

Charitable Funds Committee


Wed 22 April 2026, 09:30 - 12:00

Microsoft Teams



Agenda

1. PRELIMINARY MATTERS

 CFC 2020422 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 January 2026

Attached *Chair*

 CFC 20260422 1.4 CFC 20260107 Minutes.pdf (15 pages)

1.5. Committee Action Log

Attached *Chair*

 CFC 20260422 1.5 Committee Action Log.pdf (4 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Finance & Performance Report

Attached *Head of Financial Services and Accounting*

- Review of Quarterly Investment Reports

 CFC 20260422 2.1 Finance Performance Report Q3 2025-26.pdf (3 pages)

 CFC 20260422 2.1 Appendix 1 Finance Performance Report Q3 2025-26.pdf (18 pages)

2.2. Funds Available to the Committee


Attached *Head of Financial Services and Accounting*

 CFC 20260422 2.2 Funds available to the Committee.pdf (4 pages)

2.3. Consideration of Bids/Small Grants

Attached *Assistant Finance Director*

- Universal benefit to staff and patients, and the importance of maintaining transparency and fairness through a scoring matrix
- Update on the status of other funds and deferred application

 CFC 20260422 2.3 Consideration of Bids and Small Grants.pdf (8 pages)

- 📄 CFC 20260422 2.3 Appendix 1 SGS-036 Volunteer Weeks Small Grants Scheme Application Form.pdf (6 pages)
- 📄 CFC 20260422 2.3 Appendix 2 CFC-282 Bid for Breast Neoprobes Breast Unit.pdf (5 pages)
- 📄 CFC 20260422 2.3 Appendix 3.1 CFC - 274 Decarbonisation Progress Report.pdf (7 pages)
- 📄 CFC 20260422 2.3 Appendix 3.2 CFC - 275 Patient and Family Involvement Officer Progress Report.pdf (21 pages)
- 📄 CFC 20260422 2.3 Appendix 3.3 CFC - 276 Volunteer Co-Ordinators Progress Report.pdf (18 pages)
- 📄 CFC 20260422 2.3 Appendix 3.4 CFC - 277 Suicide Bereavement Service Progress Report.pdf (20 pages)
- 📄 CFC 20260422 2.3 Appendix 3.5 CFC - 278 Progress Report Feb 26.pdf (10 pages)

2.4. Marketing Strategy Update

Attached *Assistant Finance Director*

- 📄 CFC 20260422 2.4 Marketing Strategy update.pdf (6 pages)
- 📄 CFC 20260422 2.4 Marketing Strategy Update - Appendix 1 Growing the Charity Update.pdf (30 pages)

3. ITEMS FOR DISCUSSION

3.1. Legislation Changes

Oral *Assistant Finance Director*

3.2. Other Charities within ABUHB

Attached *Head of Financial Services and Accounting*

- Further clarity on the landscape of active charities and initiatives

- 📄 CFC 20260422 3.2 Other Charities within ABUHB.pdf (4 pages)
- 📄 CFC 20260422 3.2 Appendix 1 - Associated Charities 2026.pdf (2 pages)

3.3. Spending Plans over £25K

Attached *Head of Financial Services and Accounting*

- 📄 CFC 20260422 3.3 Annual Spending Plans over 25k.pdf (5 pages)
- 📄 CFC 20260422 3.3 Appendix A - Over 25k Funds - Spending Plans Update.pdf (4 pages)

3.4. Proposal for Flexible use of Charitable Funds

Attached *Assistant Finance Director*

- 📄 CFC 20260422 3.4 Proposal for Flexible Use of Charitable Funds.pdf (12 pages)

3.5. Review of Financial Control Procedure

Attached *Assistant Finance Director*

- 📄 CFC 20260422 3.5 Financial Control Procedure Annual Review.pdf (4 pages)

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

Attached *Assistant Finance Director*

- F696 Springfield Comm Ward Project
- Rheumatology Fund

- 📄 CFC 20260422 3.6 Attendance of Current CFC Fund Holders for Slow Moving Funds.pdf (4 pages)
- 📄 CFC 20260422 3.6 Attendance of Current CFC Fund Holders for Slow Moving Funds - Appendix 1 Over 25k Report Comm Ward Project - March 2026.pdf (3 pages)
- 📄 CFC 20260422 3.6 Appendix 2 Over 25k Report Rheumatology.pdf (2 pages)

3.7. Development of Committee Annual Programme of Business 2026/27

Attached *Director of Corporate Governance*


- 📄 CFC 20260422 3.7 Development of Committee Annual Programme of Business 2026-27.pdf (3 pages)
- 📄 CFC 20260422 3.7 Development of Committee Annual Programme of Business 2026-27 - Appendix 1 CFC Forward

4. ITEMS FOR INFORMATION

4.1. Review of Committee Programme of Business 2025/26

Attached *Director of Corporate Governance*

 CFC 20260422 4.1 Review of Committee Programme of Business 2025-26.pdf (4 pages)

 CFC 20260422 4.1 Review of Committee Programme of Business 2025-26 -CFC Forward Work Plan 2025-2026. Appendix 1.pdf (7 pages)

5. OTHER MATTERS

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

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting: 20th July 2026

AGENDA

Date and Time	Wednesday 22nd April 2026, 09:30AM-12:00PM
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 January 2026	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
2.1	Finance & Performance Report <ul style="list-style-type: none"> Review of Quarterly Investment Reports 	Attached	Head of Financial Services and Accounting
2.2	Funds Available to the Committee	Attached	Head of Financial Services and Accounting
2.3	Consideration of Bids/Small Grants <ul style="list-style-type: none"> universal benefit to staff and patients, and the importance of maintaining transparency and fairness through a scoring matrix update on the status of other funds and deferred application 	Attached	Assistant Finance Director
2.4	Marketing Strategy Update	Attached	Assistant Finance Director
3	ITEMS FOR DISCUSSION		
3.1	Legislation Changes	Oral	Assistant Finance Director
3.2	Other Charities within ABUHB <ul style="list-style-type: none"> Further clarity on the landscape of active charities and initiatives 	Attached	Head of Financial Services and Accounting



3.3	Spending Plans over £25K	Attached	Head of Financial Services and Accounting
3.4	Proposal for Flexible use of Charitable Funds	Attached	Assistant Finance Director
3.5	Review of Financial Control Procedure	Attached	Assistant Finance Director
3.6	Attendance of Current CFC Fund Holders for Slow Moving Funds <ul style="list-style-type: none"> • F696 Springfield Comm Ward Project • Rheumatology Fund 	Attached	Assistant Finance Director
3.7	Development of Committee Annual Programme of Business 2026/27	Attached	Director of Corporate Governance
4 ITEMS FOR INFORMATION			
4.1	Review of Committee Programme of Business 2025/26	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: <ul style="list-style-type: none"> • 20th July 2026 		

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”.

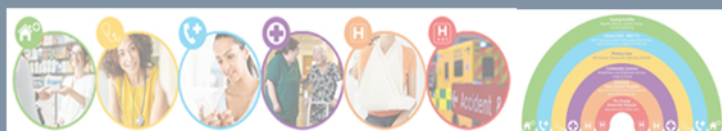
Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960



DATE OF MEETING	Wednesday 7th January 2026 at 09:30-12:30
VENUE	Microsoft Teams

PRESENT	Paul Deneen, Independent Member (Chair) Neil Patrick, Independent Member (Vice Chair) Akmal Hanuk, Independent Member Robert Holcombe, Director of Finance and Procurement Nicola Prygodzicz, Chief Executive
IN ATTENDANCE	Robert Jones, Assistant Director of Finance Gareth Lewis, Head of Financial Services & Accounting Lindsey Whitehouse, Assistant Head of Financial Accounting Alison Griffiths, Charitable Funds Manager Julie Rees, Audit Wales (Items 2.4) Matthew Argyle, Audit Wales (Items) Antonia Cavalier, CCLA (Item 3.3 only) Rani Dash, Director of Corporate Governance Naomi Murtagh, Board Business Manager Fern Woodhead, Governance Support Officer
OBSVERING	None
APOLOGIES	None

CFC/0701/01	Welcome and Introductions Paul Deneen (PD), Chair, welcomed everyone to the meeting and introductions were made to Lindsey Whitehouse (LW), Assistant Head of Financial Accounting, who had recently joined the Charitable Funds team.
CFC/0701/02	Apologies for Absence Paul Deneen (PD), Chair, noted the apologies for absence.
CFC/0701/03	Declarations of Interest There were no declarations of interest to record.



<p>CFC/0701/04</p>	<p>Draft Minutes of the meeting held on 30th September 2025</p> <p>The minutes of the previous meeting held on 30th September 2025 were agreed as a true and accurate record.</p> <p>The Committee APPROVED the minutes from the previous meeting.</p>
<p>CFC/0701/05</p>	<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>
<p>CFC/0701/06</p>	<p>Finance & Performance Report</p> <p>Gareth Lewis (GL), Head of Financial Services & Accounting, provided the Committee with an overview of the Finance & Performance Report for Quarter 2 July to September 2025. The report outlined financial issues, including investment valuation, significant donations, overdrawn accounts, key performance indicators (KPIs), new fund requests, and cash balances.</p> <p>GL advised the Committee that expenditure in Quarter 2 was 78% higher than the same quarter in 2024/25, while income was 85% higher, reflecting a significant increase in donations and training income. The most notable donation was over £71K from the Be Heart Happy Charity, which was used to purchase ECG machines for the cardiology department. Alison Griffiths (AG), Charitable Funds Manager, clarified that Be Heart Happy was a rebranded local charity with a longstanding relationship with the Royal Gwent cardiology unit, and the funds were raised specifically for cardiology in collaboration with staff.</p> <p>The Churches Charity Local Authority (CCLA) investment portfolio showed an unrealised loss of £27K for the quarter, reversing a previous gain of £10K. However, as of 30 November 2025, investments reflected a year-to-date gain of £34K. Funds held at the end of the second quarter were 16% lower than the same period in the previous year.</p> <p>Robert Jones (RJ), Assistant Director of Finance, advised the Committee that the charity managed 398 separate</p>



funds, categorised into legacies (restricted), hypothecated funds (less restricted), and the general fund (discretionary). The Committee discussed the ongoing strategy to amalgamate smaller funds for ease of management, while recognising that new funds may be created for specific purposes. The importance of aligning fund management with the charity's strategic objectives was emphasised, and it was agreed that further clarity on the landscape of active charities and initiatives would be provided at a future meeting.

Action: Head of Financial Services & Accounting

GL requested approval to create 3 new funds, including 2 to support Charitable Funds Manager team with administration and one for a specific service. Robert Holcombe (RH), Director of Finance and Procurement, asked regarding the assignment of account managers for new legacy funds. AG advised that the Royal Gwent and Aneurin Bevan legacies would be managed by the Committee, while the Ophthalmology legacy would remain under the relevant directorate due to the terms of the will. The Committee discussed the potential for centralising oversight of legacy funds to improve flexibility and impact, and agreed in principle to adopt this approach, subject to compliance with donor wishes and legal guidance.

The Committee **APPROVED** the creation of the new funds and **NOTED** the update.

CFC/0701/07

Final Accounts and Annual Report for Approval

Gareth Lewis (GL), Head of Financial Services & Accounting, provided the Committee with an overview of the Final Accounts and Annual Report for the year ended 31 March 2025.

GL advised the Committee of the key financial movements for 2024/25. The total carried forward funds decreased to £4.944M, representing a movement of £820K from the previous year. GL commended the finance team for their work in preparing the accounts and facilitating a seamless audit process.

The Committee was advised that 1 adjustment had been identified during the audit, relating to income from training courses that did not take place in 2024/25. As a result, £12K was deferred to 2025/26. Additionally, a timing



	<p>adjustment was made to the annual report to remove fundraising income that would be reported in the following year. GL confirmed that these were the only changes between the draft and final accounts.</p> <p>The Committee discussed the report and the audit findings, recognising the excellent work of the finance team and the value of the annual report in demonstrating the impact of charitable funds, including support for staff, volunteers, and patients.</p> <p>The Committee was advised the final accounts and annual report would be presented to the Public Board on 28th January 2026 for final approval, after which they would be submitted to the Charity Commission.</p> <p>The Committee APPROVED the Final Accounts and Annual Report for 2024/25.</p>
<p>CFC/0701/08</p>	<p>Annual Accounts Representation Letter 2024/25</p> <p>Gareth Lewis (GL), Head of Financial Services & Accounting provided an overview of the Annual Accounts Representation Letter for 2024/25, as requested by Audit Wales as part of the annual audit process.</p> <p>GL advised that the Letter of Representation was required to provide assurance to the auditors and stakeholders that the trustees of the charity acknowledged and accepted responsibility for the financial statements. The letter confirmed that management accepted responsibility for the accuracy and completeness of the financial statements and that all relevant information had been presented.</p> <p>The Committee was advised that the representative letter would be signed by the appropriate Board member (Chair and Chief Executive) and presented to the Public Board on 28th January 2026, alongside the final accounts and annual report, before submission to Audit Wales.</p> <p>The Committee reviewed the contents of the letter and confirmed that it reflected the responsibilities and assurances required by Audit Wales. No additional representations were requested beyond the standard requirements.</p> <p>The Committee APPROVED the Annual Accounts Representation Letter for 2024/25.</p>



CFC/0701/09

Charitable Funds 2024/25 Accounts ISA 260 Report

Julie Rees (JR), Audit Wales, provided the Committee with an overview of the ISA 260 report, summarising the findings following the audit of the 2024/25 Charitable Funds accounts.

The Committee was advised that the audit of the accounts had been completed, with only a final check required. The Committee noted all risks identified in the audit plan had been addressed, and there were no significant issues to draw to the Committee's attention. No uncorrected misstatements were reported.

JR advised the Committee that 2 corrections had been made, each for £6K, relating to income that had been recognised in the wrong reporting year. These adjustments were not material in nature and had been reflected in the final accounts. Additionally, a narrative adjustment was made to the annual report to ensure consistency between the wording in the accounts and the disclosure of funds raised.

The Committee noted that the only outstanding item was a final check on the signed accounts after Board approval, including confirmation of any post-balance sheet events. JR confirmed that Audit Wales intended to recommend that the Auditor General issue an unqualified audit opinion on the accounts, with the formal sign-off scheduled for 29th January 2026. The Committee was assured that there were no additional representations required beyond the standard letter of representation.

The Committee expressed its appreciation for the thoroughness and professionalism of the audit and the positive working relationship with Audit Wales.

The Committee **NOTED** the contents of the ISA 260 report.

CFC/0701/10

Funds Available to the Committee

Robert Jones (RJ), Assistant Director of Finance, provided the Committee with an overview of funds available to the Charitable Funds Committee. The report outlined the current balance of general-purpose funds and recent legacy receipts.



The Committee was advised that the general fund represented the amount that the Committee could utilise at its discretion, without consideration of specific legacies or restrictions. After accounting for all commitments, the balance available for discretionary use stood at just over £30K. In addition, the Committee had previously approved the transfer of 2 recent legacies: £8K from a recent legacy received for ABUHB and £12K specifically for Royal Gwent Hospital, both of which were available for the Committee to determine their distribution. These additional funds would increase the total available for discretionary use.

The Committee discussed the report and confirmed their understanding of the available funds and the process for allocating them. No concerns were raised regarding the accuracy or completeness of the report.

The Committee agreed that the balance of £30K, plus the approved legacies, was available for discretionary use and would be considered when reviewing funding bids and grant applications.

The Committee **NOTED** the update on funds available.

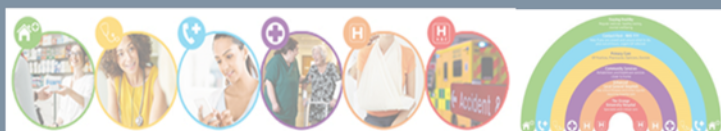
CFC/0701/11

Consideration of Bids/Small Grants

Robert Jones (RJ), Assistant Director of Finance, provided the Committee with an overview of the bids/small grant requests for funding.

The Committee discussed previously approving a scheme allowing individuals to engage with Charitable Fund Holders to potentially access charitable funds, providing the request met the purpose and criteria of the relevant fund. Where no suitable funds were available, individuals could apply to the Committee for a small grant or a top-up to secured funding.

RJ outlined the process for reviewing bids, requests were first considered by the Executive Committee to ensure alignment with strategy and to avoid duplication, before being submitted to the Charitable Funds Committee for final approval. RJ noted that a subcommittee was being established to further strengthen the application process and ensure consistency and transparency in decision-making.



The Committee was requested to approve the following applications:-

- 3 Small Grant Scheme applications (each up to £5,000)
- 1 bid requesting approval from a local charitable fund (relating to staffing)
- 2 bids requesting funding from the General Fund, including 1 deferred from the previous meeting

RJ advised the Committee that all 3 small grant applications had been reviewed by the Executive Committee, which found no suitable ring-fenced funds and recommended approval. The Executive Committee also supported the 2 larger bids, subject to the availability of funds.

Nicola Prygodzicz (NP), Chief Executive, confirmed that the Executive Committee had reviewed the core funding requirements and ensured that the bids represented enhancements rather than replacements for NHS core services. NP clarified that comfort items, such as chairs for maternity partners, were considered appropriate for charitable funding, while core clinical equipment was not.

The Committee discussed the principle of supporting bids that provided universal benefit to staff and patients, and the importance of maintaining transparency and fairness through a scoring matrix, which would be included in future reports.

Action: Assistant Director of Finance

RJ highlighted to the Committee the need to monitor the overall financial commitment, noting that approval of the current bids would reduce the available balance in the general fund.

The Committee agreed to receive an update on the status of other funds and deferred applications at the next meeting. **Action: Assistant Director of Finance**

The Committee **APPROVED** all 3 Small Grant Scheme applications and the 2 larger bids.

CFC/0701/12

Administration Charge 25/26



Gareth Lewis (GL), Head of Financial Services & Accounting, provided the Committee with an overview of the proposed administration charge for Charitable Funds for the financial year 2025/26.

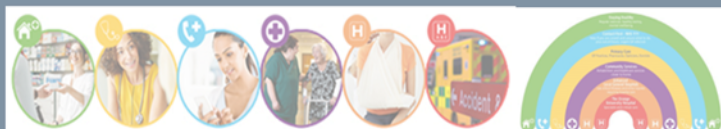
The Committee was advised that the administration charge covered the costs of managing charitable funds, ensuring that Health Board revenue budgets were not used to subsidise the charity. The report provided a breakdown of the administration costs for 2024/25 and set out the estimated costs for 2025/26, highlighting key movements and percentage changes.

GL advised the Committee that the main increase in costs related to staff pay awards, with no change in the actual staffing establishment. The administration charge included finance and general administrative costs, Committee time, procurement, audit, accommodation, and utilities. Benchmarking information against other Health Boards was also provided, demonstrating that the proposed charge was reasonable and proportionate.

GL requested Committee approval for the forecast administration costs for 2025/26 of £180K, with flexibility to increase to a revised maximum of £185K should additional costs arise. This approach would avoid the need to return to the Committee for further approval if actual costs exceeded the estimate.

Akmal Hanuk (AH), Independent Member, sought clarification on whether any core funding was received for staff supporting the charity, or if all costs were met from charitable funds. Robert Holcombe (RH), Director of Finance and Procurement, confirmed that the charity funded its own administration, with no support from Welsh Government revenue funding. RJ added that the administration charge as a percentage of annual income was a useful metric, and the Committee had stress-tested scenarios to ensure sustainability.

Alison Griffiths (AG), Charitable Funds Manager, clarified that, unlike some other Health Boards, Aneurin Bevan did not have a dedicated fundraising team, the administration charge related solely to finance and administrative support.



	<p>The Committee approved the administration charge for 2025/26, set at £180K with flexibility to increase to a maximum of £185K if required. The Committee noted the benchmarking information and confirmed that all administration costs would continue to be met from charitable funds.</p> <p>The Committee APPROVED the administration charge for 2025/26</p>
<p>CFC/0701/13</p>	<p>Legislation Changes</p> <p>Robert Jones (RJ), Assistant Director of Finance, provided the Committee with an update regarding recent changes in legislation relevant to the operation and reporting of charitable funds.</p> <p>The Committee was advised that the draft Statement of Recommended Practice (SORP) for charities, which had been under review, had now been finalised and approved. RJ reminded the Committee that at the previous meeting, a report had been presented outlining the potential impacts of the draft SORP and the anticipated next steps.</p> <p>RJ confirmed that there had been no significant changes between the draft and the final version of the SORP, and therefore, the Committee’s previous assessment and preparations remained valid. RJ advised that the charity continued to fall within the category of a medium-sized charity, which required the production of an annual report and compliance with certain accounting standards. RJ noted that some of the technical changes, such as those relating to lease accounting, were not applicable to the charity’s current operations.</p> <p>The Committee noted that there were no material impacts on the charity’s reporting or operations as a result of the new legislation, and no further action was required at this time beyond ongoing compliance.</p> <p>The Committee NOTED the update on legislation changes.</p>
<p>CFC/0701/14</p>	<p>Priority Plan for growing the charity and promoting the benefits/ Benchmarking with other NHS Wales Charites</p> <p>Robert Jones (RJ), Assistant Director of Finance, provided the Committee with an update on the priority plan for growing the charity and promoting its benefits, as well as</p>



benchmarking the charity's performance against other NHS Wales charities.

RJ outlined the strategic approach to growing the charity, focusing on 3 interconnected areas: strengthening the brand, building awareness, and enhancing fundraising activities. RJ advised that the charity's brand was being refreshed, with a new logo under development in collaboration with the digital team. The Committee agreed that the final decision on the logo would be delegated to a small group comprising of Committee members and the charitable funds team, to avoid unnecessary delays.

Action: Assistant Director of Finance

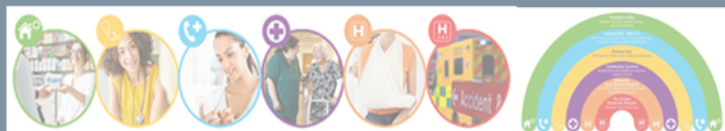
RJ emphasised the importance of increasing awareness of the charity among staff and the wider community. Plans included the production of a charity magazine, which would be distributed both in print and digitally, at no direct cost to the charity due to advertising revenue. The magazine would highlight the impact of charitable funds and promote fundraising opportunities.

RJ also discussed the introduction of electronic donation devices ("GoodBox") to facilitate cashless giving at events and in hospital settings. The Committee approved the purchase of one device initially, with the option to expand if successful.

The Committee discussed the potential benefits of appointing ambassadors or patrons, including individuals with a public profile, to raise the charity's visibility and credibility. The Committee also supported the idea of launching the refreshed brand and fundraising initiatives at the upcoming Staff and Volunteer Recognition Event in July 2026.

RJ confirmed that a subcommittee had been established to appraise funding bids against agreed criteria, ensuring transparency and consistency in decision-making.

RJ presented the results of a benchmarking exercise comparing Aneurin Bevan charitable funds with those of other NHS Wales organisations. The analysis covered income, expenditure, fund balances, and investment returns.



The Committee was advised that the charity's performance was broadly in line with or slightly better than most comparators, except for one outlier which had received a significant legacy. The benchmarking exercise highlighted the positive impact of having a dedicated fundraising team in some organisations, which correlated with higher income from donations and legacies.

The Committee noted that the charity's expenditure was well distributed across a range of activities, reflecting a strategic approach to supporting both staff and patients. The Committee discussed the potential for further growth through more proactive fundraising and engagement with staff, including participation in events such as the Cardiff Half Marathon.

The Committee agreed that benchmarking provided valuable insights and supported the development of the charity's growth strategy. The Committee endorsed the recommendations to continue developing the brand, increase awareness, and explore new fundraising opportunities.

The Committee approved the ongoing work to refresh the charity's brand and logo, endorsed the production of a charity magazine and the introduction of electronic donation devices. The Committee supported the proposal to launch the refreshed brand and fundraising initiatives at the July 2026 Staff and Volunteer Recognition Event.

The Committee **APPROVED** the Priority Plan for growing the charity and promoting the benefits and **NOTED** the benchmarking with other NHS charities.

CFC/0701/15

Review of Investment Composition and Performance

Antonia Cavalier (AC), CCLA, provided the Committee with an update on the investment composition and performance of the charity's funds managed by Churches Charity Local Authority (CCLA), outlined the recent organisational changes at CCLA's and the implications for the charity.

The Committee was advised that CCLA had recently been acquired by Jupiter, a move designed to strengthen operational capacity and enhance client services. AC assured the Committee that the transition would not affect the charity's experience or the management of its



investments, with the existing team remaining in place and continuity of service expected.

AC advised the Committee that 2025 had been a challenging year for the ethical fund, with performance below expectations. The main reasons for underperformance included a strategic focus on quality companies, which did not align with market trends dominated by AI-related stocks, and a slower exit from certain healthcare holdings. AC acknowledged that the fund had not overweighted AI investments due to concerns about long-term profitability and risk.

The Committee noted the steps taken to address these challenges, including restructuring the investment team for more agile decision-making and diversifying the portfolio with new asset classes to provide greater risk protection. AC emphasised that the ethical fund remained a medium-risk investment, designed to deliver long-term growth and reliable income rather than short-term market outperformance.

The Committee raised questions about the fund's risk profile, the impact of the Jupiter acquisition, and assurances for future performance. AC advised that the fund's risk appetite remained unchanged and that new strategies were being implemented to mitigate losses and improve returns. AC reiterated that the fund's objective was to beat inflation over the long term and provide sustainable income for charitable activities.

The Committee discussed the importance of regular reporting and monitoring of investment performance, especially in light of market volatility and organisational changes. Robert Holcombe (RH), Director of Finance and Procurement, confirmed that the charity's investment contract with CCLA was subject to periodic review and benchmarking, and that options for future investment management would be considered as appropriate.

The Committee agreed to continue monitoring quarterly investment reports and to review the contract and performance at regular intervals. The Committee thanked AC and the CCLA team for their transparency and ongoing support.



	<p>Action: Charitable Funds Team.</p> <p>The Committee NOTED the update.</p>
<p>CFC/0701/16</p>	<p>Attendance of Current CFC Fund Holders for Slow Moving Funds</p> <p>Gareth Lewis (GL), Head of Financial Services & Accounting, provided the Committee with an update regarding the attendance of current Charitable Funds Committee (CFC) fund holders responsible for slow moving funds. The Committee had previously requested fund holders with large, static balances to attend meetings and provide updates on their plans for utilising these funds.</p> <p>GL reported on two specific funds that had been discussed at the September Committee meeting:-</p> <ul style="list-style-type: none"> • F306 RGH Vascular Laboratory: The Committee was advised that the fund holder, had been unable to attend the meeting due to ongoing sick leave. GL, on behalf of the fund holder, provided an update. The fund had not seen any income or expenditure in the past 12 or 36 months. The department was considering using the fund to purchase vascular ultrasound scanning machines and had submitted a bid to the League of Friends charity. The outcome of this bid was expected at the end of February. GL advised that if the bid was unsuccessful, the fund holder would be asked to provide a report on alternative plans for utilising the fund. • F831 Gastroenterology Account: The Committee was advised that Sarah Wilson (SW), Directorate Manage, had presented a detailed plan at the previous Committee meeting, including costings and quotes for future expenditure. The Committee noted that this fund was being actively managed and that plans were in place for its use. <p>The Committee discussed the importance of fund holders providing regular updates and presenting their spending plans in person. Paul Deneen (PD), Chair, proposed that, going forward, fund holders should nominate a deputy to attend meetings if they were unavailable, to avoid delays in decision-making.</p>



	<p>The Committee agreed that slow moving funds should be reviewed at the next meeting, with fund holders required to present updates and spending plans. The Committee emphasised that funds not actively managed or utilised could be considered for transfer to general funds to support broader charitable activities.</p> <p>The Committee NOTED the updates on slow moving funds.</p>
CFC/0701/17	<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/0701/18	<p>2026/27 Committee Dates</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the proposed schedule of Committee meeting dates for the 2026/27 financial year.</p> <p>The Committee was advised that the dates for the 2026/27 Charitable Funds Committee meetings had been identified in collaboration with the finance team. RD confirmed that the scheduling process had taken into account the requirements for timely financial reporting, alignment with the audit cycle, and the need to ensure availability of key members.</p> <p>RD noted that the proposed dates had been circulated to Committee members for comment and that adjustments had been made where possible to accommodate feedback.</p> <p>The Committee NOTED the proposed meeting dates for 2026/27, with the understanding that further adjustments could be made if required.</p>
CFC/0701/19	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>Paul Deneen (PD), Chair, summarised that the following key topics should be reported to the Board:-</p> <ul style="list-style-type: none"> • Approval of Annual Report and Accounts: The Committee approved the annual report and final accounts for 2024/25, which were scheduled for presentation to the Health Board for final sign-off and subsequent submission to the Charity Commission. • Audit Wales Findings: The Committee received and accepted the Audit



	<p>Wales ISA 260 report, noting the intention to issue an unqualified audit opinion and the positive outcome of the audit process.</p> <ul style="list-style-type: none"> Funding Decisions: The Committee approved several small grant applications and larger bids, including support for staff and volunteer recognition events and the “Speaking Up Safely” initiative. The Committee agreed to monitor the financial commitments and receive updates on deferred bids at the next meeting. Charity Growth Strategy: The Committee endorsed the priority plan for growing the charity, including brand refresh, increased awareness, and new fundraising initiatives. The Committee supported the launch of these initiatives at the July 2026 Staff and Volunteer Recognition Event. Investment Review: The Committee received an update on investment performance and agreed to continue regular monitoring and review of the investment contract. Slow Moving Funds: The Committee noted the need for fund holders to present updates on slow moving funds and agreed to review these at the next meeting, with the possibility of reallocating unused funds to general purposes. Committee Dates and Governance: The Committee approved the schedule of meetings for 2026/27 and confirmed ongoing compliance with legislative changes.
CFC/0701/20	<p>Any Other Urgent Business</p> <p>There was not any other urgent business.</p>
CFC/0701/21	<p>Date of Next Meeting</p> <p>18th March 2026</p>





Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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

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
September 2025	CFC/3009/11	<p>Spending Plans over £25K</p> <p>The Finance Team to review the current practice and provide recommendations at a future meeting.</p>	<p>Head of Financial Services & Accounting/Finance Team</p>	March 2026	<p>Completed</p> <p><u>October update</u> Action has been included in the Committee forward work plan.</p> <p><u>December update</u> Process under review – to be presented at next CFC Meeting - March 2026 <i>(also to include proforma template for those presenting at CFC)</i></p> <p><u>March update</u> Update has been included in March’s papers.</p>

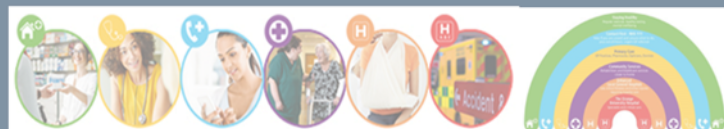


Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
January 2026	CFC/0701/06	Finance & Performance Report Further clarity on the landscape of active charities and initiatives would be provided at a future meeting.	Head of Financial Services & Accounting	March 2026	Completed <u>March update</u> Action was included on the Committee forward work plan under the finance & Performance report. Report has been included on March's agenda.
January 2026	CFC/0701/11	Consideration of Bids/Small Grants The principle of supporting bids that provided universal benefit to staff and patients, and the importance of maintaining transparency and fairness through a scoring matrix, which would be included in future reports.	Assistant Director of Finance	March 2026	Completed <u>March Update</u> Action was included on the Committee forward work plan under Consideration of bids/small grants item. Report has been included on March's agenda.
January 2026	CFC/0701/11	Consideration of Bids/Small Grants	Assistant Director of Finance	March 2026	Completed <u>March Update</u>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		The Committee to receive an update on the status of other funds and deferred applications at the next meeting.			Action was included on the Committee forward work plan under Consideration of bids/small grants item. Report has been included on March's agenda.
January 2026	CFC/0701/14	Priority Plan for growing the charity and promoting the benefits/ Benchmarking with other NHS Wales Charites The final decision on the logo would be delegated to a small group comprising Committee members and the charitable funds team.	Assistant Director of Finance	March 2026	Completed <u>March update</u> Final Decision to be made in March Committee meeting.
January 2026	CFC/0701/15	Review of Investment Composition and Performance Continue monitoring quarterly investment reports	Charitable Funds Team	March 2026	Completed <u>March Update</u>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		and to review the contract and performance at regular intervals.			Action was included in the 2026/27 Committee forward work plan.

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.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Report for Quarter 3, Period Ending 31 December 2025
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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

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

The key findings for Quarter 3 (October to December 2025) are as follows:

- Expenditure is £326k in the quarter.
- Income is £214k in the quarter due to investment and grant income being received.
- The CCLA investment reflected a further unrealised loss of £5k in quarter, which reflects a YTD unrealised loss of £26k.
- At 31st March 2026, the investments show a YTD unrealised loss of £314k.

<p><u>Cefndir / Background</u></p> <p>This report provides a financial update for the Charitable Funds Committee for Quarter 3, the period from 1 October 2025 to 31 December 2025.</p>
<p><u>Asesiad / Assessment</u></p> <p>The full financial analysis update is provided in Appendix 1.</p>
<p><u>Argymhelliad / Recommendation</u></p> <p>The Charitable Funds Committee is asked to note this report and provide approval for the new funds that have been requested.</p>

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.



