

Charitable Funds Committee

Mon 08 June 2026, 10:00 - 11:40

Microsoft Teams

Agenda

10:00 - 10:00 **1. PRELIMINARY MATTERS**

0 min


 CFC Agenda 08Jun26 Final.pdf (2 pages)

1.1. Welcome and Apologies

CHAIR

1.2. Declarations of Interest

ALL

 CFC_1.2_Declaration of Interests.pdf (3 pages)

1.3. Project Outcome Presentation - Bags for Looked After Children

1.4. Committee Action Log

 CFC_1.4_CF Action Log.pdf (1 pages)

10:00 - 10:00 **2. CONSENT AGENDA**

0 min

The Chair will ask if there are any items from the Consent Agenda (Item 5) that Committee Members wish to bring forward to the main agenda.

10:00 - 10:00 **3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE**


0 min

3.1. Powys General Purposed and Local Funds bids for approval

Head of Charity

 CFC_3.1_Charity Funding Applications for Consideration.pdf (3 pages)

3.1.1. Improving Cancer Journey

 CFC_3.1a_App1_GF02-202605 - Powys Cancer Team application.pdf (9 pages)


 CFC_3.1ai_GF02-202605 App i - Milestones, Workforce and Outcomes.pdf (1 pages)


 CFC_3.1aii_GF02-202605 App ii - IBG Finance schedule Cancer pathway v004 20.10.2025.pdf (1 pages)

 CFC_3.1aiii_GF02-202605 App iii - Case Studies.pdf (3 pages)

3.1.2. Delivering Safeguarding Training

 CFC_3.1b_GF05-202510_Delivering safeguarding training application - in progress.pdf (7 pages)

 CFC_3.1bi_GF05-202510_Delivering safeguarding training application App1.pdf (3 pages)

 CFC_3.1bii_GF05-202510_Delivering safeguarding training application App2.pdf (15 pages)

3.2. Powys Charity Strategy 2026-2030

Head of Charity

 CFC_3.2_Powys Health Charity Strategy 2026 -2030 cover paper.pdf (3 pages)

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📄 CFC_3.2a_Powys Health Charity Strategy 2026 - 2030.pdf (16 pages)

3.3. Powys Charity Annual Plan 2026/27 and Operational Budget proposal 2026/27

Head of Charity

📄 CFC_3.3a_Powys Health Charity Strategy Annual Plan cover.pdf (5 pages)

📄 CFC_3.3ai_Annual Action Plan 2026-2027.pdf (6 pages)

📄 CFC_3.3b_Head of Charity Report - Operational Budget Proposal 2026-27.pdf (3 pages)

3.4. Head of Chairty Report including Performance Dashboard and Communications update

Head of Charity

📄 CFC_3.4_Head of Charity Report.pdf (12 pages)

📄 CFC_3.4a_App1_BIG Lotto for Health Charities Product Sheet.pdf (4 pages)

3.5. Financial Report 2025/26 Q4

Assistant Director of Finance

📄 CFC_3.5_CF Financial Summary Report Mar 26.pdf (11 pages)

3.6. Minutes of the previous meetings held on 16 March 2026

Chair

📄 CFC_3.6_Charitable Funds Cttee 16 Mar26 unconfirmed minutes.pdf (8 pages)

10:00 - 10:00 4. ITEMS FOR DISCUSSION

0 min

There are no items for discussion

10:00 - 10:00 5. CONSENT AGENDA

0 min

5.1. Projects approved under delegated authority

Head of Charity

📄 CFC_5.1_Expenditure Approved Under Delegated Authority cover paper.pdf (2 pages)

📄 CFC_5.1a_App 1_Expenditure Approved Under Delegated Authority JUN 2026.pdf (2 pages)

5.2. Glossary

Director of Corporate Governance

📄 CFC_5.2_Powys Teaching Health Board Glossary.pdf (6 pages)

10:00 - 10:00 6. OTHERS MATTERS

0 min

6.1. Any other urgent business

6.2. Committee reflections

6.3. Date of next meeting

28 September 2026, Via Microsoft Teams

10:00 - 10:00 7. Confidential Session

0 min

Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having

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7.1. Welcome and apologies for absence

7.2. Declarations of Interest

10:00 - 10:00 8. IN-COMMITTEE CONSENT AGENDA BUSINESS

0 min

The Chair will ask if there are any items from the In-Committee Consent Agenda (Item 10) that Board Members wish to bring forward to the main agenda.

10:00 - 10:00 9. FOR APPROVAL/ASSURANCE

0 min

10:00 - 10:00 10. IN-COMMITTEE CONSENT AGENDA

0 min

10.1. Investment Manager Report

10:00 - 10:00 11. OTHER MATTERS

0 min

11.1. Any other urgent business

CHARITABLE FUNDS IN-COMMITTEE
MONDAY 08 JUNE 2026
10.00 - 12.00
VIA MICROSOFT TEAMS
CHAIR: IAN THOMAS



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest <ul style="list-style-type: none"> Board Declarations of Interest Register 	Verbal	All
10:05 10 mins	1.3	Project Outcome presentation <ul style="list-style-type: none"> Bags for Looked After Children 	Presentation	Clinical Health Specialist
	1.4	Committee action log	Attached	Chair
	2	CONSENT AGENDA BUSINESS		
The Chair will ask if there are any items from the Consent Agenda (Item 5) that Committee Members wish to bring forward to the main agenda.				
	3	ITEMS FOR APPROVAL / RATIFICATION / ASSURANCE		
10:15 15 – 20 mins	3.1	Powys general purposes and local funds bids <ul style="list-style-type: none"> Improving Cancer Journey Team (presentation) Delivering Safeguarding Training Purpose: For approval	Attached	Head of Charity
10.35 15 mins	3.2	Powys Charity Strategy 2026/30 Purpose: For recommendation to PTHB Board for approval	Attached	Director of Corporate Governance
10.50 15 mins	3.3	Powys Charity Annual Plan 2026-27, and Operational Budget 2026-27 Purpose: For approval	Attached	Head of Charity
11.10 20 mins	3.4	Head of Charity Report including Performance Dashboard and Communications update Purpose: For approval	Attached	Head of Charity
11.30 5 mins	3.5	Financial Report 2025/26 Q4 Purpose: For assurance	Attached	Assistant Director of Finance

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	3.6	Minutes of previous meetings held on 16 March 2026 Purpose: For approval	Attached	Chair
	4	ITEMS FOR DISCUSSION		
		There are no items for discussion		
	5	CONSENT AGENDA		
	5.1	Projects approved under Delegated Authority Purpose: For assurance	Attached	Head of Charity
	5.2	Glossary	Attached	Director of Corporate Governance
	6	OTHER MATTERS		
	6.1	Any other urgent business	Verbal	Chair
	6.2	Committee reflections	Verbal	All
	6.3	Date of the next meeting: 28 September 2026 at 10:00 via Teams		
<p>7. The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u></p> <p><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i></p>				
Time	Item	Title	Attached / Oral	Presenter
11.35	7.1	Welcome and Apologies for Absence	Verbal	Chair
	7.2	Declarations of Interest	Verbal	All
8: IN-COMMITTEE CONSENT AGENDA BUSINESS				
The Chair will ask if there are any items from the In-Committee Consent Agenda (Item 10) that Board Members wish to bring forward to the main agenda.				
9: FOR APPROVAL/ASSURANCE				
		There are no items for approval/assurance.		
10: IN-COMMITTEE CONSENT AGENDA				
	10.1	Investment Manager Report Purpose: For assurance	Attached	Chair
11: OTHER MATTERS				
	11.1	Any other urgent business	Verbal	Chair
11.40	11.2	Close		

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2026-27

Updated: May 2026

Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
INDEPENDENT MEMBERS							
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	Nil
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil
Vice Chair	Rhiannon Beaumont-Wood	Non Financial professional interests	Outside Employment	Jun-23	Ongoing	Director and Owner of RBW Executive and Professional Coaching	Salaried Employment
		Non Financial personal interests	Loyalty Interests	May-23	31/05/2026	Non-Executive Member Dorset ICB (In the process of forming a cluster with Dorset ICB, Somerset ICB, Bath, East Somerset, Swindon and Wiltshire ICB)	Renumerated as per Non-Executive Member, Terms and Conditions
		Non Financial personal interests	Loyalty Interests	Jun-24	31/03/2027	Registrant Council Member - Nursing and Midwifery Council (NMC)	Renumerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	Rhoert Lewis	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL
Independent Member (Trade Union)	Cathie Poynton	NIL	NIL	NIL	NIL	NIL	NIL
Independent Member (finance)	Stephen Elliot	Non Financial professional interests	Loyalty Interests	17 April 2024	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	04 February 2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL
Independent Member (General)	Ronnie Alexander	Indirect Interests	Outside Employment	2012	Current	Partner Director of RA and CJ Consulting Limited	Dividend Payment only
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only
Independent Member (University)	Simon Wright	Non Financial professional interests	Loyalty Interests	23 January 2026	Current	Personal: Senior Professional Fellow, Cardiff University-Various Healthcare Programmes	Honoury Role
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02 January 2020	Ongoing	Labour Party member	NIL
		Financial Interests	Outside Employment	09-Feb-26	Current	Head of Partner Engagement for JS Group working with HE sector	Salaried Employment
Independent Member (Third Sector)	Jennifer Owen Adams	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None
		Non Financial professional interests	Loyalty Interests	01 September 2024	01.06.2028	Coopted Member of PAVO	None
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL
		Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL

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Independent Member (Local Authority)	Christopher Walsh	Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel •Member of the Community Speed Watch Group	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL
Independent Member (Capital)	Michael Giannasi	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated
Independent Member	Ian Thomas	NIL	NIL	NIL	NIL	NIL	NIL
EXECUTIVE MEMBERS							
Chief Executive Officer	Hayley Thomas	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of Finance, Capital and Support Services	Pete Hopgood	Non Financial Interests	Loyalty Interests	18 June 2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07 January 2019	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	01 April 2026	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director	Kate Wright	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture and Transformation	Debra Wood Lawson	Indirect Interests	Outside Employment	01 November 2024	01-Nov-27	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated
			Outside Employment	01 September 2025	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL
Executive Director of Public Health	Mererid Bowley	Non-Financial professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of declaration on to ESR from this date).
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.
Director of Corporate Governance/ Board Secretary	Helen Bushell	Non-Financial professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work
		Indirect Interests	Outside Employment	May-25	Current	Partner - Associate for Practice Solutions	

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Executive Director of Planning, Performance & Commissioning	Nicola Johnson	Nil	Nil	Nil	Nil	Nil	Nil
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton	Financial Interests	Outside Employment	Apr-24	Current	Independent Member – ateb - housing Association	Remunerated
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - West Wales Care and Repair	Voluntary
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil
		Indirect Interests	Outside Employment	Sep-23	15-May-26	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	Nil
Executive Director of Nursing, Quality, Women and Family Health	Paul Hooton	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	25/10/2025 Started with PTHB October 2025

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At risk	Red - action date passed or revised date needed
On track	Yellow - action on target to be completed by agreed/revised date
Completed	Green - action complete
No longer needed	Blue - action to be removed and/or replaced by new action
Transferred	Grey - Transferred to another group

Charitable Funds Committee								
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original Target Date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW - (08 JUNE 2026)								
17-Mar-25	CF/24/83	Charity Manager	Vestibular Assessment Pathway Progress Report	Assurance Update with data (when available) of the impact of the new pathway	<p>Update 16.06.2025: not yet due (extended to June 2026)</p> <p>Update 15.09.2025: Verbal update will be provided with the meeting</p> <p>Update 08.06.2026: The Vestibular Pathway project is currently on hold. The staff member due to deliver the project is leaving the team and there are currently no other trained personnel to pick up this project. It is unlikely that the Pathway will be up and running this year although it does remain part of the longer-term service plan. At this time there is no clear indication of when they will be able to report on this project. Propose this action is closed and the project is monitored by the Head of Charity who will bring an outcome to the committee at an appropriate time.</p>	Sep-25	Jun-26	No longer needed
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - NONE								
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 08 JUNE 2026)								
01-Dec-25	CF/25/52	Head of Charity	Reserves Policy	Head of Charity to speak to Better Together Programme Lead regarding potential to support palliative care with legacy funds	<p>Update 16.03.26: Initiated contact but not yet met due to other circumstances. REQUEST EXTENSION TO JUNE 2026</p> <p>Update 08.06.2026: Have discussed supporting the Better Together program with legacy funds, but until consultation and a decision on the Better Together outcomes is made, it is considered appropriate not to invest funds in case choices and decisions mean the funds return a short-term benefit.</p>	Mar-26	Jun-26	Completed

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Agenda item: 3.1

Charitable Funds Committee	08 JUNE 2026
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Subject:	Charity Funding Applications for Consideration
Approved and presented by:	Martin O'Brien, Head of Charity
Prepared by:	Charity Project Support Manager
Other Committees and meetings considered at:	N/A

PURPOSE:

This paper identifies the Charity applications seeking review and a funding decision by the Charitable Funds Committee.

PTHB's Executive Committee have reviewed the bids, verbal feedback will be provided during the meeting.

RECOMMENDATION(S):

The Committee is asked to:

- **CONSIDER** and if supportive, **APPROVE** the following applications:
 - GF02-202605 - Powys Cancer Team (£514,000)
 - GF05-202510 - Safeguarding Training (£24,662.80).

Approve/Take Assurance	Discuss	Note
N	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y/N	
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

The projects identified in this paper are requesting for review at this Charitable Funds Committee meeting, each seeking funding for their specific projects.

APPROACH:

There are two projects seeking review and requesting funding:

GF02-202605 – Powys Cancer Team. The application is seeking funding of £514,000 across the three years of this project. Further information can be found within the application and supporting papers now attached at Appendix i

GF05-202510 – Delivering Safeguarding Training. This application is seeking funding of £24,662.80 to deliver this training using VR headsets. Further information can be found within the application and supporting papers now attached at Appendix ii

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both	
Safe	✓				A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Timely	✓				
Effective	✓				
Efficient	✓				
Equitable	✓				
Person Centred	✓				
Workforce	✓				
Leadership	✓				
Culture	✓				
Information	✓				
Learn, Improve, Research	✓				
Whole Systems Approach	✓				

EQUALITY:

	No impact	Negative	Positive	Both	
Age	✓				An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Disability	✓				
Gender reassignment	✓				
Marriage / civil partnership	✓				

Pregnancy / maternity	✓					
Race	✓					
Religion or Belief	✓					
Gender	✓					
Sexual Orientation	✓					
Welsh Language	✓					
Socio-economic status	✓					
Social exclusion	✓					
Carers	✓					
RISK ASSESSMENT:						
	Level of risk identified					<p>A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.</p>
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)		
Clinical	✓					
Financial	✓					
Corporate	✓					
Operational	✓					
Reputational	✓					

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Charitable Funds Application Form			
Project title <i>(We call everything a project, if you're buying a chair or building an extension, it's just the term we use):</i>	Powys Cancer Team		
Service/department/ward:	Community Services Group		
Applicant name:	SKM		
Who are you requesting the funds from? <i>(Tick all that apply)</i> <i>Choose one of the below options identifying where the funding is coming from</i>			
Powys Health Charity (Powys Teaching Health Board Charitable Funds)	<input checked="" type="checkbox"/>		
Powys Health Charity Grant scheme <i>Please specify which grant scheme:</i>	<input type="checkbox"/>		
League of Friends <i>Please state which League of Friends you are requesting funds from and contact details:</i>	<input type="checkbox"/>		
Other community groups <i>Please state the group you are requesting funds from and contact details:</i> Approached Lingen Davies Cancer Fund (charity) to co-fund, they have agreed to fund 50%.	<input checked="" type="checkbox"/>		
Not sure	<input type="checkbox"/>		
Please note: Powys Health Charity supports applications that include external funding from groups. We kindly ask that you inform us of any plans to apply for or secure additional funding so that we can provide appropriate support and ensure that all necessary checks and approvals are in place.			
What area/community in Powys will benefit from this project? <i>Which part of the County will see the benefit of this project</i>			
Powys Wide	<input checked="" type="checkbox"/>	Mid Powys	<input type="checkbox"/>
North Powys	<input type="checkbox"/>	South Powys	<input type="checkbox"/>
To which main theme does this application apply? <i>(Choose one of the 5 options below)</i>			
Clinical	<input checked="" type="checkbox"/>	Estates	<input type="checkbox"/>
Non-Clinical	<input type="checkbox"/>	Patients	<input checked="" type="checkbox"/>
Staff	<input type="checkbox"/>		

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Please select the relevant sub-theme for this proposal (select one):					
Outdoor furniture	<input type="checkbox"/>	Indoor furniture	<input type="checkbox"/>		
Patient activities	<input checked="" type="checkbox"/>	Staff well-being	<input type="checkbox"/>		
Patient Materials	<input type="checkbox"/>	Staff Materials	<input type="checkbox"/>		
Medical equipment	<input type="checkbox"/>	Domestic equipment	<input type="checkbox"/>		
Software	<input type="checkbox"/>	Training/conferences	<input type="checkbox"/>		
Décor	<input type="checkbox"/>	Construction work	<input type="checkbox"/>		
Community group equipment	<input type="checkbox"/>	Community group events	<input type="checkbox"/>		
Other (please specify):					
Establishing a Powys Cancer Team					
Has the Equipment Devices Ordering Form (EDOF) been completed for this project?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please include the approved EDOF with this application.					
Project summary – Tell us what you are asking for					
Projects must demonstrate how they will:					
<ul style="list-style-type: none"> • Improve the health and wellbeing of people in Powys • Enhance PTHB services or environments • Benefit NHS patients, staff, or volunteers beyond core NHS provision 					
<p>The business case proposes a phased introduction of a Powys Cancer Team (PCT), comprising Cancer Clinical Nurse Specialists (CCNSs) and Cancer Care Navigators (Navigators). The PCT will enable key elements of cancer care, currently delivered in secondary care settings, to be provided closer to home. This approach aims to create a more sustainable and equitable cancer care model for Powys, with key objectives to:</p> <ul style="list-style-type: none"> • Enhance patient experience • Optimise cancer care pathways • Reduce unplanned hospital admissions • Strengthen prevention initiatives <p>This investment will enable PTHB to provide holistic, specialist cancer support closer to home, reducing unnecessary emergency admissions, improving patient experience, and addressing inequity.</p>					

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Funding is requested to pump-prime the first three years of the service, during which measurable reductions in unplanned admissions and outpatient activity will create recurring savings that sustain the service from Year 4 onwards.

Positive discussions have taken place with Powys Health Charity team and Lingen Davies Cancer Fund regarding co-funding of the PCT for the first three years. This joint funding approach demonstrates a shared recognition of the PCT's value to patients and the wider health system. Support would be contingent on a clear commitment to secure ongoing, sustainable funding post the initial three-year period.

The PCT will improve the health and wellbeing of Powys residents by providing earlier intervention, local personalised and holistic support from diagnosis through to end of life, reduce rural inequalities, community-based prevention & healthy lifestyle initiatives and equitable access to local cancer expertise.

The PCT will enhance PTHB services and environments through integrated pathways, staff education, strengthened MDT working, care closer to home, streamlining communication and reducing duplication and improving environments and patient experience.

The PCT will deliver benefits beyond core NHS provision by offering wraparound support, reduced system burden, remove unnecessary activity, improved patient navigation between multi-provider systems community outreach and preventative programmes.

See section 2. Summary Strategic Context in Business Case for additional details around Cancer incidence & impact, Patient Experience, Role & impact of CCNSs and Role & impact of Navigators.

Background – Tell us the story of this project, how was this project identified, who will benefit from this project, why are you asking for funding for this project now, please provide any other supporting documentation (quotes, diagrams, photos etc)

The available evidence highlights that people living with cancer in Powys have a lesser experience of cancer care than their peers, particularly related to person centred care elements - both the Welsh and English Cancer Patient Experience Surveys highlighting this, as does lived experience gathered via the Improving the Cancer Journey programme

CCNSs will provide specialist nursing support, symptom management, and act as keyworkers to coordinate care, reduce emergency admissions and support community hospitals, community teams and primary care.

Navigators will assist patients with non-clinical support, appointment coordination, and pathway navigation, complementing existing third sector services.

Cancer remains a major health challenge in Wales and Powys, forming part of the Big 4 within the Health and Care Strategy.

See 2. Summary Strategic Context, Patient Experience

Feedback from cancer patients in Powys via the Welsh and English Cancer Patient Experience Surveys and the ICJ programme highlights:

Lack of awareness of CNS roles

- Insufficient support



- Poor communication between services and patients
- Emotional distress due to fragmented care
- The need for support navigating complex pathways
- Suboptimal care
- Inappropriate referrals to Specialist Palliative Care Team
- Impact on patient care and outcomes
- Impact of travel burden, financial implications and accessibility

People living with cancer across Powys will benefit directly from this new team, as will PTHB clinical and community services and Primary Care, who will gain access to specialist cancer expertise and more coordinated pathways. CCNSs will support ward and community teams with symptom management, systemic anticancer therapy (SACT) side-effect queries, discharge planning, and future care planning. Wider health, care and third sector partners will also benefit, as the team will strengthen the whole system by improving integration between secondary care providers, community teams, and local support organisations. The wider health system will also see gains through reduced unplanned admissions, improved pathway efficiency, specialist input closer to home, and a more cancer confident workforce.

Funding is required now, as without a local cancer team, unmet need will continue to grow and existing inequities particularly for rural communities facing travel, transport, and digital barriers which will widen further effect queries, discharge planning, and future care planning.

The business case has been presented to the following groups:

- Investment Benefits Group – 19 January: Approved
- Executive Committee – 18 March: Approved
- Lingen Davies Grants & Projects Committee – 14 April: Approved, with support to submit to the formal Board on 28 April

The Lingen Davies Board subsequently approved the funding on 28 April, subject to agreement from Powys Health Chairty for 50% match funding.

Project plan – When are you hoping to receive the item(s), undertake the training, attend the conference, is there a timescale for when the project needs to be completed, what happens if a deadline is missed. What does completed look like?

Timescales

- Year 1: Establish team in North Powys; implement service, evaluate outcomes, refine model
- Year 2: Expand model to Mid & South Powys
- Year 3: Full Powys wide implementation

Key milestones

- Recruitment of CCNSs and Navigators



- Full induction & training
- Implementation of pathways for:
 - acute oncology support
 - future Care Planning
 - patient initiated follow-up
 - prehab/rehab referrals
- PREM/PROM tools established
- Ongoing evaluation and financial reviews

See Appendix i – Milestones, Workforce and Outcomes

Project Measurement – What are the key outcomes of this project that you would say would make it a success (up to 5).

E.g. request for garden furniture

1. received on time
2. installed in the right place
3. staff/patients/families use it
4. it is comfortable
5. weatherproof

No.	Measures of Success
1	Reduction in unplanned hospital admissions
2	Improved patient experience and satisfaction
3	Care closer to home - increased support provided locally in Powys
4	Strengthen prevention initiatives
5	Reduced pressure on Primary Care and Community Services – providing a specialist resource to colleagues across Powys

Any other additional comments:

Please note: When submitting an application, all applications must include an evaluation plan.

We will ask for an evaluation approximately 6-months after applicant receives the finance code for the project.

Why this is important

- It helps us understand and evidence the impact of charitable funding.
 - It ensures transparency and accountability to donors.
 - It helps us learn from and improve future projects.
- It tells the story of your project, its outcomes, benefits, and any lessons learned.

Patterson, Liz
02/06/2025 12:12:06



Resources - How much does this cost, attach quotes and a breakdown of costs and the source of the costs (please try avoiding obtaining costs from Amazon or other such platforms). An application will not proceed unless accurate costs have been provided.

