Charitable Funds Committee

Wednesday 29 July 2026, 09:00 - 12:00

Virtual via Microsoft Teams

Agenda

09:00 - 09:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Information *Kathy Mason, Committee Chair*

1.2. Apologies for Absence

Information *Kathy Mason, Committee Chair*

1.3. Declarations of Interest

Information *Kathy Mason, Committee Chair*

09:05 - 09:10
5 min

2. CONSENT AGENDA BUSINESS

Kathy Mason *Committee Chair*

The Committee Chair will ask if there are any items from the Consent Agenda that Committee Members wish to bring forward to the main agenda for discussion.

09:10 - 09:40
30 min

3. CHARITABLE FUNDS INVESTMENT

Discussion *Investment Manager, CCLA*

3.1. Charitable Funds Investment Performance Review - Presentation - to follow

Investment Manager, CCLA

09:40 - 10:10
30 min

4. GOVERNANCE/COMMITTEE BUSINESS ACTIVITY

4.1. Action Log

Discussion *Kathy Mason, Committee Chair*

4.1 Action Log CFC 29 July 2026.pdf (3 pages)

4.2. Matters Arising not contained within the Action Log

Discussion *Kathy Mason, Committee Chair*

4.3. Draft Committee Annual Report 2025-26

Decision *Gareth Watts, Director of Corporate Governance/Board Secretary*

4.3 Draft Annual Report Charitable Funds Committee 2025 2026.pdf (11 pages)

4.4. Committee Terms of Reference Annual Review

Discussion *Gareth Watts, Director of Corporate Governance/Board Secretary*

4.4 Committee Terms of Reference Annual Review - Approved by HB 26.03.2026.pdf (16 pages)

4.5. Outcome of the Committee Self Effectivess Survey 2025-26

Decision *Gareth Watts, Director of Corporate Governance/Board Secretary*

4.5 Outcome of Cmt Self-Effectiveness CFC 29 July 2026.pdf (6 pages)

10:10 - 11:30
80 min

5. STRATEGIC PILLAR - IMPROVING CARE

5.1. Proposal to Review and Rationalise Charity Funds

Decision *Abe Sampson, Head of Charity & Income Generation*

5.1 Proposal to Review and Rationalise Charity Funds.pdf (11 pages)

5.2. Charitable Funds Update 2025-26 and 2026-27 to date

Decision *Owen James, Head of Corporate Finance*

5.2 Charitable Funds Update to end of June 2026.pdf (10 pages)

5.3. Cwm Taf Morgannwg NHS Charity - Fundraising and Activity Report July 2026

Discussion *Abe Sampson, Head of Charity & Income Generation*

5.3 CTM UHB Fundraising and Activity Report July 2026.pdf (8 pages)

5.3.1. Charity Activity Report July 2026

5.3.1 Charity Activity Report July 2026.pdf (15 pages)

5.3.2. Giving to Pink Fund Plan for 2026/27

5.3.2 Giving to Pink Fund Plan for 26 27 - Updated 13 July 2026.pdf (5 pages)

5.3.3. Valley Veterans MSC Report

5.3.3 Valley Veterans MSC report.pdf (30 pages)

5.4. Cwm Taf Morgannwg NHS Charity – Strategic Plan & Forward Look - July 2026

Decision *Abe Sampson, Head of Charity & Income Generation*

5.4 Charity Strategic Plan and Forward Look July 2026.pdf (9 pages)

5.4.1. Charity Strategic Forward Plan Activity Tracker

5.4.1 Charity Strategic Forward Plan Activity Tracker.pdf (7 pages)

11:30 - 11:35
5 min

6. Consent Agenda

6.1. Items for Approval

6.1.1. Unconfirmed Minutes of the meeting held on 21st January 2026

Decision *Gareth Watts, Director of Corporate Governance/Board Secretary*

6.1.1 Unconfirmed Minutes 21.01.26 CFC 29.07.26.pdf (8 pages)

6.2. Items for Noting

6.2.1. Annual Cycle of Business 2026

Information *Gareth Watts, Director of Corporate Governance/Board Secretary*

6.2.1a Annual Cycle of Business CFC 29 July 2026.pdf (3 pages)
6.2.1b Annual Cycle of Business.pdf (4 pages)

6.2.2. Committee Forward Work Plan (non routine business)

Information *Gareth Watts, Director of Corporate Governance/Board Secretary*

6.2.2 Forward Plan CFC 29 July 2026.pdf (1 pages)

11:35 - 11:45
10 min

7. CLOSE OUT BUSINESS

7.1. Committee Highlight report to Board

Discussion *Kathy Mason, Committee Chair*

7.2. Any Other Urgent Business

Discussion *Kathy Mason, Committee Chair*

7.3. Meeting Feedback

Discussion *Kathy Mason, Committee Chair*

Is there anything we should do more or less of?
Have we managed our time and allowed open and balanced discussion? Have we considered our values and acted in a way that supports embedding our values across CTM?
Have we maintained a Strategic Focus?
Have we received sufficient assurance from a range of sources?
Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our Strategic Goals?

11:45 - 11:50
5 min

8. DATE AND TIME OF NEXT MEETING

January 2027 date to be confirmed

21.01.26

Name of Meeting: Charitable Funds Committee
Committee Chair: Dilys Jouvenat / Kathy Mason from April 2026

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
21.1.2026	5,1	Page 4	Cwm Taf Morgannwg NHS Charity - 2026 Strategy & Forward Plan	To set out clearly defined metrics for fundraising and income for future planning of projects	Head of Charity & Income Generation	Director of Communication, Engagement & Fundraising	jul-26	**Proposed for closure**	**Proposed for Closure** Outlined in the Charity Strategy and Forward plan item.
21.1.2026	5,1	Page 4	Cwm Taf Morgannwg NHS Charity - 2026 Strategy & Forward Plan	To bring a detailed impact update on the 'immersive room' project to the next meeting.	Head of Charity & Income Generation	Director of Communication, Engagement & Fundraising	jul-26	**Open**	**Open** Activity report provides an update on evaluation. The evaluation approach will use a Most Significant Change methodology to capture qualitative impact and a new survey to test with families and clinical staff, supporting more structured feedback on experience, benefit and practical use of the Immersive Room. It is proposed that the action remains open while the evaluation evidence is gathered.
9.7.2025	4,2	Page 4	CTM NHS Charity Forward Look	To invite the appointed Brand development partner to a future meeting for the Committee to review and discuss projects.	Head of Charity & Income Generation	Director of Communication, Engagement & Fundraising	jul-25	**Proposed for closure**	**Proposed for Closure** The branding project commenced following the appointment of Jamjar in Summer 2025 and was informed by extensive stakeholder engagement undertaken throughout its development. Progress and emerging proposals were presented on multiple occasions to Committee members, including detailed discussion in January 2026, with wider Board engagement undertaken through stakeholder sessions, briefings and Board presentations. The brand has subsequently been launched and the project concluded. Given the significant engagement and scrutiny already undertaken, it is considered that further discussion with the appointed agency at this stage would add limited value.
02.07.2024	3,1	Pages 2-3	CCLA Investment Update	It was agreed at the committee meeting to review if there was need for an investment policy review and discuss the funds that need to be invested, and for charity objectives to	Head of Corporate Finance / Head of Charity	Director of Finance	apr-25	**Proposed for Closure**	**Proposed for Closure** **Previous Update** Investment Policy has been updated and approved by the Board for the 2025/26 financial year. This is to be included in the papers for NOTING

CL

Da... me... th... or... from				on	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
9.7.2025	3,1	Page 2	Action Log	To delete action on the log that had been repeated twice.	Corporate Governance Manager	Director of Corporate Governance/Board Secretary	jul-25	Closed	Repeated action has been deleted.
9.7.2025	4,2	Page 4	CTM NHS Charity Forward Look	To develop a screening process for evaluating future project proposals, ensuring alignment with the Charity's primary goals	Head of Charity & Income Generation	Director of Finance	jul-25	Closed	Has been updated alongside FCP policy and fund holder guidance, and an overview will be provided within the Charity activity and engagement report.
09.07.2025	4,4	Page 6	General Charitable Funds Update to 31 March	To amend typographical error on section 2.1	Head of Corporate Finance	Director of Finance	jul-25	Closed	Error has been amended and re-published
23.10.2024	5.1.1	Pages 4 & 5	Expenditure Request – Art Managers Role	The item was deferred due to further clarity required on the contractual / exit strategy. Simon Blackburn to get back to Art Council Wales to see if there is a set deadline for the agreement and revisit the condition of the contracts.	Director of Communications / Head of Charity & Income Generation	Director of Communication, Engagement & Fundraising	jan-25	Closed	Following feedback from the Charitable Funds Committee and further discussions with Arts Council Wales, the Arts Manager Role will not return to the Committee as a funding request. An alternative approach has been identified which does not require the commitment of charitable funds. An update is being presented to the Committee on 22 January 2025.
22.01.2025	4,2	Pages 3-4	CTM NHS Charity Forward Look	Charity Vision to be reviewed based on feedback and comments provided by the Committee and the Strategic Pillars to be refined to ensure a clear alignment to the Charity Goals and wider strategic objectives.	Head of Corporate Finance / Head of Charity	Director of Communication, Engagement & Fundraising	jul-25	Closed	The design and format of the vision is being picked up as part of the Charity's brand development project. It will be presented to the Committee for review and approval as part of that programme of activity in the coming weeks.
22.01.2025	4,1	Page 2-3	NHS Charity Communication & Engagement Report	To include benchmarking data in the next report to compare against previous quarters	Head of Charity and Income Generation	Director of Communication, Engagement & Fundraising	jul-25	Closed	Data for online donations and funding requests has been added to the activity report. Additional updates will be provided verbally, with analytics data for website and hub site (intranet) engagment to be added to future reports once there is a full 90 day data set.

22.01.2025	4,3	Pages 5 & 6	Charitable Funds Annual Report & Accounts	To correct the typo on page 3 of the report and review the examples relating to research	Head of Corporaste Finance	Director of Finance & Procurement	jul-25	Closed	This has been updated
23.10.2024	5.1.1	Pages 4 & 5	Expenditure Request – Art Managers Role	The item was deferred due to further clarity required on the contractual / exit strategy. Simon Blackburn to get back to Art Council Wales to see if there is a set deadline for the agreement and revisit the condition of the contracts.	Director of Communications / Head of Charity & Income Generation	Director of Communication, Engagement & Fundraising	jan-25	Closed	Following feedback from the Charitable Funds Committee and further discussions with Arts Council Wales, the Arts Manager Role will not return to the Committee as a funding request. An alternative approach has been identified which does not require the commitment of charitable funds. An update is being presented to the Committee on 22 January 2025.
23.10.2024	6,4	Pages 7 & 8	Financial Control Procedure Update Report	The Committee Endorsed onward approval the Charitable Fund Financial Control Procedure and amendments to the Scheme of Delegation. The Head of Corporate Finance will let the Committee know the timescale of needing this approved. It was agreed if it needs to be approved at the November Board, a chairs urgent action would be suitable. The Committee agreed to go this route.	Head of Corporate Finance / Assistant Director of Governance & Risk.	Director of Finance	jan-25	Closed	This has been approved and updated

Charitable Funds Committee

Draft Committee Annual Report 2025-2026

Eitem yr Agenda / Agenda Item	4.3
Dyddiad y Cyfarfod / Date of Meeting:	29/07/26
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Sharon Edwards, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter:	Dilys Jouvenat Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	Endorse for Board Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	For Approval
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies, please list below: Creating Health Sustaining out future Inspiring people
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	The Committee is assured that, through its work, it has supported: • initiatives aligned to the Health Board's Integrated Medium-Term Plan and Annual Delivery Plan; • effective governance and funding arrangements to ensure that charitable funds provide added value; and • appropriate monitoring of performance against expenditure and fundraising.
Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: **Executive Summary of what the report is describing:**	

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	The Committee is assured that the Annual Report evidences the effective discharge of its responsibilities in overseeing charitable funds, which supports delivery of the Health Board's strategic priorities and provides added value to core services, with evidence demonstrated through funded projects, governance arrangements and performance against expenditure and fundraising.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The current position demonstrates that the Committee is providing effective oversight of charitable funds, supporting delivery of the Integrated Medium-Term Plan and Annual Delivery Plan through value-added initiatives that enhance patient experience and service improvement. This has a positive impact on organisational priorities and ensures compliance with statutory and governance requirements.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	The Committee will present the Annual Report to the Board for approval, providing assurance on the effective governance and management of charitable funds and supporting continued alignment with the Health Board's strategic priorities and delivery plans.
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*	Endorse the Charitable Funds Annual Report 2025-2026 for Board Approval

Recommendation (Linked to the "What Next" section above).	

1. Background / Context

The Charitable Funds Committee Annual Report provides an overview of the management, performance and governance of charitable funds for the reporting period. The Report is presented to the Board for approval and to provide assurance that funds have been administered in accordance with statutory and governance requirements.

2. Strategic Insights

The Report demonstrates how charitable funds continue to support delivery of the Health Board's strategic priorities and contribute to the Integrated Medium-Term Plan and Annual Delivery Plan.

Funding has enabled value-added initiatives aligned to organisational strategic pillars, including enhancements to patient experience, innovation and staff wellbeing, complementing core service delivery.

3. Risks and Opportunities

No material risks are identified within the Report, with appropriate governance and financial controls in place. Ongoing monitoring of expenditure and fundraising performance remains important to ensure effective oversight and the sustainability of funds.

4. Compliance and Governance

The Report provides assurance that charitable funds are managed in accordance with statutory requirements, including the Trustee Act 2000 and the Charities Act 2011, and in line with the Health Board's governance framework. Appropriate oversight, controls and reporting arrangements are in place to ensure compliance and the effective oversight of charitable assets.

5. Conclusion

The Annual Report demonstrates that the Committee continues to provide effective oversight of charitable funds, ensuring compliance with statutory requirements and alignment with organisational priorities, and it is recommended that the Board approve the Report.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)*	Choose an item.
	If more than one applies, please list below: N/A

Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable
	If more than one applies, please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable
	If more than one applies, please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: **Not Applicable**	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome**	**Not Applicable**	

(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	
Cyfreithiol / Legal	**There are no specific legal implications related to the activity outlined in this report**
Enw da / Reputational	**There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report**
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**There is no direct impact on resources as a result of the activity outlined in this report**

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

ANNUAL REPORT 2025-2026 CHARITABLE FUNDS COMMITTEE

Sharon Edwards (Cwm Taf Morgannwg - Corporate Governance)

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

CHARITABLE FUNDS COMMITTEE

DRAFT ANNUAL REPORT 2025-2026

FOREWORD

I am delighted to present the Annual Report of the Cwm Taf Morgannwg Charitable Funds Committee for 2025–2026. This report reflects the Committee's work and achievements up to 31 March 2026, in accordance with its Terms of Reference.

Over the past year, I have been very fortunate to work alongside my fellow Independent Members, Patsy Roseblade, Rachel Rowlands and Neil Mesher. Their considerable knowledge, insight and experience have greatly enriched the work of the Committee, and I would like to extend my sincere thanks and appreciation for their invaluable contribution.

I would also like to thank all Committee officers for their continued support, professionalism and commitment. Their contribution has been key in enabling the Committee to deliver against its priorities and meet deadlines throughout the year.

The Committee will approve the Annual Cycle of Business at its July 2026 meeting, which set out a clear and structured forward plan for the work of the Committee during 2026/2027.

This year marks a change in leadership of the Charitable Funds Committee as I retire from my role as Chair, and from my position as an Independent Member of the Board representing the Third Sector. It has been a privilege to serve in this role, and I am grateful for the support I have received throughout my time on the Committee.

I am very pleased to welcome Kathy Mason, Independent Member for Digital & Data, who will take on the role of Committee Chair from April 2026, and I wish her every success for the future.

Throughout the year, the Committee has continued to promote a culture of continuous improvement. I am confident that, under new leadership, the Committee will continue to build on this strong foundation. The annual self-assessment process remains an important opportunity for reflection and learning, supporting the Committee's ongoing development and effectiveness.

Dilys Jouvenat

Chair of the Charitable Funds Committee

Cwm Taf Morgannwg University Health Board (CTMUHB)

INTRODUCTION

The Charitable Funds Committee, chaired by an Independent Member, provides assurance to the Board, in its role as Corporate Trustee, that the Health Board's charitable funds are managed in accordance with relevant legislation and regulatory requirements. The Committee oversees their effective management and strategic direction, ensuring this is delivered within the budget, priorities and spending criteria set by the Board and in line with the legislative framework.

In doing so, the Committee provides assurance to the Board on the administration of charitable funds held and managed by the Health Board and oversees the strategic direction and development of the CTMUHB Charity.

All papers relating to the Committee (unless held 'in-committee') are available on the Health Board website. The Committee aims to make decisions involving the sound investment of the charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with the:

- Trustee Act 2000
- The Charities Act 2011 (as amended, including by the Charities Act 2022)
- The terms outlined in the CTMUHB Charity's governing documents.

In line with Cwm Taf Morgannwg University Health Board's commitment to openness and transparency, the meeting papers for this Board Committee are on the Charitable Funds Committee - Cwm Taf Morgannwg University Health Board.

The Committee meets twice yearly and following each meeting, a highlight report is produced summarising key matters discussed, including significant issues, risks, and areas requiring assurance or further action. This highlight report is submitted to the next Board meeting held in public to ensure that the Board is sighted on Charitable Funds matters and can provide appropriate oversight and direction where required.

The Committee considers:

- The investment strategy and performance of charitable funds, ensuring appropriate returns and prudent financial management
- Financial performance and reporting, including oversight of investment decisions and activity
- The level of income received, including donations, legacies and charitable appeals
- The appropriate and ethical use of funds, ensuring alignment with donor intent and benefit to patients and communities
- Risks relating to charitable funds, including those reported through the organisational risk framework
- The overall effectiveness of governance, assurance and internal control arrangements supporting the charity

The Committee is also responsible for developing an annual report for presentation to the Health Board.

MEMBERSHIP

The membership of the Charitable Funds Committee comprises both Independent Members and Executive Directors, enabling the Committee to provide robust scrutiny and independent assurance to the Board, separate from day-to-day management decision-making processes.

Independent membership of the Committee during 2025-2026 was as follows:

Dilys Jouvenat	Chair of the Committee and Independent Member, CTMUHB
Patsy Roseblade	Independent Member, CTMUHB
Rachel Rowlands	Independent Member, CTMUHB
Neil Mesher	Independent Member, CTMUHB

MEETINGS

The Charitable Funds Committee met on two occasions during 2025/26. During the year, the Committee reviewed its forward work programme to ensure that key issues were appropriately prioritised and aligned with assurance requirements.

The two dates on which it met during 2025-2026 were as follows:

- 9th July 2025
- 21st January 2026

Meeting Attendance

Attendance Level 2025-2026	9th July 2025	21st January 2026	TOTAL
Dilys Jouvenat Committee Chair	✓	✓	2/2
Patsy Roseblade IM	✓	✓	2/2
Rachel Rowlands IM	✓	x	1/2
Neil Mesher IM	x	✓	1/2

All the above meetings were quorate.

MAIN AREAS OF CHARITABLE FUNDS COMMITTEE ACTIVITY

The agenda for each meeting in 2025/26 followed a standard format in seven main parts:

- Part 1 - Preliminary Matters
- Part 2 - Consent Agenda Business
- Part 3 - Main Agenda
- Part 4 - Sustaining Our Future
- Part 5 - Strategy & Performance
- Part 6 - Consent Agenda
- Part 7 – Close Out Business

Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB.

Part 2 - Consent Agenda Business

This section is where the Committee Chair asks if there are any items from the Consent Agenda that Committee Members wish to bring forward to the main agenda for discussion

Part 3 – Main Agenda

This section has included reports throughout the year which included:

- The Action Log
- Matters Arising not Contained within the Action Log

Part 4 –Sustaining Our Future

This section includes reports presented to the Committee during the year, including one report, which was:

- CTM NHC Charity Annual report & Accounts 2024-2025

Part 5 – Strategy & Performance

This section has included reports throughout the year which included:

- CTM NHS Charity Communication & Engagement Report
- CTM NHS Charity Forward look
- Cwm Taf Morgannwg NHS Chairty – 2026 Strategy & Forward Plan
- General Charitable Funds Update to 31 March 2025
- Charitable Funds Update to November 2025
- Staff Lottery and Related Policies Update
- Cwm Taf Morgannwg NHS Charity – Fundraising, Communications & Engagement Activity Report
- Investment Policy Review

Part 6 – Consent Agenda

This section included reports presented to the Committee throughout the year, comprising items for approval and items for noting, including:

For approval

- The Unconfirmed Minutes of the previous meeting
- Draft Committee Annual Report 2024-2025

For items for noting, including:

- Forward Work Programme
- Committee Annual Cycle of Business
- Audit Enquiries Letter – CTM Charity 2024-2025
- CTMUHB Charity 2025 Audit Plan (Audit Wales)

Part 7 – Close Out Business

This section included reports presented to the Committee throughout the year, including:

- The Committee Highlight Report
- Any other Urgent Business
- Meeting Feedback

There were no policies approved by the Committee during 2025-2026

Links with Other Committees/Boards

Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

6. ACTION LOG

To monitor progress and any necessary follow-up action, the Committee uses an Action Log that captures all agreed actions, and this is reviewed at the beginning of each meeting under the main agenda.

7. GOVERNANCE

The Committee forms an integral part of the organisation's overall governance framework. It operates to support the Board in its role as Corporate Trustee by providing oversight and assurance on the management of charitable funds.

The Committee operates in accordance with an agreed Annual Cycle of Business, which is typically approved at the first meeting of each year and sets out the forward programme of work for the Committee.

8. ASSURANCE TO THE BOARD

The Charitable Funds Committee wishes to assure the Board that, based on the work undertaken during 2025–2026, effective arrangements are in place to ensure the proper control and management of CTMUHB's charitable funds. These arrangements operate within the budget, priorities and spending criteria determined by the Board and in accordance with the relevant legislative framework.

Charitable Funds Committee

Terms of Reference

Eitem yr Agenda / Agenda Item	4.4
Dyddiad y Cyfarfod / Date of Meeting:	29/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Sharon Edwards, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Review
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	For Review

1. Situation /Background

1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Good Governance & Probity Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

1.2 All Health Board members and officers must be aware of the Standing Orders and, where appropriate, should be familiar with their detailed content.

1.3 The Charitable Funds Committee Terms of Reference form schedule 3.2 of the Standing Orders and the purpose of the paper is for the Committee to note.

2. Specific Matters for Consideration

2.1 The Terms of Reference are attached as Appendix 4.4.1 and were Approved by the Health Board at its meeting held on 26 March 2026 and are being presented to the Committee to review.