Aneurin Bevan Health Charity Finance & Performance Report

Quarter 3 - 01 October to 31 December 2025



Summary



The following information is presented in this report:

<p>Balance Sheet</p> <p><i>Funds Reduced by 2.82%</i></p> <p><i>↓ 129k to £4.6m in Q3</i></p>	<p>Statement of Financial Activities</p> <p><i>Unrealised Loss of £5k on Investments in Q3</i></p>	<p>Income</p> <p><i>£214k in Q3</i></p>	<p>Expenditure</p> <p><i>£326k In Q3</i></p>
<p>Cashflow</p> <p><i>↓ £273k since beginning of the year</i></p> <p><i>£187k forecast closing balance for 25/26</i></p>	<p>Fund Sizes</p> <p><i>406 Funds</i></p> <p><i>60% of £4.5m held in 43 funds</i></p>	<p>Matters to Note</p> <p><i>1 Overdrawn Account</i></p>	<p>Events After Reporting Period</p> <p><i>£314k Unrealised Loss on CCLA to March-26</i></p>



Balance Sheet



During the quarter, the Charitable Funds have reduced by 2.74%

	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	Movement in Qtr
	YTD	YTD	YTD	YTD	
	£	£	£	£	£
Fixed Assets					
13 Clytha Square	187,000	0	0	0	0
Oakdale 1M Strip of Land	55,000	55,000	55,000	55,000	0
Painting - The Domestic Chaplain	25,000	25,000	25,000	25,000	0
Other Assets					
CCLA Investments	4,419,294	4,429,239	4,402,299	4,397,087	-5,212
Cash	517,383	534,403	283,595	244,934	-38,661
Debtors	235,553	116,222	264,137	174,731	-89,405
Creditors	-495,638	-210,598	-319,906	-315,874	4,032
Total Net Assets	4,943,592	4,949,266	4,710,124	4,580,878	-129,246
of which					
Restricted Funds	966,286	1,030,224	987,120	900,360	-86,760
Unrestricted Funds	3,977,306	3,919,043	3,723,005	3,680,518	-42,487



CCLA investment reflect an unrealised loss of £5k during the quarter reflecting continued underperformance against the market driven by AI related holdings.



£900k of funds are restricted (Legacies and Grants) reflecting 20% of total funds held.



Statement of Financial Activities



Funds have decreased by £129k, driven by expenditure exceeding income

	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	Movement in Qtr
	YTD £000's	YTD £000's	YTD £000's	YTD £000's	£000's
Income					
Donations	168	51	251	294	43
Legacies	10	0	0	21	21
Grants	235	140	246	306	60
Investment Income	189	43	84	125	41
Other Income	193	36	69	118	49
Total Income	795	270	650	864	214
Expenditure	1,394	283	875	1,201	326
Gains/(Losses) on investment assets	-221	6	-21	-26	-5
Surplus/(Deficit)	-820	-7	-246	-363	-117
Total Net Assets	4,944	4,949	4,710	4,581	-129

- Grant income has increased by £60k due to a final instalments being received from NHS CT.
- Investment income remains consistent with quarters 1 and 2.

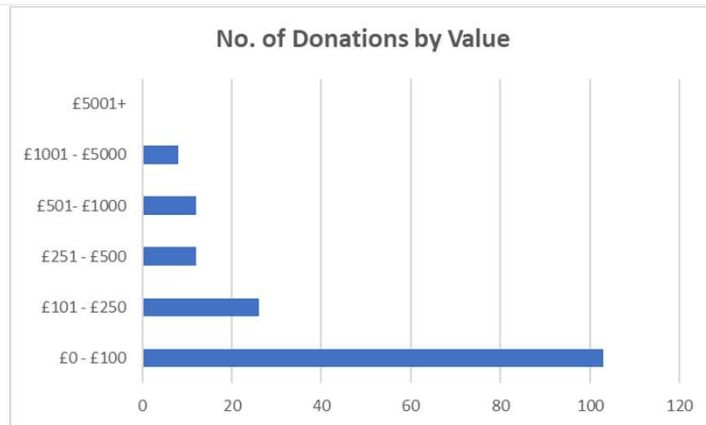
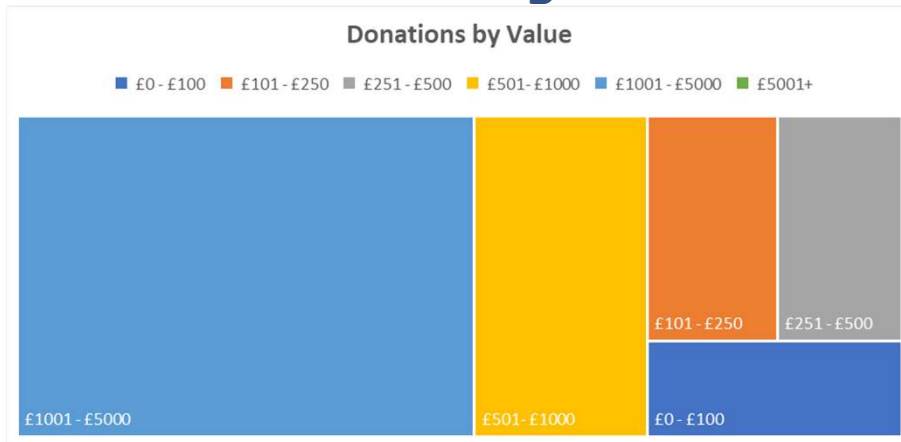
- Expenditure for the quarter is £326k. This is £266k (45%) less than the previous quarter.



Income



Donations totalling £43k were received in the quarter



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

Fund Ref	Received From	Amount	Location
Oct-25			
F703-ABUHB JACKS APPEAL	ABERTILLERY & LL	3,105.00	ABUHB
F303-ABUHB BREAST CENTRE	S LEE DONATION	2,000.00	ABUHB
F273-GUH WARD B4 HAEMATOLOGY	MUCH LOVED	556.60	ABUHB
F231-ABUHB DINKY DRAGONS	CERYS ERSKINE	2,495.00	ABUHB
F609-ABUHB FORENSIC PSYCHOLOGY	CHARLES LYNE LODGE	4,000.00	
		12,156.60	
Nov-25			
F231-ABUHB DINKY DRAGONS	JUST GIVING	2,237.85	ABUHB
F265-ABUHB GUH CRITICAL CARE UNIT	SARA MARSHALL	650.00	THE GRANGE
F277-NHH WINDSOR SUITE	N HALL SPORTS AND SOC	5,000.00	NEVILL HALL
F303-ABUHB BREAST CENTRE	JUST GIVING	1,173.35	ABUHB
F303-ABUHB BREAST CENTRE	WALD COM LTD	900.00	ABUHB
F756-NHH MEDICAL ASSESSMENT UNIT	MON MARK DISC FUND	750.00	NEVILL HALL
F834-ABUHB ADULT EPILEPSY	NEUROLOGY DEPT	542.00	ABUHB
		11,253.20	
Dec-25			
F231-ABUHB DINKY DRAGONS	JUST GIVING	542.35	ABUHB
F303-ABUHB BREAST CENTRE	TCBC F303	1,636.98	ABUHB
F703-ABUHB JACKS APPEAL	DWR COMMUNITY COUN	659.00	ABUHB
F756-NHH MEDICAL ASSESSMENT UNIT	PROV GRAND LODGE	750.00	ABUHB
F854-ABUHB LUNG CANCER & MESOTHELIC	ADACK	750.00	ABUHB
		4,338.33	
Overall Total		23,409.80	

64% of donations relate to donations under £100.
5% of donations are between £1k and £5k.



Income – For the Quarter



Other Income of £49k was received during the quarter, mainly through training courses whose fee is charged through the Charity.

It also includes some staff fundraising through raffles.

Significant changes have arisen from Training & Course Fees Income

Postgraduate courses received training income totalling £13k in the quarter.

- Pleural Service received £2k in relation to various courses.
- The Casting Techniques course generated £7k this quarter.
- Gerontology in YYF received £6k relating to an upcoming conference.



Income – In Pictures

Donation for Breast Unit



The Breast Unit has gratefully received a £2,000 donation from Mr Lee, raised through collecting bottle tops.

Pictured here with **Natalie North, Breast Unit Support Manager** who said: "We are grateful for the generous donation that will benefit the patients of the Breast Unit."



Income - CCLA Investment



Investments reflected an unrealised loss of £5k in the quarter

Portfolio summary

	Opening value (£)	Purchases (£)	Sales (£)	Income retained (£)	Capital returns (£)	Closing value (£)
Long-term portfolio						
Ethical Investment	3,584,388	-	-	-	(11,445)	3,572,942
Property	817,911	-	-	-	6,233	824,144
Total Long-term portfolio	4,402,299	-	-	-	(5,212)	4,397,087
Total portfolio	4,402,299	-	-	-	(5,212)	4,397,087

In Quarter 3, the Property Fund has an unrealised gain of £6k
However, the Ethical Fund has an unrealised loss of £11k in Quarter 3.

The Ethical Investment Fund is suffering from the poor performance of the share prices of some key stock holdings due to concerns that Artificial Intelligence will disrupt business.

Income earned during the quarter is £39k, which is consistent with the previous 3 quarters.

Income earned during the quarter

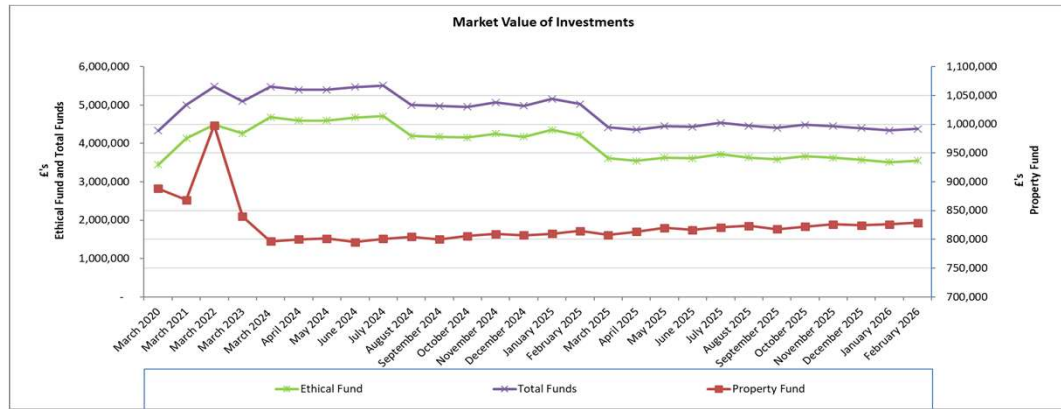
COIF Charity Funds	Distribution per income unit	Payment date	Income payable (£)	
Ethical Investment	2.32p	27/02/2026	28,248.45	The payment is 5.5% more than the equivalent payment in 2024.
Property	1.4p	27/02/2026	10,773.13	The payment is unchanged from the equivalent payment in 2024.
Total payable			39,021.58	



Income - CCLA Investment



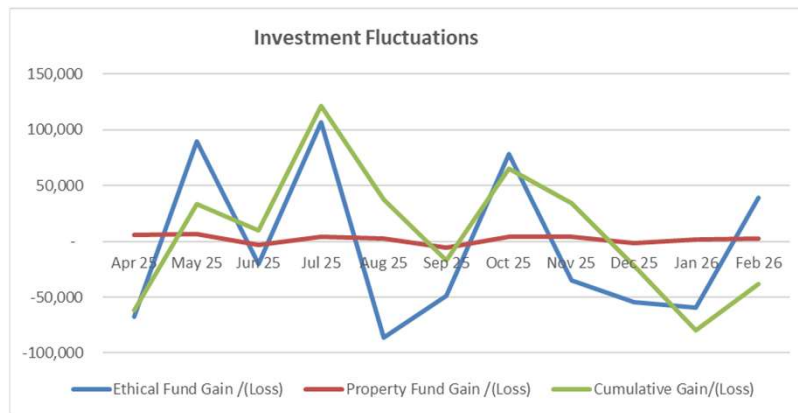
Investment Performance Trending downwards



Since Jul-24, when there was a significant release of fund to support expenditure in the year, there has been a steady downwards trend on the Ethical Fund.

Another release in Feb-25 correlates to another significant reduction.

The Property Fund however is consistent. Except for the spike in Mar-22 due to one-off fund improvements, which reversed to the mean in the following year.



As reported previously, the current year has seen significant fluctuations in the Unrealised Gain/Loss on the Ethical Fund.

Market volatility is having a major impact on the shares held in the Ethical Fund, as detailed by CCLA in January.

Looking forward, the Contract for the Investment Manager is due for renewal, and we will be looking to put the tender out in the Summer.



Income – In Statistics

Breakdown of how we receive our income



Breakdown of Income Received	Quarter 1 24/25		Quarter 1 25/26		Quarter 2 24/25		Quarter 2 25-26		Quarter 3 24/25		Quarter 3 25-26	
	£	%	£	%	£	%	£	%	£	%	£	%
Cheques	33,174	2%	17,218	4%	20,556	3%	14,647	6%	21,696	12%	13,861	5%
Cash	4,494	0%	6,219	1%	18,731	3%	4,425	2%	4,740	3%	7,725	3%
Direct into bank	1,374,089	97%	429,485	95%	639,509	94%	231,616	92%	148,577	85%	276,744	93%
Total	1,411,757	100%	452,922	100%	678,795	100%	250,688	100%	175,013	100%	298,330	100%

Cheques and cash relate to monies received at our sites and consists of donations and staff fundraising such as raffles.

Breakdown of Monies paid into Bank A/C	Quarter 1 24/25		Quarter 1 25/26		Quarter 2 24/25		Quarter 2 25-26		Quarter 3 24/25		Quarter 3 25-26	
	£	%	£	%	£	%	£	%	£	%	£	%
Donation Platforms - Just Giving/Much Loved etc	8,164	0.59%	7,227	1.68%	12,091	1.89%	7,706	3.33%	4,058	2.73%	7,069	2.55%
Donations	4,505	0.33%	24,082	5.61%	5,986	0.94%	77,683	33.54%	53,672	36.12%	17,808	6.43%
Legacies	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2,500	1.68%	20,576	7.44%
Grants	0	0.00%	78,470	18.27%	0	0.00%	0	0.00%	0	0.00%	166,564	60.19%
Paid Invoices	54,748	3.98%	72,591	16.90%	23,246	3.63%	82,919	35.80%	6,330	4.26%	14,190	5.13%
Courses and Sponsorship	2,045	0.15%	6,911	1.61%	14,898	2.33%	19,399	8.38%	14,886	10.02%	2,849	1.03%
Interest & Dividends	49,790	3.62%	42,804	9.97%	47,311	7.40%	41,903	18.09%	45,972	30.94%	41,315	14.93%
Other/Monies rec'd in error	1,253,880	91.25%	11,531	2.68%	35,244	5.51%	0	0.00%	19,306	12.99%	575	0.21%
VAT Reclaim	958	0.07%	1,531	0.36%	733	0.11%	2,007	0.87%	1,851	1.25%	5,798	2.10%
Land Sale	0	0.00%	184,337	42.92%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Drawdown from CCLA Investments	0	0.00%	0	0.00%	500,000	78.19%	0	0.00%	0	0.00%	0	0.00%
Total	1,374,089	100.00%	429,485	100.00%	639,509	100.00%	231,616	100.00%	148,577	100.00%	276,744	100.00%

This is a breakdown of the monies that is paid directly into our bank account.

Monies received in error relate to monies paid to the Charity instead of the main Health Board (and do not reflect any errors by our processes).



Expenditure – For the Quarter



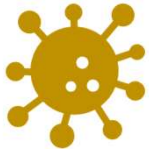
Expenditure for the quarter was £326k, benefitting patients and staff through the purchase of equipment, welfare and training.



Equipment purchases includes several items funded by Nevill Hall League of Friends such as a dental chair (£8k), an ECG machine (£6k), a patient recliner chair (£5k). Other purchases included a phlebotomy chair (£4k), 4 recliner chairs for maternity for partners to stay overnight (£6k) and minor works (£4k).



People: £22k was spent on Christmas festivities- patient presents and decorations. £29k was spent on meaningful activities for our patients. £73k was spent on staffing relating to several patient projects. £49k was spent on training courses and conferences, with the highest amount spent by our Postgraduate fund.



Research costs totalled £20k and relates to a contribution for the development of an Ovarian Cancer Algorithm.



Administration costs totalled £41k, 13% of the quarter's expenditure.



Expenditure – For the Quarter



The Charitable Funds Committee supported this Small Grant Scheme – SGS 020 MHLD Wellbeing & Connection Growth for the Integration of International Nurses (£720)

A wellbeing afternoon was held for our newly joined nurses in Older Adult Mental Health, many of whom came from overseas in March 2025.

The session combined relaxation, creativity, and connection – with activities including baking, arts and crafts, and even head massages. Most importantly, it created a space for open conversation and reflection, allowing our nurses to share their experiences so far and explore how we can best support them both in their roles and beyond, helping to strengthen work–life balance, community, and belonging.

The feedback received was excellent and will help both the Directorate and the Division continue to improve the support we offer to new colleagues. A big thank you to everyone who took part and contributed to making the afternoon such a success.



Expenditure –in Statistics



We have processed less requisitions, payments and transfers in this quarter compared with Quarter 2.

EXPENDITURE	Quarter 1 2025-26	Quarter 2 2025-26	Quarter 3 2025-26	Total
Number of requisitions processed	223	224	188	635
Number of payments processed	158	183	168	509
Total value of payments processed	£153k	£326k	£223k	£703k
Average number of payments processed per month	53	61	56	114
Average value of each payment	£1k	£1.8k	£1.3k	£1.4k
Number of internal transfers to ABUHB	23	21	18	62
Total value of internal transfers to ABUHB	£272k	£96k	£106k	£474k
Number of transactions in transfers	86	71	63	220
Average value of each transfer transaction	£3.2k	£1.4k	£1.7k	£2.1k

Internal transfers relate to payments to the Health Board from the Charity and mainly relate to the recharge of salaries for our grants and bid projects.



Cashflow 1 of 2



Our Cashflow forecast for year-end remains a reduction; from £516k to £187k as we continue to fund expenditure on reduced income

A monthly cash flow forecast on the next slide presents actual figures for April to December and forecasted figures for the remaining period up to March 2026.


It should be noted that:

- CCLA interest & dividends are paid quarterly in arrears.
- The administration charge is usually paid at the end of the financial year in March, and this has been estimated based on last year at £180k.
- We have assumed a further release of £300k from CCLA investments, due to anticipated expenditure towards the end of the financial year.



Cashflow 2 of 2



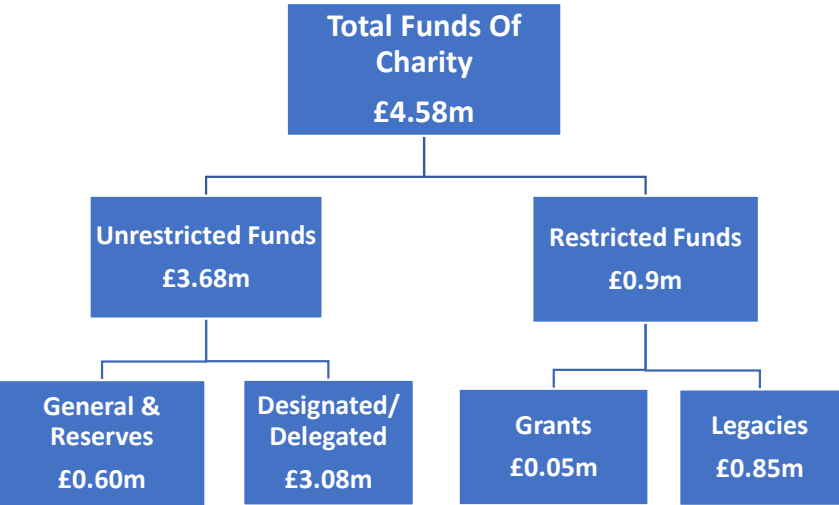
 Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	ACTUAL Apr-25 Mth 1	ACTUAL May-25 Mth 2	ACTUAL Jun-25 Mth 3	ACTUAL Jul-25 Mth 4	ACTUAL Aug-25 Mth 5	ACTUAL Sep-25 Mth 6	ACTUAL Oct-25 Mth 7	ACTUAL Nov-25 Mth 8	ACTUAL Dec-25 Mth 9	FORECAST Jan-26 Mth 10	FORECAST Feb-26 Mth 11	FORECAST Mar-26 Mth 12	TOTAL 2025/26
BALANCE B/F	516,228	330,766	357,872	527,565	436,877	320,601	280,008	173,434	341,937	242,977	171,688	138,400	
INCOME													
DONATIONS INCOME	10,654	20,202	16,726	80,754	3,108	9,276	17,489	12,963	9,923	17,758	17,758	17,758	234,370
JUST GIVING INCOME	1,308	3,724	2,066	2,120	3,262	746	591	4,460	1,038	2,334	2,334	2,334	26,318
LEGACY INCOME			-	-	-	-	12,688	7,888	-	-	-	-	20,576
GRANT INCOME			78,470					166,564					245,034
INVOICE RECEIPTS	62,276	9,195	1,120	6,580	8,210	68,129	2,160	10,900	1,130	10,493	10,493	10,493	201,179
COURSE INCOME	2,880	1,040	2,401	3,635	11,584	4,180	1,165	1,370	314	2,535	2,535	2,535	36,173
OTHER INCOME		80	184,342	-	-	2,475		400					487,297
PAID TO CF IN ERROR	3,100		8,431	2,710	-	10	175	-	-	-	-	-	14,426
BANK INTEREST	1,599	1,441	1,203	1,533	1,699	1,187	900	821	649	650	650	650	12,983
VAT RECLAIMED	-	615	916	524	1,483	-	5,798	-	-	689	689	689	11,405
CCLA INTEREST & DIVIDENDS		38,561	-	-	37,484	-	-	38,945	-	-	38,000	-	152,989
TOTAL INCOME	81,817	74,858	295,675	97,855	66,829	86,003	40,966	244,311	13,053	34,460	72,460	334,460	1,442,748
EXPENDITURE													
FASTER PAYMENTS	58,500	24,334	70,633	91,445	170,652	63,804	119,469	43,404	60,604	64,476	64,476	64,476	896,274
TRANSFERS - PAYMENTS TO ABUHB	204,224	12,154	50,854	29,749	7,536	52,844	23,799	16,526	47,203	39,562	39,562	39,562	563,576
TRANSFERS - PAYMENTS TO ABUHB FOR ERRORS			-	2,710	-	-	-	-	-	-	-	-	2,710
PAYABLE ORDERS		170	-	-	-	-	-	88	-	-	-	-	258
OTHER	2,938	780	5,000	66,380	-	5,439	-	725	750	-	-	180,000	262,012
JUST GIVING	47	47	47	47	47	47	47	47	47	47	47	47	562
BANK CHARGES	30	26	28	29	28	28	28	27	28	28	28	28	338
G4S	1,540	2,050	2,410	1,180	5,940	3,515	1,355	9,945	13,085	1,634	1,634	1,634	45,923
TOTAL EXPENDITURE	267,279	39,561	128,972	191,540	184,204	125,677	144,697	70,762	121,717	105,748	105,748	285,748	1,771,653
<i>(Outstanding lodgements/Uncleared cheques)</i>		-8,190	2,989	2,997	1,098	-919	-2,844	-5,047	9,704				
NET INCOME/(EXPENDITURE)	-185,462	35,297	166,703	-93,684	-117,375	-39,674	-103,731	173,549	-108,664	-71,288	-33,288	48,712	-328,905
BALANCE C/F	330,766	357,872	527,565	436,877	320,601	280,008	173,434	341,937	242,977	171,688	138,400	187,112	-328,905





Fund Size Breakdown

406 Funds totalling £4.58M



Fund Size	No. of Funds	Total Fund Value
1k or Below	99	£4,563,485.77
1k-5k	133	(£349,679.09)
5k-10k	67	(£467,182.57)
10k-25k	63	(£954,561.58)
25k-100k	39	(£1,795,446.37)
100k-500k	5	(£996,616.16)

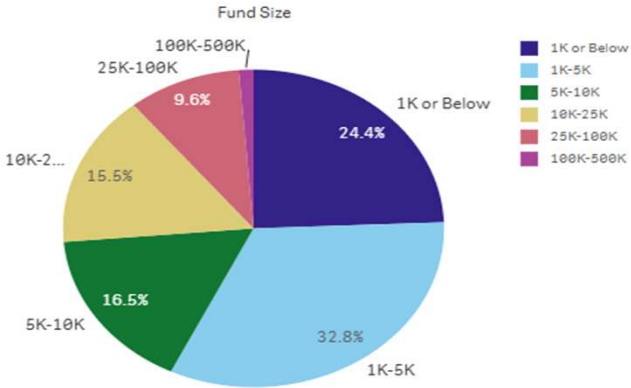
Open Funds

406

Inactive Funds

0

Fund Size Breakdown



Matters to Note



Overdrawn Accounts

There is one overdrawn account as of 31st December 2025.

- F001 which is the holding account for the unrealised gain/loss is overdrawn as we currently have an unrealised loss on our investments.

Grants

No further grant funding is expected.



Events after Reporting Period



We are aware of the following for next quarter

Expenditure

- We expect to pay Jacob Abraham Foundation £24k relating to Bid CFC-277 Suicide Bereavement Service February 2026.

Income

- As of 31st March 2026, the year-to-date unrealised loss in investments was £314k (unrealised loss of £26k as of 31 December 2025).



DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
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 31.12.2025.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

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

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

All grant requests must be supported by the Executive Team.



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

Cefndir / Background

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

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

	£000
Brought Forward Balances	31.77
Income Received	
Dividends & Interest 24/25	183.89
Proceeds from sale of 13 Clytha Square	186.09
Contribution to CFC-277 from F029	5.62
Unknown General Donations	2.24
Legacies Received - 2025/26	20.00
Total Income	397.84
Expenditure 25/26	
SGS 012 Well Being Pop up Events across ABUHB	0.37
SGS 017 Women's Health Conference	0.42
CFC-268 Staff Recognition Awards 25/26	28.07
SGS-020 MHLD Wellbeing & Connection Growth for the Integration of International Nurses	0.47
SGS-021 Furniture for Therapy Room, Beechwood Ward, St Cadocs	0.85
CFC-274 Staff Resource for Decarbonisation Programme	1.54
CFC-275 Patient & Family Inclusion Officer	4.70
CFC-276 Volunteer Co-ordinator	7.39
CFC-278 Language & Interpretation Services	27.84
SGS-029 Saturation Monitors, Maternity	6.11
Total Actual Expenditure	77.75
Commitments Made	
Brought Forward Commitments from 19/20	1.00
Brought Forward Commitments from 23/24	2.07
Brought Forward Commitments from 24/25	4.72
Brought Forward Commitments from 25/26	309.28
Total Commitments	317.06
Total Fund Balance - 31.01.2026	34.80
Future Year Commitments	
(Bids that have been approved but have expenditure for 26/27)	
CFC-279 Speaking Up Safely (SUS), ABUHB	71.00
CFC-280 Staff Recognition Awards 2026	30.00
Total Future Commitments	101.00
Total Fund Balances after future Commitments	-66.20



Asesiad / Assessment

Key points

- The table shows the Committee's fund is currently overdrawn by £66.20k as at 31st January 2026.
- It was agreed to use 2025/26 interest & dividends from our investments to support the Committee, when this is finalised on 31/03/26 it will be transferred to this fund. This is estimated at £153k.
- This leaves the Committee with an estimated balance of **£86.80k**

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

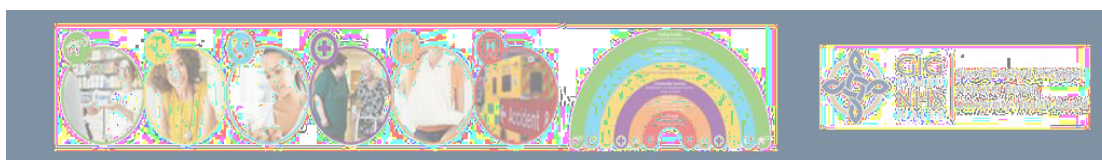
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose 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
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.





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
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)

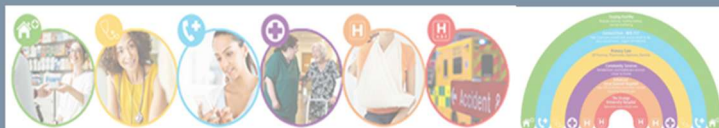
The Committee is asked to consider the requests submitted.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

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



All requests were presented to the pre-approval committee on 13.03.26 and will be formally presented to the Executive Committee on the 23.04.26.

The Committee is asked to note each request in line with the Charities' objectives.

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 three requests as summarised below:

- 1 Small Grant Scheme applications
- 1 Bid requesting approval from their own local charitable fund as it relates to staffing

Full details of each bid can be found in the attached appendices (1-2)

Small Grant Scheme Applications

These is one bid 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-036 Volunteer Celebration Events	4.2	Patients, staff & Visitors
Total Bids	4.2	

SGS-036 Volunteer Celebration Events (Appendix 1)

This proposal requests £4.2k to provide a programme of celebration events during National Volunteering Week in June 26 to thank and acknowledge the invaluable contribution that volunteers make to patient experience, staff support, and the wider compassionate culture of the organisation.

Bids Requesting Approval from Charitable Funds Committee

This relates to a request where they have their own funds available but require approval from the Charitable Funds Committee as it is over £25k in value.



Bids for Approval from Designated Charitable Funds	Total Cost £'000's	Area of Benefit
CFC-282 Neoprobes, Breast Unit, YFF & RGH	52	Patients
Additional Maintenance for Neoprobes	8	Patients
Total Bids	60	

CFC-282 Neoprobes, Breast Unit, YFF & RGH (Appendix 2)

The Breast Care Unit seeks approval of £60k for the purchase of 2 neoprobes, and additional maintenance, used by surgeons during breast cancer surgery to find the sentinel lymph nodes which are the first lymph nodes cancer would spread to; finding them helps the surgeons plan appropriate treatment according to spread.

Key considerations for the Committee

- All requests must have the full support of the Executive Committee.
- At 31st December 2025 the Committee Fund is overdrawn by £66k but will have an estimated balance by 31st March 2026 of £87k.
- It should be noted that prior to any further approvals this is the estimated amount available to the committee to start the 2026/27 financial year.
- Ensuring that decisions are made fairly and equitably it is important to highlight that the committee currently have six previous bids which have been "supported in principle" in previous meetings.

Future Funding Implications

It is important that the Committee also consider the future funding implications of the bids "supported in principle" in previous committee meetings. An updated table on the status and funding implications is shown below:

Bid Number	Original Bid Amount for 2026/27	Updated Financial Year Expenditure 2026/27	Estimated Balance of Designated Fund Remaining 31.03.26	Amount Required to Fund 2026/27
	£000	£000	£000	£000
CFC – 274 Decarbonisation	17.5	19.5	10.4	9.1
CFC – 275 Patient and Family Inclusion Officer	67.7	67.7	38.5	29.2
CFC – 276 Volunteer Co-Ordinators	105.0	94.3	74.3	20.0
CFC – 277 Suicide Bereavement Service	51.6	28.6	0.0	28.6
CFC – 278 Language and Interpretation Services	78.4	74.2	28.7	45.5
Total	£320.1	£284.3	£151.9	£132.4

- To assist the Committee in deciding on funding these bids in 2026/27, progress reports are attached in Appendix 3.
- CFC-274 – There has been an increase to the original Bid Amount, due to increase in Salary Costs, following the Pay Award. However the Clinical Sessions funded by the Committee in 2025/26 only began in Dec-25, and



therefore there is a surplus balance remaining from 2025/26 funding. *This has reduced the amount required to be funded for 2026/27.*

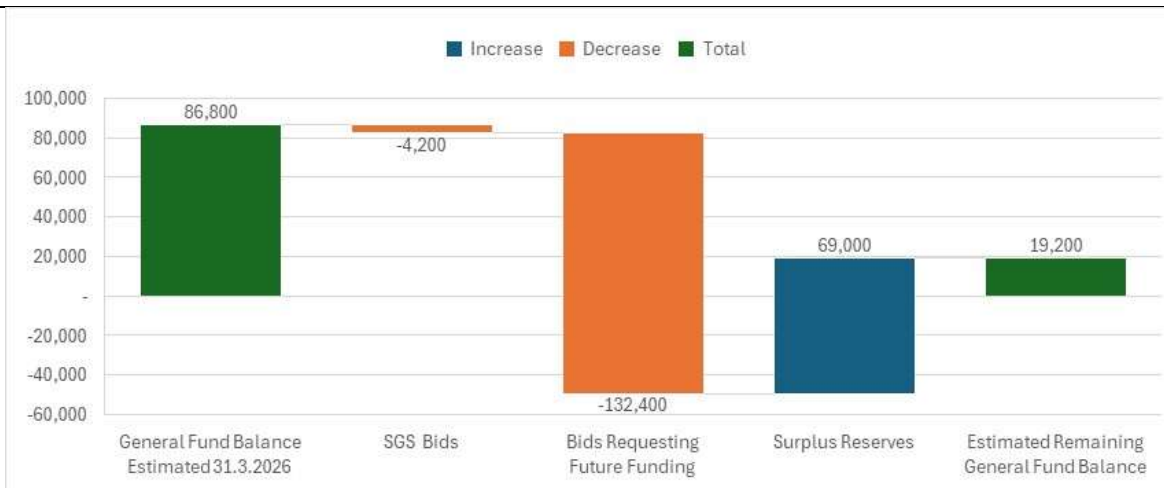
- CFC-275 – The amount required for 2026/27 remains consistent with the original bid. However, there is a balance remaining from the amount funded by the Committee in 2025/26, because of a delay in recruitment. *This has reduced the amount required to be funded for 2026/27.*
- CFC-276 – There has been a decrease to the original bid amount for 2026/27, because of the banding of the Volunteer Co-Ordinators. Band 3 Co-Ordinators have been appointed, instead of the originally intended Band 4's. In addition, due to delays in recruitment and having to readvertise the posts, due to a vacancy, there is a significant surplus balance from the 2025/26 funding. *This has reduced the amount required to be funded for 2026/27.*
- CFC-277 – Total expenditure for 2026/27 is anticipated to be consistent with 2025/26, however the Bereavement Service have been successful in gaining funding for 6 months of 2026/27 from the National Lottery Community Fund, and as a result, there is a reduction in the requirement for the General Fund to support all expenditure. *This has reduced the amount required to be funded for 2026/27.*
- CFC-278 – There has been a decrease to the original bid amount for 2026/27, because of the banding of the Project Manager, who was originally intended as a Band 7, but instead a Band 6 was appointed. In addition, due to delays in recruitment and there is a significant surplus balance from the 2025/26 funding. *This has reduced the amount required to be funded for 2026/27.*

Decisions for the Committee

The Committee currently has insufficient unallocated general funds to support these five previously “supported” bids, in addition to the two Small Grant Scheme Requests presented. The Committee currently has an estimated balance of £87k to support 2026/27 expenditure.

