



**GIG**  
CYMRU  
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WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**CHARITABLE FUNDS COMMITTEE (CFC)  
(POWYS HEALTH CHARITY – REGISTERED CHARITY NO. 1057902)**

**CONFIRMED MINUTES OF THE MEETING HELD ON  
17 MARCH 2025 VIA MICROSOFT TEAMS**

<b>MEMBERS</b>		
Carl Cooper	CC	Chair (Committee Chair)
Rhobert Lewis	RL	Independent Member (Committee Vice Chair)
Cathie Poynton	CP	Independent Member
<b>IN ATTENDANCE</b>		
Ian Thomas	IT	Independent Member (Observing)
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Shania Jones	SJ	Charity Administrative Support Officer
Martin O’Brien	MOB	Interim Charity Manager
Carlene Eckley Berry	CEB	Communications Assistant
Aled Falvey	AF	Professional Head of Physiotherapy/Interim Operational Lead for Audiology (Item 1.3)
Pete Hopgood	PH	Deputy Chief Executive/Executive Director of Finance, Capital and Support Services
Sarah Pritchard	SP	Assistant Director of Finance (Accounting and Services)
<b>APOLOGIES FOR ABSENCE:</b>		
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Hayley Thomas	HT	Chief Executive
Alice King	AK	Audit Wales

<b>1. PRELIMINARY MATTERS</b>
<b>1.1 WELCOME AND APOLOGIES (CF/24/81)</b>
The Chair welcomed everyone to the meeting. Formal introduction took place. Apologies for absence were recorded as above.
<b>1.2 DECLARATIONS OF INTEREST (CF/24/82)</b>
No declarations of interests were received in addition to those already recorded on the register.
<b>1.3 VESTIBULAR ASSESSMENT PATHWAY PROGRESS REPORT (CF/24/83)</b>
AF updated the Committee on the progress to date on the application to establish a vestibular pathway, attention was drawn to:

- test equipment had been purchased
- advanced Audiologists in Mid and South Powys had been trained in the use of the equipment
- the equipment comprised of headpiece that which recorded eye movement to assess balance issues and the symptoms of dizziness
- Software licence had been secured
- benchmarking had been undertaken with South Wales Health Boards to improve delivery in Powys
- the challenges had included:
  - vacancies within the service and capacity demands delivering core services
  - developing a self-referral pathway
  - delays obtaining the software licences and linking the testing to the laptops for data analysis and diagnostic results
- meetings had been scheduled with Ear, Nose and Throat (ENT) Consultants - the intention was to provide these services in Powys
- for the physiotherapy element of vestibular rehabilitation, there was the potential for ENT Consultants to refer patients to physiotherapy, and allow Audiologist to do some intervention work too

The next step was to establish a plan to develop and implement the vestibular pathway. Strong links had been built with the visiting ENT Consultants, allowing the team to look at the referral pathway criteria.

It was anticipated that some patient and service level data would be available within the next six to twelve months

AF extended the teams thanks to the Committee for supporting the development of the vestibular pathway

*What was the connectivity between the private sector and getting patients back into the health sector in Powys?*

AF confirmed there was an opportunity for professionals within the private sector to refer should they consider there was a need/benefit.

**ACTION:**

- **Further assurance update with data (when available) of the impact of the new pathway – MOB**

The Committee took **ASSURANCE** that progress had been made with the vestibular pathway.

**2. CONSENT AGENDA (CF/24/84)**

The Chair asked members if they wish to bring forward any items from the Consent agenda to the main agenda. No items were raised.

**3. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

**3.1 MINUTES OF PREVIOUS MEETING (CF/24/85)**

The minutes of the meetings held on 2 December 2024 and 20 January 2025 were **CONFIRMED** as an accurate record.

**3.2. ACTION LOG (CF/24/86)**

MOB provided an overview of the Action Log, highlighting

CF/23/20b – this action remained ‘at risk’ as there had been no traction on this project. MOB advised it had been agreed to close this application. A meeting had been scheduled with team to explore and support a more achievable project for the gardens – action recommended for closure.

CF/24/41 – this application had been paused due to concerns around the accuracy of the costings.

CF/23/20a – a progress update of this application was provided – action completed and recommended for closure.

The Committee **NOTED** the action log update and **APPROVED** the **CLOSURE** of the completed items.

### **3.3. POWYS GENERAL PURPOSE AND LOCAL FUNDS BIDS (CF/24/87)**

CC noted that it had been decided previously to alter the threshold under which applications would be considered at this Committee. The new threshold being £10,000.

HB advised the Scheme of Delegation level within the Standing Financial Instructions would need to be changed and approval sort from the Board. This was to be presented to Board at the March meeting.

SP confirmed all bids to the Powys General Purpose Fund needed to go through the Committee as per the current procedure. The Charitable Funds Committee held oversight of the central fund and was the approving body, potentially there may be changes in the future.

#### **ACTION:**

- **Further discussions re the threshold for applications to be considered by the Committee – HB, SP, MOB, SJ**

### **3.3a LF61 – 202501 – READY TO GO HOME UNIT - £8,937.60 (CF/24/88)**

IT enquired what was the recycling policy for old furniture etc. given the environmental initiatives?