3. Key Risks / Matters for Escalation

3.1 The Standing Orders will be further strengthened in year as and when required.

4. Assessment

5. Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd **6.** *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **7.** **8. Link to Strategic Risk(s) on the Board Assurance Framework** **9.** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not applicable If more than one applies, please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	Not applicable

Link to Wellbeing of Future Generations Act – Wellbeing Goals	If more than one applies, please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not applicable
	If more than one applies, please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Not applicable
	If more than one applies, please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: **Not applicable**	If no, please select a reason below. Not required Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	**Not applicable**	
Cyfreithiol / Legal	**There are no specific legal implications related to the activity outlined in this report**	
Enw da / Reputational	**There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report**	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**There is no direct impact on resources as a result of the activity outlined in this report**	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Board	26/03/2026	Approved

Acronyms / Glossary of Terms	

10. Recommendation

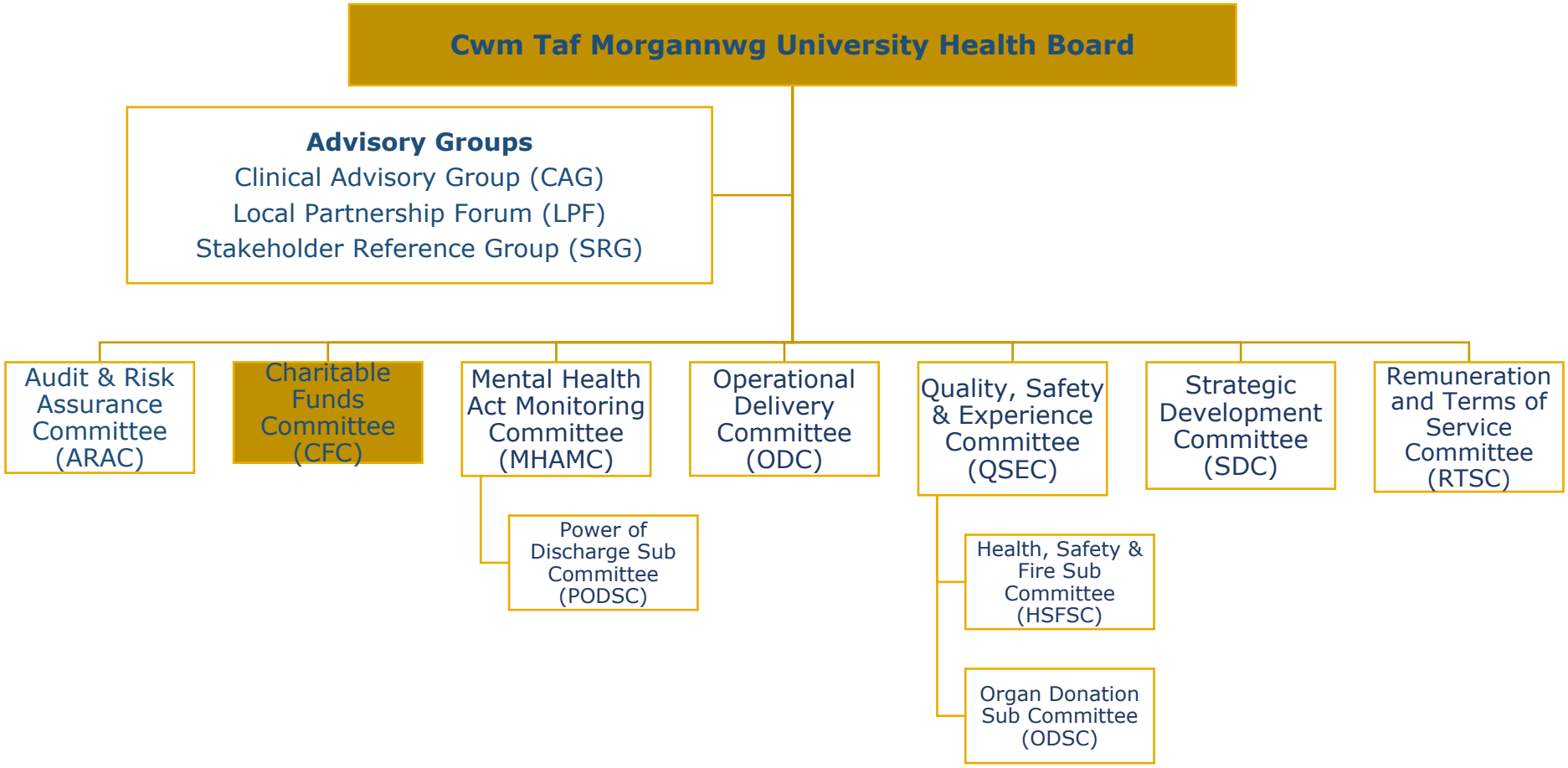
10.1 The Committee are asked to review the Terms of Reference.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CHARITABLE FUNDS COMMITTEE (CFC)

Terms of Reference & Operating Arrangements
(Schedule 3.2 of the Standing Orders)

Last Approved: Health Board Meeting 26th March 2026
CTM_Corporate_Governance@wales.nhs.uk


Cwm Taf Morgannwg University Health Board
Advisory Groups
Clinical Advisory Group (CAG)
Local Partnership Forum (LPF)
Stakeholder Reference Group (SRG)
Audit & Risk Assurance Committee (ARAC)
Charitable Funds Committee (CFC)
Mental Health Act Monitoring Committee (MHAMC)
Operational Delivery Committee (ODC)
Quality, Safety & Experience Committee (QSEC)
Strategic Development Committee (SDC)
Remuneration and Terms of Service Committee (RTSC)
Power of Discharge Sub Committee (PODSC)
Health, Safety & Fire Sub Committee (HSFSC)
Organ Donation Sub Committee (ODSC)

Contents

Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Board Meeting	26th September 2024	Approved	No later than end of September 2025.
Version 2	Health Board meeting	26 March 2026	Approved	No later than March 2027

Board Committee Arrangements: This schedule forms part of, and shall have effect as if incorporated in the Health Board's Standing Orders

1. Introduction & Constitution

1.1 The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

1.2 In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate annually a committee to be known as the **Charitable Funds Committee (CFC).** The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

1.3 The CTMUHB are appointed as **Corporate Trustee** of the charitable funds and its Board serves as its agent in the administration of the charitable funds held by the CTMUHB. The Corporate Trustee is a person having the general control and management of the administration of a charity regardless of what they are called.

1.4 Board Members (those who are voting members i.e. Executive Directors and Independent Members (excluding Associate Board Members) have a dual role in that as members of the Board they are also therefore CTMUHB Charitable Fund Trustees. The Trustees are responsible for controlling the management and administration of the Charity and have collective responsibility for these monies. The duties of a Trustee are to ensure compliance, duty of prudence and duty of care.

1.5 The Charity Number for the "Cwm Taf Morgannwg NHS General Charitable Fund" is **1049765.** Details of the Governing document are available here: Governing document, CWM TAF MORGANNWG NHS GENERAL CHARITABLE FUND - 1049765, Register of Charities - The Charity Commission

1.6 All Trustees are welcome to attend all Committee meetings, however, they are formally invited to attend at least one meeting of the Charitable Funds Committee per annum to approve the Annual Accounts and Trustees report.

2. Purpose

2.1 To make and monitor arrangements for the control and management of CTMUHB's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with legislative framework.

2.2 To provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.

2.3 To oversee the strategic direction and development of the CTMUHB Charity.

3. Scope and Duties

3.1 Within the budget, priorities and spending criteria consistent with the Charitable Objectives, the Charities Act 2011 and Charities Act 2022 (or any modifications of these acts) and spending criteria as delegated to the Corporate Trustee. The Charitable funds will also be managed in accordance with the respective governing documents.

3.2 Provide advice to the Corporate Trustee in the discharge of its duties and responsibilities for charitable funds.

3.3 Discharge delegated responsibilities from the Corporate Trustee for the control and management of Charitable Funds.

3.4 To ensure that the Health Board's policies and procedures for charitable funds and investments are followed.

3.5 To make decisions involving the sound investment of the charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with the:

- Trustee Act 2000
- The Charities Act 2011
- The Charities Act 2022
- The terms outlined in the CTMUHB Charity's governing documents.

3.6 Provide advice to the Corporate Trustee on its charitable funds strategy, including fundraising, budgets, priorities and spending criteria.

3.7 To receive at least annually, reports for ratification from the Executive Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Investment Adviser.

3.8 To oversee and monitor the functions performed by the Executive Director of Finance as defined in Standing Financial instructions as well as the Charity's annual programme of activity.

3.9 To respond to, and monitor the level of donations and legacies received, including the progress of any Charitable Appeal Funds where these are in place and considered material.

3.10 To monitor and review CTMUHB's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

3.11 To ensure that funds are being utilised in a reasonable, clinically and ethically appropriate manner, in accordance with both the instructions and wishes of the donor, and to ensure that fund balances are maintained in accordance with the Reserves Policy.

3.12 To ensure funds are used for the enhancement of services and for the benefit of the communities served by CTMUHB in accordance with the Health Board and Charity's strategic direction. There should also be consideration and alignment with the requirements of the Socio Economic Duty, the Wellbeing of Future Generations Act, sustainable development principles and other relevant legislation and principles as appropriate.

4. Membership

Members

4.1 The Membership of CFC is:

Chair	Independent Member
Vice Chair	Independent Member
Members	2 further Independent Members Executive Director of Finance (who may be represented by a Nominated Representative in their absence)

4.2 At least half of the overall membership must be Independent Members.

4.3 All Members of the Board (as Corporate Trustee) are welcome to attend the Committee.

Support to Committee Members

4.4 The Director of Corporate Governance / Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director for People.

4.5 The membership of CFC will be reviewed annually.

In Attendance

Director of Communications, Engagement and Fundraising
Director of Corporate Governance / Board Secretary or Assistant Director of Governance & Risk
Head of Corporate Finance
Head of Charity and Income Generation

By Invitation:

4.6 Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

5. Quorum & Attendance

5.1 At least 4 members must be present to ensure the quorum of the Committee. Of these four, three must be Independent Members (one of whom is the Chair or Vice Chair) and one must be the Executive Director of Finance (or the Deputy Director of Finance).

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of CTMUHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of CTMUHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.5 Should any officer member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

5.6 The Chair of CTMUHB reserves the right to attend any of the Committee's meetings as an ex officio member.

5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the CFC.

5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.

6. Meeting Secretariat

6.1 The Committee Secretariat shall be determined by the Director of Corporate Governance/Board Secretary.

7. Frequency of Meetings

7.1 The Committee will meet **at least twice per annum** and shall agree an annual schedule of meetings.

7.2 Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive(s).

7.3 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of and procedures of such Committee meetings.

8. Withdrawal of Individuals in Attendance

8.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9. Circulation of Papers

9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

10.Access

10.1 The Chair of the CFC shall have reasonable access to Executive Directors and other relevant senior staff.

11.Accountability, Responsibility & Authority

11.1 The CFC is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

11.2 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

11.3 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

11.4 The Executive Director of Finance has prime responsibility for CTMUHB's Charitable Funds as defined in the Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Director of Finance are:

- administration of all existing charitable funds
- to identify any new charity that may be created (of which the Health Board is a trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity

- provide guidelines with regard to donations, legacies and bequests, fundraising and trading income
- responsibility for the management of investment of funds held on trust
- ensure appropriate banking services are available
- Consider and recommend for approval the audited Annual Report and Accounts.

11.5 Oversight of the management of the investments of the charitable fund in accordance with the investment strategy set down from time to time by the Trustee and the requirements of the Health Board's Standing Financial Instructions.

11.6 The appointment of an Investment Manager to advise on investment matters. Delegating, where applicable the day-to-day management of some or all of the investments to that Investment Manager. In exercising this power, the Committee must ensure that:

- The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it.
- There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently.
- The performance of the person or persons exercising the delegated power is regularly reviewed.
- Where an investment manager is appointed, that the person is regulated under the Financial Services Act 2021.
- Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Director of Finance. Materiality can be either material in value or nature (type of investment). The value of investments that can be made/disposed of is set out in the investment strategy. The nature of investments is set out clearly to the Investment Manager and monitored on a regular basis. Any changes to the type of investments made will require authority from the Committee or the Chair of the Committee in conjunction with the Director of Finance.
- If any decisions are taken by the Chair and Director of Finance outside of a Committee meeting they should be reported back to the next meeting of the Committee for formal endorsement. Please also see section on Chair's Urgent Action.

11.7 Ensure that the banking arrangements for the charitable funds are kept entirely distinct from the Health Board's NHS funds.

11.8 Ensure that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts.

11.9 Ensure the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments.

11.10 Ensure the operation of an investment pool when this is considered appropriate to the Charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the Health Board for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance.

11.11 Obtain appropriate professional advice to support its investment activities.

11.12 Regularly review investments to see if other opportunities or investment services offer a better return or alignment to the objectives to the Charity.

11.13 Regularly review risks included on the organisational Risk Register as assigned to the Committee by the Board.

11.14 The Committee shall embed the CTMUHB vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

11.15 The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the CTMUHB. It may seek relevant information from any:
    - Employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
    - Any other Committee, sub Committee or group set up by the Board to assist it in the delivery of its functions.
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements.
- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.
- Approve policies relevant to the business of the Committee as delegated by the Board.

Sub Committees

11.16 The Committee may, subject to the approval of the Health Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

11.17 At this stage, there are no sub Committees established.

12.Reporting

12.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub Committees and groups, to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of information.

12.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

12.3 The Committee may establish sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf.

12.4 The Committee will consider the assurance provided through the work of the Board's other Committees and sub-Committees to meet its responsibilities for advising the Board on the adequacy of CTMUHB's overall assurance framework.

12.5 The Committee Chair, supported by the Committee Secretary, shall:

- Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within six weeks of the end of the financial year and timed to support the preparation of the Accountability Report. This should specifically comment on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committee's self-assessment and evaluation.
- Bring to the Board's specific attention any significant matter under consideration by the Committee.
- Ensure appropriate escalation arrangements are in place to alert CTMUHB Chair, Chief Executive or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

12.6 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committees performance and operation, including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook

13.Applicability of Standing Orders to Committee Business

13.1 The requirements for the conduct of business as set out in the CTMUHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

14.Chair's Action on Urgent Matters

14.1 There may, occasionally, be circumstances where decisions which would have been made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee, after first consulting with at least two other members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

14.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

15.In Committee (Private Meeting)

15.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

16.Review

16.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Charitable Funds Committee

Committee Annual Self Effectiveness Survey Outcome 2025-6 & Improvement Plan

Eitem yr Agenda / Agenda Item	**xxx**
Dyddiad y Cyfarfod / Date of Meeting:	29 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Louise Stait, Interim Assistant Director Governance and Risk
Cyflwynydd yr Adroddiad / Report Presenter:	Kathy Mason, CFC Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Committee is asked to **REVIEW** the outcome of the 2025-26 Committee Self-Effectiveness Survey and **APPROVE** the proposed self-development action plan
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	This report supports all the Health Board's strategic objectives by strengthening the effectiveness of the Committee responsible for oversight and assurance of charitable funds. Effective governance of charitable funds supports the appropriate use of donated funds in line with donor intentions, public expectations and the wider aims of the Health Board.
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	The report supports delivery of the Integrated Medium Term Plan by ensuring that the Charitable Funds Committee remains effective in providing scrutiny, assurance and oversight of charitable funds matters. This includes ensuring that charitable funds are governed appropriately, transparently and in support of patient, service user, staff and community benefit.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	The 2025-26 annual self-effectiveness survey for the Charitable Funds Committee was completed by six respondents. Overall, the feedback provides positive assurance regarding the effectiveness of the Committee. Responses were positive across the majority of questions, including in relation to written Terms of Reference, meeting frequency, openness of debate, professional behaviour, closure of agenda items, clarity of Committee boundaries, chairing, Executive Director support and the Committee Highlight Report to Board.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	A small amount of constructive feedback was received, as summarised below with suggested actions. ***Committee governance arrangements*** One respondent indicated that they were unfamiliar with some aspects of the Committee's governance arrangements due to being relatively new to the Committee. As these matters are routinely covered through the Committee's normal annual cycle of business, no specific action is proposed. However, Committee members are invited to comment if they consider that any further induction or awareness activity would be helpful. ***Meeting format and relationship-building*** Responses were broadly positive in relation to remote or virtual meetings. However, one respondent commented that in-person meetings may be beneficial going forward, particularly to support relationship-building between Board members. It would not be proportionate to assume that all meetings should move to an in-person format on the basis of one comment. However, the feedback does suggest that the Committee may wish to consider whether occasional in-person meetings or development sessions would add value, balanced against accessibility, time and resource considerations. **ACTION:** The Committee Chair and Lead Officer will consider whether there would be value in holding an occasional in-person meeting or development session during 2026/27 or beyond, where this would support Committee relationships and effectiveness. **DUE DATE:** 30 September 2026 ***Welsh Language in Meetings*** Two respondents indicated that they would welcome greater use of the Welsh language in Committee

	meetings, however, no additional information was provided as to the type of usage they would like to see. **ACTION:** The Governance Team will meet with the Equality and Welsh Language Impact Team to explore practical and proportionate opportunities to increase the visibility and use of Welsh within Committee meetings and will discuss any potential actions with the Committee Chair and Lead Officer. **DUE DATE: 31 August 2026** ***Member development and training*** Two respondents indicated that they would welcome additional training or development to support their role. However, no details were provided regarding the type of support required. Previously, a Corporate Trustees Awareness Session was delivered for the whole CTM Board in January 2023 by an external provider, recognising that all Board members have responsibilities as Charity Trustees. This self-assessment exercise provides an opportunity to consider whether a refresher session on Charity Trustee responsibilities may be beneficial as part of the Committee and Board development programme. The timing of the January Charitable Funds Committee meeting, at which the Annual Report and Accounts are considered, may provide a suitable opportunity for such training. **ACTION:** The Governance Team, Committee Chair and Lead Officer will explore whether a refresher session on Charity Trustee responsibilities would be of value for Charitable Funds Committee attendees and/or all Board members, including consideration of timing, format and delivery arrangements. **DUE DATE:** 30 September 2026
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Subject to agreement by the Committee, the actions listed above will be completed and reported back to the Committee.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*	The Committee is asked to **REVIEW** the outcome of the 2025-26 Committee Self-

Recommendation (Linked to the "What Next" section above).	Effectiveness Survey and **APPROVE** the proposed self-development action plan

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	The report does not directly affect the score or management of any individual strategic risk. However, it supports the Health Board's overall governance and assurance arrangements indirectly; a well-functioning Committee supports appropriate scrutiny, transparency and assurance in relation to charitable funds matters.

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	The report supports the Well-being Goals indirectly by strengthening governance arrangements for the oversight of charitable funds. Effective oversight helps ensure that charitable funds are used appropriately and transparently in support of patient, staff and community benefit. The proposed actions also include proportionate consideration of Welsh language visibility and Committee development, supporting inclusive and sustainable governance practice.

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Leadership
	Culture & Valuing People
	Learning, Improvement & Research
	The report supports the Enablers of Quality by using feedback from Committee members and attendees to identify opportunities for improvement The proposed actions are intended to support effective leadership, constructive Committee culture and ongoing learning.

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	There are no direct environmental sustainability impacts arising from this report. The report relates to committee effectiveness and governance improvement, rather than a service, estates, procurement or operational change proposal.

Asesiad Effaith **Impact Assessment**

Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	**Outcome for Equality: Neutral** No direct equality impact has been identified. The report relates to the outcome of the Committee's annual self-effectiveness survey and proposed governance improvement actions. **Outcome for Welsh Language: Positive** Two respondents indicated that they would welcome greater use of the Welsh language at Committee meetings, and an action has been proposed in response to this.	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion: Gareth Watts
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	A separate Quality Impact Assessment has not been undertaken as the report does not propose a direct change to clinical services, patient pathways, staffing models or operational delivery. The report is expected to have a positive governance impact by supporting the ongoing effectiveness of the Charitable Funds Committee in scrutinising assurance and overseeing charitable funds matters.	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	**Yes (include further detail below)** The report may have a positive reputational impact as it publicly demonstrates that the Committee routinely reviews its own effectiveness, considers feedback from members and attendees, and identifies proportionate improvement actions.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**There is no direct resource impact arising from this report.** The proposed actions can be delivered within existing arrangements. Any future resource implications arising from Committee-approved initiatives, including any externally commissioned training, would be considered separately.	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**

Survey sent to Charitable Funds Committee members and attendees	June 2026	Six responses were received. Feedback provided positive assurance overall, with a small number of proportionate development themes identified.

Acronyms / Glossary of Terms	

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Charitable Funds Committee

Proposal to Review and Rationalise Charity Funds

Eitem yr Agenda / Agenda Item	5.1
Dyddiad y Cyfarfod / Date of Meeting:	29/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Abe Sampson, Head of Charity & Income Generation / Owen James, Head of Corporate Finance
Cyflwynydd yr Adroddiad / Report Presenter:	Abe Sampson, Head of Charity & Income Generation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Simon Blackburn, Director of Communications, Engagement & Fundraising
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	Approve a phased review and rationalisation of charitable funds, and development of a revised cost apportionment model.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below: Creating Health; Sustaining Our Future Inspiring People;
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Timely Access to Care Population Health and Prevention Community by Design Mental Health Access Women's Health Quality and Safety

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:
Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	CTM NHS Charity currently manages approximately 159 funds with a combined working value of around £3.5m. The structure reflects historic donations, legacies, appeals and local service arrangements and includes restricted, designated and general unrestricted funds. While this structure has supported local ownership of charitable resources, it has become increasingly complex to oversee and administer. A number of funds show low activity (no expenditure and no new plans developed in at least 12 months) or lack clear plans and ownership, while the main general purpose fund is under pressure. This reflects both the Charity's move towards a more active operating model and the way central costs and investment movements have historically been applied. Central Charity functions, including governance, administration, communications, fundraising and stewardship, support the wider fund portfolio. There is therefore a need to ensure that the fund structure and cost allocation approach remain fair, proportionate and sustainable.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The current position presents an opportunity to update the Charity's fund structure and operating model as it moves towards a more active and strategic role. The Charity's income profile also supports the need for a sustainable approach. Recent headline income has been materially influenced by exceptional legacies and NHS Charities Together grants. Excluding grants and legacies (which can vary greatly), the more stable income base has averaged around £250k per year over the last five years. Future growth will therefore depend on both developing scalable income streams and ensuring existing charitable resources are actively and appropriately managed. A phased review would allow the Charity to: • protect restricted funds and donor intent • strengthen ownership and spend planning • review low-activity and duplicated funds • simplify the structure where appropriate • link to the allocation of central Charity costs • maintain greater flexibility to respond to emerging priorities and areas of greatest need
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the*	It is proposed that the Committee approves a phased review of the Charity's fund structure arrangements. Initial action would focus on: • reviewing the main general purpose fund • resolving funds without a clear current fundholder • challenging low-activity funds to confirm ongoing purpose and planned use • reviewing low-value and duplicated funds for appropriate consolidation

choices and recommendation(s)being made)	• strengthening controls on the creation of new funds and general purpose fund requests • developing options for a fairer and more sustainable cost apportionment model A further report would return to Committee with detailed fund-by-fund recommendations and any proposed material changes.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Charitable Funds Committee is asked to: 1. Note the current fund structure, income profile and sustainability considerations set out in this paper. 2. Endorse a phased review of all charitable funds, including purpose, designation status, balance, activity, commitments, fundholder accountability and alignment with current Charity and Health Board priorities. 3. Endorse a targeted fundholder and Care Group challenge process, with an initial 90-day focus on funds with no current fundholder, low activity or no credible 12 to 24 month spend plan. 4. Endorse tighter controls on the creation of new restricted and designated funds, including clearer categorisation of new income and a requirement that existing funds are used wherever appropriate before new funds are created. 5. Request a further report setting out fund-by-fund recommendations for retention, consolidation, redesignation, closure, or other corrective action, together with financial implications, governance considerations and proposed timescales.

1. Background / Context

1.1 Cwm Taf Morgannwg University Health Board is the Corporate Trustee of CTM NHS Charity. As of June 2026, the Charity manages approximately 159 individual funds with a combined working value of around £3.5m.

1.2 The current structure reflects historic donations, legacies, appeals and local service arrangements. While this has supported local ownership of charitable resources, the number and range of funds create increasing complexity for oversight, strategic prioritisation and administration.

1.3 Since the appointment of the Charity's first dedicated Head of Charity and Income Generation in June 2024, the Charity has moved towards a more active model, with greater focus on governance, fundraising, communications, stewardship and strategic development. This has increased the importance of maintaining sufficient central unrestricted capacity to support the Charity's work and future growth.

