Charitable Funds Committee

Monday 2 November 2026, 09:30 - 12:30

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence

Chair

1.3. Declarations of Interest

Chair

1.4. Draft Minutes of the last Meeting held on 20th July 2026

Chair

CFC 20261102 1.4 CFC 20260720 Draft Minutes - .pdf (16 pages)

1.5. Committee Action Log

Chair

CFC 20261102 1.5 Committee Action Log.pdf (8 pages)

09:30 - 09:30
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Funds Available & Consideration of Bids/Small Grants including Charitable Funds Bid Review Panel Minutes

Assistant Finance Director

CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants.pdf (9 pages)
CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants - Appendix 1 - Minutes CF Review Meeting 18.09.26.pdf (6 pages)
CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants - Appendix 2 - CFC2627-001 Loud Hailer System.pdf (6 pages)
CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants - Appendix 2a - CFC2627-001 Loud Hailer System Finances.pdf (1 pages)
CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants - Appendix 3 - CFC2627-002 Mindray Monitors.pdf (7 pages)
CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants - Appendix 3a - CFC2627-002 Mindray Monitors Finance Rep.pdf (1 pages)
CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants- Appendix 4a - CFC2627-003 Talygarn Courtyard Entrance F.pdf (1 pages)
CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants- Appendix 4 - CFC2627-003 Talygarn Courtyard Entrance.pdf (6 pages)
CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants- Appendix 5 - CFC2627-004 Neonatal Chairs.pdf (6 pages)
CFC 20261102 2.1 - Funds Available Consideration of Bids Small Grants- Appendix 5a - CFC2627-004 Neonatal Chairs

Finance Repo.pdf (1 pages)

2.2. Lottery -Ratification

Assistant Finance Director

- CFC 20261102 2.2 Lottery Ratification.pdf (4 pages)
- CFC 20261102 2.2 Lottery Ratification Appendix 1 BIG Lotto for Health Charities Product info June.pdf (4 pages)
- CFC 20261102 2.2 Lottery Ratification Appendix 2 ANC_Trading_Limited_BIG_Lotto_Legal_Structure.pdf (5 pages)

2.3. Investment Management Contract Tender

Assistant Finance Director

- CFC 20261102 2.3 Investment Management Contract Tender.pdf (4 pages)
- CFC 20261102 2.3 Investment Management Contract Tender Appendix A ABUHB Investment Specification October 26.pdf (19 pages)

2.4. Review of New Fund Procedure

Assistant Finance Director

- CFC 20261102 2.4.Review of New Fund Procedure.pdf (10 pages)
- CFC 20261102 2.4.Review of New Fund Procedure Appendix 1 - Taxonomy of naming.pdf (2 pages)

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

3.1. Draft Accounts and Annual Report

Head of Financial Services and Accounting

- CFC 20261102 3.1 Draft Annual Accounts & Annual Report 2025-26.pdf (6 pages)
- CFC 20261102 3.1 Draft Annual Accounts & Annual Report Appendix 1 - Draft Annual Accounts 2025-26.pdf (21 pages)
- CFC 20261102 3.1 Draft Annual Accounts & Annual Report Appendix 2 - Draft Annual Report 25-26.pdf (40 pages)
- CFC 20261102 3.1 Draft Annual Accounts & Annual Report Appendix 3 - ABUHB Charitable Fund Audit Enquiries 2025-26.pdf (18 pages)

3.2. Finance & Performance Report

Head of Financial Services and Accounting

- CFC 20261102 3.2 Finance & Performance Report.pdf (3 pages)
- CFC 20261102 3.2 Finance & Performance Report Appendix 1Finance & Performance Report Q1 2026-27.pdf (17 pages)
- CFC 20261102 3.2 Finance & Performance Report Appendix 2 Finance & Performance Report Q2 2026-27.pdf (19 pages)

3.3. Legislation Changes

Head of Financial Services and Accounting

- CFC 20261102 3.3 Legislation Changes.pdf (8 pages)

3.4. Marketing Strategy Update

Assistant Finance Director

- CFC 20261102 3.4 Marketing Strategy Update.pdf (4 pages)
- CFC 20261102 3.4 Marketing Strategy Update Appendix 1 - Growing the Charity.pdf (5 pages)

3.5. Spending Plans over £25K

Assistant Finance Director

- CFC 20261102 3.5 Slow Moving and Static Funds - Annual Spending Plans over £25k.pdf (6 pages)
- CFC 20261102 3.5 Spending Plans over £25K Appendix 1.pdf (1 pages)

3.6. Attendance of Fund Holders for Slow Moving Funds

Assistant Finance Director

- CFC 20261102 3.6 Fundholder Presentation of Spending Plans.pdf (4 pages)
- CFC 20261102 3.6 Fundholder Presentation of Spending Plans Appendix A Funds over 25k Medical Education Report.pdf (3 pages)
- CFC 20261102 3.6 Fundholder Presentation of Spending Plans Appendix B Funds over 25k Breast Care.pdf (3 pages)

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4. ITEMS FOR INFORMATION

4.1. Review of Committee Programme of Business 2026/27

Director of Corporate Governance

- CFC 20261102 4.1 Review of Committee Programme of Business 2026-27.pdf (4 pages)
- CFC 20261102 4.1 Review of Commitee Programme of Business Appendix 1 CFC Forward Work Plan 2026-2027.pdf (7 pages)

09:30 - 09:30
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5. OTHER MATTERS

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

Chair

5.2. Any Other Urgent Business

5.3. Date of the Next Meeting: • 12th January 2027 – Acceptance of Accounts Only

Chair

BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MINUTES OF THE CHARITABLE FUNDS COMMITTEE

DATE OF MEETING	Monday 20th July 2026, 09:30AM – 12:30PM
VENUE	Microsoft Teams

PRESENT	Paul Deneen, Chair
	Neil Patrick, Vice Chair
	Akmal Hanuk, Independent Member
IN ATTENDANCE	Robert Holcombe, Director of Finance & Procurement
	Robert Jones, Assistant Finance Director
	Alison Griffiths, Charitable Funds/PPM Manager
	Gareth Lewis, Head of Financial Services & Accounting
	Antonia Cavalier, Client Director (Item 3.5)
	Louise Williams, Assistant Head of Service (Item 3.4)
	Rani Dash, Director of Corporate Governance (attended until 10:30AM)
	Lucy Windsor, Head of Corporate Risk & Assurance (joined at 10:30AM)
	Megan Detheridge, Governance Support Officer
OBSERVER	None
APOLOGIES	Naomi Murtagh, Board Business Manager

CFC/2007/01	**Welcome and Introductions** Paul Deneen (PD), Chair, welcomed everyone to the meeting.
CFC/2007/02	**Apologies for Absence for Noting** Paul Deneen (PD), Chair, noted the apologies for absence.

CFC/2007/03	**Declarations of Interest for Noting** There were no declarations of interest to record.
CFC/2007/04	**Draft Minutes of the Charitable Funds Committee Meeting, held on 22nd April 2026** The minutes of the previous meeting held on 22nd April 2026 were agreed as a true and accurate record. The Committee **APPROVED** the minutes from the previous meeting.
CFC/2007/05	**Committee Action Log** The Committee received the action log and was content with progress made on the completed actions. The Committee **NOTED** the report for information.
CFC/2007/06	**Funds Available & Consideration of Bids/Small Grants including Scrutiny Panel Minutes** Gareth Lewis (GL), Head of Financial Services & Accounting, presented the report outlining the funds available to the Committee and the bids and small grant applications that had been considered by the Charitable Funds Bid Review Panel. GL advised that approximately £38,000 remained available for allocation from the General Fund following previously approved transfers and investment income. The Chair proposed that the title of the "Scrutiny Panel" be reviewed, as the term could create confusion. The Committee agreed that "Charitable Funds Bid Review

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Panel" would be a more appropriate description going forward. **ACTION: Committee Secretariate**.

The Committee welcomed the introduction of the Review Panel process and commented that it provided an additional level of independent review and support for applicants, helping to improve the quality of future submissions.

GL outlined the applications that had been reviewed by the Panel in June 2026:

- Small Grant Scheme 037 – Sonic 8 Dopplers
- Small Grant Scheme 038 – Brother Laser Printers
- Small Grant Scheme 039 – The Big Conversation Organ Donation Event

The Committee noted the panel scores assigned to each application. The Chair requested that future reports include the grading criteria used by the Review Panel to provide greater clarity regarding the scoring methodology.

Akmal Hanuk (AH), Independent Member, sought clarification regarding the procurement of equipment funded through charitable donations and asked whether items would be purchased independently or through Health Board processes. Alison Griffiths (AG), Head of Charitable Funds, confirmed that all equipment purchases, particularly IT-related items, would continue to be processed through the Health Board's procurement and IT arrangements to ensure appropriate governance, support arrangements and network security.

The Committee then considered each application. Neil Patrick (NP), Independent Member, withdrew from consideration of the Organ Donation Event application due to his declared interest as Chair of the associated group.

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	Following review, The Committee supported all three applications. GL also presented a staffing-related bid from the Employee Wellbeing Service seeking charitable funding to support a fixed-term part-time Psychologist post for a further 12 months. The Committee supported the request; however, AH queried the longer-term sustainability of the role and whether plans were in place for recurrent funding after the charitable funding period ended. Robert Holcombe (RH), Director of Finance & Procurement,highlighted that further information would need to be sought from the service regarding future arrangements and any sustainable ways of working that could reduce reliance on charitable funding. The Committee agreed that applicants should be expected to provide information on longer-term funding arrangements and the sustainability of posts before future requests were considered. NP also requested greater transparency regarding the reported £700,000 benefit attributed to the service, including a more detailed breakdown of how the figure had been calculated. **ACTION: Head of Financial Services & Accounting** The Committee **NOTED** the funds available as at 31/05/26, and **APPROVED** all requests for funding.
CFC/2007/07	**Level of Reserves 26/27** Robert Jones (RJ), Assistant Finance Director, presented the report outlining the current level of Charitable Funds reserves and the requirement to review the existing reserves policy. RJ explained that whilst approximately £38,000 was currently available for allocation from the General Fund, the Committee's prudent reserves policy indicated that approximately £395,000 would ordinarily be

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required to cover administration costs and provide protection against adverse market movements.

RJ advised that the current reserves position was below the level identified within the policy. RJ reported that investment performance had improved since the year-end position reported within the paper and that a number of initiatives were being progressed to increase General Fund income. A temporary relaxation of the reserves policy was proposed whilst maintaining close oversight of the position.

RJ confirmed that continued oversight was appropriate and proposed that a dedicated reserves update be incorporated into the routine Finance and Performance Report presented at each meeting. **ACTION: Assistant Finance Director**

Neil Patrick (NP), Independent Member, suggested that any significant movement should be communicated directly to the Chair and Vice Chair between meetings. RJ confirmed that this could be accommodated through the proposed monitoring arrangements.

The Committee agreed that, whilst the approach represented a departure from the existing reserves policy, the current market recovery, planned income generation activities and proposed monitoring arrangements provided sufficient assurance for the Committee to adopt a more flexible approach in the short term.

The Committee **APPROVED** "pausing" the requirement in year to hold sufficient Reserves as intended, unless:

- Unrealised Losses of the investment portfolio exceed £200k in any one month

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	• Fund expenditure increases resulted in general fund balances falling below £2.5m
CFC/2007/08	**Investment Management Contract Tender** Gareth Lewis (GL), Head of Financial Services & Accounting, presented the report outlining the proposed procurement process for the Charitable Funds Investment Management Contract. The Committee noted that the current investment management contract with Churches, Charities and Local Authorities (CCLA) was due to expire at the end of 2026 and that a 12-month extension had previously been agreed to allow a full procurement and tender exercise to be undertaken, with a new contract commencing from 1 April 2027. The Committee was asked to support progression of the procurement exercise and nominate Committee Members to participate in the evaluation process. The Chair queried the urgency of commencing the procurement exercise and whether consideration could be deferred until September to allow further Committee involvement. GL advised that preparatory work with Procurement colleagues needed to commence as soon as possible to ensure sufficient time for the market engagement and tender process. The Committee highlighted a desire for interested Members to review the tender specification in greater detail before it was finalised. It was proposed that the Committee approve progression of the tender process whilst arranging a dedicated meeting with interested Members to review and refine the specification before final sign-off. The Committee supported this approach.

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	The Committee queried whether there was any requirement for the entire investment portfolio to remain with a single investment manager or whether the funds could be split between two providers to reduce risk. It was noted that whilst there was not a requirement for the portfolio to remain with a single provider, although doing so would increase administrative requirements and oversight arrangements. The Committee discussed the potential merits of diversifying investments across more than one provider. It was requested that further consideration be given to the proposal and that advice be sought from Procurement regarding any mandatory requirements, including wider procurement considerations that may now apply. The Committee also highlighted the need for further discussion with CCLA to understand any restrictions or timescales that could affect implementation of a new contract. The Committee agreed that a dedicated meeting should be arranged in early August to review the tender specification, evaluation criteria and any additional considerations arising from the discussion, including the potential use of multiple investment managers. This would enable final agreement of the tender documentation before the procurement exercise progressed. **ACTION: Committee Secretariat.** The Committee **AGREED** the draft tender specification and evaluation criteria.
CFC/2007/09	**Marketing Strategy Update including revised mission statement wording, with strengthened reference to staff support** Robert Jones (RJ), Assistant Director of Finance, presented an update on progress against the Charitable Funds marketing strategy and highlighted key developments

since the previous report. RJ advised that the revised mission statement had been updated to better reflect support for patients, visitors and staff, recognising the important role charitable funds played in enhancing staff wellbeing and development alongside improving patient experience.

RJ reported that progress had continued on a number of marketing initiatives. Donation "Good Box" units had been received and were operational offline; however, deployment within hospital sites had been delayed pending resolution of connectivity issues with the Health Board's Wi-Fi network. Work had also continued to increase the visibility of charitable funding through improved branding, including opportunities on digital screens, television monitors and equipment funded through charitable donations.

The Committee noted the success of recent fundraising activity, including participation by officers in a Hyrox event which had raised more than £700 for the General Fund. RJ also highlighted ongoing work to ensure charitable funding received greater recognition through staff awards and volunteer recognition events, helping to strengthen awareness of charitable support for staff as well as patients.

RJ outlined a potential opportunity to join a newly established NHS lottery scheme. The proposal would require an initial branding fee and could generate an additional income stream for the Charity. The Committee discussed the proposal in detail. Neil Patrick (NP), Independent Member, queried whether the governance and risk arrangements associated with the lottery had been sufficiently assessed, particularly in relation to

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	gambling-related risks and where ownership of those risks would sit. In response, RJ advised that further due diligence, onboarding checks and clarification of contractual arrangements would be required before any commitment was made. The Committee agreed that additional information was required to provide assurance regarding governance, risk, contractual arrangements and safeguards. The Committee agreed that a decision on joining the NHS lottery scheme should be deferred pending receipt of further information and assurance. **ACTION: Assistant Director of Finance.** The Committee: • **NOTED** the update to the strategy, • **APPROVED** the revised mission statement, • **NOTED** the locations for the two Good Boxes
CFC/2007/10	**Finance & Performance Report** Gareth Lewis (GL), Head of Financial Services & Accounting, presented the Finance and Performance Report for Quarter 4, ending 31 March 2026. GL highlighted that the most significant issue during the quarter had been an unrealised investment loss of £292k, which had reduced total funds by 9.3% to £4.19m and had impacted reserve levels. However, charitable income of £270k had been received during the quarter against expenditure of £368k. The Committee was advised that the report provided a detailed summary of the financial position, including the balance sheet, statement of financial activities, income, expenditure and fund movements.

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Robert Jones (RJ), Assistant Director of Finance, advised that although the report reflected the position at 31 March 2026, investment markets had improved since that date and the unrealised losses had largely recovered. RJ noted that the funds were now in a stronger position, although market volatility remained a continuing risk.

The Chair acknowledged the impact of market volatility and noted that the forthcoming investment management tender would provide an opportunity to review the Committee's risk appetite and consider how future investment arrangements could best mitigate risk while protecting returns. The Committee recognised that the reported losses were largely offset by realised gains elsewhere in the portfolio and that the overall position was more favourable than initially appeared.

GL then presented a request to establish a new charitable fund to support bowel cancer surgery services. The request had been submitted by a consultant who wished to support fundraising activity for the specialty and enable donations to be directed towards enhancing services, training and equipment. It was confirmed that there was no existing fund directly aligned to that purpose.

The Committee discussed whether the proposed fund should be created as a specific bowel cancer surgery fund or whether it should sit within a broader surgery or cancer fund. The Committee noted the benefits of maintaining a smaller number of broader funds and reflected on the Committee's long-standing intention to reduce the number of highly specific charitable funds. Concerns were raised that approving increasingly specific funds could create a precedent and reduce flexibility in how charitable monies could be used in the future.

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	In response, it was explained that the proposed fund would remain unrestricted and that the named fund would support fundraising activity by patients and supporters who wished to donate specifically towards bowel cancer surgery services. The Committee was advised that similar disease-specific funds already existed within the charity and that creating the fund could help attract donations that might not otherwise be received. Following discussion, the Committee agreed that there was a wider issue regarding the structure and naming of charitable funds and the need for a clearer policy framework. The Committee supported undertaking further work to review existing fund arrangements, consider broader groupings of funds and develop guidance for future requests. **ACTION: Head of Financial Services & Accounting** The Committee: • **NOTED** the report, • **APPROVED** the establishment of a new bowel cancer surgery fund.
CFC/2007/11	**Legislation Changes** Robert Jones (RJ), Assistant Director of Finance, presented the standing report on legislative changes affecting charitable funds. RJ advised that there were no legislative, regulatory or governance changes requiring the Committee's attention since the previous meeting and no matters arising that would impact the operation or management of the Charitable Funds at this time. The Committee **NOTED** the report.
CFC/2007/12	**Proposal for Flexible use of Charitable Funds** Robert Jones (RJ), Assistant Director of Finance**,** provided a verbal update on the work being undertaken to develop proposals regarding the flexible use of Charitable Funds and

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	the management of underutilised funds. He advised that the criteria previously discussed by the Committee in relation to identifying poorly performing funds had been shared with the Executive Team for consideration. The Committee was informed that the Executive Team had been supportive of both the proposed approach and the underlying principles, recognising the need to ensure funds are utilised effectively for charitable purposes. Further work would now be undertaken to refine the proposals and develop the supporting arrangements required before implementation. Members discussed the importance of ensuring that any future changes are clearly defined, appropriately governed and communicated effectively to fund holders. It was noted that additional detail would be presented to a future meeting to provide assurance regarding the proposed process and its application. The Committee **NOTED** the update and supported the continued development of the proposals, with a refined paper to be brought back to a future meeting for consideration prior to implementation.
CFC/2007/13	**Attendance of Current CFC Fund Holders for Slow Moving Funds** Robert Jones (RJ), Assistant Director of Finance, provided an update on the proposal regarding the flexible use of charitable funds. RJ advised that further refinement and assurance work remained underway before any changes would be implemented. The Committee was informed that work continued to ensure that appropriate controls, governance arrangements and communication processes were in place prior to progressing the proposal.

	RJ advised that the proposal was likely to return to a future meeting once the remaining assurance work had been completed and further detail was available for consideration. Louise Williams (LW), Assistant Head of Service, attended the meeting to provide an update on the Springfield Community Ward Project Fund. LW outlined proposals to utilise the available balance to develop a multi-purpose seminar and wellbeing space at the Royal Gwent Hospital following the relocation of services from Springfield Community Ward. The proposed space would support staff training, patient and relative meetings, wellbeing activities and initiatives to reduce patient deconditioning. Costings had been requested from Estates and external contractors and were expected shortly. The Committee discussed the project and recognised the benefits that the proposed development would provide for patients, relatives and staff. The Committee noted that detailed quotations were still being finalised but were satisfied that the project aligned with the original purpose of the fund and would support service development. The Committee received an update on the Rheumatology Fund. The Committee was advised that progress continued in relation to the proposed purchase of equipment and other planned uses of the fund. It was noted that final decisions on equipment requirements were still being determined and that work remained ongoing regarding the future use of the fund balance. The Committee **NOTED** the reports.
CFC/2007/14	**Update on performance and asset allocation for funds held by Churches, Charities and Local Authority (CCLA)**

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Antonia Cavalier (AC), Client Investment Director, CCLA, provided an update on the performance and asset allocation of the Charitable Funds investment portfolio. AC advised that despite recent market volatility, the portfolio remained positioned in line with its medium-risk investment objective and continued to be diversified across a range of asset classes, including equities, bonds, property and infrastructure. AC outlined the factors influencing recent market performance and provided an overview of investment returns during the reporting period.

AC explained that the investment approach continued to focus on long-term returns while managing risk through diversification. The Committee was advised that the portfolio did not invest in higher-risk investments and remained aligned to responsible investment principles. AC confirmed that the fund continued to be managed as a medium-risk portfolio appropriate to the charity's objectives.

Neil Patrick (NP), Independent Member, sought assurance regarding the impact that ethical investment restrictions might have on investment performance and whether these limitations materially affected returns. AC advised that analysis undertaken by the sustainability team demonstrated that ethical restrictions could have a short-term impact on returns in certain market conditions; however, over the medium to longer term, performance differences tended to fluctuate and were not consistently detrimental.

The Committee was assured that the portfolio remained appropriately diversified and that CCLA continued to monitor market conditions closely.

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	Alison Griffiths (AG), Charitable Funds/PPM Manager, agreed to circulate details of a forthcoming CCLA webinar on responsible investment to Committee members. The Committee **NOTED** the report.
CFC/2007/15	**25/26 Accounts External Audit Plan Update** Gareth Lewis (GL), Head of Financial Services & Accounting, presented the 2025/26 Accounts External Audit Plan Update. GL advised that planning for the annual external audit was progressing in line with the agreed timetable and outlined the proposed approach for completion of the audit process. The Committee was informed that Audit Wales would commence the audit during October 2026 and that the work would be led by Hannah Gilpin. The Committee were advised that the timetable had been established to ensure completion of the audited accounts and associated reporting requirements ahead of the Charity Commission submission deadline in January 2027. The Committee noted that draft accounts and supporting papers would be prepared in advance of the next Committee meeting to enable members to review the financial statements prior to completion of the audit. **ACTION: Head of Financial Services & Accounting.** Assurance was provided that continuity of audit arrangements had been maintained and that the proposed timetable remained achievable. The Committee **NOTED** the report.
CFC/2007/16	**Review of Committee Programme of Business 2026/27** The report was received for information.

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CFC/2007/17	**Items to be Brought to the Attention of the Board and Other Committees and Opportunities for Awareness** The Chair summarised the need for the following to be raised with the Board: • Funds Available and Consideration of Bids/Small Grants. • Level of Reserves 2026/27. • Investment Management Contract Tender. • Marketing Strategy Update. • Finance and Performance Report. • Legislation Changes. • Proposal for Flexible Use of Charitable Funds. • Attendance of Current Fund Holders for Slow Moving Funds (Springfield Community Ward Project Fund and Rheumatology Fund). • Update on Performance and Asset Allocation for Funds Held by CCLA. • 2025/26 Accounts External Audit Plan Update. • Committee Programme / Forward Work Plan.
CFC/2007/18	**Any Other Urgent Business** There was no other urgent business raised.
CFC/2007/19	**Date of Next Meeting: 2nd November 2026**

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GIG CYMRU NHS WALES
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 Committe

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2026	**CFC 2007/06**	**Funds Available & Consideration of Bids/Small Grants including Scrutiny Panel Minutes** Title of the "Scrutiny Panel" to be changed to "Charitable Funds Bid Review Panel"	**Committee Secretariate/ Assistant Director of Finance.**	November 2026	**Completed** Title changed on the FWP.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2026	**CFC 2007/06**	**Funds Available & Consideration of Bids/Small Grants including Scrutiny Panel Minutes** A report to be brought to the Committee detailing greater transparency regarding the reported £700,000 benefit attributed to the service, including a more detailed breakdown of how the figure had been calculated.	**Head of Financial Services & Accounting**	November 2026	22/10/2026: Action remains in progress, Item scheduled for next Committee.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2026	**CFC 2007/07**	**Level of Reserves 26/27** Incorporate a dedicated reserves update into the routine Finance and Performance report, to be presented at each meeting.	**Assistant Finance Director**	November 2026	**Completed** Update included in the Finance & Performance Report

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2026	**CFC 2007/08**	**Investment Management Contract Tender** Arrange a dedicated meeting in early August to review tender specification, evaluation criteria, and other considerations. To enable final agreement of the tender documentation before the procurement exercise progressed.	**Committee Secretariat**	November 2026	**Completed.** Meeting Scheduled for 14th August 2026. Follow-Up meeting arranged for 2nd October

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2026	**CFC 2007/09**	**Marketing Strategy Update including revised mission statement wording, with strengthened reference to staff support** Further information and assurance to be brought to the Committee regarding proposals to join the NHS lottery scheme.	**Assistant Director of Finance.**	November 2026	**Completed** A separate agenda item ratifying the Lottery scheme is on the agenda.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2026	**CFC 2007/10**	**Finance & Performance Report** Conduct review of existing fund arrangements, and consider broader groupings for funds to aid the development of guidance for future requests. Provide update on findings to the Committee.	**Head of Financial Services & Accounting**	November 2026	**Completed** A separate agenda item proposing New Fund Procedure is on the agenda for November's meeting.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
July 2026	**CFC 2007/15**	**25/26 Accounts External Audit Plan Update** Provide draft accounts and papers to the next Committee meeting for review ahead of audit.	**Head of Financial Services & Accounting**	November 2026	**Completed** Draft Accounts and Annual Report presented to Committee, as part of Agenda

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.

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ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 November 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 31.09.26 in addition to providing details of the requests that have been received for funding by the Charitable Funds Committee.

The Committee is asked to note the remaining funds available to them and to consider the requests submitted.

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SBAR REPORT

Sefyllfa / Situation

The Charitable Funds Committee allows 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 funding, 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, are submitted to the Charitable Funds Committee for their support from general funds.

This paper provides details of the funds available to the committee to support such requests.

Following review by the Review Panel, all bid requests formally presented to the Executive Committee on the 22/10/26.

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

Cefndir / Background

Funds Available to the Committee

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

Table 1 below shows the transactions on the general-purpose fund together with commitments agreed by the committee, prior to any new bids being considered today.



	£000
Brought Forward Balances	**38.90**
Income Received	
Income b/f 25/26	401.15
General Donations 26/27	1.97
Total Income	**403.13**
Expenditure to 30.09.26	**373.89**
Commitments Made	
Brought Forward Commitments from 23/24	2.07
Brought Forward Commitments from 24/25	4.72
Brought Forward Commitments from 25/26	191.26
Brought Forward Commitments from 26/27	68.14
Total Commitments	**266.18**
Total Fund Balance - 30.09.2026	**-198.05**
Funded By:	
Surplus Reserve	69
Future Dividends & Interest 25/26	168.30
Balance Available	**39.25**



Review Panel

The charitable funds Review Panel has the remit to review and evaluate all applications for funding and approval, prior to their submission to the Executive Board and Charitable Funds Committee.

The panel endeavours to scrutinise all the bids submitted and provide additional assurance to both the Executive Board and Committee that each bid has been assessed against a number of key criteria.

The Review Panel met on 18th September, to assess the application and approval requests to be presented to the Committee on 2nd November 2026. Minutes of this meeting are attached as **Appendix 1.**

Asesiad / Assessment

Four requests were submitted to the Fundraising Scrutiny Panel for consideration. Full details of the requests are attached as **Appendices 2 – 5.**

Key points

The meeting was heavily focused on drawing a clearer distinction between:

- **Core Health Board responsibilities**, and
- **Genuine charitable enhancements**

There was one bid which the panel asked us to formally advise the Committee that the request is considered **core funding** and therefore should not normally be supported from charitable funds. They did score the bid for audit purposes.

The bid requests are being presented at the Charitable Funds Committee meeting to be held on 2nd November 2026.



Bids Requesting Funding from Charitable Funds Committee

Ref	Project	Amount	Area of Benefit	Review Panel Results
CFC-26-27-001	Loud Hailer System	1.84	Patients, Staff & Visitors	Satisfactory
CFC-26-27-002	6 * VS9 Monitors - Maternity	18.00	Patients, Staff & Visitors	Satisfactory
CFC-26-27-003	Courtyard Entrance	12.00	Patients, Staff & Visitors	Satisfactory
Total		**31.84**		
CFC-26-27-004	14 * chairs - neonatal	14.11	Patients, Staff & Visitors	Not supported by the panel
Total		**45.95**		

CFC26-27-001 – Loud Hailer System (Appendix 2)

Installation of Loud Hailer System - as part of the Smoke-Free Hospital Environment campaign at GUH.

The equipment was purchased in the previous financial year, when funding for installation was available. However, due to unforeseen delays to the project, the installation did not take place during the 2025/26 financial year.

As a result, the original installation funding is no longer available in 2026/27, and this request is to secure the funding required to complete the installation.

CFC26-27-002 – 6 * Mindray Monitors (Appendix 3)

Purchase of 6 Mindray VS9 monitors.

The Health Board provides core maternity services, but current financial pressures mean there is no funding available for additional monitoring equipment.



The purchase of six Mindray VS9 monitors would enable women recovering from caesarean section to be safely transferred to the post-natal ward sooner while continuing enhanced observations.

CFC26-27-003 – Talygarn, Courtyard. (Appendix 4)

Enhancing the Talygarn Courtyard area.

The Courtyard entrance, metal fence and ECA courtyard is quite stark and would benefit from a deep clean and re-decoration along with an injection of colour and an array of decorative pictures to brighten the area and make it more enjoyable for patients to spend tine outside. This would enhance the patient experience and make the area more therapeutic.

The pebble-dashed wall as you enter the courtyard has been used as a way of self-harm via headbanging and staff have been unable to remove blood stains from the area due to the material being porous. This has been raised recently via a patient concern sent via Health Inspectorate Wales (HIW).

CFC26-27-004 – 14 * Neonatal Chairs (Appendix 5)

Procurement of 14 replacement armchairs for the cot spaces on the Neonatal Intensive Care Unit (NICU) in GUH, for parent use.

The current chairs, procured with capital funding as part of the GUH occupation from November 2020, are breaking. Specifically, the metal frames have punctured the vinyl covering, posing a potential infection risk. This was recognised on the Unit's IPAC AMAT environmental audit. In addition, some chairs no longer recline effectively.

The chairs are out of warranty, and the supplier was unable to support with repairs. There is currently no revenue budget available to fund replacement chairs.



Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

1. Note the funds available as at 30/09/26, prior to any new bids being presented was £39.25k.
2. Consider the 4 requests for funding from the general fund.

Ref	Project	Amount	Area of Benefit	Review Panel Results
CFC-26-27-001	Loud Hailer System	1.84	Patients, Staff & Visitors	Satisfactory
CFC-26-27-002	6 * VS9 Monitors - Maternity	18.00	Patients, Staff & Visitors	Satisfactory
CFC-26-27-003	Courtyard Entrance	12.00	Patients, Staff & Visitors	Satisfactory
Total		**31.84**		
CFC-26-27-004	14 * chairs - neonatal	14.11	Patients, Staff & Visitors	Not supported by the panel
Total		**45.95**		

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.



Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

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



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



GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **MINUTES OF CFC REVIEW PANEL**

DATE OF MEETING	**Friday 18th June 2026 at 10:00-12:00**
VENUE	**Microsoft Teams**

PRESENT	Garvin Jones, Head of Legal Services Sharif Biharie, Assistant Director of Digital Technology Francesca Lewis, Learning & Organisational Development Manager
IN ATTENDANCE	Gareth Lewis, Head of Financial Services & Accounting Lindsey Whitehouse, Assistant Head of Financial Accounting Alison Griffiths, Charitable Funds Manager
OBSERVING	None
APOLOGIES	Robert Jones, Assistant Director of Finance (Chair), Howard Stanley, Head of Safeguarding

	Welcome and Introductions Gareth Lewis welcomed Francesca Lewis to the panel and all members to the third meeting of the Charitable Funds Committee Review Panel.
	Apologies for Absence Robert Jones, Assistant Director of Finance; Howard Stanley, Head of Safeguarding,
	Declarations of Interest There were no declarations of interest to record.
	Minutes Agreed – CFC Committee approved all bids from last meeting and appreciated the review, and work panel went into additional level of analysis and scrutiny.
	Requests to be considered There were 4 requests for consideration.

	CFC26-27-001- £1,837: Loud Hailer System re Smoke-Free Hospital Environment campaign at GUH **Panel Discussion** **Positives** • Strong strategic alignment with Health Board smoke-free policies and legislation. • Potential to improve patient, visitor and staff experience. **Concerns** • Limited evidence presented on effectiveness. • Uncertainty whether Works & Estates could undertake the installation without charitable funding. • Some scepticism about whether the intervention would significantly change behaviour. **Additional Actions** • Query whether Works & Estates could deliver the installation without requiring charitable funding. • Request future impact/KPI reporting if approved. Outcome • Average Score: 17.67 (Satisfactory)
	CFC26-27-002: Maternity Mindray VS9 Monitoring Equipment (£18,000) **Proposal** Purchase of six additional monitoring units to support enhanced maternity care. **Panel Discussion** **Positives** • Strong alignment with maternity safety priorities across Wales. • Potential patient safety and quality improvements. • High strategic importance given ongoing national maternity scrutiny. **Concerns** • Several members questioned whether the request was a core service responsibility rather than an enhancement. • Lack of information regarding:

	• maintenance costs • software updates • cyber security requirements • integration with existing systems • Digital support implications. **Additional Actions** Further supplementary questions requested covering: • Ongoing maintenance arrangements. • Software and Digital support requirements. • Potential future costs and system integration requirements. **Outcome** **Average Score:** 18.33 (Satisfactory)
	CFC26-27-003: Taliesin/Talegan Courtyard Enhancement (£15,000) **Proposal** Environmental improvements to the courtyard area serving mental health patients. The request arose following concerns regarding the appearance of the environment and patient experience. **Panel Discussion** **Positives** • Strong strategic alignment with mental health and patient wellbeing priorities. • Members highlighted the importance of the environment in supporting recovery and wellbeing. • The courtyard is often the only outdoor space available to patients. **Concerns** • Limited detail regarding exactly what would be delivered. • Unclear breakdown of the £15,000 costs. • Uncertainty whether improvements involve painting, artwork, planting, landscaping or wider environmental enhancements.

	Additional Actions Further information requested on: • Detailed cost breakdown. • Specific items and improvements to be delivered. • Clarification on how the proposal will enhance patient wellbeing. **Outcome** **Average Score:** 18.33 (Satisfactory)
	CFC26-27-004. Neonatal Unit Replacement Chairs (£14,000) **Proposal** Replacement of worn neonatal unit armchairs used by parents and families. Existing chairs are original fixtures from the opening of the Grange University Hospital. **Panel Discussion** This generated the most debate. **Positives** • Clear benefit for families spending long periods with babies in neonatal care. • Improved comfort and patient/family experience. **Key Concern** The panel's dominant view was that this request represents **replacement of core furniture rather than charitable enhancement**. Comments included: • "The request is to sustain core service." • Replacement chairs should ordinarily be funded through Health Board resources. • Approving such bids risks setting a precedent for other departments seeking charitable funding for core infrastructure. **Context Provided** • The neonatal service has charitable funds but is prioritising other equipment purchases. • Existing chairs have not formally been condemned but are worn and nearing end of life.



	• The service argued that budget pressures prevent replacement through normal routes. **Panel Position** The panel agreed to: • Record scoring for audit purposes. • Formally advise the Committee that the request is considered **core funding** and therefore should not normally be supported from charitable funds. **Outcome** **Average Score:** 13 (Fair)
	Summary The meeting was heavily focused on drawing a clearer distinction between: • **Core Health Board responsibilities**, and • **Genuine charitable enhancements**. The neonatal chairs bid prompted the strongest discussion and reinforced the need for a clearer framework to determine what constitutes core versus charitable expenditure, which aligns closely with the governance concerns you have previously raised
	Any Other Urgent Business There was no other urgent business.
	Date of Next Meeting 11th December 2026

Action Log – 18.09.26

Detail	***Owner***	***Update***
Obtain supplementary information for: 1. **Maternity monitors** • Maintenance costs • Software support • Integration requirements • Digital implications	*LW/AG*	*Additional Supplementary questions asked and were sent to the review panel. They have been included in the information send to CFC*
Obtain supplementary information for: 2. **Courtyard enhancement** • Full breakdown of £15k expenditure • Detailed description of proposed improvements	*LW/AG*	*Additional Supplementary questions asked and were sent to the review panel. They have been included in the information send to CFC*
Include panel comments on the neonatal chairs bid noting the panel's view that it constitutes a core funding	*LW/AG*	*Added to the CFC paper and included within Review panel minutes*

1.Is this project or activity part of the organisation's core responsibilities? Required to answer. Single choice.

Yes

No

2.If no, explain why this falls outside of core provision (max 200 words)Required to answer. Multi Line Text.

This is part of core responsibility, but not covered in core budget.

3.Project Summary: Provide a short overview of the project, funding requested, and intended impact (max 200 words)Required to answer. Multi Line Text.

This request is for £1,531.24 to fund the installation of a loud hailer system in support of the Smoke-Free Hospital Environment campaign, which has already seen the installation of large wall wraps across the site.

The loud hailer system would be installed near the main entrance of the Grange University Hospital (GUH) and would play pre-recorded messages from local children asking people not to smoke. This location has been selected due to the high number of people who choose to smoke in this area.

The equipment was purchased in the previous financial year, when funding for installation was available. However, due to unforeseen delays to the project, the installation did not take place during the 2025/26 financial year. As a result, the original installation funding is no longer available in 2026/27, and this request is to secure the funding required to complete the installation.

