the service falls down. By having an additional CNS in post this would also help to future proof the service with succession planning ensuring that the myeloma service can continue to provide patient care.



The below graph shows the increase in patients seen in myeloma clinic monthly. We can see that over a three year period the CNS workload has quadrupled.



The below graph indicates the growth in myeloma patients being seen on a monthly basis from 2019. The dip between February 2022 and April 2022 is due to the CNS being off unwell, resulting in no patient activity and delays for patients



3.3.2 Benefits

The benefits of agreeing to fund this 12-month secondment would be that their patients would have access to an additional clinical nurse specialist. This would allow more patients to be seen in clinics and have appropriate follow up and reduce waiting lists.

This post would also allow for improved patient education around their disease and allow for SACT education for these patients.

This post would also allow for future proofing of the service.

3.4 If the Bid is not Supported

If this bid is not supported, we would not be able to support this post. Multiple funding options have already been sort, but we have not been able to secure any funding. This would have a detrimental impact on the haematology service, with increased waiting times for patients requiring chemotherapy.

Without a second CNS for the myeloma team, we would not be able to provide new NICE approved treatments. We would see an increase in patient complaints and distress to patients as we would be unable to offer life saving treatments.

3.5 Bids relating to Additional Staff Resources

- *What period is the committee being asked to fund staff?* **12 month secondment**
- *What is the tenure of appointment proposed for the new staff?* **12 month fixed term contract**
- *Who has accountability for the staff?* **Daniel Eagles Senior Nurse for Haematology**
- *What happens when funding comes to an end to the staff and the new service that they have provided?*
- **This will be factored into the annual plan to ensure funding is adopted by the health board.**

4. Financial Analysis

4.1 Funding Requested

1 x WTE band 7 costed at £62,124

4.2 Availability of Local Charitable Funds

It should be clearly stated in this section if there are any available local charitable funds. Full explanations must be given if these funds cannot be used.

<i>Fund Ref:</i>	<i>Current balance</i>
F278LEGACY RGH HAEM G S WATKINS	58644.29
F277NHH WINDSOR SUITE	45208.10

4.3 Revenue Costs

N/a

4.4 Revenue Costs - Affordability

This bid is to secure access to funds from our existing charitable bids account

5.0 Conclusions and Recommendations

There is an unprecedented demand on the myeloma service within ABUHB. Data collection has shown that the workload for the myeloma CNS has quadrupled in the last 4 years. Currently within ABUHB we have 1 sole CNS for this team. This 1 CNS is serving an expanding and ageing population, that due to new and improving treatment options, is surviving longer.

With new NICE approved treatments being launched, which will transform the lives of patients, there is an expected further increase in the patient caseload for the myeloma CNS. Although this is a fantastic advancement in treatment options, there is however a concern that with more patients requiring to be seen and treated over a longer period of time.


This increase in patient numbers is an additional stressor to an already strained service.

This bid is secure funding from charitable funds to fund 1x WTE band 7 clinical nurse specialist for the haematology team.


Bid Prepared by:

Name:	Daniel Eagles
Title:	Senior Nurse
Date:	21/02/2025

Supported by Division

General Manager:	Ian Jenkins
Signature:	
Date:	06/03/2025

Executive Sponsor

	Leanne Watkins
Signature:	
Date:	19/05/2025



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Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Committee meeting date
Agenda Item

Charitable Funds Committee Bid Ref: CFC – 274

Bid for Funding of Clinical Sessions for Planning – Clinical Futures at St Cadocs HQ

1. Introduction

The bid is to fund the equivalent of one clinical session per week for a period of 3 years, to continue work on reaching the Welsh Government's target of net zero by 2050. This includes a projected 5% pay rise for each year.

Year 1 (2025/26)– £16, 623

Year 2 – (2026/27) - £17, 454

Year 3 – (2028/29) - £18, 327

2. Background

The Decarbonisation Programme Board comprises of five areas of focus:

1. Buildings, Estates and Facilities
2. Communications and digital
3. Clinical and Health Planning
4. Workforce & OD
5. Waste

This bid relates to the activities in Group 3, Clinical and Health Planning.

3. Key Issues

3.1 Category of Bid

This bid relates to:

Staff education and welfare.

3.2 Description of the Bid

To continue to provide financial support to allow valued and needed work to continue on the Decarbonisation Programme. The Clinical Lead for the programme's, Clinical and Health Planning group has been instrumental in implementing, educating and changing working practices for so many at the benefit of the environment and well-being of future generations, including the health of those generations. Funding awarded for this year has been instrumental in supporting the expansion of the decarbonisation work. There are currently more than 50 active projects under the Clinical and Healthcare Planning group, led by Dr Jenna Stevens.

As with last year, there has been an agreement from the Clinical Director within Anaesthetics, that should funding be successful, one session per week would continue to be released to allow the vital work to progress further.

3.3 Outcome Measures & Benefits

3.3.1 Activity Analysis

Conferences attended

1. Research for Greener Surgery Conference 17th December 2024
2. ABUHB Workshop Developing Future Strategy/Integration Green healthcare 18th November 2024
3. NHS Wales Sustainability Conference 13th June 2024

Presentations

1. Anaesthetic Directorate QUID "Entonox on Labour Ward GUH" 6th December 2024
2. Association of Anaesthetist Great Britain and Ireland Core topics study day "Anaesthetists Role in Sustainability" 5th Dec 2024 (invited to speak)
3. NHS Wales Sustainability Conference "Celebrating Success: Evaluation of Mobile Nitrous Oxide destruction unit at ABUHB" 13th June 2024 (invited to speak)
4. South Wales Network of Acute Pain team's 10th Annual conference "An Anaesthetist's journey into Sustainability. Will you join me?" 22nd May 2024 (invited to speak)

Awards

1. Winner of 'The Sustainability Champion Wales Award' at NHS Wales Sustainability Awards 2024.
2. Winner of 'Green Healthcare Award' at 2024 ABUHB Staff Recognition Awards.

New project ideas

1. Green Social Prescribing in Pre-habilitation and peri-operative medicine. Keen to explore funding for research trial with NIHR.
2. All Wales Green theatres network. Aim to establish a group via NHS Exec similar to Greener Critical Care. ABUHB Clinical lead has well established links with Sustainability Clinical Leads in CAV and Swansea Bay. To utilise new links within NHS Exec to create this group to progress Green Theatre agenda.
3. Set up ABUHB Green maternity team to spread and scale suitable projects.
4. Staff engagement visits at sites across ABUHB (YYF, NHH, RGH, GUH to date) to continue.
5. Waste – to introduce metal 'single use' item recycling within theatres and introduction of reusable sharps bins to name a few areas.

Projects supported

- 'Green teams'
 1. Inhaler Decarbonisation app. HB wide spread and scale of the power app developed by Respiratory Lead Pharmacist Victoria Richards-Green. Support through group 2 & 3.
 2. Emergency Department Bronze accreditation 'Green ED' led by Dr Helen Sharkey, Consultant Emergency Medicine – support via group 3.
 3. 'Green Endoscopy Group' led by Dr Rhodri Davies, Consultant Gastroenterologist – support via group 3
- Energy saving
 1. Interventional radiology theatre shutdown
 2. Cardiology cath lab shutdown
- Green anaesthesia/theatre projects

1. Revolution Zero - Reusable sterile surgical textiles feasibility trial. SBRI grant funded collaboration across ABUHB, CAV and Swansea Bay. Key role: named link clinician for ABUHB. Responsible for ABUHB staff engagement and recruitment of evaluation and engagement lead for ABUHB RGH theatres. Results of trial due in early 2025.
 2. Green Tonsillectomy – reducing unnecessary use of sterile gowns and drapes for non-sterile procedures.
- Green patient pathways
 1. Short stay arthroplasty pathway led by trauma and orthopaedics, links with Dr Tom Rees, Anaesthetic lead for trauma. Length of stay reduction of 1.8 days per patient = 68.22kgCO₂e per patient/procedure (based on 37.9kgCO₂e/day for low-intensity in-patient elective stay). 394 procedures in 6 months = 26, 878.68 kgCO₂e savings (approx. 27 tonnes of CO₂e). January 2025 plans to introduce oral analgesia pre-medication to reduce the use of intravenous medicines intraoperatively.
 2. Screening questionnaire to streamline nurse led face to face pre-assessment. Avoid unnecessary hospital visits, free up valuable nursing time.
 3. Streamlining of Head and Neck cancer pathway. Support for carbon savings calculations.
 - Waste/switch to lower carbon alternatives
 1. Numerous within Pre-assessment and peri-operative medicine
 - a. Unnecessary MRSA swabbing in pre-assessment clinic.
 - b. Day case anaesthetic chart
 - c. Group and save for laparoscopic cholecystectomy
 - d. Repeat blood investigations
 2. Alfentanil drug waste in theatres - Anaesthetic trainee led project (Clinical Lead is named clinical supervisor)
 3. Use of plastic bags to return theatre sets to CSSD within ABUHB.
 4. Fluid warmers.

Projects led

- 'Green teams'
 1. ABUHB Green theatre champions network. A small group of keen theatre staff have been identified and agreed to be our

green theatre champions and will enable Clinical Lead to embed the 'Green Theatre checklist' into ABUHB Theatres. Implement Theatre 'Sustainability Initiative of the Month' ideas and other projects across ABUHB Theatres (have gained approval from Theatre Innovation Board for this and Clinical Lead reports back to this group with project ideas and outcomes).

2. Sustainable Anaesthesia Policy written. To be disseminated once formatted.
- Energy saving
 1. GUH Theatre shutdown. Education and engagement with ODPs, theatre leads and anaesthetists to identify suitable theatres. SOP developed for manual out of hours shutdown of suitable operating theatres as no option for automatic switch off at GUH.
 - Gases
 1. Entonox waste reduction across ABUHB. Establishing links with service users (midwifery, endoscopy, ED, minor injuries units and fracture clinic). Identification of areas across all sites where manifold decommissioning possible (mostly RGH). Implementation of waste reduction strategies across areas of clinical use. Ongoing trial of capture technology. Links with SBRI funded project to develop new technology. Awaiting outcome and delivery of another destruction unit. Business case for further mobile units or possible central destruction unit for maternity services (Co-lead with Rebecca Clement, Midwifery green champion)
 2. N2O waste reduction at GUH. Audit of clinical use. Link with AP for medical gases. To reduce manifold size as appropriate.
 3. Safe removal of waste N2O cylinders (links with Medical Gas Governance group). Ongoing issues. Letter to medical gas company regarding this and links with WG regarding an All Wales solution.
 - Waste/switch to lower carbon alternatives
 1. Ethyl chloride spray reduction - switch to lower carbon footprint alternative (Ice at YYF and trial of cool stick at NHH through newly formed 'Green theatre champions network')
 2. Switch to Hexi-prep wipes across theatres in ABUHB (have enquired about spread and scale to other areas).

New contacts made

- Outside of ABUHB
 1. Ann Corp, Head of Decarbonisation and Programme Management Office Health and Social Care Climate Emergency Programme.
 2. Lisa Wise, Deputy Director Health, Social Care and Early Years, Welsh Government.
 3. Dr Claire Dunstan - National Clinical Lead for Anaesthetics and Peri-operative Care (POC). Clinical Implementation Network (CIN) for the Strategic Programme for Planned Care and Recovery. Clinical Lead for Patient-centred Value based Healthcare (Secondary Care) Cardiff and Vale. Orthopaedic Pre-assessment lead Cardiff and Vale Bevan Exemplar
 4. Greener Critical Care Network - Dawn Mussa NHS Executive, Dr Jack Parry-Jones ICU Consultant CAV, Dr Babu Muthuswamy, ICU Consultant ABUHB and Critical care network lead.
 5. Changing Shape team CAV - Kate Blower
 6. Cardiff Medical School - offered opportunities for year 3 & 4 students for special study modules in Sustainability within ABUHB.

- Within ABUHB
 1. Mr Jonathan Clarke - Associate Medical Director for QI ABUHB.
 2. Dr Paul Whitemore, Consultant Respiratory Medicine.
 3. Dr Matthew Carwardine, Consultant Anaesthetist and Intensive Care medicine.
 4. Mr Simon Wood, Consultant Surgeon and CD for surgical directorate.
 5. Dr Nidhika Berry, Consultant Microbiologist and Clinical Lead
 6. Dr Nilima Parry-Jones, Consultant Haematologist
 7. LesleyAnn Bushell - Senior Midwifery Manager
 8. Pharmacy links - Bethan Jones, Pharmacy Manager RGH. Sara Boyle, Antimicrobial Pharmacist.
 9. Dr Stacey Harris, Paediatric SR and previous fellow with CSH.

The priorities for the next 3 years include:

Year 1

- Reduction in waste of medical gases
- Increase in Green Ward/Champions
- Development of a Green Ward Accreditation in partnership with Swansea Bay UHB
- Reduction in waste in sterile packs

- Reduction in unnecessary glove usage
- Reduction in unnecessary repeat blood tests

Year 2

- Reduction in waste of medical gases
- Increase in Green Ward/Champions
- Implementation of a Green Ward Accreditation in partnership with Swansea Bay UHB
- Spread and scale of reduction in unnecessary repeat blood tests
- Work in partnership with e-prescribing to reduce the use of IV route where enteral route is appropriate
- Work in partnership with Medicines Management to support the reduction in medicines waste
- Support the roll out of the dashboard app for calculating Co2e

Year 3

- Continue to engage with staff and recruit green wards and champions
- Promote the work of the Decarbonisation group via in-person engagement sessions, in-person educational sessions, Intranet campaigns, social media
- Spread and scale of pilot projects around waste reduction
- Evaluate projects
- Plan for the next 3 years

3.3.2 Benefits

There has been a significant decrease in the use of volatile gases for anaesthesia in ABUHB under Jenna's leadership. The below table shows the usage in litres of Nitrous oxide and Entonox. This reduction in usage led to a carbon saving of 588, 655 kgCO₂e.

GAS	2022-23 Usage in Litres	2023-24 Usage in Litres	Total reduction in litres
<i>Entonox</i>	<i>2, 958, 396</i>	<i>2, 698, 742</i>	<i>259, 654</i>

<i>Nitrous oxide</i>	<i>1, 756, 800</i>	<i>703, 750</i>	<i>1, 053, 050</i>
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The Theatre Shutdown project, led by Jenna, has also contributed to the reduction in electricity use with an estimated annual saving (up to September 2024) as shown below:

HOSPITAL	PLANT / AREA	Cost	HRS	Power - KWH	CO2
	Total Estimated Annual Saving for NHH	£9,422.78	20439 Hrs	50432.94 KW/h	11.231 tCO2
	Total Estimated Annual Saving for RGH	£34,914.61	122738 Hrs	181423.53 KW/h	40.401 tCO2
	Total Estimated Annual Saving for SWH	£5,716.93	23359 Hrs	30277.65 KW/h	6.743 tCO2
	Total Estimated Annual Saving for YYF	£29,869.85	30137 Hrs	154553.91 KW/h	34.418 tCO2

All of the figures are estimated annual savings for ventilation (AHU) only (cost, hours, power KWH and CO2) and are for electric only and does not include thermal saving (heating and cooling).

The cost saving is based on the current unit rate and is again for electric only.

At GUH the theatre staff have complete control on all the theatre plant (via the surgeons panel), the staff can put it in setback at break times etc or turn the AHU off when finished (there is no time schedule for these theatres at GUH) therefore it is difficult to put a figure on this.

Above are examples of the significant changes in practice and the positive results on both our carbon footprint and our finances.

Through engagement, departments such as Endoscopy, Emergency Care, Maternity, Cardiology, Gastroenterology and Theatres have set up 'green' projects and in most cases, 'Green Champions', resulting in reduction in waste with items such as drapes, gloves, paper and energy.

3.4 If the Bid is not Supported

There is not an alternative funding stream so the Decarbonisation Programme would lose the Clinical Lead to support and lead on ABUHB wide projects.

The knowledge and expertise the Lead brings along with the engagement and confidence from other clinical staff, would cease.

3.5 Bids relating to Additional Staff Resources

The current funding is due to expire in May therefore the funding would commence then for 12 months.

Line management responsibility would remain with Anaesthetics however, reporting on progress with Decarbonisation will continue to be reported via the Decarbonisation programme Board and Welsh Government.

Once the funding has expired in 2026, further funding is likely to be sort.

4. Financial Analysis

4.1 Funding Requested

The funding is for one clinical session per week to free time to work on Decarbonisation projects. Finance have provided the cost of £1385.25 per month, £16, 623 over 12 months.

The costs in the table for each year include a projected 5% pay award.

Year 1	2025/26	£16, 623
Year 2	2026/27	£17, 454
Year 3	2027/28	£18, 327

4.2 Availability of Local Charitable Funds

There is insufficient funding in the charitable funds for Decarbonisation to cover the revenue costs.

4.3 Revenue Costs

Staff costs as described above.

4.4 Revenue Costs - Affordability

This bid is for 100% session cover and takes into account future pay rises. However, the savings some of the key projects have already made for the health board more than shows the Clinical Leads time more than pays for itself. Further cost and carbon savings are planned for the coming year and will continue beyond 2028. The clinical engagement, thanks to the lead, has resulted in more clinical staff questioning their current practice and looking at ways to reduce carbon and finances whilst maintaining patient safety.

5.0 Conclusions and Recommendations


It is recommended the committee fully support this application for clinical sessions to support the health board in not only achieving net zero but improving services and experiences for both patients and staff.

There is so much waste within the health board and this project and the Clinical Lead are working to reduce this; resulting in carbon and cost savings.


Bid Prepared by:

Name:	Francine Phillips
Title:	Service Improvement Manager
Date:	09/01/2025

Supported by Division

General Manager:	
Signature:	
Date:	28/03/2025

Executive Sponsor

Hannah Evans, Director of Strategy, Planning & Partnerships	
Signature:	
Date:	28/03/2025



Charitable Funds Committee Bid Ref: CFC – 275

Bid for Patient and Family Involvement Officer
For Patient Experience and Involvement Team
At Health Board Wide

1. Introduction

This proposal outlines a comprehensive strategy for enhancing patient and family engagement across Aneurin Bevan University Health Board. By establishing and expanding support structures, embedding robust feedback mechanisms, and prioritizing patient experience, we aim to improve the quality of care and patient outcomes. The proposed initiatives will provide direct benefits to both patients and staff, contributing to a holistic approach to healthcare delivery across the Health Board.

The **Patient and Family Involvement Officer** is a key role focused on enhancing patient and family experience within the Health Board. This postholder will act as the primary point of contact for **complex concerns** acting as **Family Liaison**, providing support, guidance, and effective communication between patients, families, and staff. They will lead initiatives such as **People Participation Panels**, oversee **patient story programmes**, and ensure feedback is integrated into care improvements. The post holder will also support staff with patient experience challenges, contribute to the implementation of **care aims**, and drive data collection and analysis to improve service delivery. They will have a lead role in establishing a **Community of Practice for patient experience** involving patients, carers, staff and other stakeholder. Overall, the post holder will help foster a patient-centred, collaborative environment that enhances care quality, safety, and satisfaction across the Health Board.

The Committee are requested to consider funding for a Band 7 Patient and Family Involvement Officer for a period of 2 years and some associated costs, laptop etc at a total cost of £138,589.

2. Background

The evolving healthcare environment demands continuous improvement in how we engage with patients and their families. This is evidenced in the Health Boards Quality Strategy, Patient Experience and Involvement Strategy and the National Peoples Experience Framework.

In line with best practices for patient-centred care, we seek to bolster patient experience through dedicated roles and initiatives that ensure every voice is heard, concerns are addressed, and support is available. Given the complexities involved in patient care and family dynamics, a coordinated approach that includes both support services and robust feedback channels is crucial.

3. Key Issues

Not appointing the Patient and Family Involvement Officer Family and related activity as outlined in the proposal could result in several significant challenges for both patients and the healthcare system.

These key issues would have a direct impact on patient experience, family support, operational efficiency, and overall healthcare outcomes. Below are the key issues that could arise if the post is not appointed:

1. Lack of Coordinated Family and Patient Support for Complex Concerns

- **Issue:** Without a dedicated Patient and Family Involvement Officer, there would be no single point of contact for families experiencing **complex** concerns. Families would likely feel unsupported and disconnected from the healthcare system, leading to frustration and potentially escalating concerns.
- **Impact:** This could result in families feeling marginalized or ignored, leading to a deterioration of trust in the healthcare system and potentially escalating situations into formal complaints or grievances.

2. Reduced Patient Experience and Satisfaction

- **Issue:** The absence of this role would significantly hinder efforts to improve patient experience. There would be no

structured approach to collecting, analysing, and acting on complex patient feedback and complex concerns.

- **Impact:** As a result, key patient concerns may not be addressed in a timely or coordinated manner, and opportunities for improving the care environment would be missed. This can lead to dissatisfaction, negative word-of-mouth, and, ultimately, poor reputation and lower ratings for the institution.

3. Ineffective Feedback Loops (You Said, We Did)

- **Issue:** Without engagement from a designated Patient and Family Involvement Officer to coordinate feedback through systems like PALS and CIVICA, there would be a gap in the collection and actioning of patient and family input.
- **Impact:** The absence of structured feedback loops means that valuable insights from patients and families would not be incorporated into service improvements. This would also hinder the ability to show patients and families that their concerns lead to positive changes, weakening the trust between the healthcare provider and its service users.

4. Increased Pressure on Clinical and Administrative Staff

- **Issue:** Clinical teams and administrative staff would bear the additional burden of addressing complex patient and family concerns, which could take time away from direct patient care and core responsibilities.
- **Impact:** This could lead to burnout among staff, inefficiencies in service delivery, and decreased quality of care. Staff might also struggle to balance their workload with the emotional and logistical demands of managing patient/family concerns, ultimately affecting their performance and morale.

5. Failure to Embed People Participation Panels and Patient-Centred Care

- **Issue:** The People Participation Panels (PPP) would not be properly established or embedded into organisational practices. Patient involvement in decision-making processes would be minimal or non-existent.
- **Impact:** This lack of participation would result in services being less responsive to the needs and concerns of patients and families. The absence of a clear patient engagement structure could also undermine efforts to create a truly

patient-centred culture, reducing the quality of care and patient outcomes.

6. Missed Opportunities for Intergenerational Collaboration

- **Issue:** Without a designated lead for Intergenerational Partnerships, the opportunity to foster collaboration between different age groups would be lost. The potential to enhance community engagement and integrate diverse age perspectives into healthcare planning would be greatly diminished.
- **Impact:** This would hinder efforts to address issues such as social isolation, mental health challenges, and community health, which are particularly critical in both younger and older populations. Additionally, healthcare systems would miss out on innovative solutions that could arise from intergenerational cooperation.

7. Incomplete Patient Story Collection and Integration

- **Issue:** The gatekeeping role for patient stories, which is essential for providing real-world insight into the care experience, would not be fulfilled. This means that patient stories would not be captured, analysed, or integrated into service improvement plans effectively.
- **Impact:** Without a structured process to gather and act on patient stories, healthcare teams would lose out on critical, firsthand information about the patient experience. This would limit the institution's ability to make informed decisions about care improvements or to address recurring issues.

8. Limited Data-Driven Improvements and Reporting

- **Issue:** The Patient and Family Involvement Officer plays a central role in auditing, pulling, and analysing data from incident reporting systems like Datix. Without this role, there would be a lack of systematic oversight and action on incident data.
- **Impact:** Without a dedicated resource to analyse trends in patient safety, satisfaction, and incident reports, the organization could miss critical patterns that require intervention. This might delay necessary improvements, resulting in potential harm to patients or continued dissatisfaction with care.