1.4 The main general purpose fund is under increasing pressure. This reflects a combination of historic expenditure patterns and the way central support costs have been allocated.

Historically, the fund was used for some expenditure that could potentially have been met from other appropriate funds, and at times as a default source where expenditure did not readily sit elsewhere. This has reduced significantly as governance and scrutiny have strengthened.

The remaining issue is more structural. Central functions that support the wider portfolio of funds continue to place pressure on the main general purpose fund. This limits its ability to operate as a flexible strategic resource for emerging priorities, innovation and areas of greatest need.

The immediate in-year apportionment position is being addressed through the finance reporting route. This paper therefore focuses on the wider fund structure, fundholder accountability, future controls and longer-term cost allocation model.

1.5 The proposed review is therefore intended to:

- confirm that funds are correctly classified and actively managed
- improve accountability and spend planning
- simplify the fund structure where appropriate
- review how central Charity costs are allocated
- protect sufficient unrestricted capacity to respond strategically.

1.6 Different rules apply to different fund types:

Fund type	Summary
Restricted	Subject to legally binding conditions and must be used for the specified purpose.
Designated unrestricted	Unrestricted funds earmarked by the Trustee for a particular purpose. The designation can be reviewed where appropriate.
General purposes	Available to the Trustee for any charitable purpose within the Charity's objects and provides the greatest strategic flexibility.

2. Strategic Insights

2.1 CTM NHS Charity Fund Profiles

Working classification / indicator	Number of funds	Current value
Total funds	159	C £3.5m
Restricted funds	49	c. £985k
Designated Funds	94	c. £2.186m
General Purpose Funds	13	c. £527k
Low-activity funds	97	c. £1.214m
No current fundholder recorded	17	c. £421k
Funds below £1,000	32	c. £15.7k

N.B. Categories overlap for the activity, fundholder and low-value indicators.

2.2 The 32 funds below £1,000 hold around £15.7k in total. The more significant opportunity lies in improving oversight and planned use of the 97 low-activity funds and resolving the 17 funds where no current fundholder is recorded.

2.3 Around £2.1m is held in designated funds. Designation remains an important way of reflecting local purposes and donor preferences, but designated funds are unrestricted and should remain subject to periodic review where activity is limited or the original purpose is no longer relevant.

2.4 Income sustainability

The Charity's headline income has varied significantly over recent years, influenced by legacy donations and NHS Charities Together grants.

Across 2021/22 to 2025/26:

- total annual income ranged from approximately £353k to £996k
- excluding legacies and grants, the more stable income base averaged around £248k per year (donations and dividend income)
- donation income (excluding legacies) averaged around £141k per year, split across fund designations

Recent NHS Charities Together grants should not be assumed to continue at the same level. Future grant income will require a more deliberate approach to grant prospecting if it is to become a significant recurring source.

The overall position reinforces the need both to grow scalable income streams and to ensure the Charity's existing fund structure and operating model are sustainable.

2.5 Central unrestricted capacity and cost allocation

The Charity has invested in dedicated leadership and capacity to support a more active NHS charity model. This includes stronger governance, fundraising, communications, stewardship, fundholder support and strategic development.

These functions provide benefit across the wider portfolio of funds. However, the current approach also placed significant pressure on the main general purpose fund, particularly where unrestricted support costs and investment movements have been concentrated there.

The wider issue for this paper is how the Charity establishes a fair, transparent and repeatable approach for the future.

The review should therefore consider:

- which costs are directly attributable to specific funds, appeals, projects or campaigns
- which central costs support the wider fund portfolio
- how unrestricted and designated funds should contribute to those costs
- whether an income-based operational contribution should be considered for future income
- what level of central unrestricted capacity is required to support the Charity's strategic aims

2.6 Proposed approach

It is proposed that the review focuses on four workstreams:

1. Validate fund classification
Review the evidence supporting restricted status and ensure restricted funds are protected and correctly treated.

2. Improve activity and accountability
Review low activity, no fundholder, low value and duplicated funds. Require clear ownership and credible spend plans, and consider consolidation or redesignation, where appropriate.

3. Strengthen future controls
Avoid creating new funds where an existing fund can reasonably be used. Require a clear purpose, appropriate classification, named fundholder and review arrangements. Ensure clearer categorisation of new income and ensure new general purpose requests support the Charity's strategic priorities.

4. Review cost apportionment
Assess options for allocating Charity costs and expenditure, including:

- direct cost allocation
- balance-based apportionment
- an income-based operational contribution

A detailed recommendation would return to the Committee before implementation.

2.7 Immediate actions

Action	Timescale
Ensure new income is not categorised to restricted funds unless part of a legacy, grant or ongoing appeal.	Immediate
Review and apply direct costs to relevant eligible funds where clearly attributable e.g. costs/expenditure which benefits multiple funds.	Immediate for new costs
Ensure general purpose requests are all aligned to meeting Charity strategic priorities.	Immediate for new requests
Review sub-£1,000 and duplicated funds for consolidation	90 days

Launch a targeted challenge for low-activity funds to confirm ownership and a credible 12 to 24 month activity/development plan.	90 days
Resolve funds with no current fundholder recorded.	90 days
Review remaining fund designation status with recommendations	90 days

3. Risks and Opportunities

3.1

Risk / opportunity	Mitigation
Incorrect treatment of restricted funds	Evidence-led review and appropriate advice before material changes.
Fundholder concern or misunderstanding	Clear communication that the objective is active use, accountability and impact, not removal of local benefit.
Continued pressure on unrestricted funds	Continue to review how costs are allocated across funds.
Opportunity to improve impact	Stronger ownership and spend planning can help convert inactive funds into patient, staff and community benefit.
Opportunity to simplify administration	Consolidation of funds can improve oversight and reporting.

4. Compliance and Governance

4.1 Restricted funds are subject to legally binding conditions and must be applied in accordance with those conditions. Designated funds remain unrestricted funds that the Trustee has earmarked for a purpose and may be reviewed or redesignated where appropriate.

4.2 A donor preference does not automatically create a legal restriction. Classification should be supported by appropriate evidence, such as a will, donor correspondence, grant terms or appeal documentation.

4.3 This paper does not seek approval for immediate wholesale reclassification or transfer of funds. It seeks approval for the review principles, immediate actions and development of detailed recommendations. Material changes will return to Committee with supporting evidence and financial implications.

4.4 The implementation approach will be discussed with Finance and appropriate assurance partners. Further external advice will be sought where required.

5. Conclusion

5.1 CTM NHS Charity has significant charitable resources and a growing role across the Health Board. However, its historic fund structure and current cost allocation model now require review to ensure they remain proportionate, sustainable and aligned to current priorities.

5.2 The recommended approach combines a small number of immediate governance improvements with a phased review of fund classification, activity, accountability and cost allocation. This will protect donor intent while improving the Charity's ability to use funds actively, respond to emerging priorities and support future growth.

5.3 Material changes to individual funds will remain subject to appropriate evidence and further Committee or Trustee approval.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 4
	If more than one applies, please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales
	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Learning, Improvement & Research
	If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Asesiad Effaith **Impact Assessment**		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): NEUTRAL Summary of impact: No direct equality impact has been identified at this stage. Outcome for Welsh Language (delete as appropriate): NEUTRAL Summary of impact: No direct Welsh language impact has been identified at this stage.	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	No Quality Impact Assessment has been undertaken at this stage as the paper does not approve changes to clinical services or direct patient care.	
Cyfreithiol / Legal	**Yes (Include further detail below)** Charitable funds must be managed in accordance with charity law, the Charity's objects, donor intent and the responsibilities of the Corporate Trustee. The review will distinguish between restricted, designated and unrestricted funds.	
Enw da / Reputational	**Yes (include further detail below)** There is a reputational opportunity in demonstrating strong stewardship, transparency and active use of charitable funds. There is also a potential reputational risk if the review is misunderstood as removing local charitable benefit. This will be mitigated through clear communication that the purpose is to protect donor intent, strengthen accountability and ensure funds are used effectively for patients, staff and communities.	
Effaith Adnoddau *(Pobl /Ariannol) /*	**Yes (include further detail below)**	

Resource Impact *(People / Financial)*	The review will require Charity and Finance capacity to undertake fund classification, reconciliation, fundholder engagement and development of the revised cost apportionment model. There may also be a financial impact on individual unrestricted or designated funds depending on future Committee decisions.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
Corporate Trustee	CTMUHB Board acting as trustee of the Charity
Fundholder	A nominated officer responsible for advising on use of a charitable fund

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Charitable Funds Committee

Charitable Funds Update 2025-26 and 2026-27 to date

Eitem yr Agenda / Agenda Item	5.2
Dyddiad y Cyfarfod / Date of Meeting:	29/07/26
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Owen James – Head of Corporate Finance
Cyflwynydd yr Adroddiad / Report Presenter:	Owen James – Head of Corporate Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	**NOTE** the Charitable Funds position as at 31st March 2026. **NOTE** the loss on the capital value of investments in CCLA over the past 2 years. **APPROVE** the change in apportionment basis for unrestricted funds to bring the general-purpose fund into a positive position.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Sustaining Our Future If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	It ensures charitable funds are governed and managed sustainably, supporting improvements for patients, staff and communities across CTMUHB while maintaining appropriate financial oversight and risk management.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: **Executive Summary of what the report is describing:** Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	The report sets out the Charitable Funds financial position for 2025/26 and provides an update to the end of June 2026.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The current position highlights a financial governance issue requiring Committee consideration. The existing apportionment approach has resulted in a disproportionate impact on the General Purpose Fund, reducing flexibility to support future general charitable expenditure. Without a revised approach, the General Purpose Fund will remain under pressure, while larger unrestricted funds would not be contributing proportionately to central support costs, investment income, interest and unrealised gains or losses. The proposed change would provide a fairer and more sustainable basis for managing unrestricted funds and would strengthen transparency for fundholders.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and*	If approved the net costs and loss will be reapportioned across all unrestricted funds retrospectively in 2025-26 and the Head of Charity and Income Generation will contact all fund holders to make them aware of the impact on their individual funds.

benefits supporting the choices and recommendation(s)being made)	

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee is asked to approve the proposed changes

1. Situation /Background

1.1 To advise the Charitable Funds Committee of the activity and balances of charitable funds to the end of the financial year 2025/26 and to the end of June 2026.

1.2 This report provides details of the performance of the investment balances of the fund with CCLA and the bank.

2. Specific Matters for Consideration

2.1 Balances Held by Charitable Fund

Update to the year end for 2025/26

2.1.1 The summary position for the financial year to 31st March 2026 shows the following financial position:

Statement of Financial Activities for the year ended 31 March 2026			
	Unrestricted	Restricted	Total
	£000	£000	£000
Income:			
Donations and Legacies	291	16	307
Other Trading Activities	0	0	0
Investments	79	30	108
Total	370	46	416
Expenditure:			
Charitable Activities	-621	-111	-732
Total	-621	-111	-732
Net gains/(losses) on investments	-191	-72	-264
Net income/(expenditure)	**-443**	**-137**	**-580**
Total funds brought forward	3,074	1,062	4,137
Total funds carried forward	**2,631**	**925**	**3,556**

The key points from the Statement of Financial Activities for 2025/26:

- Net expenditure before losses on investments is £316k (£251k unrestricted funds and £65k on restricted funds).
- In addition to this there is a further loss of investments in year of £264k (£191k unrestricted funds and £72k restricted funds).
- This gives total reduction in funds in the year of £580k, from £4,137k to £3,556k (14% reduction).

2.1.2 The table below shows the net income/expenditure over the last 3 years. Since 2023-24 there has been a movement from net income of £577k to a net expenditure of £580k.

	25-26	24-25	23-24
Net income /(expenditure) (per Statement of Financial Activities)	(580)	(202)	577

2.1.3 There are a number of main reasons for the increase in net expenditure, including in 23-24 there was significant grant income (from NHS Charities Together) and a significant level of legacies received. From the table below there has also been a shift from gains on the Charity's investments of £271k to a loss in 24-25 and 25-26 of £129k and £264k respectively. The Charity has also increased admin/support costs with the full-time employment of the Head of Charity & Income Generation.

	25-26	24-25	23-24
(Gains) / losses on investments	264	129	-271

2.1.4 Given the increase in net expenditure over the past 2 years, it is important to monitor the expenditure, especially in unrestricted general funds that are being impacted by the increase in admin costs and losses on investments

2.2 Update for 3 months to 30th June 2026

2.2.1 As the details and request of this paper will impact on the balances of all funds an update for the financial year to date will be brought to the next Charitable Fund Committee.

2.3 Investment Update

2.3.1 Balances are held in two places, with investments being held in CCLA and remaining cash balances being held in the ring-fenced Barclays bank account.

The investment balances are as follows:

2.3.2 **CCLA**

The number of units held has remained the same at 978,820.98.

The market value at 31st March 2026 was £2.639m, this is a decrease of £233k since reported at the last Committee. The monetary value of the cash invested in CCLA is £2.1m as such a surplus of £0.539m (26%) has been achieved cumulatively.

From the investment performance report provided by CCLA the poor performance of the fund reflects wider market volatility during the period, particularly concerns around AI disruption, the impact of conflict in the Middle East, rising oil prices and higher bond yields.

The fund returned -7.3% in the quarter and -6.2% over 12 months, underperforming its comparator. The fund continues to be managed in accordance with its ethical and values-based investment restrictions.

Fund total return performance

Performance **	Current quarter (%)	Last twelve months (%)	Last three years annualised (%)	Last five years annualised (%)
COIF Charity Fund holdings within portfolio				
Ethical Investment	-7.33	-6.17	+1.50	+2.71
Fund comparator *	-1.42	+13.14	+11.18	+8.09

* Fund comparator information is contained in the individual fund information section of the quarterly investment report.
**Fund performance is shown after the deduction of all fees and expenses with income reinvested.

Despite this decrease the dividend income received for the year was £90k which is apportioned between funds based on average fund balance.

CCLA will provide a verbal update at the meeting.

Barclays Bank

The current balance as at 30th June 2026 is £1.120m. As part of the new charity management arrangements, an assessment will be made on the level of cash that is required over the next two to three years and what could be invested over the longer term.

Before making any further investments from the current account to investment funds given the recent losses on investment a review will need to be made on the prudent investment of surplus cash.

3. Key Risks / Matters for Escalation

3.1 Apportionment of investment gains/losses and support costs to the general fund balance

3.1.1 As part of the delivery of the Charitable Funds there are a number of admin and support costs and income from interest and dividend income from investments that offset these. The gains / losses from investment value is also received centrally.

3.1.2 In previous years the level of costs have been very close to the income received and therefore the amount apportioned across funds have been

negligible on a net cost/income basis. In previous years there have also been gains in investment value and as reported last year these are apportioned on a individual fund basis in restricted funds and for unrestricted funds go to the general purpose fund only.

3.1.3 Due to the appointment of the Head of Charity and Income Generation the central support costs now outweigh the central income from interest and investment. For 2025-26 the net cost was £98k. This was apportioned £27k to restricted funds and £71k to the general purpose fund.

3.1.4 In addition to this net cost there was an unrealised loss on the value of investments in the year of £264k (aside from the previous 2 financial years the fund has usually seen consistent gains). This loss is required to be apportioned and a further £72k was apportioned across restricted funds and £192k apportioned to the general purpose fund.

3.1.5 In summary the general purpose fund has a total cost assigned to it in 2025/26 of £263k. When the proposal to just use the general purpose fund for the proportion of unrestricted funds central costs/income, this level of cost/loss was not envisaged and the cost to the fund has meant it has gone into deficit at the end of 2025-26 of £93,192.88. While requests for funding from the general purpose funds have been restricted, there is the need to fund central costs from there and therefore requirement to "right size" the fund.

3.1.6 **Recommendation**

3.1.7 It is recommended that the policy of assigning the proportion of the unrestricted funds net costs and losses to the general purpose fund is retrospectively reviewed and these costs are apportioned across all unrestricted funds based on the average fund balance.

3.1.8 There are some large value unrestricted funds as highlighted below and changing this policy will ensure that they are taking a fair proportion of the Charity's central costs and investment losses.

Unrestricted funds with balances over £50k.

9309-YB41 - Y Bwthyn Newydd	824,261.75
9321-YE30 - POW Urology	55,882.72
9325-YF46 - POW Diabetic Adults	215,198.66
9351-YN61 - Maesteg General Purposes	91,787.71
9356-YP03 - POW General Purpose	53,007.11
9464-Diabetic Research & Development	83,063.87
9499-Cardiology Research	56,048.24
9804-Cardiac/Coronary Care Fund	54,271.29
9807-Pathology Fund	87,388.51
9876-YCC & MHP WARDS/DEPTS FUND	122,781.78
9884-PCH General Purposes Fund	101,789.40
9889-Palliative Hospital Fund	80,194.45

3.1.9 The funds above 72% of the unrestricted fund balance and therefore should fairly receive a proportion of the costs. While this will have an impact on what fund holders can deliver, it will allow the general purpose fund to be brought into a surplus position and allow flexibility where there not individual funds which meet the request for expenditure.

3.1.10 The Charitable Fund Committee is asked to APPROVE the change in apportionment of unrestricted funds support/admin costs; investment income / interest; and unrealised gains / losses across all individual unrestricted funds

4. Assessment

5. Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd ***6.*** *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **7.** **8. Link to Strategic Risk(s) on the Board Assurance Framework** **9.** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Choose an item. If more than one applies, please list below: All Apply
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable If more than one applies, please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective	
	If more than one applies, please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies, please list below:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: **N/A**	If no, please select a reason below. Does not impact people Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*		
Cyfreithiol / Legal	**Yes (Include further detail below)** Charitable funds are required to be managed in accordance with charity legislation and requirements of the Charity Commissioner	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report There is an impact on all individual unrestricted funds from this report.	

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies, please list below: All apply
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies, please list below: All apply
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Not Applicable
	If more than one applies, please list below: All apply
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable
	If more than one applies, please list below: All apply
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Charitable Funds Committee

Charity Fundraising and Activity Report July 2026

Eitem yr Agenda / Agenda Item	**5.4**
Dyddiad y Cyfarfod / Date of Meeting:	29/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Choose an item..
Adroddiad wedi'i baratoi gan / Report Prepared by:	Abe Sampson, Head of Charity & Income Generation
Cyflwynydd yr Adroddiad / Report Presenter:	Abe Sampson, Head of Charity & Income Generation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Simon Blackburn, Director of Communications, Engagement & Fundraising
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below: Creating Health; Sustaining Our Future Inspiring People;
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	• Timely Access to Care • Population Health and Prevention Community by Design • Mental Health Access • Women's Health • Quality and Safety

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:
Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	This report provides an update on CTM NHS Charity activity during the first half of 2026. The period has been an important one for the Charity. The refreshed CTM NHS Charity brand went live in June 2026, key digital channels were updated, the Charity's presence on the main CTM UHB website was improved, and fundraising activity continued to grow through JustGiving, MuchLoved, staff fundraising, community fundraising, corporate support and direct donations. The report also highlights a range of Charity-supported projects and partnership activity, including wider sensory support across CTM, RGH Children's Ward sensory resources, PCH Neonatal Unit family area improvements, the Dreams Come True Foundation sensory garden grant, the Creative Arts Pilot, Long Service Recognition, the Seren Annual Staff Awards, Giving to Pink and Veterans partnership working.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The brand launch has created a stronger platform for visibility, fundraising, donor stewardship, project recognition and impact storytelling. Digital fundraising performance has improved compared with the previous reporting period, with 422 JustGiving donations generating £20,389 including Gift Aid between January and June 2026. MuchLoved in-memory giving also generated approximately £5,296 during the period. The report also shows that the strongest engagement continues to come from personal stories, gratitude-led fundraising and visible local impact. Examples include Rhian Williams and Helen Brace's Wales walking challenge, Rory Hill's London Marathon fundraiser, Johnsons Workwear's support for Snowdrop, the RGH sensory room appeal and community support for Y Bwthyn Newydd. The Charity is also beginning to develop more structured approaches to fundholder engagement, campaign prioritisation and impact evaluation. The Giving to Pink plan provides a model for how restricted or designated funds can be developed into clearer delivery, engagement and impact plans. The Valley Veterans Most Significant Change work provides a practical example of how charitable support can unlock wider partnership value and how qualitative evaluation can capture changes that activity data alone may miss.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*	The next phase will focus on converting this platform into more consistent delivery, visibility, income growth and impact. Key priorities for the next six months include:

What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	• Completing renewed Information Governance and Cyber assurance for the Charity lottery and confirming a revised launch timetable • continuing the brand rollout across CTM sites, including branded materials for Charity-supported projects, donation information and fundraising resources • developing clearer supporter journeys through JustGiving, MuchLoved, Enthuse, lottery and appeal activity • progressing sensory support across CTM, including evaluation of the Immersive Room, smaller sensory pilots, RGH sensory room fundraising and the Dreams Come True sensory garden project • completing and launching the PCH Neonatal Unit family area improvements • using the Giving to Pink plan as a template for similar restricted or designated funds • developing a simple campaign and appeal prioritisation framework based on fundraising potential and strategic or clinical need • strengthening impact reporting through usage data, patient/family/staff feedback, case studies, Most Significant Change questions and clearer reporting to supporters and Committee • developing the Charity Champions and ambassador model to support greater staff involvement across CTM

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Charitable Funds Committee is asked to: 1. **NOTE** the CTM NHS Charity Activity and Impact Report for January to June 2026.

1. Background / Context

1.1 In January 2026, the Charitable Funds Committee received a forward look setting out key priorities for the Charity, including the launch and embedding of the refreshed Charity brand, development of the fundraising lottery, visible and equitable charitable impact across CTM sites, and stronger use of partnerships, projects and storytelling to support sustainable growth.

1.2 This report provides the first six-month activity and impact update against that developing direction. It also reflects the Charity's wider strategic ambition to become more visible, more focused, more effective in generating income and better able to demonstrate the difference charitable support makes for patients, families, staff and communities across Cwm Taf Morgannwg.

1.3 The report should be read alongside the separate strategic forward plan and fund rationalisation work. Together, these papers support a more structured approach to charitable activity, linking income generation, fundholder engagement, project delivery, visibility and impact reporting.

2. Strategic Insights

2.1 Brand launch and visibility

The refreshed CTM NHS Charity brand went live in June 2026, creating a clearer and more consistent identity for the Charity. Key digital channels have been updated, including JustGiving, social media, campaign materials and the Charity's presence on the CTM UHB website. The next phase will focus on embedding the brand across CTM sites through project materials, donation information and updated fundraising resources.

2.2 Fundraising and supporter activity

Digital fundraising improved during the period. Between January and June 2026, the Charity received **422 JustGiving donations**, with a total value including Gift Aid of **£20,389**. MuchLoved in-memory giving generated around **£5,296**. The strongest activity continues to be linked to personal stories, gratitude, challenge events, workplace fundraising and targeted appeals. Further work is needed to develop recurring support through the lottery, Enthuse, regular giving and improved supporter journeys.

2.3 Lottery readiness

The Charity lottery was initially planned to launch on 22 June 2026. Launch has been paused following provider updates to key cloud and data systems, while Information Governance and Cyber assurance is completed. Branded launch content is ready, allowing the Charity to proceed once assurance requirements are satisfied.

2.4 Projects supported and early impact

Recent Charity activity has focused strongly on practical improvements to patient, family and staff experience. Key examples include the Ellis Cummings Immersive Room, wider sensory support work, RGH Children's Ward sensory resources, PCH Neonatal Unit family area improvements, the £20,000 Dreams Come True sensory garden grant, the Creative Arts Pilot and the next phase of Sony-supported improvements to POW Children's Ward. These projects demonstrate the Charity's role in supporting visible improvements over and above core NHS provision.