SP explained the recycling of old furniture sat under the Capital, Estates and Property portfolio. There was an intranet site advertising older items that may be repurposed across the Health Board, if these items were deemed fit for purpose.

CC highlighted the Ready to Go Home units were a temporary service change so there was the potential for them to discontinue or change in the current form, and enquired what would happen to these chairs should the unit change?

MOB suggested there would be an opportunity to deploy the equipment, subject to agreement of the Committee.

**ACTION:**

- **Confirmation these chairs were suitable for dementia environments – MOB.**

The Committee **SUPPORTED** the application.

**3.3b WELSH NATIONAL OPERA (WNO) Funding Renewal - £8,000.00 (CF/24/89)**

MOB explained the programme had run for two years, and Welsh National Opera hoped to continue with this service across the Powys.

CP noted the figures showed a total of 308 patients had been seen and enquired if these were Powys Patients or all of Wales patients.

MOB confirmed a breakdown of the figures was not available. There had been an equal sharing of cost across all Health Boards in Wales.

IT noted this project had been financially funded in two parts - Arts Council Wales', Health and Social Well-Being Lottery fund and secondly by equal contribution from each of the Welsh health boards and enquired what risks the Health Board ran should other funders withdrew from the project.

**ACTIONS:**

- **Request a breakdown of the number of Powys patients who had participated in this project and how the project had impacted on Powys Patients - MOB**
- **Determine how is the project managed interdependencies in terms of financial sources of income - MOB**

The Committee **AGREED** to **SUPPORT** in principle and **DELEGATED** authorisation to the Chair, subject to receipt of the above information.

**3.4 PROJECTS APPROVED UNDER DELEGATED AUTHORITY (CF/24/90)**

MOB presented the report which was previously circulated and showed the applications approved since the previous meeting of this Committee, under delegated authority.

The Committee **DISCUSSED** and **RATIFIED** the expenditure

### **3.5. PROPOSED CHARITY TEAM OPERATIONAL BUDGET (CF/24/91)**

MOB outlined the possible expenses identified by the Charity Team for the 2025/2026 financial year. These included:

- Administrative costs (previously approved)
- Training and Education
- Travel and Conferences
- Campaign Sundries
- Hospitality and Engagement costs
- Marketing including social media boosts
- Membership – NHS Charities Together and the Just Giving annual administration fee (previously approved)

MOB explained that the Charity Team worked with a company called Jam Jar, who helped support the production of marketing materials including the promotion of the new website.

The Committee **APPROVED** the proposed Charity Team Operational Budget.

### **4. ESCALATED ITEMS (CF/24/92)**

There were no escalated items.

### **5. ITEMS FOR INFORMATION/ASSURANCE**

#### **5.1 CHARITY DASHBOARD (CF/24/93)**

MOB presented the Charity Dashboard which provided the headline figures for the Charity's activities over the past year, an analysis of applications and a further breakdown of how the applications were submitted and the amount of funding approved on a monthly basis.

Some work had been undertaken in terms of an Expenditure Strategy, looking at how funds were spent and what money needed to be raised and introduced two major campaigns which were target driven for income.

Questionnaires had been forwarded to successful applicants to evaluate the service; feedback had been positive although it was recognised there were areas for improvement.

Previously, the Charity had issued a monthly newsletter, but this had resulted in a duplication of information due to the frequency. The intention was for the new website to feed into a newsletter automatically circulated to staff.

SP stated that some of the items bought from the Charity funds were different to those items normally purchased through the procurement channel. This had been challenging in terms of the NHS framework or a lack of understanding of the processes by the applicants.

MOB explained that two campaigns had been introduced to target income generation but there was no general fundraising. The Charity Team was aware of a number of service areas wanting to raise money, but not knowing

what to do with the funds thereafter. An educational programme needed to be driven across the Health Board to raise awareness.

SP advised that most of the funds had been unrestricted designated. Following an internal audit it was concluded that this method over restricted the use of donations. A more generic approach was then adopted and donations are mainly unrestricted designated to the area specified by the Donor.

The Committee **NOTED** the Charity Dashboard.

### **5.2 FINANCIAL REPORT (CF/24/94)**

SP referred to the financial report and explained that these figures varied to those of MOB as these showed the funds committed, whereas this report showed the accounts expended. The total expenditure to the end of January is £144,000, with an income of £226,000. A lot of expenditure happened over the 12-month period and would be re-charged into the Charity Fund in March, this included funded nursing bursaries. It was anticipated that expenditure would increase by year end.

There was a cash bank balance of approximately £700,000. Due to some large items of expenditure, it was anticipated this figure would be nearer to £500,000 by year end.

IT enquired if there was ongoing reconciliation process between the Charity's Team and the Finance Team.

SP explained a new finance system for expenditure had been introduced approximately three years ago. The Health Board had looked at expanding that in phase two, potentially allowing direct ordering of goods and services with was currently outside of the finance system.