9. Fragmented PALS Service

- **Issue:** The absence of someone to lead and promote PALS (Patient Advice and Liaison Service) would result in reduced visibility and accessibility for patients and families seeking support.
- **Impact:** This could lead to lower awareness of PALS services, leaving patients and families unaware of their rights and how to raise concerns. This may result in unresolved issues escalating into formal complaints or poor patient experiences, further straining relationships with patients and families.

10. Difficulty Implementing and Monitoring Care Aims

- **Issue:** The implementation of Care Aims and patient-centred goals requires dedicated leadership to ensure that they are aligned with patient needs and outcomes. Without this role, there would be no clear direction or leadership in integrating these aims into clinical practices.
- **Impact:** This could lead to a failure to properly align care delivery with strategic patient care goals, affecting the overall quality of service and outcomes. Additionally, without oversight, staff may not fully understand the importance of these aims, resulting in inconsistent care delivery.

11. Missed Opportunities for Staff Development and Engagement

- **Issue:** Without dedicated roles to train staff on patient-centred care, feedback integration, and conflict resolution, staff would lack the support needed to improve their interactions with patients and families.
- **Impact:** This could result in staff feeling less equipped to handle complex concerns or provide compassionate care. Over time, this may lead to burnout, disengagement, and decreased morale, ultimately affecting the quality of patient care.

12. Failure to Support Wards and Divisions in Improving Patient Experience

- **Issue:** Regular visits and support from dedicated roles to improve patient experience in wards and directorates would be absent. This could create a disconnect between patient feedback and service improvements on the ground.

- **Impact:** Without dedicated support, wards might struggle to address patient concerns effectively or identify areas for improvement. This would perpetuate inefficiencies in care delivery and may lead to negative patient outcomes.

13. Failure to Establish Community of Practice

- **Issue:** Not having a Community of Practice for People's Experience that includes patients, families, staff, and other stakeholders could lead to several negative impacts, both for the Health Board and those it serves.
- **Impact:** Without a collaborative forum, opportunities for shared learning and the exchange of best practices would be lost, leading to fragmented and isolated efforts in improving patient experience. Without the direct involvement of patients and families, healthcare providers may miss key insights into patient needs, leading to misaligned care and potential dissatisfaction.

3.1 Category of Bid

Given the nature of the roles and initiatives outlined in the proposal, the most appropriate category for the bid would likely be "Patient's welfare and amenities". However, depending on the exact scope of the funding and the focus of the initiatives, we would also consider elements of "Staff education and welfare".

Patient's welfare and amenities

Activities would include:

- Establishing and supporting patient and family support groups
- Setting up People Participation Panels
- Improving patient experience through PALS and CIVICA
- Managing complex patient concerns and improving communication with families

These initiatives are all aimed at enhancing the welfare of patients and ensuring their needs are met in a supportive and empathetic way. The creation of roles like the Family Liaison Officer and support for patient stories directly contributes to improving the quality of life and care for patients.

Staff education and welfare

While the majority of the proposal focuses on patient care, there is a significant element related to staff development and support, such as:

- Training for staff in conflict resolution, communication, and patient-centred care
- Support for staff working with patients/families in complex situations.
- Increased support and training for PALS staff to engage with patients and families effectively.

These aspects also contribute to improving staff well-being, job satisfaction, and their ability to provide excellent care, which is a form of staff welfare.

Establishing a Community of Practice for People's Experience.

Developing a Community of Practice for People's Experience that includes patients, families, staff, and other stakeholders offers significant benefits in fostering a collaborative, patient-centred culture within the Health Board. By bringing together diverse voices, this community will enable shared learning, the exchange of best practices, and a deeper understanding of patient and family needs.

It will create a dynamic, inclusive forum where challenges are addressed collectively, solutions are co-designed, and feedback is actively incorporated into service improvements. This collaborative approach not only strengthens relationships between healthcare providers and patients but also empowers all stakeholders to contribute to meaningful changes that enhance the overall patient experience, staff satisfaction, **and** care quality. The result is a more cohesive, responsive, and sustainable healthcare environment that better meets the needs of those it serves.

Estimated costs:

Band 7 WTE £135,439 for 2 years
Laptop £1,000
Printing and Promotional Materials £1000
Digital Recording Equipment for Patient Stories £1000
Mobile Phone £150

3.2 Description of the Bid

Key Issues the Successful Bid Will Address

This bid addresses several critical gaps in the service that are essential for improving patient experience, supporting families, and ensuring high-quality, patient-centred care.

This proposal addresses crucial gaps in patient and family support, feedback integration, staff training, and patient experience that cannot be met through core funding. Existing resources are already committed to clinical services, and the need for specialized roles, technology upgrades, and targeted initiatives for improving patient experience requires dedicated funding. While alternatives like staff role expansion or external fundraising were considered, they do not provide a sustainable or effective solution to the challenges faced by the service. This bid offers a comprehensive approach to addressing these issues, ensuring that patients, families, and staff receive the support they need to enhance care quality and overall satisfaction.

The key issues include:

- **Lack of Dedicated Support for Complex Family and Patient Concerns**

Families and patients experiencing complex concerns often struggle to navigate the healthcare system and may feel unsupported. Whilst the Health Board has invested in the PALS service, there is currently no dedicated role or structure for managing these concerns, which can result in unresolved issues, escalating dissatisfaction, and formal complaints. This bid proposes the creation of a Family Liaison Officer (FLO) role to serve as the main point of contact for families and patients with complex needs, ensuring their voices are heard and their concerns addressed.

- **Limited Integration of Patient Feedback in Service Improvement**

While feedback systems like PALS and CIVICA exist, they are often underutilised or lack the resources and coordination needed to translate patient feedback into actionable improvements. Without a dedicated People Participation Panel Lead or the structured collection and analysis of patient stories, valuable insights are often missed.

This bid will establish and embed People Participation Panels, Further develop the CIVICA system to capture patient stories and feedback, and ensure that feedback leads to tangible service

improvements.

- **Inconsistent and Fragmented Approach to Patient Experience Across Wards and Divisions**

Patient experience is not always consistently prioritized across all wards or directorates. This bid proposes regular ward visits and staff engagement to ensure that patient experience is improved consistently across the entire health board. Without these efforts, it is difficult to identify systemic issues or to share best practices between departments, which limits the overall improvement in patient care.

- **Lack of a Structured Approach to Intergenerational Partnerships**

Many NHS organisations struggle to effectively engage with different age groups, particularly in addressing issues like social isolation or fostering cross-generational understanding. This bid proposes the establishment of a lead for Intergenerational Partnerships to create collaborative projects that bring together younger and older patients and families, fostering stronger community ties and improving holistic care outcomes.

- **Inadequate Resources for Training and Supporting Staff**

Effective patient-centred care requires staff to be equipped with the right tools and skills. However, current training resources are insufficient to support the development of skills needed to manage complex patient concerns, communicate effectively with families, or use new technologies like CIVICA. This bid includes the requirement of the post holder to take forward staff training to ensure that all staff have the knowledge and tools to improve patient experience.

- **Lack of Comprehensive Data-Driven Insights for Improving Patient Experience**

Without proper data analysis, patient safety and satisfaction trends cannot be effectively monitored or acted upon. This bid proposes dedicated time and resources for staff to audit, pull, and analyse data from systems like Datix, ensuring that trends are identified and actioned before they escalate into larger issues.

Why This Request Is Not Being Met Through Core Funds

There is an absence of dedicated budget for such a specialised role.

While core funding covers general staffing needs within the Patient Experience and Involvement Team there is no existing budget for the specialized roles outlined in this proposal, such as the Family Liaison Officer, People Participation Panel Lead, and Intergenerational Partnerships Lead. These roles require specific funding that is not available through the existing core service budget.

Limited Resource Allocation for Non-Clinical Support

Core funds primarily focus on clinical services and patient care. The initiatives in this bid, such as improving patient experience, establishing support groups, and creating new feedback loops, fall under non-clinical support services, which, outside of core team budget often do not receive sufficient financial backing through core funds.

Lack of Dedicated Funding for Technology and Equipment

The proposal requires new technologies and equipment (e.g., for CIVICA platform development, patient story recording, and staff training resources). Core funding typically does not account for the technological upgrades or the purchase of new equipment necessary to support these patient-centred initiatives.

Service Gaps and Increased Complexity

The healthcare environment is evolving, and the needs of patients and families are becoming more complex, especially for those with long-term conditions or in vulnerable situations. Current funding mechanisms do not allow for addressing these more complex needs in a structured and sustained manner. This bid specifically addresses these emerging gaps in patient experience and family support.

What Alternatives Have Been Considered?

Several alternatives to this bid have been explored but have proven insufficient to meet the needs outlined:

Utilizing Existing Staff Roles

While it was considered to expand the responsibilities of current staff members e.g., Patient Advice and Liaison Service, core staffing within the team, it was found that these roles are already

overstretched. These staff members are already managing their core duties, and adding additional responsibilities would risk diminishing their effectiveness in their primary roles.

Reallocating Core Budgets

A budget review of the existing team costed establishment was reviewed to determine whether we could reallocate core funds from other service areas to cover some of the costs associated with this proposal.

However, reallocating funds would compromise the delivery of essential services the Team already provides, particularly given the current pressure on core services to meet increasing demand.

Core budgets are already tightly to support the whole Patient Experience and Involvement Team making it unfeasible to fund this additional role and equipment.

External Fundraising and Charitable Donations

Another option considered was relying on external fundraising or donations to support this initiative. However, this approach is unreliable and inconsistent, often failing to provide the stable, long-term funding required for roles and services that directly impact patient care and experience.

Outsourcing Some Roles to Third Parties

Outsourcing some roles, such as patient feedback collection or family liaison services, to third-party organizations could be considered. However, this approach would lack the in-depth understanding of the local context and patient needs, and it would create additional complexities in managing service delivery and ensuring continuity of care.

3.3 Outcome Measures & Benefits

3.3.1 Activity Analysis

This section outlines the anticipated activity related to the proposed equipment and new services, including how often they will be used and their expected impact on patients, families, and staff.

- **Equipment and Service: Family Liaison Officer (FLO) Support and Patient/Family Feedback Systems**

Target Activity: The Family Liaison Officer (FLO) will engage with families and patients experiencing complex concerns, as well as support patient story collection via systems like CIVICA.

- **Number of Patients/Procedures per Annum:**

Estimated number of patient/family interactions per year:

1,500 to 2,000 families and patients will be supported by the FLO annually, based on an average of 4-5 complex cases per week, including both direct interactions and follow-ups.

Frequency of Use:

Weekly (ongoing): The FLO will visit multiple wards and engage with families and patients at least **twice per week**, with each visit addressing **5-8 individual concerns** or cases.

Daily (for critical cases): For urgent or complex cases, the FLO will intervene **daily**, ensuring immediate support for high-priority cases (e.g., patients in critical conditions or with complex needs).

- **Use of Feedback Systems (CIVICA and PALS):**

The CIVICA Platform will be used to collect and track patient stories. This system will allow for systematic feedback collection, with the following activity:

- Monthly patient stories submission: An estimated minimum of 10 patient stories will be submitted monthly (120 minimum per year).
- Frequency of feedback analysis: Data from CIVICA will be reviewed monthly to identify trends, track service improvements, and ensure actionable outcomes from patient and family concerns.

- **Equipment and Service: People Participation Panels (PPP)**

Target Activity: Establishing and embedding People Participation Panels to give patients, families, staff, partners and the community

a voice in the decision-making process regarding healthcare services.

Number of People per Annum:

It is anticipated that 200-300 patients and families will actively participate in People Participation Panels or focus groups annually, with regular recruitment for new members based on patient needs. These may be specific to certain conditions, for example, neurodiversity, dementia, mental health etc

Frequency:

- Quarterly meetings: Panels will meet every 3 months, involving at least 15-20 participants per session. The panels will review patient experience data, provide feedback on care standards, and propose improvements.
- Ad-hoc consultations: In addition to quarterly meetings, ad-hoc participation in focused discussions will occur as needed (up to 6-10 additional events per year).

- **Equipment and Service: Intergenerational Partnerships**

Target Activity: Creating initiatives to foster relationships between younger and older patients and their families through **Intergenerational Partnerships.**

Number of Patients/Procedures per Annum:

- The initiative aims to directly involve approximately **200-300 patients** across different age groups annually in intergenerational activities or collaborative projects.

Frequency of Use:

- **Monthly group sessions:** The partnerships will facilitate 1-2 sessions per month that engage both younger and older generations. These could involve shared activities, storytelling, or discussions on care needs.
- **Ad-hoc outreach:** The project will also host special events such as themed intergenerational days, with approximately 3-5 events per year.

- **Equipment and Service: Training and Education for Staff**

Target Activity: Providing training to staff on managing patient concerns, improving communication with families, and using new systems like CIVICA for feedback integration.

Number of Staff Trained/Procedures per Annum:

- **Staff impacted:** Over 200-250 staff members across various departments will receive training on the new systems, handling patient/family concerns, and improving patient engagement techniques.

Frequency of Use:

- **Quarterly training sessions:** 4 training sessions per year for different staff groups, including ward managers, PALS staff, and other relevant healthcare personnel.
- **Ongoing support:** Monthly refresher sessions or one-on-one support for staff facing challenges with the new systems and patient feedback tools.

Equipment and Service: Data Collection and Reporting (Datix, Incident Reports)

Target Activity: Auditing and analysing Datix reports for patient safety incidents, concerns, and feedback. This service will be essential in identifying trends and ensuring actionable changes.

Number of Patients/Procedures per Annum:

- Estimated number of incidents or feedback reports to be analysed annually:
- **500-1,000** incidents or feedback entries and the frequency of patient safety concerns.

- **Frequency of Use:**

- **Weekly audits:** Datix data will be reviewed on a weekly basis to identify emerging trends, review patient complaints, and ensure timely follow-up.
- **Quarterly reports:** A quarterly report will be generated from the data analysis, summarizing findings, actions taken, and improvements made.

Equipment and Service: Promotional Work for PALS

Target Activity: Promoting the availability of PALS services to patients, families, and staff, ensuring that everyone is aware of the support available to them.

Number of Patients/Procedures per Annum:

The promotion efforts are expected to reach over 5,000 patients and family members annually across the health board.

Frequency of Use:

- **Ongoing promotion:** Promotional materials will be distributed monthly via posters, leaflets, and digital platforms (e.g., hospital websites, intranet).
- **Events and engagement:** Quarterly engagement events or workshops will take place to educate patients and families about the PALS service.

3.3.2 Benefits

Benefits of the Bid

The proposed initiative will have clear and measurable benefits for both patients, families, and staff, which will lead to improved patient experience and care outcomes. The key benefits of the bid are as follows:

Improved Patient Experience and Support for Families

Benefit: The creation of the Family Liaison Officer (FLO) and establishment of People Participation Panels will ensure that complex patient and family concerns are better managed and addressed.

Outcome:

- Patients and families will feel more supported, with quicker resolution of concerns and better communication with the care team.
- There will be a significant reduction in complaints and escalated issues. By resolving concerns early, patient satisfaction will improve.

Quantified Outcome:

- We expect a 10-15% reduction in formal complaints within the first 12 months.
- Feedback surveys post-interaction with the FLO will show a positive rating of 85-90% for support provided.

Greater Patient and Family Engagement in Service Development

Benefit: The People Participation Panels (PPP) will empower patients and families by involving them directly in decisions about their care and the services they receive.

Outcome:

Patient and family input will directly influence service improvement, making care more responsive to their needs.

Quantified Outcome:

- 30-40% increase in patient satisfaction with services that have been influenced by patient feedback.
- Increased attendance at panel meetings by **50%** year on year as patients and families see tangible changes made from their contributions.

Enhancement of Patient Safety and Quality of Care

Benefit: Regular **ward visits, staff training**, and better use of **Datix** systems will enhance the quality of care by identifying and addressing systemic issues or trends in safety concerns.

Outcome:

- The introduction of these practices will reduce adverse events and increase reporting transparency.
- Proactive identification of safety concerns will ensure faster, more targeted improvements.

Quantified Outcome:

- ****A 5-10% reduction in safety incidents (based on Datix incident reporting) in the first year.**
- Increased staff engagement in safety reporting, with at least 75% of staff on the organisational hierarchy trained and actively using new CIVICA patient experience reporting systems.

Strengthening Community Ties through Intergenerational Partnerships

Benefit: The development of intergenerational partnerships will foster community integration and address issues like social isolation, particularly for older people.

Outcome:

Increased well-being for both younger and older patients, improved social interaction, and reduced isolation.

Fostering a sense of shared experience and community between different age groups.

Quantified Outcome:

Year 1: A 40% increase in intergenerational partnerships between wards, care homes and schools/colleges

Year 2: 60% increase in intergenerational partnerships between wards, care homes and schools/colleges

Outcome Measures in Activity Terms

The outcomes outlined above are directly tied to specific activities and can be measured through regular monitoring and evaluation of key metrics:

Patient and Family Involvement Officer Role

Activity: Visits to wards, one-on-one family consultations, and case management.

Outcome Measures: Number of families served per week, resolution rate of concerns, and patient/family satisfaction scores.

Satisfaction: A target of 85% satisfaction with post-holder interactions within the first year will be considered a success.

People Participation Panels

Activity: Quarterly panel meetings, ad-hoc consultations, and patient story sharing.

Outcome Measures:

Panel participation rates, number of actions taken based on panel feedback, and improvement in specific service areas.

A 15% increase in patient participation annually will demonstrate success.

Patient Safety and Incident Reporting (Datix)

Activity: Weekly data audits, trend analysis, and reporting.

Outcome Measures: Reduction in safety incidents and increased reporting of incidents. A 5% reduction in adverse events will indicate positive outcomes, alongside an increase in incident reporting rates.

Intergenerational Partnerships

Activity: Monthly events, collaborative projects, and community outreach.

Outcome Measures: Number of patients and families engaged, patient satisfaction scores from participants, and evidence of reduced social isolation among older patients.

A **20% improvement** in patient-reported social well-being from those involved will demonstrate success.

Justification for Staff-Based Projects and Programmes

While it is generally more difficult to justify funding for staff-based programmes, this bid has carefully considered the public benefit by demonstrating how the role contributes directly to improving patient outcomes, safety, and overall care quality.

The proposal aligns with the Charity Commission's requirement for public benefit in the following ways:

Public Benefit in Terms of Staff Roles:

- **Patient and Family Involvement Officer:** This new post is essential for improving the patient-family relationship, ensuring families feel heard and supported. This directly benefits patients by reducing anxiety and improving satisfaction with their care. As the role is directly involved in

improving patient outcomes, this clearly meets the public benefit requirement.

- **People Participation Panels Lead:** Empowering patients and families to directly influence service delivery ensures that care is more responsive and tailored to patient needs. This enhances the overall patient experience and ensures public benefit by involving the community in decision-making processes.
- **Staff Education:** Training staff on improving communication, conflict resolution, and using patient feedback tools will directly lead to better care delivery. Improved staff competence and morale will result in better patient experiences, fulfilling the public benefit by improving the quality of care provided to all patients.

The Wider Public Benefit:

- The intergenerational partnerships fostered through this project will have a community-wide impact, benefiting both younger and older populations by promoting social inclusion and reducing isolation, which in turn improves their mental and physical well-being. These efforts promote broader public benefit by enhancing the social fabric and well-being of the community.
- Improved patient safety, incident reporting and reporting on patient experience/feedback will lead to a safer environment for all patients, benefiting not only those currently receiving care but also future patients who will experience a reduced risk of harm as a result of systemic improvements in safety practices.

This bid demonstrates a clear and direct pathway from investment in new posts, equipment, and initiatives to tangible improvements in patient experience, safety, and community engagement. The activities outlined will lead to measurable outcomes in patient satisfaction, safety, and care quality. While the bid includes staff-based projects, it clearly meets the Charity Commission's public benefit requirement by demonstrating how this role will directly enhance the care and well-being of patients, families, and the wider community. The expected outcomes can be tracked through specific activity-based metrics, ensuring that the success of the bid can be effectively measured and reported.

3.4 If the Bid is not Supported

If the bid is not supported, the department will face significant difficulties in achieving its patient-centred care goals. The reliance on existing resources would likely lead to inconsistent support for patients and families, missed opportunities for service improvement, and a decline in patient experience and safety reporting and decreased staff morale. The proposed initiatives are critical for improving care quality, and without them, the department may struggle to meet modern healthcare standards and respond effectively to patient and family needs.

In summary this includes:

Increased Patient and Family Dissatisfaction: Without a dedicated Family Liaison Officer (FLO), families with complex concerns will lack the support they need, leading to higher dissatisfaction and potentially escalated complaints.

Lack of Structured Feedback Integration: Without People Participation Panels, the health board will miss out on valuable patient and family insights, preventing service improvements and leading to increased disconnection between patients and care providers.

Missed Opportunities for Community Engagement: Without intergenerational partnerships, the health board will fail to reduce social isolation for elderly patients, missing a chance to foster a more inclusive and supportive healthcare environment.

Staff Burnout and Reduced Morale: Insufficient training and support for staff in patient-centred care practices could result in lower staff morale, higher turnover, and a reduction in quality care delivery, impacting both staff and patients.

Failure to Meet Patient-Centred Care Standards: The absence of the proposed roles and initiatives may prevent the organisation from meeting modern patient-centred care standards, leading to a failure in fully engaging patients in their care decisions.

Without the proposed initiatives and this dedicated role, the following alternatives would need to be considered:

- **Increased Strain on Existing Staff and Resources**

Alternative: The current staff would be expected to absorb additional duties, including managing complex patient concerns, collecting feedback, and supporting intergenerational partnerships. However, existing teams (e.g., PALS staff, Civica Lead and whole

team) are already stretched and may not have the capacity to take on these responsibilities without impacting the quality of care in other areas.

Impact: The absence of the dedicated Family Liaison Officer (FLO) and People Participation Panels would result in delayed responses to complex patient concerns and missed opportunities to improve care based on patient feedback. This will also put additional pressures on clinical teams to directly manage very complex concerns.

- **Over-Reliance on Informal Support Structures**

Alternative: In the absence of structured support roles, families and patients would need to rely more on informal channels (e.g., ward staff or ad-hoc volunteer services) for assistance, potentially resulting in inconsistent support and unresolved complex issues.

Impact: This could lead to increased patient and family dissatisfaction, as informal channels may not be equipped to address complex concerns efficiently, potentially escalating issues into formal complaints. Additionally, clinical staff time would need to be deployed to managing complex concerns.

- **Limited Feedback Integration**

Alternative: Without the establishment of People Participation Panels and structured feedback systems (like CIVICA), there would be limited opportunities for patients and families to directly influence care improvements.

Impact: The lack of systematic patient engagement would result in missed insights into patient needs and experiences, hindering the organisation's ability to make data-driven improvements and reducing overall patient satisfaction.

- **Reduced Focus on Patient Safety and Quality Improvement**

Alternative: Without dedicated resources for auditing and data analysis through systems like Datix and CIVICA, the PALS Team and clinical staff would have to manage safety concerns and incident reporting in addition to their clinical duties.

Impact: This would lead to delayed identification of trends in safety incidents and a lack of proactive interventions, potentially increasing the risk of adverse events and lowering overall care quality.