2.5 Staff recognition and engagement

The Charity continued to support staff recognition through the Long Service Recognition event and the Seren Annual Staff Awards programme. Feedback from the Long Service event was positive, and learning from the 2025 Seren Awards is informing the 2026 event. The CTM Charity Champions Viva Engage community also provides a useful foundation for developing a clearer ambassador model.

2.6 Fundholder engagement and targeted charitable spend

The Giving to Pink Impact, Delivery and Engagement Plan has been developed as a more structured approach to the future use of the restricted fund. It brings together donor intent, clinical priorities, fundholder engagement, fundraising, governance and impact reporting. This model can now inform similar plans for other restricted or designated funds.

2.7 Impact evaluation and learning

The Valley Veterans Most Significant Change report shows how charitable support can unlock wider partnership value and system learning. It also demonstrates the value of qualitative evaluation in capturing outcomes such as trust, belonging, reduced isolation and improved access to care. This learning is informing the Charity's wider approach to impact reporting, including the Immersive Room, sensory support, Giving to Pink and Arts and Health.

3. Risks and Opportunities

3.1 The report highlights a positive direction of travel for CTM NHS Charity but also shows several risks that will need to be managed as activity increases.

3.2 The main risk is capacity. The refreshed brand, improved visibility and growing fundraising activity are creating more interest, more project ideas and more requests for support. Without clear prioritisation, there is a risk that the Charity becomes spread too thinly across too many small activities.

3.3 There is also a risk around the lottery delay, as the launch pause affects the timetable for developing a new recurring unrestricted income stream for the Charity.

3.4 The key opportunity is to build on the new brand and improved digital engagement to make the Charity more visible, easier to support and more clearly connected to local impact. Fundraising performance shows that personal stories, gratitude, challenge events and targeted appeals can generate strong support.

3.5 There is also a significant opportunity to use the Giving to Pink plan as a for other restricted and designated funds, improving fundholder engagement, donor stewardship and targeted charitable spend.

3.6 Finally, the work on sensory support, Arts and Health, Veterans, staff and corporate partnerships shows the Charity's potential to support practical improvements that are visible, meaningful and over and above core NHS provision. The next phase is to focus that opportunity through clearer priorities, stronger supporter journeys and better evidence of impact.

4. Conclusion

4.1 The first half of 2026 has created a stronger platform for the next phase of CTM NHS Charity's development.

4.2 The refreshed brand is now live, digital fundraising has improved, supporter stories are gaining traction, key projects are being delivered, and stronger approaches to fundholder engagement, campaign prioritisation and evaluation are emerging.

4.3 The next phase is to convert this progress into more consistent visibility, clearer appeals, stronger supporter journeys, better use of charitable funds and more robust evidence of impact across CTM.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Choose an item. If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Learning, Improvement & Research
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: POSITIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: POSITIVE The report includes several areas with positive equality and accessibility relevance, particularly sensory support for children and young people with additional learning or sensory needs, work with community groups to identify gaps in provision, and partnership activity designed to improve access for veterans and other groups who may face barriers to standard service routes. Refreshed brand and future campaign materials will continue to be developed bilingually and accessibly.	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome**	A full Quality Impact Assessment is not required for this report, as it is presented for noting and does not seek approval for a specific service change. However, the activity described in the report has a broadly positive quality and patient experience impact. The Charity-supported projects outlined	

(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	are intended to enhance care and experience over and above core NHS provision.
Cyfreithiol / Legal	**There are no specific legal implications related to the activity outlined in this report**
Enw da / Reputational	**Yes (include further detail below)** The Charity's impact and engagement activity has a positive reputational impact for both the Charity itself and the wider Health Board.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** Delivery of the engagement activity requires Charity resource, both people and financial as outlined in the report.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

ctm | Elusen GIG NHS Charity

Charity Activity Report

July 2026

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Introduction

This report provides an update on CTM NHS Charity activity during the first half of 2026. The period has been an important one for the Charity. Much of the work over the previous year focused on putting better foundations in place: developing the refreshed brand, improving digital fundraising routes, strengthening governance, supporting visible projects, and beginning to build a clearer role for the Charity within CTMUHB.

During this period, that work has started to move into a more visible phase. The refreshed CTM NHS Charity brand has gone live as of 10 June 2026, the Charity's digital channels and touchpoints with supporters have been updated, and fundraising activity has continued to grow.

The report also reflects the Charity's developing strategic direction. The focus for the remainder of 2026 is not only on raising and spending charitable funds, but on making sure that support is targeted, visible, aligned to patient, family, staff and community benefit, and capable of demonstrating sustainable impact.

At a glance

During the period, CTM NHS Charity:

- launched its refreshed brand in June 2026
- updated key digital channels, including JustGiving and social media branding
- improved the Charity's presence on the main CTMUHB website
- received 422 unique donations through JustGiving between January and June
- generated £20,389 through Just Giving
- supported a range of staff, community and corporate fundraising activity
- progressed projects for children, families, patients and staff
- prepared launch rollout content for Charity Lottery

- developed an ongoing fund plan for the Giving to Pink restricted fund and a new template model for other funds
- used learning from Most Significant Change report to help inform future evaluation approach
- began to shape a more consistent approach to future campaign and appeal prioritisation

Financial context

For the 2025/26 financial year, CTM NHS Charity total income was £415,859.17.

Income area	Value
Non-R&D grant income	£96,096.00
Other income	£350.00
Donations income	£144,973.97
Legacies income	£66,277.53
Dividends and interest	£108,161.67
Total income	£415,859.17

Brand launch and visibility

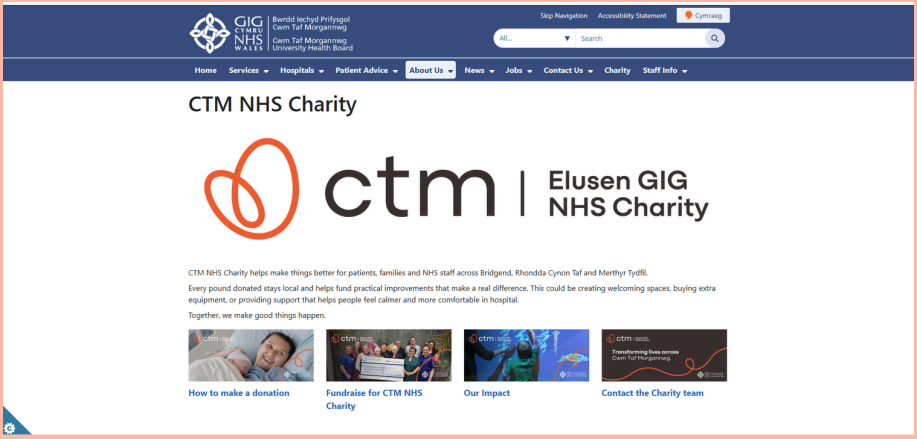
A significant milestone, the refreshed CTM NHS Charity brand went live in June 2026. The new brand gives the Charity a clearer, warmer and more consistent identity. It helps explain who we are, what we support, and how local people can help make a difference for patients, families and NHS staff across Cwm Taf Morgannwg.

Since launch, key digital channels have been updated. This includes JustGiving, social media content, campaign materials and the visual identity used across Charity communications. The new brand will also be applied to the Charity lottery once launched.

A major improvement has also been made to the Charity's presence on the CTMUHB website. The Charity now has a more prominent position within the main website navigation, making it much easier for staff, patients, families, fundraisers and members of the public to find.

The website now includes improved content for people who want to support the Charity,

including better information for fundraisers, clearer routes to donate, and new pages focused on projects and impact. This gives the Charity a much stronger platform for future appeals, storytelling and supporter engagement.



The launch has also enabled the Charity to begin testing different types of content across channels. Early learning continues to show that the strongest engagement comes from human stories, visible impact, gratitude-led fundraising and clear examples of local support making a difference.

The brand launch should therefore be seen as a foundation for the next phase of the Charity's development. It gives us the platform to build recognition, improve supporter journeys, strengthen fundraising campaigns and show more clearly how charitable support helps make good things happen across CTM.

The next phase of the brand rollout will focus on embedding the new identity across CTMUHB sites, including branded materials for new and existing Charity-supported projects, clearer donation information, and updated fundraising resources to help staff, supporters and local communities promote the Charity consistently and confidently.

Fundraising lottery

The Charity lottery was initially planned to launch on 22 June 2026, aligned to the refreshed brand rollout, with some time between the launch of the brand and the lottery.

The lottery launch was paused following updates by the external lottery manager (Sterling Lotteries) to key cloud and data systems. Given the nature of those changes, the Charity has taken a cautious approach and is working through updating the required Information Governance and Cyber assurance processes, before committing to a wider launch.

Launch content and branded materials have already been developed. This means the Charity is well placed to move forward once the required assurance has been completed.

While the delay affects the timetable for developing recurring unrestricted income, it is appropriate that the Charity has paused until the necessary assurance is in place.

Fundraising and supporter activity

Fundraising activity during the first half of 2026 continued to show the importance of personal connections and gratitude in growing support for CTM NHS Charity.

Between January and June 2026, the Charity received 422 donations through JustGiving, with a total value including Gift Aid to £20,389. This represents a significant improvement in digital fundraising activity, with donation value increasing by around 84% and total value including Gift Aid increasing by around 80% compared with the previous six-month period. The average JustGiving donation also increased from approximately £25 to £41, driven by a series of more targeted challenge/event based fundraisers and appeals.

Alongside Just Giving, 124 MuchLoved in-memory donations also generated around £5,296. A significant increase vs the previous year and showing the importance of utilising different platforms to support different types of donations. In the latter half of 2026, the Charity will launch a new presence on the Enthuse donation platform to help target repeat fundraisers, and better support supporter participation in challenge events (as the sole platform used for the UK's largest mass fundraising events) and ongoing appeals.

This is an improved digital fundraising position but there are still a large percentage of donations which are not utilsing the above platforms, which demonstrates the need for increased visbility and promotion of these preffered ways to support the Charity.

Rhian and Helen's Wales walking challenge

One of the strongest supporter stories during the period was Rhian Williams and Helen Brace's 1,047-mile Wales walking challenge in support of the Intensive Care Unit at Royal Glamorgan Hospital.

Their challenge combined the Wales Coast Path and Offa's Dyke Path, and was inspired by the care Rhian's husband, Nick, received at Royal Glamorgan Hospital's ICU and HDU.

The fundraiser exceeded its original target and raised more than £2,000 including Gift Aid. It is a strong example of gratitude-led fundraising, where personal experience of care is turned into practical support for future patients, families and staff.

"My husband, whose life was saved by the care of the wonderful staff in the Royal Glamorgan ICU and HDU, along with the Ear, Nose and Throat doctors, is making good progress and was cheering us on all the way. We are so grateful for the support and encouragement our donors have given us. The final stretch was very challenging, especially through the Clwydian Hills, but it was also incredibly rewarding to finish the full 1,047 miles."

Rory Hill's London Marathon fundraiser

Rory Hill took on the London Marathon in support of the Special Care Baby Unit at Princess of Wales Hospital.

His fundraising was inspired by the care and reassurance SCBU provides to premature and poorly babies, and to families during what can be a very difficult and anxious time. His JustGiving page raised more than £3,000 online, with Gift Aid also shown on the page.

"I was so pleased I was able to raise money for such an outstanding team. I'm pleased that I raised a little over £3000, I only wish it could have been more, as I feel that it's peanuts compared to what the SCBU team are worth."

RGH sensory room fundraising

Fundraising also continued for the Children's Ward sensory room at Royal Glamorgan Hospital.

The appeal aims to create a calm and supportive space for children and young people, particularly those who are neurodiverse or have additional sensory needs. The campaign has

Projects supported and early impact

A significant proportion of recent Charity activity has focused on improving environments and experience for children, young people, families, patients and staff. This reflects the Charity's developing strategic focus on visible, practical improvements that are over and above core NHS provision and that supporters can easily understand.

Sensory support across CTM

The Immersive Room at Prince Charles Hospital remains one of the strongest recent examples of visible charitable impact. The project was developed following a local family's experience of emergency care and the challenges faced by children who may experience sensory overload in unfamiliar clinical environments. The family and local community raised around £13,000, with the Charity providing the remaining funding.

Early feedback since the room was launched in December from families and staff has been extremely positive. The room has already been described as helping children feel calmer, supporting treatment and assessment, and reducing stress for families and clinical teams.

"The nurse took us into this immersive room with snow falling. My son immediately calmed down... we got to get him treated properly. Thank you so much, it honestly was a life saver." - Parent feedback

"Knowing this facility is available, I'm no longer in fear of taking [my child] to hospital. I can't put into words the difference this will make." - Parent feedback

"It massively reduces the stress of both the child and family, which has a knock-on effect of reducing stress on the nursing and medical staff." - Staff feedback

"It provides great distraction... allowing us to perform limb assessments in a completely non-threatening way." - Staff feedback

"I feel like we can finally say that we really put patients' needs first." - Staff feedback

The Charity is now working with CTMUHB Research and Development colleagues to develop a

fuller evaluation approach with a pitched improvement evaluation with support from university partners and staff who want to support the research and development process. This will help assess the impact of the room as a novel project within CTM, understand its effect on patient, family and staff experience, and consider what can be learned for other sites that do not currently have access to the same level of immersive support.

The Charity is also working with local groups, charities and clinical teams to better understand gaps in current service provision and identify the interventions that would be most helpful for children, young people, families and staff. This includes working with InclusAbility (a local network supporting families with chidlren with ALN) in Bridgend and other local charities to help establish the baseline need across CTMUHB sites through a survey developed with the input of clinical staff.

Alongside this engagement, the Charity will explore and pilot smaller-scale sensory interventions during 2026, including sensory items, packs and bags for use in paediatric wards and Emergency Departments across CTM. These lower-cost resources could provide practical support in settings where a full immersive room is not available, helping children feel calmer, supporting distraction during treatment and improving the experience of care.

This approach moves the work beyond one flagship project and towards a more equitable model of sensory support across CTM, with future investment shaped by clinical feedback, community insight and evidence of what makes the greatest difference.

Sensory resources on RGH Children's Ward

Alongside continued fundraising for a dedicated sensory room, charity support has already enabled the Children's Ward at Royal Glamorgan Hospital to introduce new sensory resources, including Tonieboxes and sensory lights for patients. The Tonieboxes provide stimulation without digital screens and give staff another option to reduce distress and pressure during care.

These smaller resources resources are providing alternatives to screen-based distraction and are helping create calmer moments for children during hospital stays and treatment.

Harri, the project lead, has described the difference already being seen on the ward:

"We've had some ill children on varying forms of oxygen therapy who have actually given us a smile when the Tonieboxes were introduced. For a child to offer us a smile whilst in hospital receiving treatment is a great result."

The resources have also changed the way staff think about supporting patients

"The shift from a default of 'let's find them a film or something on YouTube' to 'let's get them a Toniebox so they can have a story' has been the single most important change. They've become an

Staff recognition and engagement

The Charity has continued to support activity that recognises and celebrates CTMUHB staff, boosting staff wellbeing during the period.

Long Service Recognition

In March 2026, CTM NHS Charity supported delivery of the Long Service Recognition event, celebrating colleagues who have given 40 years or more to the NHS.

The event provided an opportunity to recognise the commitment and contribution of colleagues from across CTM UHB. It also reflected the Charity's role in enhancing staff experience and recognition, where charitable support can help create special moments of appreciation that go beyond normal day to day activities.

Feedback following the event showed that it was well-received by staff. Attendees rated the event highly, with an average overall rating of 4.72 out of 5. The event also scored 4.64 out of 5 for making colleagues feel valued for their contribution to CTM.

The feedback highlighted the importance of recognition, appreciation and reconnecting with colleagues. Learning from the event will help shape future long-service recognition, including earlier notice, consideration of location and additional ways to recognise colleagues who are unable to attend in person.

CTM Seren Staff Awards 2025 & 2026

CTM NHS Charity continued to support staff recognition through the Seren Annual Awards programme. The 2025 event brought together 186 attendees, following a strong nomination process with over 300 staff nominations. Participant feedback showed that the awards helped create a warm, celebratory and inclusive atmosphere, supporting pride, belonging and connection across CTM.

The event also generated nearly £1,200 for the Chartiy through the raffle, with over £3,000 saved through sponsorship. Learning from 2025 is now informing the 2026 event, including earlier planning, clearer nomination guidance, stronger judging processes, improved venue arrangements and wider sponsorship opportunities. The 2026 Seren Annual Awards will take place on Thursday 8 October 2026 at The Vale Resort, with continued support from CTM NHS Charity.

The Charity is continuing to support the awards as part of its wider role in recognising and celebrating staff contribution across CTM. The event also provides an opportunity to increase Charity visibility with staff, develop sponsorship and in-kind support, and strengthen the role of the Charity in improving NHS staff welbeing.

CTM Charity Champions and Viva Engage

The CTM Charity Champions Viva Engage community continues to provide an internal route for Charity updates, fundraising activity and opportunities to get involved. Since its launch late last year, the community has recorded 54,217 views on posts with a unique reach of 22,119 people.

This provides a useful foundation for the next phase of staff engagement, further developing the Charity Champions model. The Forward Plan includes a dedicated ambassadorship workstream to create clearer roles, stronger support and more active staff and community advocacy for the Charity.

Communications and engagement

Charity-linked communications during the first half of 2026 continued to show that the strongest engagement comes from human stories rooted in gratitude, lived experience and visible local impact.

Across CTMUHB Facebook, eight Charity-linked posts generated **103,281 impressions**, **153,069 views**, **776 interactions** and **115 shares**.

These posts included supporter stories, Charity-funded impact, the refreshed Charity brand launch, and partnership activity linked to Veterans and the Armed Forces community.

The highest-impression Charity-linked post was the story of Bryan and Ray, who marked their 65th wedding anniversary by fundraising for the Special Care Baby Unit at Princess of Wales Hospital.

The strongest Charity impact story was the Autistic Pride Day reel about the immersive room at Prince Charles Hospital. This generated strong engagement and helped show the difference the

room is making for children and families.

The refreshed Charity brand launch post was also an important foundation point. While it was not the highest-performing post of the period, it introduced the new Charity identity and clearer message that local support helps make things better for patients, families and NHS staff across CTM.

This reinforces the need for the Charity's future content plan to focus on stories, impact, gratitude and clear opportunities to support.

Fundholder engagement and targeted charitable spend

A key area of development during the period has been the creation of a new fund plan for the Giving to Pink restricted fund, which has over £270,000, reserved for the benefit of patients at the Snowdrop Breast Centre.

The Giving to Pink plan brings together the Snowdrop Team, fundraisers and CTM NHS Charity around a more structured approach to the fund's future use.

The plan aims to protect the original charitable purpose of Giving to Pink, identify priorities for investment, strengthen communications with supporters, support future fundraising and provide a framework for monitoring impact.

The plan sets out a vision to continue the legacy of the original fundraisers by helping every breast patient and their family across Cwm Taf Morgannwg feel more supported, informed and cared for throughout treatment and recovery.

This also provides a future model for other similar restricted funds which need a more targeted fund plan. The aim is to develop clearer plans that bring together donor intent, clinical priorities, fundholder engagement, fundraising activity, governance and impact reporting. This will help ensure charitable funds are used appropriately and transparently, while also giving supporters a clearer understanding of the difference their generosity makes.

Learning from Veterans community partnership

In 2025, CTM NHS Charity supported the Armed Forces Health and Wellbeing partnership event at Valley Veterans in Ton Pentre. The event brought together NHS, local authority and voluntary sector partners in a trusted community setting, with the aim of improving access to advice, support and care for veterans and their families.

The subsequent **Valley Veterans Most Significant Change report (see attachment)**, produced by

Grow Social Capital in April 2026, helps demonstrate what that Charity-supported activity enabled. The report explains that the June 2025 event was a key milestone in a co-produced programme between CTMUHB, Valley Veterans and partners, focused on understanding the needs of hub users and improving support in a way that respected the self-directed nature of Valley Veterans.

The findings describe the event as helping to shift the relationship between Valley Veterans and statutory services, with services becoming more visibly connected to the hub and veterans more able to access support in a familiar, trusted and non-clinical environment. The report describes this as a "seismic shift" in Valley Veterans' relationship with the NHS and wider services, moving from feeling ignored or marginal to being actively sought out and engaged.

It demonstrates how relatively modest charitable support (approximately £500) can help unlock wider partnership value. The benefit was not only attendance on the day, but the trust, relationships, service links and learning that followed. The report also highlights why setting matters: bringing support into the veterans' own space helped reduce barriers for people who may struggle with conventional appointments, telephone access, digital routes or unfamiliar clinical environments.

The report also provides important learning for the Charity's developing approach to impact evaluation. It used the Most Significant Change methodology, a qualitative approach based on collecting personal stories of change and using a panel process to explore what changed, why it mattered and what could be learned. This type of insight is difficult to capture through activity data alone. It helps evidence outcomes such as trust, belonging, reduced isolation, peer support, family impact and improved access to appropriate care.

For the Charity, this provides a useful model for future impact reporting. It supports a move away from only reporting what was funded, towards showing what changed as a result, why that change mattered and how the learning can shape future Charity programmes. This approach is already informing evaluation work around the Immersive Room and wider sensory support across CTM, and will also support future reporting for Giving to Pink, Arts and Health and other projects.

Giving to Pink
Impact, Delivery & Engagement Plan 2026/27

Giving to Pink represents an inspiring example of what can be achieved when patients, families, communities and NHS staff come together across Cwm Taf Morgannwg with a shared purpose. Born from Clare Smart's determination to improve the experience of breast patients, Giving to Pink has a legacy which demonstrates the power of community generosity.

Today, Giving to Pink continues as a restricted fund/appeal under the umbrella of our CTM NHS Charity, supporting projects that enhance care over and above what the NHS could normally provide. This plan sets out the ambitions for 2026/27 and establishes a clear framework for delivering meaningful improvements for breast patients, while ensuring donors continue to see the impact of their generosity.

Why this plan?

Recent discussions between the Snowdrop Team, Clare's family and Giving to Pink representatives and our CTM NHS Charity team highlighted a shared ambition to take a more planned approach to the development of the fund/appeal.

The aim of this plan is to:

- protect the original charitable purpose of Giving to Pink
- identify priorities for investment
- strengthen communications with supporters
- support future fundraising
- provide a framework for monitoring impact

This approach directly supports the wider charitable aims of CTM NHS Charity by demonstrating measurable impact, strengthening relationships with supporters and ensuring charitable funds can deliver visible improvements for patients.

Our Vision

To continue Clare's legacy by helping every breast patient and their family across Cwm Taf Morgannwg feel more supported, informed and cared for throughout their treatment and recovery.

Our Ambition

To establish Giving to Pink as an exemplar CTM NHS Charity fund/appeal by:

- delivering meaningful improvements to patient experience
- investing in innovation where charity funding can add the most value
- supporting the emotional wellbeing of patients and their family alongside clinical care
- strengthening engagement with donors and supporters
- demonstrating measurable impact each year

Principles for the Use of Giving to Pink Funds

To ensure charitable donations continue to provide additional benefit for patients, the following principles will apply:

- Giving to Pink funding will only be used to support projects that enhance care and experience beyond the core services that the NHS is responsible for providing.
- Charitable funds will not be used to fund ongoing NHS service commitments, including substantive staffing costs, routine consumables or other recurring revenue expenditure that should properly be met through Health Board budgets.
- Where charitable funding is used to purchase equipment, any ongoing maintenance, servicing, consumables or replacement costs will be met through appropriate NHS revenue budgets.
- All expenditure will continue to be assessed through CTM NHS Charity's established governance arrangements to ensure it aligns with the purpose of the fund and Charity Commission requirements.