4.Strategic Need and Alignment: Explain the problem or gap, why it is important, the time sensitivity, alignment with Charity Objectives and with the wider Health Board and charity objectives, and whether it sits outside core provision (max 400 words)Required to answer. Multi Line Text.

Since 2021, smoking has been prohibited on NHS hospital sites. Despite this, and Aneurin Bevan University Health Board's Smoke-Free Environments Policy, smoking and vaping continue across hospital grounds, particularly at entrances. This undermines smoke-free legislation, exposes people to second-hand smoke and generates regular complaints from patients, visitors and staff.

Smoking remains the leading preventable cause of illness and premature death, increasing the risk of cancer, heart disease, stroke and respiratory disease. Second-hand smoke also poses significant risks, particularly to vulnerable patients and children. Smoke-free hospital environments support healthier behaviours and create

safer, more welcoming spaces for everyone.

Improving compliance with the Health Board's smoke-free policy supports the Integrated Medium Term Plan, the Gwent 35 Strategy and national prevention priorities. It also reinforces public health messages about the harms of tobacco and the benefits of quitting.

The need for action is immediate. In July 2025, an SBAR presented to the Executive Team highlighted ongoing challenges with smoking on hospital sites and secured agreement for a programme of measures to reduce smoking and vaping across the Health Board. A refreshed communications campaign, supported by environmental interventions, was identified as a key action. The proposed loud hailer system will provide consistent, supportive reminders to encourage compliance.

While maintaining smoke-free sites is a statutory responsibility, this enhanced communications initiative falls outside core NHS provision and is therefore suitable for charitable funding. It supports the Charity's aim of improving the wellbeing and experience of patients, visitors and staff by helping create healthier, safer and more welcoming hospital environments.

5.Impact on Beneficiaries: Describe who will benefit, number of beneficiaries, scale of impact, and any wider or long-term benefits. (max 400 words)Required to answer. Multi Line Text.

Everyone accessing ABUHB Sites will benefit from a smoke free environment.

6.Value for Money: State total funding requested, key costs, justification for value, expected return, and sustainability. (max 400 words)Required to answer. Multi Line Text.

This request is for £1,531.24 to fund the installation of a loud hailer system in support of the Smoke-Free Hospital Environment campaign, which has already seen the installation of large wall wraps across the site. This quote has been provided from the contractors used by ABUHB estates and facilities. The system that has been purchased has the ability to change the recorded messages, this will add to its sustainability by providing variation in messages to correspond with key campaign messages and reduce the likelihood of the repeat message becoming so familiar that it is no longer heard.

Improving compliance with the legislation reduces the chances of the hospital receiving a fine from enforcement officers from the local authority.

Tobacco smoking remains the leading preventable cause of illness and premature death, significantly increasing the risk of cancer, heart disease, stroke and respiratory disease. Exposure to second-hand smoke also presents health risks, particularly for vulnerable patients, children and those with existing health conditions. Creating smoke-free hospital environments supports healthier behaviours while providing a safer and more welcoming environment for everyone accessing our sites.

Improving compliance with the Health Board's smoke-free policy directly supports the Health Board's Integrated Medium Term Plan (IMTP) and the ambitions set out in the Gwent 35 Strategy, which seeks to increase healthy life expectancy, reduce health inequalities and place greater emphasis on prevention. It also contributes to the NHS Wales Cancer Improvement Plan by supporting primary prevention and reducing exposure to one of the most significant modifiable risk factors for cancer

7.Value for Money: Annex A Upload your completed spreadsheet. Required to answer. Upload File.

Attached as Appendix 2.2a

8.Feasibility and Delivery Plan: Outline delivery plan, timeline, staffing, risks, and how success will be measured (KPIs and evaluation). (max 400 words)Required to answer. Multi Line Text.

The Smoke-Free Hospital Environment campaign is well established, with most elements already delivered. This includes campaign development, stakeholder engagement, behavioural messaging and the installation of large-format wall wraps across the Grange University Hospital site. The only remaining element is installation of the loud hailer system, for which funding is sought.

The equipment has already been purchased and recorded messages developed. Installation was planned for 2025/26 but was delayed due to operational factors, leaving only installation costs outstanding.

Subject to approval, the Health Board's approved contractor will complete installation within four to six weeks. The Public Health Communications Team, supported by Estates and Facilities, will oversee delivery to ensure safe installation and integration with the wider campaign.

Delivery risk is low as the equipment has been procured, campaign materials are in place and installation requirements agreed. No additional staffing or ongoing charitable funding is required beyond routine maintenance.

Success will be measured through:

Reduced smoking and vaping at the hospital entrance.
Fewer smoking-related complaints.
Positive feedback from patients, visitors and staff.
Improved compliance with the Smoke-Free Environments Policy.
Learning to inform potential rollout at other sites.

This funding represents a small but essential investment to complete an established prevention initiative and maximise the impact of the wider smoke-free programme.

9.Innovation and Added Value: Describe what is new or different and whether it can be replicated or scaled. (max 400 words)Required to answer. Multi Line Text.

This project supports smoke-free hospital environments through an innovative behaviour change approach. Rather than relying solely on signage or enforcement, a loud hailer system will deliver pre-recorded messages from local children, providing a positive, community-led reminder not to smoke when entering the hospital. Evidence suggests compassionate, non-confrontational messaging can encourage voluntary compliance.

The system complements the wider Smoke-Free Hospital Environment campaign, including wall wraps and refreshed communications, reinforcing consistent messages at locations where smoking is most common. This multi-channel approach aims to increase awareness, encourage behaviour change and reduce exposure to second-hand smoke.

The project will also evaluate the effectiveness of audio messaging through measures such as observed smoking activity, smoking-related complaints, staff feedback and public perceptions.

If successful, the intervention could be expanded to other hospital entrances and Health Board sites. Its relatively low cost and ability to update messages for different audiences make it both scalable and adaptable. Learning from the project could also be shared across NHS Wales.

By complementing existing policy, environmental design and communications activity, this targeted intervention offers added value beyond traditional awareness campaigns and supports wider public health, prevention and smoke-free ambitions.

10.Additional Information: Include details of other funding applications, previous charitable funding, and outcomes. (max 300 words)Required to answer. Multi Line Text.

No previous applications

Additional Questions – CFC Funding Panel September 2026

CFC26-27-001

Charitable funds cannot be used to support expenditure that forms part of the Health Board's core statutory provision. However, funding may be considered where the request relates to an enhancement above the standard level of provision.

1. In your application, you have stated that this proposal forms part of the core service provision but is not currently funded through a core budget. However, in Question 4 you indicate that the proposal relates to enhanced provision. Please clarify this apparent contradiction and confirm whether the request relates to:
    - Core statutory provision; or

Enhanced provision above the core service. If the proposal relates to enhanced provision, please provide further detail to support this position.

The health board has a statutory duty to be smoke free environment. It displays many of the signs that are required in the Smoke Free Legislation informing, staff, patients and visitors of this. However there continues to be many people who are ignoring these signs and smoking on health board sites, most noticeably at the front entrance of The Grange Hospital.

A paper was presented to Execs last year containing a number of possible recommendations that could be implemented to improve compliance. This included enhanced communication campaign. This bid relates to an item which is part of the enhanced communication campaign that received Board approval, which is above and beyond what is statutorily required. The majority of the enhanced communication campaign has been funded from core public health budget. The unexpected cost for installation was therefore not factored into budgeting.

2. The equipment was purchased during 2025/26, yet provision was not made for installation costs. Please explain why funding for installation was not considered at the time of purchase. Reference to "operational issues" alone does not provide sufficient detail.

After purchasing the initial loud-hailer we were waiting a significant amount of time from Estate and Facilities colleagues to let us know about installation, during this very long wait we crossed into a new financial year before they then informed us there would in fact be a cost and that it would need external outsourcing. Due to the new financial year there was no budget to then install the device.

3. Does the quoted cost include VAT? If so, please confirm whether any VAT is recoverable under the appropriate COS heading(s). If you are unsure, please provide the total cost inclusive of VAT.-

   The form does not specify if this is VAT inclusive so to be safe I would recommend £1531.24 + VAT. (total with VAT £1837.48)

4. Have any alternative sources of funding been explored, including the use of designated charitable funds or other internal funding sources? If so, please provide details.-

We have explored funding from core public health budget however there is no surplus budget to cover this

Cost Headings	Description	Cost £ (not including VAT)	VAT £ (if any)	Total £
Equipment	Installation of a laud hailer system to augment the smokefree environment wall wraps in situ at GUH			£1,531.24
				£0.00
				£0.00
				£0.00
				£0.00

1.Is this project or activity part of the organisation's core responsibilities? Required to answer. Single choice.

Yes

No

2.If no, explain why this falls outside of core provision (max 200 words)Required to answer. Multi Line Text.

The Health Board provides core maternity services, but current financial pressures mean there is no funding available for additional monitoring equipment. Six Mindray VS9 monitors would enable women recovering from caesarean section to be safely transferred to the postnatal ward sooner while continuing enhanced observations. This would improve patient flow, increase bed capacity, reduce delays, and enhance safety, patient experience, and operational efficiency across Maternity Services

3.Project Summary: Provide a short overview of the project, funding requested, and intended impact (max 200 words)Required to answer. Multi Line Text.

The six requested Mindray VS9 monitors would enhance, rather than replace, existing provision. The Grange University Hospital has only six dedicated post-operative beds, which are in constant use due to the high volume of elective and emergency caesarean sections. With caesarean births accounting for approximately 45% of all deliveries, demand for post-operative monitoring continues to place significant pressure on bed capacity. These machines give Improved detection of maternal deterioration, safer post-caesarean recovery, enhanced patient experience, reduced administrative burden on midwives, and more efficient delivery of postnatal care.

4.Strategic Need and Alignment: Explain the problem or gap, why it is important, the time sensitivity, alignment with Charity Objectives and with the wider Health Board and charity objectives, and whether it sits outside core provision (max 400 words)Required to answer. Multi Line Text.

Mindray VS9 Vital Signs Monitor for Post-Caesarean and Postnatal Care - Strategic Alignment

Women recovering from caesarean section require frequent and accurate monitoring of vital signs to identify early signs of deterioration, including post-partum haemorrhage, sepsis, hypertension, respiratory compromise, and complications associated with anaesthesia. Current monitoring processes can be time-consuming and may require multiple devices or additional manual documentation.

The Mindray VS9 supports safer maternity care by providing rapid, reliable vital signs assessment and integrated NEWS2/EWS scoring, enabling staff to identify deterioration

earlier and escalate care promptly. The system aligns with Health Board priorities relating to patient safety, quality improvement, digital transformation, and reducing avoidable harm. This equipment is considered an enhancement to patient experience and clinical efficiency that cannot be met through existing departmental budgets.

5.Impact on Beneficiaries: Describe who will benefit, number of beneficiaries, scale of impact, and any wider or long-term benefits. (max 400 words)Required to answer. Multi Line Text.

The primary beneficiaries are women recovering from caesarean section and those requiring enhanced monitoring following delivery.

Rapid measurement of blood pressure, oxygen saturation, pulse rate, and temperature from a single device.
Early identification of complications such as post-partum haemorrhage, sepsis, pre-eclampsia, infection, and respiratory deterioration.
Automated NEWS2/EWS calculation supports timely escalation to senior clinicians.
Reduced delays in recognising clinical deterioration.
Improved patient comfort through TrueBP technology, which delivers blood pressure readings in approximately 15 seconds.
Less disruption for mothers who are resting, recovering from surgery, establishing breastfeeding, or bonding with their baby.
Enhanced monitoring for higher-risk postnatal patients, including those with obesity, hypertension, diabetes, or significant blood loss.

6.Value for Money: State total funding requested, key costs, justification for value, expected return, and sustainability. (max 400 words)Required to answer. Multi Line Text.

Investment in the VS9 provides value through

Improved patient safety and earlier intervention.
Reduced clinical time spent recording and calculating observations manually.
Reduced transcription errors through electronic integration.
One device replacing multiple monitoring functions.
Potential reduction in escalation delays, adverse events, and unplanned transfers to higher levels of care.

The equipment provides long-term benefits across multiple clinical areas and can be used for adult, paediatric, and neonatal patients, maximising utilisation and return on investment.

7.Value for Money: Annex A Upload your completed spreadsheet Required to answer. Upload File.

See Appendix 3a

8.Feasibility and Delivery Plan: Outline delivery plan, timeline, staffing, risks, and how success will be measured (KPIs and evaluation). (max 400 words)Required to answer. Multi Line Text.

The monitor is ready for immediate deployment within maternity services. Staff training requirements are minimal due to the intuitive touchscreen interface and familiar clinical workflow. Success can be measured through:

Number of women monitored using the device.
Reduction in documentation time.
Compliance with observation schedules.
Timeliness of escalation following abnormal observations.
Staff feedback regarding usability and efficiency.
Patient feedback regarding comfort and experience.

9.Innovation and Added Value: Describe what is new or different and whether it can be replicated or scaled. (max 400 words)Required to answer. Multi Line Text.

The Mindray VS9 introduces advanced monitoring technology into routine postnatal care. Features such as TrueBP™ rapid measurement, automated NEWS2/EWS scoring, electronic record integration, and customised maternity workflows represent a significant improvement over traditional observation processes. The model can be replicated across maternity, gynaecology, recovery, and wider women's health services, extending benefits beyond the initial investment.

These machines give Improved detection of maternal deterioration, safer post-caesarean recovery, enhanced patient experience, reduced administrative burden on midwives, and more efficient delivery of postnatal care

10.Additional Information: Include details of other funding applications, previous charitable funding, and outcomes. (max 300 words)Required to answer. Multi Line Text.

We are extremely grateful for the support previously received through the Charitable Funds Small Grants Scheme, which has already made a meaningful difference to the experience of women, babies and families within Maternity Services. Through earlier awards, we secured four recliner chairs, enabling partners and fathers to stay overnight and provide invaluable support to women following childbirth. This has enhanced family-centred care, promoted parent-infant bonding, and improved the postnatal

experience for many families during a significant and often challenging time. We have also been fortunate to receive funding for six Sonicaid fetal monitoring devices, which support the monitoring and assessment of babies during pregnancy and labour. These devices have strengthened our ability to provide safe, high-quality care and reassurance to expectant parents when fetal wellbeing assessments are required. The positive impact of these charitable investments has been clearly demonstrated across our services. We are sincerely thankful for the continuing support provided by Charitable Funds, which enables enhancements to patient care that would not otherwise be achievable within existing budgets. The requested Mindray VS9 monitors represent a further opportunity to improve safety, patient experience, and capacity within Maternity Services, building on the success of previous charitable funding awards.

Additional Questions – CFC Funding Panel September 2026

CFC26-27-002

Charitable funds cannot be used to support expenditure that forms part of the Health Board's core statutory provision. However, funding may be considered where the request relates to enhanced provision.

1. You have indicated that this request relates to core provision. Please provide further detail and confirm whether the proposal represents:

    - Core statutory provision; or

Enhanced provision above the core service.

If it is an enhanced service, please explain the additional benefit being provided.

Whilst the equipment/items requested will be used within Maternity Services, the proposal relates to enhanced provision above the Health Board's core statutory service.

The funding will enable improvements that go beyond the baseline level of care currently funded through Health Board budgets, providing additional benefits to women, babies, families and staff. The proposal will enhance patient experience, improve the care environment and support service improvement initiatives that would not be achievable through existing revenue resources alone.

As such, the request represents enhanced provision rather than core statutory provision

2. Does the quoted cost include VAT? If so, please confirm whether any VAT is recoverable under the appropriate COS heading(s). If you are unsure, please provide the total cost inclusive of VAT.

    The quoted costs submitted within the application are inclusive of VAT where applicable.

3. What is the anticipated timescale for purchasing and implementing these items?

    Subject to approval by the Charitable Funds Committee, we anticipate placing orders within three months of funding approval. Implementation would

commence immediately following delivery, with all purchases expected to be completed and operational within six months of approval.

4. Please explain why funding from existing designated charitable funds, including Fund F191 (Maternity Fund), has not been considered.

   Fund F191 (Maternity Fund) and other designated charitable funds were reviewed as part of the development of this application. However, the balances currently available within these funds are limited and there is not sufficient funds to support this request. Consequently, an application to the wider Charitable Funds Committee was considered the most appropriate route to support this enhanced provision whilst safeguarding the sustainability of the existing maternity charitable funds and ensuring that limited designated resources remain available for future charitable purposes.

5. The application form does not identify a supporting manager. The guidance requires confirmation that the applicant's supporting manager is aware of and supports the request. Please provide the name of the supporting manager and confirm their support for this application.

   The supporting manager for this application is Jayne Beasley, Head of Midwifery.

   I can confirm that Jayne Beasley is aware of and fully supports this application and the benefits it will bring to women, babies, families and staff within Maternity Services.

Following the Panel meeting on 18th September they asked some supplementary questions:

The Panel would welcome some additional detail on the following points:

- How do you plan on paying for the maintenance for the 6 * VS9 Monitors?
- Are you linking these to a network to pick up data?
- Have you considered the impact on other departments such as IT Data services and linking in with existing equipment?

*The maintenance on these is picked up my EMBE. **EBME** stands for Electronic and Bio-Medical Engineering responsible for the management, maintenance, safety testing, and repair of medical electronic devices. The maintenance costs*

for the additional 6 devices can be absorbed by the medical electronics department budget.

There is no impact on IT data services we just need a network point and power point which are already in the rooms. The are vital signs machines and not CTG linked. ***Cardiotocography (CTG)*** *is a medical test that records baby's heart rate and womb's contractions during pregnancy and labour. This information is not recorded as data on the devices*

Cost Headings	Description	Cost £ (not including VAT)	VAT £ (if any)	Total £
Equipment	Mindray Vital Signs Machines x 6	£18,000.00		£18,000.00
				£0.00
				£0.00
				£0

Cost Headings	Description	Cost £ (not including VAT)	VAT £ (if any)	Total £
New staff				£0.00
Event costs				£0.00
Equipment		£15,000.00		£15,000.00
				£0.00
				£0.00
				£0

1.Is this project or activity part of the organisation's core responsibilities? Required to answer. Single choice.

Yes

No

2.If no, explain why this falls outside of core provision (max 200 words)Required to answer. Multi Line Text.

Not applicable

3.Project Summary: Provide a short overview of the project, funding requested, and intended impact (max 200 words)Required to answer. Multi Line Text.

The Courtyard entrance, metal fence and ECA courtyard is quite stark and would benefit from a deep clean and re-decoration along with an injection of colour and an array of decorative pictures to brighten the area and make it more enjoyable for patients to spend tine outside. This would enhance the patient experience and make the area more therapeutic. The pebble-dashed wall as you enter the courtyard has been used as a way of self-harm via headbanging and staff have been unable to remove blood stains from the area due to the material being porous. This has been raised recently via a patient concern sent via Health Inspectorate Wales (HIW).

4.Strategic Need and Alignment: Explain the problem or gap, why it is important, the time sensitivity, alignment with Charity Objectives and with the wider Health Board and charity objectives, and whether it sits outside core provision (max 400 words)Required to answer. Multi Line Text.

The overall benefit of enhancing the courtyard area will ensure improved patient wellbeing, enable more use of the area for therapeutic activities and help in reducing incidents of self-harm and complaints relating to the environment.

A working group is currently in progress to abolish tobacco smoking on all mental health inpatient units in ABUHB and this work will tie in nicely once smoking is banned in the courtyard area.

¬ Creates a more therapeutic and welcoming environment.
¬ Improves mood and emotional wellbeing through access to nature and colour.
¬ Reduces stress, anxiety and agitation.
¬ Encourages patients to spend more time outdoors and be physically active.
¬ Promotes social interaction and reduces isolation.
¬ Supports recovery, hope and a sense of normality.
¬ Enables meaningful activities such as gardening and outdoor therapy.

¬ Enhances staff wellbeing and provides opportunities for therapeutic engagement.
¬ Improves the overall appearance of the unit for patients, families and visitors.

5.Impact on Beneficiaries: Describe who will benefit, number of beneficiaries, scale of impact, and any wider or long-term benefits. (max 400 words)Required to answer. Multi Line Text.

By adding decorative artwork to the stark external wall and outside area, this bid would enhance the patient experience and make the area more therapeutic and accessible for patients and staff. As mentioned above, access to more pleasant outside spaces is widely regarded as part of providing a therapeutic environment and avoiding unnecessary restrictions on liberty for people with Mental Health needs.

6.Value for Money: State total funding requested, key costs, justification for value, expected return, and sustainability. (max 400 words)Required to answer. Multi Line Text.

The proposed procurement route would include a one-off payment from Charitable funds to purchase decorative, colourful art display to enhance patient well-being within the courtyard and ECA setting of Talygarn ward. Costs would not exceed £15,000 and would not incur a chargeable yearly fee from revenue funds.

7.Value for Money: Annex A Upload your completed spreadsheet Required to answer. Upload File.

See appendix 4a

8.Feasibility and Delivery Plan: Outline delivery plan, timeline, staffing, risks, and how success will be measured (KPIs and evaluation). (max 400 words)Required to answer. Multi Line Text.

Lead time is around 4 - 6 weeks from order. Suppliers are aware of associated risks when working on the ward and have sufficient risk management from ward staff to support.

9.Innovation and Added Value: Describe what is new or different and whether it can be replicated or scaled. (max 400 words)Required to answer. Multi Line Text.

The overall benefit of enhancing the courtyard area will ensure improved patient wellbeing, enable more use of the area for therapeutic activities and help in reducing incidents of self-harm and complaints relating to the environment.

A working group is currently in progress to abolish tobacco smoking on all mental health inpatient units in ABUHB and this work will tie in nicely once smoking is banned in the courtyard area.

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¬ Supports recovery, hope and a sense of normality.
¬ Enables meaningful activities such as gardening and outdoor therapy.
¬ Enhances staff wellbeing and provides opportunities for therapeutic engagement.
¬ Improves the overall appearance of the unit for patients, families and visitors.

10.Additional Information: Include details of other funding applications, previous charitable funding, and outcomes. (max 300 words)Required to answer. Multi Line Text.

The Committee previously funded an upgrade to Talygarn courtyard in 2019/2020. Whilst this bid helped to improve the outside area for patients and staff by installing exercise equipment and outside equipment/furniture it is recognised that further improvement works are required to make the area more welcoming and colourful in a particular area where the outside is accessed.

Additional Questions – CFC Funding Panel September 2026

CFC26-27-003

Charitable funds cannot be used to support expenditure that forms part of the Health Board's core statutory provision. However, funding may be considered where the request relates to enhanced provision.

1. The need for this project is stated to have been identified through a Health Inspectorate Wales (HIW) concern. Please clarify whether HIW has identified this as a requirement that the Health Board must address. If so, this may represent a core statutory requirement which would not normally be eligible for charitable funding.

This hasn't been identified as a requirement or recommendation from HIW. It was raised via HIW who wrote to us on behalf of a patient complaint where he highlighted that there were blood stains on the garden wall. It has not been raised via the usual HIW process whereby we have an inspection and recommendations to form an action plan.

2. The financial information provided is inconsistent. The bid summary refers to an approximate project cost of £15,000; however, the supporting spreadsheet identifies costs of approximately £21,000 consisting of:
    - £3,000 staffing costs
    - £6,000 event costs
    - £12,000 equipment costs

In addition, the application refers to clean-up works, redecoration and pictures, which are not reflected within the spreadsheet. Please review and submit a revised and fully reconciled cost breakdown.

This has been updated and reflected in v2. The amount quoted is now £15K

3. Following revision of the costs above, please confirm whether the figures include VAT. If so, please advise whether any VAT is recoverable under the relevant COS heading(s). If uncertain, please provide the total costs inclusive of VAT.

Yes this will include VAT but unsure if this sits with COS etc

4. Have any other funding sources been explored or considered? If so, please provide details.

No

Following the Panel meeting on 18th September they asked some supplementary questions:

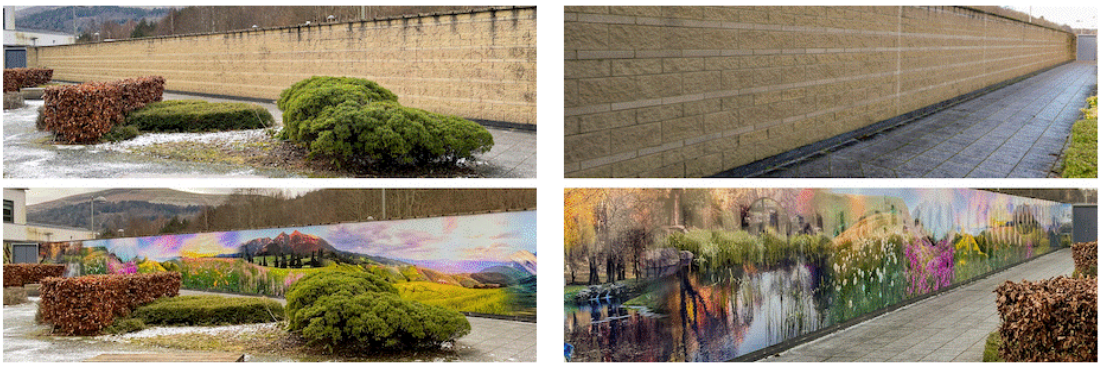
In question 3 of the application, you noted that:

"The Courtyard entrance, metal fence and ECA courtyard is quite stark and would benefit from a deep clean and re-decoration, along with an injection of colour and an array of decorative pictures to brighten the area and make it more enjoyable for patients to spend time outside." [

The Panel would welcome some additional detail on the following points:

- How do you intend to spend the £15,000 requested? Is the funding intended solely for the deep clean and redecoration works, or will it also include items such as planting, landscaping, seating, artwork, or other improvements? Please provide a more detailed breakdown of the proposed expenditure, including estimated costs where possible.
- If the total project cost exceeds the £15,000 requested from Charitable Funds, how will the remaining balance be funded?
- What arrangements will be put in place to ensure the courtyard and entrance area are appropriately maintained once the improvements have been completed?

Around 9k is for artwork – the company we usually use is called 'Care Display' and they attach printed artwork (which is weather durable) to the walls. An example of what they have done previously on another ward is below in the before and after photos:



What is left will be for a deep clean (roughly 3 k) and with the remaining 3k we want to liaise with patients to see what they would like

- If the total project cost exceeds the £15,000 requested from Charitable Funds, how will the remaining balance be funded?

We will likely stick to budget but if we do need to go over, we will use revenue.

- What arrangements will be put in place to ensure the courtyard and entrance area are appropriately maintained once the improvements have been completed?

  Via usual processes, any maintenance concerns logged with Works and Estates or Facilities.

If any surplus spending over £15K will be funded by revenue, why is this not all being funded by revenue?

overspent in Adult Mental Health services

- In the supplementary questions issued, it was noted that Charitable Funds cannot be used to support expenditure that forms part of the Health Board's core statutory provision. Based on the information provided, it could be argued that the proposed deep clean (approximately £3,000) falls within the Health Board's core responsibility to maintain a clean, safe and suitable environment for patients and staff.

  Could you please clarify whether the deep clean forms part of the preparatory works required to facilitate the artwork installation, or whether it is intended as a standalone improvement to the overall courtyard area?

  In addition, given the limited charitable funds available each year, the Panel would welcome some further detail regarding the remaining £3,000. Could you provide an indicative breakdown of the items or improvements this funding would support, together with any estimated costs where possible?

The team has subsequently come back and revised the bid - 29/09/26

Can we change the bid to 12k please – for the artwork and deep clean which will form part of the prep work for the art installation

1.Is this project or activity part of the organisation's core responsibilities? Required to answer. Single choice.

Yes

No

2.If no, explain why this falls outside of core provision (max 200 words)Required to answer. Multi Line Text.

This equipment request is required for core service provision

3.Project Summary: Provide a short overview of the project, funding requested, and intended impact (max 200 words)Required to answer. Multi Line Text.

This general charitable funding request is to support the procurement of 14 replacement arm chairs for the cot spaces on the Neonatal Intensive Care Unit (NICU),GUH for parent use.

The current chairs, procured with capital funding as part of the GUH occupation from November 2020, are breaking. Specifically, the metal frames have punctured the vinyl covering, posing a potential infection risk. This was recognised on the Unit's IPAC AMAT environmental audit. In addition, some chairs no longer recline effectively. The chairs are out of warranty, and the supplier was unable to support with repairs.

The estimated *cost of their replacement is approximately £840 each or £11,760 excluding VAT for 14 chairs.

*Refreshed, formal quotations will be invited via Procurement should charitable funding be granted.

4.Strategic Need and Alignment: Explain the problem or gap, why it is important, the time sensitivity, alignment with Charity Objectives and with the wider Health Board and charity objectives, and whether it sits outside core provision (max 400 words)Required to answer. Multi Line Text.

Neonatal Care is a core service of the Health Board.

Health Board priorities include:

Thriving childhood – maximising outcomes for babies, children and young people.

Quality & Efficient commitments : Address Healthcare Acquired Infection Reduction Targets through Developing a robust cleaning program to reduce healthcare-associated infections, ensuring ongoing support for improvement in infection prevention ‘basics’

and continuing to address anti-microbial prescribing practices.

5.Impact on Beneficiaries: Describe who will benefit, number of beneficiaries, scale of impact, and any wider or long-term benefits. (max 400 words)Required to answer. Multi Line Text.

The beneficiaries of the replacement cot side arm chairs are both babies and their parents.

There are in excess of 500 admissions to the GUH NICU per annum.

An aim of the Unit is Family Integrated Care (FICare). This is a model that treats parents as equal partners with health staff, focusing on parent empowerment, active caregiving, and family support.

Core Principles
• Partnership: Parents join medical rounds and help make choices for their baby.
• Empowerment: Staff teach parents skills like feeding, changing, and tracking growth.
• Environment: Units provide spaces for parents to stay close or sleep near their baby.
• Culture: Staff view families as primary caregivers rather than simple visitors.
Main Benefits
• Better Health: Babies show improved weight gain, higher rates of breastfeeding, and fewer infections.
• Less Stress: Parents feel less anxiety and gain more confidence before going home.
• Faster Recovery: Infants often leave the hospital sooner with lower readmission rates.

Providing comfortable reclining chairs adjacent to NICU cots aligns with FICare, facilitating parental involvement, skin to skin care, and breast feeding.

6.Value for Money: State total funding requested, key costs, justification for value, expected return, and sustainability. (max 400 words)Required to answer. Multi Line Text.

Maximum funding requested is £ 12,000

The Service has explored suitable replacement chairs in conjunction with Procurement colleagues. The preferred model has been evaluated on the Unit by nursing staff and parents, with positive feedback.

If charitable funding is agreed for the replacement chairs, Procurement will be fully engaged to ensure that Procurement rules/standing financial instructions are followed appropriately.

7.Value for Money: Annex A Upload your completed spreadsheet. Required to answer. Upload File.

See appendix 5a

8.Feasibility and Delivery Plan: Outline delivery plan, timeline, staffing, risks, and how success will be measured (KPIs and evaluation). (max 400 words)Required to answer. Multi Line Text.

Delivery Plan
• Re-engage Procurement to invite refreshed quotation(s)
• Place order via Charitable Funds team
• Accept delivery, clean, and position
Staffing
• No specific staff training required
Risk
• Potential infection control risk should existing broken chairs not be replaced
• Risk to departmental reputation should broken chairs not be removed from service
• Replacement chairs will be subject to wear and tear, and will need replacement in future
KPI/Success
• Risk identified through IPAC AMAT environmental audit removed
• All cot spaces have functioning chairs, free from damage

9.Innovation and Added Value: Describe what is new or different and whether it can be replicated or scaled. (max 400 words)Required to answer. Multi Line Text.

The request for funding is to sustain core service rather than being innovative.

10.Additional Information: Include details of other funding applications, previous charitable funding, and outcomes. (max 300 words)Required to answer. Multi Line Text.

The Neonatal Service is a high user of equipment and consumables.

At the end of Month 4, there was a small operating surplus of just £1,446 against the Service's year to date non staff budgetary allocation of £87,847. The overall Neonatal budget is forecast to overspend by £341k at month 12. The Service is therefore reliant on its service based charitable funds to support with some equipment purchases.

The Neonatal Unit is fortunate to receive regular donations from grateful families and others, and through funding raising initiatives organsied by neonatal nursing staff. Funds are used to procure staff training, bravery beads for babies, annual subscription for

Vermont Oxford benchmarking, new and replacement equipment etc. for example, in coming months, one of 2 legacy funds will be used to procure 10 phototherapy units with a value of approx. £29,000.

Neonatal Charitable Funds Balance at end month 4
Fund Number Fund Name Closing Balance
F231 ABUHB DINKY DRAGONS -28,590.33
F233 ABUHB BABY COOLING EQUIPMENT -18,745.12
F236 LEGACY NHH NICU M E BEET -1,636.86
F238 LEGACY NICU J E OAK -16,937.81
Sub total -65,910.12
F232 GUH BABY AND CHILD MEMORIAL GARDEN -5,000.00 (Cannot be used)

Additional Questions – CFC Funding Panel September 2026

CFC26-27-004

Charitable funds cannot be used to support expenditure that forms part of the Health Board's core statutory provision. However, funding may be considered where the request relates to enhanced provision.

1. You have indicated that this request relates to core provision. Please provide further detail and clarify why the proposed expenditure should not be considered a core responsibility of the Health Board, particularly given that the existing chairs were funded through capital funding arrangements.

Perhaps my working definition of core statutory provision is incorrect/too wide. I understood this to be the requirement of Health Boards to provide services to improve the health of its population per se, which I assume includes the provision of NICU, and within that all equipment components. On reflection, this might not strictly extend to providing seating for parents.

Do you have a working definition of core statutory provision that the Fund uses please?

From a capital perspective, the individual cost of each chair falls below the capital threshold.

2. Please explain what you consider to be the core statutory provision in this area and how the chairs requested within this application represent an enhancement above that provision.

As above, my definition may be misplaced, but I took it to cover the provision of inpatient care which includes the specialised medical treatment and management of new born babies who are born premature, very small, or seriously ill. The service uses advanced technology and expert medical teams to support fragile infants.

The chairs requested clearly do not constitute specialised equipment but they do benefit both parents and babies, supporting enhanced care.

Providing comfortable seating at the cot side enables parents to be to spend time adjacent to their babies. This aligns with Family Integrated Care (FiCare) principles of treating parents as equal partners with health staff, focussing on parent empowerment, and active care giving. In addition, the chairs facilitate important skin to skin care and breast feeding. Please refer to my funding application for further details of the core principles and main benefits of FICare.

3. The application notes that Neonatal Services currently have access to approximately £66,000 of charitable funding through designated funds. We understand that:

    - Funding for Baby Cooling Equipment has already been earmarked for ambulance transfer equipment; and
    - Approximately £29,000 is planned to be used for the purchase of 10 phototherapy units.

This would leave an estimated balance of approximately £18,000 available.

Please explain why the proposed chair replacement programme (approximately £12,000) is not being funded from the remaining balance. Alternatively, has consideration been given to revising the proposed allocation for phototherapy units to enable both priorities to be supported from available designated funds instead of approaching charitable funds general reserve?

NICU is an equipment rich environment. The revenue budget cannot stretch to meet all demands. The Service is therefore dependent on its charitable fund as a secondary source of income to address some of the need. Using almost all of NICUs charitable fund balance to fund the chairs would leave little scope for other inevitable equipment requests that will arise across the year.

The purchase requirement for phototherapy units cannot be reduced in number.

Cost Headings	Description	Cost £ (not including VAT)	VAT £ (if any)	Total £
New staff	For example: new staff post			£0.00
Event costs	For example: launch event			£0.00
Equipment	For example: Neoprobes			£0.00
				£0.00
Equipment	Replacement arm chairs for use by parents at the cot	£11,760.00	£2,352.00	£14,112.00
				£0.00
				£0.00
				£0

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 November 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Ratification for Lottery Approval
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Jones, Assistant Finance Director

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

Ar Gyfer Penderfyniad/For Decision

As part of the Marketing Strategy update presented to the Committee at the last meeting, the Committee were asked to consider joining a lottery scheme run by NHS Charities Together.

The Committee asked for further details of the scheme, and it was agreed to discuss this prior to the next meeting in November 2026 so that if approved it could be advertised in the upcoming magazine that has already been agreed.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation and background

The Committee previously considered a staff lottery for the charity which would be run via the Charitable Funds Team using a specific software package, but they decided against this as it was deemed medium to high risk.

Full details of the scheme from NHS CT are provided at Appendix 1. In addition to this:

- Anyone can join this lottery scheme providing they are over the age of 18. It is for both staff and public.



- There is no minimum number of individuals required to sign up to the lottery from our area, but it is our responsibility to promote it and encourage people to sign up.
- There is a cap on the number of entries/tickets purchased an individual can make of five per month. This means that the maximum payment an individual can make would be £25 per month or £300 per year.
- There is only a small cost to us for a setup fee of £250 to cover the costs of using our branding etc.

You can also look at the website, BIG Lotto for Health Charities, where 4 charities have already signed up and where the first draw is due to take place next month. Unfortunately, there is currently a block in accessing this site from Health Board devices which we will need to be removed.

A Legal structure and relationship summary is also attached at Appendix 2.

Asesiad/ Assessment

The group consisting of CF Committee members Paul Deneen, Robert Holcombe and Akmal Hanuk and finance staff met on 14th August 2026.

The group agreed they were happy to participate in the NHS Charities Together Big Lottery, which provides an opportunity for staff, supporters and members of the public to contribute to NHS charitable causes through a regulated and socially responsible fundraising mechanism. They recognised that lottery fundraising can generate valuable unrestricted income that helps enhance patient care, staff wellbeing, and other health initiatives across our area.