- **Absence of Intergenerational Partnerships**

Alternative: The Health Board could continue with its current, isolated patient care practices, without fostering stronger community connections or reducing social isolation for predominately older patients through intergenerational initiatives.

Impact: Without this initiative, the Health Board misses an opportunity to improve social well-being and community integration for both younger and older people, potentially leading to greater feelings of isolation and loneliness among older people and younger people.

- **Reduced Staff Development and Engagement**

Alternative: Without additional training resources and staff support, staff would continue to work without sufficient development in areas like patient communication, feedback integration, and patient-centred care practices.

Impact: This could contribute to staff burnout, lower morale, and ultimately reduced quality of care for patients, as staff may not feel equipped to manage complex patient interactions effectively.

3.5 Bids relating to Additional Staff Resources

What period is the committee being asked to fund staff?

The committee is being asked to fund the proposed staff positions for an initial period of **2 years** on a secondment or fixed term basis. This period will allow the team to establish the new role, implement key initiatives, and measure the impact on patient experience, safety, and family support. At the end of the first year, the effectiveness of the position and the associated services will be reviewed to determine whether continued funding is required.

2. What is the tenure of appointment proposed for the new staff?

The tenure for the proposed new staff member will be for 2 years (secondment or fixed term) with the possibility of extension or permanent appointment based on the success and impact of the service. The position will have clear performance milestones and outcome measures in place.

If the role proves effective and are deemed essential for sustaining improvements in patient care, an extension or conversion to permanent positions will be considered as part of the long-term strategy.

Who has accountability for the staff?

The accountability for the new staff positions will lie with the Head of Nursing for Patient Experience and Involvement and will be line managed by the Senior Nurse.

The line manager will oversee the day-to-day activities of the new role and ensure that staff performance aligns with the objectives of improving patient experience and family support. Regular performance reviews and reporting will ensure that the staff role is meeting the required outcomes.

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

At the end of the funded period, a comprehensive evaluation will be conducted to assess the outcomes and impact of the service. This evaluation will review key performance indicators such as:

- Reduction in patient complaints
- Improvement in patient satisfaction
- Effective integration of patient feedback into care improvements
- Improvement in staff engagement and training metrics
- Establishment of People Participation Panels
- Establishment of a Patient Experience Community of Practice

If the results demonstrate that the service has led to significant improvements in patient care and outcomes, efforts will be made to secure ongoing funding through core budgets, alternative funding sources, or the integration of roles into existing structures.

If the service is deemed successful, but funding is not renewed, a sustainability plan will be developed, which may include:

- Reallocation of resources from within existing budgets to maintain critical elements of the service.
- Exploring external funding opportunities (e.g., charitable donations, grants).

- Transitioning the service into standard operational procedures, potentially with support from existing roles and teams.

In the event that the service is not deemed sustainable or the outcomes do not justify further funding, the staff positions will be disbanded at the end of the 2 years, and a transition plan will be put in place to ensure minimal disruption to patient care or ongoing feedback systems.

4. Financial Analysis

4.1 Funding Requested

Band 7 WTE £135,439 for 2 years
Laptop £1,000
Printing and Promotional Materials £1000
Digital Recording Equipment for Patient Stories £1000
Mobile Phone £150

Total cost £138,589

4.2 Availability of Local Charitable Funds

We would like the Committee to consider using a portion of the Charitable Funds reserves to fund the new post. This funding model is appropriate given the wide-reaching benefits that the new post will bring to all services across the Health Board. The proposed roles and initiatives are integral to improving the overall patient experience, supporting families, and enhancing patient safety and quality of care at a system-wide level.

Funding the post through Charitable Funds reserves ensures that the new service is implemented without diverting core operational funds from other critical services. The role will be designed to demonstrate tangible improvements in patient experience and safety across multiple services, and in turn, reinvestments into patient care improvements may be made from the long-term outcomes of this work. By allocating a portion of Charitable Funds reserves, the Health Board can ensure that this critical initiative receives the attention and support it needs to make a lasting impact, with the ultimate goal of integrating these functions into core operations.

By establishing this post, we are strengthening the Health Board's capacity to respond to patient needs and concerns in a timely, efficient, and compassionate way, which will ultimately contribute to the overall improvement of healthcare delivery across the entire organization.

4.3 Revenue Costs

The key revenue costs associated with this bid include ongoing staff salaries and benefits, training and development, technology licensing and support, equipment, and travel costs. These costs are essential to the long-term success and sustainability of the proposed roles and initiatives.

4.4 Revenue Costs - Affordability

*While the proposal for the new post and associated initiatives will introduce new **revenue costs**, these costs are justified by the significant **wider financial benefits** and **cost savings** that will accrue over time. The role's impact on patient experience, family support, and safety will lead to improved care delivery and outcomes across the board, ultimately reducing the financial strain on the health board.*

Reduced Length of Stay (LOS) and Avoidance of Readmissions

One of the key financial benefits is the potential to reduce the average length of stay (LOS) for patients. By improving communication between families, patients, and healthcare teams, and ensuring that complex concerns are resolved quickly, the FLO will help to prevent unnecessary delays in discharge. For example:

- Early resolution of issues between patients, families, and clinical teams can facilitate smoother discharge planning.
- Patients will be less likely to face readmissions due to miscommunication or unresolved concerns, which is a known driver of increased hospital costs.

Financial Impact: Reducing the average length of stay by even a small number of days can significantly reduce operational costs, particularly in high-cost areas like acute care. Additionally, reducing readmissions by addressing concerns early can reduce the need for expensive emergency care and follow-up hospital admissions.

Improved Patient Satisfaction Leading to Fewer Complaints

The role and People Participation Panels will directly contribute to higher levels of patient satisfaction. As patient satisfaction improves, the number of formal complaints is likely to decrease. This will not only lead to improved reputation for the health board but also reduce the resources spent on managing complaints and legal fees.

Satisfaction-boosting initiatives, such as enhanced communication through FLO, will lead to a reduction in the volume of complaints and litigation. Fewer complaints mean fewer resources spent on investigations, mediation, and compensation claims, all of which are costly to the organisation.

Financial Impact: With fewer formal complaints and legal claims, the Health Board can reduce administrative costs, freeing up resources to be reinvested in direct care services.

Enhanced Patient Safety and Reduced Adverse Events

By addressing concerns related to patient safety and care quality early on, the FLO will contribute to identifying potential risks and preventing adverse events, which are a significant driver of unnecessary costs and harm.

Proactive engagement with patients and families means that concerns about patient care are flagged early, which can lead to fewer incidents of patient harm, including falls, infections, or medication errors.

Preventing adverse events can reduce the need for expensive treatments, longer hospital stays, or follow-up care related to these incidents.

Financial Impact: Improving patient safety leads to lower healthcare-associated costs, including the treatment of preventable conditions, extended hospital stays, and additional medical interventions. This not only enhances patient well-being but also translates to cost savings by avoiding costly complications.

Improved Staff Engagement and Reduced Turnover

The post holder will also support the well-being and engagement of healthcare staff, particularly those in high-stress roles, by providing a clear process for addressing patient and family concerns.

This will lead to:

- Reduced staff burnout by offering better systems for handling complex family and patient concerns, thereby reducing the emotional burden on front-line staff.

- Improved retention rates for healthcare professionals, as a more supportive work environment leads to greater job satisfaction.

Financial Impact: Reduced staff turnover can lead to significant cost savings associated with recruitment, training, and onboarding new staff. High turnover can be expensive due to the need for constant recruitment, temporary staffing, and loss of experienced workers. Improving retention helps keep costs stable and ensures continuity of care.

Long-Term Financial Sustainability

The charitable funding requested will also support future investment in patient care and support services, allowing the health board to build capacity for ongoing improvements. By investing in patient experience initiatives now, the health board can see long-term benefits in:

- Greater patient loyalty and community support due to enhanced patient-family engagement, which can lead to improved service uptake and potential philanthropic contributions.
- Stronger partnerships with patients and families leading to better community-based care and more efficient use of resources.

Financial Impact: In the long run, this investment will lead to sustainable financial health for the health board, with the positive ripple effects helping to reduce costs across multiple areas of operations.

5.0 Conclusions and Recommendations

The proposal to fund the new role of Patient and Family Involvement Officer along with the associated initiatives to improve patient experience and engagement, represents a critical investment in the **future of patient care** within the Health Board. The establishment of this role and the supporting infrastructure (such as People Participation Panels, Community of Practice for peoples experience, enhanced patient safety systems, and improved feedback mechanisms) will address several longstanding challenges in the organisation.

The post holder will play a pivotal role in addressing the complex concerns of patients and families, facilitating smoother communication between patients, families, and clinical staff, and ensuring that feedback is effectively integrated into care practices. By resolving concerns proactively and providing ongoing support, the Patient and Family Involvement Officer will not only improve patient and family satisfaction but also contribute to better health outcomes and higher patient safety standards.

The benefits of this investment extend beyond just improved patient care. By improving staff engagement and retention, reducing complaints and litigation, and decreasing the length of stay and readmissions, the post will deliver significant cost savings in the long run. The role will also contribute to long-term financial sustainability by enhancing the Health Board's reputation, improving patient loyalty, and potentially attracting additional support through charitable contributions.

Moreover, the wider financial benefits generated by the role, including improved patient outcomes, reduced administrative costs, and cost savings from reduced adverse events, make the funding of this post a financially responsible decision. These benefits will not only offset the revenue costs associated with the new position but will contribute to a more efficient, patient-centred healthcare system.

Recommendations

Based on the outlined rationale and the expected financial, operational, and patient care benefits, the following recommendations are made:

1. **Approve Funding for the Patient and Family Involvement Officer Post:** The Committee are asked to approve funding for the new role of Patient and Family Involvement Officer for a period of 2 years. This role is essential for improving communication, addressing complex patient concerns, establishing People Participation Panels and a Community of Practice, managing the Patient Story activity, and driving improvements in patient satisfaction and safety across the entire organisation.
2. **Establish Clear Performance Metrics:** To ensure the effectiveness of the Patient and Family Involvement Officer role, clear performance metrics will be established. These metrics will include measures such as reduction in patient complaints, improvement in patient safety, reduction in length

of stay, and enhanced patient and family satisfaction, what matters (Care Aims) etc. These will be essential for evaluating the impact of the role and ensuring it is delivering the expected outcomes.

3. **Monitor and Evaluate Impact:** Regular monitoring and evaluation of the post's effectiveness will be conducted, with an emphasis on assessing both financial impact (e.g., cost savings, reduction in complaints, improved patient flow) and patient-centred outcomes (e.g., patient satisfaction, family engagement, reduced safety incidents). This will provide key data to inform any future funding decisions and ensure that the post continues to meet the needs of patients, families, and staff.
4. **Plan for Sustainability Beyond Initial Funding:** It is crucial that a sustainability plan is developed to ensure the long-term viability of the Patient and Family Involvement Officer role. This plan will explore avenues for securing ongoing funding from core budgets, potential external funding sources (e.g., grants,), or by integrating the role into regular operations if the outcomes are successful.
5. **Engage with Stakeholders:** Continuous engagement with clinical teams, ward managers, patients, families and partners is essential to ensure the role is aligned with the Health Board's priorities and that feedback is used to refine and improve the service. Collaborative input from these stakeholders will help maximise the impact of the Patient and Family Involvement Officer and related initiatives such as People Participation Panels and a Community of Practice for patient experience.

This proposal represents a strategic investment in improving the overall quality of care provided by the Health Board. By approving funding for the Patient and Family Involvement Officer and associated initiatives, the Health Board will make a significant step toward creating a more **patient-centred, responsive, and sustainable healthcare system** that benefits patients, families, staff, and the wider community.

This proposal represents a strategic investment in improving the overall quality of care provided by the Health Board. By approving funding for the Patient and Family Involvement Officer and associated initiatives, the Health Board will make a significant step toward creating a more **patient-centred, responsive, and sustainable healthcare system** that benefits patients, families, staff, and the wider community.

By acting now, the Health Board can build the foundations for improved patient care, safety, and satisfaction, while also ensuring the long-term financial sustainability of these improvements.


Bid Prepared by:

Name:	Tanya Strange
Title:	Head of Nursing Patient Experience and Involvement
Date:	

Supported by Division

General Manager:	
Signature:	n/a
Date:	

Executive Sponsor

Name: Jennifer Winslade Job title: Executive Director of Nursing	
Signature: 	
Date:	



Charitable Funds Committee Bid Ref: CFC – 276

Bid for Volunteer Co-Ordinators
For Patient Experience and Involvement **At** ABUHB Wide

1. Introduction

Volunteering plays a vital role in the delivery of compassionate, person-centred care across Aneurin Bevan University Health Board. Volunteers offer invaluable support to our staff, patients, and communities—enhancing the experience of care and addressing the needs of our most vulnerable individuals. Their contributions are not only a testament to the strength of community spirit but also a practical necessity in ensuring timely and effective support for those who need it most.

Currently, we have over 500 vulnerable individuals on our waiting list who are in need of volunteer support. These include older people experiencing loneliness and isolation, patients needing help to access appointments, and individuals requiring community outreach or companionship. At the same time, we have seen a growing interest from the public, with around 100 people coming forward expressing a willingness to volunteer.

To address this gap, we are requesting the appointment of two additional Band 4 Volunteer Co-ordinators and a Band 2 Administration Assistant for 2 years. These roles will be critical in scaling up our volunteer recruitment, onboarding, training, and placement efforts. With this additional support, we will be able to significantly increase our volunteer numbers, reduce waiting lists, and better serve vulnerable people across the Health Board.

Investing in volunteer coordination now will not only alleviate pressure on clinical services but will also strengthen the Health Board's commitment to community wellbeing and preventative care. It is a relatively small investment with the potential for profound impact.

Total funding Requested is £212,966 for 2 years.

2. Background

Volunteering is endorsed by the Welsh Government as a key contributor to individual wellbeing, organisational strength, and community resilience. At Aneurin Bevan University Health Board, volunteers play an essential role in enhancing the care we provide—supporting patients, families, and staff while delivering measurable value to our services.

All volunteer activity is managed under a robust, governance-led Volunteer Framework by the Patient Experience and Involvement Team. We are also the only Health Board in Wales to secure funding for Volunteer to Career pathways, creating a clear pipeline from voluntary work to paid employment within our services.

Supporting Vulnerable Groups and Inclusive Employment

This work is especially vital in ensuring support for the most vulnerable in our communities. Many of the 500 individuals currently awaiting volunteer assistance face significant challenges such as isolation, mobility issues, or long-term health conditions.

By investing in volunteer coordination, we not only expand our capacity to support these individuals, but we also create inclusive opportunities for people with additional needs to gain confidence, build skills, and transition into meaningful employment through the Volunteer to Career programme. This approach aligns with our wider equality, diversity, and inclusion commitments, People Plan and supports the development of a more representative workforce.

Financial Impact

Currently, over 500 vulnerable individuals are on our waiting list for volunteer support, while over 100 individuals are ready to volunteer. However, without adequate coordination capacity, we are unable to meet demand. The appointment of these Volunteer Co-ordinators would allow us to scale recruitment and reduce unmet need.

Investing in this resource offers clear returns—reducing pressure on front-line services, supporting preventative care, and enhancing community engagement. The long-term benefits include cost avoidance, improved patient outcomes, and a strengthened pipeline into hard-to-fill roles, making this a high-impact, cost-effective investment.

3. Key Issues

Without the infrastructure to coordinate, support, and manage these volunteers and electronic volunteer and feedback systems effectively, we are unable to harness this goodwill to its full potential. Our existing team is operating at capacity, and we are struggling to recruit and deploy enough volunteers to meet the growing demand for support across our hospitals and communities.

In addition, the Volunteering Team is facing increasing demands from service areas seeking volunteer support, requests to engage with teams to develop peer support groups, and rising expectations to support individuals with additional needs—both in volunteering roles and in their progression toward meaningful employment. As a result, we are placing vulnerable individuals on waiting lists—many of whom are waiting months or even years before we can allocate a volunteer to support them, particularly in rural areas where recruitment and coordination are more challenging. Without increased coordination capacity, we risk missing vital opportunities to meet service needs, reduce inequalities, and fully realise the social and economic value of volunteering.

3.1 Category of Bid

This bid relates to: *(please delete as appropriate)*

- Patients

3.2 Description of the Bid

Key Issues the Bid Will Address

This bid seeks to address critical service delivery challenges within Aneurin Bevan University Health Board's Volunteering Programme. Specifically, it will:

- **Expand volunteer capacity** to support over 500 vulnerable individuals currently on waiting lists for help—many of whom wait months or years, particularly in rural areas, before a volunteer becomes available.
- **Enable recruitment and deployment** of over 100 potential volunteers who have expressed interest but cannot currently be supported due to staffing limitations.
- **Meet rising internal demand** from service areas requesting volunteer input to improve patient experience and outcomes.

- **Support peer-led community models**, including the development of peer support groups and initiatives that build resilience and reduce pressure on statutory services.
- **Provide tailored support to individuals with additional needs**, ensuring equitable access to volunteering opportunities and progression through our Volunteer to Career pathway—an initiative unique to our Health Board in Wales.
- **Enhance health board-wide preventative care**, helping reduce demand on clinical services and emergency care through timely, community-based support.
- **Manage the administrative IT functions** that support volunteering (volunteer database) and CIVICA feedback systems

By appointing two additional Band 4 Volunteer Co-ordinators and a Band 2 assistant, we will unlock the potential of volunteer engagement as a low-cost, high-impact solution to address capacity, improve community health outcomes, and strengthen the workforce pipeline.

Why This Request Cannot be Met Through Core Funds

While the value of volunteering is widely recognised across the organisation, current core budgets are fully allocated to the delivery of frontline care and statutory services. The Volunteering Team operates with minimal infrastructure and staffing, and while demand for volunteer support continues to grow, core funding has not increased in line with this expansion. Furthermore, the innovative nature of our Volunteer to Career programme—despite securing external grant funding to initiate it—requires sustained coordination to realise its long-term benefits.

The staffing request represents a modest investment when compared to the scale of need and potential return. However, without additional, dedicated funding, we are unable to expand the team’s capacity to recruit, train, and support volunteers and maximise their contribution to the organisation.

There is no core administrative funding. The Band 2 Administrator will play a key role in helping to establish and maintain the **Assemble Volunteer Database**, ensuring that volunteer records, referrals, training logs, and placement details are accurately entered and regularly updated. They will also provide administrative support to the **CIVICA Citizen Feedback platform**, helping to upload and manage patient and volunteer feedback, track response times, and generate basic reports. This role will be essential in maintaining accurate, real-time data, supporting governance and

compliance, and freeing up frontline staff to focus on engagement and improvement activities.

What Alternatives Have Been Considered?

We have explored a number of alternatives:

- **Redistributing existing team responsibilities** has already been undertaken, but the current team is now at full capacity and unable to absorb additional responsibilities without impacting service quality.
- **Digital solutions** have been introduced to streamline recruitment and engagement, but human coordination and personalised support are still essential, particularly when working with vulnerable populations and individuals with additional needs. There is now a need to adopt and manage the all Wales Volunteering Assemble database.
- **Partnership with external volunteer agencies** is ongoing and beneficial, but does not fully address the internal governance, integration, and training needs of volunteers directly supporting Health Board services.
- **Volunteer-led coordination models** were also considered, but the complexity of safeguarding, health governance, and NHS volunteering standards requires paid staff with appropriate training and oversight.

The appointment of two Band 4 Volunteer Co-ordinators and a Band 2 administrator is the most sustainable and effective option to meet current and future demand, reduce waiting times, and ensure equitable access to services across our communities.

3.3 Outcome Measures & Benefits

3.3.1 Activity Analysis

Current Team Capacity and Workload

- Number of existing Volunteer Co-ordinators: *3.3wte*
- Number of volunteers currently supported: *282*
- Volunteer applications pending processing: *70+ expressions of interest currently awaiting recruitment.*
- Geographical coverage challenges: *e.g. One co-ordinator covering three boroughs; limited reach into rural areas.*
- *Other activity eg peer support, inductions etc*

The current staffing structure is insufficient to manage and grow the volunteer base effectively. Co-ordinators are stretched across large geographical areas, with limited capacity to conduct outreach,

process new applications, deliver training, and provide supervision and support.

Unmet Demand and Waiting List Evidence

Example Evidence:

- Number of vulnerable individuals awaiting volunteer support: *580+ across the Health Board.*
- Average waiting time: *Up to 12–36*
- Number of service areas requesting volunteer support: *15+ clinical and community teams with open requests.*

We are unable to respond to growing demand from both service areas and individuals seeking support. Vulnerable patients in particular are experiencing significant delays, especially in hard-to-reach communities, due to coordination limitations.

Projected Outputs of Additional Roles

With 2 additional Band 4 Co-ordinators, we expect to achieve:

Metric	Current	With Additional Co-ordinators
Active Volunteers Supported	280	400+
Volunteer Applications Processed per Year	100–120	200–250
Vulnerable People Matched with a Volunteer	20-50 /year	100+/year
Peer Support Groups/Roles Developed	2–3	8–10
Volunteer to Career Pathway Progressions	Pilot only	Fully embedded & scaled

Due to be implemented is a new software Assemble to benefit Volunteer Reporting, benefits of this include:

1. **Centralised Data Collection** All volunteer activity, hours, roles, and engagement are logged in one place, making it easy to generate accurate and comprehensive reports.
2. **Automated Reporting Tools** Assemble allows you to schedule and export reports automatically, reducing the manual effort involved in pulling data.
3. **Improved Data Accuracy** Since volunteers can log their own hours or update their own information, the data is more

likely to be up to date and correct, reducing errors from manual data entry.

4. **Consistent Volunteer Experience** Provides timely recruitment, support, and communication to volunteers. Ensures volunteers know how to use the system effectively.
5. **Better Compliance & Risk Management** Ensures required documents, training and recruitment checks are completed and tracked.
6. **Strategic Volunteer Engagement** Analyses trends to identify high-performing volunteers or gaps in coverage. Supports recruitment, retention, and recognition strategies based on data insights. Improves response time and reduces frustration for volunteers and staff.

Volunteer Feedback & Impact Evidence

Quotes from volunteers:

Thank you for your reply. I have received a conditional job offer from a domiciliary care home. I am thinking of joining care home to get experienced so it would be easier to secure a job in NHS as care/support worker. At the same time I will keep applying for admin job as you instructed. Obviously, I will keep going with my Voluntary role with you as well - EA

Thank you so much for the updates ma'am. I applied for the third one two days ago. Still haven't heard from them. I will apply for the remaining ones you sent to me now. Hoping to be called for an interview. Thanks for always being there. - YR

I am doing great, thank you for asking. Trust you are fine as well. 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. My family has been able to renew our visas, so I am no longer under the student visa. I do appreciate your concerns.- AA

I hope this message finds you well. I really wanted to thank you for your previous guidance and support. Following your advice, I applied for several NHS roles and secured two interviews. Unfortunately, I wasn't successful, but I remain determined to pursue my career in healthcare - NG

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. Many thanks again DS

I hope this message finds you well. I have recently applied for both the Activity Assistant and Health and Well-being Facilitator positions. The Health and Well-being Facilitator role offers 16 hrs per week on Saturday and Sundays, which aligns well with my current circumstances. In contrast the Activity Assistant position is either full time or part time however may impact my benefits which I wish to avoid.

If I am successful in securing the Health and Well-being Facilitator role, I would like to continue my volunteering commitments as I understand that these hours are unpaid and therefore do not affect my Universal Credit or LCWRA.