- The following options could be considered:
 1. **Using the surplus reserve of £69k.** This would allow the current bids to be supported but would leave only a small balance remaining to the committee for the remainder of the coming financial year.



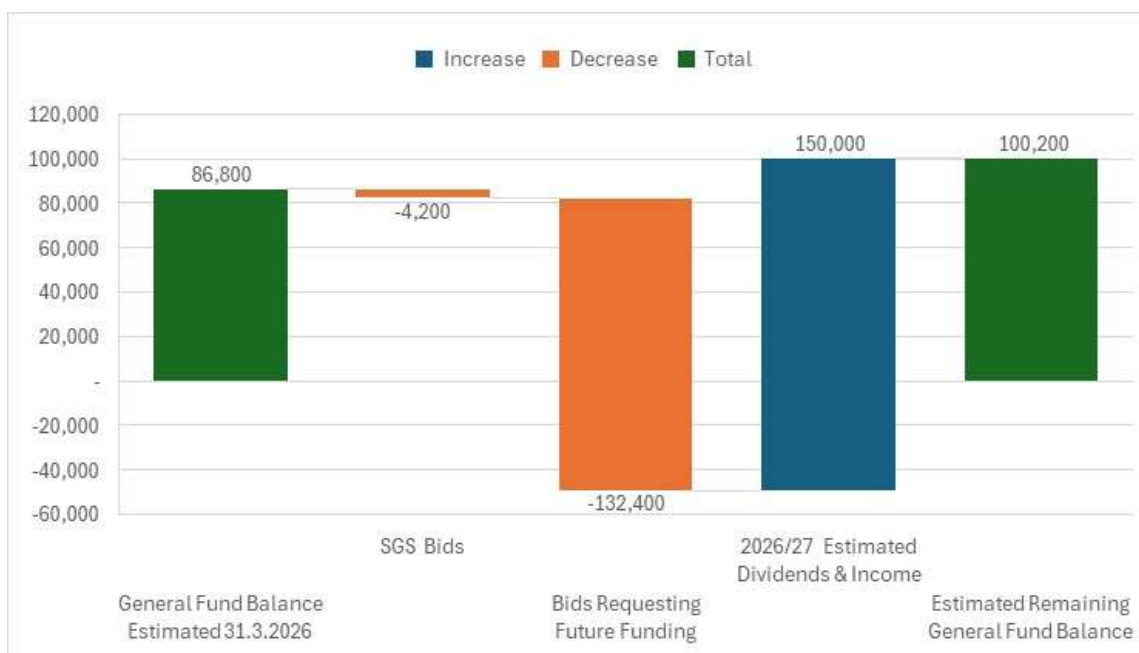


2. Using the *anticipated* 2026/27 dividends and interest currently estimated at £150k. This would yield a greater remaining fund balance, as below, however there is significant risk applied to this.

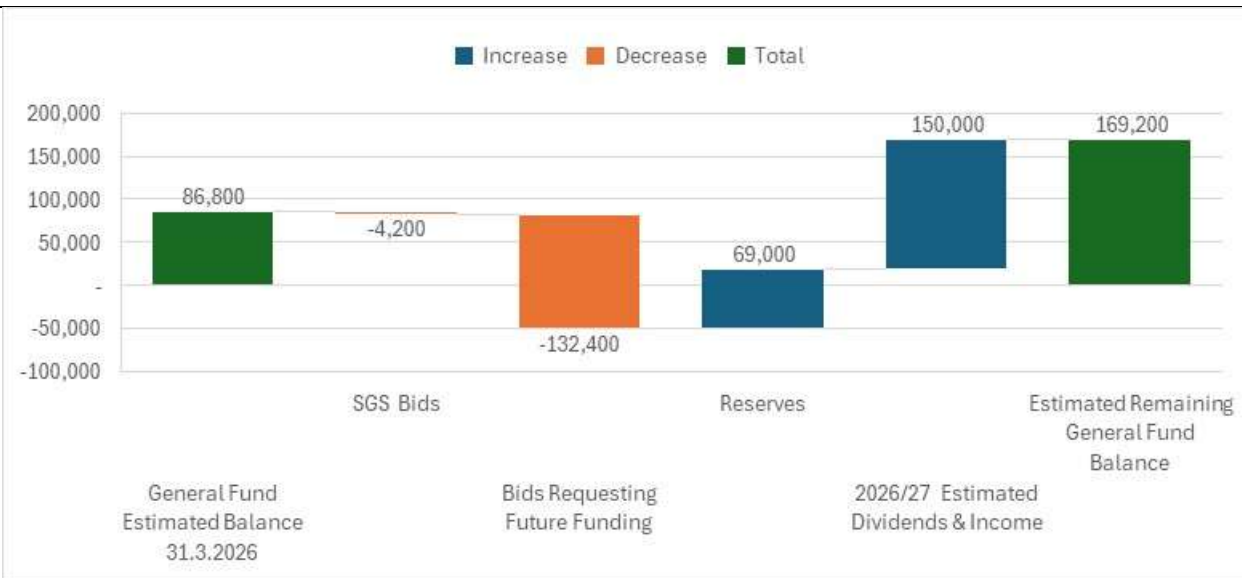
The full amount of dividends and interest for 2026/27 will not be confirmed until March 2027, therefore there is risk that the fund is overdrawn if we assume more than is received.

It should also be noted that the dividends and interest are likely to be less if the Charity continue to draw down from the investments held to support expenditure.

Further concerns relate to market fluctuations, especially considering how the investment has been negatively impacted by world events over the last 12 months.



3. Using both Reserves and the Anticipated 2026/27 dividends and interest. This would yield the greater remaining fund balance, but as per Option 2, there is significant risk applied due to the dividends & interest not being confirmed until March 2027.



- Other items to be considered are:
 1. Further funding from reserves after their review, later in the year.
 2. Review of property portfolio – potential to sell remaining items.
 3. Repurposing other funds as suggested in agenda item 3.4 Proposal for Flexible use of Funds.

Conclusion

Reviewing the above options, utilising the surplus reserve, would be preferable. This option provides the greater security on the amount available, whilst also providing a small amount remaining to the Committee to support future bids in 2026/27.

The option to utilise the anticipated dividends and interest for 2026/27 would place too much of a risk on the amount available to the Committee, due to not knowing the full amount until March 2027 and the further risks mentioned above.

Further funds available to the Committee will be discussed in agenda item 3.4.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to consider all requests and provide direction on which option they would approve to support the funding of the bids.

**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
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)	
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>



Charitable Funds

Small Grants Scheme Application – Max £5k

CFC/SGS 036

1. Name of ward or department and hospital:

ABUHB, Patient Experience and Involvement Team, Ffrind I Mi Volunteering Service.

2. Description of item/service required:

To provide a programme of thank-you events and small appreciation gifts for ABUHB Ffrind i Mi volunteers during National Volunteers’ Week (first week of June 2026). National Volunteers’ Week is an annual UK-wide celebration of volunteering, and Aneurin Bevan University Health Board recognises and marks this occasion each year. It is an important opportunity to acknowledge the invaluable contribution that volunteers make to patient experience, staff support, and the wider compassionate culture of the organisation.

As part of this celebration, we aim to host a series of local base-level events across nine hospital and community sites, offering refreshments and an opportunity for volunteers to come together with staff. These events will culminate in a larger finale celebration event, bringing volunteers from across the Health Board together to recognise their collective impact.

In addition, small practical gift packs will be provided as tokens of appreciation. These will include useful items such as water bottles, pens, pencils, torches (for darker visits) trolley keyrings, and other practical branded items designed to support volunteers in their day-to-day roles. These gestures help reinforce how much their contribution is valued while strengthening engagement, morale, and connection to the service.

The Ffrind i Mi service currently has over 300 active volunteers who collectively provide more than 20,000 hours of unpaid support to patients each year. This represents an exceptional contribution to patient experience, companionship, and operational support across the Health Board. While volunteers are occasionally recognised through Staff Awards, attendance at these is necessarily limited and only a small number of volunteers can be acknowledged in this way. National Volunteers’ Week therefore provides the only dedicated and inclusive opportunity to celebrate and thank *all* volunteers for their outstanding contribution. A structured programme of appreciation events ensures that every volunteer, regardless of location or role, feels recognised and valued.

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.

The costs outlined below cover the full programme of National Volunteers' Week activities, including site-based events, a finale celebration, and practical appreciation gifts for volunteers. All costs include estimated delivery where applicable. There are no ongoing or maintenance costs associated with this proposal.

Event Costs

- **Refreshments for nine local site events – £450**
 Light refreshments including tea, coffee, and cakes for small group gatherings across all ABUHB hospital and community sites. These events provide accessible local opportunities for volunteers to come together with staff and feel valued.
- **Hire of hall, buffet, refreshments and IT equipment for finale event (capacity 50) – £900**
 This larger celebration event will bring volunteers together from across the Health Board, offering a structured thank-you event with presentations and recognition activities.

Volunteer Gift Packs (practical items designed to support volunteers in their roles)

The following items have been selected specifically because they are useful, practical tools that volunteers can use during their duties. They support comfort, safety, and visibility during volunteering and help reinforce volunteers' sense of belonging to the Ffrind i Mi service.

- **Torch keyring with logo – £600**
 Beneficial for volunteers who support patients or move between sites during darker morning or evening hours.
- **Retractable ID badge holder – £500**
 Aiding ease of access to ID cards and enhancing professionalism and visibility while moving around clinical and non-clinical spaces.
- **Notepads with logo – £700**
 Useful for jotting down messages, observations, wayfinding details, or notes from volunteer briefings.
- **Trolley coins – £400**
 Helpful for volunteers undertaking errands or supporting patients with access to lockers and equipment requiring coin-release mechanisms.
- **Ffrind i Mi branded pens – £500**
 A practical everyday item that volunteers can use during shifts and which also helps reinforce their identity as part of the team.
- **Thank-you confectionery – £150**
 A small but meaningful gesture of appreciation, contributing to volunteer wellbeing.
- **Dog treats for therapy dogs – £5**
 Supporting the small number of volunteers who work with therapy dogs and enhancing patient-facing interactions.



TOTAL = £4205

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

Volunteers Week events and the accompanying thank-you gift packs will play a vital role in recognising, motivating, and retaining our volunteer workforce, who are an essential and highly valued part of patient care delivery. A well-supported and appreciated volunteer team directly enhances the quality of patient experience, as volunteers offer companionship, reassurance, wayfinding, practical support, and emotional comfort within our hospitals and community settings. Maintaining volunteer morale is therefore key to sustaining these benefits for patients.

By investing in volunteer appreciation, we are supporting the continuation of services that help reduce patient anxiety, alleviate loneliness, and provide timely non-clinical assistance to busy wards and departments. Volunteers who feel valued are more engaged, more confident in their roles, and more likely to continue offering their time. This supports both clinical and non-clinical teams by freeing up staff capacity and contributing to a calmer, more person-centred environment for patients.

The programme of events will also strengthen relationships between volunteers and staff across the Health Board. Volunteers often work independently or across different sites, with limited opportunities to connect with peers. Bringing volunteers together through celebration events helps foster a stronger sense of community, shared purpose, and belonging. Evidence shows this enhances wellbeing, resilience, and longer-term commitment—all of which translate into more consistent, high-quality volunteer support for staff and patients.

Furthermore, many volunteers give substantial amounts of time each week, often in emotionally challenging environments. Providing small but thoughtful tokens of appreciation, such as practical gifts they can use during their volunteering, reinforces the message that their contribution is genuinely valued. This helps maintain volunteer wellbeing, which in turn supports the stability of services that rely on them.

The scale of volunteering within ABUHB underscores the significance of this recognition activity. The contribution our volunteers make to patient experience, wayfinding, companionship, and staff support is substantial. Ensuring these volunteers feel valued is essential to sustaining this level of engagement. While recognition at the Staff Awards is always appreciated, the limited capacity of those events means that only a handful of volunteers can take part. Dedicated appreciation events during Volunteers' Week offer a fair, inclusive and meaningful way to acknowledge the entire volunteer workforce, reinforcing their motivation and long-term commitment to supporting patients and staff.

Overall, this funding will ensure that our volunteers feel recognised and supported as integral members of the wider healthcare team. Their continued engagement has a direct and positive impact on patient experience, staff workloads, and the compassionate culture we aim to uphold across Aneurin Bevan University Health Board.

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

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

No further funding has been applied for.

6. Other supporting information:

Volunteers Week provides an important opportunity to highlight the value and impact of our volunteers, who play a key role in enhancing patient experience and supporting busy clinical and non-clinical teams. This small grant will enable us to deliver meaningful recognition that we would not be able to fund through core budgets.

The event and thank-you gift packs will help strengthen volunteer engagement, morale, and retention. Many of our volunteers give significant time each week, often in emotionally challenging environments. A small but thoughtful gesture of appreciation can have a significant positive impact on their sense of belonging, motivation, and wellbeing.

Bringing volunteers together during National Volunteers' Week also supports wider organisational goals around compassionate leadership, wellbeing, and person-centred care. Volunteers often work independently or across different locations within the Health Board and may not have regular contact with one another. Creating dedicated opportunities for peer connection and recognition strengthens the volunteer community, fosters resilience, and promotes a shared identity and purpose.

The Health Board's Ffrind i Mi volunteering model is built on the principles of kindness, inclusion, and partnership. Recognition activities such as those proposed reinforce these values and demonstrate that volunteers are respected and valued as integral members of the healthcare team. This not only benefits volunteers themselves but also has a positive ripple effect for patients and staff, supporting a culture where contribution is acknowledged, relationships are strengthened, and people feel motivated to give their best.

It is also important to note that, following the sale of 13 Clytha Square, the Volunteer Service has experienced a loss of income that would previously have contributed to volunteer recognition activity. As a result, without support from the Small Grants Scheme, it would not be possible to fund Volunteers' Week events or volunteer appreciation gifts at the scale required to appropriately recognise over

300 volunteers. This grant will therefore directly enable us to continue delivering meaningful recognition for an essential workforce whose contribution significantly enhances patient experience and staff wellbeing.

This funding will therefore help us recognise our volunteers, reinforce their value, and ensure they feel supported as part of the wider team that delivers high-quality patient care.


As always, recognition will be given to Aneurin Bevan Health Charity for supporting the event.

7. Submitted by:

Name: Kathryn Thomas	Job title: Senior Programme Manager
Telephone:	Email: Kathryn.Thomas4@wales.nhs.uk

8. Supported by:

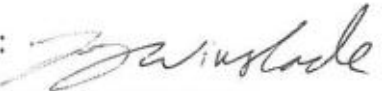
This must be signed by the Directorate Manager/Head of Service

Name: Tanya Strange	Date: 09/02/26
Job title: Head of Nursing	
Signature: 	

9. Sponsored by:

This must be signed by the Executive Director

Name:	Date:
Job title:	

Signature: 	Executive Director of Nursing
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Please note you will be asked to complete an evaluation form to demonstrate how your small grant has made a difference.

Please e-mail completed application to: Charitable.Funds.ABB@wales.nhs.uk

For Executive Committee Use

Approved	Not Approved
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Next Action:	Reason:
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For Charitable Funds Committee Use

Approved	Not Approved
Next Action:	Reason:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Charitable Funds Committee Bid Ref: CFC –

Bid for (Breast Neoprobes)
For (Breast Service – General Surgery)
At (YYF/RGH)

1. Introduction

A Neoprobe is a small handheld device surgeons use during breast cancer surgery to find the sentinel lymph nodes. These are the first lymph nodes cancer would spread to, so finding them helps the surgeons plan appropriate treatment according to spread. Before surgery, a tiny amount of a safe radioactive tracer is injected. During surgery, the Neoprobe “beeps” or shows numbers to guide the surgeon to the nodes that absorbed the tracer. This helps the surgeon remove only the important nodes, avoiding unnecessary surgery.

The Breast unit currently has two neoprobes, both are end of life and so a maintenance contract can not be taken out on them. If they should fail, they are past the point of repair.

The current quote for replacement items is **££51,970.00 plus VAT**

2. Background

A Neoprobe is a small handheld device surgeons use during breast cancer surgery to find the sentinel lymph nodes. These are the first lymph nodes cancer would spread to, so finding them helps the surgeons plan appropriate treatment according to spread. Before surgery, a tiny amount of a safe radioactive tracer is injected. During surgery, the Neoprobe “beeps” or shows numbers to guide the surgeon to the nodes that absorbed the tracer. This helps the surgeon remove only the important nodes, avoiding unnecessary surgery. Neoprobes offer a long-proven record of reliable, high-sensitivity gamma detection supported by more than 20 years of clinical use, and recent updates—such as the new 10 mm straight and angled probes—improve access, visibility, and allow smaller incisions during sentinel lymph node surgery. Their Bluetooth-enabled probes provide precise localization, while the system’s design eliminates the need for calibration or preventative maintenance, reducing downtime and simplifying workflow in theatre. Altogether, Neoprobes combine dependable performance, upgraded surgical

precision, and operational efficiency, making them a practical and trusted investment for breast cancer services.

The Breast unit currently has two neoprobes, both are end of life and so a maintenance contract cannot be taken out on them. If they should fail, they are past the point of repair. The six Consultant Breast surgeons are in support of replacing these items as quickly as possible.

The Health Board is under sustained financial pressure, limiting the ability to fund all capital schemes. The Breast Unit has benefited from significant fundraising efforts which will allow for the funding of these essential items.

3. Key Issues

The current neoprobes are end of life, we cannot take a service contract out on them to maintain their use. Should they fail patients will be without a reliable way to identify cancer in lymph nodes. Two probes are required as one is based at RGH and the other at YYF, they can not be moved between sites if one fails as lists run concurrently at both sites.

3.1 Category of Bid

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

Purchase of equipment.

3.2 Description of the Bid

The purchase of two neo probes will sustain a reliable lymph node spread detection for patients undergoing breast cancer surgery. This will minimise the treatment patients will need to have as only cancerous nodes will be removed. There is no budget in General Surgery for these items, but the maintenance contracts will be absorbed within core funding.

3.3 Outcome Measures & Benefits

All patients undergoing cancer surgery will continue to be assessed for lymph node spread.

Continuity of Cancer Services: Prevents disruption to breast cancer surgery due to equipment failure.

Improved Surgical Precision: Enhanced probes support minimally invasive, accurate lymph node localisation.

Operational Efficiency: No calibration or maintenance demands reduce theatre delays and long-term servicing costs.

Full Funding Secured: Breast fundraising will cover the entire purchase cost, protecting capital budgets during a period of financial constraint.

3.3.1 Activity Analysis

The service undertakes 25 all day operating lists a month, 100 patients each month are assessed for lymph node spread.

3.3.2 Benefits

Neoprobe is minimally invasive and allows for easy detection of lymph node cancer spread. Without the probes the surgeons would need to use blue dye, which has lower visibility than neoprobes and is therefore less reliable. Without neoprobes patients may have unnecessary lymph node removal.

3.4 If the Bid is not Supported

The service would have to use the less reliable blue dye method of identifying cancer spread. Without neoprobes patients may have unnecessary lymph node removal.

3.5 Bids relating to Additional Staff Resources

These kinds of bids are not generally supported but that is not to say they are never supported. However, the following additional information is required:

- *What period is the committee being asked to fund staff?*
- *What is the tenure of appointment proposed for the new staff?*
- *Who has accountability for the staff?*
- *What happens when funding comes to an end to the staff and the new service that they have provided?*
- *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.*

4. Financial Analysis

Capital costs of **£51,970.00 plus VAT**

4.1 Funding Requested

£51,970.00 plus VAT

What is the proposed procurement route?

Procurement are supporting with the prospective purchase

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.

Fund Ref: F303 ABB Breast centre *Current balance* £275,968.85

4.3 Revenue Costs

This section should set out any revenue costs associated with the bid (e.g. maintenance contracts) or say that there are none if that is applicable.

As with the current equipment, maintenance costs will be absorbed within the core general surgery budget

4.4 Revenue Costs - Affordability

There are financial benefits, neoprobes allow for the accurate detection of lymph node cancer spread so theatre time is limited to removing only the affected nodes.


5.0 Conclusions and Recommendations

This charitable bid seeks approval to replace the two Neoprobe Gamma Detection Systems currently in use within the Breast Unit. These devices are essential for sentinel lymph node biopsy (SLNB), a core component of breast cancer surgery. Both existing units have reached end-of-life, cannot be covered under a maintenance contract, and are now beyond repair. Failure of either device would cause immediate disruption to breast cancer surgical services. The six Consultant Breast Surgeons unanimously support urgent replacement. Charitable funds secured through significant fundraising efforts will fully cover the purchase, ensuring no draw on the Health Board's limited capital budget.

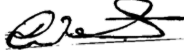
Bid Prepared by:

Name:	Dawn Baker Lari
Title:	Directorate Manager
Date:	13/2/26

Supported by Division

General Manager:	Ian Jenkins
Signature:	
Date:	17/2/26

Executive Sponsor

	Leanne Watkins
Signature:	
Date:	20.02.2026

ANEURIN BEVAN HEALTH BOARD CHARITY

Charitable Funds Committee

Bid Ref: CFC – 274 Bid for Funding of Clinical Sessions for Planning – Clinical Futures at St Cadocs HQ

Progress Report

1. Introduction -

CFC Approval Notes:

Amount approved: £16,623

Amount Requested:

Year 1 (2025/26)- £16, 623

Year 2 – (2026/27) - £17, 454

Year 3 – (2028/29) - £18, 327

Bid Duration: 3 years sought, but 1 year approved.

2. Background

The funding bid was for one session a week for a clinical lead to work on the Decarbonisation programme, reducing the carbon emissions and waste from clinical activities, whilst maintaining, or improving patient care/safety.

The funding was required to ensure dedicated time to address and lead on required changes within the clinical setting to achieve a reduction in the carbon emissions from clinical activity.

3. Overview

Over the last year, the priorities for the Clinical and Healthcare workstream have been:

- Reduction in waste from medical gases and medicines
- Reduction of unnecessary blood tests
- Education and engagement
- Gloves R Off
- Reduction in waste from sterile packs, e.g. draping

4. Outcome Measures & Benefits

Activity Analysis

Progress against the 5 priorities for 2025-26

Reduce the waste from medical gases and medicines

- Instructed and co-ordinating the decommissioning of the N2O manifold in GUH (by end 2026)
- Instructed and co-ordinating the decommissioning of the Entonox manifolds in RGH
Following latest guidance and recommendations by Royal College of Anaesthetists, Association of Anaesthetists of Great Britain and Ireland and the Policy for the sustainable procurement, management, administration and disposal of medical gases within the hospital setting to achieve decarbonisation published in May 2025.
- Contributing member of the Medical Gases Governance Group
- Member of the Medical Gases Cylinders meeting working to develop a SOP for cylinder management, setting up a working group to improve the communication with medical gas suppliers and aiming to embed medical gas management into Medicines Management Programme to ensure governance and compliance with current required standards (above)
- Approval of WG funding for an Entonox destruction unit (awaiting confirmation of arrival date) to further reduce the impact of Entonox in Maternity.
- Linked in with Pharmacy to understand the process for managing the medicines and what changes will be coming in to make this process easier
- Identified medicine waste within anaesthetic room cupboards and fridges across all sites due to routine stocking of infrequently used medications.
- Implemented grab boxes for infrequently used anaesthetic and emergency medications. (Savings for the 2 points above are not available at the time of completing this report).
- Progression of the the switch over from using Ethyl Chloride to test regional anaesthesia blocks to ice/ice sticks. There has been no purchasing of Ethyl Chloride for theatres at YYF since June 25. This change in practice has saved around £195 per month (based on previous average monthly spend). Predicted savings of approximately £17k in GUH Maternity (highest identified spend across ABUHB) and £34k across the remainder of Theatres for 2026/27 if this change can be implemented and sustained. Ethyl Chloride can persist in the atmosphere for as long as two months, is toxic for animals



- and plants. Savings from disposal of cans (cannot be recycled as always residual product) are yet to be confirmed.
- Clinical lead's ABUHB Sustainable IV paracetamol guideline has been endorsed by Medicines Management Programme Board and the Medicines and Therapeutics committee. It was published on the intranet in September 2025 [4. ABUHB IV Paracetamol Guideline](#) and presented at Medical Grand Round in January 2026.
 - Oral perioperative paracetamol audit at RGH completed by a 3rd medical student and senior anaesthetic registrar. Potential savings of £672 over 1 month were identified, with carbon savings of 37.41 KgCO₂e, by switching from IV intraoperatively to oral per-operatively for eligible patients. Ongoing work regarding engagement of prescribers and nursing staff regarding appropriate use of IV paracetamol and other medicines.

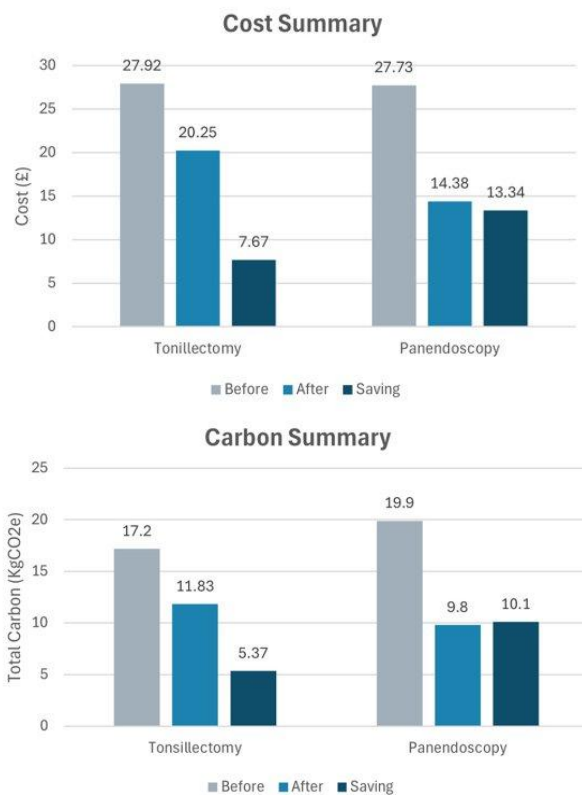
Education and Engagement

- Staff engagement sessions across RGH, NHH, GUH and YYF
- Increased QI projects by junior doctors with the support and guidance of the Clinical Lead.
- Sharing of good practice and increasing number of specialities participating in Green Healthcare projects, such as Trauma and Orthopaedics switching from single use battery powered equipment for joint replacement surgery to reusable power units. Last year they used approximately 22400 AA batteries, this has resulted in a reduction of approximately, 2.24 tCO₂e
- For the reduction in use of sterile draping in non-sterile procedures, links were made with Maxillofacial, ENT, general surgery and Gynaecology who have changed practice to limiting the use of sterile drapes for non-sterile procedures, whilst utilising sterile sheets within theatre operating sets.
- Clinical lead presented at the Anaesthetic Specialist interest area study day 8th April 2025 regarding sustainable anaesthesia/healthcare. Clinical lead will supervise an anaesthetic trainee undertaking a non-clinical module in Management/leadership, Education and QI with dedicate time to progress existing and undertake new sustainable healthcare projects. The first anaesthetic registrar started in February 2026 for 6 months. There will be another registrar to follow from August 26.
- Attended the NHS Wales Sustainability Conference and Awards in June 2025

- Supported a medical student to present her sustainability work with ENT colleagues at the Greener Surgery Research conference in December 2025.
- Clinical lead presented at Grand Round to highlight IV paracetamol guideline in January 2026.
- Clinical lead met Dr Seema Srivastava, Executive Medical Director, to further establish links and to seek support to embed sustainable healthcare into clinical pathways and guidelines (aligned with NHS Wales Sustainable development plan)
- Addition of sustainability as a standing item on the agenda of monthly Theatre Innovation Board meetings.
- Continued attendance at Wales Critical Care, Emergency Medicine & Trauma Network: Value & Sustainable Working Group and H&SC Climate Emergency National Programme, Community of Experts whenever practicable.

Reduction in Waste and single use items

- Removing the use of sterile drapes for non-sterile procedures for ENT resulted in the below savings per procedure:



In Gynaecology, over a 6-month period and 543 cases, there has been estimated savings of £2910.48 and 1221 kg CO2e.



Maxillofacial originally piloted the project for one procedure and one site and have since spread it to other sites and procedures. Their initial savings were 53 drapes over two months.

Not using sterile drapes has also saved time for staff and for the ENT and Maxillofacial procedures. For patients having surgery under local anaesthesia, it has improved their experience as they are no longer draped from head to toe.

- Central line insertion packs in Intensive care. Spread and scale of an anaesthetic registrar's project to streamline central line packs after identifying significant waste within the standardised sterile pack. The streamlined packs are being trialled in ICU and will be adopted across main theatres and Emergency departments if adopted.
- 'Good news' stories across ABUHB theatres with staff utilising drapes and kit which had previously been wasted prior to use. Examples are the use of 'extra' U shaped drapes for preparation of patients for total hip replacement surgery.
- Exploring reusable devices such as 'Remanufactured' energy devices and reusable theatre tray wrap.

Gloves R Off

- Reducing unnecessary glove use has now become embedded within the ward accreditation

Reducing Unnecessary Blood Tests and Investigations

- Pilot ward identified as RGH COTE, to be implemented in April and then spread to other COTE wards and then onto Medicine.
- Exploring unnecessary arterial blood gas sampling in ICU setting
- Endoscopy team have implemented a project to reduce unnecessary histology testing.

5. What you've learned

There has been a continued increase in the number of individuals, teams and in some cases departments, who are now invested in Green Healthcare and are investigating and implementing changes to their practices to reduce their carbon footprint and make financial savings.

It has been great to get agreement to transition to local use of medical gas cylinders rather than from a manifold supply in areas of low use. This has been helped by the publication of guidance from

AWTTC and WG. In some areas, teams are looking for alternatives to Entonox.

The ongoing challenge is regarding behavioural change and the need to embed sustainable Healthcare into 'business as usual' rather than staff thinking of this as a bonus or extra work.

We continue to encounter barriers to implementing changes that have been done across other hospitals or within other HBs across Wales.

6. What you've spent this year

The budget was for one session a week at £16623 and this is how much will be spent at the end of the funding term.

This was the second year this post had been supported financially and the same person remained in post, so the full 12 months were covered.

Estimated March 26 spend £6,269.91

7. What are you planning to spend during the next financial year

The value of the bid for the coming financial year of 2026/27 is £19,465 due to increase in salary costs.

8. How you're changing what you do

Based on this year, we have adjusted some of the priorities for 2026-27 are:

- Reduction in the waste from medical gases and medicines, e.g. IV v Oral medication, Entonox reduction and a SOP for gas cylinder management
- Spread and scale the draping project
- Education and engagement
- Unnecessary testing, e.g. bloods, MRSA and biopsies
- Establishment and development of a Ward/Nurse led decarbonisation group

The clinical lead is keen to continue trying to embed sustainability into business as usual and is planning to present a 'show case' of the projects at the Value and Sustainability board, with the aim of further spreading the important work of the Decarbonisation Programme.

These changes will improve patient experience, decrease the demand on resources, reduce costs and carbon emissions, to improve population health.



9. Conclusions

Without dedicated time, the clinical lead would not be able to progress the huge amount of work that has been started. We therefore believe that the funding has been invaluable to the clinical lead continuing in their role and to the progress of the Decarbonisation Programmes clinical workstream.

Evaluation Prepared by:

Name:	Francine Phillips
Title:	Service Improvement Manager
Date:	25/02/2026

ANEURIN BEVAN HEALTH BOARD CHARITY

Charitable Funds Committee

Bid Ref: CFC – 275 Patient and Family Involvement Officer

Progress Report

1. Introduction -

CFC Approval Notes:

Amount approved: £70,869.50

Amount Requested: £138,589

Bid Duration: 2 years sought, but 1 year approved.

2. Background

This progress report outlines the activity undertaken as part of the Patient and Family Involvement Officer role during the approved 12-month funding period. **Note:** the post holder has only been in post since October 2025.

The creation of the Patient and Family Involvement Officer role was driven by clear organisational need identified through national and local strategies, including the Quality Strategy, Patient Experience and Involvement Strategy, and the national People's Experience Framework. The original bid highlighted increasing complexity within the healthcare environment and recognised that meaningful engagement with patients and families is essential to safe, high-quality and person-centred care.

At the time the proposal was developed, existing mechanisms such as PALS and CIVICA were providing important insight but were significantly stretched. There was no single Health Board-wide point of contact for families experiencing complex concerns, nor capacity to coordinate patient stories, People Participation Panels, intergenerational programmes, or consistent patient-experience practices across wards and services. These gaps resulted in fragmented support, missed opportunities for learning, inconsistent feedback processes, and variable standards of involvement across ABUHB.

The bid therefore sought dedicated leadership to bring coherence, capability and pace to multiple patient-experience workstreams. It emphasised the need to strengthen feedback mechanisms, enhance accessibility, support staff with the emotional and operational demands of patient experience, and build sustainable infrastructure for patient and public involvement. The intention was to ensure that patient and family voices were not only heard but systematically embedded in service improvement at every level.

The approval of this post represented an important investment in strengthening organisational culture, modernising patient-experience processes, and ensuring the Health Board had the capacity to meet growing expectations around involvement, communication, and responsiveness. This progress report outlines the work delivered to date in line with the ambitions articulated within the original bid.