For every £1 played on the lottery we will receive 60p. This is comparable to other providers and is considered low risk and a low-effort way to generate much needed income.

Whilst the Charity excludes investments in gambling companies as part of its ethical investment policy, the group considered participation in the Big Lottery to be fundamentally different from investing in or profiting from the gambling industry. The Lottery is operated as a fundraising activity for charitable purposes within a regulated framework, with proceeds directly benefiting NHS charities and their beneficiaries. This approach is consistent with our responsibility to maximise charitable income while maintaining investment practices that reflect our ethical values and long-term stewardship obligations.

The Group approved joining Big Lotto for Health Charities.

Argymhelliad / Recommendation

The Committee is asked to ratify the decision of the group to approve joining the NHS Charities Together lottery scheme.



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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	CCLA – Churches, Charities & Local Authorities
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)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	**No does not meet requirements**



Equality Impact Assessment (EIA) completed	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.

BIG LOTTO for Health Charities

BIG Lotto for Health Charities

A simple low effort, low risk way for NHS Charities to raise more



We are proud to introduce a new umbrella lottery, created to help NHS Charities raise even more funds for our communities.

It's a simple and effective way for supporters to give regularly, knowing the income raised will help fund projects that support patients, families, the community and NHS staff - from improving hospital environments to providing wellbeing support and funding innovative equipment.

Together, we can raise more and continue to stand behind our NHS one ticket at a time.

Why Join?

Through sharing one prize fund and one lottery system, lots of expenditure can be saved and experience and knowledge across the sector can be shared. We can reach more supporters, raise more money, and make every pound go further.

- £250 one-off setup fee
- No ongoing costs
- 60p from every £1 entry goes directly to your charity
- All additional donations are retained by you

For example: £5 per month (£60 per year) provides entry into 52 weekly draws, with the remaining £8 per year going directly to the charity as additional donations - **in addition to the 60p from every £1 played.**

- Lower-risk, lower-input fundraising model
- Shared infrastructure reduces costs and increases reach
- Fully managed lottery operation: licence, compliance, payments, reporting, and player support handled for you



How the Lottery Works

- Weekly guaranteed prizes:
  - 1st: £1,000
  - 2nd: £100
  - 270 × £5 prizes
- Weekly rollover prize up to £10,000

What We Manage for You

Our new lottery scheme gives NHS charities a powerful, low-effort way to generate sustainable income - without adding pressure to your team. We take care of the entire lottery operation, ensuring it is professionally managed, fully compliant and efficiently delivered. It's a simple, reliable way to raise unrestricted income.

Everything we will take care of for you:

- Licence management and compliance
- Thank you messages to new ticket holders
- Winners will be directly credited
- Charities will be notified of winners
- Weekly income distribution
- Access to supporter data -available to download on a weekly basis
- Annual performance review and reporting
- Lottery policy management
- Dedicated player helpline

Onboarding

When you have made the decision to join the lottery scheme, there's a phase that you need to commit to to ensure everything is set up for you. We will try to ensure that this is straight forward for you, runs smoothly and gets you quickly into your first draw. From signing contracts to setting up your webpage, we will be with you every step of the way.

- Contract Agreement
- Account set up (contacts, bank details)
- Set up your own dedicated lottery page
- Set up, testing and launch support

Marketing Support to Boost Results

The success of the BIG Lotto for Health Charities really comes down to the number of tickets sold. We will take care of all the administration so you can focus on promoting the lottery to your audiences.

Our approach to help you succeed will be to provide support in the following ways:

- **Design Guidelines:** Logos and assets for the BIG Lotto for Health Charities along with a guide to help you talk about the lottery.
- **Marketing Toolkits:** Ready-to-use, easily personalised templates including posters, emails, local press release, social media ads and FAQs, easily co-branded with your charity identities alongside the Big Lotto for Health Charities brand.
- **Audience Engagement Guidance:** Practical guides to support targeted promotion to key audiences including NHS staff, patients and local communities.
- **Peer Learning & Collaboration:** Facilitated peer-to-peer groups enabling charities to share best practice, successes and learning to strengthen overall performance.
- **Expert webinars:** External suppliers invited to bring additional knowledge and expertise to help Members with marketing, acquisition and canvassing.



We will continue to review, adapt and expand this support to ensure we are doing everything possible to help maximise your success.

Getting Started

For more information, to join the scheme or migrate your own lottery please contact:

Sophie Crisp – lottery@anhsc.org.uk

BIG LOTTO for Health Charities

BIG Lotto for Health Charities

Legal Structure and Relationship Summary

Prepared for internal ABUHB Charitable Funds Committee consideration

Source review date: 12 August 2026

Executive summary

The available evidence indicates that BIG Lotto for Health Charities is promoted and operated through ANC Trading Limited. Public website wording states that BIG Lotto for Health Charities is wholly owned by ANC Trading Limited, with ANC Trading Limited acting as promoter, trading as BIG Lotto for Health Charities. Companies House identifies ANC Trading Limited as company number 12608754 and records the Association of NHS Charities as the person with significant control, holding 75% to 100% of shares and voting rights and the right to appoint and remove directors. ABUHB papers describe the lottery as an NHS Charities Together scheme that participating NHS charities may join, with central management of licence, compliance, payments, reporting and player support. *Sources: S1, S2, S3, S4, S5.*

1. Legal entities and roles

Entity	Legal / operational role	Evidence available	Points to confirm
Association of NHS Charities / NHS Charities Together	Ultimate controlling body indicated in Companies House PSC information for ANC Trading Limited. NHS Charities Together describes itself as working with a network of over 220 local and specialist NHS charities across the UK.	Public information says NHS Charities Together began as a membership organisation under the name Association of NHS Charities and changed its name to NHS Charities Together in 2018. Companies House related sources identify Association of NHS Charities as the PSC of ANC Trading Limited.	Confirm whether the legal contracting party for ABUHB will be Association of NHS Charities, ANC Trading Limited, or another group entity.
ANC Trading Limited	Corporate vehicle connected to BIG Lotto for Health Charities. Public website states that ANC Trading Limited is promoter, trading as BIG Lotto for Health Charities.	Companies House overview: company number 12608754, active, incorporated 18 May 2020, registered office Suite 68 Lake View House, Wilton Drive, Warwick, CV34 6RG, SIC 96090.	Confirm company constitution and whether it is limited by shares or guarantee. Companies House overview describes it as a private limited company, while the lottery website states it is a company limited by guarantee.
BIG Lotto for Health Charities	Customer-facing lottery brand and scheme through which supporters choose a participating NHS charity.	Website states the lottery is wholly owned by ANC Trading Limited, supports NHS charities, costs GBP1 per entry, and includes weekly prizes and a rollover prize.	Confirm whether BIG Lotto is a trading name only, a brand, or held through any registered intellectual property or operating agreement.

Participating NHS charities, including ABUHB Charitable Funds if approved	Beneficiary charities promoted to supporters and receiving a share of proceeds.	ABUHB paper states anyone over 18 can join, it is for staff and public, no minimum number is required, and ABUHB would be responsible for promotion and encouraging sign-up.	Confirm the participation agreement, obligations, liabilities, exit rights, data sharing, and accounting treatment.

2. Relationship map

Based on the available sources, the relationship can be summarised as follows:

Association of NHS Charities / NHS Charities Together
PSC control recorded over ANC Trading Limited: 75% to 100% shares and voting rights, and right to appoint and remove directors
ANC Trading Limited
Promoter, trading as BIG Lotto for Health Charities. Licensed and regulated by Warwick District Council under account number 00401, according to the BIG Lotto website.
BIG Lotto for Health Charities
Umbrella lottery customer-facing scheme for supporters choosing NHS charity partners
Participating NHS charities receive allocated income and are expected to promote the scheme locally

Source notes: the map is a synthesis of the public website wording, Companies House PSC information, and ABUHB internal papers. It should be treated as a working governance summary, not a legal opinion. Sources: S1, S2, S3, S4, S5, S6.

3. ANC Trading Limited: company information

Field	Information found
Company name	ANC Trading Limited
Company number	12608754
Status	Active
Incorporation date	18 May 2020
Registered office	Suite 68 Lake View House, Wilton Drive, Warwick, United Kingdom, CV34 6RG
Companies House company type	Private limited company
Lottery website description	Company limited by guarantee
SIC code	96090 - Other service activities not elsewhere classified
Accounts position	Companies House overview states last accounts were made up to 31 December 2025 and next accounts are made up to 31 December 2026, due by 30 September 2027.
Confirmation statement	Companies House overview states last statement dated 17 May 2026 and next statement date 17 May 2027, due by 31 May 2027.

Sources: Companies House overview and BIG Lotto website wording. Sources: S1, S2.

4. Control, directors and equity indicators

Area	Position from sources	Governance implication
Person with significant control	Association of NHS Charities is identified as PSC with 75% to 100% ownership of shares, 75% to 100% voting rights, and right to appoint and remove directors.	This indicates effective control by the national NHS charity body rather than a private commercial shareholder, based on the PSC filing. Exact percentage is not available from the search result, only the 75% to 100% control band.
Current directors identified	Elaine Orton, Amit Aggarwal and Timothy Hugh Diggle are identified as directors from public company information sources.	These names should be verified against the live Companies House People tab before contract execution.
Former director identified	William Keith Brooks is identified as a former director, resigned on 31 March 2023.	No direct implication for current approval, but it provides continuity context.
Equity / shareholding detail	The available source identifies PSC control bands but does not provide a precise shareholding percentage in the search extract.	Committee should request the latest confirmation statement, articles / constitution, and participation agreement if exact ownership or member guarantee position is material.

Sources: Companies House overview and public company information search results. Sources: S1, S4, S7.

5. Operational relationship with participating charities

The ABUHB product information and papers indicate that the lottery is designed as a low-input umbrella lottery for NHS charities. The central model reduces local operational burden by sharing one prize fund and one lottery system. The product information says there is a GBP250 one-off setup fee, no ongoing costs, 60p from every GBP1 entry goes directly to the chosen charity, and additional donations are retained by the charity. *Sources: S3, S5.*

Central operation described in product information	ABUHB local responsibilities / considerations
Licence management and compliance; payments; reporting; player support; dedicated helpline; weekly income distribution; winner payments and notification; supporter data access.	ABUHB would not appear to operate the lottery directly, but would need to promote it, encourage sign-ups, and ensure local governance approval and communications are appropriate.
Marketing support, design guidelines, toolkits, audience engagement guidance, peer learning and webinars are described in the product information.	ABUHB should consider communications sign-off, branding approval, data protection review, Equality Impact Assessment position, and Welsh language / bilingual requirements for local promotion.
Onboarding includes contract agreement, account setup, dedicated lottery page, testing and launch support.	ABUHB should review the contract before approval or prior to signature, including termination rights, liability allocation, data sharing, and regulatory responsibilities.

6. Key assurance questions before approval

- Who is the exact legal contracting party for ABUHB: ANC Trading Limited, Association of NHS Charities / NHS Charities Together, or another entity?
- Who holds the relevant lottery licence and what licence class applies? The website states that ANC Trading Limited is licensed and regulated by Warwick District Council under account number 00401.
- How should the discrepancy be explained between Companies House describing ANC Trading Limited as a private limited company and the BIG Lotto website stating it is a company limited by guarantee?

- What are the financial flows, including deductions, management costs, prize fund treatment, VAT position if any, and timing of weekly distributions?
- What liabilities remain with ABUHB Charitable Funds, especially around promotion, complaints, vulnerable persons, responsible gambling, data protection, and mis-selling risk?
- What due diligence has NHS Charities Together undertaken over the scheme, operator arrangements, website provider, payment handling, and data handling?
- What accounting treatment is expected for income received through the lottery and any associated donations?
- What information will be available to ABUHB for monitoring performance, compliance, complaints, and supporter data?

7. Suggested wording for committee paper

Proposed wording: The Committee is asked to note that BIG Lotto for Health Charities appears to be operated through ANC Trading Limited, with the public website stating that the scheme is wholly owned by ANC Trading Limited and that ANC Trading Limited is the promoter, trading as BIG Lotto for Health Charities. Public company information identifies ANC Trading Limited as company number 12608754 and indicates control by the Association of NHS Charities, with 75% to 100% ownership / voting rights and the right to appoint and remove directors. ABUHB papers describe the scheme as an NHS Charities Together lottery scheme for participating NHS charities, with central administration of licence, compliance, payments, reporting and player support. Subject to review of the participation agreement, licence position, data sharing arrangements and financial flows, this structure appears to reduce the operational burden on ABUHB Charitable Funds compared with establishing and running a standalone local lottery. *Sources: S1, S2, S3, S4, S5.*

8. Limitations of this summary

This note is based on public information available from Companies House, the BIG Lotto for Health Charities website, NHS Charities Together public information, and ABUHB internal documents located through Microsoft 365 search. It is not a legal opinion. It does not include a review of the participation agreement, articles of association, latest confirmation statement PDF, detailed accounts, licence certificate, data processing agreement, or any contract between NHS Charities Together, ANC Trading Limited, StarVale, and participating NHS charities.

Source list

Ref	Source / evidence used	Link or location
S1	Companies House: ANC Trading Limited overview, company number 12608754. Search/opened source identified registered office, active status, incorporation date, SIC code, last accounts and confirmation statement.	https://find-and-update.company-information.service.gov.uk/company/12608754
S2	BIG Lotto for Health Charities website. Source states BIG Lotto for Health Charities is wholly owned by ANC Trading Limited, promoter ANC Trading Limited trading as BIG Lotto for Health Charities, responsible person	https://biglotto.org.uk/

	Sophie Crisp, and licence / regulatory wording from Warwick District Council under account number 00401.	
S3	ABUHB internal file: 2.2 Appendix 1 BIG Lotto for Health Charities Product info June.pdf. Source describes setup fee, income split, operating model and management responsibilities.	Microsoft 365 search result: turn4search80
S4	ABUHB internal file: 2.2 Lottery Consideration.docx. Source describes Charitable Funds Committee context, proposed approval and scheme being run by NHS Charities Together.	Microsoft 365 search result: turn4search83
S5	ABUHB internal file: 20.07.26 CFC Boardbook 20260720 Meeting Book.pdf. Source refers to a new UK-wide lottery, public/staff participation, entry limit, 60p return and one-off logo cost.	Microsoft 365 search result: turn4search89
S6	NHS Charities Together public page: What we do. Source states the organisation works with a network of more than 220 local and specialist NHS charities and began under the name Association of NHS Charities before changing name in 2018.	https://nhscharitiestogether.co.uk/about-us/what-we-do/
S7	Public company search results for ANC Trading Limited. Source identifies directors and PSC control band information, including Association of NHS Charities as PSC.	Search result: turn4search100

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 November 2026
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Investment Management Contract Tender
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Robert Jones, Assistant Finance Director

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

Ar Gyfer Penderfyniad/For Decision

The investment management contract for the charity is due for retender and this paper sets out a draft service specification and evaluation criteria for consideration by the Committee.

The Committee is asked to approve this and to nominate members of the committee to be part of the tender evaluation process.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation and background

The investment management service for the charity was tendered in 2023 with CCLA (Churches, Charities & Local Authorities) Investment Management Ltd being successful and awarded the contract.

Their contact ran from 01/04/2023 until 31/03/2026 with an option to extend for 12 months which the Committee agreed. A procurement exercise is now required to retender for a new contract to come into effect from 1st April 2027.

The Charity Commission advises that when using an investment manager, trustees should:

- satisfy themselves that an investment manager can perform effectively in line with their investment objectives and policy.



- consider how the services offered by several different investment managers meet those needs, and compare them in terms of cost, investment approach and level of service.

Asesiad/ Assessment

Following initial presentation in the June Committee Meeting selected committee members have met twice in the intervening period to support modifying the Investment Tender specification.

Appendix A presents the outcome of these sessions which provides:

1. **Clear investment outcomes:** prioritises real-value preservation, sustainable growth, income and liquidity for charitable commitments.
2. **Strong governance and protection:** tests FCA/PRA status, custody, safeguarding, auditability, transition planning and orderly exit.
3. **Values-led investing:** sets detailed ethical exclusions, ESG integration, stewardship, carbon and transparency requirements.
4. **Evidence-based evaluation:** uses mandatory gateways, weighted scoring, stress testing and comparable fund-performance evidence rather than relying on marketing claims.
5. **Full cost and service transparency:** requires look-through fees, transition costs, reporting deadlines, named personnel, team continuity and accountable delivery.

The key changes made from the last informal session include:

1. Separating Question 5 into two parts to better emphasise importance
2. Inclusion of a specific Carbon question (prior to this the questions were focussed on the funds ESG merits, not the client themselves).

Argymhelliad / Recommendation

The Committee is requested to discuss and agree the draft tender specification and evaluation criteria and to nominate members of the committee to be part of the tender evaluation process.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.



Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	CCLA – Churches, Charities & Local Authorities
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)	
	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	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.



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



Specification for an Investment Management Service for Aneurin Bevan University Health Board Charitable Fund Registered Charity No. 1098728

Background Information

Aneurin Bevan Health Charity is, a registered charity established to receive, manage and apply charitable donations, legacies and grants for the benefit of patients, service users, staff and communities served by Aneurin Bevan University Health Board. The Health Board acts as the charity's corporate trustee, providing stewardship and governance for the charitable funds held on trust.

The Charitable Fund exists to support and enhance the aims of its corporate trustee by funding activities, equipment, facilities, innovation and staff or patient welfare initiatives that are not ordinarily provided through core NHS funding. Investment management should therefore support the charity's ability to protect and grow its funds while maintaining sufficient liquidity to meet charitable commitments as they arise.

Approximately £4million of funds held on trust are anticipated to be invested through this service. The existing investment management contract has been in place since 2023 and is now being retendered.

Service Specification

- The charity is seeking to appoint an investment manager to provide a discretionary investment management service for charitable funds held on trust.
- The service must support the charity's ability to:
    - preserve and grow its funds over the medium to long term,
    - generate an appropriate level of income,
    - maintain sufficient liquidity to meet charitable commitments, and
    - ensure that investment decisions are consistent with the charity's objectives, risk appetite, ethical position and the responsibilities of Aneurin Bevan University Health Board as corporate trustee.

Scope of Service

- Develop and maintain an appropriate investment strategy for approximately £4 million of charitable funds, taking account of the charity's objectives, expected cashflow requirements, investment horizon and agreed risk appetite. The indicative requirements summarised below are intended to inform and assist bidders in developing their response; bidders should explain their assumptions and recommend any refinements that would better meet the charity's objectives.

<table>
<tr><th>Parameter</th><th>Indicative requirement</th></tr>
<tr><td>Primary objective</td><td>Preserve and grow the real value of the funds over the medium to long term while supporting current charitable activity.</td></tr>
<tr><td>Investment horizon</td><td>Normally at least three years for funds not required for committed or forecast expenditure.</td></tr>
<tr><td>Risk appetite</td><td>Moderate and prudent: proportionate short-term volatility may be accepted to support long-term returns, while avoiding excessive concentration, speculation or material risk to the charity's ability to meet commitments.</td></tr>
<tr><td>Expected return</td><td>Bidders should propose and evidence an appropriate net-of-fees long-term return objective. As an indicative comparator, the charity expects proposals to consider inflation plus 2%–3% per annum over a rolling five-year period; this is not a guaranteed return.</td></tr>
<tr><td>Liquidity</td><td>Maintain sufficient cash or readily realisable assets to meet forecast commitments and an appropriate contingency buffer. For reference the fund has drawn down at the following values and frequencies in the last 24 months and predicts continuation of this drawdown practice:
<table>
<tr><th>Date</th><th>Value (£'000)</th></tr>
<tr><td>Aug 24</td><td>500</td></tr>
<tr><td>Mar 25</td><td>400</td></tr>
<tr><td>Apr 26</td><td>300</td></tr>
</table></td></tr>
<tr><td>Income approach</td><td>Support charitable spending requirements while allowing a total-return approach where this provides a more appropriate balance of income, capital growth and diversification.</td></tr>
<tr><td>Loss tolerance and resilience</td><td>Explain plausible short-term downside, stressed-market impacts and expected recovery periods, including the effect of proposed ethical restrictions.</td></tr>
</table>

- Provide discretionary portfolio management within an agreed mandate, including portfolio construction, implementation, monitoring, rebalancing and the execution of investment decisions.

- Advise the charity and officers supporting the Charitable Funds Committee on asset allocation, risk, liquidity, income generation, capital growth and any proposed changes to the investment strategy.
- Put in place clear arrangements for client onboarding, mandate documentation, communication, reporting timetables and escalation of any material investment, operational or compliance issues.

Provider Credentials, Custody and Transition

- Confirm that the provider is authorised by the Financial Conduct Authority (FCA) to provide the regulated activities required for the proposed discretionary investment management service, and provide its Financial Services Register reference number and details of the relevant permissions. The provider must explain how it complies with applicable FCA Handbook requirements, including the Client Assets Sourcebook (CASS) where it holds or controls client money or safe custody assets, together with relevant complaints and compensation arrangements. Where the provider is dual-regulated or otherwise within the scope of the Prudential Regulation Authority (PRA), it must also confirm its PRA status and compliance with applicable PRA requirements.
- Set out the proposed custody arrangements, including how charitable assets will be held, safeguarded, independently valued and protected in the event of provider failure, service disruption or a change in investment manager.
- Demonstrate relevant experience in managing charitable investment portfolios, particularly for NHS charities, healthcare charities or trustee-led charitable funds with similar values, risk profiles, ethical requirements and governance arrangements.
- Provide a clear transition plan for onboarding the portfolio from the current provider, including expected timescales, transfer arrangements, risks, tax or market implications, and any recommended phasing of investment changes. Bidders must separately identify and quantify all anticipated one-off transition costs, including transaction charges, bid-offer spreads, market impact, custody or transfer fees, exit or entry charges, taxes and any costs arising from the sale, transfer or restructuring of existing holdings. Where an exact amount cannot be provided, bidders should state the basis, assumptions and range used for the estimate and explain how transition costs will be controlled and reported against the estimate.

Investment Objectives and Risk Management

- Manage the portfolio in a way that seeks to preserve the real value of the charitable funds over the medium to long term, while

generating an appropriate level of income to support charitable activity.

- Adopt a prudent, professionally managed and proportionate investment approach, recognising that Aneurin Bevan University Health Board acts as corporate trustee within the National Health Service and must demonstrate appropriate stewardship of charitable funds, while still seeking appropriate long-term growth and income within the agreed risk mandate.
- Notify the charity promptly (within 2 business days) of any material underperformance, breaches of mandate, emerging risks or recommended changes to the investment approach.

Ethical and Responsible Investment

- Provide a clear ethical and responsible investment proposal that reflects the values and charitable purposes of a healthcare charity and the wider responsibilities of the corporate trustee. The proposal should distinguish between minimum exclusions, other screening criteria, positive or thematic investment, ESG integration and stewardship activity.
- Set out the proposed exclusions and screening thresholds using the Global Industry Classification Standard (GICS) where applicable, including the basis on which an issuer or activity would be excluded, how revenue thresholds are applied, the frequency of screening and how breaches or newly identified exposures would be addressed. As a minimum, the Charity expects exclusion of investments materially connected with tobacco, alcohol, armaments and defence, gambling and adult entertainment. Bidders should state the GICS sector, industry group, industry or sub-industry classifications used to identify these activities, explain any revenue or materiality thresholds, and identify any limitations or supplementary classification methods required where GICS does not provide a sufficiently precise screen. Bidders must also propose and justify any additional exclusions, restrictions or positive screens which they consider appropriate for a healthcare charity. The response should explain the practical implications for direct holdings and pooled investment vehicles and identify any areas where full compliance cannot be achieved.
- Explain how financially material environmental, social and governance factors are incorporated into investment research, portfolio construction, manager selection, risk management and ongoing monitoring, rather than relying solely on third-party ESG ratings.
- Describe the provider’s stewardship approach, including voting, engagement, escalation and collaboration with other investors.

Reporting should include material engagement themes, objectives, progress and outcomes, together with significant votes and instances where voting differed from management recommendations or the provider's stated policy.

- Provide measurable portfolio-level ESG information, subject to data availability and appropriate methodology, including carbon emissions or intensity, fossil-fuel exposure, climate-related risks and opportunities, relevant social and governance indicators, exposure to agreed exclusions, data coverage and an explanation of material limitations or estimation methods.
- Explain the expected impact of the proposed ethical investment approach on risk, return, diversification, income, costs and the investable universe, including comparative historic performance over the last five years where available. Bidders should identify any material trade-offs and recommend how these should be managed.
- Explain how portfolio exposure to restricted or high-risk jurisdictions and material ethical controversies is identified, monitored and reported, including direct holdings, indirect exposure through pooled funds, sovereign debt and companies with material operations in those regions.
- Notify the charity promptly of any material breach of the agreed ethical mandate or significant ESG controversy affecting a holding, setting out the exposure, assessment, action taken, proposed remediation and timescale. The provider should support at least an annual review of the ethical policy and recommend changes where legislation, regulation, market practice, data quality or the charity's priorities develop.

Reporting, Governance and Fees

- Provide monthly investment valuations and performance summaries by Working Day 10 following month end, and quarterly performance reports by Working Day 15 following quarter end. Reports should include portfolio valuation, asset allocation, income generated, transactions, benchmark comparison, risk commentary, fees and charges, and compliance exceptions. Quarterly reports should also evidence compliance with the agreed ethical mandate and provide proportionate ESG reporting, including agreed portfolio metrics and data coverage, changes in exposures, material controversies, stewardship and voting activity, engagement progress and outcomes, any breaches or limitations, and actions proposed or taken.
- Attend the Charitable Funds Committee at least annually, and more frequently where requested, to present portfolio performance, explain market and risk issues, and advise on any recommended changes to investment strategy.

- Demonstrate prior performance through a model portfolio comprising no more than four named funds that the bidder considers would have met the Charity's stated investment, ethical, risk, liquidity and cash-drawdown requirements. For each fund, provide the proposed percentage allocation and annualised total return net of all fund-level charges over one, three and five years to the same stated end date. Bidders must explain the rationale for the fund selection and split, any material limitations or survivorship bias, whether the funds and share classes were available throughout each period, and how cash drawdowns would have been accommodated.
- Provide full transparency over all direct and indirect costs and charges, expressed in both pounds sterling and as a percentage of assets under management where applicable. Disclosure must separately identify annual management fees, custody and administration charges, transaction costs, entry and exit costs, VAT treatment, performance fees, rebates, commissions and potential conflicts of interest. For pooled funds or externally managed underlying vehicles, bidders must disclose the underlying fund ongoing charges figure or total expense ratio, underlying manager fees, performance fees, transaction costs and any other expenses borne within the fund. Bidders should show the expected total annual cost of the proposed solution on a look-through basis, identify any charges that are estimated or not currently available, explain the assumptions used, and report actual costs against the tendered position at least annually.

Audit, Assurance and Exit Arrangements

- Maintain appropriate records and provide information reasonably required to support internal audit, external audit, annual accounts preparation, governance reporting, charitable funds assurance and trustee review.
- Co-operate with reasonable assurance requests from the charity, the Health Board, internal audit, external audit or other relevant assurance bodies, including provision of supporting evidence for valuations, transactions, fees, compliance with mandate and ethical investment requirements.
- Set out exit arrangements, including notice periods, transfer of assets, final reporting, exit costs, treatment of accrued income, and practical support for an orderly transition to another provider if required.

Appendix 1 –Invitation to Tender Response Schedule

Bidders should respond to each requirement in the order shown, cross-referencing supporting evidence where appropriate. Responses should distinguish clearly between the bidder's standard service, the proposed service for the Charity and any assumptions, dependencies, exceptions or additional costs. The suggested maximum word counts are set out in Appendix 3 and will apply unless amended in the final procurement documents.

Ref.	Mandatory requirement	Bidder response/evidence
M1	Confirm FCA authorisation and the permissions required to provide the proposed discretionary investment management service, supported by the bidder's Financial Services Register reference number. Confirm compliance with applicable FCA Handbook requirements, including CASS where client money or safe custody assets are held or controlled, and describe relevant complaints and compensation arrangements. Where applicable, also confirm PRA authorisation or regulatory status and compliance with the relevant PRA requirements.	Provide the FCA Financial Services Register reference, relevant permissions and supporting evidence; include PRA details where applicable.
M2	Confirm acceptance of the Charity's requirement for independent custody, safeguarding and valuation arrangements, or clearly identify any exception.	Confirm compliance and outline the proposed custody model.
M3	Confirm the ability to provide monthly valuations by Working Day 2, quarterly reports by Working Day 5 and prompt notification of material mandate breaches or emerging risks.	Confirm compliance and provide a sample reporting timetable.
M4	Confirm willingness to comply with the agreed ethical mandate, provide look-through ESG information where available and report any limitations, controversies or breaches.	Confirm compliance and identify any qualifications.
M5	Confirm full disclosure of direct, indirect, underlying fund and transition costs in accordance with the specification.	Confirm compliance and identify any costs that cannot be disclosed.
M6	Confirm acceptance of audit, assurance, record retention, orderly exit and information provision requirements.	Confirm compliance and identify any proposed contractual exceptions.

Ref.	ITT question / required response	Suggested evidence
Q1	**Investment strategy and objectives.** Set out the proposed investment strategy for approximately £4 million, including strategic asset allocation, benchmark, investment horizon, expected net return, income approach and how the proposal will preserve and grow the real value of funds.	Strategic asset allocation; return and volatility assumptions; benchmark rationale; five-year performance evidence; scenario and stress analysis.
Q2	**Risk, liquidity and resilience.** Explain how the portfolio will operate within a moderate and prudent risk appetite, maintain sufficient liquidity and respond to changing charitable commitments. Address expected downside, recovery periods, concentration and arrangements for drawdowns.	Liquidity methodology using the preceding 24 months' drawdown pattern; stress tests; risk limits; escalation and rebalancing arrangements.
Q3	**Ethical investment, ESG and stewardship.** Explain how the proposed mandate will apply the Charity's minimum exclusions for tobacco, alcohol, armaments and defence, gambling and adult entertainment, using the Global Industry Classification Standard (GICS) where applicable. State the GICS classifications, revenue or materiality thresholds and any supplementary screening methodology used. Propose and justify any additional exclusions, restrictions or positive screens considered appropriate for a healthcare charity. Describe ESG integration, stewardship, voting and engagement, portfolio metrics, data coverage, controversy monitoring and breach management, and explain limitations for pooled vehicles and implications for risk, return, income, cost and diversification.	Draft ethical mandate showing the minimum and bidder-proposed exclusions; GICS classification mapping and screening thresholds; explanation of any supplementary classification methodology; specimen holdings-screen or compliance report; specimen ESG report; voting and engagement case studies; data methodology and coverage; example breach report.
Q4	**Investment management service and governance.** Describe portfolio construction, implementation, monitoring, rebalancing, advice, governance support, key personnel, service resilience and escalation arrangements. Identify the people who will deliver the service, their expected level of involvement and relevant experience. Provide investment-management staff turnover for the last five years, explain key-person dependencies, and set out succession and continuity arrangements for the proposed team.	Service model; governance chart; named team and experience; service levels; business continuity and operational controls.
Q5 Part A	**Prior fund performance.** Taking account of the Charity's stated investment objectives, ethical exclusions, moderate and prudent risk appetite, liquidity needs and the	Completed four-row fund performance schedule; fund factsheets and share classes; opening £ allocation; annualised net total returns over one, three and five

	frequency and value of cash drawdowns, select no more than four named funds that could have formed a suitable model portfolio. Complete the prescribed performance table and monetary analysis using a £4 million starting portfolio.	years; cumulative three-year net gain or loss and closing value; allocation totalling 100%; benchmark, risk, assumptions, data-source, availability and survivorship-bias evidence.
Q5 Part B	**Comparable experience and client service.** Demonstrate relevant charitable-sector experience and explain how the proposed team will support officers and the Charitable Funds Committee.	Comparable mandates, client references, named team, concise biographies, accessibility of senior staff, trustee support and relevant client outcomes.
Q6	**Reporting, performance and assurance.** Provide examples of monthly and quarterly reporting and explain how performance, risk, income, fees, ethical compliance, ESG metrics, stewardship outcomes and mandate exceptions will be reported and assured.	Sample reports and dashboard; benchmark methodology; quality assurance; audit support; data security and exception reporting process.
Q7	**Custody, onboarding, transition and exit.** Explain custody and safeguarding arrangements and provide an implementation plan covering transfer approach, timings, dependencies, risks, phasing, asset treatment and orderly exit support.	Mobilisation plan; custody structure; risk register; transition governance; exit plan; named responsibilities.
Q8	**Social value and added value.** Describe relevant added value, knowledge transfer, training, market insight or wider social value that is deliverable through the contract and additional to the core specification.	Specific commitments, measures, delivery dates and named ownership. Avoid unsupported or generic statements.
Q9	**Carbon Footprint.** NHS Wales wishes to reduce the carbon footprint of its supply chains, with the aim of achieving net zero carbon by no later than 2030. Provide an overview of how your organisation is reducing the carbon impact of its activities and a roadmap setting out how this will progress. State the current baseline year and methodology; quantified Scope 1, Scope 2 and relevant Scope 3 emissions; interim and 2030 targets; achieved reductions; milestones; governance and accountable ownership; supply-chain measures; dependencies and risks; and arrangements for annual monitoring, verification and reporting. Provide supporting evidence for material claims and explain any exclusions, estimates or methodological limitations.	Current carbon footprint and baseline methodology; emissions-reduction targets; delivery roadmap and milestones to 2030; governance and accountable ownership; Scope 1, 2 and relevant Scope 3 activity; supply-chain measures; monitoring, verification and reporting arrangements.
P1	**Commercial response.** Complete the pricing schedule showing all direct and indirect annual charges and all anticipated one-off	Total annual cost in pounds and as a percentage of assets; look-through indirect

	transition costs. State assumptions, VAT treatment, rebates, commissions, performance fees, pooled-fund charges and any item not included in the evaluated total.	costs; transition cost estimate or range; assumptions and charging basis.

Appendix 2 –Award Scoring Matrix

The matrix below is a suggested starting point and should be validated by the procurement and legal teams before issue. Mandatory requirements should be assessed before scored evaluation. Quality responses should be scored using the published 0–5 scale, moderated by the evaluation panel and multiplied by the stated weighting. Abnormally low or incomplete pricing should be clarified in accordance with the procurement documents.

Mandatory gateway	Assessment
FCA authorisation and relevant permissions, Financial Services Register status and applicable FCA Handbook compliance; PRA status and requirements where applicable	Pass / Fail
Acceptance of custody and asset-safeguarding requirements	Pass / Fail
Ability to meet reporting, breach notification and audit requirements	Pass / Fail
Acceptance of ethical mandate and ESG reporting requirements, subject only to disclosed and acceptable limitations	Pass / Fail
Complete disclosure of direct, indirect and transition costs	Pass / Fail
Acceptance of material contractual and exit requirements	Pass / Fail

Award criterion	ITT reference	Weighting	Key evaluation considerations
Investment strategy and achievement of objectives	Q1	15%	Credibility of the proposed strategy; alignment to real-value preservation, income and growth; suitability of strategic asset allocation, benchmark and assumptions.
Risk, liquidity and portfolio resilience	Q2	10%	Fit with risk appetite; drawdown planning; stress testing; downside and recovery analysis; concentration controls and adaptability.
Ethical investment, ESG integration and stewardship	Q3	15%	Clear and enforceable application of the Charity's minimum exclusions for tobacco, alcohol, armaments and defence, gambling and adult entertainment; appropriate use and mapping of GICS classifications; transparency of revenue or materiality thresholds and supplementary screening methods; relevance and justification of any additional exclusions, restrictions or positive screens; ESG integration; look-through capability; metrics and data quality; voting, engagement, escalation and breach response; and recognition of risk, return, income, cost and diversification trade-offs.
Service delivery, governance and key personnel	Q4	8%	Robustness of the operating model; expertise and capacity; advice and committee support; controls, resilience, responsiveness and escalation.

Q5 Part A – Prior fund performance	**Q5 Part A**	**20%**	Suitability of the selected maximum four funds and proposed split against the Charity's investment objectives, ethical exclusions, risk appetite, liquidity needs and cash-drawdown pattern; the modelled outcome for a £4 million starting portfolio over the latest three-year period, broken down by fund and distinguished from the effect of cash drawdowns; annualised net total returns over one, three and five years to a common end date; credibility of the allocation rationale and fund availability; comparable risk and benchmark evidence; and transparency over assumptions, limitations, share classes and survivorship bias. Assessment should consider the model portfolio as a whole and should not reward the highest headline return without regard to suitability, risk, liquidity and comparability.
Q5 Part B – Relevant charitable-sector experience and client service	Q5 Part B	5%	Comparable mandates and client references; accessibility of senior staff; evidence of effective trustee support and relevant client outcomes.
Reporting, performance measurement and assurance	Q6	7%	Clarity, timeliness and usefulness of reports; performance attribution; ESG and cost transparency; audit trail; exception reporting and assurance.
Custody, transition and exit	Q7	5%	Asset protection; deliverability of mobilisation; management of transition risks and costs; continuity and orderly exit arrangements.
Social value and added value	Q8	5%	Relevant, measurable and contract-specific commitments with credible ownership and delivery arrangements.
Carbon Footprint	Q9	5%	Credibility of the organisation's approach to reducing the carbon impact of its activities; quality and deliverability of the roadmap to net zero carbon by no later than 2030; clear baseline, targets, milestones, governance, ownership, monitoring and reporting; and relevant measures addressing operational and supply-chain emissions.
Total cost of ownership	**P1**	**5%**	Evaluate annual direct and look-through indirect charges and separately disclosed transition costs over the period and using the pricing formula stated in the ITT.
Total		**100%**	

Score	Descriptor	Interpretation

0	Unacceptable / no response	No response, materially non-compliant, or insufficient evidence to assess the requirement.
1	Poor	Major weaknesses or risks; limited evidence; significant reservations about deliverability.
2	Partially satisfactory	Addresses some requirements but contains notable gaps, weaknesses, assumptions or delivery risks.
3	Satisfactory	Meets the requirement with adequate and credible evidence; risks are understood and manageable.
4	Good	Meets the requirement in full and provides strong, relevant evidence. The proposed approach is clear and credible, with only minor reservations and low delivery risk.
5	Excellent	Fully meets the requirement and provides exceptionally clear, comprehensive and convincing evidence, with no material weaknesses and a very high level of confidence in deliverability.