Strategic Priorities

1. Supporting Patients

Aim

Improve comfort, dignity and confidence throughout treatment and recovery.

Potential Projects

- Post-mastectomy bra support for patients in-need
- Prosthesis enhancements/improvements
- Comfort and wellbeing items
- Enhanced patient information resources (printed and digital)
- Other projects identified jointly by patients, clinical teams and CTM NHS Charity throughout the year

Impact Measures

- Number of patients supported
- Patient satisfaction and feedback
- Clinical feedback

2. Supporting Families

Aim

Recognising that breast cancer affects entire families.

Potential Projects

- Partner/family information evenings
- Family support resources
- Emotional wellbeing sessions
- Peer support

3. Innovation

Aim

Using charitable funding to introduce improvements and pilot ideas that enhance NHS services.

Current Projects

Pintuition system

Potential Projects

- New equipment
- Digital innovation
- Environmental improvements

4. Awareness, Engagement and Legacy

Ensuring supporters understand the difference Giving to Pink makes.

Objectives

- Patient stories and case studies
- Annual impact reporting
- Short videos
- Donor communications

5. Listening, Learning and Improving

Aim

To ensure Giving to Pink continues to evolve in response to patient need.

Achieved Through

- Patient involvement in project development
- Feedback following events
- Annual review of priorities
- Continuous improvement
- Donor engagement

Delivery, Communications and Engagement Plan

An important ambition for 2026/27 is not only to deliver meaningful improvements for breast patients, but also to demonstrate the impact of Giving to Pink through regular communication with patients, supporters and the wider community.

Initiative	Lead	Timescale	Intended Outcome
Pintuition impact story	Charity & Comms Team	July 2026	Showcase how charitable funding is enhancing breast care through innovation, using a short video and case study.
Patient and partner support events	Snowdrop Team	Throughout 2026/27	Deliver a programme of support evenings covering topics such as reconstruction, treatment, recovery and living beyond breast cancer, while strengthening peer support and engagement.
Post-mastectomy bra support scheme	Snowdrop Team	Q3 2026/27	Develop a sustainable scheme to provide additional practical support for patients experiencing financial hardship.
Breast Cancer Awareness Month	Charity Team & Snowdrop Team	October 2026	Deliver a coordinated campaign highlighting patient stories, the impact of Giving to Pink and CTM NHS Charity and opportunities for community support.
Giving to Pink Annual Impact Report	Charity Team	March 2027	Publish a summary of activity, investment and impact over the year, providing transparency for supporters and celebrating the difference their generosity has made.

Communications and Donor Engagement

Throughout the year we will strengthen communication with Giving to Pink supporters by:

- sharing updates on funded projects and their impact
- developing patient and staff stories that demonstrate the difference charitable funding is making
- producing short videos showcasing projects, beginning with the Pintuition system
- recognising the contribution of donors, fundraisers and community supporters; and
- providing opportunities for Giving to Pink representatives to meet with clinical and charity teams to review progress and discuss future priorities.

Future Fundraising

Alongside responsible stewardship of existing funds, we will explore opportunities to support future Giving to Pink fundraising that aligns with patient need, the agreed clinical priorities and the wider charitable objectives of the Health Board and NHS Charity.

Potential areas for future appeals include:

- **Helping Recovery**: Practical support for patients during treatment and recovery, including post-mastectomy bras, wellbeing items and comfort resources.
- **Supporting Families**: Information, events and resources to help partners, families and carers support loved ones affected by breast cancer.
- **Innovation in Breast Care**: Supporting new technologies, equipment and service improvements that enhance patient care beyond core NHS provision.

Any future fundraising or development activity for Giving to Pink will be developed collaboratively between the Snowdrop Team, CTM NHS Charity, and shaped in partnership with those it exists to support (patients and their families). This will help to ensure consistent branding, governance and messaging.
Where appropriate, patients, families and carers will be involved in helping to identify priorities, shape new initiatives and provide feedback on projects funded through Giving to Pink.

This will help ensure Giving to Pink support continues to reflect the needs and experiences of people affected by breast cancer across Cwm Taf Morgannwg.

Measuring Success
Progress will be reviewed throughout the year and reported to supporters and the Charitable Funds Committee. Success will be measured not only by the funds invested, but by the difference they make to patients, families and services.

Measures of success will include:

- patients and families supported
- projects delivered
- patient and clinical feedback
- supporter engagement and communications reach
- case studies and stories demonstrating impact
- progress against the priorities set out within this Development & Delivery Plan

Further Development

N.B. This plan is intended to be a live document.

It will be reviewed regularly by the Snowdrop Team and CTM NHS Charity throughout the year, allowing new opportunities, patient priorities and charitable projects to be incorporated as they emerge, while remaining true to the purpose of the Giving to Pink fund.

GROW SOCIAL CAPITAL

Valley Veterans Most Significant Change report

Russell Todd

Dave Horton

April 2026

Contents

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Quality Improvement Gwella Ansawdd
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www.growsocialcapital.org.uk

1. Who are Grow Social Capital CIC?

"The individual is helpless socially, if left to himself"

- Lyda Hanifan, 1916

Grow Social Capital CIC was established as a Community Interest Company in November 2020 by its four directors: Andy Green; Sarah Tamsin; Matt Appleby; and Russell Todd.

They were motivated by the recognition that the same-old, same-old didn't work before the pandemic and would not work after the pandemic; which for all its horrors and the existential anxiety it imposed, did at least remind many of us of the importance of neighbourliness, our local *milltir sgwâr*, reciprocity, and slowing down. A silver lining to a dark cloud.

Our purpose is to raise people's understanding of Social Capital to assist them to support positive social and economic change and help create more resilient, capable and confident communities, organisations and workplaces; and to tackle the growth of 'UnSocial Capital' - the changing levels of Social Capital which are leading to growing distrust, disrespect, division and tribalism in society.

We do this by bringing together our directors' expertise in community development, participation, and transformative communications, who all share a passion for social capital theory. Examples of our work can be found in Appendix 1.

On behalf of Grow Social Capital, Russell Todd undertook the work, with Dave Horton joining the team on an associate basis.

2. Acknowledgements

For their guidance, patience and practical help, Russell Todd and Dave Horton would like to thank:

Rachel Heycock and Natasha Weeks at Cwm Taf Morgannwg University Health Board.

Nigel Locke at Valley Veterans for helping coordinate visits and contact with members.

Everyone at Valley Veterans for the warm welcome we received, and in particular to those who shared with us their time and their stories.

3. Executive Summary

> "This is the world as it is. This is where you start"
> — Saul Alinsky

Valley Veterans is a blueprint hub for veterans in Cwm Taf Morgannwg and has been developing effective partnerships with a range of NHS and third sector health and social care services for a number of years, culminating in a 'beacon' event in June 2025 during Armed Forces Week. Key ingredients of the successful partnership arrangements have been:

- Respect by external organisations for the routines, culture and vernacular of a veterans hub
- Involving the hub members in co-designing the event and the ways in which services are part of the regular routine of a hub
- Services embedding themselves within the hub and taking time to build up trust and relationships

This inquiry suggests that a veterans hub, though effective in 'catching' some veterans who skip through cracks in the system, should not be seen as such a last resort. Rather, a hub helps get veterans back on their feet, socially-included, feeling valued and active in their community, i.e., not a safety net and more of a springboard.

Veterans' hubs have a unique vernacular. They have a language, slang and ways of speaking of their own that uses banter, swearing and Forces terminology that can be hard to understand by people unfamiliar with it. Veterans also have a low tolerance for people trying to imitate it or ingratiate themselves into it for ulterior motives. There is also an acute understanding of non-verbal and physical cues and body language that is part of this vernacular

All partners recognise that there remain barriers to veterans to accessing services, including some veterans finding big events a little overwhelming. Potential solutions to these barriers might be found through continued engagement and co-design with veterans hubs, with such collaboration also providing a bedrock of mutual understanding should potential solutions prove *not* to be workable or feasible.

Although this inquiry is not an evaluation of Valley Veterans itself it does identify a number of things that it does well and from which other and/or newer hubs may learn much. However, even though other veterans' hubs are likely to share similar values, approaches and even 'origin story' to Valley Veterans, they will also have their own individuality, culture, vernacular, members' aspirations and partnership arrangements with the voluntary and public sectors. Defining characteristics of hubs is their independence; that they are led by people with lived experience; and are self-directed.

This however brings into focus longer term issues such as succession planning for the leaders of veterans' hubs, robust governance of hubs and strategic partnership arrangements with the public and voluntary sectors.

Finally, it is clear that the way in which a veterans hub works with public and voluntary health services brings about many direct benefits to the health and wellbeing of veterans. However, another significant determinant of veteran wellbeing is the family relationships a veteran has. There appears scope for veterans hubs and partners to have a greater focus on the wellbeing of veterans' partners, their children, family members and carers without losing sight of the primary focus of veterans' care.

3.1. Summary of recommendations

Veterans hubs as safe spaces where veterans can talk and feel they belong

RECOMMENDATION 1: Review the use of phone queues and digital-by-default routes for veterans.

RECOMMENDATION 2: Training for reception and front-line staff in trauma-informed, veteran-sensitive communication.

RECOMMENDATION 3: Fast-track routes and/or named contacts for hub referrals ("I'd love to have a phone line to any surgery and say 'Look, we've got a person here…'").

RECOMMENDATION 4: Expand the veteran-accredited practice model (e.g. based on Newpark GP practice).

Reducing isolation through routine, structure and purpose

RECOMMENDATION 5: Draw on Valley Veterans as an exemplar to:

- Create welcoming, non-clinical spaces at other veterans hubs
- Understand how the culture and vernacular of hubs function in processing trauma
- Understand the psychology of self-exclusion, particularly among younger veterans

Peer support and 'quiet' professionalisation

RECOMMENDATION 6: Formalise training, supervision and support for peer mentors, recognising the emotional load of this role.

RECOMMENDATION 7: Begin developing a new generation of volunteer peer mentors so that the model is not overly dependent on a few founders (succession planning).

The 2025 Health and Wellbeing event

RECOMMENDATION 8: Move from personality-driven to system-backed outreach: codify expectations that key services (e.g. GP champions, WISE, bereavement, mental health, Citizens Advice) maintain regular presence at veteran hubs.

RECOMMENDATION 9: Create simple, visible schedules, e.g., Citizens Advice every second Thursday, etc.) so veterans can plan.

RECOMMENDATION 10: Designate a team or function that can hold a full package of care, rather than 'bouncing' veterans between unconnected services.

Faster, more appropriate care

RECOMMENDATION 11: Undertake research into the preventative value of veterans' hubs, perhaps using Valley Veterans as a focus.

RECOMMENDATION 12: Consider quieter, flexible spaces in hospitals and primary care locations that are sympathetic to veterans needs and experiences.

Limitations of the event format and lessons for the future

RECOMMENDATION 13: Shift from large, annual "showcase" events to smaller themed sessions, e.g., bereavement and wills, pain and mobility, money and housing.

RECOMMENDATION 14: Design into events quiet spaces and observance of established routines (e.g. finish times).

RECOMMENDATION 15: Continue to work with veterans hubs to co-design events.

When the system fails and how hubs 'catch' veterans

RECOMMENDATION 16: With consent and appropriate anonymisation, present some of these MSC stories, especially *Help*, to senior NHS leaders and frontline staff as part of trauma-informed and veteran-aware training.

Impact on families and carers

RECOMMENDATION 17: Consider how CMTUHB can support the provision of respite and wellbeing activities for the partners of hub users (e.g. a carers' coffee morning, joint sessions, or links to yoga/activities as described in the discussions).

RECOMMENDATION 18: Ensure crisis plans and support pathways consider family burden and provide them with information and contact points.

Panelists' experience of MSC

RECOMMENDATION 19: Run another MSC inquiry within the next 3-6 months, e.g., the experiences of partners and carers, or the peer mentor scheme.

RECOMMENDATION 20: Consider training in MSC for CMTUHB and partners.

RECOMMENDATION 21: In the short-term, someone involved in this inquiry should join Nick's COP to assist in developing MSC capacity.

RECOMMENDATION 22: In the medium term, develop a COP for MSC practitioners across CMTUHB and its partnership arrangements.

RECOMMENDATION 23: In the event of further MSC activity at/with Valley Veterans, be cautious over re-approaching the storytelling cohort involved in this inquiry.

RECOMMENDATION 24: CMTUHB to review what data the current inquiry has generated and liaise with its data/information team to ensure future MSC work complies with legal and organisational obligations.

4. Background

> "You're never going to kill storytelling, because it's built into the human plan. We come with it"
> — Margaret Atwood

Cwm Taf Morgannwg University Health Board (CTMUHB) is interested in using the Most Significant Change (MSC) methodology to explore the impact and key changes in partnership working that have occurred at and around Valley Veterans since an event on 26 June 2025 during Armed Forces Week, at which a number of NHS and voluntary sector services came together.

Picture credit: *Improving Veteran & Armed Forces Health in Cwm Taf Morgannwg*

The 'beacon event' was a key milestone in a programme of patient, co-produced work between CTMUHB, Valley Veterans and partners (e..g, Newpark Surgery in Talbot Green) to explore the needs of hub users and Valley Veterans itself. An underlying principle of this work was to not 'suffocate' or co-opt the work that Valley Veterans does in a self-directed manner. A week later, the event surveyed extremely positively among attendees.

In addition, CTMUHB has been keen to explore the extent to which the MSC methodology might be used more routinely within its evaluation and quality improvement work.

4.1. Valley Veterans

Valley Veterans is a hub serving former armed forces personnel and current reservists. It is based in Ton Pentre and serves the Rhondda and surrounding valleys. It was started a quarter of a century ago by Paul Bromwell, its CEO, who started it off in his own home…plus a horse

in his back garden! Valley Veterans now has five horses on a paddock near the hub, which is considered one of four 'blueprint hubs' in Wales.

In November 2020, Valley Veterans registered as a Charitable Incorporated Organisation.

4.2. What is Most Significant Change?

Most Significant Change (MSC) is a qualitative method based on storytelling. It was devised by Rick Davies in the early 2000s to meet some of the challenges associated with monitoring and evaluating a complex participatory rural development programme in a vast area of rural Bangladesh.

Davies dismissed the idea of getting everyone to agree on a set of indicators as there was too much diversity and many conflicting views. Instead, he devised an evaluation method based on people, first, retelling the stories of significant change they had witnessed as a result of the project; and second, explaining why they thought their story was significant, recognising that people learn best when they talk and think collectively through democratic dialogue. MSC provides some information about impact, including unintended impact, because it is primarily about clarifying the values held by different stakeholders.

In contrast, MSC does not generate any numerical or quantitative data. The stories themselves are extremely difficult to quantify. Because only a small number of stories are ever taken to panel one should be cautious about using them as *proof* of something definitive. This is where other methods can sometimes be necessary.

MSC is excellent though in identifying where change has happened and revealing an area that perhaps requires further attention or research.

MSC is a very person-focused and person-centered method. It privileges the perspective of a participant and allows for a deep exploration of their views, opinions and experiences. Often, those telling their stories have experience of not being heard or being ignored.

Grow Social Capital has used it in evaluations of projects and programmes for clients. In his capacity as a former director of Action in Caerau and Ely (ACE), Dave Horton was one of Wales's earliest adopters of MSC using it to not only evaluate ACE's work but using it to anchor the organisation's annual impact reporting.

How the MSC inquiry was conducted is outlined in section 5.

5. The Most Significant Change inquiry

> "Vulnerability is the birthplace of innovation, creativity and change"
> — Brené Brown

The only parameters to the MSC inquiry were that:

- Storytellers must have had some engagement with Valley Veterans
- We were to enquire about the multi-agency Veterans Health and Wellbeing event held Valley Veterans in 2025 and partnership working with CTMUHB

Nine stories were collected by three people: Dave Horton, Russell Todd and Rachel Heycock from CTMUHB. The reason Rachel collated stories was to provide her with a practical insight into the story collection process.

Each storyteller proof-read and approved the edited version of their story to be taken to panel. Each was also offered the opportunity to remain anonymous, with only one person choosing to do so. These are important co-productive steps in the MSC process.

5.1. The MSC Panel

As part of the MSC process, a panel is convened whose role is to discuss the MSC stories. Ideally, the panel comprises people from different organisations, with different roles and different perspectives on the subject matter at hand. They do not all need to be 'experts', but they should, in the main, have an understanding of and insights on that which the project is addressing. Our panel included people whose role and work falls under the Armed Forces covenant.

The panel was held at Valley Veterans in Ton Pentre on Monday 23 March 2026. The names have been redacted to preserve anonymity but we state the organisation in whose capacity they attended the panel.

Code	Organisation	Code	Organisation
P1	Rhondda Cynon Taf CBC	P6	CTMUHB
P2	Valley Veterans	P7	
P3		P8	
P4		P9	
P5	RCTCBC	P10	Interlink

Due to time restrictions, attendees were split into two groups who each ran a panel. One was facilitated by Russell, the other by Dave. After listening to each story, the following open questions helped steer discussions, but conversation was able to freely meander:

- What have you learned from the story?
- How did it make you feel?
- What insights have you gained?
- How have you gained a new perspective(s)?

Finally, both groups reconvened for a final review of learning and to share reflections. All discussions were recorded to aid transcription and a thematic analysis (see section 6).

5.2. Ongoing resources

In addition to this report we have supplied a number of templates that can be adapted for use by CTMUHB and Valley Veterans in their own MSC inquiries:

- *List templates and resources….*

6. Thematic Analysis

> We need to stop pulling people out of the river. We need to go upstream and find out why they're falling in
> — Archbishop Desmond Tutu

A thematic analysis has been undertaken of the MSC stories and the panel discussions each of which were recorded. Below are the key themes that emerge, supported by quotes from the stories, the two panel discussions, and the final discussion held. Recommendations are made throughout this section but summarised in section 3.

6.1. Key

We have permission from all the storytellers except one to share their stories and so where quotes are taken from these the storyteller's name is cited, e.g., Des, Dean, etc. The one storyteller who chose to remain anonymous is referred to as Anon.

For members of the MSC panels we have ascribed the code P for 'panellist' followed by a number e.g., P1, P2, through to P10.

6.2. Veterans hubs as safe spaces where veterans can talk and feel they belong

A dominant theme is that a veterans' hub such as Valley Veterans provides veterans with a profound sense of belonging and emotional safety that they find in very few other places. Participants repeatedly described Valley Veterans as a "family" or a "new family."

High levels of trust appear to exist at the hub and the sub-networks that it is home to. Within this is a non-hierarchicalness where a 'horizontal' culture exists at the hub; all ranks, roles, length of service or length of time in attending the hub.

> *"We've got like a brotherhood here and we're here to pick each other up."*
>
> - P2

> *"Military is brotherhood. You can talk and they'll understand."*
>
> - Anon

The safe environment established at a hub enables veterans to speak honestly about distress, trauma and loneliness, often for the first time to other people. The importance of talking came through particularly strongly in Dean's story *Life is Worth Living (Talk):*

> *"'A soldier? Shut up'. Because he's not supposed to talk, he's a big hard man. But he's not. He's a person and he'd like to talk. And here he knows he can talk to his own kind."*
>
> - Dean

Part of this safe environment is the cultural understanding that exists. It has a vernacular of its own: dark humour, banter, swearing, and nicknames which are understood as part of how this community processes experience of serving..

> *"Banter is a big thing…you can still find a way to laugh…It's kind of a way of talking about things that are unspeakable."*
>
> - P9

> *"You can talk and they'll understand and they'll turn and say, 'oh, you silly sod!'. You know, banter."*
>
> - Anon

Related to this point is how health and welfare services, including the Health and Wellbeing event (see also 6.5), are brought into the veterans' trusted and psychologically-safe environment, rather than requiring veterans to go into potentially alienating clinical settings. For veterans experiencing PTSD and other anxiety disorders these clinical spaces can sometimes be very unsympathetic to their condition. This extends even to telephoning for appointments.

> *"I've worked with veterans where they can't even pick up the phone to actually phone for an appointment; can't deal with the pressure of speaking to somebody. So having somebody…come out to the hub where they feel comfortable removes a lot of barriers."*
>
> - P2

One panellist described how the hub offers a counterweight to the general drift towards digital-by-default access:

> *"We've simply not taken into account that people are not digitally savvy…The community [is] telling us, 'We need to access you, but you're moving further away from us'…This story actually gives you almost a counter to that, where the health board feels closer."*
>
> - P6

Finally, a consistent lesson is that *where* support happens radically affects whether veterans can engage. Valley Veterans' homely, non-clinical, veteran-defined space allows services to be received as support, rather than surveillance or judgement.

RECOMMENDATION 1: Review the use of phone queues and digital-by-default routes for veterans.

RECOMMENDATION 2: Training for reception and front-line staff in trauma-informed, veteran-sensitive communication.

RECOMMENDATION 3: Fast-track routes and/or named contacts for hub referrals ("I'd love to have a line to be able to phone any surgery and say 'Look, we've got a person here…'").

RECOMMENDATION 4: Expand the veteran-accredited practice model (e.g. based on Newpark GP practice).

6.3. Reducing isolation through routine, structure and purpose

Veterans can be difficult to reach due to a whole host of factors, but Valley Veterans' members emphasised that a principal reason is self-exclusion, rooted in stigma and identity.

> *"Veterans exclude themselves too…They would have never presented as veterans…we've got to get rid of the stigma because, you know, everyone deserves the best of help."*
>
> - P3

> *"But a lot of the younger elements, they're the harder-to-reach veterans; they don't consider themselves as veterans. Veterans are the older ones. They are the younger ones, 'I'm not a veteran. No, no, I'm young'."*
>
> - P4

Veterans' hubs help give the structure and purpose back to many veterans that they lost upon leaving the Armed Forces. At Valley Veterans this is seen in:

- the routine of the weekly Thursday breakfast sessions
- The roles in the group both formal, such as peer mentors; and informal, such as more natural extroverts positioning themselves on particular tables and/or in specific sub-networks
- the horses/field
- external projects such as the grave restoration and cleaning group

> *"It provides structure and routine for him, which is what the military would have done."*
>
> - P9

> *"If I didn't have places like this, I'd be stuck in the house…When I came out of the Forces…It wasn't until 18 years later…this type of thing, the hub, came about."*
>
> - Des

> *"Before then I was just sat in the house…It's good to be alive, thanks to these people."*
>
> - Dean

Within these routines and structure some of the most profound impact hinges on one persistent, trusted person (e.g. Catherine from Blind Veterans UK in Dean's story; a hub's peer mentor; or a clinician who routinely visits the hub). Formal services alone are rarely sufficient without these relational anchors.

For some, roles such as peer mentoring or simply doing the raffle are significant:

> *"He certainly said his confidence was growing. He holds court now, you can't shut him up. He's in the raffle every week as well…that takes a lot to stand up in front of people and just do that."*
>
> - P5

Other factors influencing isolation include services designed without input by veterans themselves; a perception on the part of veterans that services providers do not understand their, often complex, needs; chronic health conditions and/or reduced mobility.

"But a lot of the younger elements, they're the harder-to-reach veterans; they don't consider themselves as veterans. Veterans are the older ones. They are the younger ones, 'I'm not a veteran. No, no, I'm young'."

- P4

RECOMMENDATION 5: Draw on Valley Veterans as an exemplar to:

- Create welcoming, non-clinical spaces at other veterans hubs
- Understand how the culture and vernacular of hubs function in processing trauma
- Understand the psychology of self-exclusion, particularly among younger veterans

6.4. Peer support and 'quiet' professionalisation

Over time, Valley Veterans has developed a robust, largely self-organising peer support model, with intentional selection and training of peer mentors, and careful attention to dynamics.