That said, I 'm committed to keeping my volunteering active even if I get the Well-being role. Since I m not yet certain about either role I 've applied fir, I just felt it was important to be honest and let you know what's on my mind. I 'm happy to go with the flow and see what unfolds, depending on what feels most manageable and right for me, especially with my current health and benefit situation.

If I could get some advice on this, that would be greatly appreciated. LL

Again, I love making a difference and seeing patients smile and chat with me. MC

Really pleased to be able to access the garden and to see 'A' enjoy the sun on her face. LP

- Volunteer satisfaction survey data
- Case studies of volunteers transitioning to employment
- Patient/carer feedback on volunteer support
- Letters/emails from clinical staff requesting volunteers

Evidence consistently shows that volunteer input improves patient experience, reduces isolation, and builds confidence and employability among volunteers. However, the scale of impact is currently constrained by coordination capacity.

The Volunteer to Career Pathway has proved to be hugely successful. However, current capacity challenges means that we are unable to progress this at pace.

Summary of Evidence-based Need

In summary, the evidence shows:

- High and growing demand for volunteers across services
- Substantial waiting lists and geographical inequity
- Existing team operating at full capacity

- Volunteers ready to engage but awaiting processing
- Strong outcomes from existing activity, with potential for significant scale-up
- Under-representation in volunteering from people with protected characteristics

3.3.2 Benefits

- **Expanded Volunteer Capacity:** Enables the Health Board to recruit, train, and deploy more volunteers to meet growing demand across hospitals and community services.
- **Improved Support for Vulnerable People:** Reduces waiting times for individuals needing volunteer support, particularly in rural and underserved areas.
- **Enhanced Patient Experience:** Volunteers provide companionship, guidance, and non-clinical support, improving the overall care experience for patients, families, and carers.
- **Workforce Development:** Supports the Volunteer to Career Pathway, creating routes into NHS employment for individuals, including those with additional needs or from disadvantaged backgrounds.
- **Operational Efficiency:** Volunteers help reduce pressure on frontline staff, contributing to smoother patient discharge, reduced length of stay, and fewer re-admissions.
- **Promotion of Equality, Diversity, and Inclusion:** Builds a more inclusive volunteer base and workforce, reflective of the local population, while offering meaningful opportunities to those often excluded from traditional employment routes.
- **Sustainable Community Engagement:** Strengthens links between the Health Board and local communities, promoting long-term involvement, ownership, and support.
- **Strategic Use of Charitable Funds:** Aligns with the purpose of charitable reserves to enhance services, innovate, and deliver additional value beyond core NHS provision.
- **Reputation and Innovation:** Reinforces Aneurin Bevan's leadership role in Wales by progressing a nationally recognised, grant-funded model with proven impact.

3.4 If the Bid is not Supported

Risks of Untapped Potential Due to Limited Capacity

The Volunteer to Career Pathway has already demonstrated strong success in supporting individuals—particularly those with additional needs or barriers to employment—into meaningful NHS roles.

However, the current lack of capacity within the Volunteering Team poses several risks to realising the full potential of this innovative model:

- **Loss of Opportunity for Individuals**
Without adequate support, many individuals—especially those from underrepresented or vulnerable groups—are missing out on the opportunity to build skills, confidence, and work readiness. This undermines the Health Board’s goals around inclusion, social mobility, and equality of opportunity.
- **Reduced Workforce Pipeline**
The NHS continues to face recruitment and retention challenges, particularly in entry-level and support roles. The Volunteer to Career Pathway presents a sustainable, values-based route into employment, which could help fill gaps in key areas. If we cannot progress this at pace, we miss a cost-effective route to strengthening our future workforce.
- **Reputational Risk**
As the only Health Board in Wales to secure grant funding for this work, there is a reputational expectation that we will lead the way in innovation and delivery. Inability to scale up due to internal constraints may impact future funding opportunities or stakeholder confidence in our ability to deliver transformation.
- **Widening Inequalities**
Without the resources to provide tailored support, there is a risk that only individuals with fewer barriers (e.g. digital access, confidence, health) are able to complete the pathway—while those who would benefit most are left behind, reinforcing existing inequalities.
- **Volunteer Disengagement and Drop-off**
Volunteers who join the Health Board with aspirations of gaining experience and progressing into work may become disillusioned if there is no structure or capacity to support their development, leading to reduced retention and word-of-mouth recruitment.

See Risk Mitigation attached



Appendix 1 Risk
Mitigation.pdf...

These risks represent missed opportunities both for individuals and for the organisation as a whole. With the right investment—through the appointment of two Band 4 Volunteer Co-ordinators—we can

address capacity barriers, reduce these risks, and unlock the full potential of the Volunteer to Career Pathway as a strategic asset for community wellbeing and workforce development.

3.5 Bids relating to Additional Staff Resources

The Charitable Funds Committee is being asked to approve funding for **two years** to support the employment of two Band 4 Volunteer Co-ordinators and a Band 2 Data Entry Clerk.

This period will allow us to scale up volunteer recruitment and support, directly addressing the current and anticipated demand for volunteer services across the Health Board.

The proposed tenure for the new posts will be **fixed-term for two years**, in line with the funding request. This aligns with the two-year period during which the request is for top slicing of charitable reserves will be utilized to cover the staff costs. After two years, we will reassess the ongoing need for the roles based on volunteer programme outcomes and sustainability.

The **Patient Experience and Involvement Team** will have accountability for the two new staff members. They will report to the and Volunteering Programme Manager and work closely with the existing Volunteer Co-ordinator team to ensure alignment with the Health Board's strategic objectives. The Volunteer Co-ordinators will also collaborate with key service areas to identify and address volunteer needs.

At the end of the two-year funding period, the roles of the Volunteer Co-ordinators and Data Entry clerk will be evaluated. If the roles have proven successful in increasing volunteer capacity and supporting vulnerable individuals, the Health Board will seek to identify alternative funding sources, either through increased core funding or external grants. If continuation of the posts is not feasible, the project will be scaled back, and efforts will be made to transition volunteers to a self-sustaining model, with a focus on the volunteer-led initiatives that have shown the most impact.

To address potential unexpected costs such as maternity leave and sickness, we propose the following plans:

- **Reserve Budget:** A small contingency fund will be factored into the overall budget for the Volunteer Co-ordinator roles to cover unforeseen absences.

- **Temporary Staff or Volunteers:** If maternity leave or sickness occurs, we will use temporary staff or volunteers to fill in during the absence. These individuals will be trained as part of the existing volunteer programme to ensure continuity of service.
- **External Funding/Grant Opportunities:** We will also explore external funding options (such as grants specifically for workforce development or volunteer support) should any unexpected long-term absence occur.

Volunteering impacts across the Health Board services. The Health Board is committed to ensuring that the volunteer programme continues without disruption, even if unforeseen circumstances arise with the Volunteer Co-ordinators.

4. Financial Analysis

4.1 Funding Requested

Appointment of:

2 WTE Band 4 Volunteer Co-ordinators for 2 years £147,082

1 x WTE Band 2 Volunteer and Civica Patient Feedback Admin for 2 years £62,500

Laptops and supporting IT equipment x 3 £3384

4.2 Availability of Local Charitable Funds

We currently have insufficient charitable funds to support this request.

The Committee may recall that we have lost an annual income of £14k into our volunteer charitable fund from the rent of 13 Clytha Square as the property was sold.

4.3 Revenue Costs

n/a.

4.4 Revenue Costs - Affordability

The allocation of charitable funds to support these posts will bring wider financial benefits to the Health Board. While we cannot immediately quantify direct cost savings, the positive impact on operational efficiency and patient care will generate significant longer-term savings and

improvements that will ultimately offset the revenue costs. Below are some key areas where financial benefits can be expected:

- **Reduced Pressure on Statutory Services**

Volunteer Co-ordinators will expand the capacity for volunteer support, particularly for vulnerable patients in the community, who would otherwise require more intensive NHS intervention. By involving volunteers in providing emotional support, companionship, and practical help, we can reduce the strain on overburdened hospital staff, allowing paid staff to focus on clinical care. This can lead to reduced length of stay in hospital for patients, particularly those with chronic conditions, and a reduction in the need for follow-up care that might otherwise require additional resources.

Financial Impact: Reducing the need for additional hospital stays or follow-up interventions will lead to savings in operational costs, especially in terms of inpatient bed days, staff time, and reduced pressure on healthcare facilities.

Supporting Early Intervention and Prevention

The Volunteer to Career Pathway will help individuals transition into employment, particularly those who are long-term unemployed, disabled, or from vulnerable groups. By providing volunteer roles and career pathways, the Health Board can support preventative healthcare models by fostering a community workforce that helps identify at-risk individuals early, assists in health education, and offers peer-led support networks. Volunteers can also play a critical role in helping individuals manage chronic conditions in the community, reducing the demand for emergency services or acute care.

Financial Impact: Early intervention and community-based support can prevent avoidable hospital admissions, reduce the need for expensive emergency interventions, and improve overall community health, which in turn lowers long-term healthcare costs.

Improved Patient Experience and Satisfaction

Having dedicated Volunteer Co-ordinators means that volunteers can be deployed more effectively across the Health Board, leading to improved patient experience. Volunteers provide important support to patients and families, including helping them navigate healthcare systems, offering emotional support, and enhancing communication with clinical staff. A higher level of patient satisfaction has been shown to lead to improved patient outcomes and quicker recovery times.

Financial Impact: Improved patient outcomes may result in fewer complications and shorter treatment times, which can reduce costs associated with long-term treatments, re-admissions, and complications. Higher satisfaction and positive feedback can also

improve the Health Board's standing in terms of quality metrics, potentially leading to better funding from health commissioners or external stakeholders.

Workforce Development and Recruitment

By facilitating the Volunteer to Career Pathway, the Volunteer Co-ordinators will help address workforce gaps within the Health Board, particularly in entry-level and support roles. Volunteers who gain experience through the Health Board's programmes are more likely to transition into paid positions within the NHS, thus providing a cost-effective recruitment strategy and helping the Health Board address workforce shortages in a sustainable way.

Financial Impact: Training and upskilling volunteers through the pathway creates a steady pipeline of qualified, motivated candidates who are already familiar with the organisation's values and operations. This reduces the cost and time associated with recruiting external candidates and enhances staff retention, ultimately leading to savings on recruitment fees and training costs.

Leveraging Charitable Funds for Strategic Impact

Using charitable reserves to support these roles not only ensures that volunteers can be recruited and managed effectively, but it also demonstrates a strategic investment in long-term service improvement. The flexibility of charitable funds allows for targeted investment in areas where there is a clear return on investment in terms of both financial savings and enhanced care delivery. These funds are intended to support innovation and improvements that align with the Health Board's mission to provide the highest standard of care.

Financial Impact: Charitable funds are typically used to support projects that deliver long-term value. Investing in volunteer support roles will allow the Health Board to build sustainable volunteer networks that contribute to patient care, improve staff morale, and enhance community relationships, all of which contribute to long-term operational efficiency.

While the increased revenue costs associated with funding these roles will initially be covered by charitable funds, the broader financial benefits these roles bring will offset these costs over time. By reducing hospital stay lengths, supporting preventative care, improving patient satisfaction, developing a sustainable workforce, and leveraging charitable funds strategically, the Health Board will ultimately benefit financially from the long-term positive outcomes of this investment.

This proposal represents not just a cost but an investment in improving the overall effectiveness, efficiency, and sustainability of

the Health Board's operations, directly benefiting both the local community and the organisation as a whole.

5.0 Conclusions and Recommendations

The request for top-slicing charitable reserves to fund two additional Volunteer Co-ordinator posts and a fixed-term Data Entry Clerk represents a strategic investment in the Health Board's ability to expand, manage, and sustain high-quality volunteer involvement that directly supports patient care and system efficiency.

The current and growing demand for volunteer support is substantial. Over 500 vulnerable individuals are waiting to be matched with volunteer support, and more than 100 prospective volunteers are eager to contribute. Without the necessary infrastructure, including coordination and administrative capacity, the Health Board is unable to scale its volunteer services to meet this demand or fully implement its successful Volunteer to Career pathway.

In addition to Co-ordinator capacity, there is a clear and urgent need for a dedicated Data Entry Clerk to support:

- Timely inputting and management of volunteer data (referrals, matches, feedback, outcomes).
- Monitoring and evaluation of the programme's impact.
- Ensuring GDPR-compliant records are maintained and shared appropriately.
- Freeing up Volunteer Co-ordinators to focus on strategic support and engagement.

This fixed-term administrative role will allow the programme to operate more efficiently and deliver measurable benefits without compromising the quality or compliance of its operations.

Wider Financial and Operational Benefits

Funding these posts for a two-year period will offer significant returns on investment:

- Reduced pressure on clinical staff through increased non-clinical support, particularly for vulnerable patients.
- Improved health outcomes and experience, potentially reducing length of stay, emergency readmissions, and service pressure.

- Pathways into employment for local people, including volunteers from marginalised or disadvantaged backgrounds, thereby helping to address workforce shortages.
- Operational efficiency, supported by accurate data collection, tracking, and reporting of volunteer activity and outcomes — essential for justifying future business cases or external funding.
- Stronger governance and information compliance, with dedicated administrative support ensuring all volunteer-related data is processed accurately and in line with information governance requirements.

Equality, Diversity, and Inclusion (EDI)

This investment also directly contributes to the Health Board’s EDI goals:

- Supporting vulnerable individuals from underrepresented groups by matching them with volunteers trained to meet their specific needs.
- Opening employment pathways for people with lived experience, disabilities, or those furthest from the labour market.
- Increasing the visibility and inclusion of diverse communities in health improvement initiatives.

By resourcing both frontline coordination and essential back-office functions, the Health Board ensures a more equitable and responsive service, while helping to build a workforce that reflects the communities it serves.

Conclusion

This funding request is not only for staff posts but for the long-term sustainability and development of essential services that benefit both patients and staff. The combined roles of Volunteer Co-ordinators and a Data Entry Clerk will:

- Strengthen system capacity.
- Ensure delivery of safe, responsive services.
- Advance inclusion.
- Improve operational performance and strategic outcomes.

The Health Board is encouraged to approve this funding as a strategic and socially impactful investment in its workforce, its communities, and its future.

Recommendations

We ask that the Charitable Funds Committee approve the use of charitable to fund the two Volunteer Co-ordinator positions for a

two-year period. This will allow the Health Board to meet the current demand for volunteer support while also building a sustainable volunteer workforce through the Volunteer to Career Pathway.

- **Commitment to Regular Evaluation and Reporting**

To ensure accountability and effective use of funds, we recommend that the Health Board commit to regular quarterly evaluations of the programme's outcomes. This should include tracking the impact on patient care, the number of volunteers recruited, and the transition of volunteers into paid roles. Detailed progress reports should be provided to the Charitable Funds Committee throughout the two-year funding period.

- **Sustainability Planning**

Given the success and potential of the Volunteer to Career Pathway, we recommend that the Health Board begin exploring alternative funding sources during the two-year period, including government grants, corporate partnerships, and integration into core Health Board funding. This will help ensure the long-term sustainability of the volunteer programme beyond the initial charitable fund allocation.

- **Contingency Planning for Unexpected Costs**

We recommend that a contingency fund be established to cover unforeseen costs, such as sickness, maternity leave, and other unplanned expenses. This can be included within the overall charitable reserves allocation or through other operational efficiencies within the Health Board.

- **Further Investment in Volunteer Training and Development**

In addition to the proposed roles, we recommend exploring further investment in volunteer training and development to ensure that volunteers are equipped with the necessary skills to support patients effectively. This will also provide them with the opportunity to move seamlessly through the Volunteer to Career Pathway.

This proposal is a critical step toward improving both patient care and the financial sustainability of the Health Board's operations. By investing in volunteer support infrastructure, we are not only addressing current capacity challenges but also laying the foundation for a more inclusive, efficient, and sustainable health system. The increased revenue costs associated with these roles will ultimately be offset by the long-term operational efficiencies and better patient outcomes, creating a model for sustainable healthcare that benefits the entire community.

By investing in the additional volunteer co-ordinator roles, we can mitigate these risks and unlock the full potential of the Volunteer to

Career Pathway. This will not only support vulnerable individuals in achieving meaningful employment but will also help address pressing workforce gaps within the Health Board.

This solution represents an effective, cost-efficient way to enhance capacity, improve volunteer retention, and strengthen community engagement—all while positioning the Health Board as a leader in innovative workforce development.

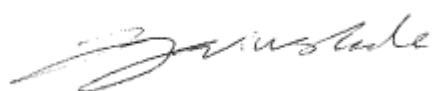
Bid Prepared by:

Name:	Tanya Strange
Title:	Head of Nursing, Patient Experience and Involvement
Date:	08/05/25

Supported by Division

General Manager:	
Signature:	
Date:	

Executive Sponsor

Name: Jennifer Winslade Job title: Executive Director of Nursing	
Signature: 	
Date:	

Appendix 1 Risk Mitigation- Volunteering

Risk and Mitigation Table: Untapped Potential in Volunteer to Career Pathway

Risk	Impact	Likelihood	Impact Severity	Mitigation Strategy
Loss of Opportunity for Individuals	Vulnerable individuals miss out on skill-building and work readiness, affecting social mobility and inclusion.	High	High	Increase capacity to support individuals through the Volunteer to Career Pathway by adding 2 Band 4 Volunteer Co-ordinators.
Reduced Workforce Recruitment	Missed opportunity to fill NHS roles with trained volunteers, exacerbating recruitment challenges.	Medium	High	Scale the Volunteer to Career Pathway to help develop a sustainable workforce pipeline in key NHS roles.
Reputational Risk	Failure to meet expectations could impact funding opportunities, partnerships, and stakeholder confidence.	Medium	High	Leverage the success of the existing programme to attract further investment and show the Health Board's commitment to innovation.
Widening Inequalities	Only individuals with fewer barriers can progress, reinforcing social and economic inequalities.	Medium	High	Ensure targeted support for individuals with additional needs and barriers to progression through dedicated resources.
Volunteer Disengagement and Drop-off	Volunteers may become disillusioned if there is no clear pathway to progression, leading to decreased retention.	Medium	Medium	Provide clear career progression pathways and enhanced support structure



**Charitable Funds Committee
Bid Ref: CFC – 277**

**Bid for Service
For ABUHB Population
Across Gwent**

1. Introduction

The Committee are asked to support this bid which will ensure that Gwent residents bereaved by suicide continue to have access to appropriate and essential support.

Funding being sought is: **££105,000.00**

This will enable continued provision of local specialist suicide bereavement support to continue until October 2027.

2. Background

Current provision in Gwent

Since 2012, 2wish, a national charity, has provided support for anyone affected by a sudden and unexpected death of **someone aged 25 and under across Wales**. This includes deaths by suicide. This provision funded through public fundraising, including donations and legacies, which enables the service to provide support across Wales, at no cost to the Health Board.

However, the largest number of deaths by suicide in Gwent are of people aged 26 and over. In 2024/25 of the 77 suspected deaths, 71 were aged 26 and over.

Current local provision for those aged 26 and over is being provided by a specialist Welsh suicide prevention charity: [Jacob Abraham Foundation](#), locally commissioned to deliver postvention support to anyone affected by a death by suicide of someone aged 26 and over. **Funding for this service ends on 30th September 2025.**

The Service provides support within 48 hours of a referral/self-referral, providing a person-centred approach to support (i.e. by phone, email or in person) which includes the offer:

- Of a home-visit and/or short-term virtual/face-to-face support to help navigate the coroner/inquest/police process and provision of supportive resources including details of wider services available.
- Of medium-term support including counselling and
- Of long-term support through local peer-support groups.

During 2024/25, Jacob Abraham Foundation received and responded to 53 referrals and engaged with over 100 people in Gwent either providing 1:2:1 support or through peer group support. Around 70% of referrals desired a home visit.

Since September 2020, the ABUHBs Gwent Public Health Team have secured the funding for this service. Funding for this provision has come from a range of short-term statutory service funding streams and charity funding. However, it has enabled this vulnerable population within Gwent to have access to [NICE Suicide Prevention Quality Standard](#) level support. The short term contracts were the main source of funding largely due to the long-awaited commissioning of a national suicide bereavement service.

Why the funding requirement has risen

The Committee will recall providing six-months funding for Jacob Abraham Foundation: October 2024-March 2025. This was intended as a bridging fund until the new national service: NALS, was established in the Gwent area.

In May 2024, the Welsh Government launched the 'National Advisory Liaison Service' (NALS) to provide a free, confidential single point of access for anyone affected by a death by suicide, of any age, in Wales. It is now understood that NALS will provide a much-needed national minimum offer across Wales. However, the national minimum offer will not provide the same level of support as currently available in Gwent.

NALS provides a national single point of contact (phonenumber or email), trained staff undertake an initial assessment and can provide immediate support by phone or email. A support plan is developed which can include signposting to other support services or NALS funded counselling. The service also provides an online national peer support service.

The expectation is that NALS signposts to local specialist provision/support services, where it is available and we have begun to see this with referrals from NALS to the local bereavement services, 2wish and Jacob Abraham Foundation. And Gwent Police have continued to refer directly to 2wish and Jacob Abraham foundation rather than NALS

NALS has been commissioned for three years, until end of March 2027. The funding period requested in this bid coincides with the evaluation and recommissioning of NALS.

Current funding for Jacob Abraham Foundation lasts until the end of September 2025. No further funding has been identified after this time.

What are we requesting funding for?

This funding bid will enable the continuation of the existing immediate and person-centred postvention support provided by JAF, to which the national phoneline could signpost.

The funding would cover a 24-month period that overlaps with a review of the national service which might have implications for this service.

3. Key Issues

3.1 Category of Bid

This bid relates to: *(please delete as appropriate)*

~~Purchase of equipment.~~

Patient's welfare and amenities.

Staff education and welfare. (NB: the service supports staff affected by a death by suicide, personally or professionally)

3.2 Description of the Bid

If this bid is successful, we be able to continue to provide the people of Gwent who are bereaved by suicide a support service that:

- Offers support to anyone affected by a death by suicide, through professional referral and/or self-referral. This can be over the phone, online or face to face.
- Offers talking therapies, counselling, alternative therapies, peer support to all ages and play therapy to anyone aged between 3 and 18 years old, provided by a trained and registered Therapist.
- Provision of a listening service.
- Provision of 'Grief Care' packs which include at a minimum the WG resource Help is at Hand, to bereaved relatives and families.
- Offering practical support and advice on attending inquests, dealing with the media and funeral planning, and guidance on dealing with other appropriate services.
- Offering monthly local bereavement support group meetings, and events/activities as appropriate.

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

There are currently no core funds for specialist suicide bereavement support.

What alternatives have been considered?

Since September 2020, a range of short-term grant money funding streams have been used to commission this service which includes WG Service Improvement Fund, the WG Regional Integration Fund and six months funding from ABUHB Charitable Funds in 2024.

In 2024, Jacob Abraham Foundation, supported by the ABUHB Gwent Public Health Team submitted a funding bid to the WG Bereavement Grant to enable them to provide local specialist suicide bereavement support to complement the NALS and 2wish service. Unfortunately, the bid was unsuccessful.

3.3 Outcome Measures & Benefits

3.3.1 Activity Analysis

Current monitoring of the service is based on the NICE Quality Standards on Suicide Prevention¹. This Quality Standard includes a Quality Statement for specialist suicide bereavement support: *'Supporting people bereaved or affected by suspected suicide people bereaved or affected by a suspected suicide are given information and offered tailored support'*.