Appendix 3 – Tender Response Form

Instructions to bidders. Complete this form in full and retain the question numbering and headings. Responses should address the published requirement directly and clearly identify assumptions, dependencies, exceptions and additional costs. The maximum word counts are intended to support proportionate and comparable responses and will apply unless amended in the final procurement documents. The word limit includes narrative text and bidder-created tables but excludes the published questions, bidder details, the prescribed fund-performance table, requested attachments, charts and diagrams. Material included in excluded attachments will be evaluated only where the question expressly requests it or the response provides a precise cross-reference. Generic marketing material will not be evaluated.

Bidder details	Response
Legal name of bidding organisation	
Registered address and company number	
Lead contact, role, email and telephone	
Proposed contracting entity and any consortium members or material subcontractors	
FCA Financial Services Register reference, relevant permissions and, where applicable, PRA regulatory status	
Authorised signatory	

Ref.	Mandatory confirmation	Yes / No	Evidence, qualification or cross-reference
M1	FCA authorisation, Financial Services Register status and the permissions required for the proposed service are confirmed, together with compliance with applicable FCA Handbook requirements, including CASS where relevant, and complaints or compensation arrangements. PRA status and applicable requirements are confirmed where relevant.		
M2	Custody, safeguarding and independent valuation requirements are accepted.		
M3	Monthly, quarterly and breach-notification reporting timescales can be met.		
M4	The agreed ethical mandate and ESG reporting requirements can be met, subject only to clearly disclosed limitations.		
M5	All direct, indirect, underlying fund and transition costs will be disclosed.		

M6	Audit, assurance, record retention, information provision and orderly exit requirements are accepted.		

Ref.	Quality question and response requirements	Suggested maximum word count
Q1	**Investment strategy and objectives** Set out the proposed investment strategy for approximately £4 million, including strategic asset allocation, benchmark, investment horizon, expected net return, income approach and how the proposal will preserve and grow the real value of the funds. Include return and volatility assumptions, scenario analysis and evidence supporting the proposed approach. **Bidder response:**	1,500 words
Q2	**Risk, liquidity and resilience** Explain how the portfolio will operate within the Charity's moderate and prudent risk appetite, maintain sufficient liquidity and respond to changing charitable commitments. Address drawdown planning, downside risk, recovery periods, stress testing, concentration, rebalancing and escalation. **Bidder response:**	1,000 words
Q3	**Ethical investment, ESG and stewardship** Explain how the proposed mandate will apply the Charity's minimum exclusions for tobacco, alcohol, armaments and defence, gambling and adult entertainment, using the Global Industry Classification Standard (GICS) where applicable. Provide a mapping of the relevant GICS sector, industry group, industry or sub-industry classifications, state all revenue or materiality thresholds, and explain any supplementary screening methodology used where GICS is not sufficiently precise. Propose and justify any additional exclusions, restrictions or positive screens considered appropriate for a healthcare charity. Describe ESG integration, stewardship, voting and engagement, portfolio metrics, data coverage, controversy monitoring and breach management. Explain limitations for pooled vehicles and the likely implications for risk, return, income, cost and diversification. **Bidder response:**	1,500 words
Q4	**Investment management service and governance** Describe portfolio construction, implementation, monitoring, rebalancing, advice, governance support, key personnel, service resilience and escalation arrangements. Identify the people who will deliver the service and their expected level of involvement.	1,000 words

	Bidder response:	

Ref.	Quality question and response requirements	Suggested maximum word count
Q5 Part A	**Prior fund performance** Taking account of the Charity's stated investment objectives, minimum ethical exclusions, moderate and prudent risk appetite, liquidity requirements and the frequency and value of cash drawdowns, select no more than four named funds that could have formed a suitable model portfolio. Complete the table below using the specific fund and share-class names, a proposed percentage allocation totalling 100%, and annualised total returns net of all fund-level charges over one, three and five years to the same stated end date. Show the opening £ allocation from a £4 million portfolio, cumulative net investment gain or loss over the latest three-year period and resulting closing value before separately identifying cash drawdowns. Explain selection, allocation, liquidity, risk, benchmarks, data sources, availability, assumptions, limitations and survivorship bias.	1,000 words

Fund name and share class	Proposed split	Opening allocation from £4m	1-year annualised net return	3-year annualised net return	5-year annualised net return	3-year net gain / (loss)	Closing value before drawdowns
	%	£	%	%	%	£	£
	%	£	%	%	%	£	£
	%	£	%	%	%	£	£
	%	£	%	%	%	£	£
Total model portfolio	**100%**	**£4,000,000**				£	£
Less: Charity cash drawdowns over the three-year period							£

	Illustrative closing portfolio after drawdowns | | | | | | | £ **Bidder response:**	
Q5 Part B	**Comparable experience and client service** Demonstrate relevant charitable-sector experience and describe how the proposed team will support officers and the Charitable Funds Committee. **Bidder response:**	250 words
Q6	**Reporting, performance measurement and assurance** Explain how performance, risk, income, fees, ethical compliance, ESG metrics, stewardship outcomes and mandate exceptions will be reported and assured. Describe data controls, audit support and the approach to performance attribution. **Bidder response:**	1,000 words
Q7	**Custody, onboarding, transition and exit** Explain custody and safeguarding arrangements and provide an implementation plan covering transfer approach, timescales, dependencies, risks, phasing, asset treatment, transition governance and orderly exit support. **Bidder response:**	1,000 words
Q8	**Social value and added value** Describe relevant, measurable and contract-specific commitments relating to social value, knowledge transfer, training, market insight or other added value. State the measure, delivery date and accountable owner for each commitment. **Bidder response:**	500 words
Q9	**Carbon Footprint** NHS Wales wishes to reduce the carbon footprint of its supply chains, with the aim of achieving net zero carbon by no later than 2030. Provide an overview of how your organisation is working towards reducing the carbon impact of its activities and provide a roadmap detailing how this will progress. The response should identify the current baseline and methodology, Scope 1, Scope 2 and relevant Scope 3 emissions, targets, milestones, governance, accountable ownership, supply-chain measures and arrangements for monitoring, verification and reporting. **Bidder response:**	750 words

P1 – Commercial response	Annual cost (£)	% of assets	VAT status / assumptions
Investment management fee			
Custody and administration			
Underlying fund ongoing charges			
Underlying transaction costs			

Performance fees or other variable charges			
Other recurring costs			
Total expected annual look-through cost			
One-off transition costs or estimated range		Not applicable	

Commercial assumptions and exclusions: Provide the calculation basis, portfolio value assumed, charging tiers, rebates, commissions, entry or exit charges, bid-offer spreads, market impact, taxes and any charge not included above. No word limit applies, but the response should be concise and sufficient to permit like-for-like evaluation.

Supporting attachment	Attached / reference
Proposed strategic asset allocation, benchmark and risk assumptions	
Fund factsheets, share-class details and source evidence supporting the completed maximum four-fund performance table, including annualised net total returns over one, three and five years to the stated common end date	
Sample monthly, quarterly, ESG and cost reports	
Draft ethical investment mandate or restrictions schedule	
Stewardship, voting and engagement evidence	
Team structure and concise biographies	
Mobilisation, transition and exit plan	
Client references and regulatory evidence	

Bidder declaration	Completion
We confirm that the information provided is accurate and complete, that all material assumptions, qualifications, conflicts and costs have been disclosed, and that the proposed service can be delivered in accordance with this tender response and the final contract.	Name: Role: Signature: Date:

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 November 2026
CYFARFOD O: **MEETING OF:**	Charitable Funds Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Review of New Fund Procedure
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

There is currently no agreed set of principles for determining when a new fund is justified. This leaves decisions open to challenge and inconsistency, particularly when comparisons are made with historic funds that may have been established under different circumstances.

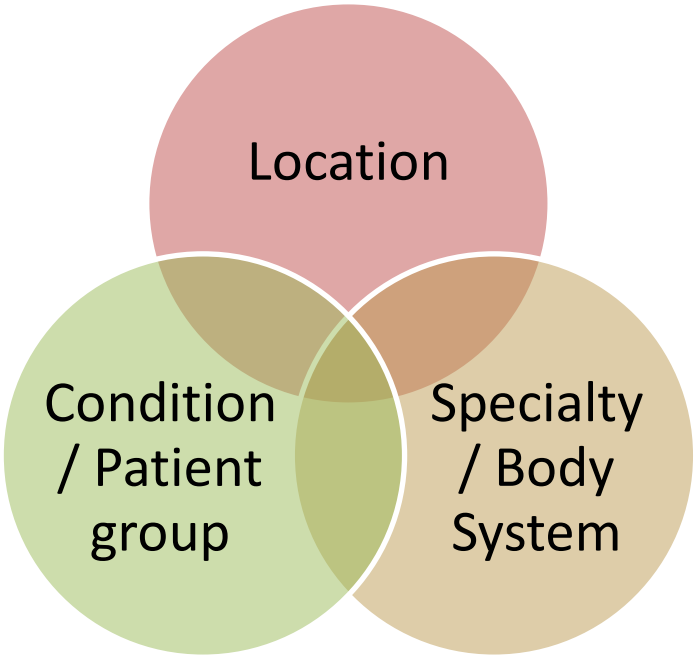
It was agreed to review the way funds are set up and agree a more robust policy to be amended within the Financial Control Procedures (FCP).

Cefndir / Background

The FCP currently states the following:

> 8.4 New Charitable Fund Accounts
>
> New charitable fund accounts must be approved by the Charitable Funds Committee by using the form shown in appendix 5. The purpose of the fund must be identified together with two signatories.

Charitable Funds have historically been set up to reflect one of more of the following characteristics:



Providing these three criteria results in the complexity we currently experience, as outlined below:

Understanding the composition of our current Funds

The number of funds held for the past six years are shown in the table below:

Number of Funds						
	25/26	24/25	23/24	22/23	21/22	20/21
Resticted	66	60	67	64	65	66
Unrestricted	343	335	346	355	365	373
Total Funds	**409**	**395**	**413**	**419**	**430**	**439**

As of 30th September 2026, we currently hold 383 funds of which 54 are restricted (legacies and grants) and 329 are unrestricted. This can be broken down further in the following table:

Fund Size	No of Funds	Total Value	No by Percentage	Value by percentage
Less than £1K	79	£36,164	21%	1%
£1K and £5K	130	£334,641	34%	8%
£5K and £10K	73	£509,837	19%	12%
£10K and £25K	55	£860,392	14%	20%
£25K and£100K	42	£1,884,009	11%	44%
Over £100K	3	£661,956	1%	15%
Overdrawn	1	-£14,027	0%	0%
Total	**383**	**£4,272,972**	100%	100%

- 21% of our funds have balances of under £1k which represents only 1% of our total balance. This contains several ward and department funds.
- Most of our funds (34%) are held in the £1k to £5k bracket which represents 8% of our balance. This is where the bulk of the ward and department funds sit.
- 44% of our balance representing £1.884k is held in 42 (11%) of our funds. Several of the funds here relate to Bids that have been supported by the Committee and are expected to have a nil balance by the end of the financial year. This bracket contains our larger funds such as postgraduate funds, casting techniques course, rheumatology, Dinky Dragons plus several legacy funds.
- Funds over £100k relate to the Breast Unit, the Employee Wellbeing Fund and the Unrealised Gain Fund.
- We have one overdrawn fund as explained within the Finance & Performance report.

Considering Each of the themes the fund can also be seen to be split by:

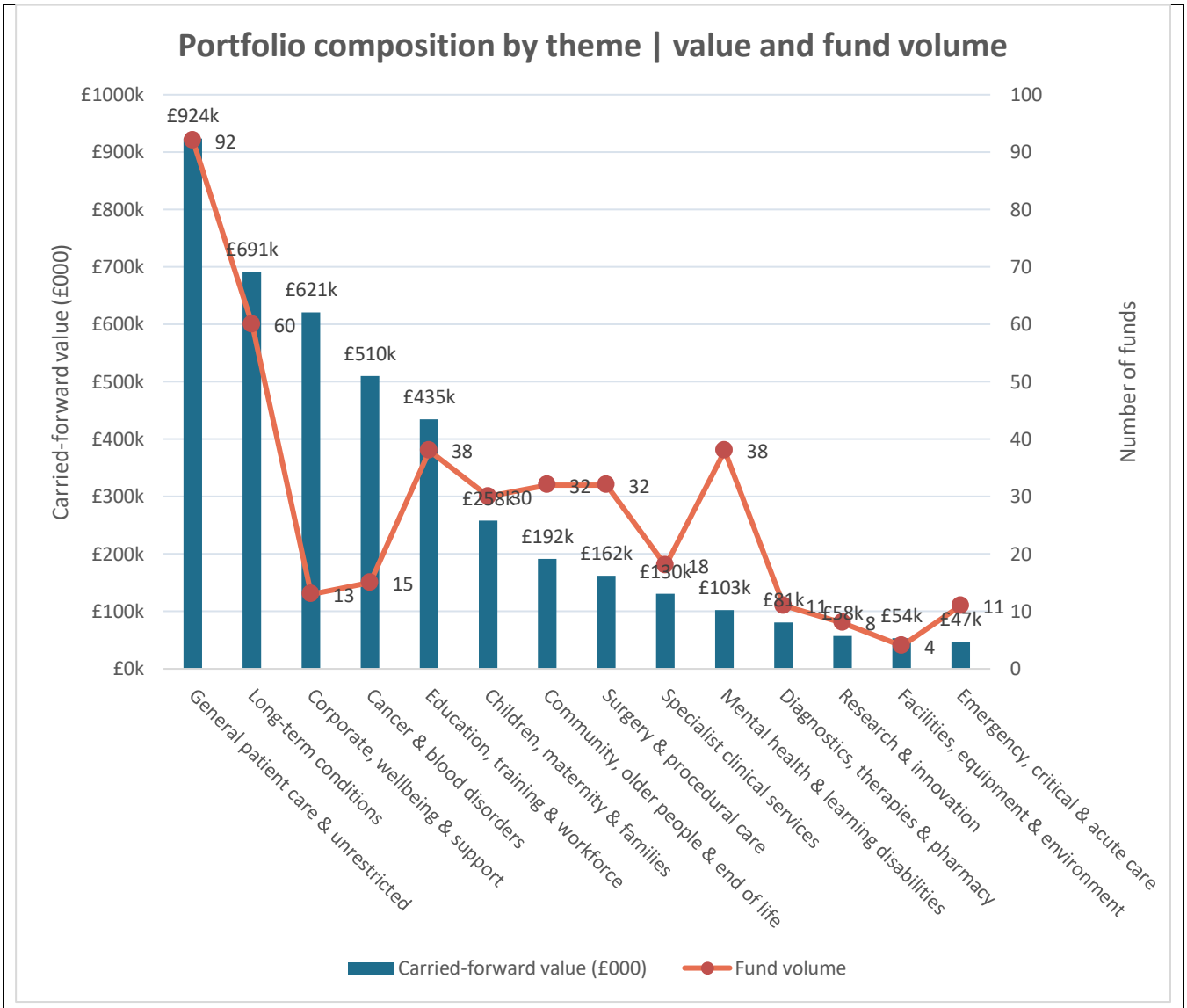
Location

A large number of funds are generic/not site specific, however specific funds remain against specific sites or wards:

Site grouping	Funds	Value
Health Board-wide / not site specific	187	£2,411,164
Royal Gwent Hospital	77	£ 756,745
Nevill Hall Hospital	44	£ 486,096
St Woolos Hospital	22	£ 217,331
The Grange University Hospital	22	£ 174,572
Ysbyty Ystrad Fawr	18	£ 74,329
St Cadoc's Hospital	7	£ 26,884
County Hospital	7	£ 18,371

Condition / Patient Group & Speciality

Funds adhere to general naming conventions; however, the specific nature of some funds means it is currently not generally reported under headings such as condition or Patient group. This analysis therefore considered a broad assessment blending the two to highlight the volume and value of specific themes:



Demonstrating how current complexity can result in multiple funds:

As an example, if the condition of Diabetes was reviewed, there are currently 11 active funds:

Fund Number	Fund Name	Per month end	
F770	YYF DIABETES & CARDIOVASCULAR R & D	£	7,590.56
F427	CTY DIABETES SPECIALIST NURSE FUND	£	1,618.53
F816	NHH WENDY BOWEN TRUST DIABETES FUND	£	28,512.75
F428	NHH DIABETES SPECIALIST NURSES	£	1,418.38
F525	BG DIABETIC CARE FUND	£	341.81
F435	ABUHB PAEDIATRIC DIABETES	£	4,957.99
F787	RGH WARD C6 WEST MED (ENDOCRINOLOGY & DIABETES)	£	4,563.60
F786	RGH WARD D4 EAST- MED DIABETES	£	4,467.67
F434	RGH DIABETES EDUCATION - RICHMOND HOUSE	£	3,301.23
F430	RGH DIABETIC DAY CARE	£	3,601.44
F425	YYF DIABETES SPECIALIST NURSE FUND	£	346.27

Which can be seen to cover four separate sites, and span specialities such as Cardiovascular and Paeds.

Desire to reduce the number of funds

In response to an External Audit recommendation, it was agreed to review and streamline our funds to decrease the number of funds we are holding as:

- excessive numbers of funds increase administrative burden.
- more funds create complexity in monitoring, reporting, dormant balances, signatory management, and year-end accounts;
- A large number of small funds may be better utilised if they were consolidated; and
- Very specific funds can become stranded when our delivery models or location change.

However, new funds will still be created for:

- all legacy funds (restricted)
- all grant funds (restricted)
- Bids, usually projects, funded by the Charitable Funds Committee (unrestricted). These are short term funds enabling the CF Team to easily monitor the funds and will be closed at the end of the project.

Also, from time to time a request can be made to set up a charitable fund which is first assessed by the Charitable Funds Manager and if no other fund is suitable, the request is submitted to the Charitable Funds Committee for their approval.

The consequence of the additional scrutiny being applied may result in new funds being rejected where historically a similar fund may have been created. This perceived inconsistency further supports the need for clearer guidance on process.

Asesiad / Assessment

Any change to the process should seek

1. to streamline the arrangements and ensure that they are robust and efficient.
2. to ensure that decisions are made fairly and transparently, using clear and consistently applied criteria.

To support the objective of a process that is efficient it is proposed that the requirement for ALL funds to require Committee approval to be reduced to only those funds requiring subjective consideration. This would see a category of Delegated Approval being established:

Delegated Approval
A new fund as a result of:

- Restricted legacy funds.
- Restricted grant funding.
- Committee-approved projects/bids requiring short-term financial monitoring.

Can be approved by the Charitable Funds team without full Committee approval. The creation of the fund however will be reported at the next available committee.

To support the objective of a process of being fair, transparent and robust

Consideration by Charitable Funds Committee

Creation of specific criteria which any new fund request is assessed against will be established. A new unrestricted fund may be established based on the evidence against each of the following four criteria:

The service area is distinct and cannot reasonably operate within an existing fund.

There is a significant and sustainable fundraising aim dedicated to a specific service.

There is evidence that setting up a separate fund will increase charitable income.

The anticipated level of income and expenditure justifies separate administration.

Example
In applying these criteria to a new fund request received at the last committee for Bowel Surgery:

The service area is distinct and cannot reasonably operate within an existing fund.

The following funds could be utilised due to their association with "bowel":

F293	RGH Colorectal Research	£344	Direct—colorectal research
F825	NHH GI Colorectal Fund	£6,505	Direct—GI/colorectal patients
F826	ABUHB Colorectal Nursing	£25,825	Direct—colorectal nursing

Wheras the following are associated with "Cancer":

breast (£307,119), haematology (£138,314), bladder/urology (£27,722), head and neck (£24,618), prostate (£8,524), lung (£1,917), and gynaecology (£170

There is a significant and sustainable fundraising aim dedicated to a specific service.

- There was significant interst in raising funds for a specific purpose

There is evidence that setting up a separate fund will increase charitable income.

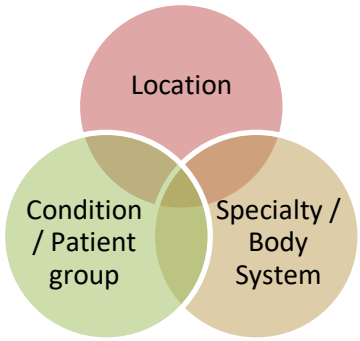
- Donors had expressed desire to raise for the specific cause

The anticipated level of income and expenditure justifies separate administration.

- It is likely that the fund would attract <£1k

there is significant donor interest and a demonstrable fundraising aim, so a new dedicated fund could be justified, but would have been more transparently challenged by the separation from other existing funds.

Supporting both criteria there is then a question of whether the existing approach of:



Should be continued to be supported.

One option could be to remove Location and instead have funds linked to specific specialties or conditions. However, considering the current list of funds such restriction it can be seen that they comprise:

- **44 specialty/service categories**
- **18 condition categories**
- **13 purpose modifiers**
- **6 beneficiary/scope categories**

Two fields alone would not work well: **215 of 402 funds lack a specific specialty**, while **358 lack a named condition**.

An alternative Recommended structure:

[Site/scope] – [Specialty/service] – [Condition] – [Purpose] – [Beneficiary]

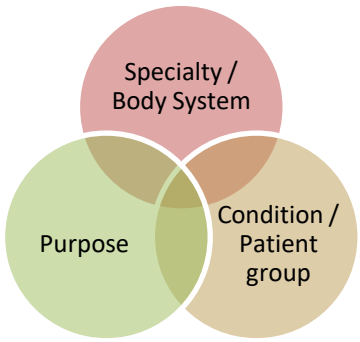
For example:

- **Health Board-wide – All Services – Staff Training**
- **Health Board-wide – All Services – Staff Wellbeing**
- **RGH – Diabetes – Staff Training**
- **Health Board-wide – Colorectal – Bowel Cancer – Service Development**

This keeps clinical reporting consistent while accommodating cross-cutting staff, research, equipment and wellbeing funds. With an alternative option that you could remove SITE/SCOPE going forward from any request. If doing so controls would need to be established to ensure that:

1. There was an equitable way to bid for funds for a specific purpose
2. There was a way for specific initiatives to be able to hypothecate funding within a wider fund
3. Any desire to remove historic Site/scope should consider the impact of perceived historic expectations and goodwill damage that may result in
4. Maintaining fundraising appetite where ownership of funds becomes more centralised

Therefore an approach deemed suitable for naming would be across the amended axis:



Which would have supporting guidance and restriction according to:

Taxonomy of naming.pdf

Argymhelliad / Recommendation

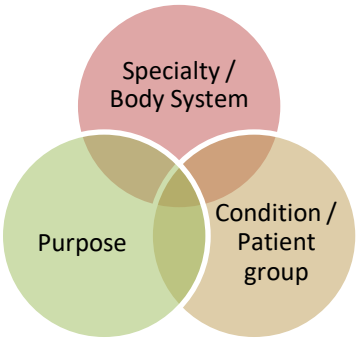
The Charitable Funds Committee is asked to:

1. Approve the delegation of approval where the following applies:

   - Restricted legacy funds.
   - Restricted grant funding.
   - Committee-approved projects/bids requiring short-term financial monitoring.

2. Approve the use of the four factor assessment for any new funds requested not meeting the delegation criteria.

3. Endorse a project to review all fund titles against the three potential axis of:



With an aim that such a review will help support identification of funds suited to consolidation, and further assist in identifying funds suitable to achieve future requests.

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:	FCP – Financial Control Procedure
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:	
• **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.

ABUHB Charitable Funds | Controlled Taxonomy Lookup

Use one value from each remaining list: Specialty / service, Condition group, and Purpose / beneficiary. 'Under review' values are temporary workflow categories and should be replaced after the governing documents have been reviewed.

Specialty / service	Service group
All services / cross-cutting	Cross-cutting
Corporate and enabling services	Cross-cutting
Patient experience and involvement	Cross-cutting
Volunteering	Cross-cutting
Chaplaincy and spiritual care	Cross-cutting
Education and workforce development	Cross-cutting
Research and development	Cross-cutting
Acute Medicine	Medicine
Cardiology	Medicine
Care of the Elderly / Geriatrics	Medicine
Dermatology	Medicine
Diabetes and Endocrinology	Medicine
Gastroenterology	Medicine
Haematology	Medicine
Infectious Diseases / Infection Prevention	Medicine
Neurology	Medicine
Palliative Care	Medicine
Renal Medicine	Medicine
Respiratory Medicine	Medicine
Rheumatology	Medicine
Stroke Services	Medicine
General Surgery	Surgery
Anaesthetics	Surgery
Breast Care	Surgery
Colorectal Surgery	Surgery
ENT / Head and Neck	Surgery
Ophthalmology	Surgery
Oral and Maxillofacial	Surgery
Orthodontics	Surgery
Trauma and Orthopaedics	Surgery
Urology	Surgery
Vascular Surgery	Surgery
Theatres and Perioperative Care	Surgery
Critical Care	Surgery
Pain Management	Surgery
Emergency Medicine	Urgent care
Minor Injuries	Urgent care
Medical Assessment / Same Day Emergency Care	Urgent care
Maternity	Women and children
Gynaecology	Women and children
Neonatology	Women and children
Paediatrics	Women and children
Child and Adolescent Mental Health	Women and children
Adult Mental Health	Mental health and LD
Older Adult Mental Health	Mental health and LD
Forensic Mental Health	Mental health and LD
Substance Misuse Services	Mental health and LD
Learning Disabilities	Mental health and LD
Psychology	Mental health and LD
Community Nursing	Community
District Nursing	Community
Health Visiting	Community
Community Resource Teams	Community
Rehabilitation	Community
Outpatients	Community
Primary Care / General Practice	Community
Audiology	Diagnostics and therapies
Dietetics	Diagnostics and therapies
Nuclear Medicine	Diagnostics and therapies
Occupational Therapy	Diagnostics and therapies
Pathology	Diagnostics and therapies
Pharmacy	Diagnostics and therapies
Physiotherapy	Diagnostics and therapies

Condition group	Definition / examples
All conditions / not condition-specific	Cross-cutting funds not restricted to a diagnosis
Cancer	All tumour sites and cancer-related care
Cardiovascular	Heart, circulation and anticoagulation-related conditions
Respiratory	Asthma, COPD, cystic fibrosis, pleural and sleep-related conditions
Diabetes and endocrine	Diabetes and other endocrine conditions
Renal and urological	Kidney, bladder, continence and stone-related conditions
Gastrointestinal and liver	Bowel, inflammatory bowel, stoma and liver-related conditions
Neurological	Stroke, epilepsy, Parkinson's, multiple sclerosis and related conditions
Musculoskeletal and pain	Orthopaedic, rheumatological and chronic pain conditions
Mental health	Common, severe, perinatal and eating-disorder-related mental health needs
Learning disability and neurodevelopmental	Learning disability, autism and related needs
Maternity and reproductive health	Pregnancy, maternity and gynaecological needs
Child and neonatal health	General paediatric and neonatal needs
Infection	Infectious disease and infection prevention
Palliative, bereavement and end-of-life	Palliative need, bereavement and end-of-life care
Sensory and communication	Vision, hearing and communication-related conditions
Other specified condition group	Use with a documented description where no group fits
Condition group under review	Temporary category pending governing-document review

Purpose / beneficiary	Category	Definition / use
General patient care and welfare	Patient benefit	Broad charitable enhancement for patients where no narrower purpose applies
Specialty- or condition-specific patient support	Patient benefit	Support for patients within the selected specialty or condition
Patient experience and comfort	Patient benefit	Comfort items, amenities, information and experience improvements
Children, young people and families	Patient and family benefit	Support primarily benefiting children, young people and their families
Older people and carers	Patient and family benefit	Support primarily benefiting older people and their carers
Bereavement, palliative and end-of-life support	Patient and family benefit	Bereavement, memorial, hospice and end-of-life support
Staff training, education and development	Workforce	Courses, conferences, libraries, qualifications and professional development
Staff wellbeing, recognition and support	Workforce	Wellbeing, morale, recognition and support for employees
Trainees and students	Workforce	Education and support specifically for clinical or non-clinical learners
Volunteer support	Workforce	Volunteer recruitment, coordination, training and recognition
Research and participant support	Research and innovation	Research activity and support for research participants
Innovation, evaluation and service development	Research and innovation	Pilots, evaluation, improvement and development of services or pathways
Equipment, environment and facilities	Assets and environment	Clinical or non-clinical equipment, ward improvements, gardens and facilities
Capital project or appeal	Assets and environment	Named build, refurbishment or major capital fundraising appeal
Community outreach, prevention and rehabilitation	Community benefit	Outreach, prevention, health promotion, rehabilitation and recovery
Patient and public involvement	Engagement	Participation, engagement, co-production and representation
Fundraising and donor stewardship	Fundraising	Fundraising activity, donor relations and stewardship
Corporate and enabling charitable support	Corporate	Health Board-wide charitable administration or enabling activity
Mixed patient and staff benefit	Mixed	A defined purpose benefiting both patients and staff
Other specified purpose and beneficiary	Other	Use only with a documented description where no listed option fits
Purpose or beneficiary under review	Review	Temporary category pending review of governing documents

Podiatry	Diagnostics and therapies
Radiology	Diagnostics and therapies
Speech and Language Therapy	Diagnostics and therapies
Dental Services	Other clinical
Continence / Bladder and Bowel	Other clinical
Lymphoedema	Other clinical
Tissue Viability	Other clinical
Safeguarding	Other clinical
Other specialty / service	Other
Specialty under review	Review

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 November 2026
CYFARFOD O: **MEETING OF:**	Charitable Funds Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Draft Annual Accounts & Annual Report 2025-26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: **REPORTING OFFICER:**	Gareth Lewis, Head of Financial Services & Accounting

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

Er Sicrwydd/For Assurance

This report gives an overview of the Draft Annual Accounts and Annual Report for the year ending 31 March 2026 for Aneurin Bevan University Health Board Charitable Fund and Other Related Charities and highlights the key issues that are contained in the accounts.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Aneurin Bevan University Health Board, as corporate trustee of its charitable funds, must file accounts for the year ended 31 March 2026 with the Charities Commission before 31 January 2027. The draft accounts and annual report are attached and will be subject to external audit by Audit Wales. The audit process is planned to start in November.

Cefndir / Background

This report presents the draft Annual Accounts and Annual Report of the charity for 2025/26.

Asesiad / Assessment

1. Annual Accounts

The detailed accounts are shown at Appendix 1 and the following are key points to note from the accounts for 2025/26:



- **Statement of Financial Activities for year ended 31 March 2026: *(Page 2 of Accounts)***

  The 2025/26 financial year saw an increase in expenditure by the charity alongside a reduction in income received. These factors, together with a significant unrealised loss on the charity's investment portfolio has meant a net decrease for the year of £754K.

  The total funds carried forward at the end of 2025/26 is £4,190k.

- **Income from Donations, Legacies and Grants *(Note 4, Page 10 of Accounts)***

  Income from Donations, legacies and grants has increased by £321K from the previous year to £K. There were 2 legacies received in the year.

- **Income from Charitable Activities (*Note 5, Page 10 of Accounts*)**

  Income from courses has increased by £33k from the previous year due to an increase in the number of courses held.

- **Investment Income *(Note 7, Page 10 of Accounts)***

  Investment income has decreased by £21K from the previous year to £168K due to a decrease in the income received from the investment portfolio.

- **Expenditure *(Page 2 of Accounts and Notes 8 & 9, Page 11 of Accounts)***

  Expenditure has increased by £175K. The main increase in spend relates to patient and staff education & welfare and the purchase of equipment.

  The net impact of income and expenditure is a decrease in funds of £436k before investment losses, compared with a decrease of £599k in the previous year. (Page 2 of Accounts)

- **Loss on Investment Assets *(Page 2 of Accounts)***

  During the year there has been a net loss of £315K on investments which is mainly with CCLA reflecting stock market decreases on underlying investments.

  Alongside the stock market decreases since the previous year this has resulted in a decrease in our CCLA investments from £4,686k on



1st April 2025 to £4,185K on 31st March 2026 *(Note 16, Page 13 of Accounts)*.

The net movement in funds for the year is therefore a decrease of £754k between 2024/25 and 2025/26. (Page 2 of Accounts)

- **Balance Sheet as at 31 March 2026 *(Page 3 of Accounts)***

Net assets / liabilities have decreased by £754k reflecting the decrease in funds during the year. The main movements in the balance sheet consist of a decrease in the value of the CCLA investments, a decrease in debtors and decrease in creditors. The balance sheet movements are as follows:

Description	Amount £000's
Decrease in Investments	(501)
Decrease in Current Assets	(343)
Decrease in Current Liabilities	90
Total	**754**

The following table gives a more detailed breakdown of fixed assets *(Note 16, Page 13 of Accounts):*

Fixed Asset Investments	Balance 1 Apr 2025 £000	Disposals £000	Realised Gains / (Losses) £000	Unrealised Gains / (Losses) £000	Balance 31 Mar 2026 £000
Investments					
CCLA	4,419			- 314	4,105
	4,419	-	-	- 314	4,105
Property					
13 Clytha Square	187	- 184	- 3		-
TP Price - Strip of land Oakdale	55	-	-	-	55
	242	- 184	- 3	-	55
Other					
Painting	25	-	-	-	25
Total per Note 16 of the Accounts	**4,686**	**- 184**	**- 3**	**- 314**	**4,185**

2. Annual Report

The Trustees Annual Report is shown at Appendix 2 and is subject to audit, by Audit Wales, in conjunction with the Annual Accounts.

3. Audit Enquiries of Management and those Charged with Governance

As part of their annual audit process, Audit Wales requested documented consideration and understanding on a number of governance areas that impact on the audit of the financial statements. These considerations are relevant to



both the management of Charity and those charged with governance (the Board and Charitable Funds Committee).

The information provided helps inform the auditors' understanding of the Charity and its business processes and supported their work in providing an audit opinion on the 2025/26 financial statements.

The completed document is shown at Appendix 3.

4. Next Steps and Actions

The Annual Accounts and Annual Report have been forwarded to Audit Wales. Audit Wales have indicated that the main audit will begin at the start of November. Once the audit is complete, the final Accounts and Annual Report will be presented to the Board for approval at the meeting in January.

The final step will be to file the Annual Accounts and the Annual Report with the Charity Commission before the 31st of January 2027 deadline, and the accounts and annual report will then be available on the Charity Commission website.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to note this report and to provide comments on the Annual Accounts and any suggested changes or amendments to the Annual Report of the charity for 2025/26.

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.

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

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	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.

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



Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

The accounts for Funds Held on Trust.

FOREWORD

The accounts and annual report for the year ended 31 March 2026 have been prepared in accordance with the Charities Act 2011 (as amended), the Charities (Accounts and Reports) Regulations 2008 (as amended), FRS 102 and the Charities SORP (FRS 102), second edition 2019.

STATUTORY BACKGROUND

Aneurin Bevan University Local Health Board is the Corporate Trustee of the Funds Held on Trust under the National Health Service (Wales) Act 2006.

The Aneurin Bevan University Local Health Board and Other Related Charities registered with the Charity Commission on 7th January 2011, registration number 1098728.

Statement of Financial Activities for the year ended 31 March 2026

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2025-26 £000
Incoming resources from generated funds:				
Donations, legacies and grants	4	395	339	**734**
Charitable activities	5	231	0	**231**
Investments	7	168	0	**168**
Total incoming resources		**794**	**339**	**1,133**
Expenditure on:				
Raising Funds	8	11	0	**11**
Charitable activities	9	1,036	522	**1,558**
Total expenditure		**1,047**	**522**	**1,569**
Net gains / (losses) on investments	16	(318)	0	**(318)**
Net income / (expenditure)		(571)	(183)	(754)
Transfers between funds	22	0	0	**0**
Net Movement in funds		**(571)**	**(183)**	**(754)**
Reconciliation of Funds				
Total Funds brought forward	23	3,978	966	**4,944**
Total Funds carried forward		**3,407**	**783**	**4,190**

Statement of Financial Activities for the year ended 31 March 2025

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2024-25 £000
Incoming resources from generated funds:				
Donations, legacies and grants	4	168	245	**413**
Charitable activities	5	193	0	**193**
Investments	7	189	0	**189**
Total incoming resources		**550**	**245**	**795**
Expenditure on:				
Raising Funds	8	11	0	**11**
Charitable activities	9	958	425	**1,383**
Total expenditure		**969**	**425**	**1,394**
Net gains / (losses) on investments	16	(221)	0	**(221)**
Net income / (expenditure)		(640)	(180)	(820)
Transfers between funds	22	0	0	**0**
Net Movement in funds		**(640)**	**(180)**	**(820)**
Reconciliation of Funds				
Total Funds brought forward	23	4,618	1,146	**5,764**
Total Funds carried forward		**3,978**	**966**	**4,944**

Balance Sheet as at 31 March 2026

	Note	Unrestricted funds £000	Restricted Income funds £000	Total 31 March 2026 £000	Total 31 March 2025 £000
Fixed assets:					
Investments	16	3,355	830	**4,185**	4,686
Total fixed assets		**3,355**	**830**	**4,185**	**4,686**
Current assets:					
Debtors	17	233	18	**251**	236
Cash and cash equivalents	18	127	32	**159**	517
Total current assets		**360**	**50**	**410**	**753**
Liabilities:					
Creditors: Amounts falling due within one year	19	308	97	**405**	495
Net current assets / (liabilities)		**52**	**(47)**	**5**	**258**
Total net assets / (liabilities)		**3,407**	**783**	**4,190**	**4,944**
The funds of the charity:					
Restricted income funds	23		783	**783**	966
Unrestricted income funds	23	3,407	0	**3,407**	3,978
Total funds		**3,407**	**783**	**4,190**	**4,944**

The notes on pages 5 to 17 form part of these accounts

Approved by the Trustees on 12th January 2027 and signed on its behalf by:

Signed : .....