When planning your project, ask yourself:

- **Would a donor be happy for their contribution to be used this way?**
- **Would I be proud to tell someone how we spent the money?**
- **Should this be funded by the NHS instead?**
- **Does the project primarily benefit patients, rather than the organisation?**
- **Is there a more effective use of available funds?**

Total cost of Powys Cancer Team

	7 WTE	Year 1 '£000	Year 2 '£000	Year 3 £'000	Recurring '£000
Pay		217	365	365	365
Non-pay		24	33	25	25
Total costs		240	398	390	390

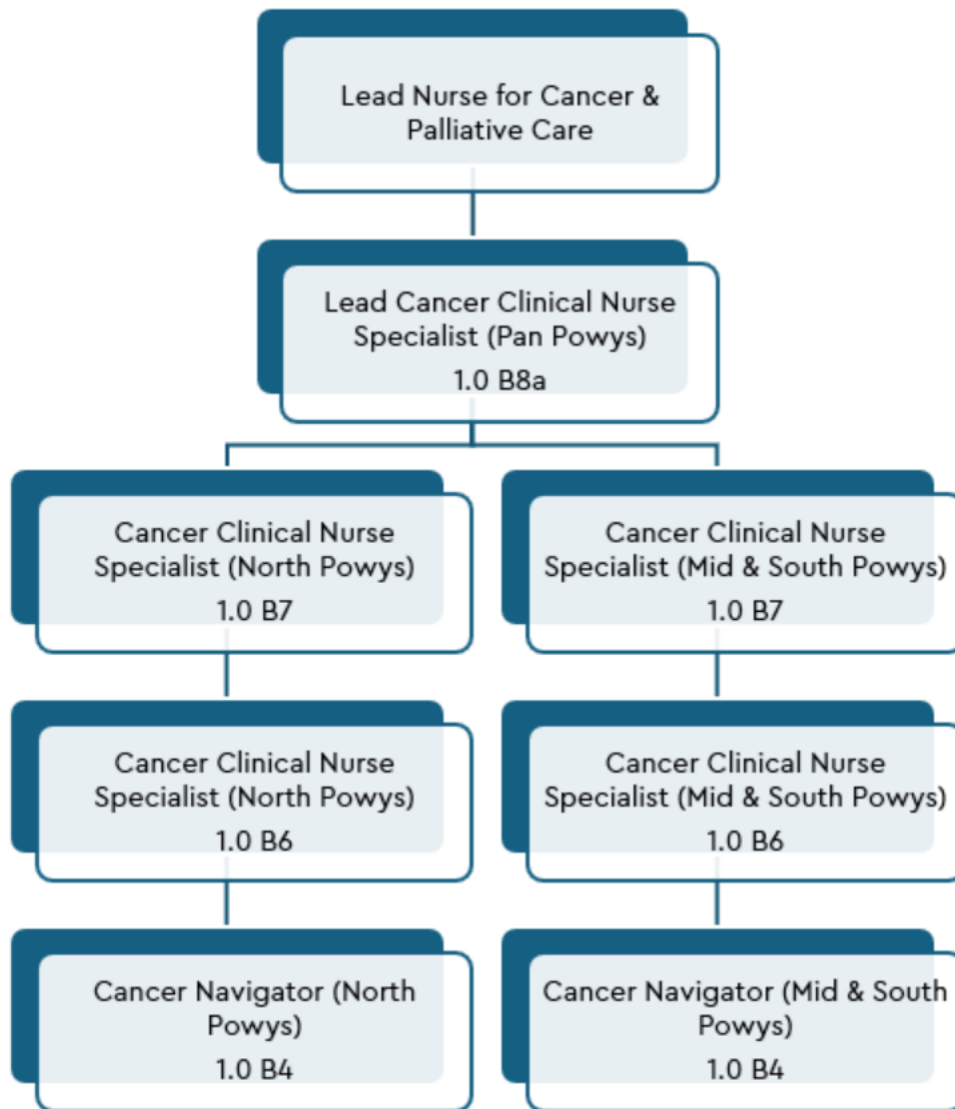
***If both charities match fund, the total required from each charity is £514,000**

Patterson, Liz
02/06/2025 12:12:06
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Please submit this application as a **word document** via email to pthb.charity@wales.nhs.uk



Powys Cancer Team Organisational Chart



Note: The Lead Nurse for Cancer & Palliative Care is a substantive, permanent PTHB post



The total charitable request of £514,000 represents Powys Health Charity’s half of a matched pump priming package for Years 1–3 (with Lingen Davies Cancer Fund as co-funder). During Years 1–3 the service will realise measurable reductions in non-elective admissions and outpatient activity; from Year 4, recurring savings will sustain the team within core funding.

See appendix ii

Patterson
02/06/2025 12:12:06

Total amount requested (£):	£514,000
------------------------------------	-----------------




Contact details of applicant	
Name: Sally Kenyon-Mills	
Email address: sally.kenyon-mills@wales.nhs.uk	
Phone number: 07754 453102	
Delivery address (if applicable):	
Declaration	
I understand that no items or services should be procured or ordered before receiving authorisation to do so from the Finance team. You will receive a unique project budget code and guidance on how to procure via Charitable Funds.	<input checked="" type="checkbox"/>
I confirm that this funding will only be used for the purposes specified in this application.	<input checked="" type="checkbox"/>
I agree to take part in a project evaluation once the project is complete (this is usually 6 months from date of approval)	<input checked="" type="checkbox"/>
I agree to providing information and photographs of this completed project for use by the Powys Health Charity team in all its forms of social media and advertising. <i>Powys Health Charity will make sure where specified any individuals in the photographs give permission for their use.</i>	<input checked="" type="checkbox"/>
Applicant (<i>We do not accept typed signatures</i>)	
Name: SKM	Role: ICJ Programme Lead
Signature: 	Date: 13/05/2026
Line Manager or Directorate Head (<i>We do not accept typed signatures</i>)	
Name: LH	Role: Lead Nurse for Cancer and Palliative Care
Signature: 	Date: 13/05/2026
<p>Please submit this application as a word document to pthb.charity@wales.nhs.uk</p> <p>To avoid delays in processing:</p> <ul style="list-style-type: none"> • Typed signatures are no longer accepted. If you do not have an electronic signature, a photo of your handwritten signature is acceptable. • Ensure all required signatures are included. • Provide accurate and detailed costings, and clearly state the total amount requested. 	

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Please submit this application as a **word document** via email to pthb.charity@wales.nhs.uk



Charity Team use only			
Application code:		GF02-202605	
Strategic priorities (<i>tick the relevant priorities</i>)			
Demonstrating Responsible Leadership	<input type="checkbox"/>	Enhancing NHS Services	<input checked="" type="checkbox"/>
Upholding Our Civic Mission	<input type="checkbox"/>	Establishing a Culture of Collaboration	<input type="checkbox"/>
IMTP Objectives (<i>tick the relevant priorities</i>)			
1. Focus on Wellbeing	<input type="checkbox"/>	5. Develop Workforce Futures	<input type="checkbox"/>
2. Provide Early Help and Support	<input type="checkbox"/>	6. Promote Innovative Environments	<input type="checkbox"/>
3. Tackle the Big Four	<input checked="" type="checkbox"/>	7. Put Digital First	<input type="checkbox"/>
4. Enable Joined up Care	<input type="checkbox"/>	8. Transforming in Partnership	<input type="checkbox"/>
Additional Comments: The Charity team supports this application as it will enhance a service that directly supports patients who are living with a cancer diagnosis, something that is not yet available to PRTHB patients.			
Name: Martin O'Brien		Role: Head of Powys Health Charity	
Signature: 		Date: 20 May 2026	
Fund Manager			
Name:		Role:	
Signature:		Date:	

Patterson, Liz
02/06/2026 12:12:06
V3 2025-26

Please submit this application as a **word document** via email to pthb.charity@wales.nhs.uk

Appendix i. Milestones, Workforce and Delivery Measures

Milestones, Workforce and Delivery Measures																	
		FY 2026-27				FY 2027-28				FY 2028-29				FY 2028-30			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Key Milestones	Lead																
Recruitment for B8a Lead			X	X													
Recruitment for North CNSs and Navigator				X	X												
Recruitment process for Mid/South CCNSs and Navigator								X	X								
Full team in place pan Powys										X	X	X	X	X	X	X	X
Workforce Change (What is the estimated staff group wte increase/decrease – please profile the change)																	
1 x B8a CNS Lead Coordinator	1 WTE																
2 x B7 CNS	2 WTE																
2 x B6 CNS	2 WTE																
2 x B4 Navigator	2 WTE																
Delivery and Outcome Measures (measures to indicate the change is progressing and is having the intended impact and when will you see the intended improvement – please profile the change)																	
Minimum anticipated reduction in unplanned admissions to secondary care - North						5%	7.5%	10%	12.5%	15%	18%	21%	25%	25%	25%	25%	25%
Minimum anticipated reduction in unplanned admissions to secondary care - Mid/South										5%	7.5%	10%	12.5%	15%	18%	21%	25%
Minimum anticipated reduced length of stay for emergency admissions - North						5%	7.5%	10%	12.5%	15%	18%	21%	25%	25%	25%	25%	25%
Minimum anticipated reduced length of stay for emergency admissions - Mid/South										5%	7.5%	10%	12.5%	15%	18%	21%	25%
Minimum anticipated reduction in outpatient activity - North						5%	7.5%	10%	12.5%	15%	18%	21%	25%	25%	25%	25%	25%
Minimum anticipated reduction in outpatient activity - Mid/South										5%	7.5%	10%	12.5%	15%	18%	21%	25%

Appendix ii Revenue and Capital Finance

Revenue Summary	WTE	Year 1 '£000	Year 2 '£000	Year 3 '£000	Recurring
Pay	7.00	217	365	365	365
Non Pay		24	33	25	25
Total Costs		240	398	390	390
Less Cash Releasable Savings (reduction in OP referrals) **		143	377	464	464
Total Net Investment		97	21	(74)	(74)
Less Available Funding					0
Net Revenue Required		97	21	(74)	(74)

Executive Summary	WTE	Year 1 '£000	Year 2 '£000	Year 3 '£000	Recurring
Revenue Costs	7.00	240	398	390	390
Less Cash Releasable Savings		143	377	464	464
Less Available Funding		0	0	0	0
Net Revenue Required		97	21	(74)	(74)
Capital Costs		0	0	0	
Less Available Funding		0	0	0	
Net Capital Required		0	0	0	0
Total Funding Required		97	21	(74)	(74)

Revenue - Pay	WTE	Band/Scale	Year 1 '£000	Year 2 '£000	Year 3 '£000	Recurring	Comments
Direct Pay							
Year 1 onwards (North)							
Cancer Nurse specialist / Lead Co-ordinator	1.00	8A	69	69	69	69	Midpoint
Clinical Nurse Specialist	1.00	7	62	62	62	62	Midpoint
Clinical Nurse Specialist	1.00	6	50	50	50	50	Midpoint
Cancer Navigator	1.00	4	37	37	37	37	Midpoint
Year 2 onwards (Mid / South)							
Clinical Nurse Specialist	1.00	7		62	62	62	Midpoint
Clinical Nurse Specialist	1.00	6		50	50	50	Midpoint
Cancer Navigator	1.00	4		37	37	37	Midpoint
Indirect Pay							
Overhead Pay							
Total Pay Costs	7.00		217	365	365	365	

Revenue - Non Pay	Description	Quantity	Year 1 '£000	Year 2 '£000	Year 3 '£000	Recurring	Comments
Direct Non-Pay							
Drugs							
Medical / Surgical Supplies			5	10	10	10	
Medical Equipment							
Medical Equipment Maintenance			1	3	3	3	
Staff Non-Pay (eg travel, training)			4	7	7	7	
Course Fees			2	4	4	4	
Printing & Stationary			1	1	1	1	
Uniforms			1	1			
Indirect Non Pay							
Overhead - Non Pay							
ICT / IT Equipment			10	8			
Total Non-Pay Costs			24	33	25	25	
TOTAL COSTS			240	398	390	390	

Cash Releasing Savings	Year 1 '£000	Year 2 '£000	Year 3 '£000	Recurring	Comments
Reduction in emergency admissions by 25%	117	321	408	408	Programme - Cancer and tumours. Based on a 25% reduction in admissions. Year one 50% of the 25% saving due to set up on the new service.
Reduction in Community contacts					
Reduction in OP attendances.	26	56	56	56	
Reduction in Diagnostics					
Prehab savings (early intervention)					
Total Savings	143	377	464	464	

Income Available	Year 1 '£000	Year 2 '£000	Year 3 '£000	Recurring	Comments
Total Income	-	-	-	-	

NET COST / SAVING		97	21	- 74	- 74
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Non-Cash Revenue Costs	Year 1 '£000	Year 2 '£000	Year 3 '£000	Recurring	Comments
Depreciation					
Impairment					
Total Non-Cash Costs	-	0	-	-	

Capital Summary	Year 1 '£000	Year 2 '£000	Year 3 '£000	Comments
Sub-Total	-	0	-	
Less Existing Funding Source (if any)				
Net Capital Required	-	0	-	

Powys Community Cancer Support Team

Appendix 3

Case Studies

Case study #1

Travel burden and financial implications due to changes in service locations Miscommunication about available treatment options

A patient requested to meet with the Lead Nurse for Cancer and Palliative Care at an ICJ engagement event, as they wished to share their experience. The patient initially contacted their GP due to signs and symptoms of prostate cancer, as the patient lived in North Powys the GP offered referral to either Bronglais or Shrewsbury for Secondary Care services, the patient opted for Bronglais as they lived equidistant to the two options. After a year of attending urology clinics in Bronglais the urology service in HDUHB was moved to Glangwili which meant the patient had additional travel. When their disease progressed and required radiotherapy, they were then referred to SBUHB as the usual pathway for HDUHB patients, when the patient queried with their clinical team if they could be referred to SaTH instead, they were incorrectly informed that Welsh residents could not access radiotherapy in England. This meant the patient had to endure the travel from North Powys to Swansea on a daily basis for six weeks or the expenditure of accommodation for the duration of treatment, into their decision whether to proceed with potentially lifesaving treatment. A CCNS based in PTHB could have intervened in their pathway when urology services were moved and offered the opportunity for referral to SaTH as a person-centred option for ongoing management / treatment.

Case Study #2

Inappropriate referrals to SPCT Impact on patient care and outcomes Suboptimal care

A GP referral was received by the Specialist Palliative Care Team for a patient with a new diagnosis of lung cancer, who is struggling to eat, losing weight and has non-complex pain. The patient and family requested referral to a local cancer specialist, in the absence of a CCNS, the GP referred to the SPCT, however as the patient did not meet the referral criteria for the SPCT the referral was returned to the GP. The GP has since accessed support from the third sector for this patient, but the support offered through that will be limited in comparison to their needs. The GP reports that this patient is being treated in Bronglais Hospital, but their CNS is based in South Wales (likely due to diagnosis).

This patient would undoubtedly benefit from local cancer support, in terms of symptom control and person-centred care, without such support they may be at increased risk of inappropriate admission to hospital.

Of note, this is not an isolated case – the SPCT often receive referrals for patients with a cancer diagnosis, who are not appropriate for SPCT interventions e.g. absence of complex symptom control, or those who have a curative diagnosis; currently there is not an alternative specialist service within PTHB to support these patients.

Patient Services
02/06/2025 10:12:08

Case Study #3

Fragmented care pathway

Cross-border complexity

Accessibility and travel burden

Beryl (pseudonym) was diagnosed with Breast cancer in 2022, the diagnosis was made following a routine mammogram through Breast Test Wales which was undertaken in a mobile unit in North Powys. As Beryl lives in North Powys her initial diagnosis was made through the Breast Test Wales unit in North Wales and surgery was performed in Wrexham. Beryl was then referred to an oncologist in Shrewsbury for her radiotherapy and on completion of this was referred back to Wrexham for her ongoing follow up. Throughout the pathway Beryl's cancer CNS has been based in North Wales.

For Beryl, when reflecting on her experience the biggest issue in her cancer pathway is the distances involved in accessing treatment and support. As an example of this Beryl recently experienced breast pain two weeks before she was due a follow up mammogram, Beryl was concerned what this new pain could mean. Beryl felt that this wasn't something that she should contact her GP about, and was aware she was booked in for a mammogram soon so she initially waited prior to contacting her cancer team; when the pain increased she rang her breast cancer CNS, the CNS was supportive and offered to slot Beryl into clinic 'on her way home from work', but this wasn't possible as Beryl lives and works two hours away from the hospital the CNS is based in, no alternative planned review was offered.

The issue of being two hours away from her clinical team also has an impact on any attendance for appointment, her husband attends all of the appointments with her, which means they both need to take several hours out of work to attend. Beryl reports both her and her husband have supportive employers, which she feels very fortunate to have, but she is also extremely conscientious and aware that this does have an impact on the wider teams in their workplaces and would prefer not to need to take so much time off work.

Reflecting on her experience, Beryl praises all of the teams involved in her care, but feels that her experience would have benefited further from care closer to home, she uses the example of even if she had needed to travel to Mid Powys to see a CNS that would have only been a half hour travel time, and there would be easier access to parking at the community hospital sites, with the added benefit of the option of using public transport – each of these aspects mean that she would likely have contacted her cancer CNS sooner for advice as the accessibility would have been better; this would have improved the psychological impact of her experience, and would have addressed her concerns related to breast pain sooner.

Beryl did not have a supportive conversation, and was not offered a Holistic Needs Assessment, she also was not informed of the support available closer to home by either her surgical or oncology team. She did contact the Hamar Centre to explore options re counselling and through this contact was provided with information about Look Good Feel Better, and provided with information about the ICJ, PAVO and Bracken Trust – Beryl was aware of these services as she works within health care in Powys, but felt they should have been a proactive offer of support rather than being as a result of asking for help. She was offered the opportunity to join a support group held in Wrexham, but this took place between 7pm and 9pm, with a two-hour journey home this would have meant not getting home until 11pm, so she wasn't able to attend, unfortunately there was no option to join virtually. Beryl reports being given very little written information throughout her experience.

Patricia
02/05/2026 12:12:08

Beryl feels that her experience would also have been improved if she had access to a cancer navigator. As an example of how a cancer navigator would have supported Beryl, she reports being aware she needs to have her monitoring mammograms five to six weeks prior to her clinic appointment with the surgeon, she has had to contact the hospital previously to ensure that the mammogram is booked, she feels this would have been an easier process if she could access a navigator. Beryl also highlights the example whereby her annual clinic appointment that was booked for October was cancelled and then rebooked by the clinic team for the following spring – Beryl contacted the surgeons secretary who rebooked the appointment for the appropriate time but feels a navigator again could have made this process easier.

Patterson, Liz
02/06/2026 12:12:08



Charitable Funds Application Form

Project title <i>(We call everything a project, if you're buying a chair or building an extension, it's just the term we use):</i>	Delivering Safeguarding training using immersive experiences with VR Headsets		
Service/department/ward:	Safeguarding		
Applicant name:	HL		
Who are you requesting the funds from? <i>(Tick all that apply)</i> Choose one of the below options identifying where the funding is coming from			
Powys Health Charity (Powys Teaching Health Board Charitable Funds)	<input checked="" type="checkbox"/>		
Powys Health Charity Grant scheme <i>Please specify which grant scheme:</i>	<input type="checkbox"/>		
League of Friends <i>Please state which League of Friends you are requesting funds from and contact details:</i>	<input type="checkbox"/>		
Other community groups <i>Please state the group you are requesting funds from and contact details:</i>	<input type="checkbox"/>		
Not sure	<input type="checkbox"/>		
Please note: Powys Health Charity supports applications that include external funding from groups. We kindly ask that you inform us of any plans to apply for or secure additional funding so that we can provide appropriate support and ensure that all necessary checks and approvals are in place.			
What area/community in Powys will benefit from this project? <i>Which part of the County will see the benefit of this project</i>			
Powys Wide	<input checked="" type="checkbox"/>	Mid Powys	<input type="checkbox"/>
North Powys	<input type="checkbox"/>	South Powys	<input type="checkbox"/>
To which main theme does this application apply? <i>(Choose one of the 5 options below)</i>			
Clinical	<input type="checkbox"/>	Estates	<input type="checkbox"/>
Non-Clinical	<input type="checkbox"/>	Patients	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>		



Please select the relevant sub-theme for this proposal (select one):			
Outdoor furniture	<input type="checkbox"/>	Indoor furniture	<input type="checkbox"/>
Patient activities	<input type="checkbox"/>	Staff well-being	<input type="checkbox"/>
Patient Materials	<input type="checkbox"/>	Staff Materials	<input type="checkbox"/>
Medical equipment	<input type="checkbox"/>	Domestic equipment	<input type="checkbox"/>
Software	<input checked="" type="checkbox"/>	Training/conferences	<input checked="" type="checkbox"/>
Décor	<input type="checkbox"/>	Construction work	<input type="checkbox"/>
Community group equipment	<input type="checkbox"/>	Community group events	<input type="checkbox"/>
Other (please specify): VR Headsets			
Has the Equipment Devices Ordering Form (EDOF) been completed for this project?			
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
		N/A	<input type="checkbox"/>
If yes, please include the approved EDOF with this application.			
<p>Project summary – Tell us what you are asking for</p> <p>Projects must demonstrate how they will:</p> <ul style="list-style-type: none"> • Improve the health and wellbeing of people in Powys • Enhance PTHB services or environments • Benefit NHS patients, staff, or volunteers beyond core NHS provision 			
<p>Recognizing the value that Virtual Reality (VR) can bring to traditional learning, the course has been designed to develop a more detailed understanding of challenging subject matter in the Safeguarding arena. Studies (PWC 2022) show that Virtual Reality learners are faster to train, more focussed, more emotionally connected to the content, and more confident to act on what they have learned in comparison to traditional classroom learning styles.</p> <p>It will provide an opportunity for staff to experience the 'lived experience' of children/adults at risk of harm and see the bigger picture to be better able to fulfil their role in safeguarding children and Adults at risk across Powys</p>			



The VR technology is intuitive for trainers and learners; it does not require integration with any other system

Background – Tell us the story of this project, how was this project identified, who will benefit from this project, why are you asking for funding for this project now, please provide any other supporting documentation (quotes, diagrams, photos etc)

During an annual safeguarding event, Safeguarding professionals from PTHB were given the opportunity to received training using VR headsets. The immersive experience gave the safeguarding professionals an opportunity to consider how we could be using this technology to provide training to our staff that delivers powerful, impactful scenarios and messages using short 3D video clips. This new way of learning has been tested in other Health organisations and shown to have received a positive from learners.

Appendix 1

Appendix 2

To pilot the use of 12 VR headsets as a means of delivering the training. The project would involve an additional day for a member of the team to deliver the training 2 days per month for 12 months to 48 staff per month and this would potentially reach 576 staff members

Project plan – When are you hoping to receive the item(s), undertake the training, attend the conference, is there a timescale for when the project needs to be completed, what happens if a deadline is missed. What does completed look like?

We are hoping to order the items once funding has been sourced and a training plan will be developed for a 12 month period.

Patterson/Nz
02/06/2025 12:12:06

V3 2025-26

Please submit this application as a **word document** via email to pthb.charity@wales.nhs.uk



Project Measurement – What are the key outcomes of this project that you would say would make it a success (up to 5).

E.g. request for garden furniture

1. received on time
2. installed in the right place
3. staff/patients/families use it
4. it is comfortable
5. weatherproof

No.	Measures of Success
1	Delivery and training in use of the equipment
2	Training Schedule agreed with teams
3	Number of staff trained
4	A pre- and post evaluation of the training can be sought from each participant
5	Monitor reports into PTHB Safeguarding Strategic Group and MARAC process

Any other additional comments:

Please note: When submitting an application, all applications must include an evaluation plan.

We will ask for an evaluation approximately 6-months after applicant receives the finance code for the project.

Why this is important

- It helps us understand and evidence the impact of charitable funding.
- It ensures transparency and accountability to donors.
- It helps us learn from and improve future projects.
- It tells the story of your project, its outcomes, benefits, and any lessons learned.

Resources – How much does this cost, attach quotes and a breakdown of costs and the source of the costs (please try avoiding obtaining costs from Amazon or other such platforms). An application will not proceed unless accurate costs have been provided.

When planning your project, ask yourself:

- Would a donor be happy for their contribution to be used this way?



- Would I be proud to tell someone how we spent the money?
- Should this be funded by the NHS instead?
- Does the project primarily benefit patients, rather than the organisation?
- Is there a more effective use of available funds?