Activity

Monitoring of activity will be conducted by written report on a quarterly basis, including the following indicators:

- Number of new referrals (1 referral may include multiple people)
 - 53 in 2024/25
- Details of any waiting lists/waiting times
 - No waiting list
- Number of actual engagements (people engaged)
 - 108 in 2024/25
- Total number of individuals supported by the service (includes

¹ NICE (2019) Suicide prevention. Quality standard – www.nice.org.uk/guidance/qs189

ongoing support from previous FY)

- 114
- Local area contact resides in ABUHB area (i.e. Caerphilly, Torfaen, Newport, Monmouthshire, or Blaenau Gwent)
 - 72 in 2024/25
- Support offered
 - Full spectrum offered across the year
- Client details: age (range), ethnicity, time since bereavement, time since referral, route of referral
 - JAF provide the breakdowns we have requested.
- Any safeguarding concerns flagged
 - None
- Number of instances signposting to/from a local partner organisation, and which organisation
- Feedback from clients such as stories, case studies including how support has helped and what could be done better
 - Multiple provided some stories given earlier in this document.

3.3.2 Benefits

There is a vast amount of evidence to highlight the positive impact of specialist suicide bereavement support services (see Appendix 1). However, specialist bereavement support for anyone affected by a death by suicide of **someone aged over 25** widely varies across Wales, and provision is reliant on locally identified funding and/or resources.

Families and friends bereaved by suicide are at greater risk of mental health and emotional problems and are at higher risk of suicide themselves. The purpose of post-suicide bereavement programmes is therefore to aid the grieving process and reduce the potential for contagion by using counselling and education.

In addition to the devastating impact on families and communities, recent analysis from the NHS Confederation and Carnall Farrar² detail that suicide and self-harm prevention is one of the top five prevention interventions with the highest Return on Investment: £19.60 for every £1.00 spent.

² [Pathway-to-prevention-CF.pdf](#) {accessed 11.04.2025}

In August 2024, Public Health Wales published their second Real Time Suspected Surveillance (RTSSS) Annual Report³. The report stated **the rate of suspected deaths by suicide in Wales has not reduced**.

From 1 April 2023 – 31 March 2024 there were 350 deaths by suspected suicide of Welsh residents who died in or outside Wales, which is a rate of 12.4 per 100,000 people. The rate of deaths by suicide in the ABUHB area is consistent with the national rate of 12.4 per 100,000. There were 77 suspected deaths by suicide last year in Gwent.

National Strategy: On 1st April 2025, the WG published their new 10-year Suicide Prevention and Self-harm Strategy (2025-35) one of its aims includes the establishment of a pathway to support people bereaved by suicide.

National Guidance: In September 2024, WG published guidance: *Responding to People Bereaved, Exposed or Affected by Suicide*⁴, to help organisations understand their roles in postvention to ensure that people impacted by a death by suicide receive timely, compassionate and effective support where and when they need it. The guidance sets out what “a sustainable resourced, quality response would look like and how that needs to be delivered to ensure equitable access”.

This guidance provides support for commissioners and planners of specialist bereavement support services and is set out in Appendix 1.

National Framework for the Delivery of Bereavement Care

- *As set out in Appendix 1, a guiding vision of WG, outlined in their National Framework for the Delivery of Bereavement Care, is for a compassionate Wales where everyone has equitable access to high quality bereavement care and support to meet their needs effectively when they need it*⁵.

Support findings from *Everybody’s Business: A report on suicide prevention in Wales* (National Assembly for Wales,

³ [Annual Report: Deaths by suspected suicide 2023-24 - Public Health Wales](#) {accessed 11.04.2025}

⁴ [Responding to people bereaved, exposed, or affected by suicide](#) {accessed 11.04.2025}

⁵ [National framework for the delivery of bereavement care \[HTML\] | GOV.WALES](#) {accessed 11.04.2025}

2018)⁶. The report highlighted the importance of access to appropriate and timely specialist services for people affected by a death by suicide. It stated that (i) people who have been bereaved by suicide *are at increased risk of suicide themselves*, and (ii) that there was overwhelming evidence that access to postvention support needed to improve in Wales.

Aid the grieving process and reduce the potential for contagion by using counselling and education. Research indicates that for each person who dies by suicide, between 6 and 135 other people could be exposed, affected, or bereaved and requiring support⁷. Families and friends bereaved by suicide are at greater risk of mental health and emotional problems and are at higher risk of suicide themselves. A consistent offer of the bereavement support groups provides the opportunity for those engaging with the service to have a sense of normality to their journey developing a shared experience and community with others bereaved through suicide. See Appendix 1 for a list of evidence sources.

Cost-saving. Every life lost to suicide is a tragedy and is estimated to impact on up to 135 people⁸. A recent Samaritans report⁹ conservatively estimated the cost to the Welsh economy in 2022 from suicide was £0.48 billion. The report estimated that each death by suicide cost on average £1.46 million¹⁰. Based on recent data this would be an estimated cost of £112m in ABUHB area for last financial year.

The National Assembly for Wales report³ acknowledges that supporting the mental health and wellbeing of those bereaved through suicide could lead to reduced demand for NHS services.

The overall aim of the service is to provide immediate and person-centred support to all families referred within the ABUHB region. The funding would allow a local service to offer a sustainable approach to families, some of whom may access for a short time and others for a longer period. It has become evident that families

⁶ National Assembly for Wales. Health, Social Care and Sport Committee (2018) - Everybody's Business. A report on suicide prevention in Wales

⁷ [Consultation Template \(gov.wales\)](#)

⁸ [How Many People Are Exposed to Suicide? Not Six - PubMed \(nih.gov\)](#)

⁹ [The economic cost of suicide in the UK \(samaritans.org\)](#)

¹⁰ [The economic cost of suicide in the UK \(samaritans.org\)](#)

like to re-engage at certain points and having the benefit of a three-year offer would support re-engagement throughout the initial stages of their grief journey. Jacob Abraham Foundation are keen to continue providing this service and obtained their recent contract from a tendering process. We will be guided by ABUHB Procurement as to whether we need to go back out to tender.

Some feedback relating to the service:

Bereaved Partner

I would like to express how instrumental the JA foundation has been in supporting me through the most traumatic moment in my life. 8 weeks ago, my husband took his life in the most horrific way, and I felt like there would never be a way through my grief. With the support of my counsellor, I have begun to work through the pain and grief and somewhere deep inside I know one day I will be ok again. I would never have been able to achieve this without the support I have received. I have 2 kids who need their mum and the support I am receiving is enabling me to carry on being a mum.

Bereaved Friend

The support I have received has helped me immensely; I believe that my grief journey would be far more difficult than it is if it wasn't for this support. I feel comfortable and totally understood and can reach out whenever I need.

Bereaved Friend

Following the loss of my best friend I have received support from the foundation. Initially unsure how anyone or anything could help, I decided I had to try something as I couldn't process my own thoughts & felt in utter confusion. It started with a coffee and chat & I learned my feelings were normal which helped. I feel I am processing what has happened by using basic strategies learned. It feels like I've come a long way but also, I am still on the long journey. I've recently returned to work & don't think I could have got there so quickly without their support. They've helped me find strength & explained things that were overwhelming complicated. I hope they can continue to support me on my journey & others who experience tragic loss.

Bereaved Partner

I would like to express how instrumental the JA foundation has been in supporting me through the most traumatic moment in my life. 8 weeks ago, my husband too his life in the most horrific way

and I felt like there would never be a way through my grief. With the support of my counsellor, I have begun to work through the pain and grief and somewhere deep inside I know one day I will be ok again. I would never have been able to achieve this without the support I have received. I have 2 kids who need their mum and the support I am receiving is enabling me to carry on being a mum. Thank you from the bottom of my heart.

Bereaved Sister

The support I've received from JAF has been essential to recovery in such a difficult time. The support is prompt which I cannot express how I needed this. With so many mental health services being stretched with long waiting lists. I've had the time to receive support and counselling at the time I've needed it most allowing me to function through daily tasks and gain understanding of my thoughts and feelings.

Performance and activity measures are based on the NICE Suicide Prevention Quality Standard and are described in Section 3.3.1.

Key outputs include:

- To respond to a referral within 48 hours, contacting the client being referred/self-referring.
- To provide a person-centred approach to support, offering face-to-face, telephone and/or email contact.
- To ensure that the referred client is made aware of the support available to them from the service, and that it is clearly communicated that this support is available at any point within their bereavement journey.
- To send a follow up email/letter to clients who declined immediate support, providing a reminder of your service provision and where to access further information and sources of support including the WG resource: [Help is at Hand](#).

Outcome measures, taken from the NICE Suicide Prevention Quality Standard, include:

- Proportion of people bereaved or affected by a suicide who are satisfied with information and support.
This will be measured through feedback provided by those

supported by the service.

- Number of suicides among people bereaved or affected by a suicide.

This will be measured through feedback to the service, as well as through ABUHB routine suicide surveillance data.

3.4 If the Bid is not Supported

If the bid is not supported, then the specialist suicide bereavement support service will cease after October 1st, 2025.

3.5 Bids relating to Additional Staff Resources

This bid will enable ABUHB to continue commissioning a service provided by Jacob Abraham Foundation, or an equivalent organisation. Jacob Abraham Foundation employ dedicated staffing to support this project. No additional staff resources will be required outside of those provided by Jacob Abraham Foundation, or an alternative provider.

4. Financial Analysis

4.1 Funding Requested

A total of £105,000 is requested within this bid. This funding will enable the existing bereavement support provision to continue seamlessly until October 2027.

Further breakdowns of costings are provided below:

Revenue	Oct-25 to April-26 (6 months)	April-26 to April-27 (12 months)	April- 27 to Oct-27 (6 months)	Total 24 month period
Qualified staff to provide: Counselling, play therapy, bereavement support groups and listening service	£22,249.74	£48,359.46	£25,146.92	£95,756.12
Expenses and Travel	£1,000.00	£2,080.00	£2,163.20	£5,243.20
Grief Care Comfort and resource packs	£400.00	£832.00	£865.28	£2,097.28
Venue Hire	£150.00	£312.00	£324.48	£786.48
Total	£23,799.74	£51,583.46	£28,499.88	£103,883.08

What is the proposed procurement route?

Advice will be sought from ABUHB Procurement Team as to the proposed procurement route. We would prefer to continue funding the established Jacob Abraham Foundation provision but will be guided by procurement guidelines.

4.2 Availability of Local Charitable Funds

We are not aware of any charitable funds.

4.3 Revenue Costs

There are no revenue costs.

4.4 Revenue Costs - Affordability

Not applicable.

5.0 Conclusions and Recommendations

The Committee is asked to support a funding proposal for £105,000 to secure the ongoing commissioning of bereavement support for those affected by suicide, from October 2025 until October 2027.

The service currently provided by Jacob Abraham Foundation complements that provided by 2wish, a national charity providing bereavement support for those affected by death by suicide of a person aged 25 and under only.

Securing sustainable long term bereavement support for people affected by death by suicide will enable the new national phonenumber to effectively signpost to local, person-centred, tailored face to face services.

Provision of local bereavement support services is in line with NICE Quality Statement on Suicide Prevention.¹¹

The purpose of post-suicide bereavement programmes is to aid the grieving process, support the mental health and wellbeing of those

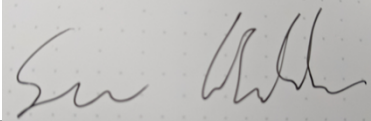
¹¹ <https://www.nice.org.uk/guidance/qs189/resources/suicide-prevention-pdf-75545729771461>

affected by suicide, and reduce the potential for contagion through
counselling and education.

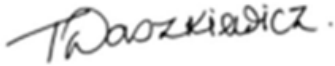
Bid Prepared by:

Name:	Jackie Williams
Title:	Senior Public Health Practitioner
Date:	25th April 2025

Supported by Division

General Manager:	Simon Hodsdon
Signature:	
Date:	02/05/2025

Executive Sponsor

	Professor Tracy Daszkiewicz
Signature:	
Date:	02/05/2025

APPENDIX 1

Summary of Evidence to Support Specialist Suicide Bereavement Services

National Guidance: In September 2024, WG published guidance: *Responding to People Bereaved, Exposed or Affected by Suicide*¹², to help organisations understand their roles in postvention to ensure that people impacted by a death by suicide receive timely, compassionate and effective support where and when they need it. The guidance sets out what “a *sustainable resourced, quality response would look like and how that needs to be delivered to ensure equitable access*”.

This guidance provides support for commissioners and planners of specialist bereavement support services, setting out a compassionate system wide approach with components including:

- A point of contact immediately following the death, and the personal assistance of someone who can ‘come alongside’ and keep abreast of people’s needs, as they navigate the days and weeks ahead.
- A compassionate response without judgement or stigma, at the interfaces with touch point agencies.
- A further proactive offer of information and support at each agency the bereaved come into contact with, including an understanding from agency personnel, of the role of the other agencies the bereaved are likely to come into contact with.
- Timely availability and access to sources of mental and emotional therapeutic support appropriate to the needs and experiences of the individual, group, or family.
- Appropriate access to medication where pharmaceutical intervention is the right response, in the context of a wider package of support.
- Opportunities to connect with others living with similar experience, specific to a loss from suicide, such as peer support or community network.

National Framework for the Delivery of Bereavement Care

- A guiding vision of WG, outlined in their National Framework for the Delivery of Bereavement Care, is for a compassionate Wales where everyone *has equitable access to high quality*

¹² [Responding to people bereaved, exposed, or affected by suicide](#) {accessed 11.04.2025}

bereavement care and support to meet their needs effectively when they need it¹³.

- The Framework cites examples of bereavement models highlighting the NICE three-component model of bereavement support which includes: "*Component 2 (selective or targeted): which makes provision for people to access more formal opportunities to reflect upon their grief, and may involve individual or group sessions, peer support, friendship groups, and/or specific groups relating to the type of bereavement, e.g. **suicide***". It also highlights that for some people, unresolved non-suicide grief issues can lead to serious mental health difficulties and is a risk factor for suicide.

Guidance:

- Support After Suicide: A Guide to Providing Local Services - [support_after_a_suicide.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- National Suicide Prevention Alliance – Developing and Delivering Local Suicide Bereavement Services - https://suicidebereavementuk.com/wp-content/uploads/2020/09/NSPA_Developing-Delivering-Local-Bereavement-Support-Services
- National Suicide Prevention Alliance – Evaluation Local Suicide Bereavement Support Services - [NSPA_Evaluating-Local-Bereavement-Support-Services.pdf \(suicidebereavementuk.com\)](https://suicidebereavementuk.com)

The National Assembly for Wales's 'Everyone's Business: A Report on Suicide Prevention for Wales'¹⁴ highlighted the *importance of access to appropriate and timely specialist services for people affected by a death by suicide*. Other key findings within the report were:

- For each death by suicide in Wales it has been suggested that an average 6 people are deeply affected, though this figure is thought to be an underestimate, and many other people would be affected too.

¹³ [National framework for the delivery of bereavement care \[HTML\] | GOV.WALES](#) {accessed 11.04.2025}

¹⁴ National Assembly for Wales. Health, Social Care and Sport Committee (2018) - Everybody's Business. A report on suicide prevention in Wales

- People who have been bereaved by suicide are at increased risk of suicide themselves, and as such be recognised as a vulnerable group when considering suicide prevention.
- Overwhelming evidence that access to postvention support needed to be improved in Wales, as many people were left alone to pick up the pieces with no support. This was compared to support provided if their relative had been bereaved in other ways such as road traffic accident they would have received support of police family liaison officers.
- Support should be based on lived experience.

The NICE Quality Standard on Suicide Prevention¹⁵ included the Quality Statement on suicide bereavement tailored support: *'Supporting people bereaved or affected by suspected suicide people bereaved or affected by a suspected suicide are given information and offered tailored support'*.

The rationale behind this statement provided was that children, young people and adults who are bereaved or affected by a suspected suicide are themselves at increased risk of suicide. Providing support after a suspected suicide can reduce this risk, especially when tailored to the person's needs. It is important to identify people who may need support as soon as possible so that they can be given practical informational and access support if, and when, they need to.

Quality measures within this Quality Statement include:

- *'Evidence of local processes to give information to people bereaved or affected by a suspected suicide and to ask if they help'*
- *'Evidence of local services that can provide support to people bereaved or affected by suspected suicide'*.

The outcome measure being the 'proportion of people bereaved or affected by a suicide who are satisfied with information and support'.

Welsh Government Integrated Impact Assessment for Suicide Bereavement Liaison Service (Sept 2022)

The WG drafted a proposal to engage an agency that has demonstrable experience in bereavement by suicide that can ensure

¹⁵ NICE (2019) Suicide prevention. Quality standard – www.nice.org.uk/guidance/qs189

a consistent and timely community response to people affected by sudden deaths that are unexplained or a suspected suicide. This was in response to a listening exercise commissioned from Opinion Research Services, Swansea which elicited insights from people living with bereavement by suicide in Wales. It complemented and built on the report 'From Grief to Hope'¹⁶ published by Manchester University. This report provides a compelling case, not only for crisis care, but also for the long-term support for those bereaved or affected by suicide.

Objectives identified:

- Ensure the needs of those affected are compassionately and comprehensively assessed by an appropriately qualified and experienced (suicide) bereavement liaison officer, and plans agreed collaboratively with the persons affected, to meet those needs.
- Ensure that those affected are offered options, so that they can choose the support available that is best suited to them, their situation and their location.
- Ensure that those affected feel they have been acknowledged, that their specific situation is understood, and that they have someone to 'come alongside' them on their bereavement journey for however long they need that support.
- Identify those areas of Wales where there is poor or sub-optimal provision to support bereavement by suicide, to inform further investment and service planning
- Identify areas of good practice, learning from localised quality provision that is particularly reliable and responsive to people's needs, with a view to extending this to areas of poorer provision.

Welsh Government – Draft Guidance on responding to people affected by suicide (ended 20 Jan 2023)

Link to responses: [Consultation Template \(gov.wales\)](#)

"The aim of the guidance is for all providers of specialist bereavement services, or agencies who deliver at significant 'touch points' on a bereavement journey following a sudden or unexplained death that could be a possible suicide, to use the guidance to identify aspects of their service that can be improved or developed to achieve the most compassionate and helpful response to those impacted.

¹⁶ [McDonnell-et-al.-2020.-From-Grief-to-Hope.pdf \(nspa.org.uk\)](#)

Additionally for Commissioners and planners of services across regions to use the guidance to ensure that the different components of support that meet the needs of those affected by a suspected suicide are in place and sustainable. This will require collaborative working across public and third sectors, through safeguarding mechanisms, Regional Partnership Boards (RPBs) and other funded alliances”.

WG (2015) Talk to me 2 Suicide and Self-Harm Prevention Strategy for Wales 2015-2020

[talk-to-me-2-suicide-and-self-harm-prevention-strategy-for-wales-2015-2020.pdf \(gov.wales\)](#)

Objective 3; Information and support for those bereaved or affected by suicide and self-harm.

41. “Families and friends bereaved by suicide are at greater risk of mental health and emotional problems and may be at higher risk of suicide themselves. Timely effective support will be facilitated by having effective local responses to the aftermath of suicide in place”

WG Consultation Document: Responding to people bereaved, exposed, or affected by suicide

[Consultation Template \(gov.wales\)](#)

“Providing support for those bereaved by suicide is both postvention and prevention. Research suggests that for each person who dies, between 6 and 135 other people could be exposed, affected, or bereaved and requiring support. Those who have lost someone through suicide are also at increased risk of suicide themselves. Too often people with lived experience say they have not felt supported at the very time they most needed it.”

[welsh-government-integrated-impact-assessment.pdf](#) – see page 10.....

7.2 What are the most significant impacts, positive and negative?
The positive impacts of the liaison service will be that people will have equitable access to bereavement by suicide services and touch point agencies will improve their response to suicide bereavement. An additional £300k has been made available to commission the Suicide Bereavement Liaison Services covered in the ‘Responding to people bereaved, exposed or affected by suicide’ draft guidance to ensure people are offered support and connected with appropriate support in response to their needs in a timely manner

From Grief to Hope (University of Manchester and Support after Suicide partnership, 2020) – The collective voice of those bereaved or affected by suicide in the UK

[From-Grief-to-Hope-Report.pdf \(suicidebereavementuk.com\)](#)

Sample size: over 7,150 in UK of those with lived experience bereaved by suicide.

Key findings:

1. Impact
2. High risk behaviours following a suicide
3. Relationship to the deceased
4. Accessing support
5. Support requested by those bereaved by suicide

Support requested by those bereaved by suicide - Participants bereaved or affected by suicide told us that immediate, proactive support was important. Some participants were not always ready to seek or receive this help, but they stated that information should be presented in an easily accessible format such as the 'Help is at Hand' support booklet, or an available person to contact for support when they were ready to receive it. After initial contact with agencies in the days and weeks following the death, participants indicated that ongoing follow-up support should be available with a specialist suicide bereavement support worker. Having access to support when they needed it was widely requested, with follow-up at 3, 6, 12 or 18 months after the suicide occurred

Suicide bereavement in the UK: Descriptive findings from a national survey (2022)

[Suicide bereavement in the UK: Descriptive findings from a national survey - McDonnell - 2022 - Suicide and Life-Threatening Behavior - Wiley Online Library](#)

First published 25 May 2022

National cross-sectional study using online survey 7,158 participants who had been bereaved or affected by suicide. *“Those bereaved by suicide are a high-risk group of adverse health outcomes and suicidal behaviour”*

Results: Suicide had a major impact on 77% of participants, including those who had lost a friend and those exposed to suicide at a professional level. Mental and physical health problems linked to the suicide were reported in half. Adverse social outcomes and engaging in high-risk behaviours following the suicide were

common. Over a third reported suicidal ideation and 8% had attempted suicide as a direct result of the suicide loss. Most had not accessed support services, with the majority viewing provision of local suicide bereavement support as inadequate.

Conclusions: Our results highlight the need for a multi-disciplinary approach in postvention and the provision of proactive outreach to support those bereaved by suicide. Postvention efforts need to acknowledge the death of a friend by suicide as a significant loss.

Samaritans. The Economic cost of suicide in the UK (March 2024) - [The economic cost of suicide in the UK \(samaritans.org\)](https://www.samaritans.org)

Key findings. In the UK, in 2022:

- 6588 deaths by suicide were recorded
- One death by suicide cost on average £1.46 million
- Suicide cost the economy at least £9.58 billion
 - £0.5 billion in Wales
- Employment productivity losses due to suicides were £3.1 billion – accounting for one third of all suicide costs
- One suicide of a 10–14-year-old cost on average £2.85 million
- One suicide of a woman aged 25-29 cost on average £1.96 million
- One suicide of a man aged 30-34 cost average £1.7 million



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Charitable Funds Committee **Bid Ref: CFC – 278**

Bid for Project Manager and Administrator (Invest to Save)
For Translation and Interpretation Services
At Grange University Hospital

1. Introduction

The costs associated with translation and interpretation services have been rising dramatically year on year. The financial forecast for 2024/25 has surged to £420,570—an increase of over 248% against the allocated budget.

This proposal recommends the creation of two dedicated posts to implement and manage digital translation and interpretation services as part of an **Invest to Save** initiative. These roles will enhance communication for patients with limited English proficiency, support staff in using digital tools, and reduce the reliance on high-cost face-to-face interpreters.

Funding for these posts is proposed through secondment or fixed-term contracts, with staff managed by the Switchboard Services Manager.