Name : ..... (Chair of Trustees)

Statement of Cash Flows for the year ending 31 March 2026

	Note	Total Funds 2025-26 £000	Total Funds 2024-25 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	21	**(529)**	**(1,213)**
Cash flows from investing activities:			
Dividend, interest and rents from investments	7	168	189
Proceeds from the sale of investments	16	3	900
Net cash provided by (used in) investing activities		**171**	**1,089**
Change in cash and cash equivalents in the reporting period		**(358)**	**(124)**
Cash and cash equivalents at the beginning of the reporting period	18	517	641
Cash and cash equivalents at the end of the reporting period	18	**159**	**517**

Note on the accounts

1 Accounting Policies

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2019.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meets the definition of a public benefit entity under FRS 102.

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified as a restricted fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals, grants and legacies for specified purposes.

Those funds which are not restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the Charity's reserves. The major funds held in each of these categories are disclosed in note 23.

(c) Incoming resources

Income consists of donations, legacies, grants, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the Charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the Charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(f) Support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 12.

(g) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The costs of generating funds consists of expenses for fundraising activities.

(h) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 9.

(i) Fixed Asset Investments

Ethical Fund Investments are stated at mid-market value as at the balance sheet date, and Property Fund investments are stated at net asset value. Investment properties are included at their open market valuation. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

Quoted stocks and shares are included in the balance sheet at mid-market price, excluding dividend.

Other assets are valued on an open market basis quinquennially, by a professional valuer. The most recent valuation took place in the 2024/25 Financial Year.

(j) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(k) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due.

(l) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

(m) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or purchase date if later).

2. Key Judgements and Assumptions

Average fund balances are used to apportion certain balances across restricted and unrestricted funds, which is deemed to be the most appropriate methodology to use.

There are no material assumptions judged to affect the 2025/26 accounts.

As at 31st March 2026, there is no other information to show that assets/liabilities would need to be materially adjusted during 2025/26.

3. Related party transactions

The Aneurin Bevan University Local Health Board is the sole beneficiary of the charity.

The charity had significant material transactions with Aneurin Bevan University Local Health Board as follows:

	2025-26		As at 31st March 2026	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Aneurin Bevan University Local Health Board	1,596	16	209	19

The Corporate Trustee has interests in related parties as follows:

Member	Related Organisation	Relationship with Related Party	2025-26		As at 31st March 2026	
			Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
			£000	£000	£000	£000
Penny Jones	Welsh Government	Daughter is Senedd Member	0	0	0	10
Richard Clark	Torfaen County Borough Council	Elected Member, Deputy Leader and Executive Member for Children Families and Education	0	0	0	0

The Corporate Trustee has interests in a number of related parties. All transactions with those related parties have been reviewed and there are nil transactions except for those listed above.

The value of expenditure paid to Torfaen County Borough Council was less than £500 and therefore rounds to £0 in the above table.

3. Related party transactions (continued)

In 2024-25 the charity had significant material transactions with Aneurin Bevan University Local Health Board as follows:

	2024-25		As at 31st March 2025	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Aneurin Bevan University Local Health Board	1,394	17	263	3

The Corporate Trustee has interests in related parties as follows:

Member	Related Organisation	Relationship with Related Party	2024-25		As at 31st March 2025	
			Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
			£000	£000	£000	£000
Penny Jones	Monmouthshire County Council	Councillor	0	0	0	0

The Corporate Trustee has interests in a number of related parties. All transactions with those related parties have been reviewed and there are nil transactions except for those listed above.
The value of expenditure paid to Monmouthshire County Council was less than £500 and therefore rounds to £0 in the above

4. Income from donations, legacies and grants

	Unrestricted funds £000	Restricted Income funds £000	**Total 2025-26 £000**	Total 2024-25 £000
Donations	395	0	**395**	168
Legacies		23	**23**	10
Grants		316	**316**	235
	395	**339**	**734**	**413**

5. Income from charitable activities

	Unrestricted funds £000	Restricted Income funds £000	**Total 2025-26 £000**	Total 2024-25 £000
Course income	222	4	**226**	193
Other income	5	0	**5**	0
	227	**4**	**231**	**193**

6. Role of volunteers

Volunteers have the trust and understanding of the community and are invaluable in engaging with our patients and providing support to paid professionals . The services they provide include:

- welcome services at our hospitals, directing patients and visitors
- befriending service for patients in our hospitals and nursing homes
- end of life companion support for patients in our hospitals
- operating buffet /coffee bars through volunteer organisations such as the League of Friends
- raising funds to purchase equipment across our hospitals.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

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7. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	**Total 2025-26 £000**	Total 2024-25 £000
Fixed asset equity and similar investments	155	0	**155**	168
Short term investments, deposits and cash	13	0	**13**	21
	168	**0**	**168**	**189**

8. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	**Total 2025-26 £000**	Total 2024-25 £000
Fundraising office	0	0	**0**	0
Fundraising events	0	0	**0**	0
Investment management	0	0	**0**	0
Support costs	11	0	**11**	11
	11	**0**	**11**	**11**

The investment management fee is shown as nil as this is deducted from capital held by the investment management company.

Note 12 sets out an analysis of support costs

9. Analysis of charitable activity

Split by activity	**Grant funded activity £000**	**Support costs £000**	**Total 2025-26 £000**	Total 2024-25 £000
Medical Research	59	7	**66**	0
Purchase of equipment	533	65	**598**	416
Building and refurbishment	20	3	**23**	44
Staff education and welfare	261	32	**293**	418
Patient education and welfare	515	63	**578**	505
	1,388	**170**	**1,558**	**1,383**

Support costs are allocated here as a proportion of the charitable activities listed
Note 12 sets out an analysis of support costs

Split by fund type	**Grant funded activity £000**	**Support costs £000**	**Total 2025-26 £000**	Total 2024-25 £000
Restricted Funds				
Unrestricted Funds	466	56	522	425
	922	114	1,036	958
	1,388	**170**	**1,558**	**1,383**

10. Analysis of grants

The majority of grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The charity makes grants to individuals from one specific fund which is used to support nominated medical students from deprived areas. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity is disclosed in note 9.

The trustees operate a scheme under which Fund Holders control how the Charity's designated funds should be spent. The day to day disbursements are in accordance with the directions set out by the trustees in the Charity's Standing Orders and Financial Instructions.

Where undesignated funds exist, the trustees do make grant awards based on applications from across the Health Board.

11. Movements in funding commitments

	Current liabilities	Non-current liabilities	Total 31 March 2026	Total 31 March 2025
	£000	£000	£000	£000
Opening balance at 1 April	90	0	**90**	375
Movement in funding commitments	115	238	**353**	(285)
Closing balance at 31 March 2026	**205**	**238**	**443**	**90**

As described in notes 9 and 10, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants are paid over a longer period.

12. Apportionment of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of the charity, including Committee members' time spent on Charitable Funds Committee activity.

	Raising funds £000	Charitable activities £000	Total 2025-26 £000	Total 2024-25 £000	Basis
Governance					
External audit	1	20	**21**	20	Average fund balance
Finance and administration	6	81	**87**	83	Average fund balance
Total governance	**7**	**101**	**108**	**103**	
Finance and administration	4	69	**73**	63	Average fund balance
Total Finance and Administration	**4**	**69**	**73**	**63**	
	11	**170**	**181**	**166**	

	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2025-26 £000	Total Funds 2024-25 £000
Raising funds	11	0	**11**	11
Charitable activities	114	56	**170**	155
	125	**56**	**181**	**166**

13. Trustees' remuneration, benefits and expenses

The charity does not make payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.

14. Analysis of staff costs

The charity has no employees. Staff services are provided to the charity by Aneurin Bevan University Local Health Board, the Corporate Trustee of the charity, which has received reimbursement of £469,403.91 (2024-25: £451,295) for these services. Of the £469,403.91, £305,222.79 was in support of 14 Charitable Funds projects, which supported 23 posts across the Health Board.

15. Auditors remuneration

The auditors remuneration of £21,161 (2024-25 £20,099) related solely to the audit of the statutory annual report and accounts.

16. Fixed asset investments

Movement in fixed assets investments

	Investment Properties £000	Investments Listed on Stock Exchange £000	Cash Held in Investment Portfolio £000	Other Assets £000	Total 2025-26 £000	Total 2024-25 £000
Market value brought forward	242	4,419	0	25	**4,686**	5,807
Add: additions to investments at cost	0	0	0	0	**0**	0
Less disposals at carrying value	(183)	0	0	0	**(183)**	(900)
Add any gain / (loss) on revaluation	(3)	(315)	0	0	**(318)**	(221)
Movement of cash held as part of the investment portfolio	0	0	0	0	**0**	0
Market value as at 31st March 2026	**56**	**4,104**	**0**	**25**	**4,185**	**4,686**

All investments are carried at their market value.

The investment valuation has been performed by CCLA Investment Management Limited.

The valuation of investment properties, consisting of a small parcel of land, is based on a professional assessment of market value, by independent RICS (Royal Institute of Chartered Surveyors) qualified valuers at least every five years.

The other asset relates to a painting which is valued by an independent auctioneer and valuer of art, pictures and collectables, every 5 years.

The significance of financial instruments to the ongoing financial sustainability of Aneurin Bevan University Health Board Charitable Fund is considered in the risk management section of the trustees' annual report.

The Charity receive the majority of their income in the form of donations. However, significant investments are made and are the source of the main financial risk.

Interest rate risk - the Charity is exposed to fluctuations in interest rates on the monies invested in deposits and the stock market.

Liquidity risk is the risk that the charity does not have sufficient available resources to enable it to meet its obligations as they fall due. The vast majority of expenditure is funded from donations and legacies and therefore the Charity is not exposed to significant liquidity risk. The Charity also holds around 6 months of expenditure in its cash balance to cover any short term fluctuations and holds a reserve to protect against any fluctuations in the value of investments. Investments can be converted into liquid cash easily and with short notice.

17. Analysis of current debtors

Debtors under 1 year	Total 31 March 2026 £000	Total 31 March 2025 £000
Accrued income	**51**	80
Trade Debtors	**169**	130
Prepayments	**30**	26
VAT	**1**	0
	251	**236**

18. Analysis of cash and cash equivalents

	Total 31 March 2026 £000	Total 31 March 2025 £000
Current Accounts	**158**	516
Petty Cash	**1**	1
	159	**517**

No cash or cash equivalents or current asset investments are held in non-cash investments or outside of the UK.

All of the amounts held on interest bearing deposit are available to spend on charitable activities.

19. Analysis of liabilities

	Total 31 March 2026 £000	Total 31 March 2025 £000
Creditors under 1 year		
Trade creditors	**119**	380
Deferred Income	**46**	90
Accruals	**241**	20
Other Creditors	**(1)**	5
Total creditors	**405**	**495**

20. Analysis of Deferred Income

	Total 1 April 2025 £000	Deferred £000	Released £000	Total 31 March 2026 £000
Grant Income	64		(64)	**0**
Other Income	26	24	(4)	**46**
	90	**24**	**(68)**	**46**

21. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2025-26 £000	Total 2024-25 £000
Net income / (expenditure) (per Statement of Financial Activities)	**(754)**	(808)
Adjustment for:		
(Gains) / losses on investments	**318**	221
Dividends, interest and rents from investments	**(168)**	(189)
(Increase) / decrease in debtors	**(15)**	(34)
Increase / (decrease) in creditors	**90**	(403)
Net cash provided by (used in) operating activities	**(529)**	**(1,213)**

22. Transfer between funds

Transfers have been actioned between Unrestricted funds during 2025/26 to streamline the number of funds in line with the Charitable Funds Committee plans to merge and reduce the number of Charitable Funds.

23. Analysis of funds

a. Analysis of restricted fund movements

	Balance 1 April 2025	Income	Expenditure	Transfers	Gains and losses	Balance 31 March 2026
	£000	£000	£000	£000	£000	£000
Gastroenterology Fellowship Legacy	102	0	(32)	0	0	70
Renal Unit Legacy	68	0	(4)	0	0	64
Royal Gwent Haematology Legacy	56	0	(3)	0	0	53
Royal Gwent Breast Care Legacy	56	0	(3)	0	0	53
Other - 62 restricted designated funds	684	339	(480)	0	0	543
	966	**339**	**(522)**	**0**	**0**	**783**

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.
We consider that a closing fund balance of £50,000 or greater are material for disclosure in these accounts.

23. Analysis of funds (continued)

The objects of each of the restricted funds are as follows:

The Gastroenterology Legacy fund was bequeathed to the charity to assist in colonoscopy practices within the Health Board.

The Renal Unit Legacy Fund was bequeathed to the charity for the purpose connected with the research and treatment of patients under haemodialysis treatment (kidney unit).

The Royal Gwent Haematology Fund was bequeathed to the charity for the Haematology Unit at the Royal Gwent Hospital.

The Royal Gwent Breast Care Legacy Fund was bequeathed to the charity for the Breast Care Unit at the Royal Gwent Hospital.

The other 62 restricted funds also related to monies bequeathed to the charity for various wards and departments.

23. Analysis of funds (continued)

b. Analysis of unrestricted and material designated fund movements

	Balance 1 April 2025	Income	Expenditure	Transfers	Gains and losses	Balance 31 March 2026
	£000	£000	£000	£000	£000	£000
ABUHB Breast Centre	350	16	(105)	0	0	261
ABUHB Committee	32	174	(42)	26	(4)	186
Royal Gwent Casting Techniques Course	102	25	(30)	0	0	97
League of Friends - Neville Hall	40	135	(79)	0	0	96
St Woolos Springfield Community Ward Project	96	0	(5)	0	0	91
Employee Wellbeing Service	48	49	(15)	0	0	82
Volunteer Co-Ordinators	0	0	(31)	108	0	77
Speaking Up Safely	0	0	0	71	0	71
ABUHB Patient Experience & Involvement Tean	81	0	(26)	11	0	66
The Care Project	66	45	(50)	0	0	61
Royal Gwent Property, TP Price	55	0	0	0	0	55
ABUHB Outpatients	57	0	(5)	0	0	52
Monmouth Chippenham Community Nurses	57	0	(5)	0	0	52
Other - 330 unrestricted designated funds	2,994	350	(654)	(216)	(314)	2,160
	3,978	**794**	**(1,047)**	**0**	**(318)**	**3,407**

The trustees have delegated all unrestricted funds as designated funds to the ward or department the donations were intended for.

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

We consider that a closing fund balance of £50,000 or greater are material for disclosure in these accounts.

24. Events after the reporting period

World and political events are likely to continue to cause fluctuation in the markets and impact on our investments in 2026/27.

Statement of Trustee's Responsibilities

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the year and its financial position at the end of the year. In preparing financial statements giving a true and fair view, the Trustee should follow best practice and :

- select suitable accounting policies and apply them consistently;
- observe the methods and principles of the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity and which enable them to ascertain the financial position of the charity and which enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. The Trustee is responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee confirms that they have complied with the above requirements.

By order of the trustee

xxxxxx
Trustee

Rob Holcombe
Financial Trustee

Dated: 12th January 2027

The independent auditor's report of the Auditor General for Wales to the trustee of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

Opinion on financial statements

I have audited the financial statements of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2026 under the Charities Act 2011.

The financial statements comprise the Statement of Financial activities, Balance Sheet, Statement of Cash Flows and related notes, including the material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2026 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustees' report.

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee's responsibilities, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustee determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the trustee anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management and those charged with governance, including obtaining and reviewing supporting documentation relating to Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities' policies and procedures concerned with:
    - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances on non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals.
- Obtaining an understanding of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities' framework of authority as well as other legal and regulatory frameworks that the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities operated in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the charity.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the trustee;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities' controls, and the nature, timing and extent of audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Catherine Mealing-Jones
Auditor General for Wales
XX January 2027

24 Cathedral Road
Cardiff
CF11 9LJ

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Elusen Iechyd Aneurin Bevan Health Charity

Aneurin Bevan University Local Health Board
Charitable Fund and Other Related Charities

Trustee's Annual Report and Accounts

2025-26



Registered Charity No: 1098728

Working Name: Aneurin Bevan Health Charity

About Us

We are a registered charity that receives donations from grateful patients, their loved ones and the wider community; thanking us for the NHS care and treatment they or someone close to them have received from Aneurin Bevan University Local Health Board.

Our Mission Statement

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

We exist to enhance patient and staff 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.

Our NHS Health Board

Aneurin Bevan University Local Health Board was established in June 2009 and achieved 'University' status in December 2013.

The Health Board serves the population of Gwent of just over 600,000, which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The demographics of Gwent are varied and include rural countryside areas, urban centres and the most easterly of the South Wales valleys.

The Health Board is the largest employer in Gwent, with a budget of £2 billion received from Welsh Government and a capital resource limit of £46 million in 2025/2026, employing 13,724 whole time equivalent (WTE) staff (17,297 people at the end of March 2025) and providing an exceptional workplace to start, grow and build a career.

The demographic profile of our population is ageing, and the health inequalities of our population are also found within our workforce as 80% of our staff live within our communities. Therefore, it is essential that staff health and wellbeing is a key priority and a feature of the Health Board's preventative plans.

Introduction to the Annual Report & Accounts

By law, we must prepare annually a set of accounts and an annual report which is subject to audit by an independent auditor and should explain to the reader what the charity's purpose is; where the charity gets its money from; how the charity spends its money; what the charity achieved during the year and what plans it has for the future.

We present the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities Annual Report together with the audited financial accounts for the year ending 31st March 2026.



Message from the Chief Executive

Croeso/Welcome

The Charity plays a vital role in supporting the vision and ambitions of Aneurin Bevan University Health Board. Through the generosity of our donors and supporters, we can enhance services, improve patient experiences, support staff wellbeing and invest in opportunities that complement and strengthen our NHS provision across Gwent.

I am continually inspired by the generosity of the communities we serve. The commitment shown by individuals, community groups, local organisations and businesses is a powerful reminder of the

strong connection between our Health Board and the people of Gwent.

Equally, I am grateful to our staff and volunteers whose energy and dedication help raise funds and ensure that charitable support delivers lasting benefits.

The year has brought both opportunities and challenges, but throughout this period the dedication, compassion and professionalism of our staff have remained unwavering. The Charity is proud to support the people who make such a significant difference to the lives of those they serve every day.

Working with our Charitable Funds Committee, our charitable funds finance team and fund holders to effectively manage the charitable resources, we strive to ensure that every pound donated is used responsibly, transparently and in ways that achieve the greatest possible impact. This Annual Report demonstrates both the breadth of activities supported during the year and our commitment to maintaining the highest standards of governance and accountability.

As healthcare continues to evolve, the role of the charity in enabling innovation, excellence and additional support for patients and staff remains increasingly important. Through strong partnerships and the continued generosity of our supporters, we are well placed to build on our achievements and create even greater impact in the years ahead.

My sincere thanks go to everyone who has supported Aneurin Bevan Health Charity. Your generosity helps us go beyond what would otherwise be possible and enables us to make a real difference to the lives of patients, families and staff across our communities.



Nicola Prygodzicz
Chief Executive, Aneurin Bevan University Health Board

Message from Chair of the Charitable Funds Committee

As Chair, I am delighted to present the Annual Report and Accounts of Aneurin Bevan Health Charity for the year ended 31st March 2026, which highlights the remarkable difference that charitable giving continues to make across Aneurin Bevan University Health Board.

The Charity exists to provide enhancements that go beyond what can normally be funded through NHS resources. Through the careful stewardship of charitable funds, we have been able to support a wide range of initiatives that have made tangible differences to people's lives. Whether supporting projects, purchasing equipment, funding research, education, innovation, staff wellbeing initiatives and environmental improvements the Charity continues to demonstrate that they have had a meaningful impact across our hospitals and community services. These investments have helped create better experiences for patients and families while enabling our staff to deliver the highest standards of care.

During the year, we have once again witnessed the extraordinary generosity of our communities, patients, families, staff, volunteers, businesses and charitable partners. Every donation, whether large or small, reflects a shared commitment to improving the experiences of patients and supporting the wellbeing of our staff. On behalf of the Charity, I extend my sincere thanks to everyone who has contributed to our work.

We recognise the responsibility entrusted to us by our donors and supporters. We remain committed to ensuring that all charitable funds are managed prudently, transparently and in accordance with their intended purposes. Strong governance, sound financial

management and effective oversight continue to underpin all our activities, ensuring that charitable resources are directed to where they can have the greatest benefit.

As we look ahead, we will continue to work closely with communities and colleagues to maximise the impact of charitable giving, ensuring that the Charity remains responsive to emerging needs and opportunities. Together, we can continue to enhance healthcare experiences and deliver benefits that would not otherwise be possible.

Alongside delivering meaningful charitable funding across the Health Board, we have also focused on strengthening the Charity's identity and creating a platform for future growth.

A key milestone during the year has been the introduction of a dedicated charity logo and branding, providing a distinct and recognisable identity for Aneurin Bevan Health Charity. By raising the Charity's profile and increasing awareness of the difference charitable donations make, we aim to attract new supporters, build stronger community connections and expand our fundraising opportunities.



This investment in the Charity's future will help ensure we can continue to increase our impact and support healthcare improvements across Gwent for many years to come.

Diolch yn fawr / Thank you.

Paul Deneen
Chair, Charitable Funds Committee

How your support funded us this year

Together, our supporters, partners and investments generated income to help improve healthcare across Aneurin Bevan University Health Board.

£1.133 million
received to make a difference



£395k
Donations



We are so grateful for the donations we receive thanks to the generosity of patients, their relatives and friends in recognition of the care and treatment received from Aneurin Bevan University Health Board.

£316k
Grant Income



This money is received from external organisstions to fund specific schemes and projects. Most of this funding was received from NHS Charities Together (NHS CT).

£231k
Course & Other Income



This relates to fees and sponsorship received from in-house conferences and training courses.

£168k
Investment Income



We received this income in dividends and interest from our investment portfolio.

£23k
Legacies



We are extremely grateful to those individuals who choose to leave a gift to us in their Will.

Treat with compassion | Commit to collaboration | Be open and honest | Value everyone | Strive to excel | Improve and innovate

Examples of Donations received include:

Donation for Stoma Care



The Stoma Care team were grateful to receive a donation for the Stoma Care department of £1,500.

This was from the family of patient, Andrew Torjesen, whereby a charity rugby day was held in memory of Andrew at Pill Harriers Rugby Club. The charity day was attended by all families / friends / players past and present and this was a great community day.

This is going to be an annual event held in Andrew's memory. This wonderful donation will be used to improve the waiting area in the Stoma Care Clinic and contribute towards new seating. We are extremely grateful to receive this donation and cannot thank Andrew's family and all those who donated.

Donation for Breast Care



The Breast Unit has gratefully received a £250 donation from local group Crafting for Charities. The group raised the funds through the sale of their handmade creations and chose to support the unit with the proceeds. Natalie North, Breast Unit Support Manager said: "We are grateful for the kindness shown by local group Crafting for Charities, for donating the profits from their beautiful creations to benefit patients of the Breast Unit."

Donation for Caerphilly Children's Centre



Caerphilly Children's Centre are delighted to share the fantastic news that they have been selected to receive a generous donation from locally based Caerphilly and Blackwood Chiropractic Centres.

The funds were raised during the business' 25th anniversary celebration, where the team chose to support the Health Board services based in Caerphilly Children's Centre and Action for Children's Sunshine Flying Start Playgroup.

This donation will help the centre enhance the experience of children and families attending appointments or the playgroup. Improvements may include:

New therapy mats for floor-based activities.
Additional sensory toys.
Upgraded equipment for family waiting areas.

Another Donation for Breast Care



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."

How your donations helped this year

Together, charitable funds supported patients, staff, services and communities



£533K
on equipment – helping services provide safer, better care



£515k
on patient education & welfare – supporting comfort, wellbeing and patient experience



£261k
on staff education & welfare – – helping staff learn, develop and feel valued



£181k
on support costs – looking after charitable funds properly and transparently



£59k
on Medical Research – supporting innovation and learning to improve care



£20k
on Buildings & Refurbishment – improving spaces for patients, visitors & staff



- Breast Cancer Equipment
- Community Defibrillators
- Maternity Chairs
- Cancer Wellbeing Support
- Staff Recognition Awards
- Patient Stories
- Community Donations

Your Donations have enabled the Purchase of:

Breast Cancer Equipment

We purchased a Pintuition system enabling surgeons to precisely locate breast tumours prior to operating at a cost of £66k. Approximately 300 of our patients per year require tumour localisation prior to surgery.

It provides high accuracy in lesion localisation, reducing the need for re-excisions and improving surgical outcomes and eliminate the need for preoperative wire placement, improving patient comfort and reducing anxiety.

Equipment for the Community



To prevent such heart-related tragedies, working together with community groups via Jack's Appeal, we are continuing to purchase 24/7 public access defibrillators, externally housed in secure cabinets and consumables such as defibrillator pads and batteries.

Furniture for Maternity



The four reclining chairs purchased through the Small Grants Scheme are in place on the unit, situated on our post-operative ward. These chairs will enable partners to stay overnight and provide essential support to mothers following an operative birth.

We are incredibly grateful for this funding. Your contribution directly enhances the experience of our families and strengthens the patient-centred care we are committed to providing.

Thank you once again for supporting our service and the wellbeing of the families we care for.

Equipment for New-Borns



"On behalf of the entire maternity team, we would like to extend our deepest gratitude for your generous financial support that enabled the purchase of 11 saturation monitors for our service.

This equipment plays a vital role in monitoring the oxygen levels of new-borns in our care, ensuring timely interventions and enhancing the safety and wellbeing of our most vulnerable patients. Your contribution directly supports our commitment to delivering high-quality, compassionate care to families during one of the most critical and precious moments of their lives.

The addition of these monitors has already made a meaningful impact on our clinical practice, and the reassurance they provide to both staff and parents is immeasurable. Your continued support empowers us to maintain the highest standards of maternity care and reflects the shared values we hold in prioritising the health of mothers and babies.

Thank you once again for your kindness and dedication to improving patient outcomes. We are truly grateful for your partnership."

ECG Machines for Cardiology

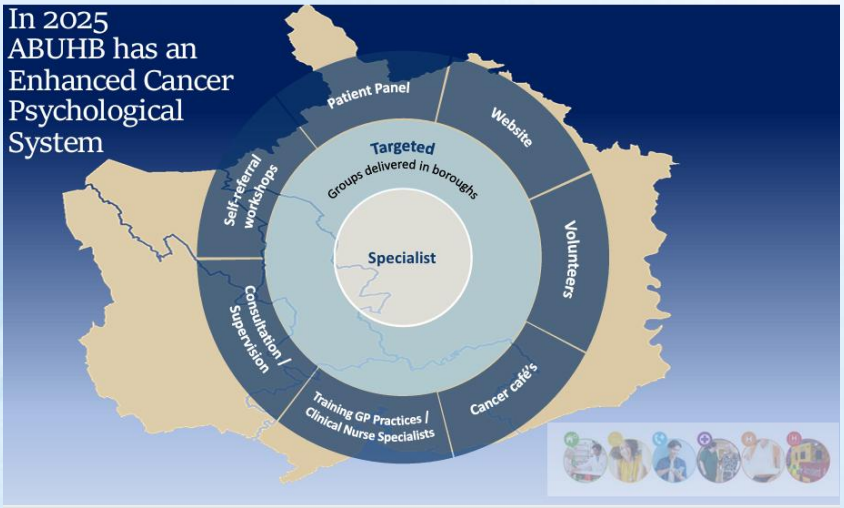


We purchased 16 ECG machines from donations we received from Bee Heart Happy, and Nevill Hall League of Friends; external charities affiliated to the Health Board.



Patient Projects Funded by Donations include:

Enhanced Psychological Wellbeing Project for Cancer Patients

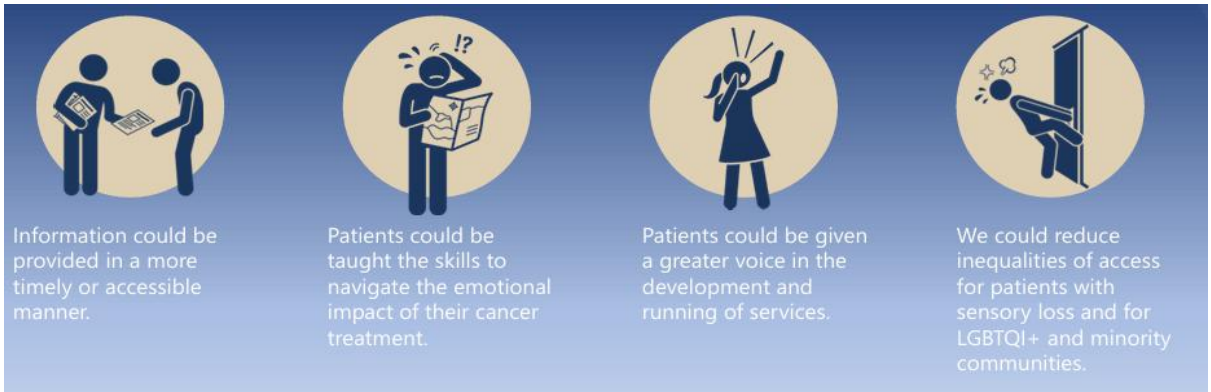


Where the project started – "Physical needs were addressed in haste, however my mental health needs were left undetected for far too long" (Quote from a patient).

The context - The COVID pandemic presented barriers to accessing the support mechanisms needed for emotional wellbeing. Virtual medicine post-pandemic also reduced access. However, this gave us the opportunity to explore new approaches and embrace innovative ways of working.

Identifying opportunities - Met with doctors, nurses, patients, carers, and third sector organisations. Analysed data from Welsh Cancer Patient Experience Survey 2020/2021 and other literature. Identified what we were doing well, where there were gaps, and what was possible to implement.

What we identified - There was a lack of communication, connection and community:



Developing a plan



Funding the Project



Sustainability - Universal and targeted interventions are now integrated into person-centred care for cancer. Implemented a strategy for collecting, measuring and responding to patient experience of cancer. Programmes of work disseminated to teams across the organisation to make business as usual.

Benefits to Individuals - Impacts on a person's ability to engage with: Decision making, attending appointments, engagement in treatment, and adjusting to life after cancer.

Benefits to ABUHB - Culture change within Cancer Clinical Teams – who now recognise a one size support system does not fit all. Teams are actively asking what is available and sharing resources across tumour site teams. Teams are better equipped to meet the patients' needs.



Meaningful Activities Project

This Project is a collaboration between Aneurin Bevan University Health Board and supported by NHS Charities Together funding.

- To promote and improve peoples lived experience, experience of care, increase cognitive stimuli for people, support carers and reduce loneliness.
- To provide **hospital wards**, **care homes** and **prison services** within the Aneurin Bevan University Health Board area with Meaningful Engagement Skills and Resources.
- To develop a cross-sector toolkit of meaningful activities.

Rhaglen Ymgysylltu Ystyrlon | Meaningful Engagement Programme

In addition to the marketing and communication work the project also focused on being present and spreading the word through many Engagement Events. Engaging with people and having conversations added so much value to the strength of developing the programme and building relationships to align work.

Through the work being carried out for the Meaningful Engagement Programme it was identified that access to information relating to Meaningful Engagement and resources to support were limited.

It was also identified through the Enhanced Care review that staff needed information to be easily accessible and in one place to help address this we created the Meaningful Engagement Padlet.

Padlet

- The project recognised there were difficulties in accessing information and support in a timely manner, this prompted us to explore ways in which we could develop a 'one stop shop' for relevant information about Dementia Care - suitable for people working with and supporting People living with Dementia.
- The project began the Padlet with the information and resources we had access to, that may benefit those looking after People living with Dementia – useful resources such as This is Me documents, Dementia Friendly Hospital Charter animation, information regarding the Meaningful Engagement Programme and how to access resources.

- This quickly grew into a collaborative effort to include as much information as possible, adding the information for local community groups and carers support. We also added information about the services available within the Patient Experience & Involvement Team.



The project actively encouraged feedback and contributions from all areas to ensure all the information contained is relevant, up to date and inclusive of all areas.

Seasonal Activity packs were designed to encourage the implementation of Meaningful Engagement in all areas, by all members of staff, as well as the use of the resources provided by Patient Experience & Involvement team, as part of the Meaningful Engagement Programme to ensuring Meaningful Engagement remains relevant and on all division's agendas.



Training

- The project delivered a learning and development framework to develop and skill the workforce to deliver competent, capable and confident care to people living with Dementia.
- The project provided an improved bank of learning resources to support workforce development.

- Staff would participate in person centred learning and development to implement into daily practice. This would allow those living with dementia to benefit from reduced isolation, improved wellbeing, less distress and agitation and even reduced falls.
- The project delivered Bite Size Sessions including Brain Health, RITA, Oral Care, Nutrition & Hydration, Future Care Planning, Pain Management and Speech and Language; all delivered by facilitators who are experts in their field.



Our hospitals

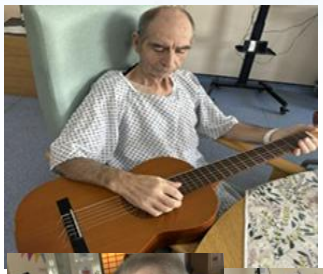
New beginnings – positive outcomes



- Person centred approach to care
- Meaningful activities Programme
- Aid rehabilitation – get up get dressed get moving
- Volunteer support on ward
- Intergenerational project first steps taken
- Improved patient experience
- Improved staff morale and experience
- Encouraging Feedback to promote listening and learning
- Review of patients receiving Enhanced Care
- Training opportunities for staff and peer support

Meaningful activities programme examples:

Assistive Technology – hugs, RITA's, magic table
Themed events – Olympics, Baking, Planting, Music
Daily activities champion
Activities co-ordinators
Arts and crafts
Board games
Coffee morning for falls awareness

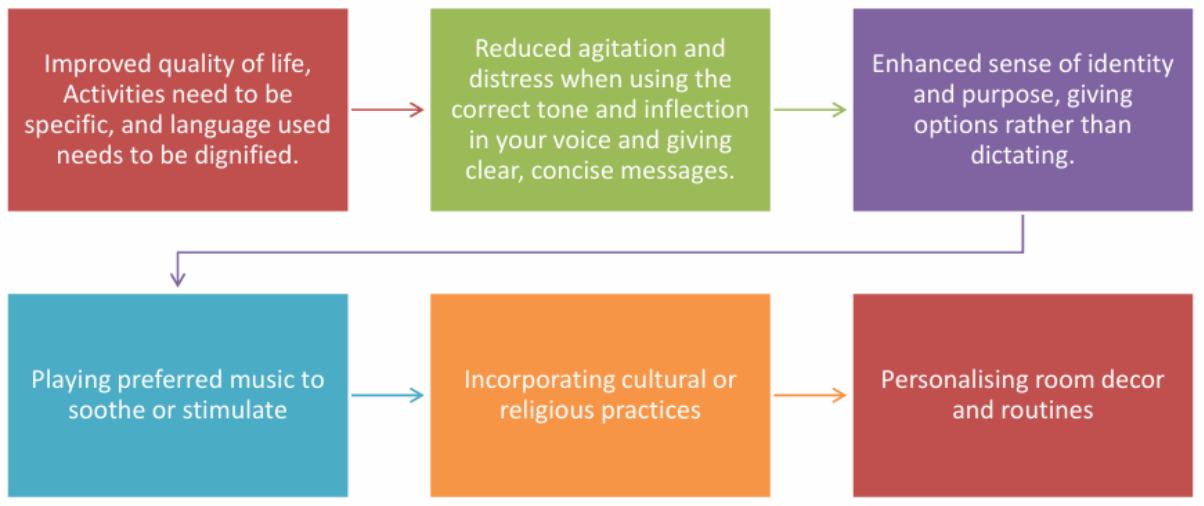







Nursing Homes

Benefits to Residents



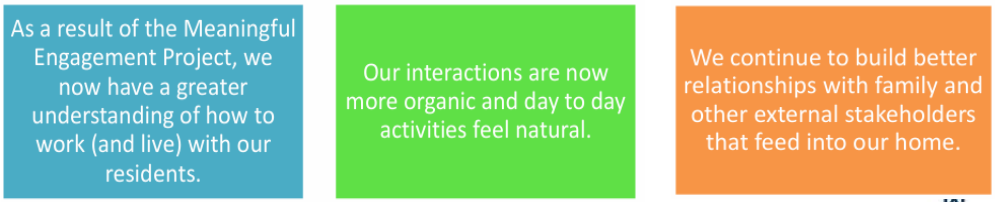
Benefits for Staff



Benefits for Families



In Summary



Prisons

Visits to both HMP Usk and Prescoed prison took place, we met with the teams and looked at the environments to gain an understanding of how the Programme could best support in these areas.

- Dementia Friends training has been delivered to 30 prison staff so far.
- We identified that the needs in both Prisons differ in terms of population and support required
- Prison staff attended Meaningful Engagement Training and Bite Size sessions
- 2 New Dementia Champions identified and have engaged well with support and resources provided.
- Environment resources and discussions provided to Prison staff to aid with rebuild of prison environment to ensure Dementia Friendly Environment.
- Linked with Salvation Army to support Meaningful Engagement sessions within the prison.
- Currently exploring a Brain Health leaflet for Prescoed Prison
- Both Prisons are currently Piloting a Dementia Resource box and feeding back on progress with this.

Sustainability

Sustainability is now important in continuing this work. This initiative will support people living with dementia, carers and staff. There is clear research evidence to show that engaging people in meaningful activity and engagement has huge benefits both to physical and psychological recovery.

Comments

Played a few rounds of dominoes with patient and talked about the world. Played a few round of tin can alley with another patient this generated laughter

'The Padlet is great and I have shared with our teams in Gwent' – Anna, AS

Very positive to meaningfully engage with patient who is usually restless and confused

Staff now feel much more confident using the skills and ideas to apply in their daily work

How blessed am I, seeing a patient today, who had no-one.

Thankyou for an excellent training day

Let's continue to make a difference together!

Continuing to Listen, Learn and Act



We have funded the recording of several patient stories.

Recording patient stories provides valuable insight into the real experiences of patients and families, helping us understand the impact of our services beyond clinical outcomes.

Patient stories can highlight examples of excellent care, identify areas for improvement, and support the development of more patient-centred services.

They also help staff connect with the human impact of their work, fostering compassion, learning, and continuous quality improvement, while ensuring that the patient voice remains at the heart of service planning and decision-making.

Supporting Students with Medical Careers

In our fifth year of partnership with the Shaw Foundation, we continue to gift bursaries from our Care Fund Project. This fund is used to identify several individuals from less privileged backgrounds, with a potential to become qualified doctors, by supporting them with a programme of mentoring and financial support at a total cost of £45k per year.

The project looks to encourage and train these individuals with the necessary skills and knowledge to obtain a place in medical school and support them through the training process to hopefully lead to them becoming active doctors within the Health Board locality.

Three of our students have qualified and are working in South Wales with another due to qualify this year.

Staff Events supported include:

Cancer Services Conference







Following on from the above Enhanced Psychological Wellbeing Project for Cancer Patients, the ABUHB Cancer Services Conference took place in March 2026.

The event brought together staff from a wide range of specialties and backgrounds across the Health Board, offering a valuable opportunity to discuss the future of cancer treatment and patient care. Attendees were full of ideas on how cancer services can continue to develop and improve for the population of Gwent in the years ahead. A patient panel shared powerful and inspiring reflections on their cancer journeys.

It opened with a heartfelt address from Nicola Prygodzicz, our Chief Executive who spoke about the profound impact cancer has on all of us, whether through personal experience or supporting loved ones through treatment. She highlighted the importance of compassionate, timely care during some of the most frightening moments in a patient's life, sharing moving feedback from a patient who received outstanding support.

Integration of International Nurses Event

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.



Staff Recognition Awards



The Staff Recognition Awards has been an annual event that has been funded by charitable funds for more than six years. It is a significant event in the Health Board's calendar which recognises the contribution staff make to patient care and Health Board objectives. The event has a high profile and is an opportunity to thank staff for their hard work and dedication.

Year on year it has been extremely positively evaluated; 2025's event saw 500 staff attend at a new venue in Ebbw Vale.

The Staff Recognition Awards are an opportunity for colleagues and managers to nominate those people who are making an outstanding contribution to the delivery of the Health Board's aims and objectives. The awards scheme will support the sharing of best practice in patient care and service delivery across a range of identified categories.

It is well documented that feeling valued, receiving recognition and feedback play an important part in staff wellbeing and engagement levels and that this has a positive impact on patient care. A Staff Recognition Award scheme is one way in which the contribution of our staff can be publicly acknowledged, and the reputation of the Health Board and its staff further enhanced.

Reflections from the Charitable Funds Team

As we look back on another remarkable year, we are incredibly proud of what has been achieved. This report demonstrates the extraordinary difference that charitable giving continues to make across our organisation, supporting patients, families and staff in ways that go beyond what NHS funding alone can provide.

What stands out throughout this report is not only the scale of the support provided, but the compassion, kindness and commitment that underpin every project and donation. Behind every piece of equipment purchased, every patient story shared, every wellbeing initiative funded and every life enhanced, there are people working together with a shared purpose: to make a positive difference.

Thank you to everyone who has contributed to this success story. We are honoured to play our part and proud to belong to a charity that continues to make such a lasting and meaningful difference to the lives of patients, visitors and staff across Aneurin Bevan University Health Board.

Alison Griffiths – Charitable Funds Manager



Wendy Keyte– Charitable Funds Higher Officer



Sue Turley– Charitable Funds Higher Officer



Jess Turley–Charitable Funds Officer



E-mail: Charitable.funds.ABB@wales.nhs.uk
Phone: 01495 765431

Charity Governance, Audit and Finance

1. Reference and Administrative Details

Charity Name: Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

Charity Working Name: Aneurin Bevan Health Charity

Registered Charity No: 1098728

Address of Charity:
Headquarters
St Cadoc's Hospital
Lodge Road
Caerleon
Newport
NP18 3XQ

Administration of the Charitable Funds:

The accounting records and the day-to-day administration of the funds are undertaken by:

Charitable Funds Section
Corporate Finance Department
Aneurin Bevan University Local Health Board
Upper Ground Floor
Ty Gwent
Lake View
Llantarnam Park
Cwmbran
Torfaen NP44 3HR

Tel No: 01495 765431
E-mail: Charitable.funds.ABB@wales.nhs.uk

Professional Advisors:

Bankers:
National Westminster Bank PLC
Government Banking Parklands
De Havilland Way
Horwich
Boulton
BL6 4YU

Investment Managers:	CCLA Investment Management Limited 1 Angel Lane London EC4R 3AB
External Auditors:	The Auditor General for Wales Audit Wales 1 Capital Quarter Tyndall Street Cardiff CF10 4BZ
Internal Auditors:	NHS Wales Shared Services Partnership Audit & Assurance Services 4-5 Charnwood Court Heol Billingsley Parc Nantgarw Cardiff CF15 7QZ
VAT Advisor:	Ernst & Young LLP The Paragon Counterslip Bristol BS1 6BX
Legal advice	NHS Wales Shared Services Partnership Legal and Risk Services Companies House Crown Way Cardiff CF14 3UB
Estate Management For TP Price Estate:	NHS Wales Shared Services Partnership Specialist Estate Services 3rd Floor, Companies House Crown Way Cardiff CF14 3UB Savills 2 Kingsway Cardiff CF10 3FD

Valuations for Painting: Bonhams
Queen Square House
Queen Square Place
Bath
BA1 2LL

2. Structure, Governance and Management of Charitable Funds

Objects of the Charity

The objects of the charity are as follows:

The main purpose of the charity is to apply income for any charitable purpose relating to the National Health Service delivered by Aneurin Bevan University Local Health Board.

The corporate trustee is Aneurin Bevan University Local Health Board. The executive directors and independent members of the Board share the responsibility for ensuring that the health board fulfils its duties as a corporate trustee in managing charitable funds.

The chair and independent members of the Board are appointed by the Welsh Government, and the executive directors are appointed by the Health Board.

Trustee Arrangements

Aneurin Bevan University Local Health Board is the corporate trustee of the Charity. The directors who served the Aneurin Bevan University Local Health Board during the year to 31st March 2026 were as follows:

Name	Designation	Dates (if less than full year)
Executive Directors		
Nicola Prygodzicz *	Chief Executive	Full Year
Hannah Evans	Director of Strategy, Planning and Partnerships	Full Year
Rob Holcombe *	Director of Finance and Procurement	Full Year
Dr James Calvert	Medical Director / Deputy Chief Executive	Until 05/08/2025
Dr Andy Bagwell	Interim Medical Director	From 05/08/25 Until 26/10/2025
Dr Seema Srivastava	Medical Director	From 27/10/2025
Sarah Simmonds	Director of Workforce and OD	Full Year
Jennifer Winslade	Director of Nursing	Until 02/09/2025
Jennifer Winslade	Director of Nursing and Deputy Chief Executive	From 03/09/2025
Peter Carr	Director of Allied Health Professions and Health Sciences	Full Year
Tracy Daszkiewicz	Director of Public Health	Full Year
Leanne Watkins	Chief Operating Officer	Full Year
Independent Members		
Ann Lloyd	Chair	Full Year
Phil Robson	Vice Chair	Full Year
Louise Wright	Independent Member (Trade Union)	Until 10/04/2025
Vivek Goel	Independent Member (Trade Union)	From 02/06/2025
Richard G Clarke *	Independent Member (Local Authority)	Until 19/09/2025
Helen Cunningham	Independent Member (Local Authority)	From 03/11/2025
Professor Helen Sweetland	Independent Member (University)	Full Year
Paul Deneen *	Independent Member (Community)	Full Year
Iwan Jones	Independent Member (Finance)	Full Year
Dafydd Vaughan	Independent Member (Digital)	Full Year
Neil Patrick *	Independent Member (Community)	Full Year

Penny Jones	Independent Member (Community)	Full Year
Akmal Hanuk *	Independent Member (Third Sector)	From 02/06/2025
**Directors in Attendance ** **		
Paul Solloway	Director of Digital	Full Year
Associate Members		
Vacant	Chair, Stakeholder Reference Group	Full Year
Vacant	Chair, Health Professionals Forum	Full Year
Vacant	Director of Social Services	Full Year
Director of Corporate Governance		
Rani Dash	Director of Corporate Governance	Full Year

* Members of the Charitable Funds Committee.

** The Director of Digital is not an Executive Post. The Director of Digital is therefore not a Board Member and attends meetings of the Board in an ex-officio capacity without voting rights.

Charitable Funds Committee

The Board of Aneurin Bevan University Local Health Board, as the corporate trustee, delegates its governance work to the Charitable Funds Committee which is a subcommittee of the Board. The Committee is required to:

- Control, manage and monitor the use of the fund's resources for the public benefit having regard for the guidance issued by the Charity Commission.
- Provide support, guidance and encouragement for all its activities whilst managing and monitoring the receipt of all income.
- Ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all its legal responsibilities.
- Ensure that the Investment Policy approved by the Health Board is adhered to and that performance is continually reviewed whilst being aware of ethical considerations.
- Keep the Health Board fully informed on the activity, performance and risks of the charity.

Membership of the Charitable Funds Committee is as follows:

Name	Designation	Dates (if less than full year)
Charitable Funds Committee Members		
Paul Deneen	Independent Member (Community)	Full Year
Richard G Clarke	Independent Member (Local Authority)	Until 19/09/2025
Neil Patrick	Independent Member (Community)	Full Year
Akmal Hanuk	Independent Member (Third Sector)	From 02/06/2025
Nicola Prygodzicz	Chief Executive	Full Year
Rob Holcombe	Director of Finance and Procurement	Full Year

The following also attended the committee with other staff as appropriate for specific agenda items:

Name	Designation	Dates (if less than full year)
In Attendance		
Robert Jones	Assistant Director of Finance, Financial Systems & Services	Full Year
Gareth Lewis	Head of Financial Services and Accounting	Full Year
Rani Dash	Director of Corporate Governance	Full Year

Independent Members are appointed to hold office for a period of up to four years in any one term. During this time, a member may resign or be removed by the Board. The Chair of the Health Board keeps under review the membership of Board Committees to ensure changes are made regularly to refresh the membership of each committee and respond to circumstances when new members join the Board.

Trustee Induction and Training

As part of their induction programme, new Executive and Independent Members of Aneurin Bevan University Local Health Board are made aware of their responsibilities as Board members and as a Corporate Trustee of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities.

At each Charitable Funds Committee meeting, members are advised of any changes in legislation or other requirements relating to charities.

Public Benefit

The objects of the charity are such that all expenditure from the charity is for the benefit of the National Health Service and as such is therefore for 'public benefit'. The Charitable Funds Committee is aware of its duties in relation to public benefit and ensures that all expenditure fulfils public benefit criteria. This is demonstrated further in this report in the Expended Resources Section of Item 7.

Management of Funds

The Director of Finance is responsible for the day-to-day management and control of the administration of charitable funds and reports to the Charitable Funds Committee. The Director of Finance has responsibility for ensuring that:

- The spending is in accordance with the objects and priorities agreed by the Charitable Funds Committee.
- The criteria for spending charitable monies are fully met.
- All accounting records are maintained.
- Devolved decision making or delegated procedures are in accordance with the policies and procedures set out by the Board on behalf of the corporate trustee.

Within the charity there are 405 internal funds which are delegated to authorised fund holders to approve expenditure within predefined limits. All expenditure requests exceeding £25k are subject to Committee approval. A further 4 funds are controlled by the Charitable Funds Committee. The Health Board has a formal procedure that sets out guidance to delegated fund managers to aid them in the process of approving appropriate expenditure from funds.

3. Strategic Objectives & Activities

Charitable Funds received by the charity are accepted, held and administered as funds held on trust in accordance with the National Health Service (Wales) Act 2006.

The principal areas in which the funds are applied for the benefit of the public are:

- The purchase of medical equipment for use by Aneurin Bevan University Local Health Board.

- The provision of patient welfare activities and amenities.
- The education and welfare of staff.

The corporate trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund. The trustee respects the wishes of our generous donors to benefit patient care and advance good health and welfare of patients and staff.

The charity is constituted of 343 unrestricted and designated funds and 66 restricted funds at 31st March 2026. Material fund details are shown in Note 23 to the accounts. The current structure of the individual funds reflects the fact that most of the income and expenditure is focused where patients receive services. Fund managers exercise control over the funds donated to their management area.

4. Risk Management

The main risks associated with the charity relate to:

- Financial controls risk.
- Investment risk.

Financial Control Risk

A financial control procedure has been developed for Charitable Funds and agreed with the Charitable Funds Committee and approved by the Audit Risk & Assurance Committee to ensure that there are sufficient management controls in place to ensure regulatory compliance and minimise risk of fraud and error. Specifically, to:

- Ensure the spending is in accordance with the objects of the charity and the priorities agreed by the Charitable Funds Committee.
- Ensure the criteria for spending charitable funds are fully met.
- Ensure all accounting records are maintained.
- Ensure devolved decision-making is within specified parameters.

All other Financial Control Procedures covering core financial systems within Aneurin Bevan University Local Health Board are also applied to the financial administration of the charity.

An internal audit is undertaken periodically, based on the assessment of risk, to evaluate the adequacy of procedures and controls in place and to test compliance against those procedures. Audit Reports are presented to both the Charitable Funds and Audit Risk & Assurance

Committee of the Health Board, and this is a key measure in mitigating control risk. The latest Internal Audit report carried out in November 2021 provided substantial assurance on controls covering charitable funds. This definition of assurance generally means there is substantial assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively and that few matters require attention and are compliance or advisory in nature.

Financial reports showing the income statement and balance sheet together with analysis of significant financial changes are reported to each Charitable Funds Committee meeting. In addition, the Charitable Funds Committee reviews the draft annual accounts while the Board approves the final annual accounts of the charity.

The external audit of the accounts is undertaken by the Auditor General for Wales. The accounts have historically received an unqualified audit opinion.

Investment Risk

This risk is mitigated by investing in a diversified portfolio of investments through the professional advice of investment managers. Our investment managers, CCLA, attend the Charitable Funds Committee annually to present and discuss investment performance and strategy.

5. Reserves Policy

The Charitable Funds Committee reviews the Charity's reserve policy, on a regular basis, observing both Charity Commission guidance on reserves and the current level of funds held.

If reserves are too high, the charity is retaining funds without justification, and this could constitute a breach of trust. If reserves are too low, the fund's ability to meet future commitments or needs may be at risk.

The Charity operates on the basis that it only spends what it has received and does not rely on future donations to meet its commitments. Therefore, the reserves should be set at a level sufficient to cover the liabilities that face the charity, namely the cost of administering the funds and any unrealised losses and to hold some money in reserve to act as a buffer against stock market fluctuations.

The corporate trustee fully understands the need to regularly review the level of reserves and the charity's activities and operations so that future reserves can be maintained at a level which will mitigate the risk of significant fluctuations in the levels of donations and investments, and provide financial stability for the charity, to ensure that its aim of being able to apply charitable funds within a reasonable time is achieved.

At the end of 2024/25 the Charity held a reserve of £345k which was used to cover the unrealised loss on investments (CCLA) of £315k at the end of 25/26, leaving a balance in reserves of £30k. The calculated reserve for 25/26 going forward was £395k but there were insufficient funds of £365k to rebuild the reserve to this level. The Charitable Funds Committee agreed to pause its requirement to have a reserve on the basis that:

- whilst the reserves policy includes provision for the annual administration charge, the practical risk of the reserve being required for this purpose in 2026/27 is considered low and
- investment markets are cyclical and at 30 June 2026, the Charity has already recorded a year-to-date unrealised gain of £238k. It is therefore reasonable to monitor the position during 2026/27.

The charitable funds reserve value is reviewed at least annually.

6. Grant Making Policy

The use of our funds is restricted by the governing document which established the charity for purposes connected with the NHS. Grants consist of:

General Funds

This consists of donations received by the charity where no preference as to its expenditure has been expressed by donors. The Charitable Funds Committee decides on how these funds should be spent by receiving requests from across the Health Board. The value of general funds held is £185k. There are also fixed asset valuations totalling £80k which includes one investment properties (£55k) and one painting (£25k).

Designated Unrestricted Funds

These consist of donations where a particular part of the hospital or activity was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the trustee, the

designated funds reflect these nominations. The value of the designated unrestricted funds is £3,407k.

Restricted Funds

These consist of legacies and grants where a legal document and signed agreement restrict the use to the terms of the bequest/agreement. The value of restricted funds held is £783k.

During the year the charity made grants of £1,389k representing 89% of the total charitable expenditure. In making grants the trustee requires that the activity falls within the objectives of the charity and relate to the specific purpose of the individual funds from which it is being met.

7. Review of our Finances, Achievements and Performance

The financial statements for 2025/26 are presented at the end of this report.

The net assets of the Charity at 31st March 2026 were £4,190 (31st March 2025 £4,944k). Overall net assets decreased by £754k.

Incoming Resources

Incoming resources when comparing against the 2024/25 position were £338k higher. Donations increased by £227k, legacies increased by £13k, investment income decreased by £21k, grant income increased by £81k and income from charitable activities increased by £38k.

The charity received three legacies during the year, total value £23k (2024/25 two legacies, value £10k).

Expended Resources

Charity expenditure for the year totalled £1,569k, an increase of £175k from the previous year. Expenditure for the year was across several categories as follows:

I. Purchase of Equipment

Total expenditure on equipment was £533k. This was on a range of varied equipment across the Health Board as described at the beginning of this report.

II. Building and Refurbishment

Total expenditure on building and refurbishment was £20k.

III. Patients Education and Welfare

Total expenditure on patients' welfare and amenities was £515k. The bulk of this relates to staffing costs for numerous projects such as meaningful activities, local specialist suicide bereavement service, psychological support for patients accessing cancer services, volunteer initiatives and our decarbonisation project. It also consists of various therapies, seasonal activities, support groups, volunteer expenses and other items of expenditure to benefit patients.

IV. Staff Education and Welfare

Total expenditure on staff education and welfare was £261k. The main items consist of running in-house conferences and training, team building events, attending conferences as guest speakers as well as delegates, numerous study days, seminars, training course fees, and related travelling, subsistence and accommodation expenditure, textbooks, professional journals, student bursaries, Staff Recognition Awards and staff wellbeing.

V. Research

Expenditure on research totalled £59k and relates to contributions towards a thyroid project and an ovarian cancer algorithm.

VI. Support Costs

Total expenditure on support costs was £181k. This includes the audit fee of £21k, governance costs for fundraising of £11K and costs of the charitable funds office and corporate support.

Investment Properties

Investment property owned by the charity is the T P Price Estate valued at £55k, consisting of one small parcel of land.

13 Clytha Square, Newport is a large Victorian building in the centre of Newport which was rented to Aneurin Bevan University Local Health Board to use as offices was sold at auction in April 2025.

Investments on the Stock Exchange

The charity's investments are managed by CCLA Investment Management Limited with the aim of managing the funds to achieve a balance of growth and income. They are contracted to provide investment management services to the charity until the 31st of March 2027.

The charity's investment policy does not allow managers to invest in those companies whose main business is related to the production or sale of tobacco or alcohol, or those companies involved in the arms trade.

We continue to invest in their ethical investment fund.

Other Investments

"The Domestic Chaplain", a painting donated to the charity many years ago is valued at £25,000 and is currently on loan to the National Museum of Wales, Cardiff.



8. Key Achievements

Charitable Funds Strategy

The Charitable Funds Team worked with the Communications Team on a design concept featuring 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 most expressive and symbolic, 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 identity across our media.

Funding

Expenditure totalling £189k relating to various bids and small grants from across the organisation were supported from the Charitable Funds Committee from its own general fund.

This support significantly enhanced services for the patients and staff in the Aneurin Bevan University Local Health Board as shown throughout this report.

Governance Arrangements

The accounts and trustees annual report have always been produced on time with unqualified audit opinions and filed on time with the Charities Commission.

9. Plans and Objectives for the Future

Income continues to be received by the charity due to the generosity of the public in recognition of the care and treatment received from the Health Board and the charity will continue to use its funds to improve patient experience.

The Charity must look at ways of increasing income and to better demonstrate the impact of its charitable spending as follows:

- Raise the profile of the Charity.
- Invest in resourcing to grow and fulfil its potential.
- Support staff to work with partners to obtain grants from companies, external organisations and charities for identified equipment and projects.
- Ensure that all accounting or charity regulatory requirements are fully complied with including the new Statement of Recommended Practice (SORP) which is effective from January 2026. The SORP is a document that provides guidance on accounting and reporting, offering recommendations on how charities should prepare their financial statements and annual reports. These recommendations help ensure transparency, consistency and accountability in how charities manage their finances.

- With the investment manager contract expiring on 31st March 2027, enter a competitive tender process to appoint an Investment Manager.

- Consider joining the NHS Charities Together Lottery scheme which is open to the public.

10. Events since the Year End

- The Board (the Corporate Trustee of the charity) was chaired by Ann Lloyd, CBE, until 2nd April 2026. Andrew Morgan OBE, commenced as Chair on 5th May 2026. Phil Robson, Vice Chair, undertook the role of Acting Chair during the period 3rd April to 4th May 2026.

- We have registered with the Fundraising Regulator which 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.

Registered with/Cofrestrwyd gyda'r FUNDRAISING REGULATOR RHEOLEIDDIWR CODI ARIAN

- We have adopted the following Mission statement which is a simple and concise summary explaining what we do.

Mission Statement

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

We exist to enhance patient and staff 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.

- We released £300k from CCLA investments in April 2026, due to increased expenditure levels against static income and we expect to release further investments in the coming months if our income continues to reduce and our expenditure increases.

  CCLA, our investment managers, believe the key determinants of long-term value remain unchanged: businesses with sustainable earnings, robust cash generation and strong balance sheets are generally best positioned to navigate uncertain economic

conditions. They remain optimistic about the years ahead and take comfort from the fact that the portfolio is built upon a foundation of high-quality assets, strong fundamentals and a long-term investment philosophy. They believe these attributes will leave us well placed to navigate whatever challenges and opportunities the future may bring.

Approved on behalf of the Corporate Trustee

Chair
Aneurin Bevan University Local Health Board

Date: xx January 2027

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Appendix 1: Enquiries of management

Enquiries of management – in relation to fraud

Question	25-26 Response
1. What is management's assessment of the risk that the financial statements may be materially misstated due to fraud? What is the nature, extent and frequency of management's assessment?	*The risk of misstatement remains low. The basis being an effective system of internal controls and sound control environment mitigate against the risk. This is supported by Internal Audit reports, and the measure put in place by the Charitable Funds Committee.*
2. Do you have knowledge of any actual, suspected or alleged fraud affecting the audited body?	*We have not recorded any known cases of fraud against the Aneurin Bevan Health Board Charity during the 2025/26 financial year.*
3. What is management's process for identifying and responding to the risks of fraud in the audited body, including any specific risks of fraud that management has identified or that have been brought to its attention?	*The processes for identifying and responding to risks around fraud are enhanced by a robust and well-resourced counter fraud programme. The Cabinet Office NHS requirement GOV S013 requires that all counter fraud risk assessments are carried out by the Counter Fraud Team. Following on from the initial assessment all informed Fraud Risk is reviewed by the counter fraud team. This can be achieved via management ownership, post-investigation,*

Question	25-26 Response
	thematic exercise, or central NHS trends reported from NHS Counter Fraud Authority (CFA). A thorough assessment is conducted, and recommendations made which are reported to Directorate, Executive Director with responsibility for the risk domain, Executive Director of Finance and Audit Risk and Assurance Committee.
4. What classes of transactions, account balances and disclosures have you identified as most at risk of fraud?	*The aim of the risk assessment is to fraud proof processes, address any identified weakness and with the goal of reducing the opportunity of fraud in that area to an absolute minimum. All fraud risks remain live on a document within the Counter Fraud department and are subject to regular review but held by the directorate that holds the process and therefore the risk. All completed fraud risks are recorded and reported to the NHS CFA via the case management system (CLUE). All fraud risk work carried out is compliant with the organisations over riding Risk Management Policy and the requirements of Compliance set by the NHS CFA.*

Question	25-26 Response
5. Are you aware of any whistleblowing or complaints by potential whistle blowers? If so, what has been the audited body's response?	*In the year 2025/26 the ABUH Counter Fraud Team recorded no cases involving a whistle blower in relation to the Charity.*
6. What is management's communication, if any, to those charged with governance regarding their processes for identifying and responding to risks of fraud?	*ABHUB's Head of Counter Fraud reports regularly (as a standing agenda item) to the Public and Private session of the Health Board's Audit, Risk and Assurance Committee. Reports from the Audit, Risk and Assurance Committee are submitted to the Board.* *If there is a clear conflict of interest for ABUHB or if it involved a very senior staff member the likelihood would be the matter would be referred to NHS CFS Wales.*
7. What is management's communication, if any, to employees regarding their views on business practices and ethical behaviour?	*ABUHB has an agreed Values and Behaviours Framework and Business Conduct Policy, which equally applies to the those members of staff involved in the Charitable Fund.* *Declarations of Interests are sought annually with the expectation that as staff are aware of their duty to disclose this will be done as and when this need arises.*

Question	25-26 Response
	All Board members are provided with a direct request regarding completing a Declaration of Interest and are made aware of their continuing duty to declare as and when required to do so.
8. For service organisations, have you reported any fraud to the user entity?	*No issues to report*

Enquiries of management – in relation to laws and regulations

Question	25-26 Response
9. Is the audited body in compliance with relevant laws and regulations? How have you gained assurance that all relevant laws and regulations have been complied with? Are there any policies or procedures in place?	*Compliance with legislation and regulations form part of the scopes of external and internal scrutiny bodies reviews. Compliance with major new or revised legislation and regulation are reported as separate items to the Charitable Funds Committee and Executive Board.* *The Charities Statement of Recommended Practice (SORP) 2026 applies from accounting periods beginning on or after 1st January 2026. As such, the changes will take effect from the 2026/27 financial year.*

Question	25-26 Response
10. Have there been any instances of non-compliance or suspected non-compliance with relevant laws and regulations in the financial year, or earlier with an ongoing impact on this year's audited financial statements?	*No issues to report*
11. Are there any potential litigations or claims that would affect the financial statements?	*No issues to report*
12. Have there been any reports from other regulatory bodies, such as HM Revenues and Customs which indicate non-compliance?	*There have been no issues of non-compliance*
13. Are you aware of any non-compliance with laws and regulations? Has the Charity received any notice of any such known of possible instances of non-compliance?	*No issues to report*
14. Have there been any changes to laws and regulations that directly impact the entity this year?	*There were no changes to laws and regulations that had a direct impact on the Charity in this financial year.*

Question	25-26 Response
15. Has there been any significant communications with regulators?	*The Charitable Fund continues to maintain positive relationships with its regulators, including the Charity Commission. There are no significant communications to report. Any report issued by the Charity Commission would be presented to the Charitable Funds Committee, alongside management action plans for improvement.*
16. For service organisations, have you reported any non-compliance with laws and regulations?	*There have been no matters of non-compliance with laws and regulations reported in 2025/26*

Enquiries of management – in relation to related parties

Question	25-26 Response
17. Have there been any changes to related parties from the prior year? If so, what is the identity of the related parties and the nature of those relationships? Confirm these have been disclosed to the auditor.	*This is fully reflected in the accounts which includes any changes along with prior period information*
18. What transactions have been entered into with related parties during the period? What is the purpose of	*The full detail of these transactions will be provided as part of the audit of the Charitable*

Question	25-26 Response
these transactions? Confirm these have been disclosed to the auditor.	*Funds annual accounts and associated statements.*
19. What controls are in place to identify, account for and disclose related party transactions and relationships?	*The relevant controls will be provided as part of the annual accounts and associated statements*
20. What controls are in place to authorise and approve significant transactions and arrangements: • with related parties, and • outside the normal course of business?	*There is an annual Declarations of Interest process which is managed by the Health Board's Corporate Governance team, which is completed for all Board Members, including those on the Charitable Funds Committee.*

Enquiries of management – in relation to the control environment & IT systems

Question	2025-26 Response
21. If internal control deficiencies were reported in the prior year, please comment on the status of these.	*There are no control deficiencies that have been reported that would impact on the financial statements.*
22. Have there been any changes to significant IT systems or applications in the period?	*None that affect the accounts process.*

Enquiries of management – in relation to financial reporting

Question	2025-26 Response
23. Are you aware of significant transactions that are outside the normal trading activities of the business?	*None*
24. Are you aware of any transactions, events or changes in circumstances that would cause impairments of non-current assets?	*None*
25. Are you aware of any transactions, events and conditions (or changes in these) that may give rise to recognition or disclosure of significant accounting estimates that require significant judgement?	*None*
26. Have there been any changes in accounting policies in relation to significant estimates?	*None*
27. Have you used any experts in the preparation of the accounts?	*No experts are used in the preparation of the accounts themselves – that is done by the in-house financial accounts team.*
28. Have there been any issues that may impact the preparation of the accounts identified so far?	*None*

Question	2025-26 Response
29. Do you have knowledge of events or conditions beyond the period of the going concern assessment that may cast significant doubt on the entity's ability to continue as a going concern?	*The charity is dependant on the funding provided by donations and legacies during the financial year and invests these in a reputable, highly regarded institution used by numerous charities in the UK.* *We have not identified any significant changes in these funding sources during the subsequent period that would impact on the Charity to continue as a going concern. The charity also holds a reserve against negative stock market fluctuations.*

Appendix 2: Enquiries of those charged with governance

Enquiries of those charged with governance – in relation to fraud

Question	2025-26 Response
1. Do you have any knowledge of actual, suspected or alleged fraud affecting the audited body?	*There have been no instances of reported Fraud against ABUHB Charitable Fund in 2025/26.*
2. What is your assessment of the risk of fraud within the audited body, including those risks that are specific to the audited body's business sector?	*The level of fraud risk is identified in the Fraud Risk Profile that is maintained by the Head of Counter Fraud on behalf of the Charity.* *The assessment of risk is reflected in the Counter Fraud annual work plan, designed to target those areas with most consequence and likelihood and therefore the plan targets the areas where the Charity is at most risk.* *Aligned with the Government Functional Standards, the Charity Commission and the Counter Fraud annual workplan, the ABUHB Counter Fraud team, have a requirement to undertake detection activity to reduce the risk/ potential exposure to fraud loss.* *The Counter Fraud team work with the Charitable Fund Committee to target service areas that are considered/ highlighted to be at risk, will evaluate*

Question	2025-26 Response
	the systems and procedures, identify potential weaknesses and ensure that protocols in place are robust. *The high priority service areas at risk of exposure include Accounts Receivable, Accounts Payable & Procurement.* *Comprehensive risk assessments are undertaken with follow-up local proactive exercises to evaluate the effectiveness and address any evolving system weaknesses.*
3. How do you exercise oversight of: • management's processes for identifying and responding to the risk of fraud in the audited body, and • the controls that management has established to mitigate these risks?	*Counter Fraud throughout NHS Wales and NHS CFA allows for the immediate sharing of information of new and emerging fraud trends. These fraud risks can then be actioned, and processes altered or put in place to minimise the loses via this type of fraud.* *The Audit, Risk and Assurance Committee are themselves duty bound to report any potential Risk of Fraud within ABUHB, including fraud related to the Charitable Funds. They are reported to by External Audit, Internal Audit and Counter Fraud Services.*

Question	2025-26 Response
	The Counter Fraud service will have an "in confidence" session during the year with the Independent Members of the Charitable Funds Committee and the Director of Corporate Governance to discuss and highlight any instances of Fraud.

Enquiries of those charged with governance – in relation to laws and regulations

Question	2025-26 Response
4. Are you aware of any non-compliance with laws and regulations that may be expected to have a fundamental effect on the operations of the entity?	*There are no issues to report.*
5. How does the Charitable Funds Committee, in your role as those charged with governance, obtain assurance that all relevant laws and regulations have been complied with?	*As the Committee itself is charged with governance, a range of mechanisms are in place to seek assurances that all relevant laws and regulations have been complied with.*

Enquiries of those charged with governance – in relation to related parties

Question	2025-26 Response
6. How does the Charitable Funds Committee, in its role as those charged with governance, exercise oversight of management's processes to identify, authorise, approve, account for and disclose related party transactions and relationships?	*There is an Annual Declarations of Interest process and Business Conduct Policy in operation.* *The Financial statements include a dedicated section in regard to related party relationships where disclosures are made for related party transactions/relationships.* *Arrangements for declarations of interest are also disclosed in the Annual Governance Report, reviewed by the Committee.*

Enquiries of those charged with governance – supplementary queries

Question	2025-26 Response
7. Are there any matters which those charged with governance consider require particular attention during the audit?	*All issues regarding the financial statements have been raised throughout the year and fully disclosed to the auditors.*
8. Are those charged with governance aware of any significant communications with regulators?	*There are no significant communications to report. Any report issued by the Charity Commission would be presented to the Charitable Funds Committee, alongside management action plans for improvement.*

Appendix 3: Background information

Matters in relation to fraud

International Standard for Auditing (UK) 240 covers auditors' responsibilities relating to fraud in an audit of financial statements. This standard has been revised for 2022-23 audits.

The primary responsibility to prevent and detect fraud rests with both management and 'those charged with governance', which for the Health Board is the Board. Management, with the oversight of those charged with governance, should ensure there is a strong emphasis on fraud prevention and deterrence and create a culture of honest and ethical behaviour, reinforced by active oversight by those charged with governance.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error. We are required to maintain professional scepticism throughout the audit, considering the potential for management override of controls.

What are we required to do?

As part of our risk assessment procedures we are required to consider the risks of material misstatement due to fraud. This includes understanding the arrangements management has put in place in respect of fraud risks. The ISA views fraud as either:

- The intentional misappropriation of assets (cash, property, etc); or
- The intentional manipulation or misstatement of the financial statements.

We also need to understand how those charged with governance exercises oversight of management's processes. We are also required to make enquiries of both management and those charged with governance as to their knowledge of any actual, suspected or alleged fraud, management's process for identifying and responding to the risks and the internal controls established to mitigate them.

Matters in relation to laws and regulations

International Standard for Auditing (UK and Ireland) 250 covers auditors' responsibilities to consider the impact of laws and regulations in an audit of financial statements.

Management, with the oversight of those charged with governance, is responsible for ensuring that the Health Board 's operations are conducted in accordance with laws and regulations, including compliance with those that determine the reported amounts and disclosures in the financial statements.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error, taking into account the appropriate legal and regulatory framework. The ISA distinguishes two different categories of laws and regulations:

- laws and regulations that have a direct effect on determining material amounts and disclosures in the financial statements;
- other laws and regulations where compliance may be fundamental to the continuance of operations, or to avoid material penalties.

What are we required to do?

As part of our risk assessment procedures we are required to make enquiries of management and those charged with governance as to whether the Health Board is in compliance with relevant laws and regulations. Where we become aware of information of non-compliance or suspected non-compliance we need to gain an understanding of the non-compliance and the possible effect on the financial statements

Matters in relation to related parties

International Standard for Auditing (UK) 550 covers auditors' responsibilities relating to related party relationships and transactions.

The nature of related party relationships and transactions may, in some circumstances, give rise to higher risks of material misstatement of the financial statements than transactions with unrelated parties.

Because related parties are not independent of each other, many financial reporting frameworks establish specific accounting and disclosure requirements for related party relationships, transactions and balances to enable users of the financial statements to understand their nature and actual or potential effects on the financial statements. An understanding of the entity's related party relationships and transactions is relevant to the auditor's evaluation of whether one or more fraud risk factors are present as required by ISA (UK and Ireland) 240, because fraud may be more easily committed through related parties.

What are we required to do?

As part of our risk assessment procedures, we are required to perform audit procedures to identify, assess and respond to the risks of material misstatement arising from the entity's failure to appropriately account for or disclose related party relationships, transactions or balances in accordance with the requirements of the framework.

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 November 2026
CYFARFOD O: **MEETING OF:**	Charitable Funds Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Financial Report for Quarter 2, Period Ending 30th September 2026
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

Cefndir / Background

This report provides a financial update for the Charitable Funds Committee for Quarter 1 and 2, the period from 1 April - 30 September 2026.

Asesiad / Assessment

The key findings for the first half of the financial year (April - September 2026) are as follows:

- Expenditure is £533k during the first half of the financial year. £268k during quarter 1 and an increase of £265K during quarter 2.
- Income is £345k during the first half of the year.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to note this report.

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

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

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:	
• **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.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Elusen Iechyd
Aneurin Bevan
Health Charity

Aneurin Bevan Health Charity Finance & Performance Report

Quarter 1 - 01 April 2026 – 30th June 2026

Summary

The following information is presented in this report:

Balance Sheet Funds increased by 3.71% £235k to £4.4m in Q1	Statement of Financial Activities Unrealised gain of £238k on Investments in Q1	Income £185k in Q1	Expenditure £268k In Q4
Cashflow	8 new fund set up	**1 overdrawn account – F003**	CCLA continues to experience volatile movements due to the Middle East conflict



Balance Sheet

During the quarter, the Charitable Funds have increased by 3.71%:

	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26	30-Jun-26	Movement in Qtr
	£	£	£	£	£	£
Fixed Assets						
Oakdale 1M Strip of Land	55,000	55,000	**55,000**	**55,000**	**55,000**	0
Painting - The Domestic Chaplain	25,000	25,000	**25,000**	**25,000**	**25,000**	0
Other Assets						
CCLA Investments	4,429,239	4,402,299	4,397,087	**4,105,380**	**4,043,426**	-61,953
Cash	534,403	283,595	244,934	**159,162**	**283,549**	124,387
Debtors	116,222	264,137	174,731	**250,332**	**145,676**	-104,656
Creditors	-210,598	-319,906	-315,874	**-405,045**	**-207,429**	197,616
Total Net Assets	**4,949,266**	**4,710,124**	**4,580,878**	**4,189,828**	**4,345,222**	**155,394**
of which						
Restricted Funds	**1,030,224**	**987,120**	**900,360**	**783,112**	**803,155**	**20,042**
Unrestricted Funds	**3,919,043**	**3,723,005**	**3,680,518**	**3,406,715**	**3,542,067**	**135,352**



The movement in quarter in Investments is made up of unrealised gain of £238,047 less £300,000 that we drew down during April 26 .



£803k of funds are restricted (Legacies and Grants) reflecting 18% of total funds held.



Statement of Financial Activities

Expenditure and Donations have decreased while Other Income has increased

	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26	30-Jun-26
	£000's	£000's	£000's	£000's	£
Income					
Donations	51	251	294	396	**64**
Legacies	0	0	21	23	**0**
Grants	140	246	306	316	**0**
Investment Income	43	84	125	168	**42**
Other Income	36	69	118	230	**79**
Total Income	270	650	**864**	**1,133**	**185**
Expenditure	283	875	**1,201**	**1,569**	**268**
Gains/(Losses) on investment assets	6	-21	**-26**	**-318**	**238**
Surplus/(Deficit)	-7	-246	**-363**	**-754**	**155**
Total Net Assets	**4,949**	**4,710**	**4,581**	**4,190**	**4,425**

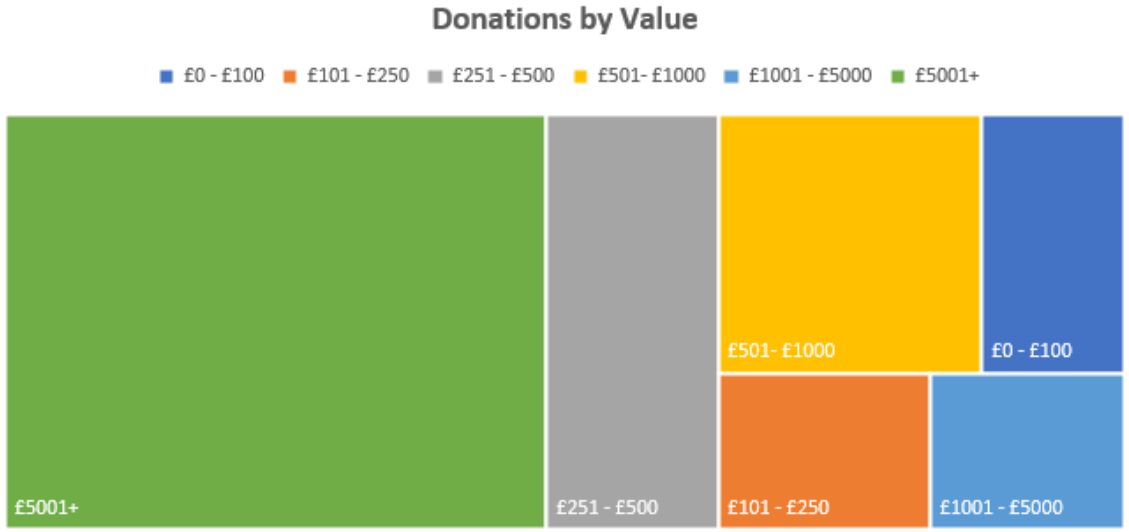
- Compared to this time last year, donations have increased slightly
- Other income compared to this time last year has doubled.
- There is an unrealised gain of £238k in investments in quarter.

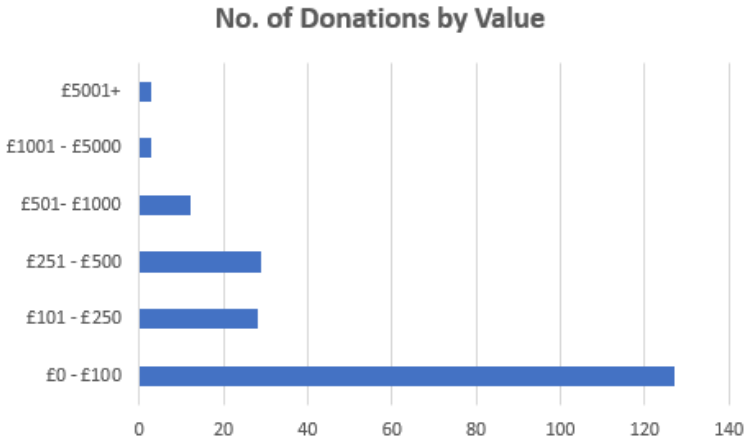
- Expenditure has slightly decreased compared to this time last year.



Income

Donations totalling £64k were received in the quarter





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

Fund Ref		Received From	Amount £
Apr-26			
F826	ABUHB COLORECTAL NURSING	R C BUTCHER	10,000.00
F568	YYF BARGOED WARD 2/2 (STROKE)	J THOMAS	1,000.00
F231	ABUHB DINKY DRAGONS	JUST GIVING	2,923.40
			13,923.40
May-26			
F638	STW SYCAMORE WARD EMI	JUST GIVING	1,185.59
			1,185.59
Jun-26			
F574	YYF GERONTOLOGY FUND	IDORSIA PHARMACEUTICALS	1,000.00
F186	ABUHB MATERINTY BEREAVEMENT FUND	HELEN HOWELLS	8,565.00
			9,565.00
Overall Total			24,673.99

Income – For the Quarter

Other Income of £79k was received during the quarter, mainly through training courses whose fee is charged through the Charity.

- Wellbeing service received £30k in relation to various courses.
- Postgraduate funds received training income totalling £16k in the quarter.
- The Casting Techniques course generated a further £6k this quarter.
- Obstetrics received £11k in course fees.
- Pleural Disease course raised £2k in course fees.
- Gerontology received a £10k towards its conference.
- Sexual Health courses generated £3k in course fees.



Income – In Pictures

Fundraising Donations of £753.75 for the Committee's general fund

Charity Begins at Hyrox!

As part of their commitment to our own charity - Aneurin Bevan Health Charity - which sits within the finance function of the Health Board, Rob Jones, Assistant Director of Finance – Financial Systems & Services and Gareth Lewis, Head of Financial Services & Accounting are leading the way by taking on the Cardiff Hyrox challenge on 4th May 2026.



Funds raised will go to the Charity's general fund, supporting compassionate, innovative and life changing projects across our Health Board and will provide those extra comforts that make a real difference to both our patients and our staff.

Income – CCLA Investment

Investments reflected an unrealised gain of £238k in the quarter

Portfolio summary

	Opening value (£)	Purchases (£)	Sales (£)	Income retained (£)	Capital returns (£)	Closing value (£)
Long-term portfolio						
Ethical Investment	3,282,543	-	(300,000)	-	241,663	3,224,207
Property	822,836	-	-	-	(3,617)	819,219
Total Long-term portfolio	**4,105,380**	**-**	**(300,000)**	**-**	**238,047**	**4,043,426**
Total portfolio	**4,105,380**	**-**	**(300,000)**	**-**	**238,047**	**4,043,426**

- In Qtr. 1, the Ethical Fund had an unrealised gain of £242k.
- The Property Fund had an unrealised loss of £4k in the Qtr.
- We drew down £300k in April 26.

Income earned during the quarter

COIF Charity Funds	Distribution per income unit	Payment date	Income payable (£)	
Ethical Investment	2.35p	28/08/2026	26,153.35	The payment is 6.8% more than the equivalent payment in 2025.
Property	1.43p	28/08/2026	11,003.98	The payment is 2.9% more than the equivalent payment in 2025.
	Total payable		**37,157.33**	

- Income earned in the quarter is £37k, which is slightly less by £2k than previous quarters but expected as we drew down £300k cash in April 26.
- Full year income from the investment holdings for 26/27 is expected to be around £148k.

Income – In Statistics

Breakdown of how we receive our income

Breakdown of Income Received	Quarter 1 24/25		Quarter 1 25/26		Quarter 1 26/27		Quarter 2 24/25		Quarter 2 25/26		Quarter 3 24/25		Quarter 3 25/26	
	£	%	£	%	£	%	£	%	£	%	£	%	£	%
Cheques	33,174	2%	17,218	4%	15,334	3%	20,556	3%	14,647	6%	21,696	12%	13,861	5%
Cash	4,494	0%	6,219	1%	7,452	1%	4,100	1%	4,425	2%	4,740	3%	7,725	3%
Direct into bank	1,374,089	97%	429,485	95%	497,612	96%	639,509	96%	231,616	92%	148,577	85%	276,744	93%
Total	**1,411,757**	**100%**	**452,922**	**100%**	**520,399**	**100%**	**664,164**	**100%**	**250,688**	**100%**	**175,013**	**100%**	**298,330**	**100%**

Most of the income received via Bank Account – which is a more secure source and provides less risk to the Charity.
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 1 26/27		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%	16,410	3.30%	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%	16,729	3.36%	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%	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%	0	0.00%	166,564	60.19%
Paid Invoices	54,748	3.98%	72,591	16.90%	109,327	21.97%	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%	10,418	2.09%	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%	41,830	8.41%	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%	224	0.05%	35,244	5.51%	0	0.00%	19,306	12.99%	575	0.21%
VAT Reclaim	958	0.07%	1,531	0.36%	2,675	0.54%	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%	0	0.00%
Drawdown from CCLA Investments	0	0.00%	0	0.00%	300,000	60.29%	500,000	78.19%	0	0.00%	0	0.00%	0	0.00%
Total	**1,374,089**	**100.00%**	**429,485**	**100.00%**	**497,612**	**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.
Donations received directly into the Bank Account are growing.
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 £368k, benefitting patients and staff through the purchase of equipment, welfare, training and various projects.



Small items of medical equipment purchases; Gynaecology models £5k, Ophthalmology Tonometer £4k, Defibrillator cabinets £3k, ECG Machine £3k.

Carpet for postgraduate unit at GUH £23k



Training expenses: BSL £6k, Casting Course £14k, Laser Eye courses £3k, Postgraduate dept £10k, Gastroenterology Training £7k

Several projects were funded such as:

- Volunteer Co-Ordinator Project & Volunteer Expenses costing £23k in the quarter.
- Language and Interpretation Project £23k.
- Decarbonisation Project £5k.

Several events were funded such as:

- Falls Conference £24k
- Staff Awards £16k



Admin Charge £50k

Expenditure – In Pictures

Environmental Improvements made to the balcony area in CasGwent Ward in Chepstow Community Hospital

Before



After



Using donations received to the ward and monies raised by staff holding a raffle, improvements were made to the ward balcony area benefiting both patients and staff.

Expenditure –in Statistics

The number of requisitions and payments processed are lower this year compared to previous year

EXPENDITURE	Quarter 1 2025-26	Quarter 2 2025-26	Quarter 3 2025-26	Quarter 4 2025-26	Total	Quarter 1 2026-27
Number of requisitions processed	223	224	188	211	846	163
Number of payments processed	158	183	168	154	663	154
Total value of payments processed	£153k	£326k	£223k	£191k	£894k	£138k
Average number of payments processed per month	53	61	56	51	55	51
Average value of each payment	£1k	£1.8k	£1.3k	£1.2k	£1.4k	£0.9k
Number of internal transfers to ABUHB	23	21	18	15	77	12
Total value of internal transfers to ABUHB	£272k	£96k	£106k	£187k	£661k	£252k
Number of transactions in transfers	86	71	63	64	284	61
Average value of each transfer transaction	£3.2k	£1.4k	£1.7k	£2.9k	£2.3k	£4.1k

Volume of requisitions are consistent throughout 25/26, except Qtr. 3, which sees a drop-off due to less activity leading up to the Christmas period. Quarter 1 26/27 is also low.
Actual expenditure for Quarter 1 26/27 is lower than previous quarters.

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 the new financial year is being monitored as we continue to fund expenditure on reduced income.

A monthly cash flow forecast on the next slide presents actual figures for April to June and forecasted figures for the remaining period up to March 2027.

It should be noted that:

- CCLA interest & dividends are paid quarterly in arrears.
- We released £300k from CCLA investments in April, due to increased expenditure levels against static income.
- We expect to release further investments in the coming months if our income continues to reduce and our expenditure increases.



Cashflow 2 of 2

	ACTUAL Apr-26 Mth 1	ACTUAL May-26 Mth 2	ACTUAL Jun-26 Mth 3	ESTIMATE Jul-26 Mth 4	ESTIMATE Aug-26 Mth 5	ESTIMATE Sep-26 Mth 6	ESTIMATE Oct-26 Mth 7	ESTIMATE Nov-26 Mth 8	ESTIMATE Dec-26 Mth 9	ESTIMATE Jan-27 Mth 10	ESTIMATE Feb-27 Mth 11	ESTIMATE Mar-27 Mth 12	TOTAL 2026/27
BALANCE B/F	152,556	444,824	330,445	283,166	207,977	173,225	98,036	22,846	-11,906	-87,095	-162,284	-197,037	
INCOME													
DONATIONS INCOME	16,408	5,801	17,306	18,518	18,518	18,518	18,518	18,518	18,518	18,518	18,518	18,518	206,176
JUST GIVING INCOME	7,085	6,569	2,756	2,841	2,841	2,841	2,841	2,841	2,841	2,841	2,841	2,841	41,983
LEGACY INCOME	-	-	-								-	-	-
GRANT INCOME	-	-	-										-
INVOICE RECEIPTS	54,139	41,260	13,928	17,387	17,387	17,387	17,387	17,387	17,387	17,387	17,387	17,387	265,806
COURSE INCOME	3,063	5,825	1,530	3,639	3,639	3,639	3,639	3,639	3,639	3,639	3,639	3,639	43,168
OTHER INCOME	300,000	80	134										300,213
PAID TO CF IN ERROR	1	10	-										11
BANK INTEREST	588	730	971	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,395	14,844
VAT RECLAIMED	1,716	959	-	732	732	732	732	732	732	732	732	732	9,264
CCLA INTEREST & DIVIDENDS		39,541		-	40,437	-	-	40,437	-	-	40,437	-	160,851
													-
TOTAL INCOME	**383,000**	**100,775**	**36,624**	**44,512**	**84,949**	**44,512**	**44,512**	**84,949**	**44,512**	**44,512**	**84,949**	**44,512**	**1,042,316**
EXPENDITURE													
FASTER PAYMENTS	50,668	50,635	36,264	74,674	74,674	74,674	74,674	74,674	74,674	74,674	74,674	74,674	809,629
TRANSFERS - PAYMENTS TO ABUHB	31,965	174,342	44,564	42,021	42,021	42,021	42,021	42,021	42,021	42,021	42,021	42,021	629,062
TRANSFERS - PAYMENTS TO ABUHB FOR ERRORS													-
PAYABLE ORDERS													-
OTHER		50	338										388
JUST GIVING	47	47	47	47	47	47	47	47	47	47	47	47	562
BANK CHARGES	30	28	28	28	28	28	28	28	28	28	28	28	341
G4S	170	2,430	1,590	2,931	2,931	2,931	2,931	2,931	2,931	2,931	2,931	2,931	30,571
													-
TOTAL EXPENDITURE	**82,880**	**227,532**	**82,831**	**119,701**	**119,701**	**119,701**	**119,701**	**119,701**	**119,701**	**119,701**	**119,701**	**119,701**	**1,470,553**
(Outstanding lodgements/Uncleared cheques)	-7,852	12,378	-1,071										
NET INCOME/(EXPENDITURE)	300,120	-126,757	-46,207	-75,189	-34,752	-75,189	-75,189	-34,752	-75,189	-75,189	-34,752	-75,189	-428,237
BALANCE C/F	**444,824**	**330,445**	**283,166**	**207,977**	**173,225**	**98,036**	**22,846**	**-11,906**	**-87,095**	**-162,284**	**-197,037**	**-272,226**	**-428,237**

New Funds

The following funds were set up and require retrospective approval. They relate to legacies, grants and committee funds for monitoring of bids.

F872	CFC-279 SPEAKING UP SAFELY
F017	LEGACY ABUHB M BAILEY
F869	SGS 027 STAFF NETWORKS
F388	LEGACY OPHTHALMOLOGY E WRIGHT
F192	LEGACY COT A H LEWIS
F239	LEGACY NEO NATAL T WAKEFIELD
F016	LEGACY ABUHB D O HUMPHRIES
F572	GRANT WG FLS CONF

Matters to Note

Overdrawn Accounts

There is one overdrawn account as of 30th June 2026.

- F003 which is the holding account for the administration charge and dividends, and interest is overdrawn as the dividends and interest received on our investments is less than the estimated administration charge 26/27.

Events after the Reporting Period

We are aware of the following for next quarter

Expenditure

- We expect salary payments to continue for several projects that have been agreed by the Committee.

Income

The key headlines from CCLA @06.07.26:

- Share prices worldwide were slightly weaker over the month of June, and investors rotated from software shares into more defensive technology hardware shares.
- The US and Iran agreed to cease hostilities, which lowered oil prices. However, inflation may continue to rise for some time, and central banks stand ready to raise interest rates.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Elusen Iechyd
Aneurin Bevan
Health Charity

Aneurin Bevan Health Charity Finance & Performance Report

Quarter 2 - 01 July 2026 – 30th September 2026

Summary

The following information is presented in this report:

Balance Sheet

Funds decreased by £73k (1.68%) to £4.3m in Q2

Statement of Financial Activities

Overall loss in Q2 of £73K

Income

£160k in Q2

Expenditure

£265k In Q2

Reserves - Insufficient unrealised gains received to meet calculated reserve

Cashflow – cash required from investments to meet requirements

New Fund Request for ILD

Matters to Note

- 1 Overdrawn account
- CCLA changing our investments from COIF to CAIF

Events after Reporting Period

CCLA investments held their value and we received a new legacy of £27k to ABUHB



Balance Sheet

During the quarter, the Charitable Funds have decreased by 1.68%:

	30-Sep-25	31-Dec-25	31-Mar-26	30-Jun-26	30-Sep-26	Movement in Qtr
	£	£	£	£	£	£
Fixed Assets						
Oakdale 1M Strip of Land	55,000	**55,000**	**55,000**	**55,000**	**55,000**	0
Painting - The Domestic Chaplain	25,000	**25,000**	**25,000**	**25,000**	**25,000**	0
Other Assets						
CCLA Investments	4,402,299	4,397,087	**4,105,380**	**4,043,426**	**4,075,231**	31,805
Cash	283,595	244,934	**159,162**	**283,549**	**132,840**	-150,709
Debtors	264,137	174,731	**250,332**	**145,676**	**155,184**	9,509
Creditors	-319,906	-315,874	**-405,045**	**-207,429**	**-171,085**	36,344
Total Net Assets	**4,710,124**	**4,580,878**	**4,189,828**	**4,345,222**	**4,272,170**	**-73,052**
of which						
Restricted Funds	**987,120**	**900,360**	**783,112**	**803,155**	**768,454**	**-34,701**
Unrestricted Funds	**3,723,005**	**3,680,518**	**3,406,715**	**3,542,067**	**3,503,716**	**-38,351**



CCLA investments show an increase in funds of £32k during the quarter reflecting quarterly swings in performance.



£769k of funds are restricted (Legacies and Grants) reflecting 17% of total funds held.



Statement of Financial Activities

Funds have decreased as expenditure exceeds income received

	30-Sep-25 £000's	31-Dec-25 £000's	31-Mar-26 £000's	30-Jun-26 £	30-Sep-26 £	Movement in Qtr £000's
Income						
Donations	251	294	**396**	**64**	**112**	48
Legacies	0	21	**23**	**0**	**3**	3
Grants	246	306	**316**	**0**	**0**	0
Investment Income	84	125	**168**	**42**	**81**	39
Other Income	69	118	**230**	**79**	**149**	70
Total Income	650	**864**	**1,133**	**185**	**345**	**160**
Expenditure	875	**1,201**	**1,569**	**268**	**533**	**265**
Gains/(Losses) on investment assets	-21	**-26**	**-318**	**238**	**270**	**32**
Surplus/(Deficit)	-246	**-363**	**-754**	**155**	**82**	**-73**
Total Net Assets	**4,710**	**4,581**	**4,190**	**4,425**	**4,272**	**-153**

- Compared to this time last year donations are down by more than half. This is due to a large donation being received during Quarter 2 25/26
- We received a new legacy of £2,027 for the Neonatal Unit (F239 LEGACY NEONATAL T WAKEFIELD) and a further legacy of £1,000 which we are waiting for the solicitor to send a copy of the will.

- Expenditure is much lower in this quarter compared to same period last year as there was a significant spend on equipment purchases, which is not representative on 26/27 Quarter 2 spend (Be Heart Happy).

Reserves

Our requirements under our current policy to protect our fund holders has two main principles:

To cover Administration Charge:
As approved at the January Committee meeting an allowance for £185,000 is required.

To cover market volatility:
This is based on an average loss of 5% (2025/2026 8%, 2024/25 3%, 2022/23 7% and 2019/20 3%). Therefore 5%*£4,190 (funds c/f) = £210k.

Insufficient Funds for Reserve
We currently have insufficient funds to maintain the calculated reserve as shown in the table.

Solution approved by Committee
The Charitable Funds committee "paused" its requirement to have a reserves balance and will monitor the situation.

Situation Quarter 2
We require £364k to cover our reserves and our unrealised gain as at 30.09.26 is £270k. We require a further £94k to achieve the calculated reserve.

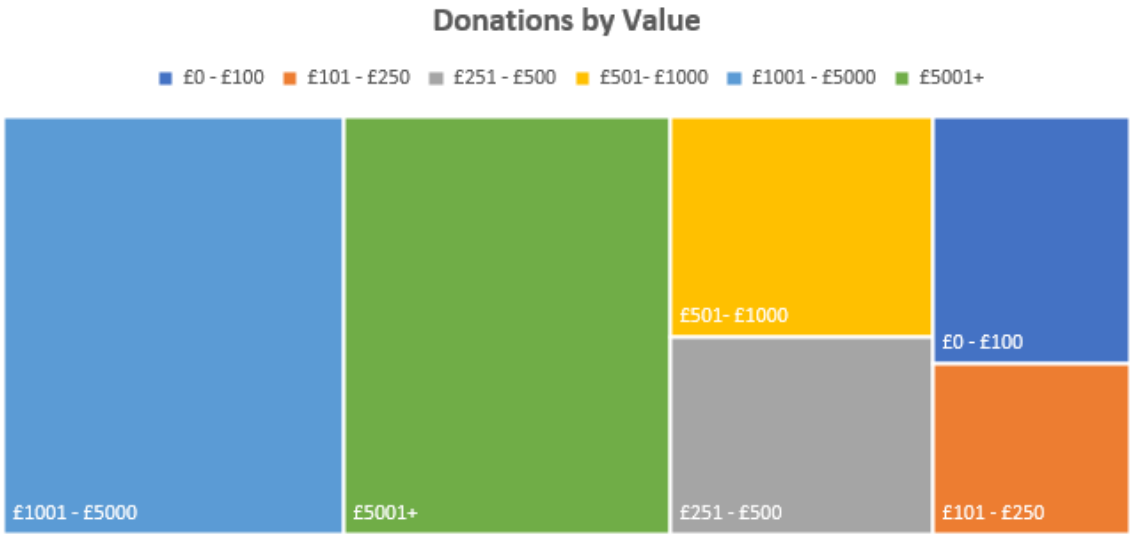
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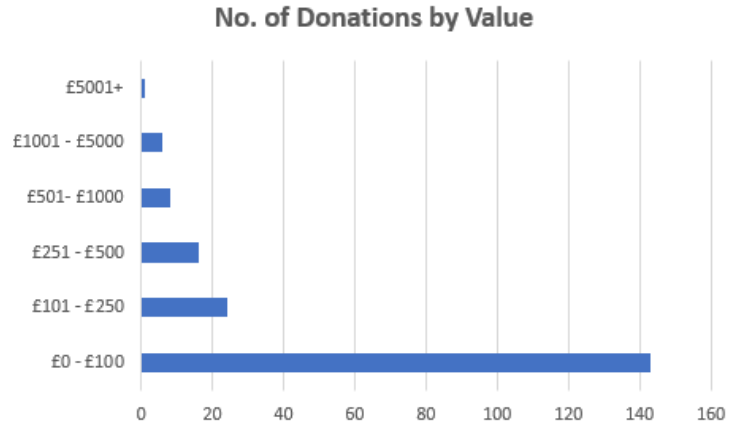
Security Reserve Balance Required	
For Administration	£185,000
For market Volatility	£210,000
Total reserve requirement	£395,000
Current General Reserve as at 31st March 2026 comprises	
F004 – ABUHB Reserves	31,131
Reserve Funding Requirement	£363,869



Income

Donations totalling £48k were received in the quarter





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

Fund Ref		Received From	Amount £
Jul-26			
F161	ABUHB GUH A3 GYNAECOLOGY	CLAIRE BADGER	2,803.00
F512	ABUHB GWENT INTERVENTION RADIOLOGY FUND	CASCINATION	2,605.00
F643	TSL HAFAN DEG WARD	CRANE FUND FOR WIDOWS	2,455.64
F703	ABUHB JACKS APPEAL	J E S GROUP LTD	1,026.00
			8,889.64
Aug-26			
F025	NHH LEAGUE OF FRIENDS - NEVILL HALL	LEAGUE OF FRIENDS	13,802.42
F231	ABUHB DINKY DRAGONS	JUST GIVING	4,179.15
F703	ABUHB JACKS APPEAL	NEWPORT CITY COUNCIL	1,325.00
			19,306.57
Sep-26			
	NO SIGNIFICANT DONATIONS		-
			-
Overall Total			28,196.21

We are grateful for £13K from League of Friends for Equipment; ECG machine, Spectra equipment, chairs and Vocera Communications

Income – For the Quarter

Other Income of £70k was received during the quarter, mainly through training courses whose fee is charged through the Charity.

- Wellbeing service received £37k in relation to various courses.
- Postgraduate funds received training income totalling £8k in the quarter.
- The Casting Techniques course generated a further £9k this quarter.
- Sexual Health received £11k for upcoming courses.
- Maternity & Obstetrics received training income of £2k in the quarter.
- The Bladder & Bowel services received £2k towards its conference.



Income – In Pictures

In September 26 David Thomas ran the Cardiff 10k in aid of the Neonatal Unit, Grange University Hospital aka Dinky Dragons. He is raising funds through our Just Giving site to say thank you and to help support the incredible work the unit continue to do for babies and families facing the most difficult days of their lives.



"Six years ago, Dinky Dragons gave our family hope, this is my chance to give something back"

Income – CCLA Investment

Investments reflected an unrealised gain of £32k in the quarter

Portfolio summary

	Opening value (£)	Purchases (£)	Sales (£)	Income retained (£)	Capital returns (£)	Closing value (£)
Long-term portfolio						
Ethical Investment	3,224,207	-	-	-	39,731	3,263,938
Property	819,219	-	-	-	(7,926)	811,293
Total Long-term portfolio	**4,043,426**	**-**	**-**	**-**	**31,805**	**4,075,231**
Total portfolio	**4,043,426**	**-**	**-**	**-**	**31,805**	**4,075,231**

- In quarter 2 the Ethical Fund had an unrealised gain of £40k.
- The Property Fund had an unrealised loss of £8k in the quarter.

Income earned during the quarter

COIF Charity Funds	Distribution per income unit	Payment date	Income payable (£)	
Ethical Investment	2.35p	30/11/2026	26,153.35	The payment is 1.3% more than the equivalent payment in 2025.
Property	1.43p	30/11/2026	11,003.98	The payment is 2.9% more than the equivalent payment in 2025.
	Total payable		**37,157.33**	

- Income earned in the quarter is £37k, which is consistent with the previous quarter.
- Full year income from the investment holdings is estimated to be £148k.

Expenditure – For the Quarter

Expenditure for the quarter was £368k, benefitting patients and staff through the purchase of equipment, welfare, training and various projects.



Small items of medical equipment purchases; Breast Care surgical headlamps £7k, Defibrillator cabinets £8k, ECG Machines £10k and Spectra Equipment £2k for Nevill Hall, Eizo monitors for Urology £5k, Software for Prempo Implementation in cardiology £11k.



Training expenses: Casting Course £5k, Postgraduate dept £7k,

Several projects were funded such as:

- Volunteer Co-Ordinator Project & Volunteer Expenses costing £27k.
- Language and Interpretation Project £7k. Plus interpretation costs of £6k.
- Patient & Family Inclusion Officer Project £27k.
- Wellbeing & Speaking up Safely £13k
- Decarbonisation Project £5k.

Events were funded such as:

- Staff Awards £21k



Admin Charge £46k

Expenditure - Celebrating the Staff Recognition Awards

On Friday 24th July, our annual Staff Recognition Awards took place funded by the Charity.

It’s always a privilege to bring colleagues together from across the Health Board to honour the incredible achievements, dedication, and compassionate care delivered every day. What makes this event even more special is that all nominations come from fellow staff - a true celebration of peer appreciation and mutual respect. The evening was a celebration of the people who make the NHS what it is.



Expenditure – Staff Awards



Expenditure – Staff Awards





The event was hosted by Chief Executive, Nicola Prygodzicz. In her opening address, Nicola acknowledged the overwhelming number and standard of nominations received this year. She said: *"It's my privilege and pleasure to welcome you all this evening to celebrate the many achievements we've seen over the past 12 months, despite the increasing challenging circumstances you all work under. During times of crisis and difficulty in particular is where we see the most heroic actions from our staff, which never ceases to amaze me.*

*"We recognise that even with this many nominations, this is just a snapshot of the excellent work undertaken by our staff every day. So, our celebration this evening is about recognising the contribution of **all** our staff but those of you here today, in particular, have been recognised for your dedication and efforts."*



Expenditure –in Statistics

Across the board, this year's expenditure figures are down compared to last year.

EXPENDITURE	Quarter 1 2025-26	Quarter 2 2025-26	Quarter 3 2025-26	Quarter 4 2025-26	Total	Quarter 1 2026-27	Quarter 2 2026-27	Total
Number of requisitions processed	223	224	188	211	846	163	183	346
Number of payments processed	158	183	168	154	663	154	153	307
Total value of payments processed	£153k	£326k	£223k	£191k	£894k	£138k	£202k	£340k
Average number of payments processed per month	53	61	56	51	55	51	51	51
Average value of each payment	£1k	£1.8k	£1.3k	£1.2k	£1.4k	£0.9k	£1.3k	£1.1k
Number of internal transfers to ABUHB	23	21	18	15	77	12	17	29
Total value of internal transfers to ABUHB	£272k	£96k	£106k	£187k	£661k	£252k	£101k	£353k
Number of transactions in transfers	86	71	63	64	284	61	56	117
Average value of each transfer transaction	£3.2k	£1.4k	£1.7k	£2.9k	£2.3k	£4.1k	£1.8k	£2.3k

Volume of requisitions are consistent throughout the year, except Qtr. 3, which sees a drop-off due to less activity leading up to the Christmas period.

Actual expenditure during the year shows that the funds are being utilised consistently throughout each quarter.

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 is being monitored as we continue to fund expenditure on reduced income.

A monthly cash flow forecast on the next slide presents actual figures for April to September and forecasted figures for the remaining period up to March 2027.

It should be noted that:

- CCLA interest & dividends are paid quarterly in arrears.
- We are due to release £250k from CCLA investments in October due to expenditure levels against static income.
- We expect to release further investments of £250k towards the end of the financial year if our income continues to reduce and our expenditure increases.



Cashflow 2 of 2

GIG CYMRU NHS WALES – Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	ACTUAL Apr-26 Mth 1	ACTUAL May-26 Mth 2	ACTUAL Jun-26 Mth 3	ACTUAL Jul-26 Mth 4	ACTUAL Aug-26 Mth 5	ACTUAL Sep-26 Mth 6	ESTIMATE Oct-26 Mth 7	ESTIMATE Nov-26 Mth 8	ESTIMATE Dec-26 Mth 9	ESTIMATE Jan-27 Mth 10	ESTIMATE Feb-27 Mth 11	ESTIMATE Mar-27 Mth 12	TOTAL 2026/27
BALANCE B/F	152,556	444,824	330,445	283,166	211,998	132,490	131,484	306,294	271,542	196,353	121,164	336,412	
INCOME													
DONATIONS INCOME	16,408	5,791	17,306	8,342	7,835	6,066	18,518	18,518	18,518	18,518	18,518	18,518	172,856
JUST GIVING INCOME	7,085	6,569	2,756	1,872	5,721	835	2,841	2,841	2,841	2,841	2,841	2,841	41,887
LEGACY INCOME	-	-	-	-		2,036					-	-	2,036
GRANT INCOME	-	-	-	-									-
GOODBOX		11		16									27
INVOICE RECEIPTS	54,139	41,260	13,928	9,345	1,890	48,578	17,387	17,387	17,387	17,387	17,387	17,387	273,460
COURSE INCOME	3,063	5,825	1,530	7,281	3,535	4,580	3,639	3,639	3,639	3,639	3,639	3,639	47,647
OTHER INCOME		80	134	2,660	610	571							4,054
PAID TO CF IN ERROR	1	10	-	35	114								160
BANK INTEREST	588	730	971	934	762	545	1,395	1,395	1,395	1,395	1,395	1,395	12,900
VAT RECLAIMED	1,716	959	-	2,063	-	4,288	732	732	732	732	732	732	13,419
CCLA INTEREST & DIVIDENDS		39,541		-	37,157	-	-	40,437	-	-	40,437	-	157,572
DRAWDOWN OF MONIES FROM CCLA	300,000						250,000				250,000		800,000
TOTAL INCOME	**383,000**	**100,775**	**36,624**	**32,549**	**57,625**	**67,499**	**294,512**	**84,949**	**44,512**	**44,512**	**334,949**	**44,512**	**1,526,017**
EXPENDITURE													
FASTER PAYMENTS	50,668	50,635	36,264	36,035	46,342	23,749	74,674	74,674	74,674	74,674	74,674	74,674	691,734
BACS PAYMENTS				30	58,560	39,606							98,195
TRANSFERS - PAYMENTS TO ABUHB	31,965	174,342	44,564	66,471	25,879	6,077	42,021	42,021	42,021	42,021	42,021	42,021	601,425
TRANSFERS - PAYMENTS TO ABUHB FOR ERRORS													-
PAYABLE ORDERS													-
OTHER		50	338										388
JUST GIVING	47	47	47	47	47	47	47	47	47	47	47	47	562
BANK CHARGES	30	28	28	31	30	37	28	28	28	28	28	28	353
G4S	170	2,430	1,590	765	6,600	640	2,931	2,931	2,931	2,931	2,931	2,931	29,783
													-
TOTAL EXPENDITURE	**82,880**	**227,532**	**82,831**	**103,378**	**137,457**	**70,155**	**119,701**	**119,701**	**119,701**	**119,701**	**119,701**	**119,701**	**1,422,440**
(Outstanding lodgements/Uncleared cheques)	-7,852	12,378	-1,071	-340	325	1,649							
NET INCOME/(EXPENDITURE)	300,120	-126,757	-46,207	-70,829	-79,832	-2,656	174,811	-34,752	-75,189	-75,189	215,248	-75,189	103,577
BALANCE C/F	**444,824**	**330,445**	**283,166**	**211,998**	**132,490**	**131,484**	**306,294**	**271,542**	**196,353**	**121,164**	**336,412**	**261,222**	**103,577**

New Fund There is one request for a new fund

Aneurin Bevan University Health Board Charitable Fund

Request to open a New Charitable Fund Account

All charitable fund accounts must have two nominated signatories. The first signatory is the Charitable Fund Holder who takes primary responsibility for the management of the account and must be aware of and be compliant with this financial control procedure. The second signatory must be a person of equivalent or more senior position to the Charitable Fund Holder.

Proposed Name of Account:	Interstitial Lung Disease (ILD) Support Group
Hospital:	Pan Gwent - ABUHB
Department/Ward:	Respiratory
Purpose of Account:	There is an established ILD Support Group, run by patients, which has been actively fundraising, with proceeds currently directed to the national ILD charity. The group has expressed a strong interest in raising funds locally to support activities, services and events that directly benefit ILD patients within Aneurin Bevan University Health Board. As part of a recent review of charitable funds within the Respiratory Directorate, a number of funds were amalgamated, resulting in the closure of several existing accounts. Consequently, there is currently no suitable charitable fund available to support the activities of this patient group. We are therefore seeking approval to establish a new dedicated fund. The proposed fund would enable fundraising income that might otherwise be donated to a national charity to be retained locally, ensuring that funds raised directly benefit ILD patients across the Health Board. In addition to fundraising proceeds, the fund may also attract donations from individuals and organisations wishing to support local ILD services and patient wellbeing initiatives.