3. Overview

The Patient and Family Involvement Officer has delivered substantial progress across all areas outlined in the original proposal, providing both operational capacity and leadership to strengthen patient, family and community involvement across the Health Board. Since commencing in post in October 2025, the postholder has contributed to a wide range of workstreams, with activity spanning PALS support, staff training, digital storytelling, patient experience systems, partnership development and wider organisational engagement.

A significant proportion of work has involved strengthening PALS and Patient Support Officer (PSO) capacity through day-to-day operational support. This has included undertaking PSO wellbeing check-ins, completing initial assessments, holding 1:1s, completing PADRs, leading team meetings when required and providing ongoing guidance to ensure a coordinated and compassionate approach to patient enquiries and concerns.

The postholder has also supported the management and resolution of patient enquiries, many of which have been cancer-related, ensuring they are progressed through appropriate Datix and PALS processes. In addition, they have taken a lead role in the rollout of PALS stickers across all hospital sites, with delivery completed at GUH and further work planned for STC and YYF alongside chaplaincy colleagues.



The role has also provided essential resilience to the CIVICA patient feedback system, acting as the point of contact during periods of leave for the Civica lead, unlocking staff accounts, supporting the upload of digital patient stories, and working with Information Governance on language-translation pathways to strengthen accessibility and data quality within the system.

A major area of progress has been the development and coordination of staff training to improve accessibility and inclusive communication. The postholder has organised and led a 15-week BSL Level 1 programme (Cohort 1 live, Cohorts 2 and 3 in planning stages), delivered Deaf/Deaf-Blind Awareness Training (Sessions 1 and 2 completed with 20 staff attending; Sessions 3 and 4 booked for April with 7 attendees already), and arranged RNIB Vision Friends Training for PALS and PSO colleagues, which was also opened to chaplaincy and volunteers.

These activities represent a significant contribution to improving the Health Board's accessibility and its ability to support patients with sensory-loss needs.

The postholder has strengthened organisational capacity around digital patient stories, having completed formal Digital Storytelling training in November 2025. They have since led multiple stories across diverse pathways, including the completion of the Prehab Cancer Services story; progress on a Carer/Poor Discharge story (awaiting images); completion of home visits and planning meetings for a Sleep Apnoea story with filming booked; and engagement with a bereaved family to progress an End-of-Life and Bereavement story. Further potential stories are being explored with patients following PTR processes, and the postholder is also working with Action Deafness Cymru to support future BSL/Deaf community stories, with meetings scheduled.

Support for People Participation Panels (PPP) has included organisational and facilitation duties, helping deliver meetings, coordinating attendees, and ensuring progress on actions from PPP discussions, including work on BSL YouTube content, training and digital stories.

The postholder has also taken responsibility for organising and supporting the Community of Practice (COP) for patient and family experience, including leading on attendee coordination and preparing for the first meeting held in March 2026.

A further area of significant development has been digital and web-based work. The postholder is leading the creation of both the PEIT intranet and internet pages, and progressing the development of End-of-Life and Bereavement pages, which had been delayed due to staffing absence but are now being advanced with a working draft targeted for submission to Communications by the end of March.

The postholder has provided organisational and facilitation support for multiple Big Conversation events, contributing to sessions on Sepsis (September 2025), "Whose Life Is It Anyway?" focused on care homes (December 2025), and future Organ Donation Big Conversation events now being planned.

Intergenerational work has also progressed strongly. The postholder is leading on the development and expansion of Intergenerational Partnerships, attending monthly consortium meetings, establishing objectives focused initially on Caerphilly and Torfaen, and supporting new collaborations. This has included discussions with Emergency Department colleagues about showcasing children's singing on hospital screens, as well as attending Integrated School Programmes at Heolddu School (December 2025) and Caldicot School (March 2026).

Collectively, these activities demonstrate that the role has become central to driving patient and family involvement work across the Health Board. The postholder has established a strong foundation of progress across all areas envisaged in the original bid: operational support, involvement structures, accessibility improvements, digital innovation, partnership development and cultural change. The breadth and depth of work undertaken during this period illustrates both the need for, and the early value delivered by, this dedicated leadership capacity for patient and family experience.

4. Outcome Measures & Benefits

The introduction of the Patient and Family Involvement Officer has delivered clear and measurable benefits to patients, families, staff and the wider organisation. The outcomes achieved to date reflect both the breadth of activity undertaken and the depth of improvement across key areas such as accessibility, feedback systems, patient involvement, staff capability and organisational culture.



1. Benefits to Patients and Families

- **Improved accessibility and equitable communication**

A major benefit has been the strengthening of support for patients with sensory-loss and communication needs. The rollout of a 15-week BSL Level 1 programme (Cohort 1 delivered, Cohorts 2 & 3 planned) ensures staff are developing foundational skills in responding to Deaf and hard-of-hearing people. Deaf and Deaf-Blind Awareness sessions have already trained 20 staff, with further sessions booked, while RNIB Vision Friends training has increased staff confidence in supporting people with sight loss. These developments are directly improving communication quality, patient independence, and dignity during care experiences.

- **More compassionate, coordinated support for complex concerns**

Regular PSO wellbeing check-ins, 1:1s, PADRs and direct support with complex enquiries (including many cancer-related cases) have improved the consistency and responsiveness of PALS interactions. Families are now receiving timely, compassionate support from a more reassured, aligned and confident PSO workforce. The role has helped reduce escalation, improve information flow, and ensure that patient concerns are resolved more effectively, supporting a calmer and more person-centred experience for families.

- **Enhanced visibility and responsiveness of feedback mechanisms**

The postholder's work in supporting the Civica system, unlocking staff accounts, uploading digital patient stories, acting as point of contact during staff leave, and progressing translation pathways—has improved the quality, accessibility and reliability of patient feedback data. Patients now benefit from greater assurance that their experiences are heard, recorded and acted upon.

- **Strengthening the voice of patients and families in improvement**

The postholder's work with People Participation Panels (PPP), the Community of Practice (COP), Big Conversations and intergenerational partnerships has increased the number and diversity of people contributing to service design. Patients and families now have more structured, supported opportunities to influence decisions, shape care pathways, and co-design improvements with staff.

- **Improved patient empowerment through digital storytelling**

Digital patient stories have expanded significantly, with multiple stories being supported at once, across cancer services, end-of-life care, sleep apnoea, and carer experiences. These stories are powerful tools for ensuring patients' lived experiences directly inform staff learning, care redesign and system-wide improvement.

2. Benefits to Staff

- **Greater confidence, capability and wellbeing**

Staff have benefitted from increased support through improved PALS structures, wellbeing check-ins, targeted training, and responsive guidance from the postholder. This has reduced emotional burden, strengthened team cohesion, and enhanced resilience in handling emotionally complex cases. Training in BSL, Deaf awareness and Vision Friends have increased staff competence in supporting patients with additional communication needs.

- **Improved access to patient-experience systems and insight**

Through Civica support, digital story development and improved patient-voice mechanisms, staff have more accessible, meaningful insight into patient needs and experiences. This helps staff understand "what matters" to patients and adapt their care approach accordingly.

3. Benefits to the Organisation

- **More coherent, joined-up patient-experience infrastructure**

The bid aimed to bring coherence to multiple fragmented patient-experience workstreams, and this has now been achieved. The Officer has created structured links between PALS, Civica, PPP, COP, digital stories, training and intergenerational programmes, resulting in greater consistency, clearer pathways and a more unified approach to patient experience across the Health Board.

- **Greater organisational accessibility**

Through the expansion of sensory-loss related training, work with information governance on translation pathways, and development of accessible digital content (e.g., BSL YouTube, PEIT webpages), the organisation is progressing towards a more inclusive, equitable service model.



- **Enhanced culture of learning and involvement**

Digital stories, PPP, COP, Big Conversations and collaborations with intergenerational partners have created a more relational, inclusive culture, moving the organisation from transactional feedback processes to meaningful involvement structures.

- **Improved data for learning and improvement**

The Officer's Civica and digital-story actions have increased the quantity and quality of feedback, enabling more robust themes, trends and actions to be generated. This has strengthened learning loops, improved service responsiveness and enabled more targeted improvement.

5. Activity-Based Outcome Measures

Accessibility & Training

- 20 staff trained in Deaf/Deaf-Blind awareness (Sessions 1 & 2)
- 7 further staff booked for April sessions
- 1 BSL cohort underway, 2 more in active planning
- RNIB Vision Friends training delivered for PALS/PSO staff and expanded to chaplaincy and volunteering teams

Digital Stories

- 1 story completed (Prehab Cancer Services)
- 3 additional stories in active development
- Multiple further stories scoped or supported

Involvement Structures

- PPP actions progressed including BSL YouTube content & patient-story development
- COP established with March 2026 first meeting delivered
- Regular attendance and leadership in PPP and COP organisational tasks

Operational Activity

- Regular PSO check-ins, PADR's, 1:1s
- Support for cancer-related PALS enquiries and Datix processes
- Rollout of PALS stickers across GUH, with STC and YYF underway
- Civica account unlocking, translation discussions, and digital-story upload support

Community Engagement

- Intergenerational partnerships expanded across Caerphilly and Torfaen

- Attendance at consortium meetings monthly
- Participation in Integrated School Programmes: Heolddu (Dec 2025) and Caldicot (March 2026)
- Support for Big Conversation events (Sepsis, Care-homes, Organ Donation)

These metrics demonstrate clear, tangible outputs under each section of the original bid's intentions.

6. Early Indicators of Long-Term Impact

Across all these workstreams, early indicators suggest this role is contributing to:

- Reduced risk of complaints escalation
- Stronger, earlier resolution of concerns
- Increased staff confidence in communication and accessibility
- Greater visibility of patient stories and real lived experiences
- A growing culture of involvement and learning
- Improved accessibility for Deaf and sensory-impaired patients
- More consistent PALS processes and patient-support pathways
- Stronger and more diverse patient and family voice representation

These outcomes collectively reflect the strengthening of a compassionate, responsive and patient-centred culture across ABUHB, exactly as envisioned in the original bid.

6. What you've learned

What's gone well? What's not gone well or been challenging? What's been unexpected or interesting? What have you learned that would be useful to others?

Over the course of the first 6 months, a number of important lessons have emerged that reinforce the value of a dedicated Patient and Family Involvement Officer and highlight key areas for continued development across the Health Board.

1. Person-centred care must be proactively supported, resourced and embedded

One of the most significant lessons has been the recognition that person-centred care does not happen by default; it requires dedicated time, expertise and coordination. The postholder's work supporting PALS, PSO wellbeing, complex enquiries and digital stories has shown that when families feel heard, supported and

understood, concerns are resolved earlier, staff experience less emotional strain, and the whole process becomes more compassionate and effective.

This has reinforced the importance of having visible, accessible roles focused on what matters most to patients and families, and of ensuring their stories and experiences are captured and used to inform improvement.

2. Involving patients, families and staff leads to better decisions, better services and better outcomes

The development of People Participation Panels (PPP), Community of Practice (COP), digital storytelling and intergenerational partnerships has demonstrated the impact of involving people meaningfully in shaping services. These structures have enabled a wider range of voices to be heard, including those who have previously been underrepresented, and have shown how service improvement becomes richer, more relevant and more responsive when communities participate in the process.

Similarly, strong staff involvement through training, Civica support, PSO development and partnership working has created a shared understanding across teams of why patient involvement matters and how it can strengthen practice.

3. Accessibility is a core component of high-quality care and requires system-wide focus

The role has highlighted the scale of unmet need relating to sensory-loss, communication barriers and information accessibility. Demand for BSL, Deaf/Deaf-Blind awareness, and Vision Friends training has exceeded expectations, signalling a wider organisational need for accessible communication and inclusive practice. The work to progress translation pathways, improve digital content, and develop accessible online resources has reinforced that accessibility must be embedded as a standard across the Health Board rather than delivered in isolated pockets.

These early achievements indicate that improving accessibility is not just a specialist task but a system responsibility and a fundamental part of safe, equitable and person-centred care.

4. Whole-system working strengthens the resilience, consistency and quality of patient experience

A major learning point has been the value of collaborative, cross-service working. By supporting PALS, PSOs, Civica, Chaplaincy, EDI, community partners and multiple clinical areas, the postholder has demonstrated the benefits of a whole-system approach. Complex concerns and patient-experience issues rarely sit within a single service; they require shared working, aligned processes and consistent standards.

The work across digital stories, Civica, PALS support, PPP, COP and Big Conversation events has shown that when services work together, patient experience becomes more coherent, and learning is shared more effectively.

5. Digital stories and lived experience are powerful tools for culture change

The expansion of digital storytelling has shown how patient and family narratives can shape staff understanding, influence decision-making, and illuminate systemic barriers that may not be visible in quantitative feedback alone. Stories across cancer services, poor discharge, sleep apnoea and bereavement have demonstrated the emotional and practical insight that lived experience brings, helping to shift the organisation towards a more reflective, empathetic and learning-driven culture.

6. Workforce wellbeing, confidence and capability directly influence patient experience

Regular PSO check-ins, PADRs, 1:1 support and training activities have highlighted the connection between staff wellbeing and compassionate care. Supporting staff who handle high-emotion situations reduces burnout, improves consistency and enhances their ability to respond sensitively to patients and families. This learning reinforces the importance of embedding staff support mechanisms into patient-experience work.

7. Investment in patient experience infrastructure delivers value quickly

The speed and breadth of progress demonstrate that building capacity in patient and family involvement generates visible impact across multiple domains including accessibility, staff capability, patient voice, digital transformation, partnership working and complaint reduction. This indicates that dedicated expertise



Challenges

While the introduction of the Patient and Family Involvement Officer has demonstrated significant progress and early impact, several developmental areas have emerged that present valuable opportunities for continued organisational strengthening.

1. Responding to broad and rapidly increasing organisational demand

The post quickly became a key point of contact for multiple workstreams including PALS, PSO development, Civica, PPP, COP, digital stories, accessibility training and intergenerational partnerships. This breadth reflects both the trust placed in the role and the scale of unmet need across the system. Balancing these demands offers an opportunity to refine prioritisation structures, clarify pathways and ensure the post's impact is strategically maximised.

2. Strengthening cross-team continuity to reduce dependency delays

Progress in areas such as the End-of-Life/Bereavement webpages and digital stories has been temporarily slowed by necessary collaborative dependencies, for example, staff absence or awaiting images, permissions or complaint outcomes. Rather than limitations, these situations highlight where new continuity plans and cross-cover arrangements could further strengthen resilience and sustain momentum across workstreams.

3. Navigating the complexity of patient and family concerns

The role has supported a significant number of complex enquiries, particularly within cancer pathways, requiring sensitive communication, coordinated responses and emotional intelligence. While challenging, these cases have reinforced how valuable a dedicated liaison function is and have highlighted opportunities to build more structured escalation and debrief processes to support staff wellbeing and strengthen person-centred outcomes.

4. Meeting the unexpectedly high demand for accessibility and communication training

The extremely strong uptake of BSL Level 1, Deaf/Deaf-Blind Awareness and Vision Friends training reflects a powerful organisational appetite to improve communication with patients

with sensory-loss needs. This growing demand presents a positive challenge: ensuring the Health Board now builds sustainable, standardised accessibility pathways, embeds these skills into mandatory training frameworks and continues progressing towards meeting accessibility standards comprehensively.

5. Enhancing digital and system capability for patient-feedback processes

The need for ongoing Civica support ie account unlocking, translation pathways and digital story uploads, has revealed varying levels of digital confidence across the organisation. This represents a valuable opportunity to strengthen digital literacy, streamline processes and ensure staff across all services can engage confidently and consistently in capturing patient experience.

6. Embedding involvement structures consistently across divisions

Establishing People Participation Panels and a Community of Practice has required substantial coordination, relationship-building and cultural engagement. The early learning highlights how enthusiastic teams are when supported, and how continued engagement, communication and leadership will help embed these structures even more deeply across the Health Board.

7. Managing the emotional intensity associated with digital storytelling

Digital stories, particularly those involving bereavement, end-of-life experiences and difficult journeys, require careful, compassionate engagement. While emotionally demanding, this work has demonstrated the profound impact lived experience can have on staff learning and service improvement. There is an opportunity to enhance emotional-support structures for staff involved in story facilitation, ensuring this powerful learning method remains sustainable.

Emerging Insights and Opportunities

Across the first 5 months of this role, several unexpected and interesting insights have emerged that provide valuable learning for

the Health Board and indicate important opportunities for future improvement.

1. A significant, previously unmet organisational need for accessibility and inclusive communication

One of the clearest insights has been the overwhelming demand for accessibility-related training. Staff engagement with BSL Level 1, Deaf/Deaf-Blind awareness and Vision Friends training has exceeded expectations, with high attendance and immediate requests for additional cohorts. This demand reveals that many staff have long recognised the challenges associated with supporting sensory-impaired patients but lacked the tools, confidence and structured learning opportunities to address them effectively. The scale of uptake demonstrates that accessibility is not a niche requirement, it is a core patient-safety and equality issue that staff are highly motivated to improve. This insight reinforces the need to embed accessibility standards more formally and consistently across all services.

2. Complex concerns highlight opportunities to strengthen early-intervention and emotional-support pathways

The number and complexity of concerns brought to PALS, particularly in cancer services, have been greater than anticipated. These cases often involve high emotion, uncertainty and multiple points of contact across the system. The richness and intensity of this work have highlighted how valuable it is for families to have a dedicated, skilled liaison role supporting them through their journey. This insight underscores the opportunity to develop more formalised escalation pathways, debrief support for staff and structures for learning from complex cases.

3. Digital storytelling reveals powerful but often hidden lived-experience perspectives

The depth and honesty of the digital patient stories that have emerged, particularly around poor discharge, bereavement, sleep apnoea and cancer pathways, have highlighted how many nuances of patient experience are not captured through surveys or written feedback alone. Families have shown strong enthusiasm for contributing meaningfully to improvement when given the right support, space and reassurance. This reveals untapped potential for lived experience to become a stronger driver of quality improvement and service redesign. It also indicates a need to ensure emotional-support systems are in place for staff facilitating these often intense and intimate narratives.

4. Staff are eager for involvement but need structured support and clarity

A positive and somewhat unexpected insight has been the level of enthusiasm among staff to engage in involvement activities when they are supported, guided and given accessible tools. Staff participation in PPP, COP and digital-story work has been strong, demonstrating a real appetite for co-production and improvement. However, staff also express uncertainty about expectations, boundaries and the practical steps of good involvement practice. This highlights a wider opportunity to provide structured frameworks, guidance and training so that involvement becomes a consistent, embedded part of everyday work rather than an additional task.

5. Whole-system working delivers impact quickly when coordination is strong

Work across PALS, Civica, Chaplaincy, EDI, clinical teams, schools, community partners and Communications has shown that patient-experience challenges rarely sit within a single service. Where strong relationships, shared objectives and regular communication have been established, progress has been rapid and outcomes highly positive, such as with the intergenerational partnerships and digital-story processes. This reinforces the insight that involvement is most effective when seen as a shared responsibility across the system, supported by a coordinating role that maintains pace and alignment.

6. Communities are eager to participate when meaningful opportunities are offered

Engagement with intergenerational partners, Action Deafness Cymru, carers and bereaved families has shown a genuine appetite from the community to contribute to the Health Board's work. Families and community groups have responded positively to the relational, compassionate approach introduced by the postholder. This insight shows that meaningful engagement is not only possible but welcomed, and that the Health Board can build stronger

long-term partnerships when structures such as PPP and COP are maintained and supported.

7. What you've spent this year

How much you budgeted for – 70,869.50

*How much you ended up spending 25/26 expected to be **£32,266**, 26/27 expected to be £31,114 (includes March, ytd spend is £27,077, Total for 12 month period expected to be £63,380*

What is the reason for variance between your budget and how much you spent. Post was budgeted top of a B7, but appointed bottom of scale

When did you anticipate someone starting in post, when did they start in post I'm not sure what was anticipated, actual start date October, but my understanding is that the 12 months will still be funded???

*Total Projected spend to the end of the financial year (31/03/26) **£32,266** (includes set up fees i.e. laptop)*

8. What are you planning to spend during the next financial year £31,114

There are no significant changes to the value of the original bid, and the funding requirements remain consistent with what was set out in the initial proposal. The original proposal was for two years, with one year awarded initially.

We are therefore requesting that the bid be continued for a further 18-month period. This reflects the fact that the postholder has only been in role for five months, and additional time is required to fully realise, embed and evaluate the intended benefits, outcomes and long-term impact outlined in the original application.

Continuing the funding over an additional 18 months will enable:

- Completion and consolidation of workstreams already underway
- Embedding of the new structures introduced (PPP, COP, accessibility programmes, digital stories, intergenerational partnerships)
- Full realisation of expected impacts across patient experience, involvement, accessibility and culture
- Delivery of the intended outcomes that were planned across a two-year period but not achievable within the shortened timeframe

9. How you're changing what you do

Have you made any changes based on your experiences and what you've learned? What are your plans for the coming year - and beyond? How will your plans help ABUHB and its patients to thrive?

This version integrates seamlessly with the rest of your report.

How We're Changing What We Do (Expanded)

Based on the learning and insights gained over the first months of this role, several key developments are shaping how we work going forward. These changes reflect a maturing approach to patient and family involvement and align directly with the ambitions of the original bid.

1. Strengthening accessible communication and meeting accessibility standards

A major focus going forward is embedding accessibility as a core foundation of patient-centred care. The significant uptake in BSL, Deaf/Deaf-Blind Awareness and Vision Friends training has shown the scale of organisational need. To build on this:

- We intend for the PALS team to become the first point of contact for the Deaf Community, offering a skilled, confident and inclusive service response capable of supporting patients and families who use BSL or have sensory-loss needs.
- We will build structured pathways so that Deaf patients experience seamless communication support from first contact to discharge.
- We will continue developing online materials (including BSL content) and working with Information Governance to improve translation mechanisms across patient-experience platforms.
- We will explore opportunities to embed accessibility training within mandatory or standardised organisational learning programmes.

These developments support the organisation's movement towards meeting accessibility expectations consistently and proactively rather than reactively.

2. Embedding involvement across the whole system

Learning from PPP, COP, digital stories and intergenerational partnerships shows that involvement is most effective when it is

shared, coordinated and expected across all divisions. To improve this:

- We will strengthen the consistency of People Participation Panels, ensuring each division can contribute and benefit from lived experience feedback.
- The Community of Practice will mature into a regular, structured forum that drives shared learning and collective improvement across patient-experience teams, clinical services and corporate functions.
- We will develop clearer guidance, frameworks and involvement toolkits for staff to help them confidently embed patient and family voices into everyday practice.

This whole-system approach aims to build lasting cultural change where involvement becomes routine, not optional.

3. Enhancing digital story infrastructure and emotional-support pathways

Digital storytelling has proven a powerful tool for learning and culture change. To further develop this:

- We will build clearer pathways for identifying, supporting and progressing digital stories across multiple specialties.
- We are exploring ways to strengthen emotional-support structures for staff who facilitate intense or sensitive stories, ensuring sustainability of the approach.
- We will improve storage, sharing and governance processes so that stories can be used as high-quality learning tools across wards, directorates and leadership forums.

This will ensure lived experience continues to meaningfully influence service improvement.

4. Strengthening operational processes within PALS and patient-support pathways

Learning from cancer-related complex enquiries, day-to-day PSO support and PALS process work has shown opportunities to improve operational consistency. Actions include:

- Developing clearer escalation and early-intervention frameworks for complex concerns.
- Enhancing debrief mechanisms for staff managing emotionally demanding interactions.
- Refining guidance for PSO 1:1s, wellbeing support, and PADR alignment to promote compassionate, person-centred approaches.

These changes will strengthen the resilience of PALS and ensure patients and families receive consistent, confident and coordinated support.

5. Improving digital and data-driven feedback processes

Civica work has highlighted the need for stronger data, easier processes and improved digital literacy. To address this:

- We will streamline Civica access, guidance and troubleshooting.
- Build translation pathways that ensure accessible, inclusive collection of feedback.
- Increase staff confidence in uploading and using digital stories.
- Improve the quality and reliability of data entering patient-experience systems.

This supports richer insight, improved decision-making and stronger organisational learning.

These developments will continue to support ABUHB in embedding compassionate, person-centred care and strengthening patient involvement across all services.

10. Conclusions

In such a short period of time, the introduction of the Patient and Family Involvement Officer has delivered significant and wide-reaching benefits that directly align with, and in many areas exceed, the ambitions set out in the original bid. The bid anticipated a role that would strengthen patient and family engagement, enhance feedback structures, support the management of complex concerns, embed People Participation Panels, develop a Community

of Practice, improve staff capability, and modernise patient-story processes. The progress made in the first months demonstrates that these intentions are not only being met but are forming the foundation of a meaningful culture shift across the Health Board.

A major impact has been the strengthening of accessibility and inclusive communication, which was a central aspiration of the original proposal. The introduction of BSL Level 1 training, Deaf/Deaf-Blind awareness sessions and RNIB Vision Friends training has created tangible improvements in the organisation's ability to serve patients with sensory-loss needs. Staff engagement has been overwhelmingly positive, signaling a clear organisational recognition that equitable communication is essential to safe, compassionate care. This early momentum provides a strong foundation for the strategic aim of positioning PALS as the first point of contact for the Deaf community, establishing a more accessible and person-centred service response.

The role has also delivered substantial improvement in patient-experience intelligence, aligning closely with the bid's emphasis on strengthening feedback mechanisms. Through Civica support, translation-pathway development and digital story facilitation, the organisation now benefits from more reliable, meaningful and accessible patient-experience data. The growth of digital storytelling, now spanning cancer services, discharge, sleep apnoea and bereavement, has already begun to influence staff learning and highlight system issues that would not have been visible through surveys alone. These developments reflect a shift toward deeper, narrative-driven learning that strengthens both empathy and service redesign.

Equally significant has been the enhancement of support for complex patient and family concerns. Regular PSO wellbeing check-ins, leadership of PALS team processes, PADR support and direct involvement in complex enquiries have improved the responsiveness and confidence of staff working under emotional and operational pressure. Families are receiving more consistent, compassionate interactions, and concerns, especially within cancer services, are being addressed earlier and more collaboratively, reflecting the bid's intention to provide clearer structures for family liaison and early resolution.

The role has also successfully advanced the Health Board's ambition to expand involvement structures. People Participation Panels and

the Community of Practice have progressed from concept to embedded forums for collective learning and co-production, creating wider opportunities for patients, carers, staff and partners to influence improvement. Combined with intergenerational partnerships, Big Conversations and community collaboration, these developments demonstrate a meaningful shift away from transactional consultation toward relational, continuous involvement.

Digital and web-based developments, including new intranet and internet pages for the Patient Experience and Involvement Team and work on bereavement resources—have further strengthened transparency and accessibility of information, as anticipated in the original bid.

Overall, the impact achieved during the first five months is substantial, especially considering the breadth of the remit. The bid described an ambitious two-year programme designed to modernise patient-experience practice, strengthen culture, and build sustainable involvement structures across ABUHB. Despite being active for less than half of that period, the post has already generated meaningful improvements in accessibility, patient and family involvement, feedback systems, cultural learning and staff capability.

These early achievements demonstrate clear value for patients, families and staff and show strong alignment with strategic priorities around patient-centred care and the national People’s Experience Framework. The work delivered has begun to build the compassionate, inclusive and learning-focused culture envisioned in the original proposal—one where patient and family voices are not only heard but are shaping decisions, improving services and informing the behaviours and priorities of the organisation.

To fully realise the outcomes, embed the new structures and honour the ambitions originally set out for a two-year programme, continued investment for a further 18-month period is essential. Given that the postholder has been in role for only five months, extending the role will ensure the foundations laid to date mature into sustainable, high-impact improvements that create lasting benefit for patients, families, staff and the wider Health Board.

Evaluation Prepared by:

Name:	Tanya Strange
Title:	Head of Nursing
Date:	20/02/26

ANEURIN BEVAN HEALTH BOARD CHARITY

Charitable Funds Committee

Bid Ref: CFC – 276 Volunteer Co-Ordinators

Progress Report

1. Introduction -

CFC Approval Notes:

Amount approved: £108,175

Amount Requested: £212,966

Bid Duration: 2 years sought, but 1 year approved.

2. Background

This section should give a brief background of the initial bid request, the service it forms part of and how the requirement for the bid arose.

Background

Volunteering is recognised nationally by Welsh Government as a key contributor to wellbeing, community resilience, and the effective delivery of health services. Within Aneurin Bevan University Health Board, volunteers play an essential role in enhancing patient experience, supporting families, and strengthening the connection between the Health Board and its communities. All volunteering activity is delivered within a structured and governance-led Volunteer Framework overseen by the Patient Experience and Involvement Team, ensuring consistent standards, safeguarding, and high-quality support.

Prior to the approval of this bid, the Health Board was experiencing a significant and growing mismatch between the number of vulnerable individuals seeking volunteer support and the team's capacity to respond. More than 500 individuals, including those experiencing isolation, mobility issues, long-term conditions, or social vulnerability, were waiting for volunteer assistance. At the same time, interest in volunteering was increasing, with over 100 prospective volunteers expressing a desire to join the programme but unable to be progressed due to capacity limitations.

The Health Board's commitment to innovation, inclusion, and workforce development also placed further demand on the Volunteering Team. ABUHB is the only Health Board in Wales to have secured funding for the Volunteer to Career Pathway, a programme offering supported progression from voluntary work into paid NHS employment. This has provided vital opportunities for individuals with additional needs, those from marginalised communities, and those furthest from the labour market. However, successful delivery of this pathway requires dedicated coordination, pastoral support, and administrative oversight, capacity the existing team could no longer sustain.

Alongside these pressures, the growing administrative demand associated with CIVICA patient feedback processing and the implementation of the new Assemble volunteer management system placed further strain on the existing team. Both systems are essential for governance, data quality, and the safe deployment of volunteers, but require consistent, dedicated oversight that could not be met within existing capacity. To address this, the service sought two-year funding for a Band 2 Data Analyst to provide sustained administrative and data-management support, ensuring timely processing, improved system reliability, and stronger operational foundations for the expanding volunteer programme.

Additionally, the team faced an increasing number of requests from clinical and community services seeking volunteer involvement to enhance patient experience, support peer-led models, and contribute to preventative care. Geographical challenges further compounded pressures, with some co-ordinators covering multiple boroughs and rural areas where both need and recruitment challenges are greatest.

Given these pressures, the Charitable Funds Committee approved funding for two Band 4 Volunteer Co-ordinators, recognising the urgent requirement to expand coordination capacity and reduce the significant waiting times for volunteer support. This investment enables the Health Board to strengthen its volunteer infrastructure, address inequalities in service access, support vulnerable groups more effectively, and further embed volunteering as a strategic asset in improving patient experience and community wellbeing.

3. Overview

This section should give an overview of what has happened over the period of the evaluation, detailing key issues.



The period of this evaluation has been shaped by both progress and significant operational challenges. Although funding was approved for two Band 4 Volunteer Co-ordinator posts, the service has only had one active postholder for most of the year. Recruitment delays, coupled with the early departure of the first appointed Co-ordinator, who left after two weeks due to the emotional burden of supporting frail, lonely and socially isolated individuals, meant that the expanded model could not be fully implemented as planned. As a result, progress in reducing waiting lists, processing volunteer applications, and providing consistent support across all boroughs has been slower than anticipated.

Despite these constraints, important developments have taken place. The team has restructured Volunteer Co-ordinator support to a borough-based model, ensuring that each area has dedicated oversight for recruitment, training, supervision, and volunteer deployment. This approach has strengthened governance, improved local responsiveness, and helped maintain continuity during a period of reduced staffing. Additionally the data analyst has made good progress against the development of the Assemble database.

During this time, the single Co-ordinator in post has contributed to the management of a substantial workload, with the team together supporting over 500 vulnerable individuals awaiting volunteer assistance and progressing more than 100 prospective volunteers who had expressed interest in joining the service. Although reduced capacity limited the pace of progress, the foundations for improvement have been strengthened through tighter operational processes, closer links with clinical and community services, and continued development of the Volunteer to Career Pathway.

The challenges experienced over the year have also provided valuable insight into the emotional intensity and pastoral demands of the role. This has led to a redesign of the induction programme for new Co-ordinators, with enhanced shadowing, wellbeing support, and reflective practice built in from the outset.

Looking forward, the anticipated start of the second Co-ordinator by March/April 2026 will provide the capacity needed to deliver the full scope of the volunteer service and meet emerging strategic requests, including support for the Co-Parenting Programme, the Refugee and Asylum Seeker Volunteer Programme, and the Skilled Retiree Recruitment initiative, none of which are deliverable safely or effectively within current capacity.

Overall, while reduced staffing limited the scale of progress during this period, the groundwork laid has strengthened governance, improved structure, and positioned the team for significant impact once both posts are fully operational.

4. Outcome Measures & Benefits

The benefits of the bid should be clearly described in this section and outcome measures should be described in activity terms if applicable. How has your project helped people and patients within ABUHB? how do you know it's helped?

Make sure the information you collect is from lots of different voices in your community (so, the people you support, staff and volunteers). And tell us about the differences you're making with numbers and stories.

We also know that the difference you planned to make at the start of your project might change.

Over this period, our focus has been to turn community goodwill into safe, timely, person-centred support by strengthening coordination, governance and data quality across the Volunteer Service. We have gathered evidence from multiple voices, people waiting for support, active volunteers, and staff in clinical and community teams, so that our assessment reflects lived experience as well as operational impact. This includes activity and outcome data from the CIVICA patient feedback system, coordinator records, and qualitative reflections from volunteers progressing through Volunteer to Career. Together, these sources show how increased coordination capacity, despite operating with only one additional postholder for most of the year, has begun to reduce bottlenecks, improve equity of access, and enhance the experience of care under a robust, governance-led framework.

Demand remains high: From April 25 to current date we have had over 200 referrals, and we now have around 700 patients waiting for volunteer support. We have been unable to recruit all the prospective volunteers needed to meet this demand.

With strengthened processes and borough-based coordination, we prioritised safe matching and timely onboarding, reducing the onboarding queue from **100+ to 31** since October (noting this is fluid as new enquiries continue).

These measures translate directly into benefits: earlier contact for people waiting, faster deployment to services, and more consistent

support for volunteers, while maintaining oversight through the Patient Experience and Involvement Team's governance framework.

We recognise that the changes we planned at the outset have evolved in response to real-world learning. The emotional intensity of supporting people who are frail, lonely or socially isolated led us to redesign induction with enhanced shadowing, reflective practice and wellbeing support; this aims to protect staff resilience and sustain service quality as we scale.

Looking ahead, the anticipated induction of the second Co-ordinator will allow us to fully realise benefits for patients, staff and volunteers, meeting rising requests from services, allowing us to prepare for the introduction and functionality of the Assemble volunteer database (which requires additional support) , and accelerating Volunteer to Career in a way that is safe, equitable and governed.

Benefits for Patients, Staff and Volunteers

Although funding was approved for two Volunteer Co-ordinator posts, only one postholder has been in place during this reporting period, with the second Co-ordinator not expected to begin until the end of March. Despite operating at half of the intended capacity, the Co-ordinator in post has strengthened the Health Board's ability to provide timely, compassionate and person-centred support to patients across hospital and community settings.

Patients have continued to benefit from reduced isolation and improved wellbeing, particularly those who previously faced long waits for support due to limited coordination capacity. Volunteers have provided companionship, practical help and emotional support, directly enhancing patients' quality of life. Patients have also experienced smoother journeys through care settings as volunteers help with navigation, offer reassurance and support therapeutic engagement, contributing to reduced anxiety and greater confidence. T

The borough-based coordination model has improved reach into rural and underserved areas, promoting greater equity of access. All volunteer activity continues to be delivered within a robust, governance-led framework overseen by the Patient Experience and Involvement Team, ensuring safety, continuity and consistent standards of care. Together, these improvements support earlier

intervention, more responsive care and better long-term wellbeing for vulnerable individuals.

In summary, patients have benefited from:

- **Reduced isolation and improved wellbeing** for vulnerable individuals who previously faced long waits due to limited coordination capacity, through companionship, practical help, and emotional support that enhances quality of life.
- **A better experience of care**, with volunteers helping patients navigate services, offering reassurance, and supporting therapeutic activities, contributing to reduced anxiety, increased confidence, and smoother care journeys.
- **Greater equity of access**, as the borough-based model improves reach into rural and underserved areas where recruitment and placement have historically been challenging.
- **Enhanced continuity and safety**, with all volunteer activity delivered within a robust, governance-led framework overseen by the Patient Experience and Involvement Team.

Together, these improvements support earlier intervention, more responsive care, and better long-term wellbeing for vulnerable individuals.

Benefits for Staff

Despite operating with only one additional Volunteer Co-ordinator for most of the reporting period, the service has continued to deliver clear and meaningful benefits to staff across the Health Board.

The improved governance structures, borough-based coordination model, and strengthened processes have supported clinical and community teams at a time of rising operational pressure and increasing requests for volunteer involvement. Staff have consistently reported that volunteers help alleviate the burden of non-clinical tasks, improve the flow of patients through services, and enhance both the efficiency and the overall experience of care.

The ongoing development of Assemble and improved handling of CIVICA feedback through the appointed data entry position, will contribute to more reliable data, better responsiveness, and clearer oversight of volunteer activity.



These improvements have helped staff focus on their core clinical responsibilities and have created a more supportive, joined-up approach between the Volunteer Service and frontline teams.

In summary, staff have benefited from:

- **Reduced pressure on clinical staff**, as volunteers take on essential non-clinical tasks, such as wayfinding, companionship, patient support, and feedback collection, allowing staff to concentrate on clinical priorities.
- **Improved patient flow and operational efficiency**, with volunteers supporting discharge processes, providing social support that can reduce readmissions, and helping patients remain connected and confident while waiting for care.
- **Enhanced responsiveness to service demand**, as the borough-based coordination model provides clearer points of contact for teams seeking volunteer support, even while operating with reduced capacity.
- **More accurate feedback and improved data quality**, through strengthened administrative oversight we will be better prepared to introduce Assemble and use existing CIVICA data, which in time will support better governance, evaluation, and service improvement.
- **Greater capacity to deliver safe, high-quality care**, as volunteers extend the reach of staff, improve patient experience, and support a more compassionate, person-centred care environment.

By expanding the volunteer workforce and improving deployment, staff experience increased support, improved patient satisfaction, and greater capacity to deliver safe, high-quality care.

Benefits for Volunteers

Despite only having one Volunteer Co-ordinator in post for most of the reporting period, the service has made significant improvements to the volunteer journey, from initial enquiry through to training, support, and progression.

Strengthened processes, better communication, and the introduction of more structured support have helped ensure that volunteers feel welcomed, valued, and confident in their roles. The reduction in onboarding delays, working towards the introduction of the Assemble system with support from the band 2 data post, and

increased opportunities for personal development have together created a more positive and consistent volunteer experience.

Importantly, the Volunteer to Career Pathway, unique within NHS Wales, continues to provide meaningful routes into NHS employment. This has been particularly beneficial for individuals with additional needs, those furthest from the labour market, and people looking to build confidence and skills in a supportive environment. Volunteer feedback demonstrates the strong sense of purpose, community connection, and personal growth that the roles provide.

In summary, volunteers have benefited from:

- **Timely and more consistent onboarding**, reducing long delays for the 100+ individuals previously waiting to begin volunteering. The onboarding queue has reduced from over 100 to 31, although this remains fluid as new enquiries continue.
- **An improved volunteer experience**, with clearer communication, regular supervision, and monthly "Catch-up Corners" that help volunteers feel connected, supported, and valued.
- **Clearer development pathways**, especially through the Volunteer to Career programme, which offers structured, supported opportunities to gain skills, build confidence, and transition into paid NHS roles.
- **More inclusive opportunities**, enabling people with additional needs, disabilities, or barriers to employment to participate meaningfully and develop at their own pace with tailored support.
- **A strong sense of purpose and contribution**, reflected in ongoing volunteer feedback highlighting increased confidence, personal achievement, and fulfilment from making a real difference to patients and staff.

Together, these improvements demonstrate that volunteering within ABUHB is inclusive, well-supported, and rewarding, strengthening volunteer satisfaction, retention, and the overall impact of the programme across the Health Board.

5. What you've learned

What's gone well? What's not gone well or been challenging? What's been unexpected or interesting? What have you learned that would be useful to others?



What's gone well?

Despite the challenges faced this year, there have been several important areas of progress that demonstrate the value of dedicated volunteer coordination. The service received an organisational Volunteer Recognition Award in July 2025, highlighting the strong contribution volunteers continue to make across the Health Board.

Although recruitment difficulties meant we operated with only one Co-ordinator for most of the period, the enhanced capacity that *was* available enabled the team to continue supporting over 500 vulnerable individuals on the waiting list, many experiencing loneliness, long-term conditions or reduced mobility. The Co-ordinator in post strengthened relationships with clinical and community teams, supported more timely volunteer placements, and helped improve patient experience across multiple settings.

The Volunteer to Career Pathway has continued to perform exceptionally well. Several volunteers have progressed into paid employment, with many more reporting improved confidence, wellbeing and readiness for work. Their feedback reflects the life-changing impact of meaningful volunteering opportunities and the importance of having dedicated coordination to guide, support and mentor them throughout their journey.

What hasn't gone well or been challenging?

While progress has been made, several challenges have limited the scale and pace of development.

Demand continues to exceed capacity, with rising numbers of clinical and community services requesting volunteer support. Geographical inequalities also persist; recruitment and placement remain more difficult in rural areas where volunteer availability and transport options are limited.

Significant recruitment challenges also affected the year's progress. Although funding was approved for two Band 4 Co-ordinators, one newly recruited postholder left after only two weeks due to the emotional demands of the role, particularly the intensity of supporting frail, isolated and vulnerable individuals. Combined with

delays in NHS recruitment processes, this meant the service operated with only one additional Co-ordinator for most of the year, slowing application processing, volunteer matching and engagement.

The expiry of Helpforce funding also meant the loss of a dedicated Band 2 administrative role. Without this post, Co-ordinators had to absorb essential administrative tasks such as data entry, volunteer record management, CIVICA feedback processing and working towards the eventual implementation of the Assemble system. This reduced the time available for outreach, supervision, timely onboarding and service expansion. The appointment of the band 2 post is significantly helping although they were not appointed until November 2025 due to recruitment challenges.

We also supported an increasing number of volunteers with additional needs, disabilities or barriers to employment. While this is a positive and inclusive development, the complexity of support required has placed further pressure on coordination capacity and highlighted the need for structured pastoral support and tailored development pathways.

What has been unexpected or interesting?

One of the most positive and unexpected developments has been the strength of the Volunteer to Career Pathway as a genuine employment pipeline. Volunteers frequently share stories of increased confidence, renewed purpose and readiness for NHS roles. This reinforces the wider impact volunteering has on community capability, employability and wellbeing.

The scale of demand from clinical and community teams has also been striking. Far more services are now proactively requesting volunteer support than in previous years. This reflects a growing recognition of the value volunteers bring in improving patient experience, supporting flow and contributing to preventative care. It also underlines the need for sustainable investment in the volunteer infrastructure to meet this strategic demand.

What have we learned that would be useful to others?

From this year's work, several key lessons have emerged:

- **Coordination capacity directly shapes service impact** — even a single post can significantly strengthen volunteer governance, recruitment and deployment.

-



- **Administrative support is essential** — systems such as Assemble that needs to be introduced in the ABUHB and CIVICA cannot deliver their intended benefits without dedicated administrative resource.
- **The emotional demands of volunteering roles require proactive safeguards** — structured supervision, reflective practice and wellbeing support need to be embedded from the start.
- **Volunteer pathways must be flexible and inclusive** — tailored adjustments and enhanced pastoral support enable volunteers with additional needs to thrive.
- **Demand for volunteers continues to grow** — volunteer involvement must be considered in wider operational and patient-experience planning.
- **Robust, real-time data and feedback systems drive sustainability** — high-quality information supports governance, evaluation and future funding cases.

6. What you've spent this year

Post	25/26	26/27	Start Date	End Date 1 yr	26/27 Full Yr Cost
Admin/Data Analyst (SAV) Band 2	(11,638)	(16,293)	10.11.26	Oct 26	27,930
Volunteer Co-ordinator (AP) Band 3	(17,693)	(17,682)	06.10.25	Sep 26	33,187
Volunteer Co-ordinator (SD) Band 3	(1,527)		06.10.25- 22.10.26	July 25	0
Volunteer Co-ordinator (SV) Band 3	0	(32,527)	30.03.26	Feb 26	33,187
IT Equipment - Estimated	(3,000)				
Total	(33,858)	(66,502)			94,304

How much you budgeted for
£54,075 for 25/26

How much you ended up spending
£33,858 expected for 25/26

What is the reason for variance between your budget and how much you spent.

Delayed recruitment, plus one appointee leaving and additional recruitment required

When did you anticipate someone starting in post, when did they start in post

September 25 start dates were anticipated

Post	Start Dates
Admin/Data Analyst (SAV) Band 2	10.11.26
Volunteer Co-ordinator (AP) Band 3	06.10.25
Volunteer Co-ordinator (SD) Band 3	06.10.25-22.10.26
Volunteer Co-ordinator (SV) Band 3	30.03.26

Total Projected spend to the end of the financial year (31/03/26)
See table above

This year's expenditure is lower than originally forecast due to delays in recruiting to the approved Band 4 Volunteer Co-ordinator and data entry posts. Although funding was secured for two posts, one postholder left after only two weeks because of the emotional demands of the role, and subsequent NHS recruitment processes took longer than anticipated. As a result, we operated with only one Co-ordinator for most of the year, and the second Co-ordinator is not expected to take up post until the end of March. These delays have resulted in underspend against the original budget profile, with salary costs not incurred during the months in which the posts remained vacant.

7. What are you planning to spend during the next financial year

For the next financial year, we are seeking to continue the approved two-year funding for the two Band 4 Volunteer Co-ordinator and data entry posts. The value of the bid for the upcoming year remains broadly consistent with the original year-two projections. Although recruitment delays and the early departure of one postholder have resulted in underspend in the current year, these variances do not alter the overall funding requirement for the next period. The costs for year two will therefore align closely with the originally identified spend, as both posts will be fully operational and will be required to deliver the expanded service model, meet growing organisational demand, and support the strategic work programmes outlined in this report.

8. How you're changing what you do

Have you made any changes based on your experiences and what you've learned? What are your plans for the coming year - and beyond? How will your plans help ABUHB and its patients to thrive?



Based on the experiences and learning from the first year of funding, several important changes have been made to strengthen

the Volunteer Service and ensure the sustainability of improvements.

Changes Made So Far

Borough-based model with named Co-ordinators

To provide clearer oversight, consistency and local accountability, the service has established dedicated borough-based coordination. This structure enables more responsive support for volunteers, better links with community and clinical teams, and a stronger governance approach.

Strengthened induction and onboarding for new staff

Learning from the early departure of a newly appointed Co-ordinator, who left after only two weeks due to the emotional burden of supporting frail and socially isolated individuals, the induction process has been redesigned. New starters now receive a more comprehensive introduction to the emotional realities of the role, structured shadowing, early access to wellbeing support, and regular reflective practice.

Enhanced resilience and trauma-informed support

Given the emotional intensity of volunteer coordination and the vulnerability of the individuals we support, wellbeing structures have been strengthened. Routine wellbeing check-ins, reflective supervision, and peer support networks are now embedded for all Co-ordinators to help build resilience, reduce emotional overload, and support retention.

Improved recruitment planning

Delays linked to NHS recruitment processes affected capacity for a significant part of the year. The team has therefore developed a more proactive recruitment schedule, increased liaison with Workforce colleagues, and clearer role expectations to ensure new staff feel prepared, supported and set up for success.

Refined workload distribution

To mitigate the impact of vacant posts, tasks were temporarily redistributed across the team to protect core functions such as volunteer matching, governance oversight, and support for vulnerable individuals. This enabled continuity of service despite reduced staffing.

What are your plans for the coming year – and beyond?

The coming year includes several significant workstreams that reflect both organisational priorities and national opportunities. These plans build directly on the learning from year one and require dedicated coordination to be delivered safely and effectively.

Co-Parenting Programme

The Workforce and Organisational Development (WOD) team has requested volunteer involvement in developing a Co-Parenting Programme. This initiative is aligned with ABUHB's early-intervention and preventative care goals. Volunteers can play a crucial role in supporting families, strengthening relationships, and improving outcomes for children. However, the work involves sensitive recruitment, enhanced safeguarding, and close supervision, requirements that cannot be met safely within current capacity. Additional Co-ordinator resource is essential to design appropriate roles, recruit suitable volunteers, and provide continuous pastoral oversight.

Refugee and Asylum Seeker Volunteer Programme

Helpforce has invited ABUHB to participate in a national programme offering meaningful volunteering opportunities for refugees and asylum seekers. This has the potential to enhance inclusion, support employability, and diversify the volunteer workforce. However, this group may have experienced trauma, instability, or displacement, and therefore requires careful matching, robust governance, and enhanced pastoral care. Delivering this programme safely and appropriately requires additional Co-ordinator capacity beyond what is currently available.

Skilled Retiree Recruitment

The Bevan Commission has approached ABUHB to join a regional initiative to attract skilled retirees into volunteering roles. This group includes retired clinicians, managers, allied health professionals and specialists who can contribute significantly to patient experience, service efficiency and innovation. To ensure safe boundaries and appropriate placement, this programme requires a tailored recruitment strategy and rigorous governance checks. These responsibilities cannot be delivered without the additional Co-ordinator post.

Why these workstreams cannot be delivered without additional capacity

Together, these new programmes represent substantial opportunities to strengthen community engagement, widen participation and support preventative care. However, each brings considerable operational demand. Without additional coordination capacity, the Volunteer Service cannot safely or effectively deliver these workstreams. Each requires time for recruitment, supervision, pastoral support, partnership management and robust governance—functions that a single additional postholder cannot absorb.

Further Plans for the Coming Year

Successful induction of the new postholder

A key priority will be the full induction of the newly recruited Co-ordinator, using a structured three-month induction plan. This will include enhanced shadowing, gradual introduction to complex cases, and early engagement with wellbeing and supervision frameworks to build confidence and support long-term retention.

Implementing and Scaling the use of Assemble and improving data quality

With increased coordination and data entry capacity, the service will continue to take forward the introduction of the Assemble system. Improved data quality and timely entry will strengthen governance, reporting, and transparency across volunteer activity.

Strengthening geographical equity

Once the second Co-ordinator is in post, the team will expand recruitment and placement activity in rural and underserved areas, reducing longstanding geographical inequalities in access to volunteer support.

Enhancing support for volunteers with additional needs

The service will continue developing tailored pathways and pastoral support for volunteers with disabilities, additional needs, or barriers to employment—strengthening the Volunteer to Career pathway and supporting inclusion.

Deepening collaboration with clinical and community teams

Demand for volunteer involvement continues to grow. The service will work more closely with teams across the Health Board to co-design roles that improve patient experience, support service flow, and contribute to preventative care.

How will your plans help ABUHB and its patients to thrive?

Improved patient experience

With both Co-ordinators in post and a strengthened induction

programme, more patients, especially those who are frail, isolated or vulnerable, will receive timely, compassionate and consistent support.

More resilient workforce

Enhanced wellbeing and pastoral structures will support staff resilience, reduce turnover, and improve long-term stability within the Volunteer Service.

Expanded volunteer capacity

Better recruitment, onboarding and support processes will increase the number of volunteers progressed through the system, reduce waiting lists, and widen the reach of the service.

Stronger governance and efficiency

The introduction of and enhanced use of Assemble and improved data management will support transparent, safe and efficient deployment of volunteers.

More inclusive opportunities

Developing tailored pathways for volunteers with additional needs will strengthen the Volunteer to Career programme as a meaningful access route into NHS employment and promote equity across the organisation.

9. Conclusions

This section should give an overall assessment of the effectiveness of the bid and the funding provided to date.

Although funding was approved for two Volunteer Co-ordinator posts and a data entry post, only one co-ordinator postholder has been in place for most of the year due to recruitment delays and the early departure of the second postholder, who found the emotional demands of the role overwhelming. This reduced capacity slowed progress; nevertheless, the single Co-ordinator in post has delivered meaningful benefits across the Health Board, supporting vulnerable patients, easing pressure on staff, and strengthening volunteer engagement under a robust, governance-led framework. There was also a delay in recruiting the data analyst.

The underlying need remains significant and unmet. More than **500** individuals, many experiencing isolation, mobility issues, or long-term conditions, have sought volunteer support, while 100+



prospective volunteers expressed willingness to contribute but were constrained by coordination capacity. Continued investment is

essential to convert this demand into safe, timely, person-centred support and to reduce long waits, especially in rural and underserved areas.

ABUHB is uniquely positioned as the only Health Board in Wales funded to deliver the Volunteer to Career Pathway, which creates supported routes into NHS employment for people with additional needs or who are furthest from the labour market. These outcomes depend on dedicated coordination, pastoral support, and administrative oversight, functions that cannot be sustained on a single post. Sustaining both posts for the remaining 18 months is therefore critical to scale progression into paid roles and to maximise inclusion and workforce benefits.

In the coming period, additional coordination capacity is also integral to delivering three strategic workstreams requested by internal and national partners, the WOD Co-Parenting Programme, the Refugee and Asylum Seeker Volunteer Programme (Helpforce), and the Skilled Retiree Recruitment initiative (Bevan Commission). Each requires sensitive recruitment, safeguarding, intensive supervision and strong governance, which are not deliverable within current single-post capacity.

Without continued funding, the service faces renewed bottlenecks in volunteer onboarding, longer waits for vulnerable individuals, reduced capacity to respond to rising requests from clinical and community teams, and lost momentum in inclusive workforce development. Conversely, maintaining both posts will:

- **Expand reach and equity**—reduce waiting lists and improve access in rural and underserved areas through borough-based coordination.
- **Strengthen patient experience and safety**—deploy more volunteers under a governed framework; introduce and scale Assemble to improve data quality, responsiveness and compliance.
- **Relieve frontline pressure**—enable volunteers to take on non-clinical tasks, improving flow and operational efficiency so staff can focus on clinical priorities.

- **Accelerate Volunteer to Career**—widen participation and support transitions into NHS roles, building a resilient pipeline aligned to organisational values.

Recommendation

To safeguard patient experience, sustain inclusive workforce development, and deliver the Health Board’s strategic volunteering agenda, we recommend continuing funding for the two Band 4 Volunteer Co-ordinator posts and the data entry post for the remaining 18 months. This will enable a structured induction of the new postholder, stabilise capacity, and realise the full benefits of the approved model, turning proven potential into measurable, equitable impact across all boroughs.

And finally.....

In addition to these developments, the profile and credibility of the Volunteer Service have been further strengthened by national recognition of its leadership. Kathryn Thomas, Volunteer Programme Manager, was honoured with a **British Empire Medal (BEM)** in the King’s New Year Honours for her contribution to volunteering. This award not only reflects Kathryn’s personal commitment and exemplary leadership but also underscores the wider impact, professionalism and strategic importance of the Volunteer Service within ABUHB. Her achievement has brought positive visibility to the programme and reinforces the value of continued investment in a service that is delivering demonstrable benefits for patients, staff, volunteers and the Health Board.

Evaluation Prepared by:

Name:	Tanya Strange
Title:	Head of Nursing
Date:	23.02.26

ANEURIN BEVAN HEALTH BOARD CHARITY

Charitable Funds Committee

Bid Ref: CFC – 277 Suicide Bereavement Service

Progress Report

1. Introduction -

CFC Approval Notes:

Amount approved: £23,799.74

Amount Requested: £105,000

Bid Duration: 2 years sought, but 6 months approved until end of March 26.

2. Background

Suicide bereavement support remains a critical public health need in Aneurin Bevan University Health Board (ABUHB). Welsh Government identifies timely, trauma-informed, and person-centred support for those affected by suicide as a national priority, supported by strong evidence that each suicide can impact a wide network of individuals who may be at increased risk of poor mental health and further suicide¹. Prevention activity also offers significant economic benefit, with suicide and self-harm prevention demonstrated to deliver a high return on investment².

1 [1]

[1] Welsh Government's Suicide Prevention and Self-Harm Strategy and Delivery plan cite the importance of suicide bereavement services. Objective 6: 'Responding'.

2 [1]

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

The recent Public Health Wales Annual Report³ reported that rates of deaths by suspected suicide are increasing across Wales and in the ABUHB area. In 2024/25 there were 440 deaths by suspected suicide of Welsh residents, compared to 350 the previous year. This corresponds to a rate of 16.8 per 100,000 people. This is statistically significantly higher than in 2023/24 and 2022/23. The rate of suspected suicides within the ABUHB area (18.2 per 100,000) has increased since 2022/23 (13.5) and 2023/24 (13.7). When considering the 3-year rolling rate at local authority level, Blaenau Gwent has the highest local authority 3-year rate in Wales, at 21.3 per 100,000. This is statistically significantly higher than the all-Wales 3-year rate (14.5).

This data, supported by the evidence of need for targeted prevention for individuals impacted by suicide, reinforces the need for accessible, specialist bereavement support for affected families, friends, and communities.

National guidance, including NICE Quality Standards⁴, emphasises the importance of tailored suicide bereavement support. A national service (NALS) was commissioned by Welsh Government in 2024; however, its capacity is limited, with only one member of staff allocated to three Health Board areas across South-East Wales including ABUHB. Therefore, local provision – particularly face to face one-to-one and in-person peer support groups - remains essential for meeting local demand and providing an effective good quality service.

Locally, ABUHB has commissioned specialist suicide bereavement support for people affected by a death of someone aged 26 and over since 2020, following identification of a significant service gap for this age group. A national charity: 2wish provides specialist support for anyone affected by the sudden death of a child or young person, aged 25 and under. The current service, delivered by a charitable foundation since April 2023, is funded until end of March 2026.

To maintain essential support for the Gwent population, ABUHB seeks to continue commissioning a local suicide bereavement support service for those affected by the death of someone aged 26 and over. This service will complement national provision, align with national priorities, and ensure that our residents bereaved by suicide continue to receive timely, specialist, and compassionate support.

³ [Annual Report: Deaths by suspected suicide 2024-25 - Public Health Wales](#)

⁴ [Quality statement 5: Supporting people bereaved or affected by a suspected suicide | Suicide prevention | Quality standards | NICE](#)



3. Overview

Funding from ABUHB Charitable Funds was secured to support the Service between September 2025 and March 2026 (Q3-Q4), with an alternative funding source covering the earlier part of the financial year. This report provides an update on activity and performance for the financial year to date, offering a comprehensive overview of service delivery during this period.

The service offered referred individuals in-person, person-centred holistic support following bereavement by suspected suicide, which included:

- Grief Care Comfort packs and the Help is at Hand Cymru resource
- Practical support and advice around inquests, media and funerals
- Signposting to other appropriate services
- Talking therapies, counselling, alternative therapies, peer support and play therapy to anyone under the age of 16 with a trained registered therapist
- Monthly bereavement support groups in Gwent

Overall, the service operated as expected throughout the financial year, except for a brief period of reduced referrals following substantial staffing changes within Gwent Police, the primary source of referrals. This took place in Q1 and Q2 (i.e., before Charitable Funds funding period) and has since been rectified. Further details and learning are described in Section 5.

4. Outcome Measures & Benefits

BENEFITS

There is a strong body of evidence demonstrating the positive impact of specialist suicide bereavement support services (see Appendix).

However, support for those affected by the suicide of someone aged over 25 continues to vary across Wales. While national provision in the form of the National Advisory and Liaison Service (NALS) offers an important foundation, current capacity does not meet the level of need, resulting in reliance on locally identified funding and resources. Feedback from families affected highlights the importance of choice within service provision, which includes the offer of in-person support. Therefore, NALS is locally enhanced in Gwent with specialist bereavement support via third sector partners who offer in-person, person-centred holistic support.

Families and friends bereaved by suicide face an increased risk of emotional and mental health difficulties and are themselves at higher risk of suicide. Post-suicide bereavement programmes therefore play a vital role in supporting the grieving process and reducing the risk of further harm through counselling, talking therapies, information and peer support.

In addition to the profound impact suicide has on families and communities, recent analysis by the NHS Confederation and Carnall Farrar⁵ shows that suicide and self-harm prevention is among the top five prevention interventions with the highest return on investment, delivering an estimated £19.60 in benefits for every £1.00 spent.

Since first being commissioned in April 2023, the service has received 148 referrals (for 244 individuals) in under three years, reflecting both the significant local need for specialist suicide bereavement support and increasing confidence in the service.

Importantly, many referrals have required support for multiple members of families, friendship networks, and workplace staff groups — demonstrating the wide-reaching and often complex impact of a single suicide. The sustained referral rate evidence:

- Ongoing unmet need within the community
- Trusted relationships with referral partners
- Recognition of the service as a specialist, trauma-informed provider

Service User Feedback (direct quotes from service users)

"The service provided was excellent - XXX was really flexible in offering slots to suit me & the the support offered was invaluable. It made such a difference to have someone actively listen to what I was going through & to reflect that back to me, to help my self-awareness & manage my complex feelings at such a tough time. Thank you so much."

⁵ [\[1\]](#)

^[1] [Pathway-to-prevention-CF.pdf](#) {accessed 11.04.2025}



"Hi XX, thx for getting back to us 🙌 We would both like you to know how beneficial your visit was to us last week 😊 And for the lovely gifts 📺 The family is doing well but, obviously, N is still suffering quite badly 😞 She's said that she'd possibly get in touch with you in the future if needed 🙌 Once again, a Massive Thx to Yourself and the Foundation for your help 😊🥰"

OUTCOME MEASURES:

For this service, outcome measures were guided by the NICE Suicide Prevention Quality Statement 5: Supporting people bereaved or affected by a suspected suicide: *'people bereaved or affected by suspected suicide are given information and offered tailored support'* which outlines the following measures⁶:

NICE Quality Measures:

- *Evidence of local arrangements to use rapid intelligence gathering to identify people who may be bereaved or affected by a suspected suicide.* Locally, the ABUHB Gwent Public Health Team chair a multi-agency Suspected Suicide Review Group which routinely reviews suspected deaths by suicide. As part of this review process, referrals to Jacob Abraham Foundation or 2wish are reviewed.
- *Evidence of local processes to give information to people bereaved or affected by a suspected suicide and to ask if they need help.* ABUHB Gwent Public Health Team has established – in collaboration with partners - local processes to ensure that individuals bereaved or affected by a suspected suicide are provided with timely information and offered appropriate support.

Gwent Police and local bereavement support services work in partnership to ensure that individuals and families affected by suspected suicide receive timely, compassionate, and appropriate support. The following process applies:

⁶ [Quality statement 5: Supporting people bereaved or affected by a suspected suicide | Suicide prevention | Quality standards | NICE](#)

Police Response and Referral Process: All frontline Gwent Police officers receive internal training on how to respond when attending a suspected suicide. This includes guidance on approaching families sensitively and providing information about support available following a bereavement by suicide. As part of this process, officers make a referral to the Jacob Abraham Foundation or 2wish, depending on the age of the person who has died. Family members are informed of this referral and are given the option to opt out should they choose.

Initial Contact and Support: Once a referral is received, the Jacob Abraham Foundation contacts the bereaved family to offer an initial appointment. This may include a home visit and the provision of a *grief pack* (e.g., tea/coffee and biscuits) to help facilitate a supportive first conversation. During this initial contact, the service works with the individual or family to determine whether they require information alone (e.g. Help is at Hand Cymru booklet) or ongoing bereavement support. The approach is entirely person-centred, with support tailored to the needs and preferences of those affected.

Ongoing Support Offer: The Jacob Abraham Foundation then offers a range of practical, emotional and therapeutic support options, including:

- Practical advice relating to inquests, media engagement, and funeral arrangements.
- Signposting to additional relevant services when needed.
- Talking therapies, counselling, alternative therapies, and peer support.
- Play therapy for children under 16, delivered by trained and registered therapists.
- Community Support - In addition to one-to-one support, monthly bereavement support groups are delivered across Gwent, offering a safe space for individuals to connect with others who have experienced similar losses.

Partners can refer to the service at any stage of an individual's grief process, no matter how long ago the bereavement occurred. Clients are also welcome to self-refer.

The referral process to the specialist bereavement support service is supported by the implementation of the ABUHB's Melo Website Communications and Engagement Plan, which includes clear pathways for sharing information on:



- [‘Suicidal Thoughts’ webpages](#)
- Crisis services available locally (via printed and digital resources developed collaboratively with partner and people with lived experience)
- Suicide Bereavement Services – local and national

Communication on Jacob Abraham Foundation (and 2wish) is delivered through a range of systematic and proactive methods, including:

- Integrating this information into all suicide awareness training, ensuring staff and partners know how to signpost bereaved individuals to help.
- Regular social media campaigns, particularly around key dates such as *World Suicide Prevention Day*, to raise awareness of available support.
- Regular presentations to partners, such as the ABUHB 111 Press 2 service, to ensure frontline services are informed and able to direct people to appropriate help.
- Presentations delivered by the service provider to local teams and services, including the ABUHB Emergency Department team, supporting consistent understanding and awareness across the system.

These processes ensure that people bereaved or affected by suspected suicide are signposted to relevant, accessible support at the earliest opportunity.

- *Evidence of local services that can provide support to people bereaved or affected by a suspected suicide.* The Charitable Funds have enabled commissioning of a specialist bereavement support service who offer in-person or virtual/telephonic person-centred support.

NICE Process Measures:

These measures assess how effectively individuals bereaved or affected by a suspected suicide are identified, engaged, and supported through:

- **Provision of Information:** Proportion of bereaved individuals who receive information about available support.
- **Offer of Help:** Proportion of individuals who are asked whether they need support.
- **Access to Tailored Support:** Proportion who go on to access personalised support.

The service operates within a structured framework—working closely with Gwent Police—to ensure bereaved individuals are identified early, engaged sensitively, and supported through a person-centred approach. While not everyone referred will require or choose tailored support, all individuals are offered information and the opportunity to access to support if they wish, at any point in their grief journey.

Although some people may not feel ready to take up support immediately, the service remains available for anyone affected by a historic death by suicide, allowing individuals to seek support at a time that feels right for them.

Referrals Q1-Q3 2025-26

Total of Referrals	Number and proportion provided with information	Number and proportion asked whether they wanted support	Number and proportion accessed tailored support
Q1:	4 of 4	4 of 4	3 of 4
Q2:	23 of 23	23 of 23	14 of 23
Q3:	15 out of 15	15 out of 15	11 out of 15
Q4	Data not yet available	Data not yet available	Data not yet available

NB: ABUHB Charitable Funding was for **Q3 and Q4 only** (Q4 data not available yet). Please note clients might seek support later, when appropriate for their needs.

Please note the number of referrals relates to the number of individuals suspected to have died by suicide, not the number that were engaged with. One referral could result in multiple engagements including family members and friends.

These measures draw on data routinely shared by Gwent Police, alongside monitoring information from the service provider. This arrangement enables timely assessment of whether appropriate contact has been made following a suspected suicide and whether individuals are being appropriately offered and linked into support.

A note regarding referrals received in Q1-3: fewer referrals were received from Gwent Police than expected, due to significant changes in staffing within the Police. There were 20 referrals from Gwent Police resulting from 41 suspected deaths by suicide in Gwent representing a current referral rate of 48% of all suspected deaths by suicide. This is much lower than the referral rate in 2024-25 of 75%. This issue was identified and has now been resolved; however, it should be considered when interpreting referral figures



for this period. Some of the missed referrals are being revisited by Gwent Police, with an offer of support being extended.