The revenue costs associated with these positions will be offset by the anticipated savings from reduced face-to-face interpreter bookings, leading to a more sustainable and efficient service. Regular audits will be conducted to track savings, and if further staffing is needed after two years, funding will be considered from the realised savings.

This initiative is aligned with the organisation's goals of improving patient care, operational efficiency, and cost-effectiveness across clinical services.

The total cost of this bid is **£150,708** (Band 6 WTE for 2 years, £117,047, Band 3 0.6WTE 18 months £29,787, Laptops, Expenses, marketing etc £3,874)

2. Background

The costs associated with translation and interpretation services have been rising dramatically year on year. The allocated budget for these services is £120,557, while the forecast for 2024/25 has surged to £420,570—an increase of over 248%.

This trajectory is financially unsustainable and highlights the urgent need for a more efficient, scalable model of language support. Continued over-reliance on face-to-face interpretation services not only places increasing pressure on divisional budgets but also limits the organisation's capacity to invest in other vital areas of care.

In addition to the financial implications, this model can negatively impact patient experience. Delays in accessing interpreters can lead to postponed care, miscommunication, and a lack of clarity in clinical interactions—particularly in urgent or unplanned settings. Patients with limited English proficiency may feel excluded, anxious, or less confident in the care they receive, which can reduce satisfaction and compromise health outcomes.

A shift toward integrated digital solutions, supported by dedicated roles and appropriate training, is essential to improving both cost-efficiency and the quality, consistency, and accessibility of care for all patients.

Wales Interpretation and Translation Service (WITS)

WITS is a not-for-profit organisation established in 2009, providing 24/7 language services for over 30 public sector clients across Wales, including Aneurin Bevan University Health Board. Originally formed through a partnership between the Welsh Assembly Government, Cardiff County Council, and Cardiff and Vale University Health Board, WITS offers services in over 120 languages, including British Sign Language (BSL).

Services Provided:

- Face-to-face, remote, and on-demand interpretation (telephone/video)
- BSL video recording
- Document and Braille translation
- Proofreading

All translators are vetted (Enhanced DBS) and qualified (minimum Master's in Translation).

Current Issues and Developments:

- Interpretation costs are rising.

- Technical issues (firewalls/proxies) previously limited online interpretation, though BSL access via SignLive is now resolved, but underutilized.
- Voice-only language interpretation still faces technical barriers, to be addressed in 2025/26.
- Digital interpretation is being encouraged to reduce costs and enable immediate access, especially for emergency services.
- A financial impact assessment is recommended.

Operational and Budgetary Details:

- Service is managed by Informatics; funding approval lies with the Executive Director of Nursing, though there's no nursing oversight.
- Divisions make service requests but don't contribute to the budget.
- The annual budget for translation services is £120,557 and has not increased despite rising costs.

Spending Overview:

- **Budget allocation** for current service: **£120,557**
- **Total Spend 2023/24** : **£354,586.22**
- **Projected spend** for 24/25: **£420,570**
- Major expenditures include face-to-face services, BSL interpretation, and telephone/video services from providers like WITS, LanguageLine, BigWord, and SignLive.

3. Key Issues

- **Low Utilisation of Digital Tools:** Despite investing in **Sign Live** and contracted Digital Solutions via the WITS contract, providing staff training and iPads, uptake and consistent use of the digital platforms have been low, preventing the full benefits of the technology from being realised.
- **High Costs of Face-to-Face Interpreters:** Ongoing reliance on face-to-face interpreters continues to incur significant costs and results in delays, especially for urgent language support needs.
- **Inconsistent Training and Support:** While some staff training on digital tools has been provided, uptake has been inconsistent, and there has been insufficient follow-through to embed these tools into regular workflows.
- **Fragmented Implementation:** The adoption of other digital interpretation tools has been ad hoc, leading to a lack of standardisation and strategic alignment across teams.

- **Increasing pressures on Switchboard staff:** due to the very high volume of face-to-face interpreter requests, this is putting significant pressures on the switchboard team.

These issues highlight the need for a dedicated resource to oversee the implementation, training, and sustained use of digital language support tools, ensuring cost savings, improved service delivery, and greater accessibility for patients.

3.1 Category of Bid

This bid relates to:

- Translation and Interpretation Services
- Patient's welfare and amenities.
- Staff education and welfare.
- Invest to Save

3.2 Description of the Bid

The Gwent population has increased from 577,077 in 2011 to 588,303 in 2021 according to the Census. There are around 250 users of British Sign Language (BSL) in the region and 33,300 non-English speaking citizens which places a demand for a high standard of interpreting services to ensure equity and accessibility of services.

Locally, interpretation costs are escalating. Issues with firewalls and proxy servers previously hindered the Health Boards ability to secure online rapid interpretation services but this has been overcome in respect of the British Sign Language (BSL) interpreting service and SignLive is now available for immediate interpreting requirements. However, it is not routinely being used by staff who lack the confidence to use alternatives to face-to-face interpretation. The same issues exist currently in respect of alternative languages that are voice only. Video languages with a video translator are now enabled. Resolution of 'voice only' interpretation will be addressed through proposed firewall upgrades and is within the Digital Mobile teamwork programme for 2025/26

Whilst there may be a need to provide a face-to-face interpreter for some patients, there are opportunities to explore and embed digital interpretation services for the majority, particularly where there is a need for immediate access e.g. attendance at Accident and

Emergency and out of hours. Digital interpretation is immediate and could reduce the costs in relation to the physical presence and travelling expenses of in-person interpretation. A financial impact assessment is required.

In an attempt to reduce escalating costs, the Health Board has revised its Interpretation and Translation policy and webpages to advise staff of alternatives to face-to-face interpretation. This is also reinforced during each request for face-to-face interpreters. However, although clinical teams have been made aware of timely alternatives to costly face-to-face interpretation services, staff lack the confidence to use digital interpretation services.

Several attempts have been made to address the need for enhanced language and interpretation services, but these efforts have faced limitations:

Previous Attempts and Challenges:

Several efforts have been made to address the need for enhanced language and interpretation services, but these initiatives have faced significant challenges:

1. **Investment in Sign Live digital platform:** The organisation has invested in the **Sign Live** digital platform to provide on-demand video interpretation services, and iPads were provided to staff to facilitate this. Additionally, staff training was delivered to support the use of the platform. Despite these investments, **the uptake and consistent use of Sign Live has been low**, with many staff not utilizing the platform effectively in their daily work.
2. **Reliance on external face-to-face interpreters:** While face-to-face interpreters have been utilised as a backup, this remains a high-cost solution, with long wait times and limited availability, particularly in urgent situations. This approach is not sustainable given the ongoing financial constraints and the need for more flexible, cost-efficient options.
3. **Internal staff support and training:** Some divisions have attempted to provide informal training on using digital tools for translation and interpretation. However, uptake has been inconsistent across departments, and there has been insufficient resource dedicated to embedding these tools into everyday workflows, hindering their full integration.
4. **Ad hoc digital tool usage:** Other translation and interpretation apps have been piloted in isolated instances, but without dedicated oversight and coordination, their use has been fragmented and not aligned with the organisation's broader objectives.

These past efforts, while well-intentioned, have not resulted in the widespread, sustained use of digital translation tools or cost-effective language support. The proposed investment in dedicated roles to manage the full integration and utilisation of these resources offers the opportunity to overcome these challenges and create a more efficient, sustainable language services model.

Currently, there is no available budget within the existing funded services to cover the costs of these proposed posts. Given the financial constraints and prioritisation of existing operational needs, the resources required to fund these roles cannot be absorbed within the current budget allocations. As such, a new funding approach is necessary to support these positions, which are critical to driving cost savings and improving service delivery in the long term.

3.3 Outcome Measures & Benefits

3.3.1 Activity Analysis

A project manager can support the successful adoption of digital translation and interpretation apps by working closely with clinical teams to understand their needs and workflows. They would scope and evaluate available digital tools, ensuring they are fit for purpose and user-friendly.

The project manager would also lead targeted staff training, set up mentoring and peer support systems, and create a positive environment that builds confidence in using the technology. In addition, they would conduct audits to assess usage and effectiveness and analyse cost realization benefits—ultimately helping to reduce reliance on face-to-face interpreters and improve service efficiency.

3.3.2 Benefits

The project manager's work supports public benefit by improving access to healthcare for patients with limited English proficiency, ensuring they receive timely, accurate, and equitable communication. By facilitating the use of digital translation and interpretation apps, the post holder helps remove language barriers that can impact patient safety, understanding, and outcomes. Their collaboration with clinical teams ensures solutions are embedded into care pathways, and their focus on staff training and confidence building enhances service delivery. Moreover, the cost efficiencies realized by reducing reliance on face-to-face interpreters enable

resources to be redirected to other critical areas of patient care, further benefiting the wider community.

Post 1: Project Manager Band 6 (WTE 2 Years)

How the Project Manager Will Realise Public Benefit and Deliver Measurable Outcomes

Programme Aim:

To improve communication accessibility for patients with limited English proficiency by implementing digital translation and interpretation tools, reducing the reliance on face-to-face interpreters, and supporting staff to confidently use these technologies.

Activities:

1. Scoping & Appraisal:

- Conduct a landscape review of available digital interpretation/translation apps.
- Work with clinical teams to assess suitability and compliance (e.g., data security, language coverage, ease of use).
- Pilot and evaluate selected tools in real clinical settings.

2. Staff Training & Mentoring:

- Deliver targeted training to frontline staff on how to use the selected apps.
- Establish a digital champions network to mentor and support ongoing confidence-building.
- Develop and disseminate user guides and quick reference materials.

3. Embedding & Support:

- Integrate tools into routine workflows with support from IT and clinical teams.
- Monitor uptake and usage in live settings.
- Provide real-time troubleshooting and feedback loops.

4. Audit & Evaluation:

- Track usage metrics of digital tools (e.g., number of consultations using the app, time saved per consultation).
- Compare costs and frequency of digital use vs. traditional interpreter bookings.
- Assess staff confidence and patient satisfaction pre- and post-implementation.

5. Reporting & Benefits Realisation:

- Produce regular reports on outcomes and cost savings.

- Present case studies showing improved patient experience and operational efficiency.
- Adjust implementation strategy based on audit feedback.

Anticipated Outcomes & Measurable Benefits:

Outcome	Activity-Linked Measure	Target / Indicator
Reduced use of face-to-face interpreters	Monitoring interpreter booking data	20–30% reduction in face-to-face bookings within 12 months
Increased staff confidence using digital tools	Pre/post-training surveys; mentoring uptake	80% of trained staff report improved confidence
Improved access for non-English speakers	Patient feedback; increased digital usage	90% of surveyed patients report satisfaction with communication
Cost savings	Comparative cost analysis	£X saved annually by reduced interpreter use
Improved operational efficiency	Time tracking per consultation	Average reduction of 10–15 minutes per interaction involving language support

Public Benefit:

This programme supports better, faster access to care for patients with language barriers, enhancing equity and patient safety. It enables frontline staff to manage communication more effectively in real time, while delivering sustainable cost efficiencies that allow reinvestment into other patient services. These outcomes are directly aligned with public sector objectives for accessible, efficient, and equitable care.

Post 2: Band 3 Administrator 0.6WTE (18 months)

The Interpreting & Translation Service has been operating at full capacity, effectively managing essential service delivery and existing responsibilities. However, in recent months, increasing demand due to heightened patient needs has required the allocation of Switchboard staff to support the service. This has resulted in the Switchboard team operating with minimal staffing, with personnel taking on tasks beyond their usual roles, limiting their flexibility to manage additional responsibilities.

Given the current workload, staffing levels, and the continued rise in demand within the Interpreting & Translation Service, the Switchboard Service can no longer continue to provide this support without significantly impacting the quality and efficiency of their own service. This, in turn, could jeopardise patient safety. The Switchboard Service is already working under tight time constraints, and adding further duties would hinder their ability to focus on core responsibilities, putting both the service and patient outcomes at risk.

To address these challenges, it is recommended to recruit a **0.60 WTE Band 3 Administrator** into the Interpreting & Translation Service. This additional resource would help meet the growing demand for services and relieve pressure on the Switchboard team. The new post would also support the Project Manager in promoting alternative interpreting and translation solutions, assisting with user communication and training, and ensuring the delivery of a cost-effective, sustainable service.

3.4 If the Bid is not Supported

If the Project Manager role is not funded, several critical risks and missed opportunities will impact both service delivery and public benefit:

- 1. Continued Over-Reliance on Face-to-Face Interpreters**
 - Interpreter costs will remain high, with limited ability to introduce more flexible, lower-cost alternatives.
 - Delays in interpreter availability may continue to slow patient care, especially in urgent or unplanned settings.
- 2. Inequitable Access to Care**
 - Patients with limited English proficiency may continue to face barriers to timely and effective communication.
 - This poses clinical risk (e.g., misunderstanding of treatment plans) and may impact patient safety, experience, and outcomes.
- 3. Missed Efficiency and Cost Savings**
 - Without a central role to lead implementation, digital tools may be inconsistently adopted, underutilised, or poorly integrated.
 - Potential savings from reduced interpreter bookings and improved workflow will be unrealised.
- 4. Lack of Staff Support and Confidence**
 - Staff may feel unsupported in using new technology, leading to low uptake or inappropriate use.
 - Training will remain ad hoc or absent, further widening the digital confidence gap among teams.

5. Fragmented Implementation and Wasted Investment

- Without coordination, any introduction of digital translation tools may lack strategic oversight, leading to duplication, inefficiencies, and failure to scale effectively.
- Lessons learned from pilot efforts may not be shared or built upon.

6. Inability to Demonstrate Measurable Impact

- No dedicated resource to monitor, audit, or evaluate impact will result in limited data to demonstrate outcomes or return on investment.
- This reduces accountability and the ability to justify further investment in innovation.

Conclusion:

Without these posts, the organisation risks maintaining the status Quo i.e. high interpreter costs, inequitable care for patients with Language needs, and missed opportunities to improve access, efficiency, and outcomes through digital innovation.

Investing in this role ensures leadership, coordination, and measurable impact—maximising both public benefit and operational value.

3.5 Bids relating to Additional Staff Resources

The Committee is asked to approve funding for two staff posts on a two-year **Invest to Save** basis. These posts may be filled either through secondment or fixed-term contracts. Line management responsibility for the roles will sit with the Switchboard Services Manager.

Where secondments are used, staff will return to their substantive roles at the end of the two-year period. For fixed-term contracts, employment will cease upon completion of the contract unless alternative arrangements are made.

This investment is expected to generate cost savings over time by improving efficiency and reducing reliance on high-cost services (e.g., face-to-face interpretation). These savings will contribute to create a more sustainable service model. Should there be a demonstrated need for continued staffing beyond the initial two years, any ongoing roles would be considered for funding through the realised savings.

In the event of long-term absence due to maternity leave or sickness, cover will be provided by existing substantive staff where

4.4 Revenue Costs - Affordability

Revenue costs are expected to be offset by a reduction in expenditure on face-to-face interpretation services over time.

5.0 Conclusions and Recommendations

The introduction of two dedicated posts to lead the implementation of digital translation and interpretation services represents a strategic **Invest to Save** initiative. These roles will deliver measurable public benefit by improving communication accessibility for patients with limited English proficiency, supporting staff confidence in digital tools, and reducing dependency on costly face-to-face interpretation services.

It is proposed that the posts be funded for a two-year period, through either secondment or fixed-term contracts. Staff will be line managed by the Switchboard Services Manager and in the case of secondment, will return to their substantive roles at the end of the term. Should these positions be appointed on a fixed-term basis, employment will cease at the conclusion of the contract unless extended based on demonstrable benefit.

To fund this initiative, consideration should be given to allocating a proportion of Divisional Charitable Funds reserves, using a 'top-slice' model. This approach ensures shared investment across all clinical divisions that rely on language and interpretation support.

Revenue costs associated with these roles are expected to be offset by the reduction in spend on face-to-face interpreter services. The Project Manager will be responsible for evaluating the impact of this change through audits, usage tracking, and cost-benefit analysis, with regular reporting on outcomes. If, at the end of the two-year period, there is a demonstrated need to sustain or expand the posts, future funding may be supported through realised savings.

While cover during maternity or sickness absence will be provided by existing substantive staff where possible, it is acknowledged that this may limit full delivery of duties during those periods.

This proposal offers a cost-effective, sustainable approach to improving equity of access, patient safety, and operational efficiency across clinical services, aligning with organisational goals for inclusive and value-driven care.

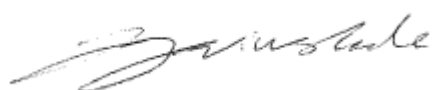
Bid Prepared by:

Name:	Tanya Strange
Title:	Head of Nursing
Date:	05.05.25

Supported by Division

General Manager:	
Signature:	
Date:	

Executive Sponsor

Name: Jennifer Winslade Job title: Executive Director of Nursing	
Signature: 	
Date:	

Charitable Funds

Small Grants Scheme Application – Max £5k

CFC/SGS xxx 023

1. Name of ward or department and hospital:
Sparkle, Serennu Children’s Centre
2. Description of item/service required:
<p>Sparkle is dedicated to enriching the lives of children and young people with disabilities and developmental difficulties in Gwent, many of whom have complex needs, by providing access to specialised leisure activities that meet their unique needs.</p> <p>We are requesting funding to support inclusive screenings at our purpose-built MediCinema within Serennu Children’s Centre. Our mission is to ensure that every child and young person can enjoy the meaningful experiences of childhood, accessing a range of activities, opportunities, and community resources similar to those available to their peers.</p> <p>Many of the children, young people and families we support are unable to attend traditional cinemas due to sensory sensitivities or challenging behaviours.</p> <p>We are proud to host Wales' only MediCinema, which features 51 seats, including 8 wheelchair spaces, which is free to access by registered Sparkle service users (children attending Serennu and other children’s centres under Aneurin Bevan University Health Board for assessment or appointments due to a disability are able to register for all Sparkle services, and are supported by Family Liaison Officers at the centre to do so).</p> <p>Our screenings are facilitated by trained staff who offer the personalised assistance children and young people need, making the experience enjoyable and accessible for the entire family. The MediCinema offers a unique opportunity for the entire family to enjoy a shared experience, allowing the registered child or young person to attend screenings alongside parents/carers and siblings. This creates a true family-friendly environment, providing a memorable and inclusive experience that many of our families are unable to access outside of Serennu Children’s Centre.</p>
3. Cost of item/service plus supplier information:
<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>We are requesting a contribution of £5,000 in funding towards the operation of our MediCinema, which will allow us to provide inclusive film screenings for approximately one quarter.</p> <p>This funding will help cover the costs associated with running the cinema, including trained staff who assist children and young people with complex needs, ensuring a comfortable and engaging experience for both the children and their families.</p>
4. How will this item/service benefit patients and staff:
<p>Through experiences such as MediCinema, Sparkle helps transform Serennu into a space that feels comforting and familiar, rather than clinical. MediCinema screenings offer a therapeutic experience that helps children, young people, and families feel more at ease, reducing the stress linked to attending the centre for regular clinical appointments, therefore reducing distress. This approach promotes a positive experience for children, young people and their families during their medical journeys, while Sparkle’s inclusive leisure clubs and family events</p>

offer long-term support and a sense of belonging.

MediCinema brings immense benefits to the children, young people and their families that attend by offering a fully accessible, high-quality cinema experience tailored to their complex needs. For many children and young people with disabilities and developmental difficulties, attending a standard cinema can be overwhelming due to sensory challenges, accessibility barriers, and lack of specialised support. Sparkle and MediCinema address these issues by providing a welcoming, inclusive environment that caters to the children and young people attending the health board's Children's Centre, allowing them to experience the joy of cinema.

Through MediCinema, children and young people can enjoy the magic of box office movies in a way that's truly accessible and inclusive. Unlike many standard cinemas, MediCinema offers wheelchair-accessible spaces not only at the front but also at the back of the theatre, giving families options to sit wherever feels most comfortable. This flexibility is especially valuable, as some children may find it challenging to sit still for long periods, may need to move around, stim, or make noises during the film. Parents and carers can relax, knowing they're in a non-judgmental space where children can be themselves without worry.

With specialised seating, accessible layouts, and trained support staff on hand to address any medical needs, MediCinema allows families to experience the joy of cinema in an environment where they feel safe, supported, and completely accepted.

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.

The annual cost of running MediCinema screenings at Serennu is £22,500, and we are seeking a contribution from ABHUB alongside other grant giving bodies. We currently have an application pending with Wales Millennium Stadium to support a proportion of the MediCinema costs.

6. Other supporting information:

The main focus of Sparkle is to support children and young people with disabilities and developmental difficulties by providing specialist leisure activities and holistic support for their families. This includes offering accessible play clubs, swimming lessons, youth groups, cinema screenings and tailored events that cater to the complex needs of the children and young people, while also providing emotional support and assistance to their families. Sparkle is the dedicated charity partner of Serennu Children's Centre, working closely alongside Health Board professionals, including paediatricians and therapists, within the centre and across the region. For children, young people, and families visiting Serennu for diagnoses, treatment, or ongoing medical appointments, the experience can often feel daunting and unnerving. In collaboration with the Health Board, Sparkle offers a Family Liaison Service that provides immediate support through a direct referral system, creating a streamlined pathway to guidance and community.

When a child or young person receives a diagnosis, or unexpected news, families may need instant assistance, both for practical next steps and emotional reassurance. Thanks to our close collaboration with Serennu staff, families can be directed across the corridor to Sparkle's Family Liaison Officers (FLOs) without a waiting list. FLOs connect families with Sparkle's tailored services, including unique leisure clubs, family activities and events—all designed to

build a welcoming, supportive community.

With the Health Board's support, Sparkle can continue to deliver these vital services that reduce stress, build community, and enhance the care experience for children, young people and families accessing Serennu Children's Centre. Together with the Health Board, Sparkle are committed to creating an environment that helps each child, young person and family feel seen, supported, and hopeful.



Please find below a link to our recent tour video which allows an additional insight into the services we provide at Serennu: <https://vimeo.com/909082627>

7. Submitted by:

Name: Tracey Holloway	Job title: Fundraising Officer
Telephone: 01633 748041	Email: grants@sparkleappeal.org

8. Supported by:

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

Name: <u>Sara Garland</u>	Leanne Watkins	Date: <u>15/11/24</u>
Job title: <u>GM</u>	COO	19/05/2025
Signature: 		

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:

Charitable Funds
Small Grants Scheme Application - Max £10k
CFC/SGS 024

1. Name of ward or department and hospital:

Finance Department, Aneurin Bevan University Local Health Board

2. Description of item/service required:

We are requesting funding from the Charitable Funds Committee of £7,500 to support the 2025 Aneurin Bevan University Health Board Finance & Procurement Conference which is due to take place on 23rd October 2025 at a venue to be confirmed.

The annual finance conference creates a platform for finance staff to share good practice and learn about the experiences service professionals have when managing NHS resources. This helps align our finance teams with our clinical and non-clinical services to help build relationships that are crucial when working together to design and develop future services and has motivated finance staff to look to develop outside of their traditional finance roles.

It is also an opportunity for the senior team to acknowledge the contribution and commitment of our staff especially in the current challenging financial climate; feeling valued, receiving recognition and feedback play a vital part in the wellbeing of our staff.

Finance teams are located across many locations in Gwent and as such, a key theme of the conference has always been to bring people together.

Speakers and break-out sessions will be arranged to foster good connections between finance teams and the service by providing motivational case studies and examples of best practice from within our Health Board, from other Welsh Health Boards and from other sectors beyond the NHS.