"We've got five trained peer mentors. You don't even sort of fix yourself with being a peer mentor. You're just talking to people. That's all it is."

- P2

It has been beyond the scope of this inquiry to appraise the extent and quality of peer mentor schemes in other veterans' hubs but peer mentors appear to be key in spotting vulnerability and engaging the "quiet ones" who might otherwise be missed.

RECOMMENDATION 6: Formalise training, supervision and support for peer mentors, recognising the emotional load of this role

RECOMMENDATION 7: Begin developing a new generation of volunteer peer mentors so that the model is not overly dependent on a few founders (succession planning).

6.5. The 2025 Health and Wellbeing event

There was a consensus that the 2025 event was a "seismic shift" in Valley Veterans' relationship with the NHS and wider services, marking a move from being ignored or marginal, to being actively sought out and engaged. It is important to point out that veterans were involved in the planning of the event

"If you're looking at a seismic shift at a definite point, I think it was that event and then subsequent to that all the good knock on effects that we've had…like the GP surgeries and everybody getting involved."

- P4

"The ripples, I think, will go on indefinitely."

- P3

The presence of senior NHS leaders and local authority representatives conferred significant legitimacy on the event and those present. The role of third sector organisations re-enforces the principles of partnership working and collaboration:

"For a charity that is involved with the NHS, it just brings that credibility…the fact that you've got clinical practitioners on hand"

- P4

"NHS Veterans Wales refer directly to us [now] as a direct consequence of [the event]."

- P4

The event catalysed a shift from Valley Veterans having to coax services and professionals in, to services actively approaching the organisation. The the veterans-accredited Newpark GP practice in Talbot Green is an early proponent of this:

"Rather than dragging people, now…they suddenly all want to be in there and they want you to give your time. It's a fabulous problem to have."

- P4

"The GP, Lee Thomas…has been coming to us every week. The boys will just walk up to him, you know, 'I got this rash' or 'I've got a bad back.'"

- P4

There is consensus that the event worked in large part because NHS and third-sector partners came into Valley Veterans' environment, respected its culture and vernacular, and showed humility.

Several services and organisations were cited as having positively embedded themselves with Valley Veterans, e.g., WISE team, MIND, Citizens Advice, bereavement nurses, the NHS padré. Over time, veterans have come to anticipate these visits.

"WISE Primary care team are out there…doing ECGs, [taking] blood pressures and they've got direct referral then into the GP surgeries"

- P2

"The smoking cessation team…Citizens Advice Bureau…MIND…NHS Veterans Wales refer directly to us as a direct consequence of that [NHS event]."

- P4

"They'll say 'When's Citizens Advice coming? Great.' That side of it's been very effective."

- P3

RECOMMENDATION 8: Move from personality-driven to system-backed outreach: codify expectations that key services (e.g. GP champions, WISE, bereavement, mental health, Citizens Advice) maintain regular presence at veteran hubs.

RECOMMENDATION 9: Create simple, visible schedules, e.g., Citizens Advice every second Thursday, etc. so veterans can plan.

RECOMMENDATION 10: As suggested in the panels, designate a team or function that can hold a full package of care, rather than bouncing veterans between unconnected services. This should integrate:

- NHS Veterans Wales

- local mental health and substance misuse services
- primary care (e.g. veteran-accredited GP practices)
- housing and benefits support (e.g. via RCT, MIND, SAFA/Soldiers, Sailors, Airmen and Families Association).

Finally, Valley Veterans' success has been driven by particular individuals. Though it was not a specific topic that was discussed in depth, there was tacit recognition in the panel discussions about the risks of overly relying on a small cohort of individuals. It laid outside the scope of this inquiry to examine this in any detail but it raises questions about organisational sustainability and the need for succession planning to ensure leaders continue to emerge and the model endures.

6.6. Faster, more appropriate care

It should not be underestimated how important the event was for the handful of veterans whose chronic or undiagnosed conditions were addressed directly. For instance, three veterans were fast-tracked for surgery.

> *"Some of the boys were waiting a long time on waiting lists…Three were fast tracked through procedures which they've now had following on from that [event]."*
>
> - P4

> *"I told them about my waiting for an operation and how I'd been mucked about…A chap came…they deal with veterans. He said, 'Right, I'll have a chat.' And the next thing I know, I was going in for my operation. That came about because of the event."*
>
> - Dean

> *"I've seen people being sent straight to A&E…It has the power to prevent a major accident, a major stroke or heart attack."*
>
> - P2

Based on anecdotal experience in recent years, it is reasonable to assume that outreach teams attending hubs has a preventative impact, potentially for some serious health problems. The MSC stories point to prevention in the form of:

- providing early relational support;
- hosting outreach clinics;
- catching those failed by mainstream pathways.

Furthermore, the stories illustrate how mental health, physical health, benefits and housing, substance use, and family stress are entangled. What is it that is being prevented? It is not just a specific health condition or episode; and if it is, it may have a number of inter-related causal and aggravating factors. Though the evidence base here is too narrow to adequately explore the preventative value of a veterans' hub, it is nevertheless reasonable to conclude that they illustrate how effective support for veterans must also address social (income, housing, connection) as well as clinical needs.

RECOMMENDATION 11: Undertake research into the preventative value, both financially and socially, of veterans' hubs, perhaps using Valley Veterans as a focus.

RECOMMENDATION 12: Consider quieter, flexible spaces in hospitals and primary care locations that are sympathetic to veterans needs and experiences.

6.7. Limitations of the event format and lessons for the future

Veterans and staff also provided constructive criticism of the event: described as overwhelming, crowded, and not fully aligned with routines at the hub.

> *"To be honest, I found it overwhelming. There was almost too much there in the end…too many stands to get my head around."*
>
> - Des

> *"The event basically broke that [routine]. They were just [unsettled] because it went on a bit longer."*
>
> - P9

We recognise that the event had input from veterans but continuing to co-produce future events will go a long way to ensure that their format, as well as content, remain sympathetic to veterans' needs. For example, turning the format on its head, e.g., have hub members sit at tables and the professionals/services move from table to table.

> *"The event almost feels like it was a milestone…a culmination of the work you've been doing for 20 years [but] you probably don't need it again in that form."*
>
> - P7

RECOMMENDATION 13: Shift from large, annual "showcase" events to smaller themed sessions, e.g., bereavement and wills, pain and mobility, money and housing.

RECOMMENDATION 14: Design quiet spaces into events and observance of established routines (e.g. finish times).

RECOMMENDATION 15: Continue to work with veterans hubs to co-design events.

6.8. When the system fails and how hubs 'catch' veterans

The strongest counterpoint to the positive stories came from the anonymous *Help* story selected by Russell's panel as their story of most significant change. It shows vividly how statutory systems can fail veterans and how a veterans' hub then becomes a safety net.

> *"It just shows…how we need that sort of single point of contact with somebody there who can take control…instead of being passed around from pillar to post."*
>
> - P5

The story *Help* speaks of "dark tunnels," "dark thoughts," and going home intending to "just close [his] eyes and that being it." Dean's story too talks about having had enough of life. Both panels interpreted these references as suicidal ideation:

> *"I just wrote down suicidal…It feels like there's a lot of that story that isn't being said."*

- P6

"Basically I got to a stage where I didn't want to be around no more and I decided to call it a day."

- Dean

Valley Veterans staff confirm how often they see people only at rock bottom and tragically can point to at least four people who did not find the help they needed:

"People will only ever come to you when they're at rock-bottom crisis…So from that person's angle there, I can understand exactly that he would have been on his own."

- P2

Unsurprisingly, such references provoked anger and urgency among panellists, some of whom felt that the *Help* story should not be used as merely a 'patient story' or case study, but as a mirror: where did the system fail, and what needs to change (e.g. dual-diagnosis barriers, arbitrary time limits).

"[Help] was the [story] that made me feel strongest…you immediately see the problems in the system, you see the injustice…this is what happens when it doesn't work."

- P6

"Put yourself in front of a mirror, NHS senior leaders, and listen to this and where you failed somebody."

- P6

On the upside, the storyteller of *Help* says coming to Valley Veterans was "the best thing that ever happened to me" (a quote that was re-emphasised in the final panel discussion), and is still alive:

"The very positive thing is that that person is still with us. Yeah, I mean, that's a significant change."

- P5

As wonderful as it is to hear such sentiments, the analysis suggests that though Valley Veterans acts as an effective 'safety net', it should not do so as a substitute for system change. Both panels cautioned against assuming a veterans hub can simply "catch" everyone who falls through cracks in the system. Capacity, funding and the emotional toll are all limiting factors. One of the panellists spoke of the distress watching hub members fail to access the support they needed.

"We just had to watch [four veterans] spiral and spiral and spiral. So the very positive thing is that that person is still with us…but it was incredibly re-traumatising."

- P4

The panels recognised the complexity and individuality of each veteran's case and queried whether there is value in having a person(s) who can "take control" of particularly complex cases and guide veterans *through* services rather than passing them *between* them.

Valley Veterans' ethos is to help people move on, not create dependency. In this respect, rather than see Valley Veterans as a safety net perhaps it can be seen also as a springboard.

"We don't want to keep them….It can be just a stopping off point for some people."

- P2

RECOMMENDATION 16: With consent and appropriate anonymisation, present some of these MSC stories, especially *Help*, to senior NHS leaders and frontline staff as part of trauma-informed and veteran-aware training.

This section also further emphasises **RECOMMENDATION 10**.

6.9. Impact on families and carers

The impact of a veterans' hub extends beyond the veterans themselves. It extends to family members and networks, for instance by providing respite and reducing the emotional burden on partners.

"We've got two gentleman here…[their wives are] just glad to get [them] out of the house for a couple of hours…She has two breaks a week now…one break because I take her to yoga and [the] second break is because then he comes over [to the hub]."

- P3

"Some [hub members] won't open up. Because people won't understand. Won't even tell their partners. I don't tell my wife much."

- P4

RECOMMENDATION 17: Consider how CMTUHB can support the provision of respite and wellbeing activities for the partners of hub users (e.g. a partner/carers' coffee morning, joint sessions, yoga/activities as mentioned in discussions).

RECOMMENDATION 18: Ensure crisis plans and support pathways consider family burden and provide them with information and contact points.

6.10. Panelists' experience of MSC

In addition to the thematic analysis that is part of any Most Significant Change inquiry, we have surveyed the ten panellists' experience of the panel process to help inform CTMUHB's decision-making about adopting MSC.

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1. The panel provided me with a greater insight into the lives of Veterans.
2. I understood beforehand what was expected of my participation in the MSC panel.
3. I had an opportunity to express my views during the MSC panel.
4. An MSC story is an effective way of identifying positive change.

5. I think Most Significant Change is a method that CTMUHB should adopt more within its evaluation work.
6. Is there anything else you would like to tell us?

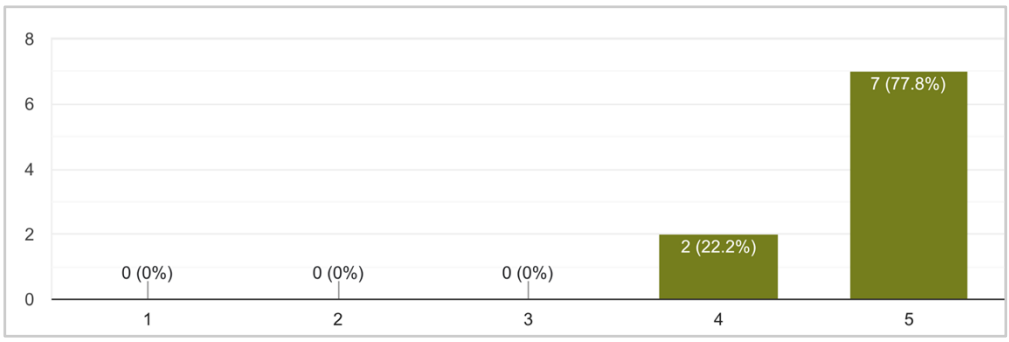
Questions 1 to 5 were answered on a graded scale where:

1 = strongly disagree, 5 = strongly agree

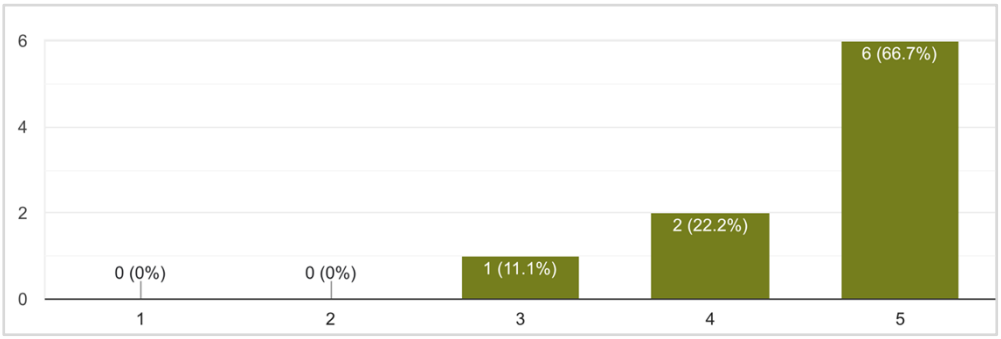
Question 6 was open-ended.

Of the 10 panellists, 9 completed the survey and below is an overview of their feedback. These culminate in recommendations for CTMUHB to consider in relation to MSC.

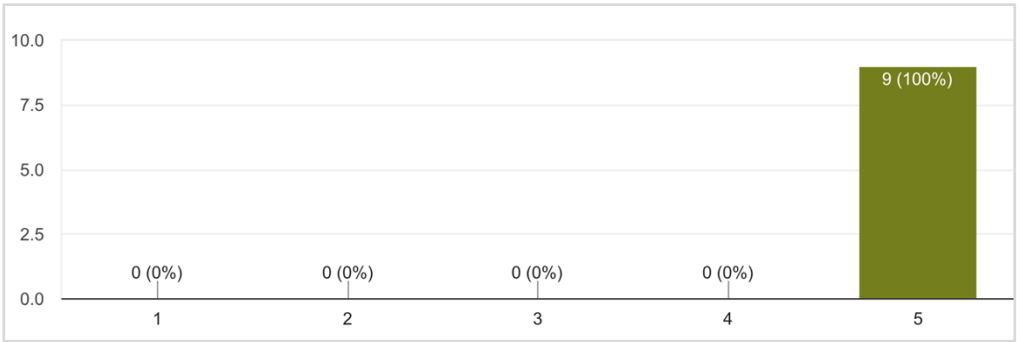
The panel provided me with a greater insight into the lives of Veterans.



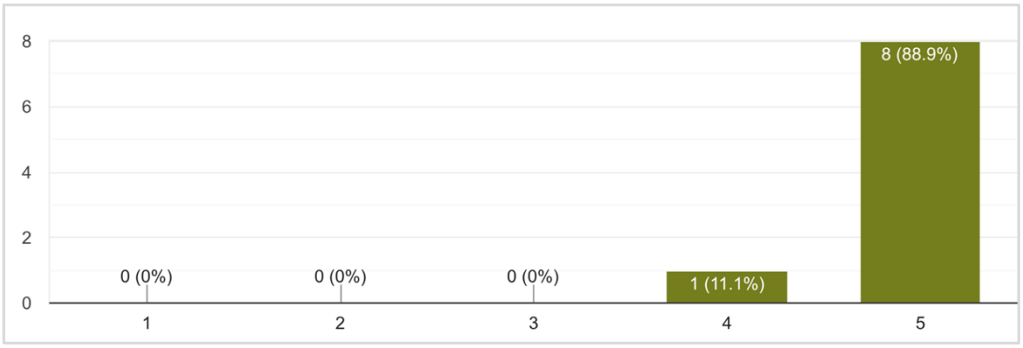
I understood beforehand what was expected of my participation in the MSC panel.



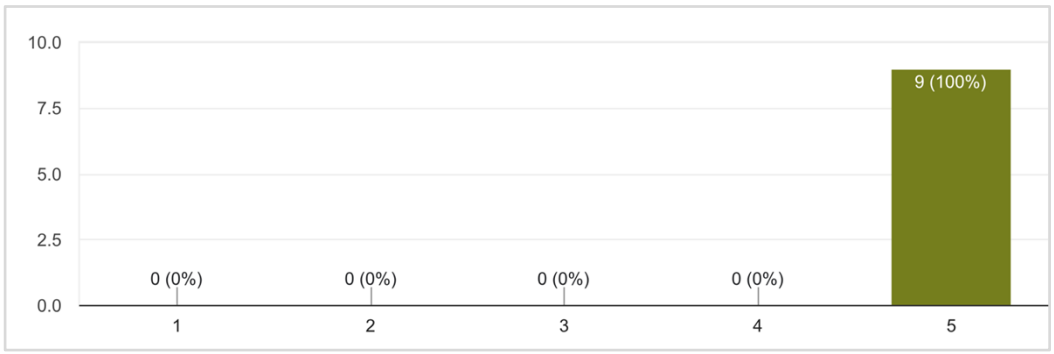
I had an opportunity to express my views during the MSC panel.



An MSC story is an effective way of identifying positive change.



I think Most Significant Change is a method that CTMUHB should adopt more within its evaluation work.



An MSC inquiry can be run on its own or deployed with other methods as part of a wider evaluation framework and there is appetite among the participants to explore MSC further.

> *"I really enjoyed the panel and found the process really engaging."*
>
> - P7
>
> *"This approach is powerful to capture those sometimes emotive areas of great practice or change work which are challenging to evidence for commissioning purposes."*
>
> - P9
>
> *"It was a very interesting experience and I thoroughly enjoyed it."*
>
> - P4
>
> *"I found the panel and the stories shared incredibly powerful."*
>
> - P5
>
> *"Excellent experience."*
>
> - P2

However, we like to use the analogy of MSC being like a muscle: the more you use it, the stronger it gets. To this end running an MSC inquiry in the near future would capitalise on the insight and skills gained in this inquiry.

> *"I think it would be great to understand how best to be able to build the MSC process into other projects from an early development stage, as we're thinking about the evaluation framework, in order to maximise impact."*
>
> - P7

RECOMMENDATION 19: Run another MSC inquiry within the next 3-6 months, e.g., the experiences of partners and carers, or the peer mentor scheme.

Training in MSC is available from the authors[1]. However, if the skills gained are not applied within a few weeks of training people run the risk of going into an inquiry a little tentative or lacking in confidence.

MSC can be quite a labour intensive methodology: identifying storytellers; collecting the stories; transcribing and editing; planning and holding the MSC panel; completing your required outputs. Building the capacity to undertake MSC more routinely within CMTUHB's work may require several individuals to become trained and confident in using MSC.

MSC is also vulnerable to that most unpredictable and chaotic of factors: people! They cancel their appointments to tell their story, they forget, or they decide that, after all, they do not want their story to go to panel, and more. All the more reason to build a broader capacity to use MSC across the organisation. One person felt that there is potential to use MSC across regional collaboration structures, whilst another of the non-CMTUHB panellists felt it of huge benefit.

> *"I want to adopt it [MSC] for the Regional Partnership golden thread materials in CTM."*
>
> - P7

> *"I haven't seen this approach used before to help shape an organisation, and I felt that what was achieved in such a short time was highly effective."*
>
> - P5

There is also a Welsh Community of Practice (COP) facilitated by Nick Andrews at Swansea University's School of Health and Social Care to which anyone working in the community, voluntary and public sectors is welcome to join. As part of its exploration of using MSC, a client of Grow Social Capital is setting up a COP for MSC practitioners that will also have a link with Nick's COP and that there is a flow of information and learning between them.

RECOMMENDATION 20: Consider commissioning training in MSC for CMTUHB and partners.

RECOMMENDATION 21: In the short-term, someone involved in this inquiry should join Nick's COP to assist in developing MSC capacity.

RECOMMENDATION 22: In the medium term, develop a COP for MSC practitioners across CMTUHB and its partnership arrangements.

As positive and insightful as people appear to have found this inquiry, and as much as we suggest that Valley Veterans may be a useful 'petri dish' within which to continue to explore MSC as a methodology, it is important that hub members do not begin to suffer from 'story-fatigue', even if a subsequent story they are invited to share focuses on a completely different element of Valley Veterans.

If someone is asked to tell their story many times over, there runs the risk of them becoming alienated by the process or feeling exploited.

[1] Grow Social Capital can supply references from previous cohorts it has trained in MSC.

RECOMMENDATION 23: in the event of further MSC activity at/with Valley Veterans, be cautious over re-approaching the storytelling cohort involved in this inquiry.

Finally, an MSC inquiry generates a lot of personal and intimate information. It is important that those running the inquiry are aware of their legal and organisational obligations in respect of the data that is generated: where it is stored; who has access to it; for how long can it be stored; what can be shared, and so on.

RECOMMENDATION 24: CMTUHB to review what data the current inquiry has generated and liaise with its data/information team to ensure future MSC work complies with legal and organisational obligations.

Appendix 1 - Examples of Grow Social Capital's work

Perspectives on voluntary sector resilience (2021) for WCVA

Creu Cyffro evaluation with Straeon Research for Wellbeing Merthyr (2023)

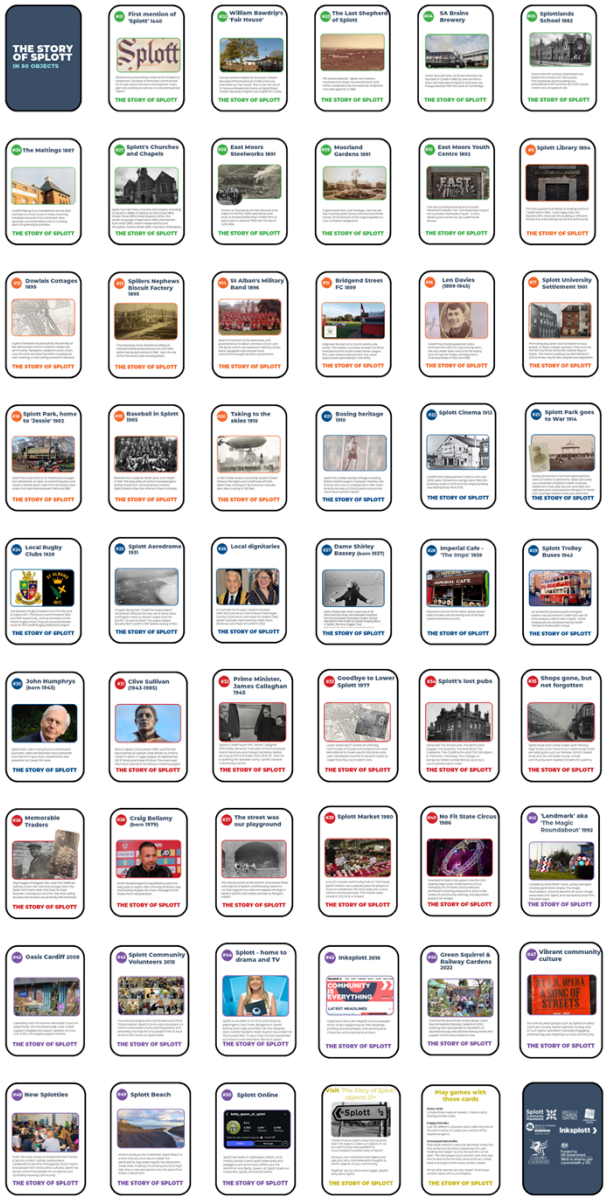
Modern Cockney Festival

A Very English Chat

Child Poverty & Cost of Living Confident Scheme evaluation for Monmouthshire County Council and Monmouthshire Housing Association

Evaluation of BeCommunity for Monmouthshire County Council

The Story of Splott in 50 Objects (*below*)



Appendix 2 -The Most Significant Change stories

Part of the MSC process is the identification of the MSC story that has resonated the most with the panel. Sometimes one story is a clear 'winner'. Other times a panel can be split between two or more stories.