Between April and December 2025 (Q1–Q3 of the financial year) and including January 2026, the service received 53 referrals. Almost half of these were self-referrals (25 individuals, 47%), indicating increasing public awareness of the service. Referrals from Gwent Police accounted for 20 individuals (38%), while the remaining eight referrals (15%) were submitted by local service providers. All referrals were followed up within 48 hours, and the Service continued to operate without a waiting list throughout this period.

ABUHB Service Specification Outcome Measures/Service Activities:

The outcomes and key activities of the service reflect a broad and holistic offer for those affected by suicide bereavement. Support is accessible through a range of routes—professional referral or self-referral—and is provided via telephone, online, or face-to-face contact. A suite of therapeutic interventions is available, including counselling, talking therapies, alternative therapies, and peer support. Specialist provision is offered for children and young people aged 3 to 18 through registered play therapists. In addition, the service provides a listening space to help individuals process early grief, alongside practical advice on navigating inquests, engaging with the media, funeral arrangements, and linking with other relevant services.

Bereaved individuals and families receive 'Grief Care' packs if there is an in person visit, which include essential materials such as *Help is at Hand* booklet to support early understanding and coping. The service also facilitates ongoing community-based support through monthly bereavement peer support groups and, where appropriate, attends wider events and activities to promote the service.

Ongoing monitoring of service activity and performance is a key requirement of this contract. Providers must submit **quarterly written reports** detailing progress against agreed performance measures. Activities reflect the range and quality of support to be provided including:

- **Accessible Support Pathways:** Offering support through professional referral or self-referral, delivered via phone, online or in person.
- **Therapeutic Interventions:** Providing counselling, talking therapies, alternative therapies, peer support for all ages, and play therapy for individuals aged 3–18, delivered by trained and registered therapists.
- **Listening Service:** Offering a non-judgemental, supportive listening space.
- **Grief Resources:** Providing 'Grief Care' packs, including *Help is at Hand*, to bereaved individuals and families.

- **Practical Guidance:** Advising on inquests, media engagement, funeral planning, and navigating other relevant services.
- **Community Support:** Delivering monthly bereavement support groups and organising events/activities as appropriate.

Service activities Q1-Q3 2025-26

The following data relates to referrals which result in clients receiving support – some referrals might receive more than one intervention.

Financial Quarter – number of referrals received	Number of people accessing therapeutic interventions	Number of people accessing listening service	Number of people provided with grief resources	Number of people provided with practical support	Number of people accessing peer support groups*
Q1: 4	3	0	3	1	
Q2: 23	13	1	12	12	
Q3: 15	7	2	11	11	2
Q4:	Data not yet available	Data not yet available	Data not yet available	Data not yet available	Data not yet available

NB: ABUHB Charitable Funding was for **Q3 and Q4 only** (Q4 data not available yet). Please note clients might seek support later, as and when appropriate for their needs.

*Please note this does not include the number of people currently in peer support groups that accessed them last financial year, the number recorded only represents new group members. There are currently two peer support groups, that meet regularly, in Gwent.

Key Outputs

The service aims to respond promptly to all referrals, whether made by professionals or through self-referral. Contact with the client is initiated within 48 hours, supporting early engagement during a particularly vulnerable period. A person-centred approach underpins all interactions, with clients offered flexibility in how they receive support, including face-to-face appointments, telephone conversations, or email communication. It is a core expectation that all clients are informed about the full range of support available and made aware that they may access this support at any point in their bereavement journey. For individuals who choose not to accept support initially, a follow-up email or letter is sent, reminding them of the service and signposting to further sources of information, including the Welsh Government resource *Help is at Hand*.



The service must be contactable during working hours, with an answer machine message signposting callers to interim appropriate support out of hours.

As such, the service must report against the following performance measures:

- Number of referrals received – by relating to recent or historic deaths
- Number of referrals accepting support (service reach)
- Referral sources
- Number of engagements (interactions with clients) - phone, in person, online.
- Client location by local authority within ABUHB
- Type of support provided, e.g. talking therapies, counselling, peer support – support groups, listening service, provision of grief care pack/Help is at Hand, practical help e.g. with coroner, funeral planning
- Client demographics – age, sex

This provides an overview of the spread of support across the Gwent area and identifies the referral sources.

Measurable Impact on Individual Wellbeing (feedback from Service)

Individuals commonly access the service experiencing acute distress, including:

- Trauma responses and shock
- Intense guilt or self-blame
- Social withdrawal and isolation
- Increased vulnerability to poor mental health

Through timely, specialist intervention, the service supports individuals to:

- Feel heard, validated, and understood
- Reduce stigma and shame associated with suicide loss
- Develop healthier coping strategies
- Improve emotional regulation
- Re-engage with work, education, family, and community life

This early intervention plays a critical role in reducing longer-term mental health risk and strengthening protective factors.

Service User Quote – Emotional Change

"Thank you so much for all your support in a very difficult time, you have had a huge impact on me getting back to myself."

Service User Quote – Recovery and Hope

"I would just like to thank you for today and for every day you've met up with me. Thank you for your kindness and patience as I am aware I am still on repeat repeat repeat and still don't know when it will stop. It remains difficult, but I do not know where I would have found such support if I had not been guided to the foundation. I am also very grateful to know that I will still be welcome at the group as I still find even the thought of life ahead very scary. I know I'm not a great talker sometimes in group and other times I say too much but I find being with people that understand is helpful even if it's not me talking so thank you for still allowing me to be part of that looking ahead."

Service User Quote - Overall Impact

"I don't know where I would be without everything you and the foundation have done for me....I'm somewhat in awe of the empathy/compassion/strength it takes to do what you do.....scary to think of the number of people in my position who may not have been fortunate enough to be referred to kind of the support in their area that the foundation here provides."

Gwent Police Officer Quote – Collaborative Working

"XXX and the team at Jacob Abraham Foundaton have provided an exceptional service to the next of kin and families affected by suicide across Gwent. As we know, the aftermath of suicide can have a significant impact on those left behind as well as the wider community. And the immediate support along with ongoing supportive systems Jacob Abrahm Foundation can provide are crucial both in the short and long-term understanding and recovery of those affected.

Gwent Police have worked with Jacob Abraham Foundaton for several years and have built a strong professional relationship with an established referral mechanism in place which is built into the training for front line police officers. This allows us to work collaboratively to provide the best possible service for those affected by suicide which includes support for police officers themselves having attended and dealt with incidents of suicide. We look forward to continuing to build on this partnership and would welcome funding to secure the Foundations future for many years to come".



Wider System and Community Impact

The service delivers impact beyond individual support by contributing to wider suicide prevention and community resilience efforts. It has:

- Increased awareness of suicide bereavement and its complexities
- Strengthened multi-agency partnerships (GPs, schools, coroners, police, and voluntary sector organisations)
- Reduced stigma around discussing suicide loss
- Contributed to local suicide prevention strategies

By supporting professionals and community networks to respond more confidently and compassionately, the service enhances the overall local response to suicide.

Community Voice and Awareness

Within the Gwent region, the service has facilitated the development of **two community poems**, created through structured workshops with individuals who have experienced suicide bereavement.

These workshops:

- Provided safe, therapeutic spaces for expression
- Empowered individuals to share their voice
- Raised public awareness of the impact of suicide loss
- Contributed to stigma reduction and community dialogue

This initiative demonstrates the service's commitment not only to recovery, but to empowering lived experience and strengthening community understanding.

5. What you've learned

What's Gone Well

- **Strengthening of Peer Support:**
The continued expansion of the peer-support offer has been a notable success. This model provides sustainable, community-based support and enhances resilience among those bereaved or affected by suicide.
- **Increase in Self-Referrals:**
Nearly half of all referrals (25) were self-referrals, compared to 15 last financial year, demonstrating growing public awareness and trust. This

suggests that communications activity is reaching the intended audience and that individuals feel able to access support regardless of when the bereavement occurred.

Challenges

- **Disruption to Police Referral Pathways:**
Significant staffing changes within Gwent Police during Q1–Q2 adversely affected routine referral processes (i.e., before the Charitable Funds funding period). While the issue has been resolved, the disruption materially affected service demand patterns. Learning from this episode has resulted in strengthened referral processes with Gwent Police, and Gwent Police agreeing to contact those individuals who were not offered a referral during this period and extending a belated referral. These referrals will appear in Q3 and Q4 data. In addition, there are more robust processes in place with the national service: NALS, to ensure that all families bereaved by suicide receive the offer of support.
- It should be noted that when there was a delay in Police referrals, Jacob Abraham Foundation stepped up to lead a community project working in collaborating with a local community suicide support group to develop a Poem of Hope – which is now proudly displayed in a range of formats across the local town centre. This has now been replicated in another local community.

Unexpected or Emerging Developments

- **Increasing Need for Community-Level Response:**
The service has been approached by the ABUHB Gwent Public Health Team to support broader community settings where a suspected suicide has had ripple effects—such as sports clubs or other local groups. The service, based on capacity, has agreed. This highlights an emerging need for adaptable models that can respond beyond immediate next of kin and support wider affected networks.
- **Additional support for wider suicide prevention:**
The service has led a local community initiative within an identified 'location of concern', working in collaborating with a local suicide support group to co-develop a Poem of Hope. More recently, the service has taken the role of Chair for the local Suicide and Self Harm



Prevention Expert Advisory Group, a multi-agency forum comprising more than 40 local organisations with an interest in suicide prevention.

- **Review of performance management:**

The performance management framework used to review the local specialist bereavement services will be updated in Q1 2026/27 to ensure alignment with the NALS service.

Key Learning Points

- **Challenges of Short-Term Funding:**

Short-term or uncertain funding creates barriers to sustained promotion of the service. There is a risk of raising expectations for support that cannot be guaranteed in the long term.

This emphasises the importance of securing stable, multi-year funding to ensure continuity, maintain public confidence, and avoid fragmented delivery.

6. What you've spent this year

The total budget for the year was:

Q1 and Q2 - £24,999.00 - from alternative funding source

Q2 and Q3 - £23,799.74 - from Charitable Fund

Total: £48,798.94

The service was already in operation when Charitable Funds became available, so the projected spend is as planned.

7. What are you planning to spend during the next financial year

Our funding request for the next financial year has been **updated** following confirmation that the current service provider has secured six months' equivalent funding from the National Lottery Community Fund. This will allow continued delivery of the suicide bereavement support service in Gwent for part of the forthcoming year.

To ensure continuity of provision, we are seeking **six months of additional funding** to extend the service for the remainder of the year. This includes a modest uplift to enable the provider to deliver **community-level responses** where a suspected suicide has wider ramifications, including risks of contagion or ripple effects.

Funding Request for this year

- Six-month service delivery: £25,791.73
- Community response capacity (4 full days @ £700/day): £2,800.00

Total funding requested: £28,591.73

Funding Request up to October 2028: £59,891.61

Revenue	Oct 26- April 2027 (6 months)	April 27 to Oct 28 (6 months)	Total to Oct 2028
Qualified staff to provide: Listening service, counselling, talking therapies, play therapy and tailored bereavement support. Incl. expenses.	25,791.73	28,499.88	£54,291.61
Community response capacity	£2,800.00	£2,800.00	£5,600.00
	£28,591.73	£31,299.88	£59,891.61

While our preference is to continue commissioning the Jacob Abraham Foundation due to their established expertise and consistent delivery, we acknowledge that procurement requirements may apply when contract values exceed £25,000. We are therefore fully prepared to follow the appropriate procurement process as required.

8. How you're changing what you do

Learning from this year's delivery, the service has identified several opportunities to strengthen and adapt its offer to better meet the needs of those bereaved by suicide and respond to emerging patterns of demand. Particularly, continue strengthening the relationship with Gwent Police referral partners and the national suicide bereavement support service, NALS, so residents of Gwent who are bereaved by suicide continue to get the most effective and person-centred support. In addition, the service now chairs the local Suicide and Self Harm Expert Advisory Group.



In the coming year, the service has expressed support to build on its existing model of support by introducing a pilot community response function, enabling timely, trauma-informed support in settings where a suspected suicide has wider community impact—such as sports clubs, workplaces, or other local networks. This will help mitigate contagion or ripple effects and ensure a more coordinated, place-based approach to postvention.

In addition, the service intends to expand the number of community peer-support groups, based on need – for example a sibling support group, increasing accessibility across the Gwent area and providing more opportunities for individuals to receive ongoing, lived-experience-based support closer to home.

Together, these developments will enhance the reach and impact of the service, offering earlier intervention, reducing pressure on ABUHB clinical and mental health services, and contributing to the prevention of further suicide deaths. These plans align closely with ABUHB's commitment to prevention, early support, and community-based care, helping residents to feel supported, connected, and able to thrive.

9. Conclusions

Overall, the funding provided to date has enabled ABUHB to maintain a vital and evidence-based suicide bereavement support offer for people affected by the death of someone aged 26 and over. During a period of rising suspected suicide rates locally and nationally, the service has delivered timely, accessible, and person-centred support, maintained rapid response times, and operated without a waiting list. Increased self-referrals demonstrate growing public awareness and trust, while the continued expansion of peer support has strengthened the sustainability and depth of provision. Despite temporary disruption to police referral pathways in Q1–Q2, the service continued to reach and support a substantial number of individuals, adapting well to operational pressures and continuing to align with national quality standards.

The evaluation indicates that local, specialist bereavement support remains essential to complement national provision, meet local need, and mitigate the wider health, emotional, and economic impacts associated with suicide. The service has also demonstrated their support to inputting to the emerging need for supporting community-wide responses where a suspected suicide has broader ripple effects. Looking ahead, securing stable, multi-year funding will be critical to sustaining delivery, supporting further development of peer and community-based support, enabling further promotion of the service and ensuring ongoing information and support at a critical time for people following a death by suicide – which can help prevent further deaths by

suicide. Continued investment will help ABUHB meet national priorities, protect the wellbeing of residents, and strengthen suicide prevention efforts across Gwent.

Evaluation Prepared by:

Name:	Jackie Williams
Title:	Senior Public Health Practitioner
Date:	18/02/2026

Thanks to Bryn Morgan, Jacob Abraham Foundation, for providing service data and client quotes. Supported by Dr Emily Clark, Registrar in Public Health, ABUHB Gwent Public Health Team.



Appendix – Evidence for Suicide Bereavement Support Services

National Guidance: In September 2024, WG published guidance: *Responding to People Bereaved, Exposed or Affected by Suicide*⁷, to help organisations understand their roles is 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.

The NICE Quality Standard on Suicide Prevention⁸ included a 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*’

⁷ [Responding to people bereaved, exposed, or affected by suicide](#) {accessed 11.04.2025}

⁸ NICE (2019) Suicide prevention. Quality standard – www.nice.org.uk/guidance/qs189

- *'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'.

ANEURIN BEVAN HEALTH BOARD CHARITY

Charitable Funds Committee

Bid Ref: CFC – 278 Language and Interpretation Services

Progress Report

1. Introduction -

CFC Approval Notes:

Amount approved: £72,300

Amount Requested: £150,708

Bid Duration: 2 years sought, but 1 year approved.

2. Background

This section should give a brief background of the initial bid request, the service it forms part of and how the requirement for the bid arose.

The Invest to Save bid (CFC-278) was submitted in response to the unsustainable rise in interpretation and translation costs across ABUHB. Annual spend increased from £354,586 in 2023/24 to a projected £420,570 for 2024/25, compared to a recurring budget of only £120,557 representing an increase of over 248% against allocation.

In 23/24, an underlying problem with the Translation budget was identified against the 24/25 IMTP. In 24/25, the corresponding budget adjustments were actioned in Month 2 (May), which included an additional £108,000 for translation as a full year amount allocated on a recurring basis. Therefore, the budget increased to £288,577. Despite this uplift, the projected annual spend of £420,570 presented in the initial bid request still represents an 84% increase above the revised allocation.

This financial trajectory, combined with increasing demand and the need for rapid access to interpreters, created significant operational and clinical risk. Staff lacked awareness of digital interpretation solutions, such as Convo (previously SignLive) and LanguageLine digital platforms. The previous investment in digital interpretation

tools had not translated into sustained usage due to variable staff confidence, inconsistent training uptake and a lack of dedicated resource to support cultural change.

Digital tools were underutilised, leading to over-reliance on costly face-to-face interpreters where digital interpretation would have been suitable, and delays in patient care.

The Invest to Save bid funded two temporary posts — a Project Manager (Band 6) and a 0.6WTE Administrator (Band 3) — to modernise, coordinate and support the transformation of the Interpretation & Translation (I&T) Service. This resource is critical to embedding digital interpretation, strengthening governance, reducing avoidable costs and improving equitable access for patients with communication needs.

The CFC-278 bid therefore funded a whole-system transformation programme to:

- embed digital interpretation into everyday practice
- ensure staff confidence and capability
- improve compliance with accessible communication expectations
- reduce unnecessary face-to-face bookings and associated costs
- develop governance and policy frameworks
- drive sustainable service redesign

3. Overview

This section should give an overview of what has happened over the period of the evaluation, detailing key issues.

Significant progress has been made in establishing system-wide improvements, embedding digital interpretation and raising staff awareness since the commencement of the project in September 2025. The work has begun establishing the foundation of a modernised, consistent and more cost-effective I&T service across ABUHB.

Policy & Governance

- Initial revision drafts of the I&T Policy completed.
- SBAR is currently under development to propose a revised, more sustainable funding model for interpretation services.

A programme of staff education has been delivered, including:

- In-person awareness sessions delivered across major hospital sites including GUH, RGH, YYF, St Woolos and County Hospital, targeting high-volume or high-risk clinical areas.
- Targeted email communications issued to numerous specialties with high face-to-face usage or low digital confidence.
- Intranet communications
- Digital interpretation awareness content embedded into HCSW Induction, JOE Programme and Lead 6 leadership training.
- Presented to the Outpatients Services Meeting and attended the HCSW Conference to drive organisation-wide engagement.

Collaboration & Strategic Alignment

- Active involvement in Equality, Diversity and Inclusion (EDI) initiatives including Strategic Equality Plan (SEP) progress reporting and disability inclusion work.
- Joint work with Putting Things Rights (PTR) identifying departments with high volumes of communication-related concerns requiring targeted intervention.
- Involvement in the All-Wales Accessible Communication and Information Standards in Healthcare steering group
- Collaboration with Patient Experience and Action Deafness Cymru, including bereavement pathway work for D/deaf patients.

Service Improvements

- Development and introduction of new feedback tools using Microsoft Forms
- New Padlet resource space for staff
- Leaflet for Video Remote Interpretation (VRI) and Over the Phone Interpretation (OPI) for frontline use
- Updated Convo Community Directory for BSL users

Scoping & Market Engagement

- Engagement with 6 health boards/Integrated Care Boards (ICBs) to benchmark digital and face-to-face interpretation models.

- Contact with 6 suppliers (from 14 approached), evaluating OPI/VRI/BSL capabilities and cost models.

Accessible Communication & Information Standards

The Invest to Save programme has accelerated ABUHB's alignment with Accessible Communication and Information Standards by embedding accessibility principles into all elements of the I&T transformation.

Embedding Accessibility in Staff Training - All awareness sessions include understanding communication needs, obligations to provide accessible formats and appropriate use of digital tools. This ensures staff recognise accessible communication as a core patient safety requirement.

Improved Access for D/deaf Patients – BSL digital interpretation (VRI) awareness has improved. There is a plan to incorporate user-experience videos into staff awareness and training sessions as soon as these become available, further strengthening understanding of the communication needs of D/deaf patients. Also, through work with Action Deafness Cymru and Patient Experience accessible bereavement pathways have been strengthened. The work directly supports equitable access for BSL users.

Governance Alignment – The revised I&T Policy and SBAR will ensure accessible communication requirements are embedded in clinical pathways, responsibilities are clearly defined and the Service has a structure to enable accurate monitoring and reporting.

4. Outcome Measures & Benefits

The benefits of the bid should be clearly described in this section and outcome measures should be described in activity terms if applicable. How has your project helped people and patients within ABUHB? how do you know it's helped?

Make sure the information you collect is from lots of different voices in your community (so, the people you support, staff and volunteers). And tell us about the differences you're making with numbers and stories.

We also know that the difference you planned to make at the start of your project might change.

Reduction in Face-to-Face Interpreter Requests

According to projections established January 2026, Face-to-face requests have reduced by 25.69% (from 4,598 in 24/25 to 3,417 in



25/26), demonstrating effective behavioural change and increasing digital confidence among staff.

Increased Digital Interpretation Usage

Using the same projections, digital interpretation (OPI/VRI) usage increased by 128.22%, rising from 4,258 to 9,718 requests. This reflects faster access to interpreters, improved clinical efficiency, and greater staff adoption of available technologies.

Financial Benefits

Finance modelling shows a projected 7.25% reduction in I&T expenditure for 2025/2026 as a direct impact of optimisation work. This reverses the previous trend of year-on-year escalation.

Increased Staff Confidence & Awareness

- Increased awareness of digital options has reduced reliance on unnecessary face-to-face interpreter bookings.
- Embedding interpretation training into organisational programmes has increased consistent messaging and improved staff behaviour change.
- Wider training coverage and repeated messaging have contributed to cultural change across the organisation.

Improved Patient Experience

- Faster access to interpreters reduces delays and improves patient understanding.
- Increased digital access supports urgent and unplanned care settings where speed is critical.
- Collaborative work with Action Deafness Cymru strengthens culturally sensitive and accessible pathways.

Collectively, these outcomes support equity of access, patient safety, and efficient use of Health Board resources.

5. What you've learned

What's gone well? What's not gone well or been challenging? What's been unexpected or interesting? What have you learned that would be useful to others?

What Has Gone Well

- Digital interpretation uptake improved significantly due to sustained engagement and visibility.
- Awareness sessions helped overcome common myths and anxieties about digital tools.
- Staff engagement across multiple hospital sites (GUH, RGH, YYF, St Woolos, County) was strong on the whole, with some departments actively seeking further support and training.
- Embedding I&T content into HCSW Induction, JOE Programme and Lead 6 raised organisational awareness and ensured consistent messaging across the workforce.
- Targeted communications to high-usage and low confidence departments directly contributed to improved digital adoption and reduction in unnecessary face-to-face bookings.
- Collaboration with EDI, Patient Experience and Action Deafness Cymru strengthened accessible communication practices and improved pathways for D/deaf patients.
- New tools such as feedback forms, Padlet resources, and improved digital information enhanced the quality and consistency of staff support resources.
- Revised Convo Community Directory has resulted in a more concise, user-friendly approach for BSL users contacting ABUHB.
- Data analysis and finance projections demonstrate measurable progress, including a projected 7.25% reduction in overall I&T expenditure for 25/26.
- Early cultural change is evident across Divisions, with staff increasingly choosing digital interpretation as the first-line option where appropriate.
- IT Firewalls at GUH, County and St Cadocs have been upgraded, enabling OPI within LanguageLine Insight application to function fully.

Challenges Encountered

- IT firewalls may continue to restrict full OPI access at some sites (e.g., NHH, YYF, RGH), despite partial testing success. Hardware for upgrade has been purchased but there is no current ETA from IT for the completion of this work.
- LanguageLine issuing VRI access codes directly to staff bypassing I&T governance, creating risk.
- Demand continues to increase, requiring continuous reinforcement and staff support.



- Wi-Fi reliability issues have been reported in some areas which reduce the effectiveness and consistency of digital interpretation – these have been reported to IT by the areas
- Variation in staff digital confidence continues to affect uptake, particularly in departments with high turnover or limited digital experience.
- Persistent reliance on established habits and familiarity with face-to-face interpreters mean behaviour change requires sustained effort over time.
- Managing multiple platforms adds complexity for staff and requires ongoing education to prevent confusion.
- Some departments have not fully engaged with the optimisation work, resulting in inconsistent adoption of digital interpretation pathways and slower progress in certain areas.
- Several aspects of the project have relied on input from others. When these dependencies are delayed, it holds up the delivery of the project tasks.
- While the policy is under review, there is a certain level of ambiguity within the Service.

Unexpected / Interesting Findings

- Some clinical teams were still unaware of digital options despite previous communication, highlighting the need for sustained and repeated messaging.
- Staff confidence increased noticeably after in-person awareness sessions or targeted email communications. During in-person awareness sessions it was expressed that hands-on demonstrations made digital tools feel more approachable.
- Some departments with historically high reliance on face-to-face interpreters showed a positive uptake of digital options once targeted communications were issued, suggesting a strong appetite for digital solutions when appropriate.

Learning for Others

- Consistent messaging is essential; one-off training is insufficient to change culture. Behaviour change requires repeated reinforcement, especially in clinical areas with high turnover or operational pressure.
- Digital interpretation tools must be built into local workflows, not provided as optional extras.

- Frontline engagement is most effective when it is tailored, such as targeted awareness sessions and email communications for departments
- Delivering information in an enthusiastic, clear and simplified way has proven highly effective, as staff respond better to approachable explanations and practical demonstrations than to complex guidance alone. Live demonstrations of digital tools help overcome anxieties and misconceptions.
- Digital interpretation works best when paired with reliable infrastructure, emphasising that IT readiness (firewalls, Wi-Fi, device capability) must be addressed early in any transformation programme.
- Accessible communication must be treated as a core patient safety requirement

6. What you've spent this year

How much you ended up spending

	YTD 25/26	Full Year 25/26	26/27 Estimate	Total for 12 month period
Band 3	(13,047)	(14,757)	(6,840)	(21,597)
Band 6	(24,065)	(28,196)	(21,577)	(49,773)
Set Up	(621)	(621)		(621)
Total	(37,733)	(43,574)	(28,417)	(71,991)

What is the reason for variance between your budget and how much you spent.

Timing of recruitment

When did you anticipate someone starting in post, when did they start in post

Band 3 Administrator commenced 21/07/25.

Band 6 Project Manager commenced 07/09/25.

Total Projected spend to the end of the financial year (31/03/26)
£43,574



7. What are you planning to spend during the next financial year

What is the total value of your bid for the next financial year?

£28,417, if the post ends at the end of the 12 month period. Would be more if an extension is granted

Has this changed since the original bid submission? What are the reasons for this change?

The total value requested for the next financial year remains aligned to the original Invest to Save bid, with no material changes in scope. Requirements have not changed, as the need for ongoing transformation work remains high.

8. How you're changing what you do

Have you made any changes based on your experiences and what you've learned? What are your plans for the coming year - and beyond? How will your plans help ABUHB and its patients to thrive?

- Continue rollout of digital interpretation tools, including the Convo QR code pilot in ED and MIUs.
- Following a successful pilot, expand use of QR-code driven access routes for BSL users.
- Continue expanding digital interpretation training and support all divisions to integrate VRI/OPI into local workflows.
- Establish mandatory digital usage guidance within the updated I&T Policy.
- Developing user experience video content for training (pending from Action Deafness Cymru).
- Continue to embed Accessible Communication and Information Standards information into communications with staff.
- Progressing the SBAR and finalising the updated I&T Policy.
- Strengthening governance around interpreter codes and provider engagement.
- Increasing collaboration with Divisions to provide support based on usage patterns and requirements.
- Continued digital setup, targeted communications and staff support.
- Attempting to contact, offer repeated support and revisit conversations with low-engagement departments so continued persistence will help gradually encourage involvement.

- Continue to liaise with IT periodically regarding Firewalls and Wi-Fi limitations.
- Expand digital interpretation solutions from hospital-based environments only into wider secondary care community settings, ensuring equitable access.

These changes support the creation of a sustainable, compliant, patient-centred interpretation model that reduces financial pressure and improves patient safety and staff experience. Building on the progress achieved to date, the next phase of the Invest to Save project focuses on deepening digital adoption, strengthening governance and fully embedding accessible communication across ABUHB Secondary Care.

9. Conclusions

This section should give an overall assessment of the effectiveness of the bid and the funding provided to date.

Funding from the CFC-278 bid has enabled ABUHB to make substantial progress toward a safe, modern, and cost-effective Interpretation & Translation Service.

This Invest to Save approach project is already delivering measurable benefits:

- Reduced face-to-face interpreter reliance
- Increased digital usage
- Projected cost savings
- Improved staff confidence
- Stronger governance and policy alignment

Continued investment is required to fully embed and sustain improvements, address ongoing challenges, support the embedding of accessible communication standards and sustain the cultural change necessary to produce long-term savings while improving equity for patients with communication needs.

Evaluation Prepared by:

Name:	Suzanne Davies
Title:	Head of Referral and Booking
Date:	19/02/26



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Marketing Strategy - Priority plan for growing the charity
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Jones, Assistant Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

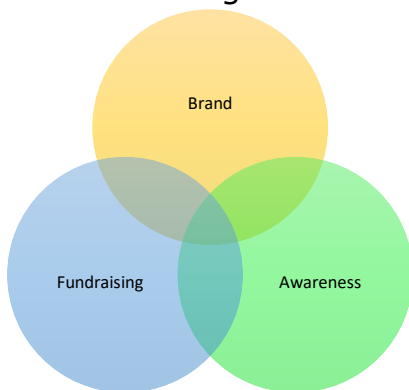
ADRODDIAD SCAA SBAR REPORT
<u>Sefyllfa / Situation</u>
<p>The Charitable Funds finance team have been asked to update and report back on the Priority Plan for growing the charity and promoting benefits that was submitted at the January 2026 meeting. CFC/0701/14</p>
<u>Cefndir / Background</u>
<p>Several reports have been presented over the past few meetings, developing growth plans for the charity. The last report in January 2026 expanded and prioritised the options for coming 12 months.</p>

Phase 1	Brand: Foundation	Weeks 1 – 4:
Phase 2	Brand: Visual & Verbal identity	Weeks 5 - 8
Phase 3	Professionalism in our brand	Weeks 8 – 16
Phase 4	Check & build	Week 17+

This report seeks to outline progress made and look at a marketing plan for the year ahead.

Asesiad / Assessment

The supporting appendix restates the presentation from January’s meeting. Adding to each section what progress has been made. A summary of key achievements against each theme of the strategy:



BRAND



We are now registered with the Fundraising Regulator



Our New logo was agreed and the Rebranding commencing



Awareness



Whilst ZERO cost, we are progressing the STA process of ABUHB to contract. This will be in place to allow us to progress the report for 2025/26



We have engaged the wider ABUHB Communications and Marketing team for support in marketing better at events such as our Awards Evening



We have identified and requested interest in Corporate Supporters / Charity Ambassadors

Fundraising



Following approval of logo, two GoodBox have been procured and soon to be rolled out



Rob and Gareth have committed to raising funds to raise the profile, by taking part in the Cardiff Hyrox. Training has started already!



We are looking at funding sources that would allow the Charity to take on a Fundraising staff member. This role would allow the delivery of the strategy through focussed engagement with our stakeholders.

Argymhelliad / Recommendation

The Board is asked to:

- Note the updates to the strategy;
- Endorse the sub approval of the new Logo
- Continue to support the endeavours to adopt a new Logo and accompanying Marketing strategy.

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):

Blaenoriaethau CTCI
IMTP Priorities

[Link to IMTP](#)

3.5 Record Keeping
Choose an item.
Choose an item.
Choose an item.

Not Applicable
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	Not Applicable Choose an item. Choose an item. Choose an item.

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

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	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/>

Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs
Choose an item.



Growing the Charity Strategy – March 2026 Update



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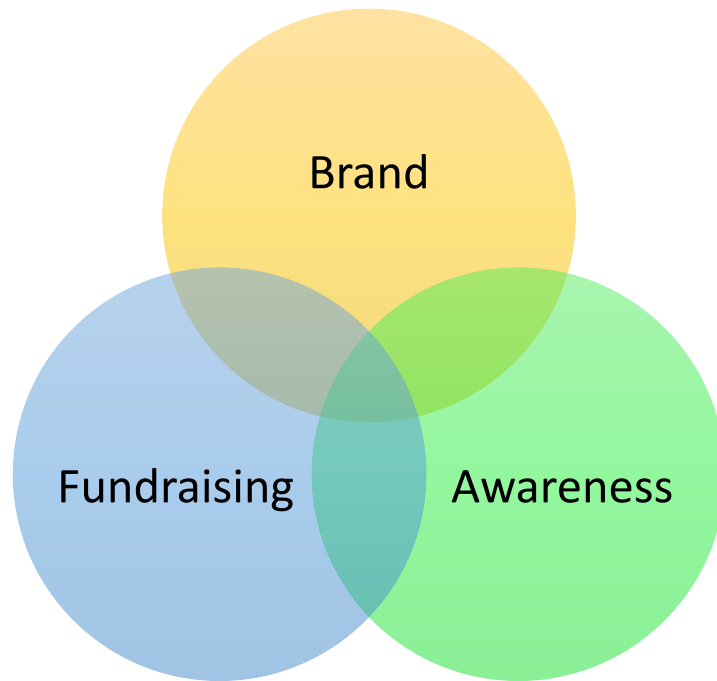
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Brand & Awareness Strategy



Build a stronger, clearer brand with increased awareness that translates into sustainable income growth from donations, legacies, grants, and corporate support.



Income has trended downward in recent years; the Charitable Funds Committee requested options to grow the charity and promote benefits, including benchmarking against other Welsh NHS charities and considering dedicated fundraising/communications capacity.

The benchmarking exercise, and team workshops further highlighted the opportunity to organically grow donations.

In order to maximise opportunities it is important that the options presented are considered in a structured way as opposed delivering a number of isolated tasks. This Strategy focusses on the iteration between:

Brand \leftrightarrow Awareness \leftrightarrow Fundraising



Brand



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Importance of Brand



A strong brand emphasizes recognition, credibility, and emotional connection to drive donations

The foundation of the strategy is to have a strong brand, to help build awareness. This includes:

Phase 1: Foundation (Weeks 1–4)

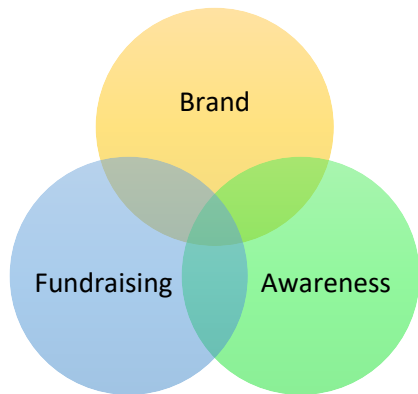
Goal: Establish the core of our brand.

- Review the Mission, Vision, and Values: Align with NHS principles and local community impact.
- Identify Brand Personality: Professional, trustworthy, innovative, and patient-focused.
- Develop Unique Value Proposition (UVP): Emphasize financial transparency, efficiency, and support for better patient care.
- Ensure credibility through the Fundraising Regulator

Phase 2: Visual & Verbal Identity (Weeks 5–8)

Goal: Create consistent branding elements.

- Logo & Colour Palette: Reflect healthcare trust (blues, greens) (see next slide).
- Typography & Imagery: Clean, accessible fonts; imagery showing collaboration and care.
- Brand Guidelines Document: Rules for internal and external use.



Adopt a Mission Statement



Mission Statement: A simple and concise summary explaining what we do

Mission Statement

"We exist to enhance patient care and wellbeing across Aneurin Bevan University Health Board by funding compassionate, innovative, and life-changing projects; powered by the generosity of our communities and inspired by the legacy of the NHS."

Mission Statement Summary

We fund projects that bring comfort, care, and hope to patients; powered by your generosity and inspired by the NHS.

We are in a unique situation being named after the founder of the NHS who was born in Tredegar in the borough of Blaenau Gwent and referencing Aneurin Bevan in our strapline further enhances our brand identity.



Branding – Our Visual Identity



Logo: A strong brand helps build awareness and recognition

- The Charitable Funds Team worked with the Communications Team on a design concept using:
 - The Official Trading Name of the Charity
 - Having synergy with Aneurin Bevan Health Boards own branding, to show both linkage, but also self identity.
- The draft logo is presented. The team are awaiting a newer version which ensures longevity with ABUHBs new “35” roll out:



Fundraiser Regulator



Register at annual cost of £60

The Fundraising Badge

Are you thinking of donating to or raising funds for a charity? Look out for the Fundraising Badge. When you see it, you can have confidence in a charity's fundraising.



Illustrative purposes only, not for reproduction

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

The Charitable Funds Committee is asked to approve registering with the Fundraising Regulator



March 2026 Update



Registration complete and good collaboration with our Marketing team on brand



We are now registered with the Fundraising Regulator



Our New logo was agreed and the Rebranding commencing

EXAMPLE LOGO – NOT TO BE USED ELSEWHERE



Logo Decision



Working alongside our Communications team a new Logo has been chosen

As agreed at the last Committee a sub meeting comprising the Chairperson, ABUHB Chief Executive and one other Charitable Member was held to review the four shortlisted designs (as outlined in the next slides).



This culminated in the following decision:



Elusen Iechyd
Aneurin Bevan
Health Charity

Logo Concepts



Each of the four proposed logo concepts incorporates key elements of the new **Gwent 25** branding, ensuring strong visual alignment with the wider organisational identity. All designs make use of the new colour palette, the rainbow banner, and the illustrated Gwent landscape, providing continuity, recognisability, and a sense of place that reflects our communities.



**Elusen Iechyd
Aneurin Bevan**



**Aneurin Bevan
Health Charity**

Logo 1 – Simple and Straightforward

This version offers a clean, uncomplicated design that highlights the charity name and the Gwent landscape illustration. It uses the Gwent 25 colours and rainbow banner in a subtle way, making it highly versatile and easy to reproduce across digital and print materials. It's the most minimal and corporate of the options, suitable for formal and wide-ranging use.



Logo 2 – Skyline with Yellow Heart

This concept introduces a yellow heart above the skyline, symbolising care, compassion, and the human focus of the charity's work. The colour yellow also represents the sun, hope, and warmth, reinforcing a positive and uplifting message. The heart adds emotional connection without overwhelming the core branding elements. This option balances professionalism with approachability.

**Elusen Iechyd
Aneurin Bevan**



**Aneurin Bevan
Health Charity**

Logo 3 – Rainbow Swoosh

This design places a rainbow swoosh beneath the landscape, adding movement and energy. The swoosh feels supportive and uplifting, visually ‘holding’ the landscape. It retains clear links to the Gwent 25 rainbow style but introduces a sense of progress and positivity. This option may work particularly well for campaigns or fundraising where vibrancy is important.



Logo 4 – Rainbow Heart Background

This concept features a rainbow heart surrounding the landscape and wording, creating a bold and visually striking identity. The heart reinforces themes of care and community while showcasing the full colour palette. It is the most expressive and symbolic of the options, with strong emotional appeal and high visibility. Ideal for public-facing charity campaigns and promotional materials where impact is key.

The “Design Language” will continue to be developed providing a consistent identify across our media



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Awareness



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Building Awareness



A strong brand emphasizes recognition, credibility, and emotional connection to drive donations

1. Build Trust and Credibility

- When people know about the charity's mission, impact, and transparency, they feel confident their money will be used effectively.
- Awareness campaigns highlight success stories and financial accountability, reducing donor hesitation.

2. Creates Emotional Connection

- Awareness efforts (stories, videos, social media posts) help potential donors connect emotionally with the cause.
- Emotional engagement often leads to higher donation amounts and repeat giving.

3. Expands Audience Reach

- The more people who know about the charity, the larger the pool of potential donors (and fundraisers when considering our staff).
- Awareness through media, events, and partnerships increases visibility beyond the immediate community.

4. Encourages Advocacy and Word-of-Mouth

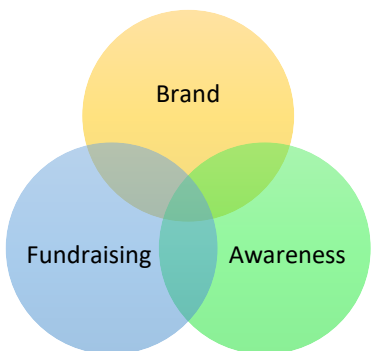
- Supporters who are aware of the charity's work become ambassadors, sharing the message with friends and family.
- Peer recommendations are powerful in influencing donations.

5. Demonstrates Impact

- Awareness campaigns show tangible results (e.g., number of lives improved, projects completed).
- Donors want to see the difference their contributions make—impact stories drive continued support.

6. Attracts Corporate and Grant Funding

- High visibility makes charities more appealing to businesses and grant-making bodies looking for reputable partners.
- Awareness signals stability and professionalism, which funders value.



Building Awareness



Being Consistent, and Visible is the priority



This includes:

Phase 3: Professionalism in our brand (Weeks 8-16)

Goal: Ensure consistent branding is embedded

- Using the new visual brand ensure that the charity visibility is improved including New Magazine launch (see next slide)
- Improve clarity in how the charity maximises publicity and awareness from the awards it makes to good causes

Phase 4: Check and build (weeks 17+)

Goal: Check brand awareness and build

- Set metrics to monitor success of brand including awareness/ interactions / donations

Charity Magazine Partnership

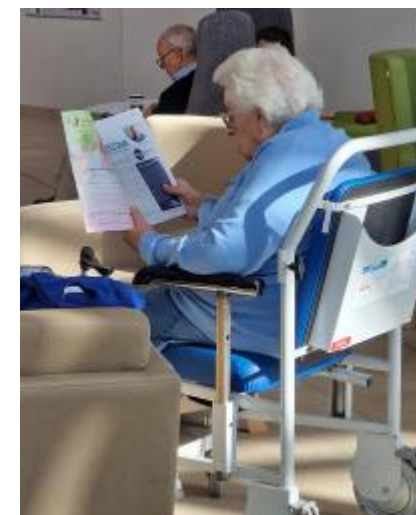


Produced annually over 4 years to raise awareness, showcase how we use the money we receive from donations, fundraising and gifts in wills



Magazine Content

- Who we are, what we do, introduction
- Our Mission/Objectives
- Logo to be featured throughout
- 24/25 Annual Report will be out of date
- Information collected for 25/26 Annual Report
- Focusing on stories, less financial information.
- Hospital Details
- QR codes allowing people to donate
- Health Board messaging too – Sepsis/Flu jab etc.
- Patient Experience & Involvement Team agreed to support with content
- Awaiting legal team to review T&C's
- Date of launch to be agreed – July/August 26



The Charitable Funds Committee is asked to approve the Magazine Concept



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Posters, Leaflets & Postcards



Display posters & leaflets & introduce “Thank you” postcards

- Using the agreed branding, posters and leaflets will be produced from templates designed by the CF Team explaining how to donate. They will be unique to the relevant ward/department as they will include a QR code which links through to the ward/departments own Just Giving page.
- A second poster will run alongside showcasing how the funds are used.
- Posters in generic areas will be directed to the Committee’s Just Giving page.
- Formal thank you letters will continue to be sent and “Thank You” postcards will be introduced and sent as deemed suitable by the CF Team.
- There will be a small charge for card and laminates which will be put against the admin charge. No cost for printing.
- A disclaimer/warning will be added to all literature containing a QR code to advise the reader to check the QR cod has not been tampered with.



Recognition



Ensuring the Charity is acknowledged

It is important that requests funded by the Charitable Funds Committee are acknowledged in a way that shows that Aneurin Bevan Health Charity supported the purchase of an item or supported a project/event. This can be done in several ways:

- For events, such as the Staff Awards, the Charity's logo together with appropriate wording such as "your charity supported this event" should appear on the screens at the event, on the advertisements for the event and on any literature supporting the event.
- Where staff posts for projects are funded by the Charity, it should be noted in the job advertisement and staff should have reference in footers / lanyards or similar.
- The purchase of equipment can be acknowledged by posters – see slide on posters.

Further recognition can be made by;

- Linking in regularly with the Communication & Engagement Team to promote the items the charity has supported, patient and staff story telling of how the items have made a difference.
- The Charitable Funds Team promoting the charity at various internal conferences.

March 2026 Update



Registration complete and good collaboration with our Marketing team on brand



Whilst ZERO cost, we are progressing the STA process of ABUHB to contract. This will be in place to allow us to progress the report for 2025/26



We have engaged the wider ABUHB Communications and Marketing team for support in marketing better at events such as our Awards Evening



We have identified and requested interest in Corporate Supporters / Charity Ambassadors



Fundraising



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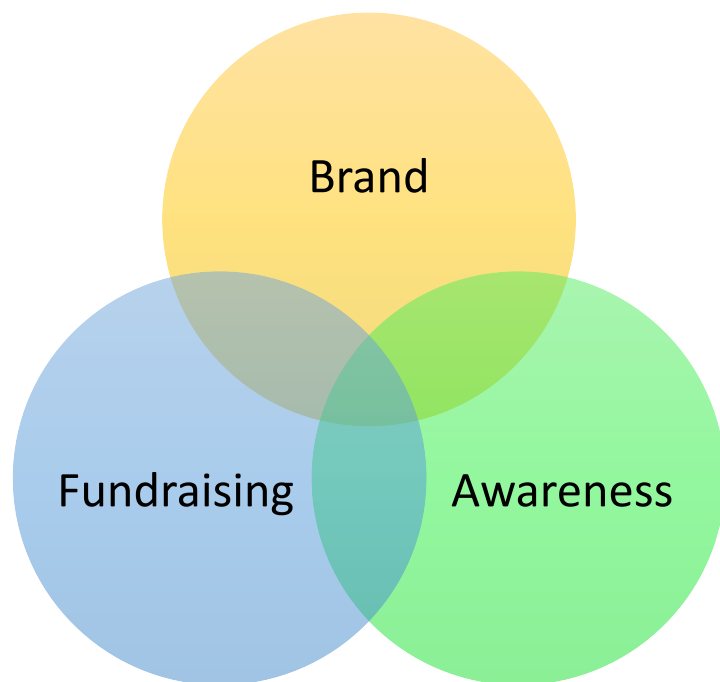
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University Health Board



Fundraising



Our branding and awareness campaign should support growth. We must also evolve to make fundraising simple



Our Fundraising strategy is founded on two distinct phases:

1. Ease of donation giving
 - Utilising online, collection and cashless options for donation. This includes procuring cashless donation devices (GoodBox)
2. Utilising the 15,000+ fundraisers we have the potential to access (the staff of ABUHB)
 - Ensuring that front line staff are champions for the charity so as to maximise stakeholder awareness
 - Ensuring all staff consider our own charity when doing things for good causes

Cashless Donations 1 of 2



Introducing a Contactless Donation System

We currently offer several methods of payment to make a donation:

- Cash and cheques – these can be taken at any of our sites or posted to the CF Team
- Payment by bank transfer – where individuals can pay directly into our bank account
- Payment through our Just Giving platform.
- We do not have a facility for individuals to pay us directly by debit/credit card.

In these current times, people do not carry cash which makes it more difficult for individuals to donate to us and for staff to raise funds through raffles, honesty bookshelves and cake sales etc.

We are therefore proposing the purchase of a contactless card donation machine.

There is a charge of £438 per device for the initial purchase plus ongoing charges of £10 each month. The type we have selected is called GoodBox. This is a mobile fundraising and contactless donation solution dedicated to Charities and not for profit organisations.

The Charitable Funds Committee is asked to approve the purchase of 1 Goodbox, with a view to purchasing further in future if evaluated favourably.

Cashless Donations 2 of 2



Introducing a Contactless Donation System

There are many uses for the GoodBox

- It can be used as a stand-alone station which could be placed in a reception area or by an honestly bookshelf or Tea/Coffee station
- It can be taken out of the station and used handheld for events just like the recent Christmas Fayre held at St Cadocs as described on this poster.
- The donation amounts can be set as we wish with initial suggestion to use £3, £5 & £10 and Other.
- An electronic receipt is issued and we could use Thank You postcards to thank people if needed.
- When the money arrives in our bank account it will list the date the donations were taken so we can move the box to different locations monitoring best place to be located.
- This link provides some additional information [Fundraising Stories](#) | [Charity Success Stories](#) | [GoodBox](#)



March 2026 Update



Registration complete and good collaboration with our Marketing team on brand



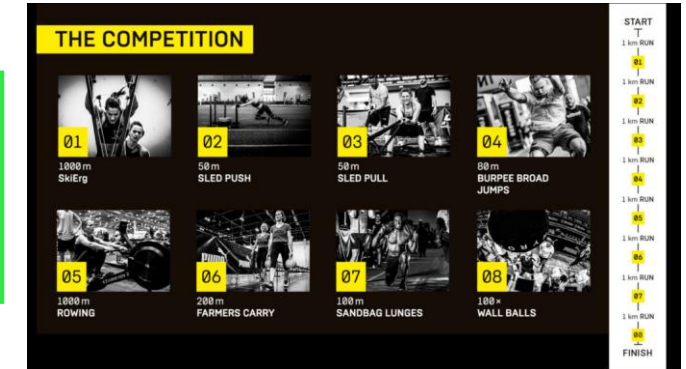
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Diolch



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DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Other Charities within ABUHB
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Jones, Assistant Director of Finance

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

At the meeting held in January 2026, the Committee noted a large donation from the Be Heart Happy Charity, which was used to purchase ECG machines for the cardiology department. The Committee were informed this was a local charity with a longstanding relationship with the Royal Gwent cardiology unit, and the funds were raised specifically for cardiology in collaboration with staff.

It was agreed that further clarity on the landscape of active charities and initiatives would be provided at the next meeting.

Cefndir / Background

The Charitable Funds Financial Control Procedure (FCP) states the following:

- 5.1.2.** Individuals must not set up a charity using the name of the Health Board or any of the Health Boards' hospitals without prior permission from the Health Board.

5.1.3. Individuals must not set up their own bank account to receive monies intended for the Aneurin Bevan Health Board Charitable Fund and Other Related Charities

There are, however, many charities that were set up prior to our charity being established, several of which are affiliated to departments within our hospitals and benefit our patients and staff.

Asesiad / Assessment

A list of the currently known associated charities is identified in Appendix 1, which shows their registration date with the Charity Commission, their purpose and latest value of income and expenditure received.

Key points to note:

- The League of Nevill Hall Friends raise money, through its coffee shop in Nevill Hall Outpatients, which they use to fund requests from across the hospital on an annual basis.
- Several of the charities have closed with their balance transferred to our charity (No's 7, 9 and 11).
- Some of the charities have benefitted from receiving grants from our own charity (No's 2, 4, 5 and 13).
- We are expecting a request for funding in the near future from Nevill Hall Nature Spaces.
- There may be other charities affiliated to our Health Board that we have been unable to identify as they may not use the hospital or Health Board name.

Further, the number and variety of "similar" charities highlights the importance of Our Charity having a strong and clear identity, and one which very closely associates us with ABUHB. It is this proximity to ABUHB that helps form our differentiator, and ability to influence change to benefit the widest possible beneficiaries.

Argymhelliad / Recommendation

The 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:

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.5 Record Keeping Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable 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	Not Applicable Choose an item. Choose an item. Choose an item.

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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	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

	<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>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Choose an item.</p>

Appendix 1 - Aneurin Bevan Local Health Board - Associated Charities

No.	Registered Charity No	Charity Name	Registration Date	Purpose	Income 2024/25	Expenditure 2024/25
1	1034611	Friends of Monnow Vale Health and Social Care Facility (League of Friends of Monmouth General Hospital)	11-Mar-94	To relieve Patients of Monnow Vale Health and social care facility who are sick, convalescent, disabled, handicapped, infirm, or in need of financial assistance and generally to support the charitable work of the said facility	£4K	£5.9K
2	1113859	Gwent Arts in Health (Garth)	24-Apr-06	To relieve sickness and preserve and protect physical, mental and emotional health by use of the arts including but not limited to: literature, drama, music, dance, crafts, design, poetry and visual arts; To advance education and awareness of the role in the arts in healthcare for the benefit of the public	£9.8K	£1.8K
3	1081525	The Gwent Cardiac Rehabilitation Fund	12-Jul-00	The promotion of health and in particular: a) the provision and promotion of cardiac rehabilitation and cardiac related healthcare within Wales; and b) the education of the public in cardiac related health issues	£8.8K	£14.4K
4	1093690	Sparkle (South Gwent Childrens Foundation)	04-Sep-02	The Relief of poverty, sickness and distress among children in particular, by the provision of facilities, equipment and services and the relief of siblings, parents and carers of such children who are in necessitous circumstances through the provision of advice, information and advocacy and the provision in the interests of social welfare of facilities for recreational and leisure time occupation with the object of improving the conditions of life of the aforementioned.	£917K	£759.7K
5	1056887	North Gwent Cardiac Rehabilitation and Aftercare (Cardiac Aftercare)	29-Nov-02	1) The advancement of rehabilitation and aftercare programme developed by the cardiac team at Nevill Hall Hospital, in the catchment area served by that hospital 2) The provision of resources to maintain and extend the cardiac rehabilitation programme and the promotion of community classes caring for cardiac patients within the catchment area served by Nevill Hall Hospital, 3) The promotion or assistance in the promotion of research into cardiac rehabilitation within the catchment area of Nevill Hall Hospital and to disseminate the findings of such research amongst the wider medical community.	£34.6K	£37.5K
6	222591	The League of Nevill Hall Friends	15-Jan-64	To mobilise, encourage, foster and maintain the interest of the public in the patients and the support of the work of the Nevill Hall hospital by means of voluntary service and to recruit voluntary workers in and for the hospital.	£112.5K	£65K

Appendix 1 - Aneurin Bevan Local Health Board - Associated Charities

No.	Registered Charity No	Charity Name	Registration Date	Purpose	Income 2024/25	Expenditure 2024/25
7	503654	The Nevill Hall Hospital Thrombosis and General Research Fund	07-Oct-74	To promote the charitable purposes and efficiency of the Nevill Hall Hospital, Abergavenny in the county of Gwent (formerly Monmouth) in its work of relieving the sick	Closed and transferred to our charity Aug 23	
8	515255	Nevill Hall Creche Association	20-Jun-84	To advance the education of children below compulsory school age, residing in Abergavenny and the surrounding area by providing day care facilities and by stimulating their growth and development through safe and satisfying play and allied activities, where amenities and staff allow, the facilities may be extended to children under 7 years of age during school holidays.	£558.8K	£550.2K
9	512457	Channel 1 Newport Hospital Radio (Royal Gwent Hospital Radio)	23-Mar-82	To relieve sickness, infirmity and old age amongst persons living in Newport Gwent by providing a local broadcasting service for hospitals, and similar institutions.	Closed and transferred to our charity Dec 19	
10	700899	Be Heart Happy (Royal Gwent and St Woolos Hospitals Cardiology Fund) (The Royal Gwent Cardiology Fund)	12-Jan-23	The promotion and development for the benefit of the public, the study of and research into cardiology and all its branches and likewise the promotion and development of improved methods of cardiology	£16.9K	£12.8K
11	505391	The League Of Friends of The Royal Gwent Hospital (League Of Friends Royal Gwent Hospital) (Royal Gwent Hospital League Of Friends)	27-Jul-76	To relieve patients and former patients of the Royal Gwent Hospital who are sick, convalescent, disabled, handicapped, infirm, or in need of financial assistance and generally to support the charitable work of the said hospital	Closed and transferred to our charity Sep 24	
12	1214695	Nevill Hall Nature Spaces	27-Aug-25	To work with Aneurin Bevan University Health Board and the local community to restore the gardens and grounds of Nevill Hall Hospital and increase their biodiversity as a recreational or leisure time resource for the benefit of the public and healthcare staff who have need of such facilities by reason of their youth, age, infirmity or disablement, financial hardship or social and economic circumstances, or for the public at large in the interests of social welfare and with the object of improving the condition of life of those using the gardens and grounds.	Not available yet	
13	1176172	Friends of Llanfrechfa Grange Walled Garden	07-Dec-17	To re-design and restore the walled garden at Llanfrechfa grange as a recreational or leisure time resource for the benefit of the public and healthcare staff who have need of such facilities by reason of their youth, age, infirmity or disablement, financial hardship or social and economic circumstances, or for the public at large in the interests of social welfare and with the object of improving the condition of life of those using the garden.	£13.8K	£13.7K
14	1071540	Growing Space	15-Sep-98	Growing Space supports individuals with mental ill health, autism or a learning disability to build confidence, develop social skills, and improve quality of life through the provision of therapeutic training, vocational skills, creativity, and work experience. It has a partnership agreement with St Cadocs and runs the Coffee Cart in addition to Restor@thewoodshed.	£1.1M	£1.1M

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Over £25k Funds Spending Plans
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 Trafodaeth/For Discussion

The Charitable Funds Committee continuously review spending plans of funds with balances over £25k and monitor these plans against spend to ensure that funds are spent in a timely manner.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Aneurin Bevan University Local Board Charitable Fund holds a total value of £4.58m consisting of 391 individual funds (£3.98m, 386 funds excluding committee funds) as at 31.12.25. Of this, there are 38 funds that have balances over £25k representing 10% of the total number of funds held and 46% of the total value of funds held.

The Charitable Funds Committee want to ensure that expenditure from these funds is on a consistent and timely basis and wish to further develop plans to encourage spend. Monitoring actual expenditure against forecast spend allows the Committee to target those Fundholders whose funds remain unspent.

Cefndir / Background



An analysis of funds with balances over £25k is shown below:





Analysis of Funds over £25k	31.03.22	31.03.23	31.03.24	31.03.25	31.12.25
	£000's	£000's	£000's	£000's	£000's
Value of Funds over £25k	2,954	3,099	2,563	2,205	2,101
Number of funds over £25k	45	45	49	44	39
Funds added to over £25k category		6	4	3	3
Funds removed from over £25k category		-2	-9	-8	-5
Number of Funds over £25k	45	49	44	39	37

Key points

- The value of funds over £25k has decreased by around a third since the fund monitoring was introduced, reflecting increasing spend in that period.
- The remaining 38 funds consist of 13 restricted legacy funds totalling £600k (29% of the total) and 25 unrestricted funds totalling £1,501k (71% of the total).
- Grant funds are excluded from this exercise as they are already committed under the terms of their agreements.
- The property funds, the reserve fund, holding accounts and the Committee's own fund are also outside the scope of this exercise.

Asesiad / Assessment

The spending plans are summarised in appendix A against details of current fund balances and end of year balances over the past 4 years. A traffic light system has been introduced to the document to show the status of each fund:

	The fund has achieved a 60% reduction or more of its original balance.
	The staff has not achieved a reduction of 60% of its balance but there is evidence to support that the fund is being used regularly, and the target is likely to be achieved. Either through the fundholders attendance at a committee meeting or through sight if requisition for goods and services.
	The fund balance has only been reduced between 10% and 40% as is being closely monitored.
	The fund has reduced less than 10% or its balance and the fundholder will be asked to attend a Charitable funds Committee meeting to discuss how the fund can be supported to spend their fund. Or the fund has grown in value.



There are currently 16 funds sitting in the red zone

- 4 are new funds within the past year
- 1 is a new fund within the past two years
- 5 have increased in value
- 6 have spending at less than 10%

The table below shows the 6 that have spending at less than 10% movement.

Fund	Value	Committee Attendance	Updates
F051 RGH PG POSTGRADUATE NO 1 ACCOUNT	£47K	Not attended	There are 2 postgraduate funds; if we combine the two then this takes it out of the red zone and places it into the orange zone.
F298 LEGACY RGH BREAST G S WATKINS	£56K	Not attended	Fund left for equipment but awaiting opening of new unit before deciding how to spend.
F278 LEGACY RGH HAEM G S WATKINS	£56K	Not attended	Majority of fund is being kept for new cancer unit in Nevill Hall.
F306 RGH VASCULAR LABORATORY	£31K	Due to attend but didn't due to illness	A minor works request for £13k was funded from revenue/capital as money made available at year end.
F411 LEGACY RENAL NEWPORT G BEST	£68K	Not attended	The Renal Units are privately funded and currently do not require large purchases.
F583 LEGACY NHH PALLIATIVE CARE I M MORRIS	£27K	Not attended	

All these funds have been slow moving for the past 4 years, as per Appendix A. It is suggested that each of the fund holders of the above funds are invited to attend the next Committee meeting to discuss the fund and any spending plans they have.

The following table shows the 5 funds that have seen an increase in value during the period:

Fund	Value	Committee Attendance	Updates
F295 ABUHB THE CARE PROJECT	£65K	June 25	For the past five years we have partnered with and received £45k each year from the Shaw Foundation which may now have come to an end.
F303 ABUHB BREAST CENTRE	£275K	Not attended	All Breast Funds were reviewed and merged into one apart from any legacy funds.
F327 RGH CASTING TECHNIQUES COURSE	£106K	June 25	Minimum movement. £3K increase in the period 31.03.22 - 31.12.25. The balance at the end of 2022/23 was £103K. Whilst the fund has increased overall there has been expenditure which has been offsetting the additional income. Whilst the fund has increased overall there has been expenditure which has been offsetting the additional income.
F831 LEGACY GASTROENTEROLOGY FELLOWSHIP	£101K	September 2025	This is a longstanding legacy. Additional income of £10K was received during 2022/23. Followed by £9K spend to the period to 31.12.25
F477 ABUHB PHARMACY	£50K	Not attended	All pharmacy funds were merged into one.

3 of the above funds have recently attended the Committee to detail their fund, and the spending plans they have. They have either regular Income and Expenditure which maintains the current fund balance or have plans in place to spend the Fund balance.



The 2 other funds in the above table (F303 and F477) are merged funds, from a number of smaller funds. It is suggested these 2 funds holders are invited to the next Committee meeting to discuss the fund and any spending plans they have.

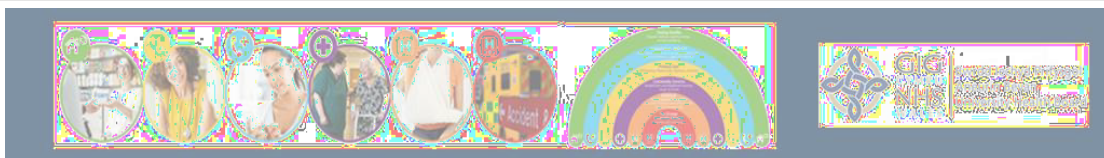
Argymhelliad / Recommendation

The Charitable Funds Committee is asked to discuss this report to see how they can further ensure funds are spent in a timely manner.

The Committee is asked to invite all 8 fund holders of the funds identified above to the next Committee meeting, to discuss the fund and any spending plans they have.

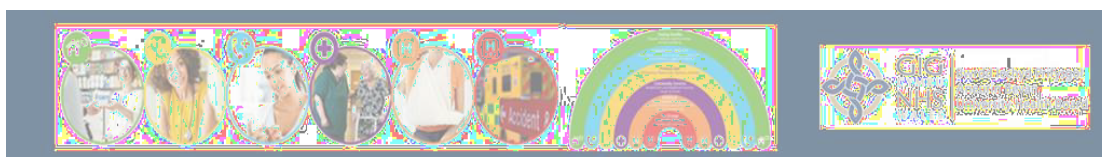
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau 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 patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:



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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this 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/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Choose an item.



Appendix A Over £25k Funds - Spending Plans Update

Department	Fund Details	Balance					Movement Since Mar-25	Status	Attended Committee
		31.03.22	31.03.23	31.03.24	31.03.25	31.12.25			
		£000's	£000's	£000's	£000's	£000's			
Nursing	F112 ABUHB NURSE CONFERENCE	27	-	-	-	-	N/A		
Facilities	F134 ABUHB FACILITIES	-	25	-	-	-	N/A		✓
	F140 ABUHB MEDIA FUND	-	63	62	-	-	N/A		✓
General Surgery	F295 ABUHB THE CARE PROJECT	44	119	105	66	65	Movement of £1K overall. Income rec'd £45K. Exp £46K	†	✓
Postgraduate	F043 ABUHB POSTGRADUATE FUND	107	62	56	54	47	Exp of £7K		
	F051 RGH PG POSTGRADUATE NO 1 ACCOUNT	49	47	50	50	47	Exp of £3K	‡	
	F057 RGH PG MRCOG	29	29	28	-	-	N/A		
	F059 RGH POSTGRADUATE NO 2 A/C	-	-	26	31	-	N/A		
Person Centred Care	F102 ABUHB CHAPLAINCY SERVICE				31	26	Exp of £5K. Tere has been rgualr spend since P01-26		✓
	F103 ABUHB CHILL OUT IN THE CHAPEL	28	28	-	-	-	N/A		✓
	F105 ABUHB VOLUNTEERING (CORPORATE)	58	71	31	36	30	Exp started in P08-26 (Nov 25). Exp to date £7K		✓
	F106 CFC-276 VOLUNTEER CO-ORDINATORS	-	-	-	-	101	Exp during this year £6K		
	F702 ABUHB PERSON CENTRED CARE FUND	83	65	-	81	67	Exp started in P08-26 (Nov 25). Exp to date £15K		✓
	F713 ABUHB FFRIND I MI VOLUNTEER SERVICE	83	64	28	-	-	N/A		✓
	F728 CFC-275 PATIENT & FAMILY INCLUSION OFFICER	-	-	-	-	66	No exp to date. Project has just sarted		
	F729 CFC-278 LANGUAGE & INTERPRETATION SERVICES	-	-	-	-	44	Awaiting an invoice		

Department	Fund Details	Balance					Movement Since Mar-25	Status	Attended Committee
		31.03.22	31.03.23	31.03.24	31.03.25	31.12.25			
		£000's	£000's	£000's	£000's	£000's			
	F715 ABUHB DEMENTIA FUND	-	39	38	-	-	N/A		
Breast Care	F298 LEGACY RGH BREAST G S WATKINS	61	61	59	56	56	No movement this year	‡	
	F300 NHH BREAST CARE FUND	45	46	43	-	-	N/A		
	F301 RGH BREAST CARE UNIT	72	70	68	-	-	N/A		
	F303 ABUHB BREAST CENTRE	236	261	260	351	275	Movement of £75K. Income rec'd £12K, Exp of £37K	†	
Paediatrics	F207 LEGACY RGH CHILDREN'S WARD - H M MILSOM	150	106	97	69	52	Movement of £17K. Income of £4K. Exp of £21K		
Neonatal	F231 ABUHB DINKY DRAGONS	41	46	55	31	-	N/A		
Sexual Health	F240 ABUHB COMMUNITY GYNAE & FAMILY PLANNING					34	No movement this year		
Bladder & Bowel	F241 ABUHB BLADDER & BOWEL NURSING FUND	35	27	-	-	-	N/A		✓
Critical Care	F265 ABUHB GUH CRITICAL CARE UNIT	83	65	-	-	-	N/A		
Haematology	F270 NHH CLINICAL HAEMATOLOGY	39	39	38	35	35	No movement this year		
	F273 RGH WARD B6 NORTH - HAEMATOLOGY	48	45	44	38	32	Movement of £6K. Income of £3K. Exp of £9K		
	F277 NHH WINDSOR SUITE	52	54	52	38	43	Movement of £5K. Income of £6K. Exp of £1K		
	F278 LEGACY RGH HAEM G S WATKINS	61	61	59	56	56	No movement this year	‡	
Vascular Surgery	F306 RGH VASCULAR LABORATORY	34	34	32	31	31	No movement this year	‡	
Orthopaedics	F327 RGH CASTING TECHNIQUES COURSE	103	104	110	102	106	Movement of £4K. Income of £19K. Exp of £15K	†	✓
Rheumatology	F340 ABUHB RHEUMATOLOGY	58	58	55	53	52	Movement of £1K. All exp		✓
	F342 LEGACY NHH RHEUM I M MORRIS	100	86	83	51	51	No movement this year		✓

Department	Fund Details	Balance					Movement Since Mar-25	Status	Attended Committee
		31.03.22	31.03.23	31.03.24	31.03.25	31.12.25			
		£000's	£000's	£000's	£000's	£000's			
Ophthalmology	F386 RGH POST GRADE EYE	88	89	34	37	30	Movement of £7K. All exp		
	F387 LEGACY RGH EYE G M GUNTER	30	30	-	-	-	N/A		
Urology	F400 RGH RLG UROLOGY FUND	43	43	-	-	-	N/A		
	F401 ABUHB UROLOGY BLADDER CANCER FUND				26	26	No movement this year		
	F407 RGH WINDSOR BOWSHER PROSTATE CANCER FUND	62	63	56	-	-	N/A		
Renal Unit	F411 LEGACY RENAL NEWPORT G BEST	75	74	70	68	68	No movement this year	‡	
	F417 LEGACY RENAL MAMHILAD P MANNING	-	-	33	31	29	Movement of £2K. All exp		
Nephrology	F414 LEGACY B E WOODS RENAL	40	35	34	26	-	N/A		
Dietetics	F432 RGH DIETETIC FUND	-	-	25	-	-	N/A		
	F435 ABUHB DIET SHEET	26	-	-	-	-	N/A		
YAB	F550 BG YAB HOSPITAL FUND	48	37	-	-	-	N/A		
Palliative	F583 LEGACY NHH PALLIATIVE CARE I M MORRIS	29	29	28	27	27	No movement this year	‡	
Oncology	F586 NHH ONCOLOGY REHAB	76	76	81	57	55	Movement of £2K. All exp		
Monmouth Community Nurses	F660 MON CHIPPENHAM COMM E32	72	66	60	57	54	Movement of £3K. All exp		
Chepstow Community Hospital	F018 LEGACY CCH GEN R W JONES	-	52	39	38	35	Movement of £2K. All exp		

Department	Fund Details	Balance					Movement Since Mar-25	Status	Attended Committee
		31.03.22	31.03.23	31.03.24	31.03.25	31.12.25			
		£000's	£000's	£000's	£000's	£000's			
Springfield Unit	F010 LEGACY STW GEN G S WATKINS	-	26	-	-	-	N/A		✓
	F696 STW SPRINGFIELD COMM WARD PROJECT	111	111	108	96	96	No movement this year		✓
Diabetes & Cardiovascular	F770 YYF DIABETES & CARDIOVASCULAR R & D	55	52	50	48	-	N/A		✓
Cardiology	F811 LEGACY RGH CCU ARTHUR HENRY MORGAN	116	141	60	44	32	Movement of £11K. All exp		✓
	F812 LEGACY NHH CARDIO V WILLIAMS	-	45	44	42	-	N/A		✓
	F813 LEGACY NHH CCU M T SPENCER-JONES	75	70	67	63	40	Movement of £23K. All exp		✓
Diabetes	F816 NHH WENDY BOWEN TRUST DIABETES FUND	34	30	29	30	30	No movement. Less than £1K exp YTD		
	F817 LEGACY NHH DIAB G M GUNTER	30	30	29	27	27	No movement this year		
	F818 LEGACY RGH EJ WATKINS	32	31	28	27	26	Movement of £1K. All exp		
Gastroenterology	F831 LEGACY GASTROENTEROLOGY FELLOWSHIP	100	110	106	101	101	No movement. Less than £1K exp YTD	†	✓
Workforce & OD	F871 ABUHB EMPLOYEE WELL BEING SERVICE	86	84	61	54	59	Movement of £5K. Income £16K Exp £11K		✓
Pharmacy	F477 ABUHB PHARMACY	-	-	42	46	50	Movement of £4K. Income of £5K. Exp of £1K	†	
	TOTAL	2,954	3,099	2,563	2,205	2,101			

† Identified as having increase in value

‡ Identified as having spending at less than 10%

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Proposal for Flexible use of Charitable Funds
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Jones, Assistant Director of Finance

**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

At the meeting held in January 2026, the Committee discussed the potential for centralising oversight of legacy funds to improve flexibility and impact, and agreed in principle to adopt this approach, subject to compliance with donor wishes and legal guidance.