Cornerstone VR programme package and costs below:

- 1. assigned VR Service manager to support you on your VR journey**
- 2. a strategy meeting - looking at your objectives, who gets trained, how it will be used and evaluated**
- 3. Certification Course to train your staff in the ethical use of the content**
- 4. access to open Certification Courses for new starters or a refresher course**
- 5. quarterly focus groups**
- 6. access to online customer resource portal**
- 7. access to content in 2D**
- 8. access to all 360 content from Cornerstone and selected third party partners**

Loan of 12 VR headsets and all tech support £14,000 plus VAT = **£17,500** for 1 year or for multi years at a price fix per year contract = £1,400 including VAT a month- Includes a FREE suitcase worth £599

Safeguarding Lead – 2 days per month additional hours to deliver the training = **£6562.80**

Travel = **£600**

Total amount requested (£):

24,662.80

Contact details of applicant

Name: HL – Head of Safeguarding

Email address: XXX

Phone number: XXX

Delivery address (if applicable):

Declaration

I understand that **no items or services should be procured or ordered before receiving authorisation to do so from the Finance team. You will receive a unique project budget code and guidance on how to procure via Charitable Funds.**



I confirm that this funding will only be used for the purposes specified in this application.	<input checked="" type="checkbox"/>
I agree to take part in a project evaluation once the project is complete (this is usually 6 months from date of approval)	<input checked="" type="checkbox"/>
I agree to providing information and photographs of this completed project for use by the Powys Health Charity team in all its forms of social media and advertising. <i>Powys Health Charity will make sure where specified any individuals in the photographs give permission for their use.</i>	<input checked="" type="checkbox"/>

Applicant (We do not accept typed signatures)

Name: HL

Role: Head of Safeguarding

Date: 15.10.25



Signature:

Line Manager or Directorate Head (We do not accept typed signatures)

Name: JWS

Role: Assistant Director of Nursing
Safeguarding



Signature:

Date: 15.10.25

Please submit this application as a word document to pthb.charity@wales.nhs.uk

To avoid delays in processing:


- Typed signatures are no longer accepted. If you do not have an electronic signature, a photo of your handwritten signature is acceptable.
- Ensure all required signatures are included.
- Provide accurate and detailed costings, and clearly state the total amount requested.

Patterson, Liz
02/06/2025 12:12:00

V3 2025-26

Please submit this application as a **word document** via email to pthb.charity@wales.nhs.uk



Charity Team use only			
Application code:		GF05-202510	
Strategic priorities (<i>tick the relevant priorities</i>)			
Demonstrating Responsible Leadership	<input type="checkbox"/>	Enhancing NHS Services	<input checked="" type="checkbox"/>
Upholding Our Civic Mission	<input type="checkbox"/>	Establishing a Culture of Collaboration	<input type="checkbox"/>
IMTP Objectives (<i>tick the relevant priorities</i>)			
1. Focus on Wellbeing	<input type="checkbox"/>	5. Develop Workforce Futures	<input type="checkbox"/>
2. Provide Early Help and Support	<input type="checkbox"/>	6. Promote Innovative Environments	<input checked="" type="checkbox"/>
3. Tackle the Big Four	<input type="checkbox"/>	7. Put Digital First	<input type="checkbox"/>
4. Enable Joined up Care	<input type="checkbox"/>	8. Transforming in Partnership	<input type="checkbox"/>
Additional Comments: The Charity supports this innovative learning to help delivery safeguarding training to staff. The project has received support from digital Services			
Name: Martin O'Brien		Role: Head of Charity	
			
Signature:		Date: 28 May 2026	
Fund Manager			
Name:		Role:	
Signature:		Date:	

Patterson, Liz
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V3 2025-26

Please submit this application as a **word document** via email to pthb.charity@wales.nhs.uk

In this article...

- How a family-focused approach helps identify children and adults who are vulnerable
- How a trust incorporated virtual reality into its safeguarding training
- The impact of simulation on participants' knowledge and practice

Pioneering the use of virtual reality in safeguarding training



HEALTH &
WELLBEING:
CHILDREN &
YOUNG PEOPLE

Key points

A trust introduced an integrated training approach to ensure opportunities to safeguard patients' vulnerable family members were recognised

The safeguarding teams used virtual-reality simulations in training to demonstrate the experiences of children and adults who were vulnerable

Adverse childhood experiences can have physical, social, cognitive and behavioural consequences in adulthood

The joint family-focused training approach has enhanced participants' safeguarding knowledge and a trauma-informed approach to care

More referrals are now made for family members of patients considered at risk

Authors Sonya Stocker is senior sister for safeguarding; Sue Govier is named nurse for safeguarding children; Gina Tomlin is adult safeguarding lead; all at Dartford and Gravesham NHS Trust.

Abstract To ensure a family-focused approach to safeguarding, Dartford and Gravesham NHS Trust purchased virtual-reality headsets and used them to deliver safeguarding training. These allow participants to experience various scenarios, enabling them to think beyond the presenting patient and identify opportunities to safeguard family members who are vulnerable. After attending training, participants reported better knowledge and made more referrals for at-risk children of adult patients.

Citation Stocker S et al (2022) Pioneering the use of virtual reality in safeguarding training. *Nursing Times* [online]; 118: 10.

The staff at Dartford and Gravesham NHS Trust (DGT) attended regular safeguarding training sessions, during which they were able to demonstrate that they could correctly identify risks to children and vulnerable adults, and understand the processes they should follow in various scenarios. However, this did not appear to be evident during clinical practice.

Inspection found that safeguarding was often carried out in silos at the trust, and health professionals did not always think beyond the presenting patient. Although staff recognised the actions to take when they identified risks for the adult or child they were treating, there were times when they did not appear to look at the wider picture and safeguard other vulnerable members of the family. As an example, during its inspection, the Care Quality Commission (CQC) observed that when an adult patient presented with concerns related to drug, alcohol use and mental health problems, it did not consider whether there were concerns for children or whether there were any vulnerable adults who were missed. This meant appropriate referrals – and,

therefore, safeguarding – for children or vulnerable adults were missed.

Having experienced innovative virtual-reality (VR) technology at a recent conference of the National Society for the Prevention of Cruelty to Children, the senior sister for safeguarding recognised the potential of the immersive simulations to enhance the trust's safeguarding training programme. It was felt that simulation could help strengthen the perspective of the family and make training more realistic and meaningful.

Simulation is now widely used in health-care: Health Education England's (2020) 'national vision' for an integrated approach to simulation-based interventions highlighted that these can enhance learning opportunities for the workforce. Our project would be the first time that simulation was used in safeguarding training in the NHS.

A changing approach to safeguarding

The Cabinet Office's Social Exclusion Task Force (2008) introduced the Think Family approach as part of its review into families at risk. Before this, approaches were

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Clinical Practice Innovation

Fig 1. Staff using virtual-reality headsets during training



increasingly fragmented: the focus tended to be on individuals, often parents, with children's voices going unheard (Munro, 2011). However, subsequent policy has sought to encourage a more holistic and contextualised approach to understanding how vulnerabilities can be interrelated, affecting all family members.

If we empower frontline practitioners to consider the wider support needs of a family, risks will be identified earlier and outcomes improved. The model recognises that adult services should explore the support needs of children whose parents are experiencing mental health problems, domestic abuse or substance misuse, just as children's services should be aware of adults who are vulnerable (Social Care Institute for Excellence, 2012).

Antser, a company that pioneered VR-enabled behaviour change, developed scenarios to enable a professional to experience abusive, neglectful situations from a child's perspective through the immersive nature of VR. Its simulations create an emotional response to the experience of childhood trauma and were originally intended for use in the care system to create a genuine understanding and empathy for looked-after children, thereby creating the desired behaviour change in professionals that previous training appeared unable to achieve.

In 2020, the nurse leads for adult and children's safeguarding at DGT collaborated to develop a joint, family-focused safeguarding training programme in line with the Royal College of Nursing's (2019; 2018) intercollegiate documents for safeguarding children and adults. We purchased 12 Antser VR headsets through Darent Valley Hospital's charity; these fundamentally changed how we approach safeguarding our most vulnerable patients.

Training through simulation

Following a pre-briefing, the VR simulations are used at the beginning of the training day (Fig 1) to create a stark reminder of the lived experiences of children who are abused. This sets the tone for the training and establishes the importance of identifying and acting on risk factors.

The simulation scenario initially allows participants to experience what it is like to be a foetus in the womb, hearing an abusive relationship and encountering the effects of stress hormones that cross the placental barrier. The scenario then changes to life through the eyes of a toddler, who feels vulnerable and afraid of caregivers who are under the influence of drugs and alcohol; the participant is verbally abused, receives threats of being cleaned with a scrubbing brush and experiences a lack of nutritious food. They see a dirty, messy home environment (Fig 2) and self-neglecting parents who are unable to provide good, safe care for the child. They then see what it is like to be a school-aged child who experiences bullying and reacts to the memories of being called dirty.

After the simulations, there is an open discussion about what participants thought and felt, followed by a debrief. The participants are asked to use the experience of the scenarios throughout the rest of the day.

Participants' psychological safety

Training in the safeguarding and protection of adults and children who are vulnerable can be highly emotive and, sometimes, evoke intense feelings among participants. Psychological safety is essential for maximum engagement with, and learning through, simulation; it is also vital to allow time to regularly check in with participants and debrief about any

anxieties and emotions raised. Our teams use this strategy throughout the day.

To fully consider staff wellbeing, they also provide information about counselling, the trust's Time to Talk team and other occupational health support services. This ensures participants feel safe and supported in their learning, which uses a trauma-informed approach.

Adverse childhood experience training

Adverse childhood experiences (ACEs) include:

- Abuse and neglect;
- Domestic violence;
- Parental substance abuse;
- Parental mental illness;
- Parental separation or divorce;
- Bereavement;
- Parental incarceration (Wave Trust, nd).

Following the simulations, participants discuss ACEs and their effects, not only during childhood but also, potentially, on health in adulthood.

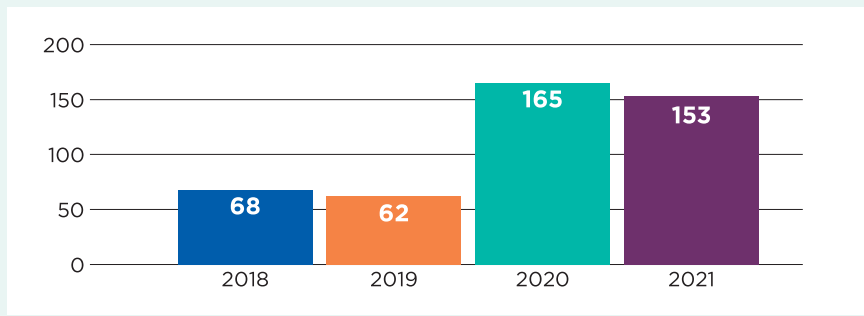
A study by Felitti et al (1998) found that the more ACEs that were experienced, the higher was the risk of disease in adulthood. Subsequent studies supported this:

- Bremner (2003) demonstrated the long-term effects of childhood toxic stress on the neurobiology of adults, resulting in a higher risk of cancers, heart disease and, ultimately, early death;
- Weiss and Wagner (1998) observed that these neurological changes result not only in physical consequences, but also in social, cognitive and behavioural problems;
- Many studies, including those by Campbell et al (2016) and Felitti et al (1998), confirmed the link between ACEs and risk-taking behaviours, such

Fig 2. A scenario experienced through the virtual-reality headsets



Fig 3. Referrals to the safeguarding team for at-risk children of adult patients



as those involving alcohol misuse, illicit drug use and risky sexual behaviour.

Trainers emphasise the health professional's role in identifying the risk of ACEs and the importance of making appropriate referrals for support. The primary goal should be prevention but, as practitioners often care for patients who have already experienced trauma, the next training session focuses on trauma-informed practice.

In line with NHS Education for Scotland's (2017) work, we are training our workforce to recognise individuals affected by trauma and how this may influence their ability to trust professionals and adopt health behaviours. By expressing the importance of adapting environments and working collaboratively with patients, Schulman and Menschner (2018) believed an environment that reduces the likelihood of retraumatisation can be created. It is hoped that encouraging staff to be more trauma informed:

- Better supports our patients' needs;
- Reduces the barriers to their receiving the care and support they need.

Continuing the joined-up, family-focused approach, the training then includes presentations from the hospital's

independent domestic-violence advisers and the clinical nurse specialist for mental health. The final part of the day focuses on referral forms and systems, so staff feel confident reporting and completing appropriate referrals.

Training outcomes

Since October 2020, the safeguarding teams have delivered 20 VR training sessions. To measure their success, the teams analysed staff evaluations of the training and the number of referrals made since the sessions took place. Feedback so far has been overwhelmingly positive: staff members have described the VR scenarios as "powerful" and "informative", and said that viewing situations virtually has enabled them to gain a better understanding of other people's experiences.

Since the training started in 2020, there has been a notable increase in the number of referrals to the children's safeguarding team from health professionals who have identified safeguarding needs in the children of adult patients: the number per year more than doubled compared with the two previous years (Fig 3). The adult safeguarding team has also seen an increase in referrals that note when children or adults with support needs are part of a family home.

Staff members' evaluations of the training course demonstrated that they felt it had increased their knowledge in many areas of safeguarding (Fig 4). Since they completed the training, the safeguarding teams have observed that health professionals are increasingly recognising the:

- Impact that parents with alcohol- or substance-misuse problems can have on their children in the home;
- Effects of domestic abuse or mental health needs on patients' family members;
- The need to notify multiagency partners so they can undertake family assessments.

Our trust's findings are supported by HEE's (2020) report, which identified the key role that simulation plays in underpinning patient safety – namely, that high-quality training helps develop a capable workforce that feels confident in identifying and addressing a wide range of family risk factors. When the workforce has the knowledge and experience to recognise these situations, it can make the right referrals to social care at the right time.

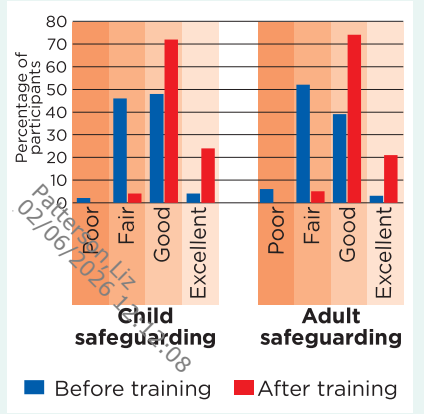
Conclusion

Simulation offers a unique way to help develop staff to deliver safe, effective care. In safeguarding, this requires sensitive supervision, with effective feedback and debriefing. It allows staff to attain a greater empathy for patients and to improve outcomes for people affected by trauma. By incorporating simulation into training, our trust coordinated the delivery of its safeguarding teams' services to ensure a whole-family approach is used. **NT**

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Fig 4. Training participants' self-reported knowledge



NHS Trust Dartford & Gravesham Case Study

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Background

After a Senior Sister for Safeguarding discovered Cornerstone VR at an NSPCC conference and recognised its potential for enhancing safeguarding training, Darent Valley Hospital, an NHS Trust hospital in Dartford, began integrating VR into its training and development programs.

The safeguarding team trains over 3,000 staff using the 'Think Family' approach, which highlights the impact of mental health, domestic abuse, and substance misuse on families. The Cornerstone VR programme aligns with this model, providing a powerful introduction that reinforces the importance of safeguarding by immersing staff in the experiences of neglected and abused children.

Overseen by the Safeguarding Children's Team, the Cornerstone VR Programme is being used as a training and development resource for the hospital workforce.

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Delivering Training

At Darent Valley Hospital, staff in A&E and other clinical settings frequently encounter family situations involving alcohol abuse, domestic abuse, and other issues that can significantly impact children. With the right training, they can identify these concerns and make timely referrals to social care.

Cornerstone collaborated closely with the hospital, training staff, including midwives and safeguarding team members, to deliver the VR programme. These trained staff can now implement VR training across the hospital, primarily targeting frontline clinical staff attending Safeguarding Level 3 training, such as those in A&E, paediatrics, and maternity.



Measuring Success

Darent Valley Hospital has consistently embraced innovative training methods, and the latest VR technology is a valuable addition to its development programme.



To measure the success of the VR programme, the Safeguarding Team looked at the number of safeguarding referrals over the following months and staff evaluations of the sessions.



There are also other potential opportunities where VR could be used, including a stop smoking initiative and working with other health partners to provide trauma informed training.

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I could quickly see how powerful the VR was and how the immersive experience would help staff understand and recognise certain situations with more empathy.

Senior Sister for Safeguarding

Dartford and Gravesham NHS Trust

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Findings

Safeguarding Knowledge - Children



Before training, **4%** of participants rated their child safeguarding knowledge as "**Excellent**" while **30%** rated it as "**Fair**".



After training, the "**Excellent**" category increased significantly to **47.5%**, and no participants rated their knowledge as "Poor".



The number of participants rating their knowledge as "**Good**" changed from **57% to 50%**.

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Findings

Safeguarding Knowledge - Adults



Before training, **4%** of participants rated their adult safeguarding knowledge as "**Excellent**", while **39%** rated it as "**Fair**".



After training, the "**Excellent**" category rose to **42%**, and no participants rated their knowledge as "Poor".



The "**Good**" category remained stable, changing slightly from **52% to 53%**.

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Findings

Understanding of ACEs



Before training, **14% of participants** had good knowledge of ACEs, while **10% had never heard of ACEs.**



After training, good knowledge responses **increased dramatically to 82%**, and no participants reported having never heard of ACEs.

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Findings

Mental Capacity Act Assessment Confidence



Before training, **35% of participants** felt confident making an assessment under the Mental Capacity Act.



After training, this **increased significantly to 90%**.



Confidence improved as "No" responses dropped from **65% to 10%**.

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Findings

Importance of Sharing Information



Before training, **83% of participants** considered sharing information as "Essential."



After training, this **rose slightly to 88%**. No participants rated it as "Not important" either before or after training.

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Findings

Confidence in Challenging Decisions



Before training, **87% of participants** felt confident advising a colleague on a safeguarding issue.



After training, this **increased to 93%**.



The number of participants who felt unconfident dropped from **13% to 8%**.



The Outcome

The VR training programme significantly enhanced participants' knowledge and confidence in safeguarding-related issues.

The most notable improvements were in:

- ✓ Participants with good knowledge of ACEs increased from 14% before training to 82% after training – a dramatic improvement of +68%.
- ✓ Confidence rose from 35% to 90%, marking a +55% increase in participants who felt capable of conducting mental capacity act assessments.
- ✓ The proportion of participants rating their child safeguarding knowledge as Excellent jumped from 4% to 47.5%, a significant +43% improvement.

These results demonstrate that structured training programs can effectively equip professionals with the knowledge and confidence needed to handle safeguarding concerns, ultimately improving outcomes for vulnerable individuals.

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About Cornerstone VR



Cornerstone VR is a multi-award-winning, trauma-informed virtual reality programme used by professionals and caregivers who work with vulnerable children and their families.

Our 360-degree immersive films allow users to 'walk in the shoes' of children, bringing the challenges of trauma, neglect, and societal pressures to life.

Spanning critical stages of child development from pre-birth to adolescence, this approach helps professionals, educators and caregivers have a deeper understanding of the child's perspective - building empathy, improving decision-making, and raising the standard of care.

Our programme is used across almost 50% of local authorities, as well as independent fostering and adoption agencies, children's residential homes, schools, virtual schools, universities, NHS trusts, ambulance services, the police and other providers.

Our VR experiences cover key topics across our sectors, including:

- Abuse, Neglect & Trauma
- Child Criminal Exploitation
- Child Sexual Exploitation
- Fetal Alcohol Spectrum Disorder (FASD) Awareness
- The Digital World - Social Media and Digital Platforms
- Youth Violence and Knife crime



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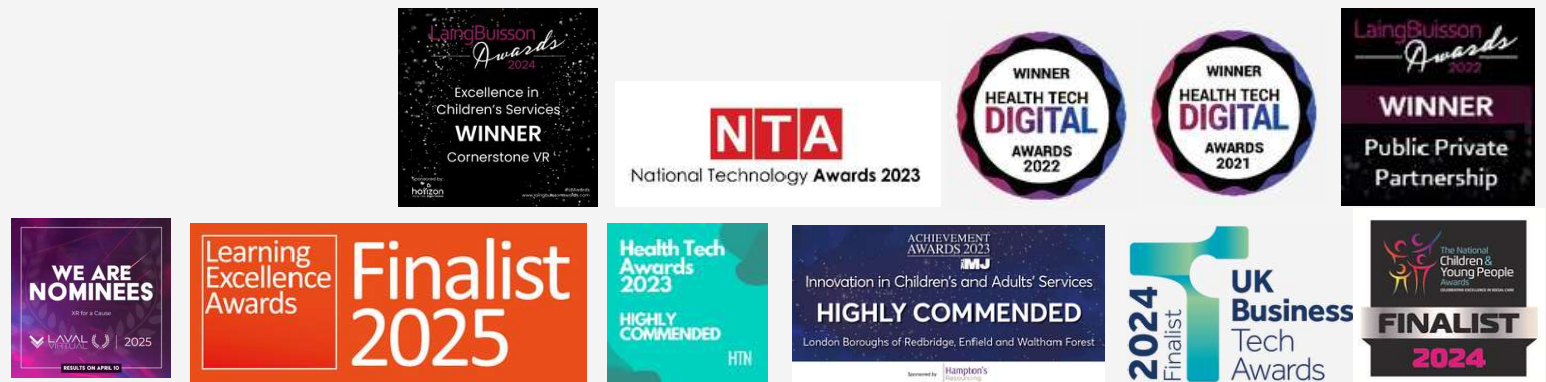
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.2

Charitable Funds Committee		08 JUNE 2026
Subject:	Powys Health Charity Strategy 2026 - 2030	
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary	
Prepared by:	Martin O'Brien, Head of Charity	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
This paper positions the Powys Health Charity strategy for approval by the Charitable Funds Committee.		
RECOMMENDATION(S):		
The Committee is asked to: <ul style="list-style-type: none"> RECOMMEND to the PTHB Board (as Charity Trustees), the APPROVAL of the Charitable Funds Strategy 2026-2030. 		
Approve/Take Assurance	Discuss	Note
N	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/N	
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	
EXECUTIVE SUMMARY:		
The Powys Health Charity Strategy 2026 – 2030 has sought input from key stakeholders, the Executive team and the Trustees. The strategy is now shared with the Charitable Funds Committee for approval.		

Over the last six months, the Charitable Funds Committee received an substantive update on the strategy development, its approach and feedback.

The strategy was also presented to the PTHB Board Development session in May 2026 for informal feedback.

APPROACH:

Having sought input from key stakeholders our Executives and our Trustees, and following refinement, the Powys Health Charity Strategy 2026 – 2030 is now presented for your consideration and approval.

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both	
Safe	✓				A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Timely	✓				
Effective	✓				
Efficient	✓				
Equitable	✓				
Person Centred	✓				
Workforce	✓				
Leadership	✓				
Culture	✓				
Information	✓				
Learn, Improve, Research	✓				
Whole Systems Approach	✓				

EQUALITY:

	No impact	Negative	Positive	Both	
Age	✓				An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Disability	✓				
Gender reassignment	✓				
Marriage / civil partnership	✓				
Pregnancy / maternity	✓				
Race	✓				
Religion or Belief	✓				
Gender	✓				
Sexual Orientation	✓				

Welsh Language	✓			
Socio-economic status	✓			
Social exclusion	✓			
Carers	✓			

RISK ASSESSMENT:

	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical	✓			
Financial	✓			
Corporate	✓			
Operational	✓			
Reputational	✓			

A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.

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**Elusen Iechyd Powys
Powys Health Charity**

Powys Health Charity Strategic Plan 2026 - 2030

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1. Powys Health Charity, a brief history
2. Strategic Planning Process
3. Vision, Mission & Values
4. Current state analysis
5. Our strategic ambitions
6. Turning the Strategy into reality

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1. Powys Health Charity, a brief history

Powys Teaching Health Board's Charitable Fund was formally created on the 28 May 2004 by a 'Deed of Arrangement' and replaced the Powys Health Care NHS Trust Charitable Fund, which had been in existence since 26th July 1996, following the transfer of charitable funds from Dyfed Powys Health Authority.

The Charity has an umbrella Charity registration under which funds are registered together under a single 'main' registration number.

Powys Health Charity is the official charity of Powys Teaching Health Board and comprises of a small team dedicated to the oversight and management of an annual income of currently c£290,000 and an average annual expenditure of currently c£340,000.

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Charitable funds donated to the charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990.

Powys Teaching Health Board provides health services for the approximately 133,000 people living in Powys, a large and very rural county of approximately 2,000 square miles. The very rural nature of Powys means that the majority of local services are provided locally, through GPs and other primary care services, community hospitals and community services. The core purpose of Powys Teaching Health Board is to help to improve health and wellbeing among the population of Powys (including by working in partnership with others) and to plan, commission and provide high quality healthcare services to the population of Powys.

Powys Teaching Health Board is the Corporate Trustee of the Charitable Funds governed by the law applicable to Local Health Boards, principally the Trustee Act 2000 and the law applicable to Charities, which is governed by the Charities Act 2022.

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The Board devolves responsibility for the ongoing management of the charity to the Charitable Funds Committee who administer the funds on behalf of the Corporate Trustee.

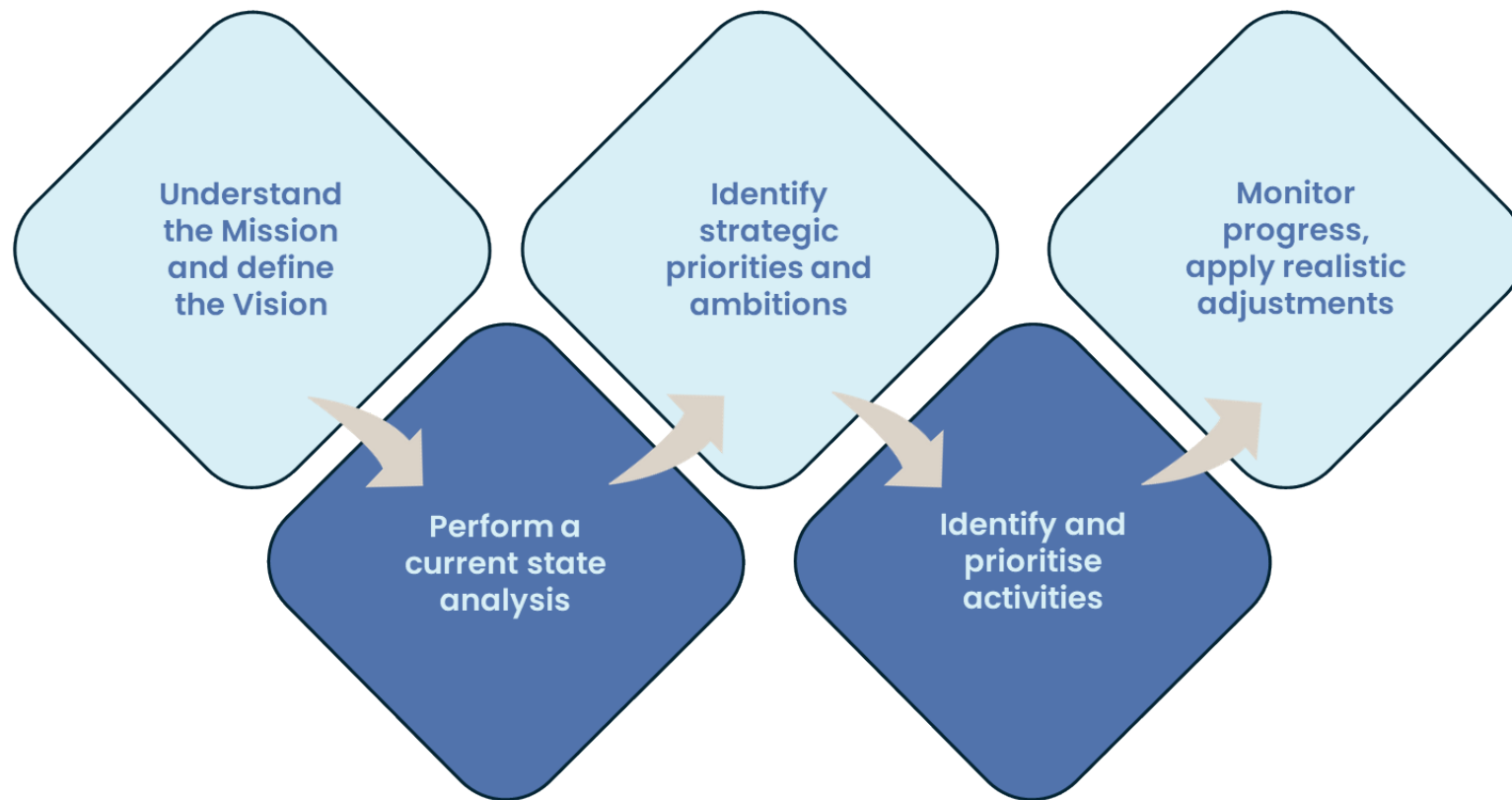
The Charity was rebranded during 2024 adopting the overlapping colourful hearts as its focal logo. Powys Health Charity became members of the Fundraising Regulator in 2025, demonstrating the compliance to the regulation of any fundraising and promotional events or campaigns. Also in 2025, the Charity launched its public website and the Head of Charity was appointed to guide, support and help steer the Charity through management and growth.

2. Strategic Planning Process

This strategic plan represents a three-year planning cycle for Powys Health Charity.

The key elements of the strategic planning process are outlined in Figure 1 below

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Figure 1. Strategic Planning Process

3. Vision, Mission & Values

Vision

The Powys Health Charity Vision is our ideal state; it is at the heart of where we want to be in the future.

To be recognised as a leading health and wellbeing Charity taking care of the people of Powys

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Mission

The Powys Health Charity Mission sets out why we exist, the purpose and who we support.

To transform lives across Powys by investing in projects and partnerships that enhance wellbeing, strengthen NHS services, empower the workforce, and build a more inclusive and sustainable future for our communities

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Values

Our Values are a source of guidance, setting out what the Charity stands for

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Providing a sense of purpose to inspire commitment and an internal energy to motivate action and overcome obstacles in the pursuit of enhancing beneficial outcome



Actively ensuring the equality of every individual, regardless of their background or differences, so they are welcomed, respected, valued, and empowered to participate fully in all aspects of the charity

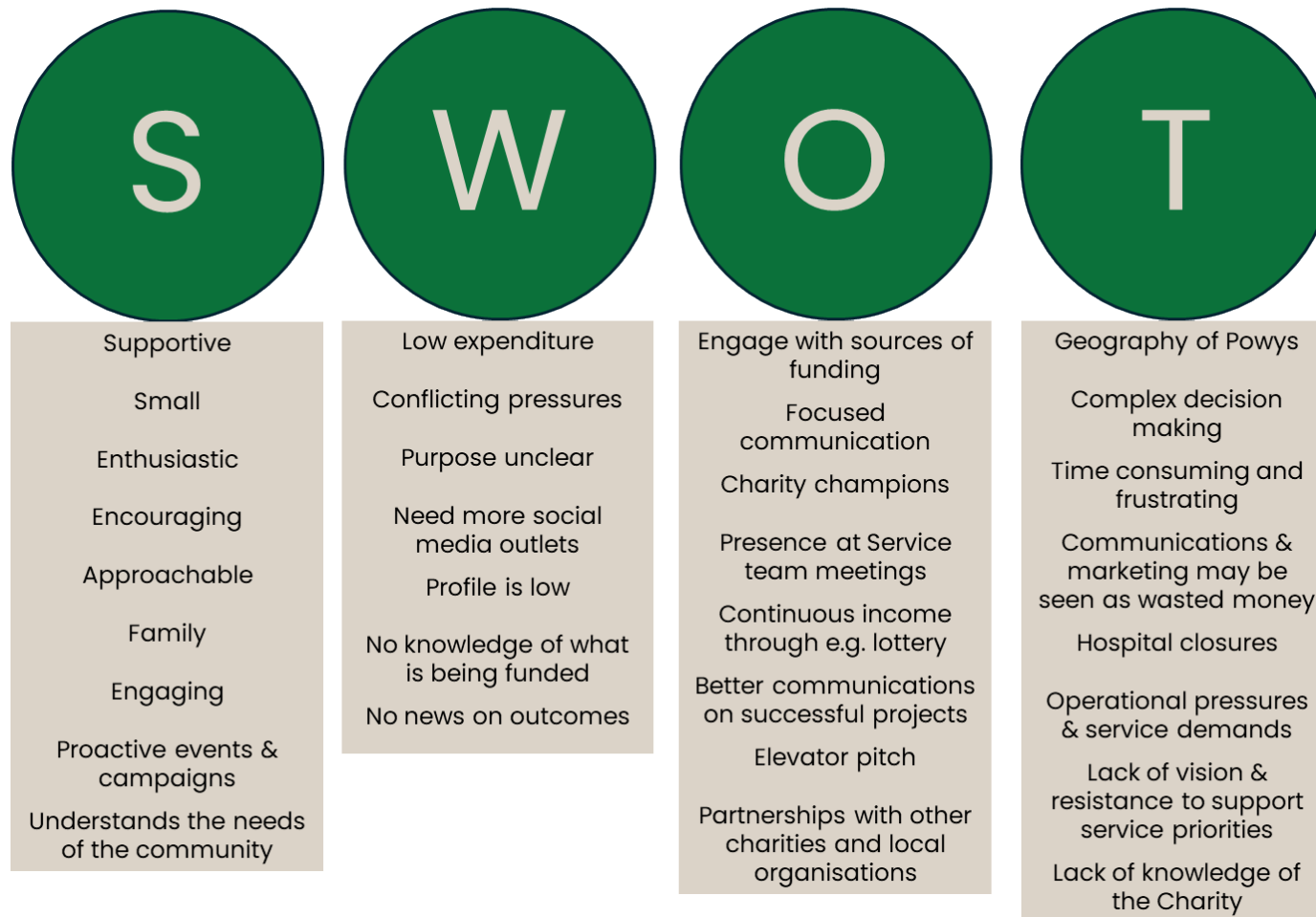


Fostering a culture of open-mindedness that drives innovation, improves relationships, ensures effective problem-solving, and increases creativity

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4. Current State Analysis

Working with stakeholders the Charity conducted a SWOT analysis to help understand the current state of the Charity and to help visualise this strategy. Some of the feedback is shared below.



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5. Our Strategic Ambitions

Based upon our mission, vision, values and the current state analysis, we have determined five strategic ambitions that will assist us to get where we want and need to be.

Ambition 1

Spend charity funds fairly, wisely and with compassion

Activity to achieve this ambition:

- Working with appropriate stakeholders to develop long-term expenditure plans
- Safe, compliant and efficient investment for the charity's longevity
- Encourage and invest in prevention services to address health factors earlier
- Embrace innovation to enhance patient experience, staff wellbeing and community relationships

Ambition 2

Grow income and raise awareness

Activity to achieve this ambition:

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- Develop a comprehensive, three-year fundraising strategy with ambitious but realistic targets
- Establish a Charity team structure that ensures effectiveness alongside sustainability
- Validate Powys Health Charity as the official charity of Powys Teaching Health Board
- Review how we communicate, what we communicate and where we communicate

Ambition 3

Foster mutually beneficial connections to enhance active inclusion and empowering participation

Activity to achieve this ambition:

- Build trust within the organisation and the community
- Seek participation across every level of the NHS empowering the generation of ideas
- Recognise the good, support improvement where necessary and inspire participation
- Deliver high quality effective, simple services

Ambition 4

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Govern with honesty and integrity

Activity to achieve this ambition:

- Administer the Charity through effective and efficient governance principles
- Promote and live the values of the charity
- Be compliant to regulation and standards in everything we do
- Deliver simple, honest, efficient monitoring and reporting outcomes

6. Turning Strategy into reality

This strategic plan represents a four-year planning cycle for Powys Health Charity from 2026 to 2030. This allows Powys Health Charity to align with Powys Teaching Health Boards and its partners in the review of the Health & Care Strategy.

The delivery of the strategy will be through the agreement of an annual business plan approved by the Health Board's Charitable Funds Committee. Each annual plan, once approved, will align and reinforce the strategic Values and Ambitions.

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Review and monitoring will be continuous, reporting in the first instance through the Corporate Governance structure, ultimately reporting outcomes and delivery of the strategy through to the Charitable Funds Committee on a quarterly basis and onto the Board.

Success of the strategy will be measured through the delivery of the annual action plan.

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Elusen Iechyd Powys
Powys Health Charity

Taking Care of Powys



 PTHB.Charity@wales.nhs.uk

 01874 712730

 Bronllys Hospital
Brecon,
Powys,
LD3 0LY

 Registered charity no. 1057902

 www.powyshealthcharity.wales

Rydyn ni'n hapus i ohebu yn Gymraeg - We are happy to correspond in Welsh.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.3a

Charitable Funds Committee		08 JUNE 2026
Subject:	Powys Health Charity Strategy Annual Plan	
Approved and presented by:	Martin O'Brien, Head of Charity	
Prepared by:	Martin O'Brien, Head of Charity	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
This paper proposes the structure and reporting of the annual plan that supports and helps deliver the Powys Health Charity Strategy 2026 – 2030.		
RECOMMENDATION(S):		
The Committee is asked to:		
<ul style="list-style-type: none"> • APPROVE the Powys Health Strategy Annual Plan for 2026/27. 		
Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/N	
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	
EXECUTIVE SUMMARY:		
The Powys Health Charity Strategy 2026 – 2030 requires a plan to help the Vision and Mission become a reality and help deliver the Ambitions. To do this, the Head of charity has created an annual plan containing actions to start to deliver the Ambitions in the first year of the Strategy. This paper proposes how those actions		

are reported to the charitable Funds committee for their assurance toward the delivery of the Strategy.

APPROACH:

Charity Strategy Annual Plan 2026-27

Sitting alongside the Powys Health Charity Strategy is an annual action plan to help deliver the four key strategic Ambitions of the Charity:

- Spend charity funds fairly, wisely and with compassion
- Grow income and raise awareness
- Foster mutually beneficial connections to enhance active inclusion and empowering participation
- Govern with honesty and integrity

Each key strategic Ambition has four main actions:

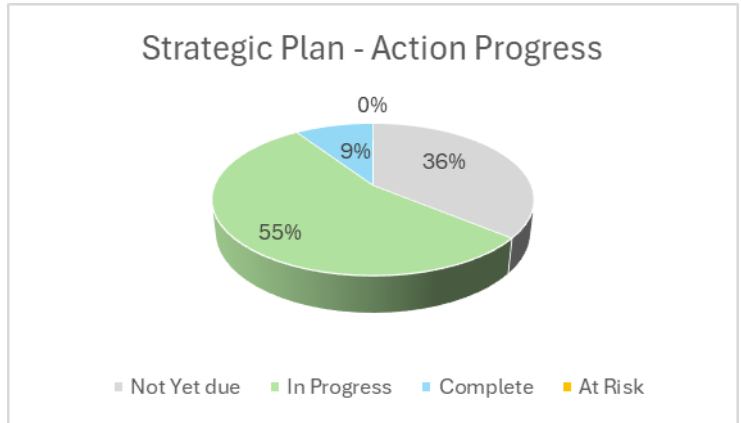
Ambition 1 - Spend charity funds fairly, wisely and with compassion
Working with appropriate stakeholders develop long-term expenditure plans
Safe, compliant and efficient investment for the charity's longevity
Encourage and invest in prevention services to address health factors earlier
Embrace innovation to enhance patient experience, staff wellbeing and community relationships
Ambition 2 - Grow income and raise awareness
Develop a comprehensive, three-year fundraising strategy with ambitious but realistic targets
Establish a Charity team structure that ensures effectiveness alongside sustainability
Validate Powys Health Charity as the official charity of Powys Teaching Health Board
Review how we communicate, what we communicate and where we communicate
Ambition 3 - Foster mutually beneficial connections to enhance active inclusion and empowering participation
Build trust within the organisation and the community
Seek participation across every level of the NHS empowering the generation of ideas
Recognise the good, support improvement where necessary and inspire participation
Deliver high quality effective, simple services
Ambition 4 - Govern with honesty and integrity
Administer the Charity through effective and efficient governance principles
Promote and live the values of the charity
Be compliant to regulation and standards in everything we do
Deliver simple, honest, efficient monitoring and reporting outcomes

Each of these four main actions has four tactical actions which allows for close monitoring and performance measurement to assure progression and delivery of the four key strategic Ambitions of the Charity

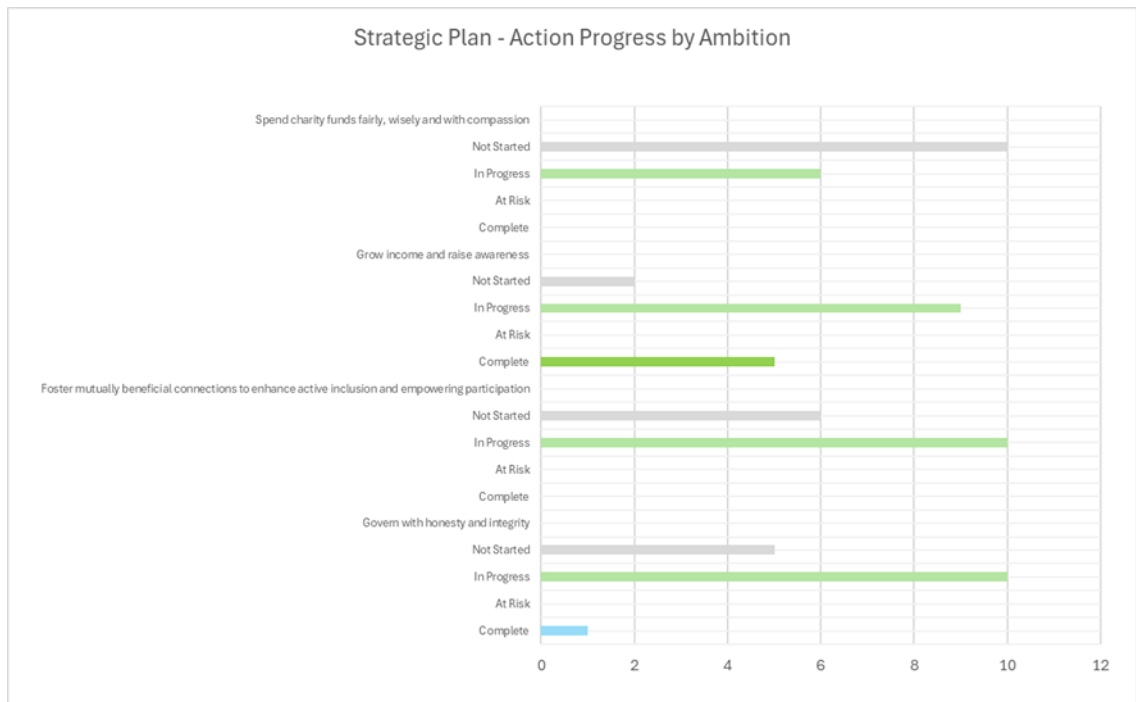
It is proposed that performance monitoring of the annual plan is undertaken by the Charitable Funds Committee through review of the measures already built within the annual plan. These provide assurance through:

- a) Percentage view of overall action progress

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b) Linear graph showing main action progress for each action underneath each key Ambition



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c) Progress of the main actions shown as a percentage table.

	Not Yet Due	In Progress	Complete	At Risk
Ambition 1 - Spend charity funds fairly, wisely and with compassion				
Working with appropriate stakeholders develop long-term expenditure plans	75%	25%	0%	0%
Safe, compliant and efficient investment for the charity's longevity	100%	0%	0%	0%
Encourage and invest in prevention services to address health factors earlier	25%	75%	0%	0%
Embrace innovation to enhance patient experience, staff wellbeing and community relationships	50%	50%	0%	0%
Ambition 2 - Grow income and raise awareness				
Develop a comprehensive, three-year fundraising strategy with ambitious but realistic targets	0%	75%	25%	0%
Establish a Charity team structure that ensures effectiveness alongside sustainability	25%	25%	50%	0%
Validate Powys Health Charity as the official charity of Powys Teaching Health Board	25%	50%	25%	0%
Review how we communicate, what we communicate and where we communicate	0%	75%	25%	0%
Ambition 3 - Foster mutually beneficial connections to enhance active inclusion and empowering participation				
Build trust within the organisation and the community	25%	75%	0%	0%
Seek participation across every level of the NHS empowering the generation of ideas	50%	50%	0%	0%
Recognise the good, support improvement where necessary and inspire participation	0%	100%	0%	0%
Deliver high quality effective, simple services	75%	25%	0%	0%
Ambition 4 - Govern with honesty and integrity				
Administer the Charity through effective and efficient governance principles	25%	75%	0%	0%
Promote and live the values of the charity	50%	25%	25%	0%
Be compliant to regulation and standards in everything we do	0%	100%	0%	0%
Deliver simple, honest, efficient monitoring and reporting outcomes	50%	50%	0%	0%

The tactical detail that sits beneath these actions and the delivery against each of these tactical actions is monitored and discussed during line management meetings for the Head of Charity.

It is proposed that these key performance tables become a part of the performance reporting within the Head of Charity update.

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

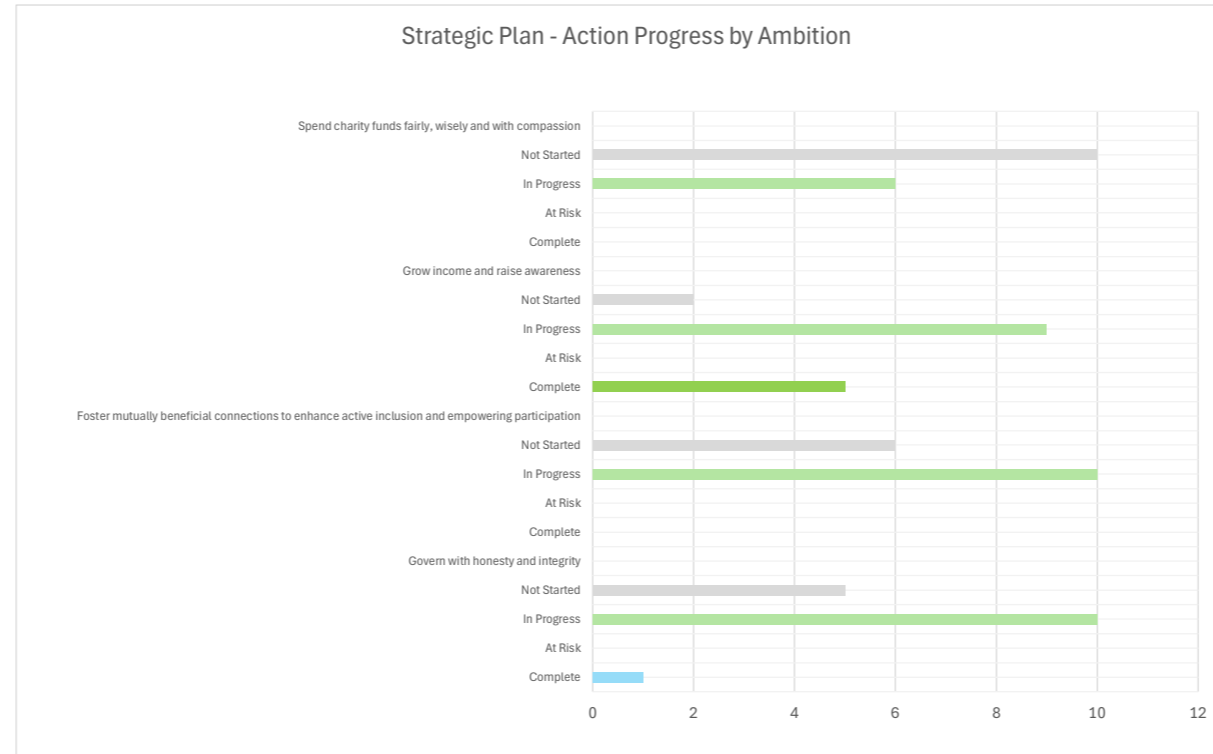
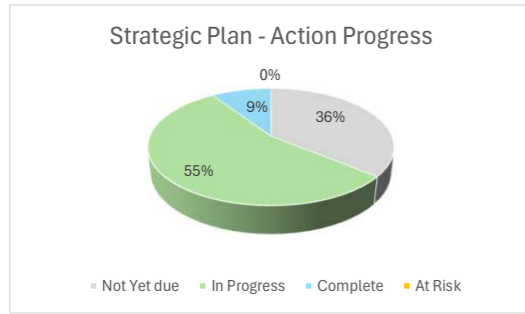
QUALITY:

	No impact	Negative	Positive	Both
Safe	✓			
Timely	✓			
Effective	✓			
Efficient	✓			
Equitable	✓			
Person Centred	✓			
Workforce	✓			
Leadership	✓			
Culture	✓			
Information	✓			
Learn, Improve, Research	✓			

A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.

Whole Systems Approach	✓				
EQUALITY:					
	No impact	Negative	Positive	Both	An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Age	✓				
Disability	✓				
Gender reassignment	✓				
Marriage / civil partnership	✓				
Pregnancy / maternity	✓				
Race	✓				
Religion or Belief	✓				
Gender	✓				
Sexual Orientation	✓				
Welsh Language	✓				
Socio-economic status	✓				
Social exclusion	✓				
Carers	✓				
RISK ASSESSMENT:					
	Level of risk identified				A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	✓				
Financial	✓				
Corporate	✓				
Operational	✓				
Reputational	✓				

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Ambition	Total No. Actions	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Ambition 1 Spend charity funds fairly, wisely and with compassion	16	1 6 0 0	4 0 0 0	4 0 0 0	1 0 0 0
Ambition 2 Grow income and raise awareness	16	0 3 0 5	1 2 0 0	1 3 0 0	0 1 0 0
Ambition 3 Foster mutually beneficial connections to enhance active	16	0 0 0 0	0 2 0 0	2 5 0 0	4 3 0 0
Ambition 4 Govern with honesty and integrity	16	0 0 0 1	2 5 0 0	1 0 0 0	2 5 0 0

	Not Yet Due	In Progress	Complete	At Risk
Ambition 1 - Spend charity funds fairly, wisely and with compassion				
Working with appropriate stakeholders develop long-term expenditure plans	75%	25%	0%	0%
Safe, compliant and efficient investment for the charity's longevity	100%	0%	0%	0%
Encourage and invest in prevention services to address health factors earlier	25%	75%	0%	0%
Embrace innovation to enhance patient experience, staff wellbeing and community relationships	50%	50%	0%	0%
Ambition 2 - Grow income and raise awareness				
Develop a comprehensive, three-year fundraising strategy with ambitious but realistic targets	0%	75%	25%	0%
Establish a Charity team structure that ensures effectiveness alongside sustainability	25%	25%	50%	0%
Validate Powys Health Charity as the official charity of Powys Teaching Health Board	25%	50%	25%	0%
Review how we communicate, what we communicate and where we communicate	0%	75%	25%	0%
Ambition 3 - Foster mutually beneficial connections to enhance active inclusion and empowering participation				
Build trust within the organisation and the community	25%	75%	0%	0%
Seek participation across every level of the NHS empowering the generation of ideas	50%	50%	0%	0%
Recognise the good, support improvement where necessary and inspire participation	0%	100%	0%	0%
Deliver high quality effective, simple services	75%	25%	0%	0%
Ambition 4 - Govern with honesty and integrity				
Administer the Charity through effective and efficient governance principles	25%	75%	0%	0%
Promote and live the values of the charity	50%	25%	25%	0%
Be compliant to regulation and standards in everything we do	0%	100%	0%	0%
Deliver simple, honest, efficient monitoring and reporting outcomes	50%	50%	0%	0%

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Ambition 1

Spend charity funds fairly, wisely and with compassion

		Delivery	Status
Activity 1.1	Working with appropriate stakeholders develop long-term expenditure plans		
1.1a	Establish bi-annual meetings with Fund Managers to help determine long-term project priorities	Qtr 1	Not Yet Due
1.1b	Identify the services with larger fund pots and meet with functional leads to identify longer term projects	Qtr 2	Not Yet Due
1.1c	Review smaller fund pots and consider amalgamation to larger similar services or funding smaller projects	Qtr 3	Not Yet Due
1.1d	Monitor Better Together outcomes and consider alignment to projects that the Charity could support	Qtr 1	In Progress
Activity 1.2	Safe, compliant and efficient investment for the charity's longevity		
1.2a	Working with finance leads assess benefit of current investor v. seeking new investor partner	Qtr 3	Not Yet Due
1.2b	Review and reinforce Health board values when considering third party investment strategy	Qtr 3	Not Yet Due
1.2c	Working with finance undertake a review of the value of the investment and consider whether this should change	Qtr 3	Not Yet Due
1.2d	Develop reporting of investment benefits as a measure of performance	Qtr 4	Not Yet Due
Activity 1.3	Encourage and invest in prevention services to address health factors earlier		
1.3a	Aligning to PTHB Well Being objectives work with clinical colleagues to identify funding for appropriate preventative projects	Qtr 2	Not Yet Due
1.3b	Develop annual Charity grant and include messaging regarding seeking preventative and innovative projects	Qtr 1	In Progress
1.3c	Identify, record and report projects that support the prevention agenda	Qtr 1	In Progress
1.3d	Develop an effective communications campaign to promote prevention agenda projects	Qtr 1	In Progress
Activity 1.4	Embrace innovation to enhance patient experience, staff wellbeing and community relationships		
1.4a	Work with Research & Development to regenerate the Panel y Ddraig scheme to identify and support innovative projects	Qtr 1	In Progress
1.4b	Through appropriate communication channels, raise awareness of the opportunity for supporting and funding innovative projects	Qtr 2	Not Yet Due
1.4c	Engage with Clinical leads to identify innovative projects that the Charity could support	Qtr 1	In Progress
1.4d	Report the outcomes of Charitable investment detailing categories and areas of supported projects	Qtr 2	Not Yet Due

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Ambition 2

Grow income and raise awareness

		Delivery	Status
Activity 2.1	Develop a comprehensive, three-year fundraising strategy with ambitious but realistic targets		
2.1a	Work with finance to assess varying streams of income so that appropriate targets can be identified	Qtr 1	In Progress
2.1b	Develop Year on Year performance monitoring of income	Qtr 1	Complete
2.1c	Evaluate and identify various opportunities for income generation - staff lottery; run for charity; targeted appeals	Qtr 3	In Progress
2.1d	Establish targeted fund raising aligned to PTHB 'Tackling the Big 4' Wellbeing objective	Qtr 2	In Progress
Activity 2.2	Establish a Charity team structure that ensures effectiveness alongside sustainability		
2.2a	Monitor team performance against assigned ambitions to assess ability to deliver outcomes with existing structure	Qtr 1	Complete
2.2b	Identify and invest in useful, relevant Charity merchandise to raise awareness and promote the Charity	Qtr 4	In Progress
2.2c	Align team and individual actions to strategic actions, giving responsibility and accountability appropriately	Qtr 1	Complete
2.2d	Following review, propose Charity team structure that will take the Charity forward to the committee for consideration	Qtr 3	Not Yet Due
Activity 2.3	Validate Powys Health Charity as the official charity of Powys Teaching Health Board		
2.3a	Design and introduce 'Charity Funded' labelling on projects funded by the Charity	Qtr 1	Complete
2.3b	Promote and communicate the Charity Policy and supporting documents affirming we are the official charity of PTHB	Qtr 2	Not Yet Due
2.3c	Undertake a review of all public spaces at main community hospitals to remove unnecessary other charity advertisements	Qtr 3	In Progress
2.3d	Design and develop Charity information boards to be located across main community hospitals	Qtr 3	In Progress
Activity 2.4	Review how we communicate, what we communicate and where we communicate		
2.4a	Review of communication channels to ensure maximum exposure across all available medium	Qtr 1	In Progress
2.4b	Instigate communication performance measurement assessing the variety of positive stories, campaign messaging, appeals	Qtr 1	In Progress
2.4c	Promote and communicate Charity projects connected with the PTHB 'Big 4' strategic priority to raise awareness and support	Qtr 1	Complete
2.4d	Consider the use of technology to support and positively impact on communications	Qtr 2	In Progress

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Ambition 3

Foster mutually beneficial connections to enhance active inclusion and empowering participation

Delivery Status

Activity 3.1	Build trust within the organisation and the community		Delivery	Status
3.1a	Establish a suite of Charity public and staff engagement processes that are simple, inclusive and deliver on expectations		Qtr 3	Not Yet Due
3.1b	Build on the developing relationships with League of Friends and other local Charities to foster collaboration		Qtr 4	In Progress
3.1c	Identify and develop relationships with local businesses and companies to foster relationships and partnerships		Qtr 3	In Progress
3.1d	Conduct a series of outreach visits to all community hospitals		Qtr 3	In Progress

Activity 3.2	Seek participation across every level of the NHS empowering the generation of ideas		Delivery	Status
3.2a	Reviewing all existing engagement practices to identify more effective and efficient methods of connection		Qtr 4	Not Yet Due
3.2b	Identify and foster relationships with Charity Ambassadors at Community Hospitals		Qtr 3	In Progress
3.2c	Engage with senior managers to establish a programme of attending their team meetings promoting innovation		Qtr 4	Not Yet Due
3.2d	Foster a culture of inclusivity for Charitable applications, through connections and contact with all NHS staff		Qtr 3	In Progress

Activity 3.3	Recognise the good, support improvement where necessary and inspire participation		Delivery	Status
3.3a	Review and enhance the Charities public website to facilitate ease of access, simple messaging and easy navigation		Qtr 4	In Progress
3.3b	Review the evaluation of projects ensuring images and good news outcomes are received early for use as positive communications		Qtr 2	In Progress
3.3c	Review and enhance the Charities Intranet pages to ensure this area of staff communication is up to date		Qtr 3	In Progress
3.3d	Develop a process and practice of raising appropriate news stories with local press outlets		Qtr 4	In Progress

Activity 3.4	Deliver high quality effective, simple services		Delivery	Status
3.4a	Review and amend application, tracking and evaluation process to ensure they reflect new strategy and policy values		Qtr 2	In Progress
3.4b	Ensure effective communication of the Charities new strategy and new policy with supporting documentation		Qtr 3	Not Yet Due
3.4c	Undertake an evaluation of key campaigns to ensure continued staff support as income generating models		Qtr 4	Not Yet Due
3.4d	Introduce testing of new proposed Charity services and processes with Ambassadors to ensure simplicity and ease of use		Qtr 4	Not Yet Due

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Ambition 4

Govern with honesty and integrity

Activity 4.1	Administer the Charity through effective and efficient governance principles	Delivery	Status
4.1a	Ensure compliance with the use of images and content for all shared stories	Qtr 2	In Progress
4.1b	Monitor application processing timescales to ensure expediency in the provision of a final response to applicants	Qtr 2	In Progress
4.1c	Supporting Corporate Governance, participate in review and effectiveness of the Charitable Funds Committee	Qtr 3	Not Yet Due
4.1d	Develop and communicate a simplified process for on-site cashiers to accept and process donations	Qtr 2	In Progress

Activity 4.2	Promote and live the values of the charity	Delivery	Status
4.2a	Foster a culture where Trustees promote the Charity as the official charity of PTHB	Qtr 4	Not Yet Due
4.2b	Manage all funding applications in line with Charity and PTHB values	Qtr 2	In Progress
4.2c	Develop and deliver a plan to celebrate and raise awareness of the 30 Anniversary of the Charity and its Values	Qtr 1	Complete
4.2d	Trial the installation of Charity 'Boards with the support of the Charity Ambassadors to raise awareness and support	Qtr 4	Not Yet Due

Activity 4.3	Be compliant to regulation and standards in everything we do	Delivery	Status
4.3a	Maintain and comply with membership of the Fundraising Regulator	Qtr 2	In Progress
4.3b	Review communications and fundraising supporting materials to ensure compliance to all appropriate regulation	Qtr 4	In Progress
4.3c	Undertake horizon scanning for Charity Commission and other relevant compliance changes and react accordingly	Qtr 4	In Progress
4.3d	Continue to work with All Wales NHS Charities to foster unified considerations for National projects and National sponsors	Qtr 4	In Progress

Activity 4.4	Deliver simple, honest, efficient monitoring and reporting outcomes	Delivery	Status
4.4a	Work with the charitable Funds Committee to identify and deliver effective performance reporting tools	Qtr 2	Not Yet Due
4.4b	Develop a League of Friends suite of performance reports to encourage partnership and collaboration	Qtr 4	In Progress
4.4c	Develop performance reporting communications to be shared across internal communications on a regular basis	Qtr 2	Not Yet Due
4.4d	Deliver effective reporting through the line and CFC to monitor Charity team performance and outcomes	Qtr 4	In Progress

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No.	Action	Delivery	Status
1.1a	Establish bi-annual meetings with Fund Managers to help determine long term project priorities	Qtr 1	Not Yet Started
1.1b	Identify the services with larger fund pots and meet with functional leads to identify longer term projects	Qtr 2	Not Yet Started
1.1c	Review smaller fund pots and consider amalgamation to larger similar services or funding smaller projects	Qtr 3	Not Yet Started
1.1d	Monitor Better Together outcomes and consider alignment to projects that the Charity could support	Qtr 1	In Progress
1.2a	Working with finance leads assess benefit of current investor v. seeking new investor partner	Qtr 3	Not Yet Started
1.2b	Review and reinforce Health Board values when considering third party investment strategy	Qtr 3	Not Yet Started
1.2c	Working with finance undertake a review of the value of the investment and consider whether this should change	Qtr 3	Not Yet Started
1.2d	Develop reporting of investment benefits as a measure of performance	Qtr 4	Not Yet Started
1.3a	Aligning to PTHB Well Being objectives work with clinical colleagues to identify funding for appropriate preventative projects	Qtr 2	Not Yet Started
1.3b	Develop annual Charity grant and include messaging regarding seeking preventative and innovative projects	Qtr 1	In Progress
1.3c	Identify, record and report projects that support the prevention agenda	Qtr 1	In Progress
1.3d	Develop an effective communications campaign to promote prevention agenda projects	Qtr 1	In Progress
1.4a	Work with Research & Development to regenerate the Panel y Ddraig scheme to identify and support innovative projects	Qtr 1	In Progress
1.4b	Through appropriate communication channels, raise awareness of the opportunity for supporting and funding innovative projects	Qtr 2	Not Yet Started
1.4c	Engage with Clinical leads to identify innovative projects that the Charity could support	Qtr 1	In Progress
1.4d	Report the outcomes of Charitable investment detailing categories and areas of supported projects	Qtr 2	Not Yet Started
2.1a	Work with finance to assess varying streams of income so that appropriate targets can be identified	Qtr 1	In Progress
2.1b	Develop Year on Year performance monitoring of income	Qtr 1	Complete
2.1c	Evaluate and identify various opportunities for income generation - staff lottery; run for charity; targeted appeals	Qtr 3	In Progress
2.1d	Establish targeted fund raising aligned to PTHB Tackling the Big 4 Wellbeing objective	Qtr 2	In Progress
2.2a	Monitor team performance against assigned ambitions to assess ability to deliver outcomes with existing structure	Qtr 1	Complete
2.2b	Identify and invest in useful, relevant Charity merchandise to raise awareness and promote the Charity	Qtr 4	In Progress
2.2c	Align team and individual actions to strategic actions, giving responsibility and accountability appropriately	Qtr 1	Complete
2.2d	Following review, propose Charity team structure that will take the Charity forward to the committee for consideration	Qtr 3	Not Yet Started
2.3a	Design and introduce 'Charity Funded' labelling on projects funded by the Charity	Qtr 1	Complete
2.3b	Promote and communicate the Charity Policy and supporting documents affirming we are the official charity of PTHB	Qtr 2	Not Yet Started
2.3c	Undertake a review of all public spaces at main community hospitals to remove unnecessary other charity advertisements	Qtr 3	In Progress
2.3d	Design and develop Charity information boards to be located across main community hospitals	Qtr 3	In Progress
2.4a	Review of communication channels to ensure maximum exposure across all available medium	Qtr 1	In Progress
2.4b	Instigate communication performance measurement assessing the variety of positive stories, campaign messaging, appeals	Qtr 1	In Progress
2.4c	Promote and communicate Charity projects connected with the PTHB 'Big 4' strategic priority to raise awareness and support	Qtr 1	Complete
2.4d	Consider the use of technology to support and positively impact on communications	Qtr 2	In Progress
3.1a	Establish a suite of Charity public and staff engagement processes that are simple, inclusive and deliver on expectations	Qtr 3	Not Yet Started
3.1b	Build on the developing relationships with League of Friends and other local Charities to foster collaboration	Qtr 4	In Progress
3.1c	Identify and develop relationships with local businesses and companies to foster relationships and partnerships	Qtr 3	In Progress
3.1d	Conduct a series of outreach visits to all community hospitals	Qtr 3	In Progress
3.2a	Reviewing all existing engagement practices to identify more effective and efficient methods of connection	Qtr 4	Not Yet Started
3.2b	Identify and foster relationships with Charity Ambassadors at Community Hospitals	Qtr 3	In Progress
3.2c	Engage with senior managers to establish a programme of attending their team meetings promoting innovation	Qtr 4	Not Yet Started
3.2d	Foster a culture of inclusivity for Charitable applications, through connections and contact with all NHS staff	Qtr 3	In Progress
3.3a	Review and enhance the Charities public website to facilitate ease of access, simple messaging and easy navigation	Qtr 4	In Progress
3.3b	Review the evaluation of projects ensuring images and good news outcomes are received early for use as positive communications	Qtr 2	In Progress
3.3c	Review and enhance the Charities Intranet pages to ensure this area of staff communication is up to date	Qtr 3	In Progress
3.3d	Develop a process and practice of raising appropriate news stories with local press outlets	Qtr 4	In Progress
3.4a	Review and amend application, tracking and evaluation process to ensure they reflect new strategy and policy values	Qtr 2	In Progress
3.4b	Ensure effective communication of the Charities new strategy and new policy with supporting documentation	Qtr 3	Not Yet Started
3.4c	Undertake an evaluation of key campaigns to ensure continued staff support as income generating models	Qtr 4	Not Yet Started
3.4d	Introduce testing of new proposed Charity services and processes with Ambassadors to ensure simplicity and ease of use	Qtr 4	Not Yet Started
4.1a	Ensure compliance with the use of images and content for all shared stories	Qtr 2	In Progress
4.1b	Monitor application processing timescales to ensure expediency in the provision of a final response to applicants	Qtr 2	In Progress
4.1c	Supporting Corporate Governance, participate in review and effectiveness of the Charitable Funds Committee	Qtr 3	Not Yet Started
4.1d	Develop and communicate a simplified process for on-site cashiers to accept and process donations	Qtr 2	In Progress
4.2a	Foster a culture where Trustees promote the Charity as the official charity of PTHB	Qtr 4	Not Yet Started
4.2b	Manage all funding applications in line with Charity and PTHB values	Qtr 2	In Progress
4.2c	Develop and deliver a plan to celebrate and raise awareness of the 30 Anniversary of the Charity and its Values	Qtr 1	Complete
4.2d	Trial the installation of Charity Boards with the support of the Charity Ambassadors to raise awareness and support	Qtr 4	Not Yet Started
4.3a	Maintain and comply with membership of the Fundraising Regulator	Qtr 2	In Progress
4.3b	Review communications and fundraising supporting materials to ensure compliance to all appropriate regulation	Qtr 4	In Progress
4.3c	Undertake horizon scanning for Charity Commission and other relevant compliance changes and react accordingly	Qtr 4	In Progress
4.3d	Continue to work with All Wales NHS Charities to foster unified considerations for National projects and National sponsors	Qtr 4	In Progress
4.4a	Work with the charitable Funds Committee to identify and deliver effective performance reporting tools	Qtr 2	Not Yet Started
4.4b	Develop a League of Friends suite of performance reports to encourage partnership and collaboration	Qtr 4	In Progress
4.4c	Develop performance reporting communications to be shared across internal communications on a regular basis	Qtr 2	Not Yet Started
4.4d	Deliver effective reporting through the line and CFC to monitor Charity team performance and outcomes	Qtr 4	In Progress

1.3d & 1.4d the same

3.4b & 4.1c the same

Total No. Actions	64	Total	% Qtr. 1	25%	Total	% Qtr. 2	25%	Total	% Qtr. 3	25%	Total	% Qtr. 4	25%
Ambition 1	16	% Qtr. 1	25%	In Progress	50%	Qtr. 2	25%	Qtr. 3	9%	Qtr. 3	16	6 Complete	0 At Risk
Ambition 2	16	% Qtr. 4	25%	At Risk	0%	Qtr. 4	16	6 Complete	0 At Risk	0 At Risk	16	6 Complete	0 At Risk
Ambition 3	16												
Ambition 4	16												

Ambition 1	Ambition 2	Ambition 3	Ambition 4								
Not Yet Started	3	75%	Not Yet Started	0	0%	Not Yet Started	1	25%	Not Yet Started	1	25%
In Progress	1	25%	In Progress	3	75%	In Progress	3	75%	In Progress	3	75%
On Hold	0	0%	On Hold	0	0%	On Hold	0	0%	On Hold	0	0%
Complete	0	0%	Complete	1	25%	Complete	0	0%	Complete	0	0%
At Risk	0	0%	At Risk	0	0%	At Risk	0	0%	At Risk	0	0%

Ambition 1	Ambition 2	Ambition 3	Ambition 4				
Qtr. 1 Not Started	1	Qtr. 1 Not Started	0	Qtr. 1 Not Started	0	Qtr. 1 Not Started	0
Qtr. 1 In Progress	6	Qtr. 1 In Progress	3	Qtr. 1 In Progress	0	Qtr. 1 In Progress	0
Qtr. 1 On Hold	0	Qtr. 1 On Hold	0	Qtr. 1 On Hold	0	Qtr. 1 On Hold	0
Qtr. 1 At Risk	0	Qtr. 1 At Risk	0	Qtr. 1 At Risk	0	Qtr. 1 At Risk	0
Qtr. 1 Complete	0	Qtr. 1 Complete	5	Qtr. 1 Complete	0	Qtr. 1 Complete	1
Qtr. 2 Not Started	4	Qtr. 2 Not Started	1	Qtr. 2 Not Started	0	Qtr. 2 Not Started	2
Qtr. 2 In Progress	0	Qtr. 2 In Progress	2	Qtr. 2 In Progress	2	Qtr. 2 In Progress	5
Qtr. 2 On Hold	0	Qtr. 2 On Hold	0	Qtr. 2 On Hold	0	Qtr. 2 On Hold	0
Qtr. 2 At Risk	0	Qtr. 2 At Risk	0	Qtr. 2 At Risk	0	Qtr. 2 At Risk	0
Qtr. 2 Complete	0	Qtr. 2 Complete	0	Qtr. 2 Complete	0	Qtr. 2 Complete	0
Qtr. 3 Not Started	4	Qtr. 3 Not Started	1	Qtr. 3 Not Started	2	Qtr. 3 Not Started	1
Qtr. 3 In Progress	0	Qtr. 3 In Progress	3	Qtr. 3 In Progress	5	Qtr. 3 In Progress	0
Qtr. 3 On Hold	0	Qtr. 3 On Hold	0	Qtr. 3 On Hold	0	Qtr. 3 On Hold	0
Qtr. 3 At Risk	0	Qtr. 3 At Risk	0	Qtr. 3 At Risk	0	Qtr. 3 At Risk	0
Qtr. 3 Complete	0	Qtr. 3 Complete	0	Qtr. 3 Complete	0	Qtr. 3 Complete	0
Qtr. 4 Not Started	1	Qtr. 4 Not Started	0	Qtr. 4 Not Started	4	Qtr. 4 Not Started	2
Qtr. 4 In Progress	0	Qtr. 4 In Progress	1	Qtr. 4 In Progress	3	Qtr. 4 In Progress	5
Qtr. 4 On Hold	0	Qtr. 4 On Hold	0	Qtr. 4 On Hold	0	Qtr. 4 On Hold	0
Qtr. 4 At Risk	0	Qtr. 4 At Risk	0	Qtr. 4 At Risk	0	Qtr. 4 At Risk	0
Qtr. 4 Complete	0	Qtr. 4 Complete	0	Qtr. 4 Complete	0	Qtr. 4 Complete	0

Ambition 1	Ambition 2	Ambition 3	Ambition 4				
Not Started	10	Not Started	2	Not Started	6	Not Started	5
In Progress	6	In Progress	9	In Progress	10	In Progress	10
On Hold	0	On Hold	0	On Hold	0	On Hold	0
At Risk	0	At Risk	0	At Risk	0	At Risk	0
Complete	0	Complete	5	Complete	0	Complete	1

Complete	1
At Risk	0
In Progress	10
Not Started	5
Govern with honesty and integrity	
Complete	0
At Risk	0
In Progress	10
Not Started	6
Foster mutually beneficial connections to enhance active inclusion and empowering participation	
Complete	5
At Risk	0
In Progress	9
Not Started	2



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Agenda item: 3.3b

Charitable Funds Committee		26 March 2026
Subject:	Charity Operational Budget Proposal 2026/2027	
Approved and presented by:	Helen Bushell Board Secretary	
Prepared by:	Martin O'Brien, Head of Charity	
Other Committees and meetings considered at:	The draft operational budget was considered by the Committee in March 2026 and is not represented as a final draft for consideration.	
PURPOSE:		
<p>This paper provides the budget request that is estimated is required for the Charity to operate during the financial year 2026-27.</p> <p>In March 2026, the Committee considered a draft budget proposal of £18,000 and asked for further refinement in some areas. This work has been completed and an operational budget of £12,000 is requested.</p>		
RECOMMENDATION(S):		
<p>The committee is asked to:</p> <ul style="list-style-type: none"> • APPROVE the operational budget of £12,000 for the 2026/27 year. 		
Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/N	
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

The Head of Charity is requesting approval from the Charitable Funds Committee for the provision of an operational budget for the financial year 2026-27 and is requesting a working budget of £12,000. Access to this budget will allow the Charity team to operate across the County, continue appropriate membership of organisation as and funding platforms and provide budget for those unforeseen aspects of operational and team management issues.