'Most resonant' can mean different things to different people. Some might be moved more by the emotional impact of a story; whereas others may connect more with a story that communicates clear, objective impact. Either is fine and picking a story/-ies does not imply that it/they are better than the others.

In this instance there were two clear stories that resonated most:

- Dean Thwaite's story - *Life is Worth Living (Talk!)*
- An anonymous story - *Help*

Life is Worth Living (Talk!)

Dean's story

My name is Dean and I'm a member of Valley Veterans in Merthyr and I go to the hub in the Rhondda too. I'm also a member and volunteer with Blind Veterans UK too.

Before I got in touch with Blind Veterans, life wasn't very good. I had problems with drink, depression. At the time I didn't realize I had Post Traumatic Stress Disorder. The wife and I separated and one daughter came to live with me and basically I got to a stage where I didn't want to be around no more and I decided to call it a day. My daughter phoned around to see if I could get any help. She got in touch with Help for Heroes but apparently I'm not a hero [according to them], so they didn't want to know. I served in Northern Ireland, five years. And other parts, ten years. Social Services eventually got involved and I was put in touch with Blind Veterans. I struggled at first with them because I didn't admit that I couldn't see. Everything was just going downhill, and I couldn't cope with it all.

But they turned me around. A certain woman there turned me around. And since then, I've got on great. I run my own Veterans' Lunch Club but before then I was just sat in the house other than I'd go out once a month with the Blind Veterans. But then Woody came along, and he's been the godsend with this hub. He brought me over to the Merthyr hub. The boys have been fantastic with me. They brought me right out. And it's just a completely and utterly different life; a different person to what I was before. It's good to be alive thanks to these people. But if it wasn't for the Veterans, I wouldn't be here today, to be honest with you. Normal people just don't know how to deal with us. We all got a certain way of living, soldiers. But you come to a civilian, they haven't got a clue with us. They don't know. They don't know how we talk.

You listen to this in by here now. There's F this and B this [swearing] in here but that's just the way we are. And it's great. It's brought me right back to living. I want to live now. I want to live, because I've got a reason to live now. And Blind Veterans, they've been out of this world with me. It's been marvelous for me, to be honest with you. One woman, Catherine, she brought me back from the brink, and we get on great. It's been a complete change of life. Whereas before nobody didn't want to know, nobody didn't give a damn about you. And it took one woman to change it all.

That would be the one change: going into blind veterans and meeting Catherine. We had a hard time to start off with, but she persevered, she got me there in the end, she got me out of a rut, because I just didn't want to bother them, life was no good to me, nobody else didn't give a damn. That was the biggest change in my life, going in and meeting them.

We're going through a bit of a bad time at the moment, but it's all right. I won't say it's fantastic. These boys help a lot. These hubs are a godsend, I tell you. Get as many people into them as possible because you can talk with these people. 'A soldier? Shut up' because he's not supposed to talk; he's a big hard man. But he's not, he's a person, and he'd like to talk. And [here] he knows he can talk to his own kind.

I get everybody in, as many people as I can. I deal with a lot of elderly people at the moment because they are left on their own once they get to a certain age. I'm a great friend with a 99-year-old man. He's 99 now in June and I met him through Blind Veterans. We've been close friends ever since. And he's a completely different person. He couldn't believe it at first. And he came and he said, 'It's the best thing I've ever done coming to Blind Veterans'.

Me and my friend Graham, we have got a thing: if we see somebody sitting on their own, we'll call them over, get them to sit by us and try to get them to talk; just get chatting. And we've brought some of them over. We bring them in slowly because once you get them talking they come out of themselves and what they went through, and then you find out 'Where did you serve? What did you do?'

Another big change is that I get out and about now whereas I was stuck in the house for 24 hours a day [before]. I get out, I'm meeting people. Like how I met Woody. My mate used to come over and he'd take me down to Wetherspoon's in Tredegar for a pint. And I was in there one day and Woody came over to me and he's telling me about this, that and the other and about this hub. And ever since then it's been fantastic. Everywhere he goes, I go with him. Like this weekend, I'd been sat in the house [all weekend] he took me out to Hereford. He phones me up 'Do you want to come there?' and there was a bloke doing a talk on his time in the SAS. It was great, he was fantastic.

It can be a big step [coming to a place like this]. It was a hell of a step for me. When I first went with Blind Veterans they said about going up to Llandudno. 'I didn't know', I said. I'm so used to being on my own, in my own company. Well, there was another gentleman from

Cwmbran who had just started with Blind Veterans. They said ‘What I'll do is, I'll put you and Mike together to go up’. And that's what we did. We went up and we got on, we started talking. We met other people and they just fitted straight in. And we got there, and it just went from there. I've been on the telly too. On the news. God knows how many times!

The boys took me over for the NHS event. I was waiting to go in to have my gallbladder out and it had gone on and on and on for over a year and I was in and out of hospital all the time. I got talking to this nurse and she asked would I mind doing an interview for them. And I told them how the different things going on - like I'm telling you - and told them about my waiting for my operation and how I'd been mucked about for so long between two different health boards.

A chap came, I can't think of his name now, he works with PALS who are in hospitals and they deal with veterans, he said, right, I'll have a chat and the next thing I know, I was going in for my operation. That came about because of the event. It's no use sitting at home and just sulking and doing nothing about it. You've got to help yourself, and this is what they say on the telly, talking helps, and it does, it really, really helps.

We had a bloke, he's only a youngster and there’s this syndrome, I don't know if you've ever heard of it, the Charles Bonnet Syndrome. When you lose your eyesight, the part of the brain that deals with your eyes has got nothing to do, it's dormant, unemployed. So it makes things up and puts them in front of you so that you're seeing things. There's mosaics, people dressed in brightly coloured clothes or they can be in black and white. But you've also got the dark side, which is a really bad one.

I could see that he was talking to himself and he's pointing at the chair, but there was nobody there. Well, I knew exactly what that was because that's my subject, Charles Bonnet. One of his [support] staff was there, but just watching him. Well, that's no good. So Graham and I sat and talked to him, and we had him there for over an hour, talking to him. He said, ‘Can you see them? There's three people there,’ and I said, ‘Yeah, I can see them’. His helper eventually took him up to bed where he got all agitated and we didn’t see him the next morning.

A title for the story? Oh I don’t know ‘Life’s worth living’? Because it is isn’t it? Oh and Talk. Maybe in brackets ‘Talk’. That’s the key part.

Help

Anonymous

When I came out of the forces, you’re sort of left on your own. From there it took me a long time to get settled, but once I was settled, then I started getting dreams and things, of falling down a tunnel and it was getting narrower and it never seemed to go away. Then after quite a few years, when I retired, I had massive panic attacks. They reckoned it was from working

100 miles an hour and then coming to a stop. One thing led to another then and I started having these funny dreams. Things that happened back when I was in the forces. So I went to the doctor's and he said 'I can't help you much, but I can put you on to somebody who can, but it's a two year waiting list.'

In the meantime, for different reasons, I went to Macmillan. I saw a guy there. I saw him for quite a few weeks and it was working. Then all of a sudden he said, 'I can't do any more for you'. I went back to the doctors about it and he said 'let me phone somebody'. He phoned somebody and said, 'there'll be somebody getting in touch with you from Dewi Sant'. So, true to form, within a fortnight I had an appointment, went down there and they introduced me to the veterans here.

So I came up here. I got to the door and I was very apprehensive and there was a few guys out there talking and they said, 'oh, hiya butt' and all. And I thought, 'I feel at home already'. I walked in the door then and everybody was so welcoming. I felt at ease straight away. And it's the best thing that ever happened to me, to be honest with you, because I still get my… I suffer from PTSD. And I've had one thing after another with all different cancers and all this and everything's caught up with me.

But coming here and talking to the boys.. because the doctor I'm under at Dewi Sant said 'You should talk. Talk to people'. And that's what I've done, and it's helped me. Just talking to the boys like. I'm just over a year here now and it's brilliant, it's the best thing... It's great because you can talk to people, no matter if you're a civilian or anything. Military is brotherhood. You can talk and they'll understand and they'll turn and say, 'oh, you silly sod!' You know, banter.

Another thing that's changed - the wife knows. Because she didn't know anything about this whatsoever. I kind of kept everything inside, bottled. And of course, my doctor, he just turned around and said to me, 'do you want your wife to come in?' And I was thinking about it, and I said, 'yeah, go on then'. And I told her absolutely everything, like. And she couldn't believe it, you know, but she understands now. This is where I became comfortable talking to people.

Comradeship. It's the banter and the noise that makes it welcoming here. It's brilliant, what they've got here, you know, the different people that come here to help you and all this. It's unbelievable.

Sometimes I was in a dark place before I came here. I was just talking to the boys now, because I just said to them, 'do you ever feel you could go home, sit in a chair, close your eyes, and that's it'. And they've just looked at me stupid. But sometimes that's how I feel, you know. You have down days and you have good days. But I bottle everything and hold everything in. I'm letting it out slowly. I'm getting there, like, you know. But they've been in the same place.

I think it's the veterans themselves that keep it going. But the people who run it, people like Nigel, Sian and Paul, they're absolutely brilliant. Nothing's too much of a problem. There's always something they can do for you. Nothing's too much trouble. And, yeah, they made things a lot easier for me coming here, to be honest. Nice people.

I just had my blood pressure taken now, and she's written it all down. I've got to make an appointment to see the doctor now. He phoned up already for me. So it's, you know, things like that, it's brilliant, because he's sorting me out. I think I've still got a long way to go, you know, some of these dark thoughts I want to get rid of, but they'll go.

It's a laugh. You get a laugh. And the laugh and the banter and talking and, you know, it's like being back in (the forces). You've got the friendship, the brotherhood, like. It's not the same as having friends in Civvy Street. You have good friends in Civvy Street, yeah, but these people, they live with you. You know, you sleep, your toilets, the lot. You're all together, you know, and you have shared experiences that other people just can't understand. You help each other. (When I was in the army) the person next to you helped you. Helped you on with your kit, help you do your kit.

I'd do it all again, without a doubt. You're never alone. There's always somebody there. If I was going to tell someone about Valley Veterans, I'd say 'do it! Come in!'

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Charitable Funds Committee

Charity Strategic Plan and Forward Look - July 2026

Eitem yr Agenda / Agenda Item	5.4
Dyddiad y Cyfarfod / Date of Meeting:	29/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Choose an item..
Adroddiad wedi'i baratoi gan / Report Prepared by:	Abe Sampson, Head of Charity & Income Generation
Cyflwynydd yr Adroddiad / Report Presenter:	Abe Sampson, Head of Charity & Income Generation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Simon Blackburn, Director of Communications, Engagement & Fundraising
Diben yr Adroddiad / Report Purpose:	Endorse for Board Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	As above
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below: Creating Health; Sustaining Our Future Inspiring People;
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Timely Access to Care Population Health and Prevention Community by Design Mental Health Access Women's Health Quality and Safety

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:
Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	During 2026, the Charity has launched its refreshed brand, strengthened its communications platform, progressed development of the Charity lottery, and begun to define a clearer role in supporting patients, families, staff and communities across Cwm Taf Morgannwg. In January 2026, the Charitable Funds Committee approved a forward plan focused on launching and embedding the new brand and lottery, delivering visible and equitable charitable impact, and using partnerships, projects and storytelling to support sustainable growth. The refreshed Forward Plan now builds on that initial direction by setting out a broader strategic ambition and a more detailed delivery framework for 2026/27. It also translates those priorities into six strategic delivery workstreams, providing a clearer basis for implementation, monitoring and reporting through the Committee cycle.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The refreshed brand gives the Charity a stronger identity and a clearer public profile. However, brand visibility alone will not deliver sustainable growth. The next phase requires more discipline, with a focus on improving visibility, sustainable income growth, targeted charitable spend, focused fundraising, and impact measurement. This is particularly important because the Charity operates with limited dedicated capacity, while demand for charitable support remains broad and the current fund structure is complex. The Forward Plan should be read alongside the separate work on fund rationalisation and income sustainability. A clearer fund structure, stronger fundholder accountability and a more sustainable approach to central Charity costs are key enablers of the strategic direction. The plan also responds to the need for the Charity's work to be sustainable beyond a single postholder or role. Sustainable growth will depend on wider ownership across CTMUHB through ambassadors who can help support our Charity's ambition, including staff, fundholders, fundraisers, Care Groups, and community supporters.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being*	The Charity will move to a structured 2026/27 delivery framework built around six workstreams: 1. Grow visibility and recognition 2. Grow and diversify income 3. Target charitable spend 4. Focus fundraising activity 5. Strengthen ambassadorship 6. Demonstrate impact The Forward Plan will provide the basis for future reporting to the Charitable Funds Committee, with

made)	progress reviewed through the Committee cycle. It will also support clearer alignment between charitable activity, CTM UHB priorities, income generation, communications, fundraising, governance and impact reporting.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Charitable Funds Committee is asked to: **APPROVE** the updated strategic plan and ambition for CTM NHS Charity. **APPROVE** the six strategic delivery workstreams for 2026/27: • Grow visibility and recognition • Grow and diversify income • Target charitable spend • Focus fundraising activity • Strengthen ambassadorship • Demonstrate impact

1. Background / Context

1.1 In January 2026, the Charitable Funds Committee approved a forward plan focused on three priorities: launching and embedding the new Charity brand and lottery; delivering visible and equitable charitable impact across acute and community hospital sites; and using partnerships, projects and storytelling to support sustainable growth of income and engagement activity.

1.2 These priorities remain relevant and continue to provide the foundation for the Charity's development. The proposed 2026/27 Forward Plan builds on those goals by translating them into a more detailed delivery framework, reflecting the Charity's current stage of development and the need for clearer Committee oversight, measurable progress and stronger alignment with CTM UHB priorities.

1.3 The refreshed Charity brand has now launched, the Charity has strengthened its public and internal communications platform, and EMB has supported a clearer ambition for growth. The lottery remains in pre-launch development, with launch readiness, governance and timetable as the immediate focus.

1.4 The purpose of this paper is to develop the January forward plan into a practical 2026/27 delivery framework. This framework is intended to support Committee oversight, strategic alignment, and clearer reporting of impact.

2. Strategic Insights

2.1 Building on the Committee-approved January priorities, the proposed strategic direction is to establish CTM NHS Charity as the most visible, recognised and supported charitable cause across CTM UHB sites and communities.

2.2 Over the longer term, the Charity should aim to become a consistent £1m+ annual income charity. A strategic growth ambition that will require staged development of visibility, supporter journeys, and fundraising infrastructure and partnerships.

2.3 The immediate 2026/27 focus is to build the foundations for that growth. This includes increasing site visibility, preparing the lottery for launch, strengthening digital fundraising infrastructure, developing priority appeals, improving fundholder engagement, creating a more consistent ambassador model and reporting impact more clearly.

Strategic workstream	What this means in practice for 26/27
Grow visibility and recognition	Build a consistent and prominent Charity presence across CTM UHB sites, staff channels and local communities, so staff, patients, families and the public increasingly recognise CTM NHS Charity as their local NHS charity.
Grow and diversify income	Develop a stronger and more resilient income base through the lottery once launched, digital fundraising, regular giving, community fundraising, corporate partnerships, grants and gifts in wills.
Target charitable spend	Use charitable resources more deliberately to support visible, equitable and strategically aligned improvements that patients, families and staff can see and feel.
Focus fundraising activity	Prioritise fewer, stronger campaigns and appeals, with clear cases for support, visible outcomes and realistic delivery plans.
Strengthen ambassadorship	Build wider ownership of the Charity across CTM UHB by supporting staff, fundholders, fundraisers, community advocates, partners and leaders to champion the Charity.
Demonstrate impact	Improve the way the Charity evidence outcomes, change and value, rather than reporting activity alone.

2.4 The immediate 2026/27 focus is therefore to build the practical foundations for growth. This includes increasing site visibility, preparing the lottery for launch, strengthening digital fundraising infrastructure, developing priority appeals, improving fundholder engagement, creating a more consistent ambassador model and reporting impact more clearly.

2.5 A more detailed Forward Plan is included at Appendix a. This sets out the proposed actions, delivery commitments and initial measures for each workstream.

3. Risks and Opportunities

3.1 The main opportunity is to use the refreshed brand to reposition CTM NHS Charity as the leading charitable cause across the Health Board. This creates the potential to increase visibility, grow income, strengthen community support and improve the visibility of charitable impact.

3.2 There is also an opportunity to create better line of sight between charitable activity and CTMUHB priorities. Executive, Board, Care Group and fundholder input will help identify where charitable funding can make the greatest visible difference for patients, families, staff and communities.

3.3 The main delivery risk is capacity. The Charity currently has limited dedicated capacity. Growth will therefore depend on focus, prioritisation,

staff and community ambassadorship, stronger use of existing platforms and better use of partnerships.

Risk	Mitigation
Limited Charity capacity affects delivery	Focus on fewer, higher-quality priorities and phase delivery across 2026/27.
Brand visibility does not convert into support or income	Link visibility, stories and campaigns to clear calls to action.
Lottery launch is delayed further	Maintain clear readiness plan, confirm dependencies and report progress transparently.
Too many small appeals dilute impact	Use prioritisation criteria and limit active appeals.
Charitable spend remains reactive	Develop annual delivery plan, funding dashboard and stronger project pipeline.
Impact remains difficult to evidence	Introduce proportionate impact measures and close-out reporting.
Wider ownership does not develop	Implement ambassador model and strengthen Executive, Care Group and fundholder engagement.

4. Compliance and Governance

4.1 The proposed approach does not change the Charity's governance. Charitable activity will continue to be managed through existing Charitable Funds governance, with oversight through the Charitable Funds Committee and Corporate Trustee arrangements.

4.2 All charitable funding will continue to be required to meet charitable purpose, remain clearly above and beyond core NHS provision, and follow appropriate approval, procurement, delivery and reporting processes.

5. Benchmarks

5.1 Benchmarking against NHS charities across Wales indicates that CTM NHS Charity has potential to grow its income and visibility over time. The longer-term ambition should be to build towards consistent annual income of £1m+.

5.2 This ambition will be a staged growth objective. It will require stronger visibility, better supporter journeys, more active fundraising, improved data, wider ambassadorship, clearer impact reporting and a more sustainable operating model.

5.3 CTM NHS Charity has historically operated with limited dedicated capacity and a lower fundraising investment compared with larger, more established Welsh NHS charities. This means there is growth potential, but delivery will need to be focused and realistic.

5.4 Comparator NHS charities operating above £1m annual income generally demonstrate more mature fundraising models, dedicated fundraising infrastructure, higher expenditure on raising funds, stronger volunteer or supporter networks and more established public-facing charity identities.

6. Conclusion

6.1 CTM NHS Charity has completed an important foundation-building phase. The refreshed brand provides a stronger and more recognisable identity, and the lottery, once launched, has the potential to become the Charity's first scalable recurring giving product.

6.2 The next phase must be practical and focused. The Charity should now concentrate on building visibility, growing income, targeting charitable spend, focusing fundraising, strengthening ambassadorship and demonstrating impact.

6.3 The proposed Forward Plan provides a delivery framework for 2026/27. It supports the ambition for CTM NHS Charity to become the most visible, recognised and supported charitable cause across CTMUHB sites and communities, and building towards a consistent £1m+ annual income target.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 4 If more than one applies, please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales If more than one applies, please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable

	If more than one applies, please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE Summary of impact: The proposed approach is expected to have a positive impact by supporting more visible and equitable access to charitable support across CTMUHB sites and communities. Outcome for Welsh Language (delete as appropriate): POSITIVE Summary of impact: Future Charity engagement with communities and staff will continue to be delivered bilingually, looking to increase options for Welsh language support where possible.	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	A full Quality Impact Assessment is not required at this stage as the report does not propose a direct service change.	
Cyfreithiol / Legal	**There are no specific legal implications related to the activity outlined in this report**	
Enw da / Reputational	**Yes (include further detail below)** Positive reputational impact is anticipated through increased Charity visibility, clearer	

	fundraising priorities and stronger impact reporting.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**There is no direct impact on resources as a result of the activity outlined in this report**

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Executive Management Board	29/07/2026	Reviewed and supported the refreshed strategic ambition and delivery framework for 2026/27.

Acronyms / Glossary of Terms	

Appendix 1

CTM NHS Charity Forward Plan 2026/27 – July 2026

Our ambition

To become the most visible, recognised and supported charitable cause across CTM UHB sites and communities. To build towards consistent annual income of £1m+.

2026/27 delivery focus

Workstream	2026/27 focus
1. Grow visibility and recognition	Make CTM NHS Charity more visible and recognisable across sites, staff channels and communities.
2. Grow and diversify income	Build stronger income foundations through lottery readiness, increase in digital fundraising, corporate partnerships, & community fundraising. Explore external grant opportunities where in support of core objectives.
3. Target charitable spend	Improve the strategic use of charitable resources, linked to priority themes, fundholder engagement and clearer project reporting.
4. Focus fundraising activity	Prioritise fewer, stronger campaigns and appeals with clear cases for support and visible outcomes.
5. Strengthen ambassadorship	Build wider ownership of the Charity through staff, fundholders, fundraisers, partners and local advocates.
6. Demonstrate impact	Evidence outcomes, change and value, not only activity.

Delivery commitments

Commitment	What this means	Timing
Annual Charity delivery plan	Priority areas for charitable support, income generation, communications and impact reporting.	Q2 2026/27
Visibility workstream	Site audits, entrance visibility, canteen collection boxes, Charity-funded space recognition and staff engagement.	By end 2026/27
Ambassador model	Role expectations, selection route and support offer for staff, fundholders, fundraisers, community advocates and partners.	Begin by Q3 2026/27
Measurable Charity goals	Income, fundraising, grant-making, visibility, governance and impact goals reported through Committee.	2026/27 Committee cycle
Lottery growth plan	Launch readiness, communications campaign and first-year growth tracking once live.	200 active players/sign-ups within 12 months of launch
Funding request dashboard	Requests, approvals, value, status, site and strategic alignment reported more clearly.	Introduce during 2026/27
Impact reporting	Proportionate impact framework and project close-out reporting.	Develop during 2026/27

Workstream delivery summary

Workstream	Objective	Key actions	Initial measures
1. Grow visibility and recognition	Build a consistent and prominent Charity presence across CTM UHB sites, staff channels and communities.	• Review current Charity visibility across acute and community sites. • Map the presence of other charities across CTMUHB sites. • Develop visibility plans for PCH, RGH and POW. • Improve entrance and high-footfall visibility. • Introduce branded collection boxes in CTMUHB canteens. • Improve recognition in Charity-funded spaces.	• Site visibility reviews completed. • Visibility plans developed for PCH, RGH and POW. • High-footfall locations with Charity presence. • Canteens with collection boxes. • Charity-funded spaces with recognition signage.
2. Grow and diversify income	Build a stronger and more resilient income base over time.	• Complete lottery launch readiness and confirm go-live timetable. • Develop lottery launch communications. • Improve digital fundraising and appeal infrastructure. • Strengthen corporate partnership opportunities. • Improve gifts-in-wills messaging. • Maintain a proportionate grants pipeline.	• Total income and unrestricted income. • Recurring income. • Lottery sign-ups once launched. • Digital fundraising income. • Corporate, grant and legacy pipeline.