Content will be available across the day to promote staff development, promoting the internal opportunities and national opportunities to pursue professional qualifications provided by local and national education providers.

Up to 150 people are invited to the event. This will include members of the Health Board Executive Team, Board Members, colleagues from Welsh Government and clinical service colleagues.

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 a in for this.

We have estimated £5,000 for the hire of the venue and provision of refreshments based on £30 per head for 150 people.

VAT has not been included as we are able to claim the VAT back.

We are hoping to secure external speakers which could cost £2,000.

If we are successful in obtaining external sponsorship, we will reduce the amount of charitable funds we require.

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

A key theme of the conference is to link finance staff with service professionals to help both staff groups gain an insight into the challenges all people working in the NHS. The benefits that result from finance staff networking with guest speakers from the service has been proven to help our service colleagues with some of their financial challenges which has an indirect benefit to patient care.

The benefits associated with the annual finance conference include:

- Promotion of development opportunities for finance staff
- Sharing of best practice to improve and enhance the service
- Increased networking with clinical professionals and service managers from within and outside the Health Board
- Increased staff engagement
- Increased staff satisfaction
- Showcasing some of the excellent work undertaken by our staff to motivate and promote the variety of roles within the finance team
- Acknowledgement of the commitment and contribution of our valued staff

The feedback from staff has been that the a face-to-face conference would be welcomed.

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.

The annual Aneurin Bevan University Health Board Finance & Procurement Conference started running in 2015 with an attendance level of between 100 and 150 people each event.

The Finance Department does not receive donations directly so has no charitable funds available that it can access directly.

Some past events been funded from the finance budget with some sponsorship. The most recent conference in 2023 secured funding via an application to the Charitable Funds Committee.

Given the financial challenge the Health Board is facing in 2025/26, it will be difficult to allocate a budget for this event and if this application is unsuccessful the event will not take place.

Recognising the value that this conference will bring not only to the Finance Community but also other clinical and non-clinical services within the Health Board, an approach is being made to the Charitable Funds Committee to consider funding for this conference.

6. Other supporting information:

7. Submitted by:

Name:
Alex Thomas


Job title:
Finance Business Partner

Telephone:
01633 623830

Email:
Alex.thomas3@wales.nhs.uk

8. Supported by:

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

Name: Chris Commins
Job title: Assistant Director of Finance
Signature 

Date: 13th May 2025

9. Sponsored by:

This must be signed by the Executive Director

Name: Robert Holcombe

Date: 22nd May 2025

Job title: Director of Finance,
Procurement and Value

Signature:



For Charitable Funds Committee Use



**Charitable Funds
Small Grants Scheme Application – Max £5k
CFC/SGS-025**

**MHLD Division Autumn Conference/Knowledge Exchange
Proposal – 2025– April 2025**

1. Name of ward or department and hospital:
MHLD - Division
2. Description of item/service required:
<p>Our Vision Statement for Mental Health and Learning Disabilities “Together, we commit to supporting individuals with a strong focus on prevention, whenever possible, and early intervention. We will identify mental health and/or Learning Disabilities needs, at the earliest point of contact, providing accessible and equitable care in the right place at the right time.” Our goal is to empower individuals with mental health and learning disability needs, to live fulfilling and healthy lives.”</p> <p>Our MHLD Division is at a pivotal moment, transitioning into a phase of stability and strategic clarity. Despite ongoing pressures and challenges due to increasing patient presentations and changing acuity and needs, our Senior Leadership Team is now more settled, with substantive vacancies now filled. The Divisional Director has been in post 10 months and the Divisional Nurse is now also substantive.</p> <p>The Division has through this turbulent time with the establishing senior leaders focused on developing and embedding additional structure and activity to assure a clear purpose and activity plan, supported by various strategies including overall the Strategy for MHLD prevention and care delivery, OD strategy, engagement and communications strategy, Nursing Workforce Strategy and Quality Management System Strategy. These interdependent strategies are aligned to each other and all relevant professional and political strategies. They are key in concurrent delivery to embedding clear direction and sustainability in our local MHLD service priorities.</p> <p>To support this embedding, the Divisional Director proposes a one-day conference, in Autumn, to celebrate and embed these initiatives, facilitate learning and reflections, as well as provide networking opportunities for MHLD colleagues who often work in isolated environments and celebrate success.</p> <p>We request £4500 to contribute to this event, which we feel supports an event that is crucial to 'reset' stability and positive culture in our Division. The event will be in person, with recorded webinars offered for those unable to attend. It will be for colleagues but Service Users patients and citizens will have a focus and voice throughout the reflections and activities.</p> <p>Reflecting on the agreed Vision Statement co-produced for the overall Strategy the event will be to:</p> <p>"Empower & Connect: Division Conference and Learning Exchange for Mental Health and Learning Disabilities Division"</p>



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.

We request funding to cover a minimum attendance of 60 -100 colleagues at this day. The £ will also support in supportive materials for the sessions. Various suppliers are considered, but not confirmed until money is available. Suppliers will be appropriate as HB principles recognised and there is an average anticipated cost equivalent to a total £5 per person, including light refreshments and the supportive learning materials. The total amount requested to cover is £4900, including VAT.

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

Patients:

- **Improved Quality of Care:** Enhanced skills and knowledge will support better patient outcomes and higher quality care.
- **Holistic and Specialised Care:** Service teams will share experiences and learning, supporting potential new techniques and best practices, enabling them to provide more comprehensive and specialised care.

Staff:

- **Professional Development:** The event will offer workshops and keynote presentations to help staff gain new knowledge and skills.
- **Networking and Collaboration:** It will facilitate connections between all roles in our workforce, to support more cohesive and effective teams.
- **Wellbeing and Resilience:** Sessions focused on mental health and wellbeing will help colleagues manage stress, build resilience, and maintain a healthier work-life balance.
- **Integration of Roles & Colleagues:** The conference will provide a platform for new and long term colleagues to share their experiences and feel assured in the integration and principles of the direction the priorities and strategic aims of our stabilising MHL D healthcare system.

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.

At the time of this submission, we have sought initial advice on potential other sources, and no funds are currently available within the Division. Therefore, no other funding options are available at this time.



6. Other supporting information:

Objectives:

- 🌐 **Enhance Professional Development:** Provide opportunities for colleagues to gain new knowledge and skills through various educational sessions.
- 🌐 **Promote Networking and Collaboration:** Facilitate connections to share best practices and innovative approaches.
- 🌐 **Launch the Division's Strategies:** Introduce and discuss the new strategies, outlining its goals and expected impact.
- 🌐 **Support Wellbeing and Resilience:** Include sessions to help colleagues self care and how to manage stress and build resilience.
- 🌐 **Integrate & establish newcomers:** Provide a platform for all colleagues to integrate and contribute.

Benefits:

- 🌐 **Improved Patient Care:** Enhanced skills and knowledge will lead to better patient outcomes.
- 🌐 **Stronger Professional Networks:** Networking opportunities will foster collaboration and support.
- 🌐 **Increased Staff Retention and Satisfaction:** Focus on professional development and wellbeing will boost job satisfaction and retention rates.
- 🌐 **Enhance Embedding Strategy:** The new strategy will provide clear direction and support for workforce development.
- 🌐 **Cultural Competence and Diversity:** Integrating colleagues with general reflections and learning by non role specific activity will enhance positive team cultural competence in patient care.

Measuring Success:

- 🌐 **Attendance and Participation:** Track the number and diversity of attendees.
- 🌐 **Feedback and Satisfaction:** Collect feedback and session ratings.
- 🌐 **Learning and Development:** Assess knowledge gain and implementation through surveys.
- 🌐 **Networking and Collaboration:** Measure new professional connections and collaboration initiatives.
- 🌐 **Wellbeing and Resilience:** Assess the impact of wellbeing sessions on stress levels and resilience.
- 🌐 **Strategy Launch:** Measure awareness and adoption of the new strategy(s).



Overall Impact: Assess improvements in patient care and staff retention and satisfaction.

Follow-Up Plan:

- **Immediate Follow-Up (Within 1 Week):** Send thank you emails and collect feedback.
- **Short-Term Follow-Up (1-3 Months):** Share conference materials, publish a report, and facilitate ongoing networking.
- **Medium-Term Follow-Up (3-6 Months):** Evaluate impact and support strategy awareness/implementation.
- **Long-Term Follow-Up (6-12 Months):** Facilitate smaller local follow-up events, monitor progress, and celebrate achievements.
- **Continuous Engagement:** Maintain engagement and communication, building a community of practice.

7. Submitted by:

Name:

Catherine King

Job title:

Senior Service Improvements, & Programmes Manager for MHLD – Quality Improvement & Engagement

Telephone:

Email:

Catherine.m.king@wales.nhs.uk

8. Supported by:

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

Name: **Louise Turner**

Date: 1/4/25

Job title: **Divisional Director**

Signature: approved via email

Leanne Watkins, COO

19/05/2025

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:



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Aneurin Bevan
University Health Board

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Charitable Funds

Small Grants Scheme Application – Max £5k

CFC/SGS 026

1. Name of ward or department and hospital:			
Patient Experience and Involvement Team			
2. Description of item/service required:			
<p>This bid supports the development of an inclusive and accessible <i>Community of Practice (CoP) for People’s Experience</i> across Aneurin Bevan University Health Board. The CoP brings together staff, patients, carers, and partners to improve care through shared learning and lived experience.</p> <p>However, key voices, particularly those from Deaf, disabled, neurodiverse, and ethnically diverse communities – are at risk of being excluded without dedicated resources.</p> <p>Funding will help remove barriers to participation by covering essential accessibility needs such as British Sign Language (BSL) interpreters, translated materials, Easy Read information, and inclusive communication tools. These measures are vital to promote safe speaking up, psychological safety, and co-production, especially among people who are often unheard in healthcare.</p> <p>Without this investment, the CoP cannot fully reflect the diversity of our communities or deliver on its values of equity, inclusion, and person-centred care. This bid ensures everyone has a fair chance to contribute, be heard, and influence change.</p>			
3. Cost of item/service plus supplier information:			
<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>			
Cost of Item/Service plus Supplier Information			
Item	Estimated Cost	Supplier Information	VAT / Notes
BSL Interpreters (4 x £250)	£1,000	Registered BSL agency (e.g. Wales Interpretation and Translation Service or Action on Hearing Loss)	VAT not included – will depend on supplier registration
BSL Video	£800	Deaf-led video production	Cost includes



Leaflets (2 x £400)		(through BDA or WCDP)	subtitles, editing, and video hosting
Translations	£1,200	Accredited translation services	Likely includes VAT
Easy Read & Graphic Design	£500	Inclusive communication designers (e.g., Easy Read Wales, CHANGE People)	Includes formatting and illustrations
Travel/Data Support	£500	Managed internally	Not subject to VAT
Printing & Distribution	£400	NHS Printing Services or local provider	Includes basic distribution
Feedback Tools (design/print)	£300	In-house development support or external co-design with user group	May involve small supplier fees

Total Requested: £4,700

VAT: Costs **do not** currently include VAT — depending on supplier registration.

Ongoing Costs: No ongoing costs expected. Interpreters or translation would be funded per future event/project as needed. A sustainable process will be explored through core budget or volunteer partnerships.

Description of Item/Service Required

Item/Service	Description
British Sign Language (BSL) Interpreters	Provide qualified BSL interpreters for up to 4 Community of Practice (CoP) meetings and events to ensure full participation by Deaf members.
BSL Video Leaflets (x2)	Create two short BSL video versions (with subtitles) of key CoP information (e.g., Easy Read Introduction, "How to Get Involved") for public distribution. Through the Wales Council for the Deaf
Translation of Key Documents	Translate Terms of Reference, membership guides and meeting materials into Welsh, Urdu, Arabic, and Polish for broader inclusion.
Easy Read and Accessible Design Services	Commission accessible graphic design and Easy Read formatting for public-facing materials, including visual minutes and posters.
Travel or Digital Inclusion Micro-grants	Provide limited support (e.g., transport or data top-ups) to patients or carers who would otherwise face barriers to engagement.
Multilingual and Easy Read Leaflet Printing	Print and distribute accessible and translated materials for GP practices, libraries, and community centres.



Accessible Feedback Tools

Develop feedback tools such as picture-based surveys and interview scripts for people with communication differences.

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

- **Supports safe speaking up** by ensuring people with sensory or language needs can share feedback and ideas without barriers.
- **Improves equality of access** to Community of Practice (CoP) meetings and resources for all participants.
- **Encourages inclusion** of seldom-heard communities (e.g. Deaf, neurodivergent, those with limited English), ensuring their voices shape care.
- **Builds trust and confidence** among patients and carers who often feel excluded from traditional engagement methods.
- **Strengthens staff awareness and involvement**, especially in Primary Care and commissioned services, where accessibility gaps are often widest.
- **Promotes inclusive communication practices** that benefit all staff when engaging with diverse communities.
- **Supports staff learning and development** around equality, diversity, accessibility, and inclusion (EDAI), co-production, and psychological safety.
- **Reduces the emotional and operational burden on frontline staff** by proactively addressing communication barriers and unmet needs.
- **Creates psychologically safer environments** for staff too, where speaking up, listening, and acting inclusively are the norm.

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. We do not have a dedicated budget to support accessibility needs like BSL or translation through this Community of Practice. The existing Translation and Interpretation budget for core services is significantly overspent and this budget is specifically to support clinical appointments.

We do not have sufficient funds to support this from our own charitable funds.

We have not received funding for this project elsewhere.

6. Other supporting information:

Feedback from Deaf People and People with Other Sensory Loss

Feedback from Deaf People and People with Other Sensory Loss

People with sensory loss, including those who are Deaf, hard of hearing, blind, partially sighted, deafblind, or with combined communication needs, have consistently reported feeling excluded, frustrated, and overlooked when trying to



engage with healthcare services, feedback processes, or improvement activities.

Common feedback includes:

- "I never see BSL interpreters at meetings – so I can't take part or understand what's being said."
- "Most of the information is in writing, and I can't read it as I have a visual impairment, no one asks me how I need it."
- "Forms are not in accessible formats, and no one explains them to me."
- "I feel like my voice doesn't matter, because services don't make it possible for me to speak up."
- "Being invited to something but not being supported to take part is worse than not being invited at all."

Experiences from communities and partners:

- Deaf individuals and advocacy groups have told us that interpreters are rarely provided at meetings, consultations, or healthcare appointments.
- One Deaf service user said:
"I stopped going to anything NHS related unless it's an emergency. I never get an interpreter – I feel ignored and stressed."
- Blind and partially sighted individuals frequently report that hospital letters, feedback forms, and meeting materials are inaccessible, often arriving in small print, PDFs, or image-only formats, which screen readers cannot process.
- A visually impaired carer shared:
"It's exhausting trying to follow up on care – I have to rely on others to read everything to me. It takes away my independence and dignity."
- People with deafblindness or dual sensory loss face the greatest barriers due to lack of tailored communication, such as tactile BSL, clear mask use, or support workers to enable engagement.
- Deaf people have told us they are often excluded from critical conversations such as end-of-life care discussions, despite being the Next of Kin or holding legal decision-making responsibilities.
- Many report being unable to navigate post-death services such as arranging funerals or accessing bereavement support, due to poor communication provision.
- Delays in access to critical health appointments due to communication support not being arranged in advance are common.

Systemic challenges:

- Local third-sector organisations (e.g., Deaf Hub Wales, RNIB Cymru) have raised concerns about chronic underfunding, lack of staff training, and inadequate systems for accessible engagement in health and care settings.
- BSL users face long waits or total lack of interpreter provision, leading to missed care, unsafe decisions, and distress.

This feedback makes it clear that without the right communication formats — such as BSL interpretation, large print, Braille, audio versions, Easy Read, or screen reader-compatible documents — people with sensory loss are effectively excluded from having their say, accessing care equally, or contributing to service improvement.

This exclusion not only breaches duties under the Equality Act 2010, Accessible Information Standard, and Welsh Government inclusion commitments, but it also undermines the credibility and effectiveness of the Community of Practice (CoP).

Addressing these barriers is essential to:

- Support safe speaking up, especially for people who may already face barriers to voicing concerns.
- Enable inclusive participation in improvement work, including patient experience and co-production.
- Build trust, safety, and dignity in the way services listen to and act on feedback from all communities.

Risks if not funded:

- Continued exclusion of Deaf, disabled, and sensory-impaired communities from our engagement and quality improvement work.
- Breach of the Equality Act 2010 and All-Wales Standards for Communication and Information Needs.
- Increased frustration and mistrust in NHS processes, particularly from communities already experiencing health inequalities.
- Missed concerns and safety issues that could have been raised earlier if safe, accessible routes to speak up were provided.
- Reduced impact and fairness of the Community of Practice due to underrepresentation of those most affected by poor accessibility.

7. Submitted by:

Name: Tanya Strange	Job title: Head of Nursing Patient Experience and Involvement
Telephone: 07906 536369	Email: tanya.strange@wales.nhs.uk

8. Supported by:

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

Name: Tracey Partridge- Wilson Job title: Deputy Director of Nursing	Date: 08/05/25
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Signature: 	
9. Sponsored by: <i>This must be signed by the Executive Director</i>	
Name: Jennifer Winslade Job title: Executive Director of Nursing Signature: 	Date: 08/05/25

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

For Executive Committee Use

Approved	Not Approved
Next Action:	Reason:

For Charitable Funds Committee Use

Approved	Not Approved
Next Action:	Reason:

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 June 2025
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Level of Reserves 2025-26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	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

It is a requirement of the Charitable Funds Financial procedure for a reserve to be maintained by the Charitable Funds Committee.

This paper details the process for creating the reserve.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation and background

The reserves policy was set up to cover the annual administration fee and to cover any stock market fluctuations in relation to our investments should the Charity be in a position where a loss on investments is incurred during any given year.

The Charitable Funds Committee approved the creation of a reserve based on the below principles.

- Retain the interest and dividends at the end of the year
- Retain any unrealised gain on investments at the end of the year, accepting that this can fluctuate significantly between years.
- If this remains insufficient to create the required reserve, top slice the balance from the individual funds held apportioned based on the fund balance at the end of March.



Assessment

The table below highlights the losses made over the last 10 years. It shows that the average of the unrealised loss over the past 10 years is 4.0% which equates to £179k of funds held as at 31.03.25.

This is based on an average loss of 4% (2024/25 3%, 2022/23 7%, 2019/20 3% and 2015/16 2%) x the total funds held at the end of 2024/25 of £4.956m = £179k.

Year	Admin Charge		Int & Div		Unrealised Gain/Loss		Total £000's	Total Increase/Decrease %	Total Without Unrealised Gain/Loss		Total Funds Held £000's
	£000's	%	£000's	%	£000's	%			£000's	%	
24/25	166	3%	184	4%	158	3%	- 140	-3%	18	0%	4,956
23/24	165	3%	196	3%	403	7%	434	8%	31	1%	5,764
22/23	146	3%	184	3%	382	7%	- 344	-6%	38	1%	5,770
21/22	139	2%	171	3%	480	8%	512	8%	32	1%	6,044
20/21	126	2%	166	3%	673	12%	713	13%	40	1%	5,416
19/20	125	3%	171	4%	151	3%	- 105	-2%	46	1%	4,815
18/19	117	2%	167	3%	275	6%	325	7%	50	1%	4,980
17/18	114	2%	166	3%	95	2%	147	3%	52	1%	4,788
16/17	103	2%	169	4%	430	9%	496	11%	66	1%	4,636
15/16	102	2%	166	4%	70	2%	- 6	0%	64	1%	4,599

To try and mitigate any potential downward stock market fluctuations the level of reserves required for 2025/26 is calculated at £179k therefore.

The reserves policy also requires that the Charity reserve covers the annual administration fee. For 2024/25 this is £166k.

To ensure that the Charity can cover the annual cost of the administration charge and any potential unrealised loss the reserve held for 2025/26 needs to be for the minimum amount of £345k.

The reserve held at 31st March was £598k. As agreed at the last Committee meeting £184k (the total balance of Dividends & Interest income received in 2024/25) has been transferred to the General Purpose fund with effect from 1 April 2025. Therefore the reserve for 2025/26 stands at £414k

This leaves an amount of £69k in excess of the minimum reserve required:



presented to the Committee. These could not be supported by the level of Reserves currently held or the current balance of the general purpose fund.

Options to Support Future Reserve Levels

1. Increase the amount of Unrestricted income the charity receives

This could be achieved through targeted activities alongside the Health Board and changing the behaviour of donations to “Unrestricted”.

2. Transferring amounts from Designated funds to the General Fund

Agreeing to a top-slice from the existing Designated funds (those funds not restricted) to the Charitable Funds Committee General purpose fund.

	£000
Total Funds Balance at 31/03/2025	4,956
Less: Restricted Funds	966
Total Unrestricted Funds	3,990
General Fund	32
General Reserves	598
Other Property	267
Less: Dedicated Unrestricted Balances	897
Total Remaining Unrestricted Funds	3,093

As the table above shows, the balance of Designated funds at 31st March 2025 is circa £3.093m. To release £500k to the general purpose Fund would be a release of 16% across all funds. (A percentage would potentially be deemed as more equitable than a fixed amount).

Initial interest has been informally sought from fund holders for the appetite on this proposal. The following points were raised:

- It could have a detrimental long-term impact on fund-raising endeavours of individual funds (i.e. Breast Care Unit, Jack’s Appeal) if they felt the donations they were receiving were not being utilised as intended by the recipients.
- It could bring a lack of trust in the Health Board and Charitable Funds Committee that donations are not being utilised as intended.
- The general purpose Fund is already benefiting as the Dividends and Interest which is now being paid into the Reserves, when previously this was given to the individual funds. This is therefore an already real term “donation” from each fund.



3. Apply dormancy penalty to Designated Funds

Instead of applying a fixed percentage across all Designated Funds, the Committee's existing review of slow-moving funds could take this one step further. A review of dormant funds, or those funds who have no future expenditure plans could potentially release funds to the General Purpose, either through enforcement or by a voluntary release.

4. Further review the Bids submitted to identify Appropriate Designated Funds

Currently all the bids submitted as part of agenda item 2.4 Consideration of Bids and Small Grants Schemes are looking to utilise the Committee's general purpose Fund. Whilst efforts are made to identify a suitable designated fund prior to bids being submitted, a further review of each of the bids, working alongside fund holders and the bid sponsors, could identify an appropriate Designated fund which would be willing to support the bid.

Further options are being explored by the Finance Team and will be continue to be brought to the Charitable Funds Committee.

Argymhelliad / Recommendation

The committee are asked to note the contents of this report and the implications of the requests made in agenda item 2.4 Consideration of Bids and Small Grants.

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 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.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	SGS – Small Grants Scheme
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Is EIA Required and included with this paper No does not meet requirements 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 ABB.EDI@wales.nhs.uk
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.