APPROACH:

The Head of Charity is requesting a proposed Charity Operational Budget of £12,000 for the financial year 2026/27.

Review of 2025/26 operational budget

Approximately 25% of the approved Charity operational budget of £18,000 for 2025/26 was spent. The main reason for the underspend of this budget related to funding available through the NHS CT grant for the purchase of marketing materials. A little over £3,600 was used from the grant to support Charity marketing materials.

Nearly £2,000 was spent on Travel for the team to meet the local teams and business partners across the County. 2026/27 sees a potential increase in the Travel costs as there are a variety of events, such as the 30th Birthday Roadshows.

The main areas for expenditure are Charity team travel costs and membership fees to NHS CT and a monthly upgrade fee for reporting purposes from the Just Giving platform. These costs continue throughout 2026/27.

There were no costs against the agreed training, this is partly due the Charity team attending free learning events including NHSCT online learning and the Charity Project Support Manager attending a free Welsh language course. Other proposed paid for learning events were rejected. As such, the requested budget for Training, Education & Conferences has been significantly reduced.

General administration costs have been reduced and during 2026/27 we recognise there will be some postage to account for as we share information with external business, share the new fundraising pack and distribute prizes and awards.

2026/27 Annual Budget

It is proposed that the following operational budget is made available to the Charity team for the financial year 2026/27.

A breakdown of the 2026/27 requested budget is shown in the table below:

Expenditure	Estimated Budget	Notes	Previous Year Reflection & Expenditure Plan
Training, Education & Conferences	£1,000	To fund appropriate continuous learning for the Charity team, training and education potentially sourced through NHS Charities	2025/26 budget not used as free on-line learning events attended. Now associated with attendance at conferences fees. Will be used for essential learning and attendance at appropriate Charity conferences and events
Administration	£500	General administration costs including postage, printing, branding materials	2025/26 budget not used as Grant Funding covered printing and branding materials. Now requested as Grant has been completed
Travel	£3,500	To be used for primarily travel across the County to promote awareness and raise profile of the Charity; attend LoF and other community group meetings; attendance costs and travel for appropriate conferences & events	(£2,000 expenditure 2025/26). There are a number of events and roadshows this year to help celebrate the Charities 30th anniversary. Will monitor this budget as may require additional as we work through the year
Campaign Sundries	£1,000	Specific promotional material and merchandise for the key campaigns – May’s Miles & Festive Fundraiser	In house designs now complete and are timeless. Budget will be needed for periferal annual items
Hospitality & Engagement	£1,000	Costs to support meetings run by the Charity run including the Powys Health Charity Alliance	Budget will be used for hosting Charity led meetings such as League of Friends; business partner meetings and fundraising event meetings
Marketing	£2,500	Proactive promotion of the Charity (social media boosts), subscription to fundraising platforms and event management associations	On;y £100 of 2025/26 budget used as Grant /fudning supported expenditure, (£3,600 expenditure 2025/26). Proactive Charity promotion supporting site specific projects and supporting Amassadors
Membership	£2,500	NHS Charities Together (£1,850 payable March 2024 for 2025/26) & Just Giving annual and additional administration fees (13 months @ £15 per month), Fundraing Regulator (previoulsy £60)	Continuous Charity memebrrship of good governance groups and fundraising platforms
Total	£12,000		

The £2,500 membership element of the budget proposal for 2026/27 includes the following:

- Continued membership with NHS Charities Together and an annual cost for 2026 – 27 of £1,850
- Monthly payment to the fundraising Just Giving platform to provide access for detailed reporting. This allows us to identify how has donated money and where they wish their donation to be
- Association fees to the Fundraising Regulator. For the period 2025/26 the fees were £60. We are awaiting a new invoice for the forthcoming year.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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Agenda item: 3.4

Charitable Funds Committee		08 June 2026
Subject:	Head of Charity - Update	
Approved and presented by:	Martin O'Brien, Head of Charity	
Prepared by:	Martin O'Brien, Head of Charity	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
<p>This paper provides detail of the issues that the Head of Charity wishes to share with the Charitable Fund Committee during the June 2026 meeting. The report includes content on:</p> <ul style="list-style-type: none"> • Fundraising activities and campaigns • Powys Health Charity 30th Birthday • Charity roadshows • Partner engagement - League of Friends • New Income Generation • Charity dashboard • 2025/26 Full Year Performance • Communications 		
RECOMMENDATION(S):		
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE the Head of Charity report and take ASSURANCE charity activities are progressing in line with the Charity purpose. 		
Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/N	
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	

5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

At every Charitable Funds Committee meeting the Head of Charity will identify areas that are appropriate to be shared with the Committee, but not such that they require their own paper and agenda item. These matters are deemed to be sufficient enough to be raised and discussed within Committee under the Head of Charity update.

APPROACH:

Fundraising and Campaigns

London Marathon

This year saw our very first runner in the 2026 London Marathon event. Cheryl Samual, Community Respiratory Services Team, was the Powys Health Charity athlete. Cheryl completed the London Marathon yesterday in an incredible time of 3 hours 54 minutes, an amazing achievement and one she is very proud of.

Through a variety of fundraising events which included a Thai night, quiz night and coffee mornings Cheryl raised a staggering £3,300.78 for Respiratory Services across Powys. The Charity team are working with the Respiratory Services team to turn the funds raised into items and products for the team to use in support of their patients across Powys.

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Powys Health Charity 30th Birthday

Charity Sky Dive

On the date of our meeting, we will be 48 days away from this amazing event where 33 people, will be joining us to leap from a plane on Sunday 26th July 2026, the actual date of the Charities birthday. You can find out more information on the intrepid jumpers and even, if you've not done so already, sponsor those jumping here [Charity Skydive - Powys Health Charity](#)

We are hoping to raise awareness and report the events through local press and radio, raising the profile of the Charity both internally, and just as importantly, externally.

We are giving away an exciting, enticing prize to the jumper that raises the highest amount of fundraising, the top fundraiser will **win a free Epic Bundle** – Handcam + Freefall coverage worth a whopping £209. A taster of the prize can be seen in this video <https://youtu.be/Z1fZAltWNY8>

A number of intrepid sky divers have already passed the minimum amount to be raised, £300, this amount includes the cost to do the sky dive £234 and a £66 donation to our Charity.

The cost of all 33 jumpers taking part in this event is £7,722 and our Just Giving fundraising page currently stands at £9,223 and we still have 10 more jumpers yet to reach the minimum fundraising target

Charity Roadshow

In the last few months, we visited all the main sites across the County raising awareness of the charities 30th Birthday year and sharing information on how to fundraise and how to access funds.

We have had a wonderful reception everywhere we visited, meeting and chatting to some amazing people.

To encourage engagement, we ran a small 'spot the ball' type competition with the prize being a Charity goodie bag. Using this as a method of chatting, we were able to capture people's emails, talk to them about sharing the Charity newsletter and we received interest and questions about our Run for Charity races and the Sky Dive. Each site had a winner who was presented with their prize before we left the site, here are some of our lucky winners.



- Patience Mbaulu from the radiology team at Ystradgynlais
- Ruth Walker from the physiotherapy team at Welshpool
- Dr Farjaz Khurshid from the GP team at Machynlleth
- Katie Morris from the hotel services team at Llanidloes
- Sharon Evans from the physiotherapy team at Knighton

Birthday Tea Party Hamper

We will be inviting applications from staff who wish to join us in celebrating the Charities birthday with a tea party hamper, seeking numbers and any dietary requirements, and will provide these to the teams throughout August.

We thought it more appropriate for teams to enjoy their own tea party when they can, rather than try to organise a specific time on a specific day, as this can alienate those teams that do shift work and weekends.

We have already sought and have agreed partner relationships with Morrisons in Newtown and our Hospitality team to help us put together hampers. We have also been busy contacting companies seeking their support and sponsorship for this event.

It is hoped that in the coming weeks we will be able to announce this across the Health Board and seek applications from teams who wish to take part and celebrate the Charities 30th birthday with their own team party. Such an event will have a real impact on raising awareness and knowledge of our Charity.

Partner engagement - League of Friends

I have had engagement with the following groups:

Brecon

Along with Carl Cooper I met with the Brecon LoF group on 14 April following a letter and invitation received by Carl. At the meeting we discussed various requirements linked to compliance, regulations and standards linked to services the group wish to deliver.

They raised a number of questions during the meeting to which I have since responded. I will continue to work with the group in relation to their wish to provide a trolley service and shop space at Brecon Hospital.

Llandrindod Wells

I met with the Llandrindod League of Friends committee on 27 April to discuss the projects they had funded and matters relating to the hospital renovation which would mean there was a small shop space for the group. I explained about the agreement they would need to sign in keeping with our Insurers and NWSSP requirements, to which they seemed content with this arrangement. I was able to answer their questions regarding the projects they had funded, and they expressed gratitude for the Charity teams support and positive intervention with these projects.

Welshpool

During April, Welshpool League of Friends agreed to co-fund patient chairs for the hospital space. This is a great way of ensuring and growing our collaboration as individual charities.

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The Charity team also met informally with the group on 15 May at the official opening of the staff dining room at Victoria Memorial hospital, Welshpool. The reconstruction and development of this was made possible following a donation from the Michael Rogers estate. This donation funded the construction and Powys Health Charity funded the décor and the furniture.

I have fed back to the chair about this wonderful occasion and invited her thoughts on a future meeting between our Charities.



New Income Generation

Big Lotto for NHS Charities

NHS CT have now completed the preliminary work on the establishment of a National lottery for NHS Charities, as discussed at previous Charitable Fund Committee meetings. The lottery, called the Big Lotto for NHS Charities, includes a return for the nominated NHS Charity of 60p back to the cause for every £1 spent on the lottery.

Attached as at Appendix 1 is the Big Lotto Product Sheet for your reference.

There is a £250 set up fee which covers the development of our charity's own landing page. This is the page our supporters will use to buy tickets. There is no ongoing admin fee, once the setup fee is paid there is no other financial commitment for Powys Health Charity. There will also be a dedicated microsite featuring all participating NHS charities, with individual landing pages, bespoke copy, imagery, and unique URLs for direct sign-up.

The lottery is free for members to join and should Powys Health Charity withdraw from NHS CT in the future, this will not jeopardise the ongoing lottery commitment.

NHS Charities Together holds the license, removing the need for gambling returns or local authority admin on your side.

The Charity team is working with our Finance colleagues reviewing the proposed Lottery Member Agreement with the hope that we will sign up to the Big Lotto for NHS Charities very soon.

Run for Charity

Run for Charity is the largest platform for charities in the UK to fill places in challenge events, some of these events are only accessible by running for a Charity.

Our membership (£750 p.a.) provides us with up to 5 places for any given race or activity on their website. It works on a first come basis so if we are late registering for an event then we may not have the opportunity of 5 spaces and places would have already been allocated.

For each race we promote we include a small registration cost for the runner and we double the actual race entry price for the minimum funds to be raised. We have developed an agreement which our fundraisers, including the runners, sign up to stating their commitment to the fundraising target specific to their event.

Since signing up to Run for Charity we have filled the 5 available places we hold for the 2026 Cardiff Half Marathon and have received interest in spaces available in the 2027 Bath Half Marathon and the 2027 Edinburgh Marathon.

The awareness of these events and the developing interest from our staff is as a result of establishing a runner's email group. We share news of up coming events to an already interested audience.

It is our intention to continue to grow this list as we meet and share the information with teams across the County and to share on a regular basis information and updates on race place availability.

Should any of you be interested in these events you can access the:

- Bath Half Marathon here runforcharity.com/charity-registration/powys-health-charity/getpro-bath-half/register and the
- Edinburgh Marathon here runforcharity.com/charity-registration/powys-health-charity/edinburgh-marathon---edinburgh-running-festival/powys-health-charity-edinburgh-marathon-edinburgh-running-festival-second-reg-1

For all events your can visit the Run for Charity main page here [Run For Charity](#), should you find an event you would wish to do then please contact the Charity team who can set up the access page.

Ruck Cancer

Together with the Chair of Llanidloes RFC, we have begun shaping a powerful new initiative to support the people of Powys who are living with a cancer diagnosis. We are proud to introduce **"Ruck Cancer"**, a community-driven event built on compassion, resilience, and hope.

Ruck Cancer will be an annual event, launching on **1 May 2027**, and although it may feel some way off, the response so far has been incredibly encouraging. In its first year, Mark hopes to attract at least **36 teams of 10 players**, drawing participants from across Powys, Wales, and potentially further afield. Llanidloes RFC has both the facilities and the strong rugby networks needed to support an event of this scale and ambition.

We are seeking sponsorship from local companies across Powys, explaining that **every penny raised will stay in Powys, for the benefit of people in Powys**. The funds will be managed through **Powys Health Charity**, the official charity of Powys Teaching Health Board.

For this event we have developed a sponsorship grid, sharing this with companies for their consideration and hopeful support.

Sponsorship Options						
Benefits	Levels					
	Diamond £5,000	Platinum £2,500	Gold £1,000	Silver £500	Bronze £250	Community £100
Ruck Cancer recognition certificate	✔	✔	✔	✔	✔	✔
Company logo on Ruck Cancer event page	✔	✔	✔	✔	✔	✔
Social media share of your sponsorship announcement	✔	✔	✔	✔	✔	✔
Entry for the event (no. of tickets in brackets)	✔ (10)	✔ (10)	✔ (5)	✔ (3)	✔ (2)	✔ (2)
Inclusion in event day programme	✔	✔	✔	✔	✔	✔
Inclusion in opening announcement at the event	✔	✔	✔	✔	✔	✔
Information included within the Invitation Pack*	✔	✔	✔	✔	✔	✔
One further inclusion during midway event announcement	✔	✔	✔	✔	✔	✔
One social media announcement	✔	✔	✔	✔	✔	✔
Your banner at the event	✔	✔	✔	✔	✔	✔
Company Logo on event T-shirts**	✔	✔	✔	✔	✔	✔
Inclusion in up to three additional social media event announcements	✔	✔	✔	✔	✔	✔
Your dedicated stall at the event	✔	✔	✔	✔	✔	✔
Special mention in post event communication	✔	✔	✔	✔	✔	✔
Company logo on all communications***	✔	✔	✔	✔	✔	✔
Inclusion in all social media event announcements	✔	✔	✔	✔	✔	✔
Co-branding on all sponsorship announcements and communications	✔	✔	✔	✔	✔	✔
Logo included on main trophies	✔	✔	✔	✔	✔	✔
Inclusion in prize giving announcements at the event	✔	✔	✔	✔	✔	✔

*where this is available ahead of the invitation pack production (September 2026)
 **placement and size dependant on sponsorship level
 ***from when sponsorship is agreed

Charity Dashboard

The performance data we are sharing for this meeting covers two areas:

- the current position on projects and finance for 2026/27;
- the full year overview of performance for 2025/26.

2026/27 Performance

The Charity dashboard provides information and detail of the number of projects that have been processed by the Charity team so far this year.

Total Applications					
Fund	Open	Closed	Rejected	Withdrew	Total
General Fund	2	0	0	0	2
Grant Scheme	0	0	0	0	0
Local Fund	8	2	0	0	10
	10	2	0	0	12

So far this year 12 applications have been received, with most of these still being processed as the applications require either an Equipment and Devices Ordering Form to be completed, Digital Services oversight, accurate quotes and costings etc.

The spread of the funding for projects is shown in the table below, with the majority of area specific applications being concentrated in the Middle of the County.

Applications by Area		
Area	Applications	Fund Request
Powys	3	£517,160.20
North	3	£6,398.00
Mid	5	£11,716.16
South	1	£110,000.00
Total Requested	12	£645,274.36

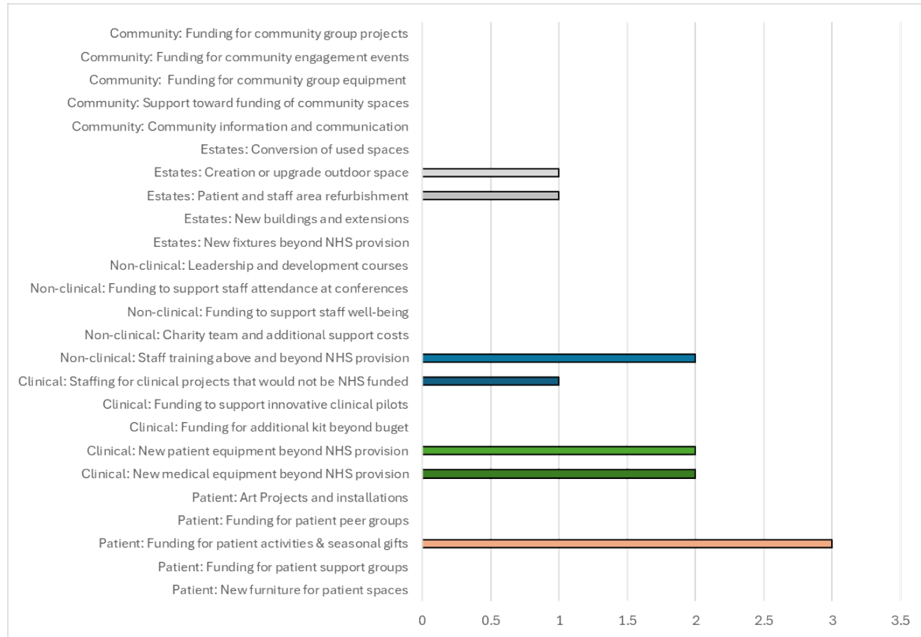
£624,000 are applications still under review and have yet to be authorised.

All the projects are categorised under five main theme headings of Community, Estates, Non-Clinical, Clinical and Patient.

Each of these themes has sub-headings so that we can determine where funding is being spent, in what areas and whether there is more work to be done to fund other areas across the Health Board.

The table below shows the breakdown of funding for the sub-categories

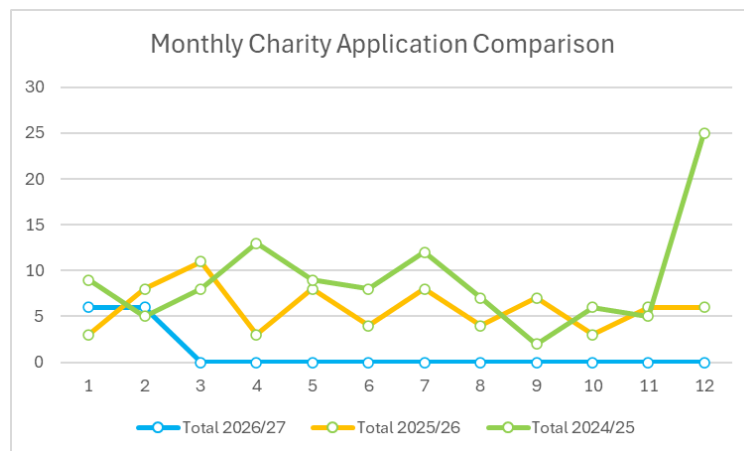
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As can be seen, the majority of the funding requests have been seeking support for Medical Equipment Beyond NHS Provision.

For the sub-categories that have not yet received an application, we have moved our annual community grant scheme to the late summer months to avoid a bottle neck of events. During this time, we will see applications from Community Group Projects and Community Engagement Events. We are also working with teams on projects that will relate to clinical projects not funded by the NHS and patient and staff arts projects.

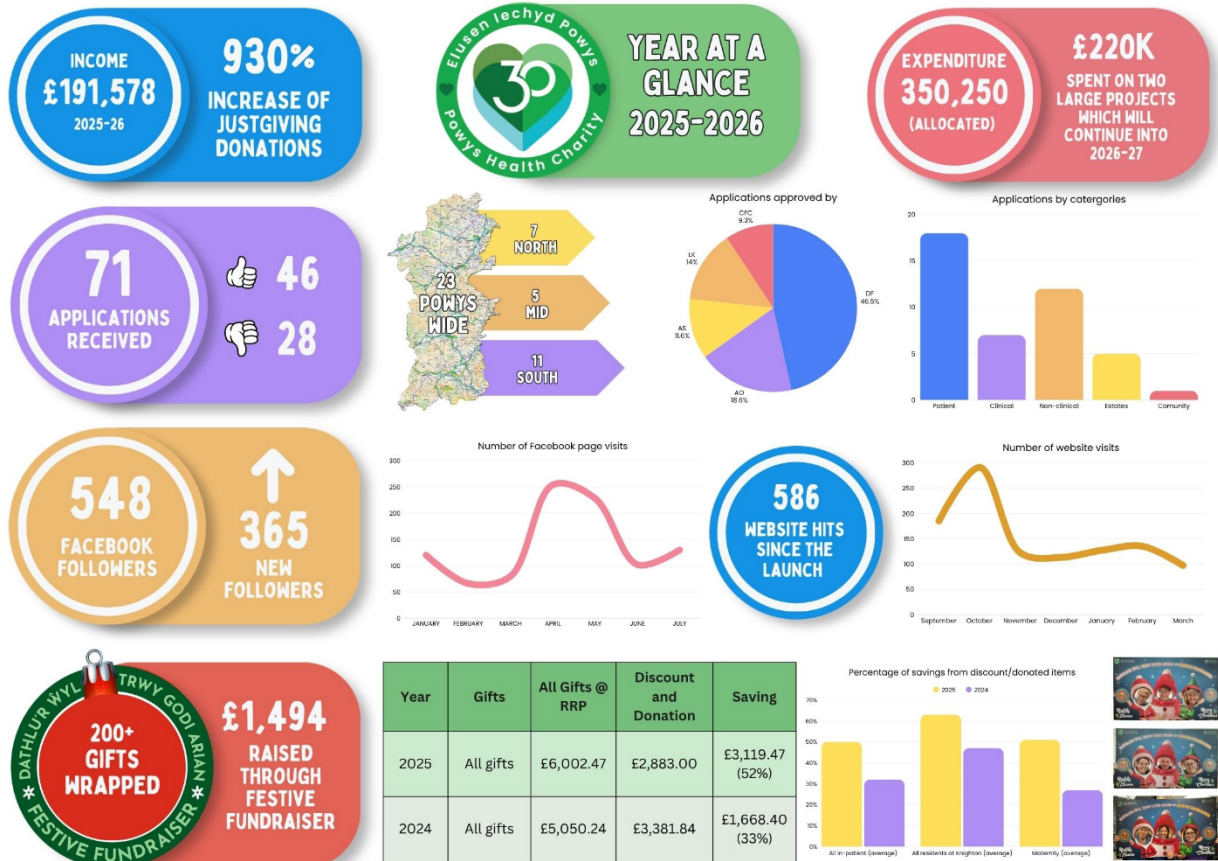
As was requested from the September 2025 Charitable Funds Committee meeting, we share a year-on-year monthly comparison. The spike at the end of 2024/25 reflects a concentrated influx of 15 Bach Grant scheme applications.



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2025/26 Full Year Performance

The table below is a new way of sharing the full year information of the Charity performance. It starts with the headline comments running across then top, then we have a row of data for our projects, our communication and then a row of information about our main campaign, the 2025 Festive fundraiser.



We have seen some wonderful improvement in the areas we have been focusing on during 2025/26 including:

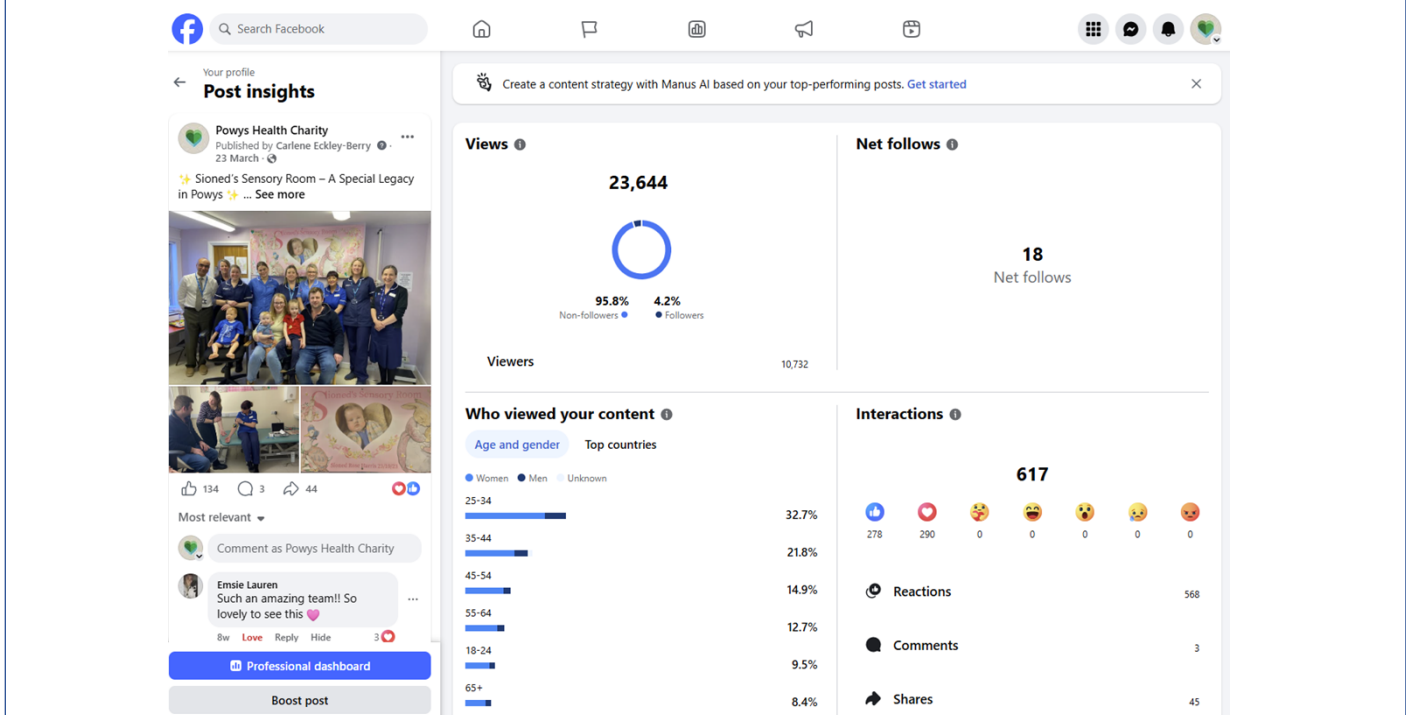
- Promoting our Just Giving platform as our principal point for fundraising
- Improving communication and connection through our social media platforms
- Promoting our website as a single source of information
- Building on our Festive Fundraiser campaign to be an inclusive, engaging and fun campaign with a heart-warming outcome, that of sharing gifts at Christmas

I have also requested a 5 year review and breakdown of our Income costs and our Expenditure costs. This will allow us to prioritise activity and improve where matters require improvement. These figures were not ready at the time of writing and I hope to share these during the meeting.

Communications

During this period, we continued to use our social media channels to highlight the charity’s projects, drawing on our internal evaluation process to create engaging stories using quotes, images and feedback collected from teams across Powys. This approach has helped us showcase the real impact of our work and strengthen the connection between our supporters and the projects they fund.

A recent example of this approach includes a post relating to a funded sensory space, which achieved 23,644 views, with 95.8% of this audience coming from non-followers, demonstrating strong visibility beyond our existing supporter base. This activity also resulted in 18 net new followers, indicating successful audience growth. The post generated 617 interactions, including 568 reactions and 45 shares, showing that the content resonated well and was actively shared. Audience insights highlight the highest engagement from those aged 25–34, followed by 35–44, demonstrating particularly strong engagement across key working-age groups. Overall, this reinforces the effectiveness of combining meaningful storytelling with visual content to raise awareness, broaden reach, and drive engagement with Powys Health Charity.



NEXT STEPS:

Discuss and decide upon the proposals for additional income generation.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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BIG Lotto for Health Charities

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



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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

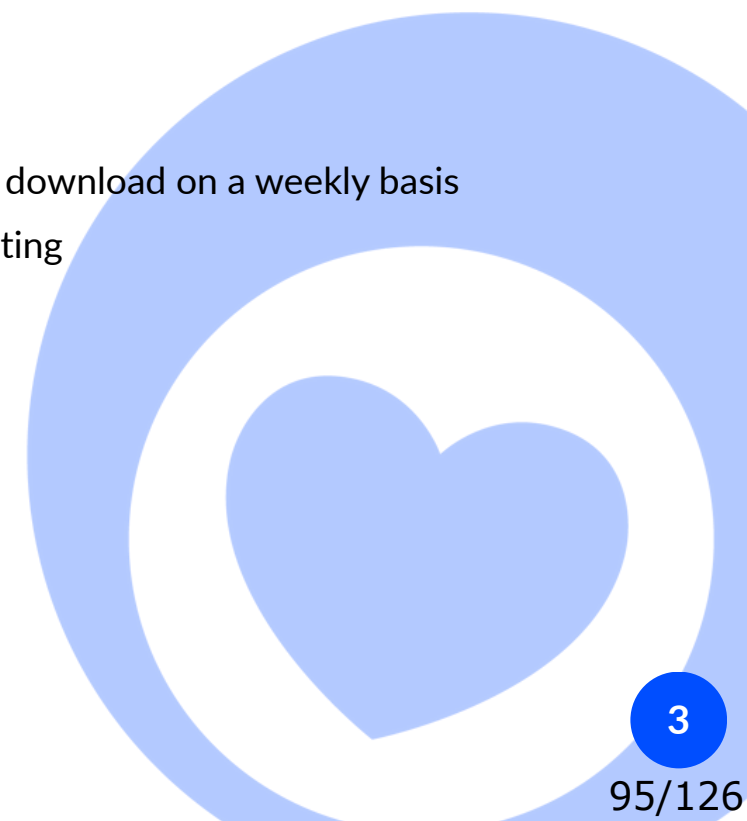
- Weekly guaranteed prizes:
 - 1st: £1,000
 - 2nd: £100
 - 270 × £5 prizes
- Weekly rollover prize up to £15,000

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 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
- Setup, testing and launch support



Marketing Support to Boost Results

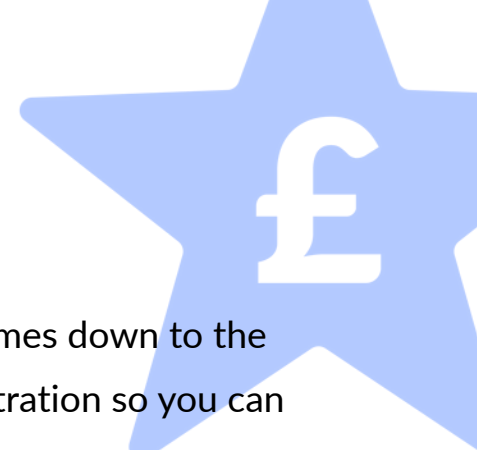
The success of the BIG Lotto for Health Charities really comes down to the number of tickets sold. We will take care of all the administration so you can focus on promoting the lottery to your audiences.

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 communication guide.
- **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.

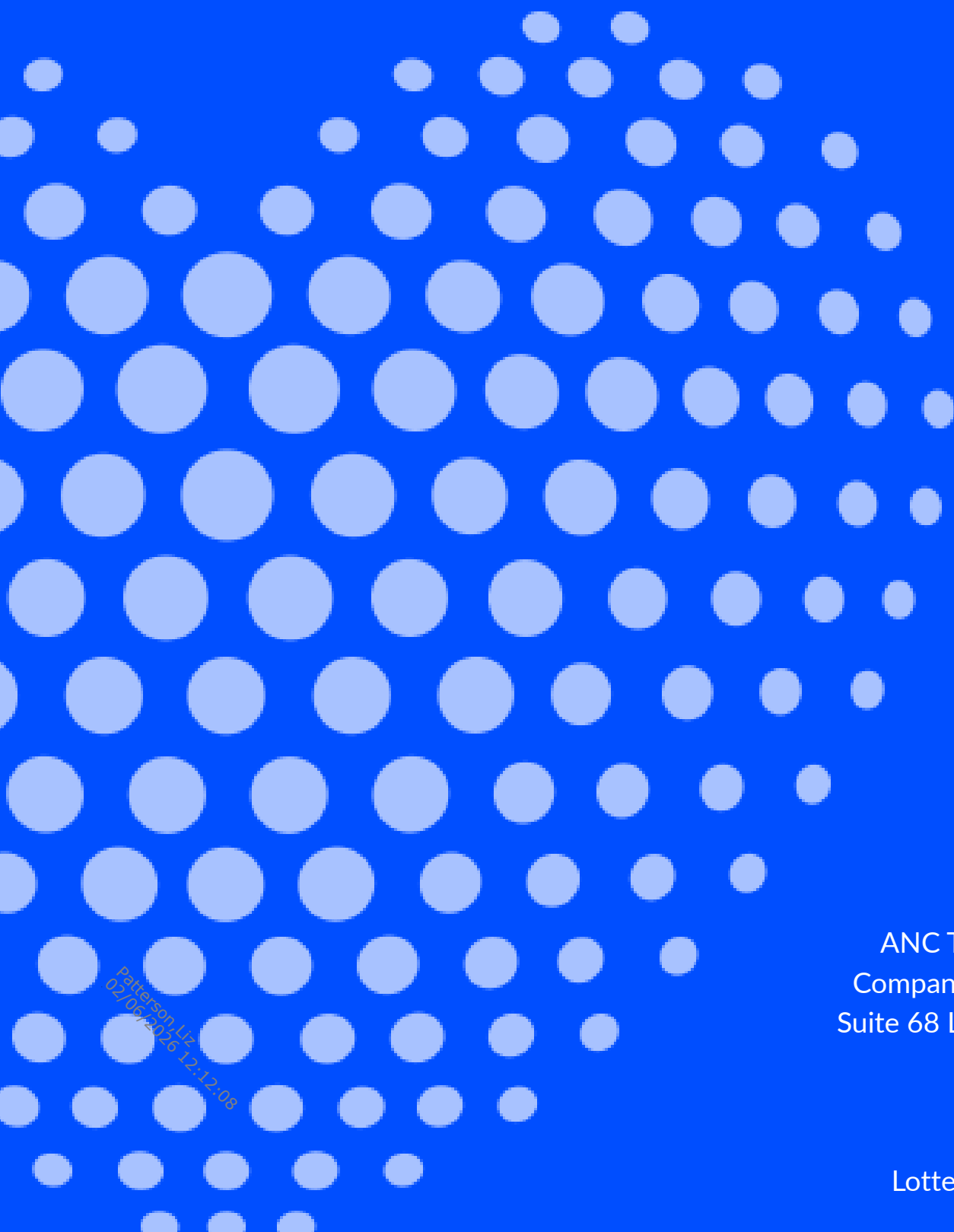
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Getting Started

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

Sophie Crisp – lottery@anhsc.org.uk



ANC Trading Together
Company No 12608754
Suite 68 Lake View House
Wilton Drive
Warwick
CV34 6G
Lottery@anhsc.org.uk

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Powys THB Finance Department

Charitable Funds Financial Summary

Charitable Funds Committee

Period End March 2026 (Month 12)
FY 2025/26

Date Meeting: 08 June 2026
Item 3.5

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Subject:	CHARITABLE FUNDS FINANCIAL SUMMARY AT END MARCH 2026
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sarah Pritchard, Assistant Director of Finance
Other Committees and meetings considered at:	N/A

PURPOSE:
This paper provides the Committee with an update Expenditure Profile of the Charitable Funds for the period from 01 April 2025 to 31 March 2026
RECOMMENDATION:
<p>It is recommended that the Committee:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE financial summary. • NOTE the current level of income received and expenditure of funds from 01 April 2025 to 31 March 2026 • Take ASSURANCE an appropriate financial reporting approach is in place • NOTE any actions or recommendations linked to the financial position of the funds.

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	• Focus on Wellbeing	✓
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• Put Digital First	✗
	• Transforming in Partnership	✗
Health and Care Standards:	• Staying Healthy	✓
	• Safe Care	✓
	• Effective Care	✓
	• Dignified Care	✓
	• Timely Care	✓
	• Individual Care	✓
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✓

Approval/Ratification/Decision	Discussion	Information
	✓	



Balance Total Charitable Funds		
Financial KPIs :	Value £'000	Trend Compared 01/04/25
Reported Closing Balance Period Ending 31 March 2026	4,070	
Movement in Closing Balance Compared Period Ending 31st March 2025 - Negative = reduction balance / Positive = increase in balance	-112	



Income & Expenditure Movements	
Area	Value £'000
Total Expenditure: Period April 2025 to March 2026	434
Total Income: Period April 2025 to March 2026	322
Increase or (Decrease) In Fund Balance	-112

Summary

- The total expenditure paid in the period exceeded total income received for the same period by £0.112m.
- A breakdown of this between General Funds and Legacy funds can be found on the next page.
- All funds are unrestricted (designated) funds with the exception of one endowment fund.

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Balance General Funds		
Financial KPIs :	Value £'000	Trend Compared 01/04/25
Reported Closing Balance Period Ending 31 March 2026	2,629	
Movement in Closing Balance Compared Period Ending 31st March 2025 - Negative = reduction balance / Positive = increase in balance	-101	

Balance Legacy Funds		
Financial KPIs :	Value £'000	Trend
Reported Closing Balance Period Ending 31 March 2026	1,579	
Movement in Closing Balance Compared Period Ending 31st March 2025 - Negative = reduction balance / Positive = increase in balance	-11	

Income & Expenditure Movements: General Funds	
Area	Value £'000
Total Expenditure: Period April 2025 to March 2026	423
Total Income: Period April 2025 to March 2026	322
Increase or (Decrease) In Fund Balance	-101

Income & Expenditure Movements: Legacy Funds	
Area	Value £'000
Total Expenditure: Period April 2025 to March 2026	11
Total Income: Period April 2025 to March 2026	0
Increase or (Decrease) In Fund Balance	-11

Income and Expenditure Profile for 2025-26	Fund Balance 1st April 2025 £	Income Received 1st April 2025 to 31 March 2026 £	Payments Made 1st April 2025 to 31 March 2026 £	Balance 31 March 2026 £	Balance 1st April 2025 Spent %	Fund Increase (+ve)/ Decrease (-ve) since 1st April 2025 %
Funds over 100K						
Welshpool General Purposes	£580,038	£1,153	£0	£581,191	0.00%	0.20%
Mental Health General Purposes	£352,831	£0	£6,540	£346,291	1.85%	-1.85%
Funds between 50 - 100k						
Ystradgynlais Geriatric Ward	£62,761	£100	£3,650	£59,211	5.82%	-5.66%
Knighton General Purposes	£68,531	£200	£3,378	£65,353	4.93%	-4.64%
Machynlleth General Purposes	£80,176	£7,185	£2,460	£84,900	3.07%	5.89%
North Powys District Nursing	£79,572	£10,198	£0	£89,770	0.00%	12.82%
Funds between 25-50k						
Llandrindod General Purposes	£45,481	£10	£0	£45,491	0.00%	0.02%
Ystradgynlais General Purposes	£42,849	£0	£59	£42,791	0.14%	-0.14%
Funds Under 25K						
Brecon	£52,408	£5,639	£0	£58,047	0.00%	10.76%
Bronllys	£32,501	£6,000	£812	£37,689	2.50%	15.96%
Builth	£5,897	£0	£0	£5,897	0.00%	0.00%
Knighton	£4,826	£830	£0	£5,656	0.00%	17.20%
Llandrindod	£27,167	£5,632	£0	£32,798	0.00%	20.73%
Llanidloes	£3,522	£2,152	£0	£5,674	0.00%	61.10%
Newtown	£30,164	£3,770	£9,028	£24,907	29.93%	-17.43%
Welshpool	£52,979	£150	£0	£53,129	0.00%	0.28%
Ystradgynlais	£11,027	£0	£0	£11,027	0.00%	0.00%
Women & Children's	£2,119	£4,130	£1,913	£4,336	90.27%	104.66%
Mental Health	£10,325	£0	£0	£10,325	0.00%	0.00%
POWYS WIDE						
Powys General Purposes	£908,652	£272,033	£364,904	£815,780	40.16%	-10.22%
Covid General Purposes	£54,275	£0	£0	£54,275	0.00%	0.00%
Nursing Research	£1,397	£0	£0	£1,397	0.00%	0.00%
Palliative Care Fund	£48,056	£3,113	£30,638	£20,530	63.76%	-57.28%
District Speech Therapy	£126	£0	£0	£126	0.00%	0.00%
Diabetes Services	£4,800	£0	£0	£4,800	0.00%	0.00%
NHS Charities Together Development Grant Fund	£30,000	£0	£0	£30,000	0.00%	0.00%
Total	£2,592,479	£322,293	£423,381	£2,491,391	16.33%	-3.90%

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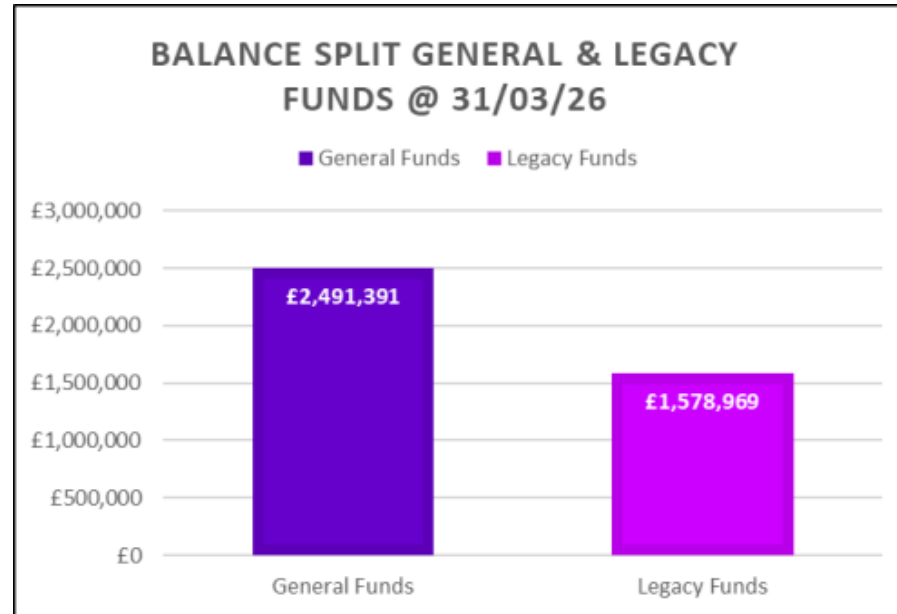
Income and Expenditure Profile for 2025-26	Fund Balance 1st April 2025 £	Income Received 1st April 2025 to 31 March 2026 £	Payments Made 1st April 2025 to 31 March 2026 £	Balance 31 March 2026 £	Balance 1st April 2025 Spent %	Fund Increase (+ve)/ Decrease (-ve) since 1st April 2025 %
LEGACY FUNDS						
Brecon Training Legacy	£2,062	£0	£0	£2,062	0.00%	0.00%
AMI Legacy	£68,052	£25	£6,183	£61,894	9.09%	-9.05%
Hazels Legacy	£277,214	£25	£689	£276,550	0.25%	-0.24%
Mid & South Powys Community & Palliative Services	£995,641	£0	£4,140	£991,501	0.42%	-0.42%
Ystradgynlais Estate M R Morgan Properties	£62,500	£0	£0	£62,500	0.00%	0.00%
Estate M J Brand Property Fund	£181,250	£0	£0	£181,250	0.00%	0.00%
Restricted Fund - Brecon - Capital in Perpetuity	£3,212	£0	£0	£3,212	0.00%	0.00%
Total	£1,589,932	£50	£11,013	£1,578,969	0.69%	-0.69%

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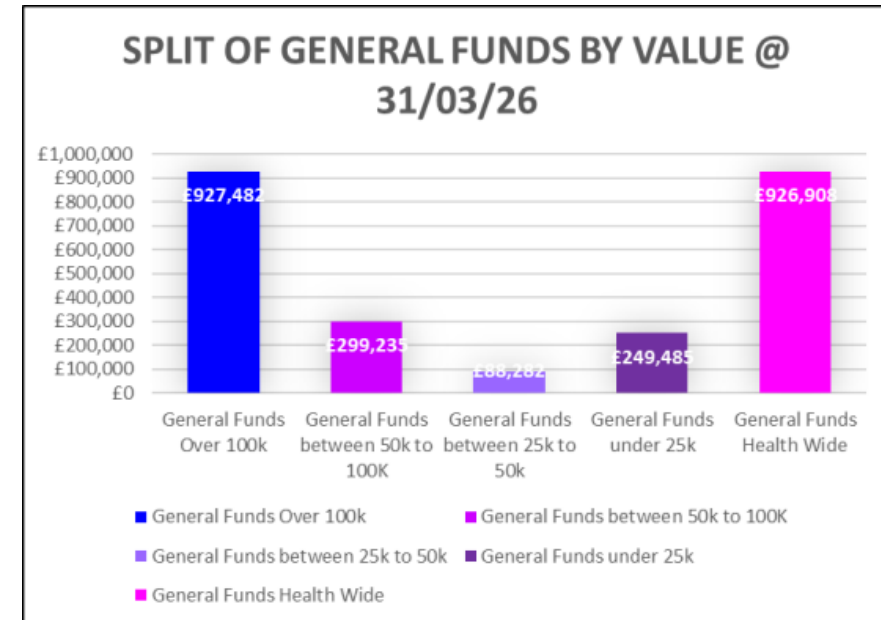
Powys TLHB Charity Balance Sheet as at 31 March 2026					
			Unrestricted funds	Endowment funds	Total 31 March 2026
			£000	£000	£000
Investments:					
	Property Investments		244	0	244
	Portfolio Investments		3,565	3	3,568
	Total Investments		3,809	3	3,812
Current assets:					
	Debtors		91	0	91
	Cash and cash equivalents		397	0	397
	Total current assets		488	0	488
Liabilities:					
	Creditors: Amounts falling due within one year		230	0	230
	Net current assets / (liabilities)		258	0	258
	Total assets less current liabilities		4,067	3	4,070
	Creditors: Amounts falling due after more than one year		0	0	0
	Total net assets / (liabilities)		4,067	3	4,070
The funds of the charity:					
	Endowment Funds			3	3
	Unrestricted income funds		4,067		4,067
	Total funds		4,067	3	4,070

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Balances Legacy and General Funds



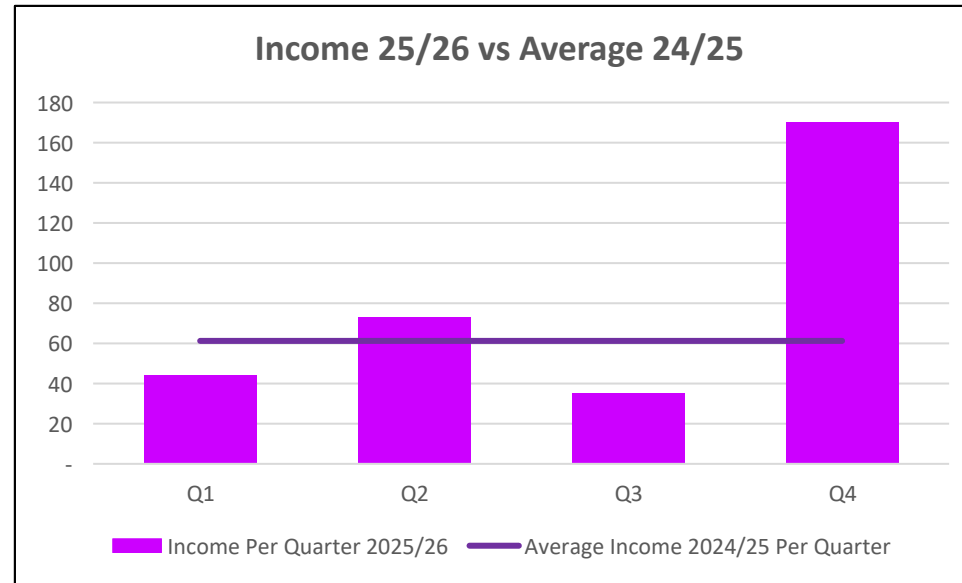
General Funds Split into Value of Fund



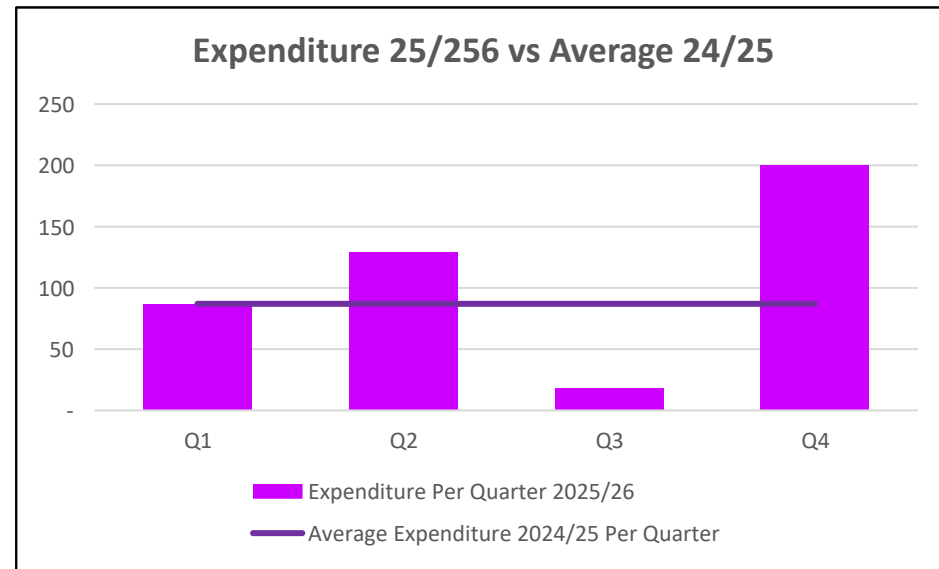
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Type Fund	Values
General Funds	£2,491,391
Legacy Funds	£1,578,969
Total	£4,070,360

Type Fund	Values
General Funds Over 100k	£927,482
General Funds between 50k to 100K	£299,235
General Funds between 25k to 50k	£88,282
General Funds under 25k	£249,485
General Funds Health Wide	£926,908
Total	£2,491,391



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- **GENERAL FUNDS** From an amount of £2.592M held within General Purposes or designated funds at the 01 April 2025, income of £0.322M has been received and £0.423M of expenditure has been accounted. This equates to 16.33% of funds held at 01 April 2025 have actually been spent.
- **LEGACY FUNDS** From an amount of £1.589M of funds held within legacies at the 01 April 2025, £0.000M income has been received and £0.011M of expenditure has been paid. This equates to 0.69% of funds held at 01 April 2025 have actually been spent.
- **BANK BALANCE** The Balance held within the bank account at 31 March 2026 is just over £0.397M which is close to our target cash balance of £0.5M.
- **YEAR END ACCOUNTS** The formal annual report and accounts will be required to be undertaken and audited later in the calendar year and the figures reported within this pack may be subject to change as that process progresses.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

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

**UNCONFIRMED MINUTES OF THE MEETING HELD ON
16 MARCH 2026 VIA MICROSOFT TEAMS**

MEMBERS		
Carl Cooper	CC	Chair (Committee Chair)
Pete Hoggood	PH	Deputy Chief Executive/Executive Director of Finance, Capital and Support Services
Cathie Poynton	CP	Independent Member
Ian Thomas	IT	Independent Member
Chris Walsh	CW	Independent Member
IN ATTENDANCE		
Monique Beck	MB	CAHMS Primary Mental Health Worker (for item 3.1)
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Rhiannon Beaumont-Wood	RBW	PTHB Vice Chair (observing)
Matthew King	MK	Deputy Director Therapies and Health Sciences
Shania Jones	SJ	Charity Administrative Support Officer
Paul Matthias	PM	Investment Manager Brewin Dolphin
Martin O’Brien	MOB	Head of Charity
Liz Patterson	LP	Head of Corporate Governance (Committee support)
Sarah Pritchard	SP	Assistant Director of Finance (Accounting and Services)
Tom Richards	TR	Financial Accountant
APOLOGIES FOR ABSENCE:		
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES (CF/25/70)
The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.
1.2 DECLARATIONS OF INTEREST (CF/25/71)
No declarations of interests were received in addition to those already recorded on the register.
1.3 COMMITTEE ACTION LOG (CF/25/72)
CC provided an update on the Action Log, highlighting:

- CF/25/55a and b – matters relating to Brecon League of Friends – COMPLETE
- CF/25/55c – improvement requests for Charity Dashboard – COMPLETE
- CF/25/55b – improvement requests for Communications Report – COMPLETE
- CF/25/53 – benchmarking charitable fund administration across Wales – COMPLETE
- CF/25/51 – Terms of Reference review – COMPLETE

A request to extend the timeframe for CF/25/52 (discussions to examine potential to support palliative care with legacy funds) was accepted.

One further action remains on track.

The Committee **NOTED** the action log update and **AGREED** the requested extension.

2 CONSENT AGENDA (CF/25/73)

No items were raised.

3 ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 POWYS GENERAL PURPOSES AND LOCAL FUNDS BIDS FOR APPROVAL (CF/25/74)

Cysur Natur / Comfort in Nature

MB introduced the scheme outlining that the intention was to offer preventative support to children and young people on the cusp of entering mental health services. A video on the project was shared outlining ways of working and hearing from children and young people the benefits they had found in receiving support through the project. MB added that this style of delivery was being successfully used elsewhere in the UK and it was intended to work with children and young people to shape service delivery.

Independent Members asked the following questions for assurance:

Can assurance be provided that the project would not replace or detract from core CAHMS services?

MB confirmed that the project did not replace core CAMHS provision, which remained essential and fully in place. The initiative is complementary, offering an alternative therapeutic approach alongside existing services. Expectations were being clearly managed with families and that the work represented a cultural shift rather than a withdrawal or substitution of statutory CAMHS services.

Is the proposed funding sufficient and realistic to support effective delivery of the project?

MB advised the budget reflected the scale of the original grant application and previous comparable projects.

Committee Members shared that the fund remained open for further funding requests if resource pressures emerged as the project progressed. MOB noted that should the project underspend, any monies unspent would return to the Charity.

How will the impact of the project be measured and evidenced?

MB confirmed that recognised wellbeing and anxiety scales were being used to capture quantitative outcomes. In addition, qualitative feedback was being gathered from children, young people, and families through bespoke feedback forms, with early responses informing the ongoing development and evaluation of the project.

What was the longer-term vision for the project and how might it integrate more widely across the system?

MB shared the longer-term ambition which included developing dedicated mindful spaces, expanding preventative and community-based approaches, and strengthening links with schools and education partners. The project aimed to support earlier intervention, demonstrate wider system benefits, and potentially reduce future demand on CAMHS services through closer integration with education and community settings.

The Committee **APPROVED** the application by Cysur Natur of funding of £140,397 for a three year period (of up to £147,322 to account for inflation).

3.2. CHARITY STRATEGY DEVELOPMENT (CF/25/75)

HB presented the draft Charity Strategy which had been developed through collaborative work led by MOB, with input from the task and finish group and wider colleagues. It set out the proposed strategic direction to 2030, including vision, values, a summary SWOT analysis and four strategic ambitions to inform future annual plans. Members were invited to provide initial feedback to inform refinement, ahead of a full Board session and subsequent Committee approval.

Committee Members provided the following feedback:

- Overall support for the direction and clarity of the draft strategy.
- Greater emphasis was requested on prevention, circular economy principles, and the Charity's economic contribution in Powys.
- Stronger reference to good charity governance and Charity Commission expectations were suggested.
- A need for a balanced communications approach, combining social media with traditional channels.
- Clearer alignment was sought between the Charity Strategy and the Health Board's wider strategic priorities, including how the Charity adds practical value.
- Support was expressed for further refinement and progression through Board development and approval.

The Committee:

- **RECEIVED** the draft Charity Strategy discussing the content and providing feedback
- **CONSIDERED** the proposed way forward and next steps.

3.3. HEAD OF CHARITY REPORT (CF/25/76)

MOB presented the report and drew attention to the following areas:

- Plans for the Charity's 30th anniversary were highlighted, informed by feedback from Charity Ambassadors to improve visibility and presence across the county.
- Progress was noted on the *Improving the Cancer Journey* project, focused on securing funding to provide practical support to patients at the point of diagnosis.
- New income-generation opportunities were highlighted, including participation in the NHS Lottery and membership of a charity group, with the remainder of the report noted for information.

Independent Members asked the following questions for assurance:

What is the impact of the proposed NHS Charities Together (NHS CT) lottery on internal resources, and are there maximum or minimum entry requirements for participation?

MOB advised all resourcing for the lottery will be undertaken by NHS Charities Together. There is a one-off introduction fee of £250, which enables access to the central website and platform with no ongoing internal resourcing impact for the Charity. Lottery entry is proposed at £1 per ticket. While a maximum number of entries per participant is controlled, the minimum number of ticket purchases required for viability is not yet confirmed. Further detail will be provided in a forthcoming paper from NHS England and NHS Charities Together.

How are suggested sponsorship levels for "Run for Charity" events calculated?

MOB noted suggested sponsorship targets are based on benchmarks used by Run for Charity. These targets can be adjusted by the Charity as required, and the Charity can amend its own section of the Run for Charity website to reflect local preferences.

Is any further action required by the Charity in relation to the Brecon League of Friends, and when will the shop reopen?

MOB advised an agreement prepared by NWSSP had been shared with the Brecon League of Friends and is awaiting review and signature by their trustees. A meeting with the League of Friends is being rearranged for April due to space constraints. The reopening date of the shop has not yet been confirmed.

The Committee:

- **RECEIVED** the report and took **ASSURANCE** the work of the Charity continues to be delivered.
- In terms of fundraising approaches, **APPROVED**
 - NHS CT lottery - Option 4 - to join the NHS CT lottery, and
 - Run for Charity - Option 3 - Become a member of Run For Charity

3.4. CHARITY OPERATIONAL BUDGET PROPOSAL (CF/25/77)

MOB presented the report and drew attention to the following:

- The proposed operational budget mirrors the previous year, reflecting a period of limited expenditure and activity.
- Given uncertainty over future priorities and spend, no revised budget is proposed at this stage.

- The budget will enable focus in the coming year on raising the Charity's profile, increasing awareness, and supporting income generation.

HB added that the proposed budget reflected a twin-track position between current activity and future direction, with approval resting with the Committee. The £4.5k allocation for training and education appeared high in proportion to staffing levels and existing organisational arrangements, and should therefore be treated as a maximum. Budget alignment would be kept under review throughout the year, with any realignment managed appropriately and reported back to the Committee in line with the annual plan.

Independent Members asked the following questions for assurance:

Given that only around 20–25% of the budget was spent this year, is it appropriate to request the same level of funding next year when there is limited clarity on how it will be used?

MOB advised spending had been deliberately constrained to reflect the wider Health Board's cautious approach to expenditure on training, marketing and conference attendance. In addition spend this year had utilised unused budget from the previous year.

Even allowing for reduced spend on training and education, what assurance can be provided on the intended use of the remaining budget next year?

MOB noted the intention is to raise the charity's profile across the organisation by collaborating with local ambassadors, developing physical information points such as wall boards and workspaces, and increasing public awareness. These proposals respond to gaps identified through the strategy and SWOT analysis, with anniversary activity providing an opportunity to support both immediate and longer-term awareness of the charity.

The Committee:

- **APPROVED** in principle the operational budget of £18k for 2026/27 noting that a further budget report will be brought to Committee in June 2026 outlining budget alignment with the Annual Plan.

3.5. FINANCIAL REPORT (CF/25/78)

SP presented the financial position as of Month 10 2025/26 and drew attention to the following:

- Income received to date exceeded expenditure by £51k,
- Further significant costs are expected by year-end, including administration and charity support charges, which are recharged after month 12 payroll when final figures are confirmed, and
- Benchmarking data had been provided in response to an action on slide 10.

Independent Members asked the following questions for assurance:

In relation to the benchmarking figures, PTHB appeared to be third in the table. Was this a surprise or was it within expectations?

SP noted it was expected that PTHB would be broadly in the middle of the pack. However, comparisons were difficult because other organisations may

have significant fundraising teams whose costs are accounted for differently. The benchmarking is based on figures drawn from standard notes in the accounts, and it is unclear whether other charities attribute additional support or staffing costs elsewhere.

How confident can the Committee be that the benchmarking is comparing like with like?

SP advised there is some uncertainty because it is not always clear whether all relevant charity-related costs are captured consistently across organisations. While the figures reflect core roles such as the Head of Charity and key finance support, other organisations may have larger associated teams whose costs are recorded differently. This makes direct comparison challenging, although further clarification can be sought.

When reviewing investments, are Environmental, Social and Governance (ESG) factors considered?

SP confirmed the Charity has an ethical investment policy in place, which is reviewed annually and includes a defined risk profile covering areas such as arms and tobacco. Further detail will be provided by the Charity's investment manager who will be able to respond to any specific questions on ESG considerations.

The Committee:

- **DISCUSSED** and **NOTED** financial summary.
- **NOTED** the current level of income received and expenditure of funds from 01 April 2025 to 31 January 2026
- **NOTED** any actions or recommendations linked to the financial position of the funds.

3.6. INVESTMENT MANAGER PORTFOLIO UPDATE AND REPORT (CF/25/79)

PM joined the meeting 11.15

PM presented the quarterly Investment Report to 31 December 2025, provided updates to date and drew attention to the following areas:

- The portfolio remains invested in a conventional long-term balanced mandate (Risk Category 6), which is considered appropriate given the charity's objectives, risk appetite and time horizon.
- The mandate continues to target an income yield of ~3%, based on income rather than total return.
- 2025 had been a strong year for performance, despite market turbulence and geopolitical uncertainty.
- The portfolio remains positive year-to-date, following recent market volatility.
- The portfolio was valued at ~£3.875m, generating just under £120k of annual income, paid to the charity.
- The importance of ongoing dialogue regarding any changes to financial position or future cash-flow requirements was emphasised.
- The mandate assumes a long-term investment horizon, acceptance of volatility, and no requirement to draw on capital.

The portfolio is globally diversified and continues to meet its income objectives.

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- The ethical investment approach was outlined, includes agreed exclusions (fossil fuels are not explicitly excluded). Divestment options remain available should the Committee wish to revisit policy.

HB suggested that further consideration could be given to the ethical investment approach in relation to fossil fuels. PM advised that Brewin Dolphin offered ethical workshops to consider such matters if this was required.

The Committee received assurance that the Charity's investment strategy continued to operate within the agreed risk appetite and appropriately reflected current geopolitical, inflationary and interest-rate risks. PM confirmed that the portfolio remained appropriately diversified, with no requirement for reactive or short-term changes, and that performance and positioning were subject to ongoing monitoring. The Committee was further assured that ethical investment risks were managed through established screening controls in line with the agreed ethical policy, with scope identified to strengthen clarity through future policy review should the Committee wish to do so.

The Committee **NOTED** the Investment Report and Investment Manager update.

3.7. TERMS OF REFERENCE REVIEW (CF/25/80)

HB presented the proposed revised terms of reference and drew attention to the following areas:

- This was the annual review of terms of reference,
- It proposed a return to meetings being held in public with appropriate consideration of what information was shared in the public domain and what should be considered In-Committee, and
- Minor tidying up amendments were included.

The Committee received assurance that in line with NHS principles of transparency, the default position is for Committee meetings to be held in public unless there is a clear justification for private business. While the Committee had operated in private for the past 9–12 months, the intention is to return to holding meetings in public, with sensitive or contentious items taken In-Committee as appropriate. Committee meetings are not live-streamed or recorded; however, members of the public may attend in-public sessions by requesting a joining link via the website, ensuring transparency while maintaining appropriate governance.

The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference;
- **IDENTIFIED** any further potential amendments;
- **AGREED** that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.

3.8. MINUTES OF PREVIOUS MEETINGS HELD ON 01 DECEMBER 2025 AND 15 JANUARY 2026 (CF/25/75)

The minutes of the meetings held on 01 December 2025, and 15 January 2026 were approved as accurate records.

4. ITEMS FOR DISCUSSION
There were no items for discussion
5. CONSENT AGENDA (CF/25/76)
The following items were provided for assurance: <ul style="list-style-type: none"> • Projects approved under delegated authority <p>The following items were provided for information:</p> <ul style="list-style-type: none"> • Glossary
6. OTHER MATTERS
6.1 ANY OTHER BUSINESS (CF/25/77)
No other business was raised.
6.2 COMMITTEE REFLECTIONS (CF/25/78)
<ul style="list-style-type: none"> • HB noted the meeting had covered a wide variety of topics including strategic and operational, the agenda was well balanced along the journey towards a more strategic approach, the meeting had been chaired efficiently • IT drew attention to the wide mix of items covered
3.2. DATE OF NEXT MEETING (CF/25/79)
16 March 2026 at 10.00 via Microsoft Teams.

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Agenda item: 5.1

Charitable Funds Committee **08 JUNE 2026**

Subject:	Fund Manager Approved Expenditure
Approved and presented by:	Martin O'Brien, Head of Charity
Prepared by:	Charity Project Support Manager
Other Committees and meetings considered at:	N/A

PURPOSE:

This paper highlights all projects approved under delegated authority between 28 February 2026 to 19 May 2026.

RECOMMENDATION(S):

The Committee is asked to:

- NOTE** the projects that have been approved through delegated authority to the Fund Managers taking **ASSURANCE** they have been approved within the delegated authority levels.

Approve/Take Assurance	Discuss	Note
N	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y/N
2. Provide Early Help and Support	Y/N
3. Tackle the Big Four	Y/N
4. Enable Joined up Care	Y/N
5. Develop Workforce Futures	Y/N
6. Promote Innovative Environments	Y/N
7. Put Digital First	Y/N
8. Transforming in Partnership	Y/N

EXECUTIVE SUMMARY:

All items of expenditure from Charitable Funds must not be committed prior to the approval of expenditure from either the Charitable Funds Committee or the Executive Directors/Assistant Directors delegated with this responsibility in line with the Charitable Funds Strategy and Policy document, the Fund Managers.

The Fund Managers have delegated authority to review and where appropriate approve funding up to £9,999.

During this period there are 13 separate projects approved by the Fund managers with a total funding commitment of £33,938.84.

These approved funding projects are applications that have been processed between 28 February 2026 to 19 May 2026.

APPROACH:

It is a requirement that all items of expenditure are notified to the Committee for information at its next available committee meeting. Items with a combined value of £33,938.84 attached have been approved for expenditure between 28 February 2026 to 19 May 2026.

This listing is provided at **Appendix 1**.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

Applications Approved Under Delegated Authority					
Our Ref no.	Area	Fund (where known)	Item, what they requested	£	Approved by
LF41-202511	South	8140-Bronllys - AMI Legacy	Pottery Sessions	£7,040.00	Assistant Director Mental Health & Learning Disabilities
LF42-202511	South	8140-Bronllys - AMI Legacy	OT Ward	£1,820.00	Assistant Director Mental Health & Learning Disabilities
LF44-202512	South	8040-Palliative Care Fund	Restorative Clinical Supervision	£2,160.00	Assistant Director Community Services
LF52-202601	Mid	8051-Llandrindod - Claerwen Ward (Patients)	A981 tilting/space shower chair	£1,285.20	Assistant Director Community Services
LF53-202602	South	8140-Bronllys - AMI Legacy	Bronllys therapy rooms	£9,169.49	Assistant Director Mental Health & Learning Disabilities
LF55-202602	North	8011-Welshpool - General Purposes	Toys for children's clinics held in North Powys Outpatient Settings	£150.00	Director of Midwifery
LF57-202602	Powys Wide	8016-Powys General Purposes	PHC 30 Birthday Hampers	£4,500.00	Deputy Director Communications, Engagement and Corporate Governance
LF59-202603	North	8012-Machynlleth - General Purposes	A blackout blind for the Field Analysis	£852.33	Assistant Director Community Services
LF61-202603	South	8004-Builth - General Purposes	Refitting of District Nurse storeroom	£3,050.80	Assistant Director Community Services

LF62-202603	Powys Wide	8323-Mental Health General Purposes	Model of Human Occupation Assessment and intervention manuals	£63.02	Assistant Director Mental Health & Learning Disabilities
LF63-202603	Powys Wide	8323-Mental Health General Purposes	Coming to our senses	£3,300.00	Assistant Director Mental Health & Learning Disabilities
LF05-202604	North	8014-Newtown - General Purposes	Newtown Birth Room	£288.00	Director of Midwifery
LF06-202605	Powys Wide	8023-Brecon - Cardiac Services 8016-Powys General Purposes	BSEcho 26	£260.00	Assistant Director Community Services

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Powys Teaching Health Board Glossary (Last updated juni 26)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
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ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
AF	Audit Findings
APB	Area Planning Board
AGS	Annual Governance Statement
<hr/>	
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
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CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales

CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
DOI	Declaration of Interest
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GLP-1	Glucagon Like Peptide

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GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
G&H	Gifts and Hospitality
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
IBG	Investment Benefit Group
ICB	Integrated Care Bpard
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium-Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum

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LTA	Long Term Agreement
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MD's	Minimum Data Set
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
ODEC	Organisational Development, Engagement and Communications
OOC	Out of County
OOH	Out of Hours
ORS	Opinion Research Services
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PET CT	Positron Emission Tomography Computed Tomography
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board

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PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
RMF	Risk Management Framework
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
VERS	Voluntary Early Release Scheme

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WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
WCD	Written Controlled Document
YTD	Year to Date

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