1st Account Signatory:	Keri Russell
Name:	Keri Russell
Designation:	Respiratory Directorate Manager
Signed:	Keri Russell
Date:	13/10/26
2nd Account Signatory:	
Name	Christopher Heath
Designation	Deputy General Manager
Signed	
Date13/10/26	
Please note the second signatory must be of equal or higher grade	
For Finance Use	
Fund Name:	
Fund No:	
Date Set Up:	

Matters to Note

Overdrawn Accounts

There is one overdrawn account as of 30th September 2026.

- F003 which is the holding account for the administration charge and dividends and interest is overdrawn as the dividends and interest received on our investments is less than the estimated administration charge 26/27.

CCLA & Jupiter

- CCLA moved into Jupiter's office on 7th September 2026, so they now are all in one place at the "Zig Zag", number 70 Victoria Street, London.

- CCLA has informed us they will be converting our charity funds to a Charities Authorised Investment Fund (CAIF) structure next year. They will be contacting us shortly to provide further information and letting us know what this means for our investments.

Events after the Reporting Period

We are aware of the following for next quarter

Expenditure

- We continue to expect salary payments to continue for several projects that have been agreed by the Committee.

Income

- We received a legacy in October for £27,698 for Aneurin Bevan UHB (F016, LEGACY ABUHB D O HUMPHRIES).

The key headlines from CCLA @09.10.26:

- Hostilities in the Middle East flared up during the July-to Sept period, but many companies continued to report solid profit growth. Both developments were key drivers of financial markets.
- In the UK, share prices rose 2.3% over the third quarter. Many UK-listed companies are energy firms and the government's announcement of a 'Help to Buy' scheme boosted housebuilders' shares.
- The yield on 10-year gilts (UK government bonds) rose from 4.83% at the end of June to 5.38% at the end of September.



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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 November 2026
CYFARFOD O: **MEETING OF:**	Charitable Funds Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Legislation Changes
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 and Services

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

Er Gwybodaeth/For Information

This report provides an update to the Charitable Funds Committee on the final Charities Statement of Recommended Practice (SORP) in 2026, and other legislation changes, and the impact they will have on the Aneurin Bevan UHB Charitable Funds.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Charitable Funds Committee received a report in September 2025 outlining the proposed changes to the Charities Statement of Recommended Practice (SORP) and a number of recommended actions to prepare for implementation.

Since that report was prepared, the Charities SORP 2026 has been finalised and published. It applies to accounting periods beginning on or after 1 January 2026.

This report provides an update against each of the actions previously identified and reflects the requirements of the final SORP.

The report also highlights forthcoming changes under the Employment Rights Act 2025 which may affect the management of fixed-term and grant-funded posts supported by charitable funds.



Cefndir / Background

The final SORP introduces a three-tier reporting framework alongside significant changes in areas including the Trustees' Annual Report, income recognition and lease accounting. The reporting tiers are determined by **gross income**, rather than by the value of charitable funds held as indicated in the previous Committee report.

The final thresholds are:

- **Tier 1:** gross income of not more than £500,000.
- **Tier 2:** gross income above £500,000 and not more than £15 million.
- **Tier 3:** gross income above £15 million.

Accordingly, the tier assessment for the Aneurin Bevan UHB Charitable Funds should be made by reference to its gross annual income for the relevant reporting period, rather than its total fund balance.

Alongside the implementation of SORP 2026, the Committee should be aware of forthcoming changes under the Employment Rights Act 2025 which may affect the management of fixed-term and grant-funded posts supported by charitable funds.

Asesiad / Assessment

1. SORP 2026 Implementation

Progress Against Recommended Actions

1.1. **Tier Classification**

Confirm Tier 2 status and understand the implications for reporting in the final SORP.

Progress

The final Charities SORP 2026 confirms that reporting tiers are determined by gross income, rather than by the value of charitable funds held, as had been stated in the previous report. Tier 2 applies to charities with gross income above £500,000 and not more than £15 million.

The Aneurin Bevan UHB Charitable Funds Draft Accounts reports gross annual income of £1.133 million for 2025/26. On this basis, the Charity currently falls within the Tier 2 reporting threshold.

The Charity will therefore prepare for the Tier 2 requirements of SORP 2026. Tier 2 charities are required to meet the applicable Tier 1 requirements together with the additional Tier 2 requirements, including enhanced requirements within the Trustees' Annual Report and activity-based reporting within the Statement of Financial Activities.

Ongoing action:



Gross annual income should continue to be monitored as part of the annual accounts process to confirm the appropriate SORP tier for each reporting period.

Given that current income of £1.133m is significantly below the £15m Tier 3 threshold, no change in classification is currently anticipated.

1.2. **Enhance Narrative Reporting**

Identify gaps in information that would help provide a richer focus on impact, sustainability and volunteer contributions within the annual report.

Progress

A review of the draft 2025/26 Annual Report against the final SORP 2026 Tier 2 narrative requirements has been completed. The existing Annual Report provides a strong foundation for compliance, with good coverage of charitable activities, examples of patient and staff impact, governance, financial performance and future plans.

A number of targeted enhancements have been identified for the 2026/27 Annual Report, principally:

- clearer linkage between the Charity's objectives, activities, performance and impact;
- introduction of a small number of meaningful performance and impact measures;
- a more balanced explanation of achievements, challenges and principal risks;
- clearer linkage between income, expenditure and charitable objectives;
- reporting investment performance against objectives; and
- targeted improvements to volunteer, governance and reserves disclosures.

A wholesale redesign of the Annual Report is therefore not required. The existing format and project case studies will be retained, with the identified enhancements incorporated into the 2026/27 report.

It should be noted that sustainability/ ESG reporting is optional for a Tier 2 charity, under the SORP 2026, and therefore does not require a separate mandatory disclosure.

Ongoing action:

Update the 2026/27 Annual Report template to incorporate the identified Tier 2 requirements and establish appropriate performance and impact measures.

1.3. **Lease Accounting**

Monitor that no new leases are entered into and, where they are, follow the draft guidance on accounting.

Progress

The Charity does not currently hold any lease arrangements. Consequently, the revised lease accounting requirements under SORP 2026 have no current impact on the Charity.



The position will continue to be monitored, with any new lease or lease-like arrangements assessed against the applicable SORP requirements before entering into the arrangement.

Ongoing action:
No further implementation action is required at present. As part of the annual accounts process, Finance will confirm whether any new lease arrangements have been entered into during the year.

1.4. **Revenue Recognition**
Apply the five-step recognition model to all income sources, especially grants and legacies.

Progress
The Charity's existing accounts already provide a clear analysis of its material income streams. This will be used to confirm the appropriate SORP 2026 treatment for each category.

The five-step model applies to exchange transactions, while donations, grants and legacies are subject to separate recognition requirements. Any necessary changes will be incorporated into the 2026/27 year-end process.

Ongoing action:
Complete and document a review of the existing income categories against SORP 2026 and incorporate any required changes into the 2026/27 year-end accounts process.

Stakeholder Engagement:
Continue to coordinate with auditors and internal stakeholders to align expectations and prepare for implementation.

Progress
The key implications of SORP 2026 have now been assessed, with the principal changes and remaining implementation requirements identified. This provides a clear basis for targeted engagement with Audit Wales and relevant internal stakeholders, focusing on assurance over implementation and readiness for the 2026/27 reporting cycle.

Ongoing action:
Continue engagement with Audit Wales and relevant internal stakeholders, with particular focus on:

- enhancements to the 2026/27 Annual Report;
- application of the revised income recognition requirements; and
- identification and resolution of any material accounting or disclosure matters arising during the year-end process.

1.5. **Training and Awareness**



Ensure finance and governance teams are briefed on the changes and their implications.

Progress:
The final SORP 2026 requirements have now been reviewed and the principal implications for the Charity identified. This enables training and awareness activity to be targeted towards the changes that are directly relevant to the Charity, rather than providing wider generic SORP training.

Ongoing action:
Provide targeted briefings to relevant Finance, Charitable Funds and Governance colleagues ahead of the 2026/27 year-end process, focusing on:

- Tier 2 narrative and disclosure requirements;
- revised income recognition requirements; and
- changes to year-end accounting and reporting processes, where applicable.

Conclusion

Publication of the final SORP 2026 has enabled the Charity to assess the requirements in detail and confirm the principal implications for the 2026/27 Annual Report and Accounts.

The work completed to date confirms that Tier 2 is the appropriate planning basis, the existing Annual Report provides a strong foundation for the enhanced narrative requirements, the Charity currently holds no leases, and the existing analysis of material income streams provides an appropriate basis for applying the revised income recognition requirements.

The focus will now move from assessment to implementation and assurance, including enhancements to the Annual Report, completion of the income recognition review, continued engagement with Audit Wales and relevant stakeholders, and targeted training for those involved in preparing the 2026/27 Annual Report and Accounts.

Recommended Ongoing Actions

1. **Tier Classification** – Confirm the Charity's SORP reporting tier annually based on gross income for the relevant reporting period.

2. **Narrative Reporting** – Incorporate the identified Tier 2 enhancements into the 2026/27 Annual Report, with greater focus on performance and impact.

3. **Lease Accounting** – Monitor for any new lease arrangements and assess their impact under SORP 2026.

4. **Revenue Recognition** – Complete and document the review of material income streams against the revised recognition requirements.



5. **Stakeholder Engagement** – Continue engagement with Audit Wales and relevant internal stakeholders to provide assurance over implementation.

6. **Training and Awareness** – Provide targeted briefings to relevant staff on the SORP 2026 requirements applicable to the Charity.

2. Employment Rights Act 2025

The Employment Rights Act 2025 will reduce the qualifying period for ordinary unfair dismissal from two years to six months from 1 January 2027. Employees with six months' qualifying service will therefore gain the right to bring an ordinary unfair dismissal claim. The non-renewal of a fixed-term contract will continue to constitute a dismissal for employment law purposes.

This change may be particularly relevant to the Charity, given the use of short-term and grant-funded fixed-term contracts to support specific projects and initiatives.

Where a fixed-term contract is not renewed after an employee has accrued six months' service, the Charity will need to demonstrate a fair reason for dismissal, supported by appropriate documentation and process, such as the expiry of funding or completion of the project.

The extent of any impact on existing fixed-term or grant-funded posts will depend on the individual funding arrangements and employment position applicable to those posts at the time funding concludes.

The Committee is asked to note the forthcoming changes to unfair dismissal legislation and agree that future proposals involving fixed-term or grant-funded posts should include consideration of the associated employment implications, funding duration and exit arrangements.

Unless explicitly approved as part of the funding proposal, charitable funds should not be assumed to meet any redundancy or other employment-related costs arising on conclusion of the funding period.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to note the progress made in preparing for SORP 2026 and the remaining actions required to support full implementation for the 2026/27 Annual Report and Accounts.

The Committee is also asked to note the forthcoming employment law changes and agree that future fixed-term or grant-funded posts include appropriate consideration of funding and exit arrangements.

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:	SORP – Statement of Recommended Practice CFC – Charitable Funds Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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.

Agenda Item: 3.4

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 November 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

Sefyllfa / Situation

The Charitable Funds finance team have been asked to update and report back on the Priority Plan for growing the charity.

Cefndir / Background

Several reports have been presented over the past few meetings, developing growth plans for the charity.

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

Asesiad / Assessment

The attached appendix gives an update on progress and introduces further suggestions to raise the awareness of the charity and grow income including:

- Magazine update
- Goodbox update
- Joining NHS Together Lottery scheme
- Access to tv's and monitors across the HB to advertise the charity
- Stickers on equipment bought by the charity stating it was bought by the charity

Argymhelliad / Recommendation

The Committee is asked to:

- Note the updates to the strategy
- Continue to support the endeavours of the Team in progressing the 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):	3.3 Quality Improvement, Research and Innovation 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:	
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	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.

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

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Elusen Iechyd
Aneurin Bevan
Health Charity



Growing the Charity

November 2026 Update

Marketing strategy: brand, purpose and trust

Theme	What we have achieved to date	Challenges or risks to mitigate	Next steps
Logo and branding	Complete. Logo, slide pack, letterheads and PowerPoint templates are available.	Older logos or templates could remain in circulation, creating inconsistent branding.	Use approved materials consistently. Share one current template set and replace outdated versions.
Mission statement	New Mission Statement Approved in 2026	Older wording or different descriptions of our purpose could make internal communications inconsistent.	Align the "What are Charitable Funds?" intranet, SharePoint and Internet page and staff materials with the agreed wording.
Fundraising Regulator	Registration complete, confirmed in the March 2026 update.	Communications must describe registration accurately and use the Fundraising Badge appropriately.	Keep registration current. Use the badge appropriately and maintain consistent fundraising communications.

Marketing strategy: giving and awareness

Theme	What we have achieved to date	Challenges or risks to mitigate	Next steps
Fundraising: cashless giving 	Two GoodBox devices purchased in April for £876. Running cost: £24/month (£288/year).	Health Board Wi-Fi firewall prevents connection. Ongoing costs continue while on-site use is blocked.	Resolve connectivity with IT. If unresolved, use off-site venues and assess compatible alternatives.
Awareness: charity magazine 	Legal and Risk reviewed the contract. The team has begun collating content. Earlier plans secured patient-experience input.	Minor contract queries await Uniting for Health's response. The earlier July/August launch target needs review.	Resolve contract queries. Agree a revised launch date and complete impact stories with donation QR codes.
Fundraising: lottery BIG LOTTO for Health Charities	Joined NHS Charities Together's scheme. August group approval secured. Staff web access should now be available.	Joining information remains incomplete. Confirm web access and use responsible, age-appropriate promotion.	Complete onboarding and seek Committee ratification. Promote through the magazine and staff channels.

Marketing strategy: recognition and reach

Theme	What we have achieved to date	Challenges or risks to mitigate	Next steps
Brand recognition: charity-funded equipment 	Medical Electronics identified suppliers of suitable stickers and agreed to place them on equipment.	Medical Illustration's adhesive is unsuitable. Stickers must not obscure manufacturers' safety instructions.	Source suitable stickers through Medical Electronics and coordinate safe placement. Apply agreed charity branding.
Awareness: TV and display messages 	Work with Communications is under way on charity messages for TVs and computer screens, including the lottery.	Rollout timing and reach need confirmation. Earlier strategy called for measures of awareness and donations.	Agree a display schedule with Communications. Use impact stories and clear donation routes. Track reach and responses.

Next steps combine reported plans and proposed follow-up actions.

New – Collaboration on Awareness Days

The Charitable Funds Team is working closely with the Health Board's Communications Team to raise the profile of the Charity and encourage support from staff, patients and the wider community.

We are planning a coordinated programme of communications, utilising the Health Board's internal intranet, social media channels and other digital platforms to align with national health awareness days and key events, enabling us to highlight relevant departments, services and patient stories.

These communications will provide an opportunity to direct supporters to departmental JustGiving pages, helping individuals and community groups to fundraise for services and causes that are meaningful to them. This collaborative approach will not only increase the visibility of the Charity but will also strengthen engagement with fundraising initiatives and showcase the difference that charitable donations make across the Health Board.

We started with publishing information about the Charity itself on The International Day of Charity – 5th September, and our next collaboration is planned for World Prematurity Day – 18th November 2026.



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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 November 2026
CYFARFOD O: **MEETING OF:**	Charitable Funds Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Slow Moving and Static Funds
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

This report will form the basis of the Poorly Performing Funds Process, whereby 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

At the April 26 meeting the Committee approved 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.

As at 30.09.26 the Charity holds a total value of £4.27m consisting of 411 individual funds (£3.87m, 405 funds excluding committee funds). Of this, there are 39 funds (excluding Nevill Hall of Friends) that have balances over £25k representing 10% of the total number of funds held and 54% of the total value of funds held.

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:

	31.03.22	31.03.23	31.03.24	31.03.25	31.03.26	30.09.26
	£000's	£000's	£000's	£000's	£000's	£000's
Value of Funds over £25k	**2,954**	**3,099**	**2,563**	**2,205**	**1,987**	**2,011**
Number of funds over £25k	45	45	49	44	39	39
Funds added to over £25k category		6	4	3	6	5
Funds removed from over £25k category		-2	-9	-8	-6	-5
Number of Funds over £25k	**45**	**49**	**44**	**39**	**39**	**39**

Key points

- The value of funds over £25k has decreased since the fund monitoring was introduced, reflecting increasing spend in that period.
- Of the 39 funds,17 are restricted legacy funds totalling £462k (23% of the total) and 22 unrestricted funds totalling £1,549k (77% 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, league of Friends - Nevill Hall 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 fundholder's 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 15 funds sitting in the red zone

- 4 are new funds within the past year
- 3 are a new fund within the past two years (also showing as increase in value)
- 1 with Year 2 of funding awarded by the Committee
- 2 have an increase in value
- 1 is boarding on orange zone
- 2 have spending at equal to or less than 10%

The table below shows the 2 that have spending at less than 10% movement.

Fund	Value	Committee Attendance	Updates
F051 RGH PG POSTGRADUATE NO 1 ACCOUNT	£46K	Not attended	There are currently two discrete Postgraduate funds which if merged would show total spending above the 10% and therefore a review of the implications of a merger are being undertaken.
F303 ABUHB BREAST CENTRE	£253	Not attended	All Breast Funds were reviewed and merged into one apart from any legacy funds.

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
F059 RGH P0STGRADUATE NO 2 A/C	£28K	Not Attended	Whilst this fund has increased, it does spend the money through the year as it is for GP Trainees. The balance at year end was £16K and they have received funding this year from HEIW.
F728 CFC-275 PATIENT & FAMILY INCLUSION OFFICER	£37K	Not Attended	This is Year 2 of a project that the committee has agreed to fund.
F729 CFC-278 LANGUAGE & INTERPRETATION SERVICES	£47K	Not attended	This is Year 2 of a project that the committee has agreed to fund.
F240 ABUHB COMMUNITY GYNAE & FAMILY PLANNING	£43	Not attended	
F871 ABUHB EMPLOYEE WELL BEING SERVICE	£139K	Not attended	This is Year 2 of a project that the committee has agreed to fund.
F477 ABUHB PHARMACY	£52K	Not attended	All pharmacy funds were merged into one.

As 3 funds are year 2 funding, we will continue to monitor their projects through progress reports. The 2 other funds in the above table (F059 and F477) we suggest inviting 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 prrioritise 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:	
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)	
	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	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.



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



Appendix A Over £25k Funds - Spending Plans Update 0

Department	Fund Details	Balance 31.03.22 £000's	31.03.23 £000's	31.03.24 £000's	31.03.25 £000's	31.03.26 £000's	30.09.26 (P06) £000's	Movement Since Mar-26	Status	Attended Committee	Year by Year Movement £000's 2022/23	20023/24	2024/25	2025/26	2026/27 (P06-27)	Overall Movement £000's	Percentage Movement
Nursing	F112 ABUHB NURSE CONFERENCE	27	-	-	-	-	-									0	-100%
Facilities	F134 ABUHB FACILITIES	-	25	-	-	-	-			✓						0	-100%
	F140 ABUHB MEDIA FUND	-	63	62	-	-	-			✓						0	-100%
General Surgery	F295 ABUHB THE CARE PROJECT	44	119	105	66	61	56			✓	75	-14	-39	-5	-5	12	27%
Postgraduate	F043 ABUHB POSTGRADUATE FUND	107	62	56	54	46	-				-45	-6	-2	-8		-61	-100%
	F051 RGH PG POSTGRADUATE NO 1 ACCOUNT	49	47	50	50	44	46		‡		-2	3	0	-6	2	-3	-6%
	F057 RGH PG MRCOG	29	29	28	-	-	-				0	-1				-1	-100%
	F059 RGH POSTGRADUATE NO 2 A/C	-	-	26	31	0	28		†				5	-31	28	2	8%
Person Centred Care	F102 ABUHB CHAPLAINCY SERVICE				31	0	-			✓	0	0	31	-31		-31	-100%
	F103 ABUHB CHILL OUT IN THE CHAPEL	28	28	-	-	-	-			✓	0					0	-100%
	F105 ABUHB VOLUNTEERING (CORPORATE)	58	71	31	36	28	-			✓	13	-40	5	-8		-30	-100%
	F106 CFC-276 VOLUNTEER CO-ORDINATORS	-	-	-	-	77	56								-21	-21	-27%
	F702 ABUHB PERSON CENTRED CARE FUND	83	65	-	81	67	54			✓	-18	-65	81	-14	-13	-29	-35%
	F713 ABUHB FFRIND I MI VOLUNTEER SERVICE	83	64	28	-	-	-			✓	-19	-36				-55	-100%
	F728 CFC-275 PATIENT & FAMILY INCLUSION OFFICER	-	-	-	-	35	37	Y2 of CF monies for the project	†						2	2	6%
	F729 CFC-278 LANGUAGE & INTERPRETATION SERVICES	-	-	-	-	32	47	Y2 of CF monies for the project	†						15	15	47%
Dementia	F715 ABUHB DEMENTIA FUND	-	39	38	-	26	-					-1				-1	-100%
Breast Care	F298 LEGACY RGH BREAST G S WATKINS	61	61	59	56	54	53		‡		0	-2	-3	-2	-1	-8	-13%
	F300 NHH BREAST CARE FUND	45	46	43	-	-	-				1	-3				-2	-100%
	F301 RGH BREAST CARE UNIT	72	70	68	-	-	-				-2	-2				-4	-100%
	F303 ABUHB BREAST CENTRE	236	261	260	351	260	253		‡		25	-1	91	-91	-7	17	7%
Paediatrics	F207 LEGACY RGH CHILDREN's WARD - H M MILSOM	150	106	97	69	40	42		†		-44	-9	-28	-29	2	-108	-72%
Obstetrics	F163-ABUHB OBSTETRIC STUDY DAY						29	new fund							29	29	100%
Neonatal	F231 ABUHB DINKY DRAGONS	41	46	55	31	-	33				5	9	-24			-10	-24%
Sexual Health	F240 ABUHB COMMUNITY GYNAE & FAMILY PLANNING					32	43	increase in value	†		0	0	0	32	11	43	134%
Bladder & Bowel	F241 ABUHB BLADDER & BOWEL NURSING FUND	35	27	-	-	-	-			✓	-8					-8	-100%
	F826-ABUHB COLORECTAL NURSING						26	new fund							26	26	100%
Critical Care	F265 ABUHB GUH CRITICAL CARE UNIT	83	65	-	-	-	-				-18					-18	-100%
Haematology	F270 NHH CLINICAL HAEMATOLOGY	39	39	38	35	34	34		‡		0	-1	-3	-1	0	-5	-13%
	F273 RGH WARD B6 NORTH - HAEMATOLOGY	48	45	44	38	30	29		‡		-3	-1	-6	-8	-1	-19	-40%
	F277 NHH WINDSOR SUITE	52	54	52	38	42	43		‡		2	-2	-14	4	1	-9	-17%
	F278 LEGACY RGH HAEM G S WATKINS	61	61	59	56	54	54		‡		0	-2	-3	-2	0	-7	-11%
Vascular Surgery	F306 RGH VASCULAR LABORATORY	34	34	32	31	30	26		‡		0	-2	-1	-1	-4	-8	-24%
Orthopaedics	F327 RGH CASTING TECHNIQUES COURSE	103	104	110	102	97	93			✓	1	6	-8	-5	-4	-10	-10%
Rheumatology	F340 ABUHB RHEUMATOLOGY	58	58	55	53	50	44			✓	0	-3	-2	-3	-6	-14	-24%
	F342 LEGACY NHH RHEUM I M MORRIS	100	86	83	51	47	47			✓	-14	-3	-32	-4	0	-53	-53%
Ophthalmology	F386 RGH POST GRADE EYE	88	89	34	37	33	29				1	-55	3	-4	-4	-59	-67%
	F387 LEGACY RGH EYE G M GUNTER	30	30	-	-	-	-				0					0	-100%
Urology	F400 RGH RLG UROLOGY FUND	43	43	-	-	-	-				0					0	-100%
	F401 ABUHB UROLOGY BLADDER CANCER FUND				26	0	-				0	0	26	-26		0	-100%
	F407 RGH WINDSOR BOWSHER PROSTATE CANCER FUND	62	63	56	-	-	-				1	-7				-6	-100%
Renal Unit	F411 LEGACY RENAL NEWPORT G BEST	75	74	70	68	64	62				-1	-4	-2	-4	-2	-13	-17%
	F417 LEGACY RENAL MAMHILAD P MANNING	-	-	33	31	27	26		‡				-2	-4	-1	-7	-21%
Nephrology	F414 LEGACY B E WOODS RENAL	40	35	34	26	0					-5	-1	-8	-26	0	-40	-100%
Dietetics	F432 RGH DIETETIC FUND	-	-	25	-	-										0	-100%
	F435 ABUHB DIET SHEET	26	-	-	-	-	-									0	-100%
YAB	F550 BG YAB HOSPITAL FUND	48	37	-	-	-	-				-11					-11	-100%
Palliative	F583 LEGACY NHH PALLIATIVE CARE I M MORRIS	29	29	28	27	25	25		‡		0	-1	-1	-2	0	-4	-14%
Oncology	F586 NHH ONCOLOGY REHAB	76	76	81	57	52	48				0	5	-24	-5	-4	-28	-37%
Monmouth Community Nurses	F660 MON CHIPPENHAM COMM E32	72	66	60	57	52	49				-6	-6	-3	-5	-3	-23	-32%
Chepstow Community Hospital	F018 LEGACY CCH GEN R W JONES	-	52	39	38	34	34					-13	-1	-4	0	-18	-35%
Springfield Unit	F010 LEGACY STW GEN G S WATKINS	-	26	-	-	-	-			✓						0	-100%
	F696 STW SPRINGFIELD COMM WARD PROJECT	111	111	108	96	92	92			✓	0	-3	-12	-4	0	-19	-17%
Diabetes & Cardiovascular	F770 YYF DIABETES & CARDIOVASCULAR R & D	55	52	50	48	-	-			✓	-3	-2	-2			-7	-100%
Cardiology	F811 LEGACY RGH CCU ARTHUR HENRY MORGAN	116	141	60	44	27				✓	25	-81	-16	-17	-27	-116	-100%
	F812 LEGACY NHH CARDIO V WILLIAMS	-	45	44	42	-				✓		-1	-2			-3	-100%
	F813 LEGACY NHH CCU M T SPENCER-JONES	75	70	67	63	39	33			✓	-5	-3	-4	-24	-6	-42	-56%
Diabetes	F816 NHH WENDY BOWEN TRUST DIABETES FUND	34	30	29	30	28	28		‡		-4	-1	1	-2	0	-6	-18%
	F817 LEGACY NHH DIAB G M GUNTER	30	30	29	27	26	26		‡		0	-1	-2	-1	0	-4	-13%
	F818 LEGACY RGH EJ WATKINS	32	31	28	27						-1	-3	-1	-27	0	-32	-100%
Gastroenterology	F831 LEGACY GASTOENTEROLOGY FELLOWSHIP	100	110	106	101	70	60			✓	10	-4	-5	-31	-10	-40	-40%
Workforce & OD	F871 ABUHB EMPLOYEE WELL BEING SERVICE	86	84	61	54	82	139	Y2 of CF monies for the project	†	✓	-2	-23	-7	28	57	53	62%
	F872 CFC-279 SPEAKING UP SAFELY					71	69							71	-2	69	97%
	F032-ABUHB STAFF AWARD EVENTS					30	0							30	-30	0	-100%
Pharmacy	F477 ABUHB PHARMACY	-	-	42	46	49	52	increase in value	†				4	3	3	10	24%
RESPIRATORY	F855-ABUHB RESPIRATORY FUND						35	new fund							35	35	100%
SLEEP SERVICE	F863-ABUHB SLEEP SERVICE						31	new fund							31	31	100%
	TOTAL	**2,954**	**3,099**	**2,563**	**2,205**	**1,987**	**2,011**										

† Identified as having increase in value

‡ Identified as having spending at less than 10%

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 November 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 (over £25k) 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 4 of those funds that the Charitable Fundholders invited to present their spending plans to the Committee. It also contains an overview from a previous presentation for noting.



Cefndir / Background

The following funds have been identified previously as having slow moving or static funds over the last 12 months.

F051 RGH PG POSTGRADUATE NO 1 ACCOUNT
F059 RGH PG POSTGRADUATE NO 2 ACCOUNT (G P TRAINEES)

Fund Purpose:	F051: Postgraduate General funds F059: GP Training
Fundholder presenting:	Linda Coe, Head of Medical Education & Revalidation Services – Medical Education
Restricted/Unrestricted:	Unrestricted
Fund Balance:	F051: £45,516.24 F059: £27,619.53

A spending report is shown in Appendix A, with greater detail on the Funds' spending plans.

F298 LEGACY RGH BREAST G S WATKINS
F303 ABUHB BREAST CENTRE

Fund Purpose:	F340 -To support service development and training within the department F342 - Rheumatology Fund, Nevill Hall Hospital
Fundholder presenting:	Dawn Baker-Lari, Directorate Manager, General Surgery
Restricted/Unrestricted:	Restricted Legacy Fund & Unrestricted Fund
Balance:	F298: £53,622 F303: £25,3496

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 2026/2027
For the Charitable Funds Committee
For funds more than £25K

Account No: **Account Name:**	F051 RGH PG POSTGRADUATE NO 1 ACCOUNT F059 RGH PG POSTGRADUATE NO 2 ACCOUNT (G P TRAINEES)
Fund Balance as at 30.09.26	F051: £45,516.24 F059: £27,619.53
Fund Purpose	F051: Postgraduate General funds F059: GP Training

Financial Summary

F051
Income £6k – RCPE, RCOP
Expenditure £5k – Taxis, Catering, Actors (PACES)

F059
Income £13k – HEIW Gwent GPST Scheme
Expenditure £2.5k – Speaker Fees, Venues

Describe your main source of income for the year: As above

The Postgraduate charitable funds have accumulated over a number of years primarily through sponsorship contributions received from companies that supported educational and training events. Historically, this sponsorship provided an important means of enhancing educational opportunities. However, changes in regulations and industry practices have resulted in this funding stream significantly reducing, and in some areas ceasing completely, meaning that the fund is no longer being replenished.

One of the main sources of income on F051 is from the Royal College of Physicians to enable us to organise and run the MRCP examination on

behalf of the Royal College. This is a prestigious event that is fully supported by the Health Board.

In addition, Fund F059 is replenished with income from HEIW specifically to support GP VTS training. The majority of this funding is used to support training events, funding speakers, venues etc as part of the Vocational Training Scheme as per our responsibilities as a University Health Board.

Whilst the funds may appear to be relatively static and have maintained a balance in excess of £25,000, this reflects a responsible approach to managing funding rather than a reluctance to utilise the monies.

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.

The current balance on F051 represents a limited reserve to support postgraduate education and training when no alternative funding source is available. The fund serves as a contingency resource, enabling the department to respond to emerging educational needs and unforeseen requirements that cannot be met from core budgets. Medical Education is particularly impacted by an ongoing reduction in operational budget due to financial pressures in addition to historic inequalities in national funding for medical education activities. Charitable funds which have been built up over many years are now relied upon to fund ongoing costs, particularly in relation to educational equipment which is increasingly expensive and difficult to fund from revenue resources.

Fund F059 is specifically for GP Training with income from HEIW ringfenced for this purpose.

The intention has always been to use these charitable monies prudently and only where there is a clear and justifiable benefit to staff development, education, and ultimately patient care. Once these funds have been spent, they cannot realistically be replaced through the same arrangements that originally generated them.

We will continue to run the GP Training sessions and PACES (Practical Assessment of Clinical Examination Skills) through the funds.

The department remains committed to using the fund to support our service but decisions regarding expenditure must be based on demonstrable need and clear educational benefit. The existence of an

available balance should not drive spending decisions. Instead, the focus should remain on ensuring that the funds are used appropriately, responsibly, and in a manner that delivers lasting value for staff, patients, and the organisation.

Charitable Funds Holder	**Linda Coe**
Date: 14/10/26	

Charitable Fund Holder – Spending Plan 2026/2027
For the Charitable Funds Committee
For funds more than £25K

Account No: **Account Name:**	F298 LEGACY RGH BREAST G S WATKINS F303 ABUHB BREAST CENTRE
Fund Balance as at 30.09.26	F298: £53,622 F303: £253,496
Fund Purpose	For Breast Care

Financial Summary

F298: No movement
F303: Expenditure £7K

Describe your main source of income for the year:

Donations and legacies from grateful patients, their friends and families.

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.

The Breast Care charitable fund currently holds a balance in excess of £300,000. Whilst this is a significant amount, it reflects the generosity of the local community, patients, former patients and their families who have raised funds over many years with the specific intention of enhancing breast care services and improving the experience of patients attending the one stop service at the Breast Unit in Ysbyty Ystrad Fawr.

A substantial proportion of these funds had originally been earmarked to support the development and fit-out of the new Breast Unit. However, during the construction and commissioning of the facility, there was a surplus in the Welsh Government capital funding, enabling a number of items that may otherwise have required charitable. As a result, the charitable fund was not utilised to the extent originally anticipated and a larger balance remains available for future service enhancement.

The Breast Unit is a relatively new facility transferring the services from Royal Gwent and Nevill Hall hospitals and currently benefits from modern furnishings, fixtures and fittings. Consequently, there is no immediate requirement for any significant expenditure.

It is important that the charity retains an appropriate level of funds to future-proof the environment for patients. Hospital departments inevitably experience significant wear and tear over time, and charitable funding may be required in future years to support refurbishment projects, redecorating programmes, replacement flooring, furniture upgrades and other environmental improvements that enhance patient comfort and wellbeing but may fall outside core NHS funding priorities. We ae unlikely to receive a huge influx of donations in the future as we did before the unit opened.

The fund is in constant use supporting service development and staff education, training courses and attendance at professional conferences to help ensure that clinical staff remain informed of advances in breast care practice and can continue to deliver high-quality treatment and care to patients.

Recent purchases have included specialist equipment such as a PiNtuition machine and nipple tattooing equipment and training course, enabling the service to offer enhanced reconstructive and restorative procedures for patients following breast cancer treatment. We have also purchased some additional surgical headlamps. These purchases directly benefit patients and improve outcomes.

The Committee may recall approving our request in March 2026 (Ref: CFC-282) for 2 x Neo probe Gamma Detection Systems at a cost of £50k. We are currently working through the procurement tender process to purchase these shortly. This cost will be taken from the legacy fund F298.

Charitable Funds Holder	**Dawn Baker - Lari**
Date: 14/10/26	

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 November 2026
CYFARFOD O: **MEETING OF:**	Charitable Funds Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Charitable Funds Committee – Review of 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)

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

- Review of quarterly investment report – this has been deferred to the January meeting

- Impact reports for Bids/Small Grants **CFC 2204/08** – this has been deferred to the January meeting.

Items Removed from the Forward Work Plan

- There have been no items removed the Forward Work plan

Additional items on the Forward Work Plan

- Lottery-Ratification – agenda item for November meeting
- Investment Management Contract Tender – agenda item for November meeting
- Review of New Fund Procedure – agenda item for November meeting
- Marketing Strategy Update – agenda item for November meeting

Item alterations on the Forward Work Plan

- The agenda item Funds available to the Committee has been combined with the agenda item Funds Available & Consideration of Bids/Small Grants including Charitable Funds Bid Review Panel Minutes

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
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 20th July 2026	QTR 3 2nd November 2026	Accounts 12th January 2027	QTR 4 8th February 2027	QTR 1 12th 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 • Annual Review of Committee Effectiveness • 2025/26	DoCG	AN	√				

• Committee Self-Assessment Results 2025/26 **Deferred from March 2026 meeting**							
Committee Annual Report 2026/27 • 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:- • 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	**√D**	**√**		**√**	**√**
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 • Springfield Community Ward Project Fund (F696) (July meeting) • Rheumatology Fund (July meeting)	AFD	SI	√	√		√	√
Review of quarterly investment report (Action from January meeting)	HoFSA	SI	√	√D	√	√	√
~~Assurance on performance, risk and asset allocation for Investment Funds~~ **~~CFC 2204/06~~**	HoFSA	Action	√				

Update on performance, risk and asset allocation for funds held by Churches, Charities and Local Authority (CCLA) **CFC 2204/06**							
Impact reports for Bids/Small Grants **CFC 2204/08**	AFD	Action		**√D**	**√**	**√**	
~~Funds Available & Consideration of Bids/Small Grants including Scrutiny Panel Minutes **CFC 2204/08**~~ Funds Available & Consideration of Bids/Small Grants including Charitable Funds Bid Review Panel Minutes.	AFD	Action	**√**	**√**	**√**	**√**	**√**
Revised mission statement wording, with strengthened reference to staff support within the Marketing Strategy. **CFC 2204/09**	AFD	Action	**√**				
Proposal for Flexible use of Charitable Funds	AFD	Action	**√**				

• refinement and assurance before implementing changes of the proposal **CFC 2204/13**							
25/26 Accounts External Audit Plan Update	HoFSA	Action	√				
Lottery-Ratification	AFD	Ad-Hoc		√			
Investment Management Contract Tender	AFD	Ad-Hoc		√			
Review of New Fund Procedure	AFD	Ad-Hoc		√			
Marketing Strategy Update	AFD	Ad-Hoc		√			

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health

DoAHP&HS	Director of Allied Health Professions & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair
AFD	Assistant Finance Director
HOFSA	Head of Finance
CFM	Charitable Funds Manager

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