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Aneurin Bevan
University Health Board

Charitable Funds Committee Terms of Reference – 2022/23

Version: Approved

Date: May 2025

Document Title:	Charitable Funds Committee Terms of Reference – 2025/26
Date of Document:	May 2025
Version:	Approved
Previous version:	March 2022
Approved by:	Board
Review date:	May 2026

1. Introduction

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

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

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

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

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

2. Purpose of the Committee

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

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

3. Delegated Powers and Authority

3.1. Authority

The Committee is authorised with the responsibility for

- Overseeing the day-to-day management of the investments of the charitable funds in accordance with the investment strategy set

down from time to time by the trustee and the requirements of the ULHB's Standing Financial Instructions;

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

The Committee may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

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

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

3.2. Sub-Committees

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

4. Function and Work Programme

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

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

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

4.2. Effective Assurance

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

- Within the budget, priorities and spending criteria determined by the Health Board as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.
- To ensure that the Health Board policies and procedures for charitable funds investments are followed.
- To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:
 - Trustee Act 2000;
 - The Charities Act 1993;
 - The Charities Act 2006;
 - Terms of the fund's governing documents.
- To receive at least twice a year reports for ratification from the Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Health Board's investment adviser.
- To oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions.
- To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.
- To monitor and review the Health Board's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

4.3. Access

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

5. Membership

5.1. Members

The Committee shall comprise:

- | | |
|-------------|---------------------------------|
| Chair: | Independent member of the Board |
| Vice Chair: | Independent member of the Board |

Other Members: Independent Member

Two (2) Executive Directors:

Chief Executive

Director of Finance and Procurement (as Financial Trustee)

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

5.2. Attendees

Other officers of the Health Board will attend:

- Other Executive Directors will attend as required by the Committee

Others by invitation

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

- ~ Director of Corporate Governance
- ~ Assistant Director of Finance – Financial Systems & Services
- ~ Head of Financial Services & Accounting
- ~ Charitable Funds Manager
- ~ Health Board's Investment Advisor

5.3. Member Appointments

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

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

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

6. Support

6.1. Secretariat

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

6.2. Advice and Member Support

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

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

7. Committee Meetings

7.1. Quorum

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

7.2. Frequency of Meetings

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

7.3. Withdrawal of individuals in attendance

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

7.4. Record of the Committee Meeting

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

7.5. Public Meetings

The Committee will not routinely meet in public.

8. Relationship and Accountabilities with the Board and its Committees

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

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

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

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

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

9. Reporting and Assurance Arrangements

The Committee Chair shall:

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

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

10. Applicability of Standing Orders to Committee Business

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

- Quorum

11. Review

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



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University Health Board

Charitable Funds Committee

Annual Report for 2024-25

DATE February 2025

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Chair's Foreword

I am very pleased to present this Annual Report for the year ended 31st March 2025.

I would like to take this opportunity to thank all members of the public, staff and others who have donated funds to the Charitable Funds Committee. The funds do make a difference to patients, staff and the Aneurin Bevan University Health Board Community.

In this report we provide an overview of the work of the Charitable Funds Committee (CFC) over the last 12 months. The committee ensures that the Board's policies and procedures for charitable funds investments are followed in relation to legislative framework.

The CFC also has responsibility of administering all charitable funds and providing information via an Annual Report to the ABUHB of its work. The funds are also audited annually by Audit Wales.

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 CFC work for their support and professionalism, which has been much appreciated.

Diolch yn Fawr / Thank you

Paul Deneen
Chair
Charitable Funds Committee

1. Introduction

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

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

- 1.2 The Term of Reference of Charitable Funds (referred to throughout this document as 'CFC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**).
- 1.3 The purpose of the **Charitable Funds Committee** is to Ensure the stewardship and effective management of funds which have been donated, bequeathed, and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.
- 1.4 This report describes how the CFC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for CFC in 2024-25 is attached to this report (see **Appendix 2**).

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

- 2.2 In January 2025, the Committee received the Charitable Funds Annual Accounts report for 2023/24 which provided Members with greater assurance of the work of the charity, this included the position of the financial actives or year ended 31st March 2024.
- **Donations, Legacies and Grants**, had increased to £507K from £437k in the draft accounts, the increase had come from the income transactions which were identified as deferred income and had now been reclassified;
 - **Investment income**, a change had occurred with the assets reporting at £5.4M due to a reporting error of £28K from CCLA that was highlighted by Audit Wales during the review.

The Annual Report and Accounts for the period can be accessed via this [link](#).

- 2.3 Throughout the year the Committee received the Finance report on the current financial position for each quarter, providing Members with assurance of income, total spend, donations, grant income and total losses.

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

- Expenditure had increased by 18% compared to 2023/24;
- Expenditure as a percentage of fund balances in the first 10 months of the year were higher than in previous years;
- Since 2021/22, both the total number of funds and number of static funds had decreased;
- On 31st January 2025 the CCLA investments were reflecting an unrealised gain of £186k with funds decreasing by £53k on 28th February 2025;
- Total income at month 10 was a total of £805K with this being £77k less than the same reporting period last year;
- No overdrawn accounts;
- 2 new legacy funds set up.

This provided the Committee with assurance that the charity was in a positive financial position going into the next financial year.

- 2.4 The Committee approved several small grants throughout the year, with each grant having a positive impact on the Health Board's duties. Throughout the year the Committee received updates on the projects that had previously been agreed, including:

- **Mental Health Learning Disabilities Request for Training/Staff Development**, funding request of £4.5K agreed to develop a retreat for the workforce to assist with the retention of staff and fund materials to support the pilot programme.
- **ABUHB Women’s Health Conference on International Women’s Day 2025**, funding request of £5K agreed to support with the costs of running the Women’s Health Conference.
- **Suicide Postvention Support Service**, funding request of £25K agreed to support the suicide postvention service across Gwent for a 6-month period between October 2024 to March 2025 to enable permanent funding to be secured.
- **Baby and Child Memorial Garden**, funding request of £5K agreed to support the set up of a memorial garden at the Grange University Hospital.
- **Nurse Conference**, funding request of £4K was agreed;
- **Wellbeing & Connection Growth for the Integration of International Nurse**, funding request for £900 was agreed;
- **Furniture for Therapy Room at Beechwood ward in St Cadocs**, funding request for £4,230K agreed;
- **Pride Staff Network across ABUHB**, funding request for £2,500k was agreed in principle with the need of more information on an all equality network plan.
- **Clinical Sessions for Decarbonisation Initiatives**, funding request of £17k was agreed to support with clinical sessions as part of the decarbonisation programme.
- **Staff Recognition Awards 2025/26**, funding request for up to £28k was agreed to support with the running of the event due to be held in July 2025.

In March 2025, the Committee approved the proposal of releasing some of the reserves of an amount equal to the total balance of Dividends & Interest income received in 2024/25 to the General Purpose fund with effect from 1 April 2025. The total agreed to release was £175k with the £12.6k from 2024/25 combined to use for 2025/26 leaving the level of reserve at £785k.

- 2.5 The Committee gained assurance from the routine Annual Audit Wales Report regarding the 2023/24 financial statements which confirmed that of ABUHB Charitable Funds and other related charities for the year ending 31st March 2024 were true and fair unqualified application was provided by Audit Wales and noted: -

- A few minor changes to the Audit report with £70k of deferred income that had now been reclassified due to the conditions being met within the standard operating procedure (SOP) and a few small changes inconsistencies within report.

2.6 In July 2024, The Committee approved the Levels of Reserves for 2023/24 at £624k. The reserve would be made up of retained interest and dividends from the CCLA, GBS, Santander accounts, any unrealised gain on investments and the use of the sale funds from the charities fixed assets and therefore provided the Committee with further assurance that the level of reserve was on track for the year.

2.7 During the year, the Committee received regular updates on spending plans over £25K. The Committee noted that the Charity held a total value of £5.721M consisting of 401 individual funds as of 31st March 2024. Of these funds there were 44 that had balances over £25K.

2.8 The Committee received an annual update on CCLA investment funds, which included an overview of the communities the funds had been invested in, highlighting investment rates had reduced resulting in the charities investment being lower in 2024 to previous years.

The Committee was assured that in 2024 the investments had seen positive return of £165K at a 5.8% return rate.

2.9 The Committee received updates on the spending plans from account holders with slow moving funds:-

- **F140 ABUHB Media Funds:** The Media Funds had been used to support training, the reconfiguration of an agile working space in Estates and Facilities, purchase of an IT plotter printer, headset sets and signage for the space, and a water cooler for the workforce based in the St Cadoc's Hospital with £3K left in the account.
- **F696 STW Springfield Community Ward Project:** The plans included the reconfiguration of space at St Woolos Hospital to create a learning lab to support training and the provision of a clinical supervision programme away from the ward. Other aspects of the plan included the reconfiguration of the Springfield Community Ward to include a sensory room, upgrades to the bays, wall fans for each room and the provision of an exercise bike to better support the therapy of patients.
- **F812-LEGACY NHH CARDIO & F813 LEGACY NHH CCU M T Accounts:** The plans included buying new ECG machines, ambulatory systems and machine within the CAT labs. The new equipment would support with improving the conditions for staff and patient care.

- **F770 – YYF DIABETES & CARDIOVASCULAR R & D Account,**
The plans included supporting a research project for thyroid genetic testing on 2500 patients, that would be a cost of £40k.

2.10 In March 2025, the Committee received an update on the current fund holders with balance over £25k, noting the total value was £5.721M consisting of 401 individual funds reporting in 31st March 2024. Of this, there were 44 funds that had balances over £25k with 7 now being closed with a 37 funds remaining open.

3 CF Committee Meetings and Membership

3.1 During 2024-25, the CFC met Four times via Microsoft Teams- July 2024, November 2024, January 2025, and March 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.6 The Committee comprised the following Members:

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

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration as part of the Improving Board Business action plan.

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

4 CFC Reporting Arrangements

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

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

5. Self-assessment and Evaluation

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

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

The self-assessment for the Charitable Funds Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Three responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and

recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at **Appendix Four**.

Charitable Funds	Areas for Improvement based on comments received	Action
Committee Processes: Composition, Establishment and Ways of Working (Q1 - 23)	Agenda: Include an item at the end of each meeting for the Committee to discuss the outcomes and reflect on decisions made and what worked well, not so well	<ul style="list-style-type: none"> Review of agenda format to include a short feedback section at the end of each meeting to enable a 'wrap up'
Overall Assessment		

The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board's effectiveness. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2025-26

6.1 There are no planned changes to the key areas of focus within the workplan for 2025/26.

7. Conclusion

7.1 This report provides a summary of the work undertaken by the CFC during 2024-25, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2025.



Version: Approved

Date: March 2022

Document Title:	Charitable Funds Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Version:	Draft
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

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

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

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

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

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

2. Purpose of the Committee

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

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

3. Delegated Powers and Authority

3.1. Authority

The Committee is authorised with the responsibility for

- Overseeing the day-to-day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the trustee and the requirements of the ULHB's Standing Financial Instructions;

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

The Committee may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

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

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

3.2. Sub-Committees

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

4. Function and Work Programme

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

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

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

4.2. Effective Assurance

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

- Within the budget, priorities and spending criteria determined by the Health Board as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these

acts) to apply the charitable funds in accordance with their respective governing documents.

- To ensure that the Health Board policies and procedures for charitable funds investments are followed.
- To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:
 - Trustee Act 2000;
 - The Charities Act 1993;
 - The Charities Act 2006;
 - Terms of the fund's governing documents.
- To receive at least twice a year reports for ratification from the Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Health Board's investment adviser.
- To oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions.
- To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.
- To monitor and review the Health Board's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

4.3. Access

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

5. Membership

5.1. Members

The Committee shall comprise:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Chair of the Stakeholder Reference Group

Two (2) Executive Directors:

Chief Executive

Director of Finance and Performance (as Financial Trustee)

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

5.2. Attendees

Other officers of the Health Board will attend:

- Other Executive Directors will attend as required by the Committee

Others by invitation

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

- ~ Director of Corporate Governance
- ~ Assistant Director of Finance – Financial Systems & Services
- ~ Head of Financial Services & Accounting
- ~ Charitable Funds Manager
- ~ Health Board's Investment Advisor

5.3. Member Appointments

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

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

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

6. Support

6.1. Secretariat

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

6.2. Advice and Member Support

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

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

programme developed by the Director of Workforce and Organisational Development.

7. Committee Meetings

7.1. Quorum

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

7.2. Frequency of Meetings

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

7.3. Withdrawal of individuals in attendance

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

7.4. Record of the Committee Meeting

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

7.5. Public Meetings

The Committee will not routinely meet in public.

8. Relationship and Accountabilities with the Board and its Committees

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

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

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

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

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

9. Reporting and Assurance Arrangements

The Committee Chair shall:

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

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

10. Applicability of Standing Orders to Committee Business

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

- Quorum

11. Review

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

Appendix Two

MATTERS TO BE CONSIDERED (Report Title)	Lead	Freque ncy of Report	Dates of Meetings			
			QTR 1/2 3rd July	QTR 3 7th Nov	13th Jan (Accounts)	QTR 4 7th March
Preliminary Matters						
Attendance and Apologies	Chair	SI	√	√	√	√
Declaration of Interest	All Member s	SI	√	√	√	√
Minutes of the Previous Meeting	Chair	SI	√	√	√	√
Action log and Matters Arising	Chair	SI	√	√	√	√
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	DoCG	AN	√			
Development of Committee Annual Programme of Business 2025/26	DoCG	AN				√D
Review of Committee Programme of Business	Chair	SI		√		√
Annual Review of Committee Terms of Reference 2024/25	DoCG	AN				√D
Annual Review of Committee Effectiveness 2024/25	DoCG	AN		√D		√D
Committee Annual Report 2024/25	DoCG	AN				

Committee Self-Assessment Results 2024/25	DoCG	AN				VD
Committee Assurance						
Finance & Performance Report to include:- <ul style="list-style-type: none"> Report on Significant Donations, legacies and grant income. Update on new and closed funds Overdrawn Accounts KPIs Review 	AHOFA	SI	√	√		√
Legislation Changes	HOFSA	SI	√	√		√
Funds available to the Committee	HOFSA	SI	√	√		√
Consideration of Bids/Small Grants	HOFSA	SI	√	√		√
Update on Property Matters <ul style="list-style-type: none"> Update on Clyda Square (June 2025 meeting) 	HOFSA	SI	√	√		√
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			v	
Attendance of fund holders for slow moving funds <ul style="list-style-type: none"> Update on the Cardiology Account (March meeting) F770 - YYF DIABETES & CARDIOVASCULAR R & D account. (March meeting) 	DOFP	Action CFC SI	v	v		v
Evaluation of Bid CFC-261 Bladder Bowel	CFM	Action CFC	√D	v		
NHS Charites Grant on workforce Wellbeing update	AHOFA	Action CFC		v		
Audit Wales 2024/25 Timeframe for Programme of Work	HOFSA	AN				v

Appendix Three

Charitable Funds Committee: Attendance at meetings in 2024-25

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

Meeting Dates	3 rd July	7 th November	13 th January	7 th March
Independent Members				

Paul Deneen	x	x	x	X
Neil Patrick	x	x	x	X
Richard Clark	x	x	x	X
Executive Directors				
Director of Finance, Procurement & Value	x	x	x	X
Chief Executive	x	x	x	X
Director of Corporate Governance	X	x	x	X

Appendix Four

1. Does the Committee have written terms of reference and have they been approved by the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



2. Are the terms of reference reviewed annually?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



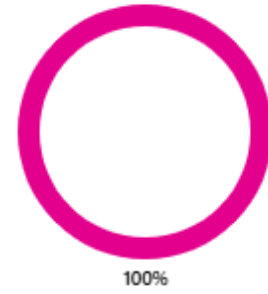
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



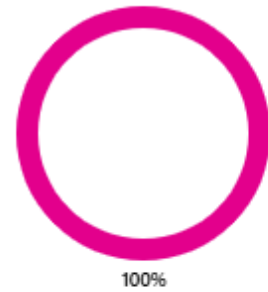
. 4. Has the Committee been quorate for each meeting this year?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	0



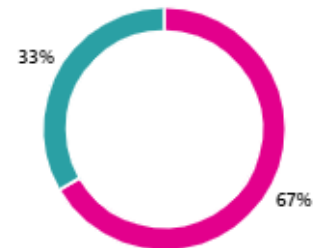
. 5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	0



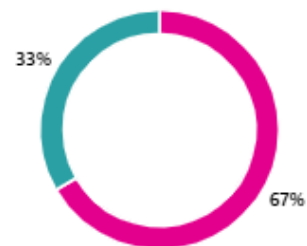
. 6. Committee members understand the role of the Board as a Trustee and the responsibilities discharged to the committee?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



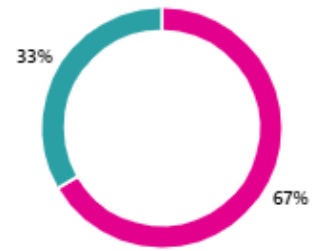
. 7. Members who have recently joined the CFC have been provided with induction training to help them understand their role and the organisation?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



. 8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



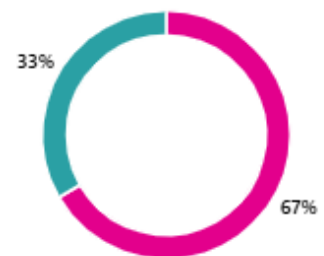
. 9. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



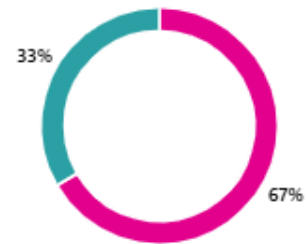
. 10. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



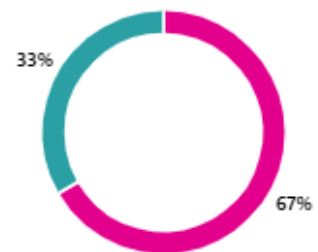
11. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



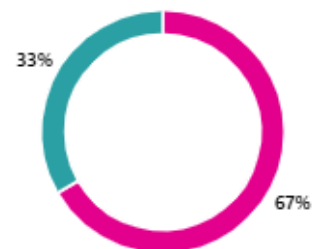
12. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



13. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



14. Committee meetings are chaired effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 0
- Excelling 3



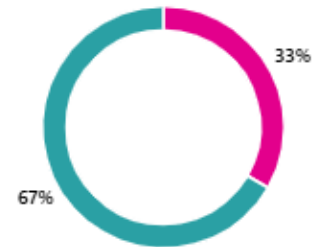
15. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 0
- 3 - Excelling 3



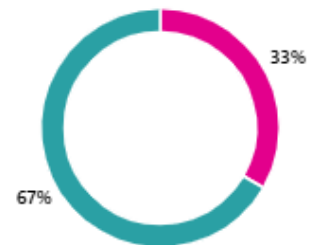
16. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



17. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



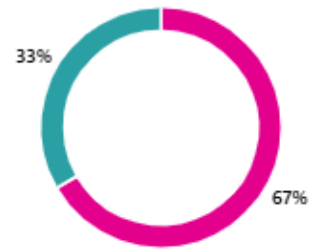
18. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



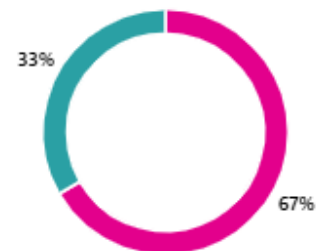
19. Decisions and actions are implemented in line with the timescale agreed?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



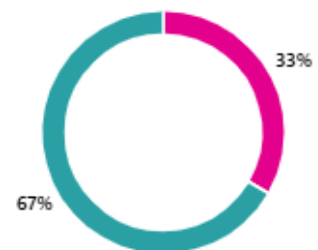
20. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



21. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 2



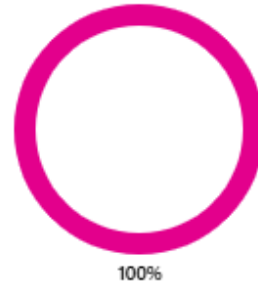
22. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meetings Standards 3
- 3 - Excelling 0



. 23. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



Overall Score

- **Room for improvement** - The CFC is falling short of requirements and should consider how it can work... 0
- **Meeting standards** - The CFC is performing to the required standard in this area. There may be room... 3
- **Excelling** - This is an area where the CFC is performing beyond the standard expectations and i... 0





Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 June 2025
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Repayment of Grant Funding to NHS Charities Together (to be tabled)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Lewis, Head of Financial Services & Accounting

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

Er Gwybodaeth/For Information

In line with the Charitable Funds Financial Control Procedure, the Charitable Funds Committee is required to provide approval for all expenditure over £25k in value.

The Committee is requested to approve a payment of £30k to NHS Charities Together to return a grant payment, that was received in May 2023, that we are required to pay back as we were unable to utilise it in line with the grant conditions.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Charitable Funds receive grant funding from various external organisations, to support projects and initiatives identified by the Charity. These grants often have conditions regarding using the monies within specified time frames and returning unspent monies.

It has been identified that grant funding of £30k received in May 2023 from NHS Charities Together has not been spent and must be returned as it is beyond the timeframe given.

Cefndir / Background

NHS Charities Together launched the Development Grants programme with a deadline of 30 December 2022 to support capacity building across member NHS charities to become stronger and more robust. We were required to complete a self-assessment process to understand where best the Development grant could be spent which centred around the following 8 themes:

	Scoring (out of 50) Lower Score = greatest need
1. Governance	46
2. Operations	21
3. Systems	50
4. Culture (Facilitating co-design and co-production opportunities with staff, patients and the community; Mentoring programme for staff; Projects to increase the diversity of staff and Trustees.)	15
5. Communications, branding & marketing	31
6. Fundraising	9
7. Influencing (developing generous leadership activities to support wider partnerships and collaborative working)	8
8. Learning & Evaluation	40

We applied for the full grant available of £30k based on one of the low scoring areas identified by the self-assessment – Fundraising.

Under Operations, Culture and Influencing, the Charity scored low as within Aneurin Bevan, it is the Health Board as opposed to the Charity that holds policies relevant to these matters.

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 our Person-Centred Care Team with additional costs for a laptop, 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. The post holder would link into the Charitable Funds Team so that at the end of the 12 months, to sustain this activity, the Charitable Funds Team would maintain the policies and systems introduced.

Within the agreement applied to the Development Grant, any part of the Grant that is not spent within the grant period proposed in the application must be returned to NHS Charities Together.

Asesiad / Assessment

A number of factors were identified which resulted in the failure to appoint to the role that the £30k grant was set out to enable. This included:

1. No job description existed for this post; several similar job descriptions were sourced from other Health Boards and NHS Charities Together so that a job description could be completed which required job matching and banding; a process that can take up to 4 months, plus the recruitment process which again would take a few months. We notified NHS Charities Together that our appointment would be delayed a few months which was acceptable to them.
2. The governance surrounding a newly created role, including where it should sit within the Health Board meant the decision on hiring was unclear, and consequently not effectively followed through.
3. The inability to use some of the funding to cover work already undertaken to implement procedures on the grant process within the Charity's Financial Control Procedure, as NHS Charities Together stated the grant could not be used for retrospective or backfill funding.
4. In the absence of recruitment, alternative defrayment of grant monies in accordance with their conditions were pursued. This included fulfilling the role from outside organisations such as GAVO – Gwent Association of Voluntary Organisations but this was unsuccessful as they did not have sufficient nor adequate resources.

In December 2024 we requested confirmation from NHS Charities Together whether there we could get a further extension on the grant, but we were informed it was highly unlikely.

In May 2025, we received confirmation from NHS Charities Together that the grant funding needed to be repaid in full.

Argymhelliad / Recommendation

The Charitable Funds Committee is requested to approve the repayment of the grant funding of £30k to NHS Charities Together.

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:	GAVO – Gwent Association of Voluntary Organisations
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
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
Asesiad Effaith Cydraddoldeb	No does not meet requirements

<p>Equality Impact Assessment (EIA) completed</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 ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>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</p> <p>Choose an item.</p>