The Committee also emphasised that funds not actively managed or utilised could be considered for transfer to general funds to support broader charitable activities.

In addition, this assessment also seeks to address the issue arising when Donation patterns mean:

- Some areas receive large community fundraising or local goodwill.
- Many high-need areas receive *little to none*.
- As a result, opportunities for strategic improvement are lost because funds are *geographically or departmentally siloed*.

This creates a governance problem: **The charity risks not applying funds optimally for public benefit**, and it risks holding excessive reserves in certain funds while other areas struggle, which the Charity Commission warns can constitute a “breach of trust” if unjustified.

Cefndir / Background

The total funds held in the Charity stand at £4.58M as at 31st December 2025. The value of total funds has been decreasing on a yearly basis since the high of £6.04m at the end of 2021/22. The bulk of this money is held in individual funds for wards and departments and is available for use by the individual Fundholders and not to the Committee in a more general capacity.

The Committee receives requests in the form of bids and small grants to fund various projects from across the Health Board, which don't have access to their own funds. However, the Committee don't have sufficient general funds remaining to support a large volume of these requests. They are therefore looking at other ways to access other charitable funds.

Several suggestions have been made on how to do this as shown below:

- Top slice all funds except those identified as restricted funds to create a fund to support Health Board wide projects, that are seen to benefit all staff and patients (e.g. such as staff awards, volunteer events etc.)
- Take control of all restricted funds and actively work with the corresponding department to use the funds being “creative” to be able to spend funds but remaining within guidelines on use of funds.
- Take control of funds not used sufficiently within an agreed period of time and repurpose for the use of the Committee in more general terms.

Asesiad / Assessment

Our Charity has 406 funds totalling £4.6m. Funds fall into four main categories:

1. Restricted Funds
 - a. Legacies
 - b. Grants
2. Unrestricted Funds
 - a. General Fund
 - b. Ringfenced/ Designated funds

With each fund varying in size:

Ensuring that our processes and systems enhance and protect benefits but seek to minimise the risks is therefore important.

The main ways that the Committee can support this agenda are:

1. Increase the donation volume into the general fund
 - a. This is what our Marketing Strategy is supporting. By increasing awareness and understanding of the benefits that their donation provides through the general fund will help alleviate the issues of insufficient funding in certain areas where direct donations are insufficient to meet funding needs.
 - b. It is important that any strategy also works with those stakeholders who regularly apply to the general fund to ensure that they consider their own fund sourcing to become more independent.
2. Provide a fair and proportional methodology to support general fund expenditure, whilst maintaining the benefits identified above of having designated funds.

The remainder of this paper focusses on what a fair and proportional methodology could look like, including:

1. Top Slicing the Source Donation
2. Top Slicing the fund totals
3. Sweeping slow moving / low churn funds

“Top Slicing the source donation”

A levy model would mean that **every donation made to a ringfenced (but unrestricted/designated) fund is subject to a small, transparent percentage deduction**, which is automatically transferred to the General Fund. For example, a £100 donation to Ward X could apply a 5% levy, with £95 going to Ward X’s fund and £5 going to the General Fund. This maintains donor intent while recognising the corporate trustee’s responsibility to ensure the charity can respond to organisation-wide needs.

The levy would need to be **communicated upfront in donation materials, fundraising packs, online giving pages, and receipts**, making clear that the General Fund covers cross-cutting costs and priority projects benefitting the whole Health Board. Since the *Flexibility Proposal* highlights donor sensitivity to actions perceived as reducing the benefit to their chosen area—including concerns that top-slicing may deter future donations—the transparency and framing will be critical. Framing the levy as a contribution that ensures the charity can deliver equitable, timely benefits across the Health Board is essential. The levy would apply only to **designated unrestricted funds**, never to *legacies* or *grants* (*unless can be written into their legal agreements*), which must remain fully protected as restricted funds.

Considerations of this approach include:

1. Some donations, like “training income” and the Shaw Trusts support for graduates may mean that not all donations can be equally levied.

Pros	Cons
<p>1. Strengthens the General Fund A levy creates a predictable income stream that supports Health Board-wide projects. This improves flexibility and ensures that funds are available for areas with lower fundraising capacity.</p> <p>2. Retains Donor Intent While Addressing Inequity Unlike full repurposing, this approach leaves the vast majority of the donation with the intended ward or service. It therefore strikes a balance between fairness and organisational need.</p> <p>3. Simple, Sustainable Mechanism Once implemented in donation systems (online portals, payroll giving, fundraising forms), the levy becomes a low-effort, ongoing source of support to the General Fund.</p>	<p>1. Risk of Donor and Staff Resistance Informal analysis warns that even partial repurposing (“top slicing”) could make donors feel their area will not fully benefit, potentially reducing donations or staff willingness to promote fundraising. Any levy would need careful messaging to avoid this perception.</p> <p>2. Could Affect Donation Behaviour Some donors choose specific funds because of personal experience and may react negatively if any portion is redirected. Even a small levy might prompt donors to bypass the charity entirely or switch to other organisations.</p> <p>3. Requires Clear Governance and Justification The charity must be able to evidence that:</p> <ul style="list-style-type: none"> • The levy supports equitable charitable benefit for the NHS body. • The funds to which the levy applies are <i>designated</i> rather than legally <i>restricted</i>. This avoids breaching trust law, which prohibits repurposing legally restricted donations. <p>3. May not address the full financial requirements of the general fund During 2024/25 £175k was donated into ringfenced funds. Therefore even a 5% charge would result in only £9k being made available to the general fund using this approach.</p>

Top Slicing the Ringfenced Fund Balances

A levy applied to **existing balances** in designated (non-restricted) ringfenced funds would mean that, at a defined point in time—e.g., financial year end the charity calculates a transparent percentage on each fund’s **unrestricted designated balance** and transfers that amount into the **General Fund**. This would not touch *restricted* funds such as legacies or grants, which cannot legally be repurposed due to binding donor conditions.

Pros	Cons
<p>1. Immediate and Predictable Funding for the General Fund A levy on existing balances provides an instant uplift, improving the charity’s ability to fund Health-Board-wide priorities. This is particularly valuable where general-purpose funds have diminished while significant sums remain held in various ringfenced pots. A 5% levy on unrestricted funds would result in c£0.2m.</p> <p>2. Simple, Transparent and Uniform A single percentage applied universally is easy to understand, administer, and justify. It avoids subjective judgments about which funds should contribute more or less.</p> <p>3. Legally Permissible for Designated Funds Designated funds reflect non-binding donor wishes; therefore the trustee retains discretion to reallocate a portion, provided the rationale is documented and transparent.</p>	<p>1. Risk of Donor and Staff Sensitivity May reduce donor confidence or staff enthusiasm for local fundraising if they feel their area does not retain the full value of donations. Even a small, universal levy could lead some donors to perceive reduced benefit to the specific area they wish to support, potentially diverting donations externally.</p> <p>2. Uniform Levy May Not Reflect Fund Circumstances A flat rate does not recognise differences such as:</p> <ul style="list-style-type: none"> • funds saving towards a large planned purchase, • newly-established funds with fresh balances, • funds with highly variable annual donation flows, • funds with highly targeted fundraising and high fund turn over ratios <p>Some areas may feel disproportionately affected.</p> <p>3. Requires Strong and Clear Communication To maintain trust, the charity must explain:</p> <ul style="list-style-type: none"> • why the levy is being introduced, • how it supports Health-Board-wide patient benefit, • which funds are affected, • assurance that restricted funds remain untouched. <p>Without this, perceptions of unfairness could arise.</p>

Levy/Sweep Mechanism for Poorly Performing Funds

Under this approach, the charity introduces a **performance-based governance framework** for all designated (non-restricted) ringfenced charitable funds. Funds are evaluated against transparent, pre-agreed criteria to identify those considered **poorly performing, under-utilised, or persistently inactive**.

These funds are placed on a "**Performance List**"—a monitored status indicating that the fund is not behaving in line with expected stewardship standards for NHS charitable assets.

Key criteria could include:

- **Turnover / velocity of spend:** minimal or no expenditure over a defined period (e.g., 24–36 months).
- **No active spending plan** or failure to provide one following request.
- **Ageing of balances** without clear justification.
- **Disengagement** from the fund-holding department (e.g., no response to enquiries).
- **Balances significantly exceeding expected needs** for the fund's stated purpose.

Once designated as a Performance List fund:

1. The fund holder is given a **time-limited remediation window** (e.g., 12 months) to produce and deliver a compliant spending plan.
2. The Charitable Funds Team provides **support and advice** to help unlock appropriate expenditure.
3. If the fund remains inactive at the end of this period, the charity may apply a:
 - **Targeted levy** (e.g., 10–20% of remaining eligible balance) OR
 - **Full sweep** into the General Fund (for designated funds only).

Restricted funds (legacies, grants) are excluded because trustees cannot lawfully repurpose them.

This model is designed to prevent large pools of charitable money from remaining unused for years while other areas have legitimate unmet needs.

Pros	Cons
<p>1. Encourages Responsible Stewardship of Charitable Funds The Naughty-List approach incentivises departments to actively use charitable money for the benefit of patients and staff. It discourages long-term hoarding and avoids the reputational risk of charitable funds appearing dormant or neglected.</p> <p>2. Releases Funds That Would Otherwise Sit Idle The model helps unlock money that is demonstrably not being used. This supports the principle that charitable</p>	<p>1. Potential Friction with Fund Holders Departments may feel challenged or criticised when placed on the Naughty List, even with clear criteria. Some may perceive the process as punitive rather than supportive.</p>

funds should provide timely public benefit, avoiding scenarios where tens or hundreds of thousands remain static for years.

3. Fair and Evidence-Based

Unlike a universal levy, this method directly targets the problem funds identified through a structured assessment process. It recognises that some funds have legitimate reasons to retain balances—e.g., saving for large equipment—while others simply remain unused due to inertia or lack of engagement.

4. Protects and Strengthens the General Fund

Sweeping or levying poorly performing funds bolsters the General Fund, increasing the charity's capacity to address Health-Board-wide priorities and respond quickly to emerging needs.

5. Transparent, Documented, and Defensible

With clear criteria, a remediation period, and documented decision-making, the approach is legally and ethically defensible. It demonstrates that trustees are actively managing the charity's assets in the best interests of its beneficiaries.

2. Risk to Local Fundraising Morale

Where a department's fund is swept after extended inactivity, staff may fear losing future donations, which could reduce grassroots fundraising enthusiasm.

3. Requires Robust Administration and Consistent Monitoring

To operate fairly, the model requires a structured review cycle, clear documentation, and repeated communication with fund holders. Without this, departments may argue that they were not properly informed or supported.

4. Potential for Perceived Inconsistency

If spending-plan requirements or remediation expectations vary between departments, perceptions of unfairness may arise. Consistency and communication are critical.

5. May Still Be Viewed as Repurposing Donations

Even if applied only after long inactivity, sweeping designated funds may lead some donors or staff to feel their contributions were diverted from their intended area. This risk must be managed through open, proactive messaging.

Summary of the options:

Feature	Universal Top-Slice on All Ringfenced Funds	Levy on Future Donations Into Ringfenced Funds	Performance-Based Levy/Sweep
What it is	A fixed percentage taken annually from existing balances of all designated ringfenced funds.	A small percentage deducted from future designated fund donations.	A levy/sweep applied only to designated funds failing performance criteria.

Scope	All designated funds; restricted excluded.	Future donations to designated funds; restricted excluded.	Under-performing designated funds; restricted excluded.
Purpose	Immediate uplift to General Fund.	Sustainable income stream over time.	Unlock dormant funds and improve stewardship.
Mechanism	Apply % to year-end balances and transfer to General Fund.	Deduct % at receipt before crediting fund.	Identify failing funds → remediation → levy/sweep.
Speed of benefit	Immediate.	Gradual.	Moderate, dependent on review cycles.
Fairness perception	May feel blunt/uniform.	Generally acceptable but may deter donors.	Seen as targeted and fair if criteria transparent.
Impact on fundraising	Risk of demotivating donors/staff.	Potential donor reduction.	Lower risk but may create tension with fund holders.
Administrative effort	Low.	Low.	Higher – requires monitoring and review.
Legal compliance	Permissible for designated funds.	Permissible with transparency.	Permissible; requires documentation of criteria.

Taken together, the three approaches offer different pathways for strengthening the General Fund while ensuring good stewardship of the charity’s assets. A universal top-slice provides the most immediate and predictable uplift but risks being seen as blunt or insensitive to local fundraising effort. It also risks damaging the goodwill in a number of areas such as Jacks Appeal.

A levy on future donations offers a more sustainable and donor-visible mechanism, though it may influence donor behaviour if not well-explained.

The Naughty-List model provides a more targeted and proportionate intervention by focusing only on persistently under-utilised funds, supporting the principle that charitable money should deliver timely public benefit.

The Committee’s preferred option will depend on its appetite for immediacy versus sustainability, the importance placed on donor perceptions, and the level of governance oversight it is willing to administer. Each model can work effectively if accompanied by clear communication, transparent criteria, and strong assurance processes to protect donor trust and maximise charitable impact.

Concluding recommendation:

After evaluating all three options, the Performance-Based model is the most balanced and defensible recommendation.

This approach provides the strongest alignment with the charity's duty to ensure timely public benefit from designated funds, while maintaining donor confidence and respecting legitimate departmental fundraising.

Unlike a universal top-slice, which can feel blunt and insensitive to local effort, the Performance-Based model intervenes only where clear, transparent criteria show that a fund is persistently inactive or under-utilised. It unlocks dormant charitable resources, strengthens the General Fund in a proportionate way, and promotes responsible stewardship without penalising well-managed funds or undermining successful fundraising cultures.

From a governance and audit perspective, it also offers the most robust narrative: that trustees intervene only when a fund is not being used for its intended charitable purposes, after fair warning and a defined remediation window. This approach therefore protects both the charity's reputation and its ability to demonstrate impact.

However, the Performance-Based model can also sit alongside a modest levy on future donations should the Committee later wish to create a parallel, sustainable income stream for the General Fund without affecting existing balances.

Argymhelliad / Recommendation

The Committee is asked to note the report and approve the implementation of a Performance-Based (Poorly Performing Funds) process. Poor Performance is defined as meeting *any* of the following criteria (and is wider than the current criteria used for slow moving funds):

- Turnover / velocity of spend: Less than 10% of the fund value spent over the previous 24 months, *unless* supported by an approved spending and income plan demonstrating a larger, future defrayment requirement.
- Absence of an active spending plan, or failure to provide one upon request.
- Disengagement from the fund-holding department, including non-response to reasonable enquiries, or failure to attend (or nominate an appropriate delegate for) a Charitable Funds Committee discussion when requested.
- Balance significantly exceeding the expected requirements for the fund's stated purpose, without a justified explanation.

Under this process, a levy of 20% of the fund's value will be applied to any fund meeting the above criteria.

The levy will be executed annually at 31st March and may be applied in multiple consecutive years where the fund continues to meet the Poor Performance criteria. Fund holders will be notified in writing and given an opportunity to provide evidence or an updated spending plan by 31st December before the levy is applied.

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):	3.5 Record Keeping Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable 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	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	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

<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • 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>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Choose an item.</p>



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Control Procedure Annual Review
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

The Charitable Funds Financial Control Procedure (FCP) is reviewed throughout the year to account for any changes in legislation or processes and reported to the Committee. In addition to this an annual review is carried out and the Charitable Funds Committee is asked to approve the amendments as detailed in this report.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Financial Control Procedure (FCP) is reviewed on an ongoing basis to reflect legislative or process changes, rather than being updated solely at the renewal date. Following decisions made at the March meeting, several amendments will be required as summarised below. The next formal renewal of the FCP is scheduled for July 2028 as part of the Health Board's three-year review cycle.

Cefndir / Background

As above.

Asesiad / Assessment

There are currently no changes that need to be made to the FCP.

Future Changes

Over the coming months, the governance arrangements for bids and small grants will be strengthened with the introduction of a new pre-approval panel. As a result, amendments to several appendices are expected.

For example, fund holders will now be required to provide an annual progress report for multi-year bids supported by the General Fund. Previously, a report was only required at the end of the project.

Due to the limited resource within the General Fund, some bids have only been awarded single-year funding. The Committee will continue to review future-year funding requests on a case-by-case basis, depending on available funds.

Additional changes will align with the Charitable Funds strategy over the next six months. These will include:

- Updating Appendix 6 – Accessing Charitable Funds to incorporate the new logo and refreshed SharePoint page
- Updating all associated forms to include the new branding
- Incorporating GoodBox, the new donation platform, into Appendix 8 – Donations Procedure
- Reflecting automation developments in the Raffle Requests process (Appendix 10), delivered in collaboration with the Automation Improvement Team (API) within Corporate Finance Systems and Governance

Argymhelliad / Recommendation

The 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:

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	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:	FCP - Financial Control Procedure
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)	
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/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fundholder presentations of Spending Plans
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Robert Jones, Assistant Director of Finance – Systems & Services

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Charitable Funds Committee monitor fund balances and where large balances are identified as static or slow moving, the Committee request Fundholders attend Committee meetings to see if they require assistance in spending their funds.

This report contains some background and further information on 2 of those funds and the Charitable Fundholders invited to present their spending plans to the Committee.



Cefndir / Background

The following funds have been identified previously as having slow moving or static funds over the last 12 months.

F696 STW SPRINGFIELD COMM WARD PROJECT

Fund Purpose:	For Newport Community wards in Springfield moved to RGH
Fundholders presenting:	Leah MacDonald, Head of Service Simoen Baggott, Senior Nurse
Restricted/Unrestricted:	Unrestricted
Fund Balance:	£96,376
Expenditure/Movement in previous 12 Months:	£0

A spending report is shown in Appendix A, with greater detail on the Funds' spending plans.

F340 ABUHB RHEUMATOLOGY F342 LEGACY NHH RHEUM I M MORRIS

Fund Purpose:	F340 -To support service development and training within the department F342 - Rheumatology Fund, Nevill Hall Hospital
Fundholder presenting:	Rhys Knight, Directorate Manager Eleri Thomas, Consultant
Restricted/Unrestricted:	Unrestricted Fund & Restricted Legacy Fund
Balance:	£52,304 & £50,980
Expenditure/Movement in previous 12 Months:	£0 & £1k

A spending plan is shown in Appendix B.

Asesiad / Assessment

Please see attached spending plans in Appendix A and B.



Argymhelliad / Recommendation

The Charitable Funds Committee is asked to note the presentations.

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
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 Fund Holder – Spending Plan 2025/2026
For the Charitable Funds Committee
For funds more than £25K**

Account No:	F696 STW SPRINGFIELD COMM WARD PROJECT
Account Name:	
Fund Balance as at 31.12.25	£96,376
Fund Purpose	For Newport Community wards in Springfield (now moved to RGH)

Financial Summary

Income £0
Expenditure £0

Describe your main source of income for the year: £0

No income has been received for several years and no further income is expected into this fund.

This fund has a long history. Monies were originally raised to build a conservatory in Springfield Unit in St Woolos but each time sufficient funds were raised to meet existing quotes from Works & Estates, the costs increased further.

Then there was a change in the use of the Springfield Unit and a conservatory was no longer required. As an appeal had been raised to collect this money, the Charity Commission was contacted and agreed that the money could be repurposed for the benefit of the groups of patients and staff who would have benefited from the conservatory.

A few small items were purchased and there was a further change in the use of Springfield Unit and the fund went with the patients and staff to the wards in the Unit.

Plans were made to refurbish the wards but rumours started to circulate about the closure of St Woolos Hospital and plans were put on hold.

Please describe how the fund was used in the year, including the items purchased and how they were used to improve the service

providing examples of benefits to patients and staff. If appropriate, please provide photographs.

This fund has not been used.

In July 24, Rachel Lee, Senior Nurse, and Leah MacDonald, Newport Locality Officer, provided the Committee with an overview of the spend plans for this fund for the next six to 12 months. The plans comprised of the following:

For patients

- 2 day rooms - upgrade sensory room equipment, furniture and room dividers
- Bay upgrades, providing wall fans for each patient
- Employment of a therapy assistant to support meaningful activities – 12 months to embed programme for future.
- Exercise bike for the therapy room (*NB: this was purchased in October 2024 (£6995 from F696)*)

For staff

- Development of a staff learning lab – off the seminar room with IT equipment
- External facilitator for staff team building
- Clinical supervision programme to support staff

The presentation at the Charitable Funds Committee (2024) was undertaken 4 months post relocation of the 3 x community wards from St Woolos to the Royal Gwent Hospital. A number of significant ward changes were subsequently identified. Progress and completion of these required executive approval and allocation of capital funds. Whilst the bay configuration changes have now been completed, works remain outstanding in relation to the reconfiguration of toilet and shower spaces which are essential for the provision of safe care. Capital monies (26/27) have recently been allocated with works to commence imminently.

Please describe detailed plans with estimated costs for the fund in the next twelve months and over the medium term of three years, describing the benefits these purchases will make to both staff and patients.

Both aspects of ward reconfiguration described above were priority for progression ahead of the enabling equipment and approaches which were outlined and discussed in the Charitable Funds Committee (July

2024). With these now underway the focus will resume with a plan to source costings once works and estates have re-opened (April 2026), with an updated report to be submitted back to the Committee for the subsequent meeting in July.

Please note that senior nurse (RL) has been on long term sick with interim senior nurse (SB) recently recruited who will support the progression of plans as described.

Charitable Funds Holder	Leah MacDonald
Date: 10/03/26	

**Charitable Fund Holder – Spending Plan 2025/2026
For the Charitable Funds Committee
For funds more than £25K**

Account No: Account Name:	F340 ABUHB RHEUMATOLOGY F342 LEGACY NHH RHEUM I M MORRIS
Fund Balance as at 31.12.25	£52,304 & £50,980
Fund Purpose	F340 -To support service development and training within the department F342 - Rheumatology Fund, Nevill Hall

Financial Summary

Income £0
Expenditure £1k

Describe your main source of income for the year: £0

No income has been received for several years.
No further income is expected into the legacy fund.

Please describe how the fund was used in the year, including the items purchased and how they were used to improve the service providing examples of benefits to patients and staff. If appropriate, please provide photographs.

In November 23, Rhys Knight, Directorate Manager Rheumatology, provided the Committee with an update on the plans for the use of the funds of £144k. It was noted that the proposal involved creating a bespoke giant cell arthritis pathway, which would involve buying an ultrasound machine and tailored hockey stick transducer. The Committee were advised that by purchasing this equipment it would enable the department to provide a prompt diagnosis and treatment of giant cell arthritis within house.

Two machines were purchased at a cost of £35k. In collaboration with Ultrasound colleagues this has since provided to be a great success.

Please describe detailed plans with estimated costs for the fund in the next twelve months and over the medium term of three years, describing the benefits these purchases will make to both staff and patients.

A discussion has taken place at Rheumatology directorate meeting on the 4th March 2026 regarding the charitable funds position. All members of the MDT agree that these funds are precious to the department and give us flexibility to react to new ways of working and providing diagnosis and treatment options to patients accessing services in ABUHB. Recognition took place that these funds are unlikely to be replenished so we need to ensure they are spent for the right reasons, whilst also retaining funds to allow us to be able to deliver new lines of treatment in future years rapidly as these emerge.

It was agreed at directorate that we should proceed with purchasing capillarscopes for our rheumatologists. This will be a new way of working for the department and enable early disease detection of sclerosis and Raynaud's. Dr Huw's will assess the most viable providers at the forthcoming BSR (British Society of Rheumatology) meeting in Glasgow, following which we will submit orders.

There is still a great deal of uncertainty over the future of NHH (RAAC) where our day unit is located. IF we are required to move having some funds available would greatly mitigate any expense incurred.

We have previously used funds to support our nursing teams through their masters, and we wish for this to continue in the future.

Charitable Funds Holder	
Date: 05/03/26	

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds - Committee Forward Work Plan 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	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 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 2026-27

Charitable Funds Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board’s Standing Orders;
- The Health Board’s Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee’s self-assessment for 2025/26
- The Board’s Strategic 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	Lead	Frequency of Report	Dates of Meeting				
			QTR 1/2 20 th July 2026	QTR 3 2 nd November 2026	Accounts 12 th January 2027	QTR 4 8 th February 2027	QTR 1 12 th April 2027
Preliminary Matters							
Attendance and Apologies	Chair	SI	√	√	√	√	√
Declaration of Interest	Chair	SI	√	√	√	√	√
Minutes of the Previous Meeting	Chair	SI	√	√	√	√	√
Action log and Matters Arising	Chair	SI	√	√	√	√	√
Committee Governance							
Development of Committee Annual Programme of Business 2027/28	DoCG	AN					√
Review of Committee Programme of Business 2026/27	DoCG	SI	√	√	√	√	√
Committee Annual Report 2025/26 <ul style="list-style-type: none"> • Annual Review of Committee Effectiveness • 2025/26 	DoCG	AN	√				

<ul style="list-style-type: none"> Committee Self-Assessment Results 2025/26 Deferred from March 2026 meeting							
Committee Annual Report 2026/27 <ul style="list-style-type: none"> Annual Review of Committee Terms of Reference 2026/27 Annual Review of Committee Effectiveness 2026/27 Committee Self-Assessment Results 2026/27 	DoCG	AN					√
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 	HoFSA	SI	√	√		√	√
Legislation Changes	HoFSA	SI	√	√		√	√
Funds available to the Committee	HOFSa	SI	√	√		√	√
Consideration of Bids/Small Grants	HoFSA	SI	√	√		√	√

Update on Property Matters	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	AFD	SI	√	√		√	√
Review of quarterly investment report (Action from January meeting)	HoFSA	SI	√	√		√	√

Lead Officer	
Key	
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COO	Chief Operating Officer
DPH	Director of Public Health
DoAHP&HS	Director of Allied Health Professions & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
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Chair	Chair
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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
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IC	Matter discussed In Committee
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DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Committee – Review of Committee Forward Work Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Governance Support Officer

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

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Charitable Funds Committee is asked to review the agreed Committee Forward Work Plan appended to this report. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2025/26 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

In line with good governance practice, the Committee has a Forward Work Plan that was developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The Forward Work Plan can therefore

be utilised as a tool for informing and pre-empting Committee business and support the agenda setting process.

To aid the Committee when reviewing its programme of business, the Forward Work Programme captures the timing of when reports are to be submitted, identifies items that have been deferred and captures new requests for reports and enables the Committee to monitor and review its business at each meeting.

During the period the following requests and/or changes to the forward work plan have been included:

Items Deferred on the Forward Work Plan

- Annual Review of Committee Terms of Reference 2025/26 was deferred to the meeting in July 2026 and will be included in the Committee annual report;
- Committee Annual Report 2025/26 was deferred to the meeting in July 2026.

Additional items on the Forward Work Plan

- Further clarity on the landscape of active charities and initiatives was an action agreed at January’s meeting and will be included in the Finance & Performance report at March 2026 meeting;
- At the January meeting it was agreed to have the following reported within the Consideration of Bids/Small Grants report.
 - Universal benefit to staff and patients, and the importance of maintaining transparency and fairness through a scoring matrix;
 - update on the status of other funds and deferred applications.
- At the January meeting it was agreed to have a standard item on the plan to review quarterly investment reports and contract and performance.
- Committee Self-Assessment Discussion to be reported at the In-Committee meeting in March 2026.

These changes have been reflected on the updated Forward Work Programme.

Argymhelliad / Recommendation

The Committee is requested to **NOTE** the updated Committee forward work plan as provided in **Appendix 1**.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities 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
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

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 2026/27	DoCG	AN				√
Review of Committee Programme of Business 2025/26	Chair	SI		√	√	√
Annual Review of Committee Terms of Reference 2025/26	DoCG	AN	√ 2024/25			√D
Annual Review of Committee Effectiveness 2025/26	DoCG	AN	√ 2024/25			√

Committee Annual Report 2025/26	DoCG	AN	√ 2024/25			√D
Committee Self-Assessment Results 2025/26	DoCG	AN	√ 2024/25			√
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 • Benchmark data for other Health Board charity income (Action September) • Options appraisal for growing the charity and promoting the benefits (Action September) • Briefing paper on transition (Action for January) • Further clarity on the landscape of active charities and initiatives (Action for March) 	AHOFA	SI	√	√	√	√
Legislation Changes	HOFSA	SI	√	√	√	√
Funds available to the Committee	HOFSA	SI	√	√	√	√

<p>Consideration of Bids/Small Grants</p> <ul style="list-style-type: none"> • 3 year plan for Decarbonisation – (Action for June 2025 meeting) • Staff Network grant - (Action for June 2025 meeting) • Clearer breakdown of the bid by financial year and further information on the impact and affordability of the proposal (Action for January) • universal benefit to staff and patients, and the importance of maintaining transparency and fairness through a scoring matrix (Action for March) • update on the status of other funds and deferred applications (Action for March) 	HOFSA	SI	√	√	√	√
<p>Update on Property Matters</p> <ul style="list-style-type: none"> • Update on Clytha Square (June 2025 meeting) 	HOFSA	SI	√	√	√	√
<p>Spending Plans over £25K</p> <ul style="list-style-type: none"> • Review the current practice and provide recommendations (Action for January) 	HOFSA	Bi-AN		√		√
Level of Reserves	AFD	AN	√			

Review of Investment Strategy and Performance (CCLA) <ul style="list-style-type: none"> Monitoring quarterly investment reports and to review the contract and performance at regular intervals. (Action for March) 	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 <ul style="list-style-type: none"> Detailed plan with costings for account F831 (Action for January) Progress update on monitor slow moving funds, supporting fund holders in developing spending plans (Action for January) Account F306 RGH VASCULAR LABORATORY (Action for January) 	DOFP	SI	√	√	√	√
Audit Plan Update (Verbal)	HOFSA	Action	√			

Review of the various options presented, including benchmarking with other NHS Wales charities, and bring back a prioritised plan	ADOF	Action			v	
Proposal for Flexible use of Charitable Funds	DOF	Ad Hoc				v
Committee Self-Assessment Discussion (In-Committee)	DOCG	Ad Hoc				v

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