The Committee **SUPPORTED** the financial report.

### **5.3. INVESTMENT MANAGER REPORT (CF/24/95)**

SP confirmed the level of the investment portfolio with fund advisors Brewin Dolphin had remained broadly consistent as per the previous meeting. The current valuation of £3.61 m outweighed the actual investment of £2.84m. The capital value had increased by £800,000, plus the Health Board had received approximately £100,000 in dividends each year from the portfolio. Brewin Dolphin were keen to provide their annual PR presentation to this Committee.

*How often is assurance given that the investments are appropriate to the Charity's functions?*

SP confirmed that reassurance is received through reports, and also when Brewin Dolphin attend these meetings. This investment had a risk rate of six, which was relatively risk adverse and ethical.

#### **ACTION:**

- **Invite Brewin Dolphin to attend the June meeting to provide an assurance update - SP**

The Committee **RECEIVED** and took **ASSURANCE** of the Investment Manager report.

## **6. ITEMS FOR DISCUSSION**

### **6.1. CHARITABLE FUNDS EFFECTIVENESS REVIEW(CF/24/96)**

HB referred to the slide deck previously circulated and explained as this was the first set of data no comparisons could be made with previous years. There were a number of similarities to aspects of Board and other Health Board Committees. Overall, there had been positive scores and ratings across the survey; there were three areas to be considered:

- Committee members – clinical contribution/representation
- more training around the role of Corporate Trustees
- assurance reporting to the Board

A Governance Action Plan across all Committees and advisory groups was in development, some of the actions were specific to this Committee and some areas which will be generic across one or more of the Health Board's committees.

CC advised the organisation through the Professional Forum was looking to strengthen the clinical/professional voice into the Board. General Practice colleagues particularly had an appetite for being heard more clearly and understood.

#### **ACTION:**

- **consider future agendas to determine from a medical perspective who should be invited to support particular agenda items - HB**

The Committee **RECEIVED** the Charitable Funds Effectiveness Review.

### **6.2 EXPENDITURE STRATEGY SESSION DISCUSSION OUTCOMES (CF/24/97)**

MOB shared with the Committee the output from the strategy session in February, which looked at the Charity's expenditure strategy and how to further promote the profile of the charity.

MOB confirmed there was no formal agreement with external bodies such as League of Friends; the Health Charities Alliance met quarterly and brought these bodies together to share information. It was part of the Charity Manager's role to ensure that engagement continued; one of the challenges was the facilitation of quicker completion of the aspects of the goods and services they were looking to fund as these organisations are not involved in the internal elements, such as Estates or medical equipment requirements. Work was ongoing to bridge these gaps.

Over the previous few months, a number of fundraising campaigns had been launched to help drive income and identify what that income looked like to allow targets to be set to run those campaigns on an annual cycle. There were no targets for other areas such as legacy or Community fundraising.

The launch of the Charity's website was imminent and would promote campaigns, fundraising and share information both internally and externally with the Community.

The Committee **NOTED** the Expenditure Strategy Session Update

### **6.3. CHARITY MANAGER UPDATE (CF/24/98)**

No update was required for this meeting given the broader agenda.

### **6.4 MAY'S MILES CAMPAIGN (CF/24/99)**

MOB explained this was a new campaign to be launched in May, working jointly with Wellbeing Team. The initial campaign is to support the health and wellbeing of the staff and the Community.

Participants were asked to record how far they had travelled to see as a community how far people travel away from Powys. Fundraising had been tagged onto this campaign, but it was not the primary focus; there was a need to get this campaign launched for awareness.

The Women and Children's Service had identified a single fundraising purpose to Improve Infant Feeding in Powys. It was proposed to build that into the purpose behind this campaign for focused fundraising. The team identified a number of items/services to be purchased in June, which would be reported back to the community that supported the campaign.

The Committee **NOTED** the May's Miles Campaign

### **6.5 COMMUNICATION AND WEBSITE (CF/24/100)**

SJ provided a brief update on key activities since the previous meeting, and drew attention to:

- Spike in engagement in December
- Focus on regular update to boost awareness
- Use of Staywell in PTHB page on Facebook and the internet
- Better use of the virtual screens across the hospitals
- All posts are now bi-lingual (Welsh/English)
- New website neared completion, aim for launch in April 2025

MOB extended a thank you to Carlene Eckley-Berry for supporting the communications programme.

#### **ACTION:**

- **Schedule a demonstration on the new website to Committee Members to be organised – SJ**

The Committee **NOTED** the Communication and Website Update.

### **7. CONSENT AGENDA(CF/24/101)**

No items were raised
<b>8. OTHER MATTERS</b>
<b>8.1. ANY OTHER BUSINESS (CF/24/102)</b>
There was no other urgent business.
<b>8.2 REFLECTIONS(CF/24/103)</b>
<ul style="list-style-type: none"> <li>• sound quality poor</li> </ul>
<b>8.3. DATE OF NEXT MEETING (CF/24/104)</b>
16 June 2025 at 10.00 am via Microsoft Teams