Workstream	Objective	Key actions	Initial measures
3. Target charitable spend	Use charitable resources more deliberately to support visible, equitable and strategically aligned improvements.	• Develop an annual Charity delivery plan aligned to CTMUHB priorities. • Identify priority themes for charitable support aligned to IMTP & CSP. • Introduce a funding requests and projects dashboard. • Review designated fund activity, purpose and accountability. • Support fund rationalisation and improved access to funds. • Strengthen close-out reporting.	• Funding requests received and approved. • Requests deferred or declined. • Spend by strategic theme and site/locality. • Projects delivered. • Fund rationalisation progress.

Workstream	Objective	Key actions	Initial measures
4. Focus fundraising activity	Prioritise fewer, stronger fundraising campaigns and appeals with clear cases for support and visible outcomes.	• Agree criteria for selecting a major fundraising campaign. • Identify priority appeal themes with Executive and Care Group input. • Develop a clear case for support for each priority appeal. • Build a repeatable Team CTM NHS Charity challenge or event model. • Support fundraisers with clearer materials.	• Major campaign theme selected. • Priority appeals developed. • Fundraising income by campaign or appeal. • Active and repeat fundraisers. • Event or challenge income.

Workstream	Objective	Key actions	Initial measures
5. Strengthen ambassadorship	Build wider ownership of the Charity across CTMUHB and local communities.	• Define the Charity ambassador role. • Identify the first cohort of staff, fundholder and community advocates. • Develop a simple support offer for ambassadors. • Strengthen Care Group and fundholder engagement. • Encourage Executive and Board-level advocacy.	• Ambassador model developed. • First cohort identified. • Care Group contacts established. • Fundholders engaged. • Ambassador-led activity examples.
6. Demonstrate impact	Evidence outcomes, change and value.	• Agree measurable Charity goals for 2026/27. • Report progress through the Committee cycle. • Develop proportionate impact measures for larger projects. • Introduce project close-out reporting. • Publish more impact stories. • Develop an annual impact reporting approach.	• Projects delivered. • Site visibility actions completed. • Fundraisers supported. • Impact stories published. • Project evaluations and feedback completed.

Delivery plan

Phase	Timing	Key outputs
Phase 1	July - September 2026	Agree Forward Plan Confirm lottery launch Develop new funding request dashboard Begin site visibility review Identify priority appeal themes
Phase 2	October - December 2026	Begin visibility improvements Launch/prepare priority appeal pages Define ambassador model Improve project close-out reporting Strengthen fundraiser support materials
Phase 3	January - March 2027	Report progress to Committee Review income and visibility measures Assess lottery performance Confirm next-year campaign priorities Develop annual impact report

Agenda Item	6.1.1

Unapproved Minutes of the Charitable Funds Committee

Date and Time of Meeting	Wednesday 21 January 2026 at 9:00 am
Venue	Virtual via Microsoft Teams

Members Present	Dilys Jouvenat	Independent Member (Committee Chair) (Trustee)
	Patsy Roseblade	Independent Member (Trustee)
	Neil Mesher	Independent Member (Trustee)
In Attendance	Sally May	Executive Director of Finance (Trustee)
	Simon Blackburn	Director of Communications, Engagement & Fundraising
	Owen James	Head of Corporate Finance
	Abe Sampson	Head of Charity & Income Generation
	Mark Jones	Audit Wales (in-part)
	Anthony Ford	Audit Wales (in-part)
	Emma Walters	Head of Corporate Governance & Board Business
	Kathrine Davies	Corporate Governance Manager
Meeting Observers	Sharon Edwards	Corporate Governance Officer

Agenda Item	Meeting Business
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	D. Jouvenat, Committee Chair welcomed everyone to the meeting including colleagues from Audit Wales. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed. The Committee Chair advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.
1.2	**Apologies for Absence**

	Apologies were received from: • Rachel Rowlands – Independent Member
1.3	**Declarations of Interest**
	No declarations were declared.
2.	**CONSENT AGENDA BUSINESS**
2.1	The Committee Chair reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the Consent Agenda (Item 6) that the Committee Members wished to bring forward to the Main agenda for discussion. There were none.
3.	**MAIN AGENDA**
3.1	**Action Log and matters arising not contained within the action log**
	Following consideration of the action log updates, Members confirmed they were happy to close the actions being proposed for closure.
Resolution	The Action Log was reviewed and **NOTED**.
Action	None identified
3.2	**Matters Arising no contained within the Action Log**
	There were no matters arising.
4.	**SUSTAINING OUR FUTURE**
4.1	**CTM NHS Charity Annual Report & Accounts 2024-2025**
	O James presented the Charity Annual Report & Accounts 2024-2025 and highlighted the following: • The annual audit had gone smoothly with information provided to Audit Wales on time. • The transition from Ethitec to Oracle had been undertaken, moving all ledger data into the new system. This had required substantial reconciliation work but had been successful. • Two uncorrected mis-statements were reported which arose from timing issues relating to the pay award and the previous year audit fee. These were not material but above the triviality threshold and therefore were formally reported. • The Annual Report and Accounts will be presented to the Board on 29th January for approval. Once approved, they will be submitted to the Charity Commission by the statutory deadline of the 31st January. M. Jones confirmed that the audit had been conducted smoothly and thanked all the Officers involved for their help and assistance and confirmed that the Auditor General was scheduled to certify on the 29th January 2026 Referring to last year's audit recommendations contained in Appendix 5, M. Jones advised that one recommendation had been raised for this year and two outstanding from last year, namely related parties and investment with CCLA

	remains unresolved due to CCLA determining not to provide a Type 2 report rather than a Type 1. M Jones also advised that the long-standing recommendation for a dedicated Charity Risk Register also remained unresolved, although it is part of the overall CTM organisational risk register. In response, O. James advised that a recent risk assessment, including fraud considerations had been completed within the broader Health Board Datix based processes. D. Jouvenat thanked everyone for their hard work over the year.
Resolution	The Committee **Endorsed the Charity Annual Report & Accounts 2024-2025** for **Board Approval.**
Action	None identified
5.	**STRATEGY & PERFORMANCE**
5.1	**Cwm Taf Morgannwg NHS Charity – 2026 Strategy & Forward Plan**
	A Sampson presented a comprehensive report, highlighting the following key areas: • Launch of the new CTM charity branding and fundraising lottery – both of which would be aligned to avoid any mixed messaging. The lottery is expected to become a core stream of unrestricted income, providing a reliable baseline. More detail on this would be provided later on in the meeting. • Equitable support for projects across all CTM sites – last year saw many high profile projects at Prince Charles Hospital (PCH) such as the immersive room project launched in December. The project's early success in engagement and positive feedback was helping to shape the upcoming year's approach aiming to ensure balance especially increasing activity at the Royal Glamorgan and Princess of Wales Hospitals. A more detailed impact update on this project would be brought to the next meeting. • A formal impact review is planned for Neurodiversity week in March 2026 assessing feedback outcomes and metrics. • Strengthening fundraising and external partnerships – a key focus on improving relationships with existing partners and also seeking to develop new strategic partnerships linked to the new charity brand. S. May noted the reference to the impact of the PCH projects and suggested the need for clarity on how impact is assessed, i.e., whether it was publicity, users helped or staff/patient outcomes. A Sampson explained that 'impactful' is being understood through initial engagement and feedback, because the project has only been live for around six weeks. He advised that the first indicator of impact is the strong communications and engagement response, public interest, internal engagement and the attention that the project has received.

	A Sampson added that a formal impact evaluation will take place ahead of Neurodiversity Week in March, giving a three-month period to assess outcomes more fully. This will include - capturing ongoing feedback, reviewing engagement and evaluating user experience. N. Mesher queried what "good" looks like for 2026 in relation to income growth. A Sampson confirmed that it would be a digital fundraising growth target of 25-30%, to aim for 200 plus active lottery users as a baseline and continued growth in online fundraising platforms. S. May referred to key metrics and emphasised the need for the Charity to define clear metrics prior to commencing projects and that having clear agreed metrics at the outset would make the evaluation loop much stronger, provide better evidence of outcomes and improved learning for future projects. S. Blackburn reinforced that the point made by S May was a really important one and he agreed that the charity needs to set out the metrics and what success looks like before entering into projects. He highlighted the need to be consistent and systematic in how metrics were defined and used which would ensure learning from project outcomes which would then enable future projects. S. Blackburn referred to N. Mesher's point about metrics and emphasised that being more precise about ambition levels allowed the team to understand the resource needed and to determine the feasibility of proposed income growth and prioritise appropriately.
Resolution	The Committee **REVIEWED** and **APPROVED** the Charity's forward look and strategic priorities for 2026
Action	To set out clearly defined metrics for fundraising and income for future planning of projects.
Action	To bring a detailed impact update on the 'immersive room' project to the next meeting.
5.2	**Charitable Funds Update to November 2025**
	O James presented the report for the period July to November 2025, highlighting the following key matters: • A significant cash amount was being held in the Charity's Barclays Bank accounts which stood at £1.3m. The money has not yet been invested as yet pending revision of the the Investment Policy to support further investment decisions. Although CCLA Capital Values have been falling across several quarters it had been deemed sensible to wait rather than invest immediately. This would all be resolved once the new Investment Policy was approved. • There was a strong balance between income and expenditure for the year with £275k of income received and £247k of expenditure utilised.
Resolution:	The Committee **NOTED** the update on the investment balances and reserves
Action:	None identified

5.3	**Cwm Taf Morgannwg NHS Charity – Fundraising, Communications & Engagement Activity Report**
	A Sampson presented the report providing an update of the Charity activity for July – December 2025, highlighting the following key matters: • Correction to the report where it stated 6 projects but should read 61. • 25% increase in project requests compared to the previous six month period. The rise was linked to improved processes, including the new intranet and SharePoint site which made submitting applications easier and more accessible. • It was pleasing to see an increase in staff engagement which would produce more project ideas, better quality proposals and more pro-active partnerships with clinical teams. • The early success of the 'immersive room' project at PCH had been discussed earlier during the Strategy and Forward Plan report with a more formal impact being brought back to the next meeting. • Evaluation of the Hospital to Home Project delivered with Care and Repair Bridgend and funded by NHS Charities Together has had a wide reaching positive impact but could not be sustained in its original form long-term. Despite this, the learning from the project is being fed into wider Health Board discussions. • There was steady growth in digital fundraising with positive progress on online giving platforms and improved engagement in community driven fundraising. • Opportunities for event based fundraising included the Cardiff Half Marathon and the London Marathon. • Current platforms such as JustGiving can create barriers and the team is exploring alternative fundraising platforms to unlock this potential. D. Jouvenat queried how people were supported if their application was unsuccessful. A Sampson confirmed that most unsuccessful applications failed due to eligibility issues. However, the Charity does work with staff to refine and re-submit applications, also looking at alternatives to help make bids successful.
Resolution	The Committee **NOTED** the Charity Activity Report
Action	None identified.
5.4	**Investment Policy Review**
	O. James presented the report and provided a detailed explanation of the new Investment Policy, emphasising the requirement for a re-write and what changes it introduced. The following key points were summarised: • The previous policy was not sufficient for the Charity's needs and was only one paragraph long. • The policy was not aligned with the Charity Commission Guidance or Standard Operating Procedure (SOP) requirements. • The old rule about 20% excess reserves did not work in practice. • The new Policy was much more robust, detailed and structured and included targets, risk appetite and monitoring expectations.

	• The new Policy sets out the handling of realised and unrealised gains and defines responsibilities for reviewing investment managers. • The Charity would remain an ethical investor with the proposed risk level being low to medium risk. • The Policy introduces clear investment performance targets. • The Policy states that all unrealised gains must be allocated to all restricted funds proportionately and not held centrally. • There would be a 20% unrestricted fund buffer to cover potential deficits if capital values fall. • These new rules have already been applied when preparing the latest accounts with Audit Wales confirming that they were satisfied. P. Roseblade asked how well CCLA is performing compared to other investment managers in the market and queried if they would likely bid again when the investment management service goes back out to procurement. O. James advised that it was likely that CCLA would re-bid, however, independent benchmarking would be used rather than relying on CCLA's self provided comparisons. D. Jouvenat commented that the new Policy was very comprehensive and sought feedback from Members in relation to any queries on the new Policy. No queries were raised and Members confirmed they were happy to APPROVE the policy
Resolution:	The Committee **APPROVED** the CTM Investment Policy
Action:	None identified
5.5	**CTM NHS Charity Branding & Verbal Update**
	A Sampson presented the report and provided a presentation and verbal update outlining the current refinements, emerging direction and next steps. S. May questioned the rationale for using a butterfly as part of its visual identity, especially given that the original "gloyn" butterfly name was no longer being taken forward and that other charities, particularly in palliative or bereavement care already used butterfly imagery. In response, A Sampson clarified that the butterfly symbol did not come from the name itself but from the conceptual idea underpinning the brand direction. He explained that the creative process began with the idea of transformational change and the butterfly was chosen as a symbol of transformation reflecting how a small action or donation can lead to a much larger positive outcome similar to a butterfly effect. S. May suggested that the team should cease referencing the earlier naming concepts such as this and instead provide a simple standalone explanation for using the butterfly, such as that it represents transformation. A Sampson recognised S. May's point that the rationale must be presented clearly and not rely on previous naming discussions. He agreed that moving forward the butterfly would be explained simply as a symbol of transformation and positive change.

	P. Roseblade advised that she could not see that there was a Welsh translation for the Charity name or branding materials and highlighted that a Welsh version would clearly be required to be bilingual and being consistent with CTM expectations. P. Roseblade referred to two of the comparison logos which had used multi-coloured, pride style colours which conveyed a sense of inclusivity and advised that she did not get the same sense from the proposed butterfly design. A Sampson acknowledged the point made by P. Roseblade about the Welsh translation and confirmed that bi-lingual branding would definitely be included with the Welsh version being developed as part of the next phase of work. With regard to the point made by P. Roseblade on colour variations and adaptations to meet different needs such as inclusivity, A Sampson explained that the examples shown to the Committee were only a small selection from the branding work and discussions would be held with Jamjar to provide a full set of brand assets including Pride aligned alternative colours. S. Blackburn explained that creating a brand was rarely linear and that the team had gone through many cycles of creative exploration and had ultimately brought forward the best elements from the full journey. He acknowledged that the presentation felt long and complex but stressed that this had been necessary because a lot of branding work had happened since the Committee last met and Members needed the full context to understand how the current direction had been reached. D. Jouvenat commented that she personally liked the butterfly logo which resembled a heart which was appropriate for CTM. She added that in considering the colours that the visually impaired were also taken into account.. S. Blackburn advised that the brand pack would include options such as alternative colourways and mono versions to ensure Royal National Institute for the Blind (RNIB) compliance accessibility. He also reassured Members that inclusivity and accessibility had already been accounted for in the design process. A Sampson reassured the Committee that all feedback received today would be incorporated as they move into the next phase of the brand asset development.
Resolution	The Members Noted the progress made on the Charity's Brand
Action	None identified
6.	**CONSENT AGENDA**
6.1	**Items for Approval**
6.1.1	**Unconfirmed Minutes of the Meeting held on 9th July 2025** were **APPROVED.**

6.1.2	**Annual Cycle of Business 2026 –** D. Jouvenat advised that this item was deferred to the next meeting pending discussions at the February 2026 Board Development Session.
6.2	**Items for Noting**
6.2.1	**Audit Enquiries Letter - CTM Charity 2024 -2025**
6.2.2	**CTMUHB Charity 2025 Audit Plan (Audit Wales)**
7.	**OTHER MATTERS**
7.1	**Any Other Business**
	No further areas of business were identified.
7.2	**To discuss and agree the Committee Highlight Report to Board**
	E. Walters suggested some key items to be included within the Highlight Report to Board and advised that she had **not identified any items** that required escalation under the "Alert/Advise/Assure" framework. S. Blackburn suggested that the Charity Branding discussion and extensive input from the Committee be highlighted to the Board ahead of them receiving this at their March meeting. P. Roseblade highlighted that the report should note the potential change of Investment Manager due to the fact that all Board Members are Trustees of the Charity and the change could have governance implications that they should be aware of. E. Walters confirmed that she would draft the report and circulate to the Committee for comments.
7.3	**How did we do in this meeting**
	Members were asked to send any questions to the Chair and the Corporate Governance Team should they wish to raise anything.
8.	**DATE & TIME OF NEXT MEETING**
8.1	The next meeting will be held on Tuesday 14th July 2026 at 9.00 a.m.
9.	**CLOSE OF MEETING**

Charitable Funds Committee

Committee Annual Cycle of Business

Eitem yr Agenda / Agenda Item	7.2.1
Dyddiad y Cyfarfod / Date of Meeting:	29 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee are asked to NOTE the Cycle of Business

1. Situation /Background

1.1 The Charitable Funds Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

1.2 The Cycle of Business covers the period 1 January 2026 to 31 December 2026.

1.3 The Cycle of Business was Approved by the Health Board at it's Board Development Session held on 26 February 2026.

2. Specific Matters for Consideration

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. Key Risks / Matters for Escalation

3.1 Please refer to **Appendix 1** – Charitable Funds Committee Cycle of Business for further detail.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please select a reason below.

(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Not applicable Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

Charitable Funds Committee - Annual Cycle of Committee Business

(1st January 2026 to the 31st December 2026)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales). The Charitable Funds Committee meets at **least twice per annum**.

Committee Chair:	**Committee Vice Chair**	**Executive Leads for Agenda Planning**
• Dilys Jouvenat, Independent Member (Third Sector)	• Rachel Rowlands, Independent Member (Community	• Sally May, Executive Director of Finance • Simon Blackburn, Director of Communications, Engagement & Fundraising In Support: Abe Sampson, Head of Charity and Income Generation Owen James, Head of Corporate Finance

Link to the Board Assurance Framework Dashboard

CTMUHB Committee Business:

Improving Care Strategic Goal aligned to Committee Business CONTD.
- Delivering Safe and Compassionate Care
- Developing new models of care
- Digital Transformation for patients and staff
- Ensuring timely access to care

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAF
Charity Strategy and Plan	Executive Director of Finance / Director of Communication, Engagement & Fundraising	Annually	⚑												X	⚑	Periodic Charity Strategic Update reported into EMB twice yearly	Yes	It is likely that activities funded by the Charity as articulated in the plan will be aligned to the mitigation of the Strategic Risks
Charitable Funds Business Cases *(in accordance with Scheme of Delegation and/or novel/contentious matters)*	Executive Director of Finance / Director of Communication, Engagement & Fundraising	All Regular Meetings - As and When Required	⚑						⚑						X	⚑	EMB (To be considered on a case by case basis when considering resource commitment)	To be considered on a case by case basis when considering resource commitment.	It is likely that activities identified in cases will be aligned to the mitigation of the Strategic Risks
Fundraising Proposals	Executive Director of Finance / Director of Communication,	All Regular Meetings - As and When Required	⚑						⚑						X	⚑	EMB (To be considered on a case by cases basis dependent on the value,	To be considered on a case by case basis when considering	It is likely that fundraising activities will be aligned to the

	Engagement & Fundraising																scope and novelty of the request)	resource commitment.	mitigation of the Strategic Risks
Fundraising Activity Report	Director of Communication, Engagement & Fundraising	All Regular Meetings - As and When Required													X		No	No	It is likely that fundraising activities will be aligned to the mitigation of the Strategic Risks

Sustaining our Future Strategic Goal aligned to Committee Business • Becoming a green organisation • Ensuring our services have financial sustainability • Embedding value-based healthcare • Ensuring our estate is fit for the future																			
Items of Business	**Executive Lead / Or External Representative**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. EMB/OMB**	**Onward Reporting into Board**	**Alignment to Strategic Risks on the BAF**
Charitable Funds (Trustee) Annual Report & Account	Executive Director of Finance / Director of Communication, Engagement & Fundraising	Annually													X		No	Yes	Strategic Risk 9
Annual Audit Letter / ISA 260	Executive Director of Finance / Director of Communication, Engagement & Fundraising	Annually															No	Yes - with Charitable Funds Annual Report & Accounts	Strategic Risk 9
Charity Financial Report & Summary of Commitments	Executive Director of Finance	All Regular Meetings													X		No	N/A	Strategic Risk 9
Investment Performance Review	Investment Manager (External CCLA)	Annually													X		No	This is shared via email with all Board Members as Trustee	Strategic Risk 9
Investment Policy Review and Performance of Investment	Executive Director of Finance	Annually	for 2026 only														No	No	Strategic Risk 9

Governance / Committee Business Governance Activity • To support a strong governance framework to support effective and efficient Board Business. • Creating a culture of integrity, transparency, and accountability																		
Items of Business	**Executive Lead / Or External Representative**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. EMB/OMB**	**Onward Reporting into Board**
Action Log	Chair of the Committee	All Regular Meetings	⚑						⚑						⚑ If all actions are complete	⚑ If actions in progress / overdue actions	N/A	N/A
Minutes of the previous meeting (Public and Closed Session)	Chair of the Committee	All Regular Meetings	⚑						⚑						⚑	X	N/A	N/A
Non-Routine Committee Business (Forward Plan)	Chair of the Committee	All Regular Meetings	⚑						⚑						⚑	X	N/A	N/A
Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑ Annual Review						⚑						⚑ Except for the annual review in January	⚑ Annual Review only	N/A	N/A
Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually							⚑						X	⚑	N/A	Yes
Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually							⚑						X	⚑	N/A	N/A
Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually							⚑						X	⚑	N/A	Yes
General Policy Reviews	Executive Director	Annually	⚑												X	⚑	N/A	N/A

CTMUHB Board Assurance Framework - Dashboard

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee
1.	Improving Care, Sustaining our Future  Click Here for Risk 1a Click Here for Risk 1b	**a) Enough capacity to meet elective demand** **b) Enough capacity to meet emergency demand**	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
2.	Improving Care, Sustaining our Future  Click Here for Risk 2	**Ability to deliver improvements which transform care and enhance outcomes**	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee
3.	Sustaining our Future, Improving Care and Inspiring People  Click Here for Risk 3	**Enough workforce to deliver the activity and quality ambitions of the organisation** *(Including Culture, Values and Behaviours)*	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future  Click Here for Risk 4	**Effective Community and Partner Engagement in service changes and developments**	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future  Click Here for Risk 5	**Delivery of a digital and information infrastructure to support organisational transformation**	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future  Click Here for Risk 6	**Ability to maintain a safe and fit for purpose estate infrastructure**	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health  Click Here for Risk 7	**Fulfilling our Environmental and Social Duties and ambitions**	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future  Click Here for Risk 8	**Prevention and early Intervention to support Healthy Life Expectancy**	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future  Click Here for Risk 9	**Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)**	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care  Click Here for Risk 10	**Ability to develop a fit for the future estate to reflect our future clinical service model**	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, sustaining our Future, Improving Care  Click Here for Risk 11	**Delivery of an Integrated Care Model**	Chief Operating Officer	Strategic Development Committee

Charitable Funds Committee – Non-Routine Committee Business Forward Plan

(1st January 2026 to the 31st December 2026)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
January 2026	Charitable Funds Committee	Committee	CTM NHS Charity 2026 Strategy and Forward Look	Chair requested that clearly defined metrics for fundraising and income for future planning of projects be brought to a future meeting	Head of Charity and Income Generation	Director of Communication, Engagement & Fundraising	July 2026	On agenda for July 2026– outlined in the Charity Strategy and Forward Plan Report
January 2026	Charitable Funds Committee	Committee	Immersive Rooms	Action arising from the January 2026 meeting.	Head of Charity and Income Generation	Director of Communication, Engagement & Fundraising	July 2026	On agenda with an evaluation provided as part of the Charity Activity report with a further update to be provided for the next meeting.

COMPLETED ITEMS: