



Strategy 2024-2027

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Foreword from the Chair

From its conception, the NHS has continued to evolve in response to the various challenges and opportunities it has faced during the last seven decades. This has been imperative in responding to continuous changes in our demographic profiles, advancement in medicine and clinical practice, and increasing use of technology. Clearly government funding has a critical role to play, influencing key clinical outcomes and allocation of resources which have a direct impact on service delivery. Recruitment, retention and wellbeing of NHS staff is critical in delivering positive outcome for all patients and users of various NHS services.

The NHS has a clear 10-year plan to improve user and patient experience. This, along with the recent emergence of Integrated Care Boards, means our role needs to be aligned with our partners so that patients' experience in our Trusts and users' experience in community healthcare provision, is better integrated to achieve more positive outcomes for all.

Our Charity was established in January 1996 to support the work of the local hospitals and their employees. The Charity has continued to adapt to the challenges it was facing and became independent from the NHS in 2016. The Covid-19 pandemic was like a 'bolt out of the blue', which impacted the ability of charities to raise funds and deliver services. Since the pandemic, the changing economic environment and cost-of-living pressures have also had a direct impact on our ability to raise and spend money.

The Charity has therefore recently refreshed its role to take account of the various changes referred to above. We take a great deal of pride in the way we adapted to keep pace with both NHS national and local changes. There is now an opportunity for greater collaboration and partnership, widening our role and looking to support the local Integrated Care System and community organisations.

Like other charities, we are also facing financial pressures. If our income declines, we will be less able to contribute to improving the health experience for all users and enhance the wellbeing of NHS staff. In recent months our Board and charity team have reflected on our recent performance and agree that we need to evolve. What we need to do, and how we are going to improve and deliver better outcomes are described in this strategy.



Sushel Ohri
Chair

Message from the Chief Executive

Since joining the charity in June 2023, I have witnessed the incredible impact of our team's role in supporting community fundraising, engaging donors, and empowering volunteers to make a meaningful difference for patients and staff.

Now, we have an exciting opportunity to elevate our efforts and propel the charity to do even more for patients. By fostering sustainable growth in income, our new three-year strategy will empower a high-performing team and increase our impact on the Trusts we support, and in future the wider health system in the county. This will help improve the quality of services and delivery, including more equitable healthcare provision.

A revised team structure includes a new dedicated Charitable Expenditure and Impact function to identify and enable more meaningful expenditure to benefit patients across care pathways, a new Philanthropy and Partnerships function to secure high-value income, and a reinforced fundraising team to grow income and build new giving opportunities including a new regular giving programme. This will allow us to maximise supporter value and increase our impact for our Trusts. We will continue to refresh and enhance our various policies and systems to improve our focus and performance, develop our staff, and innovate to build and grow our support.

This strategy marks a new way of working, aligning with the objectives of the Trusts, the NHS Long Term Plan, and the shift to Integrated Care Systems. Our goal is to attain excellence for patients and users throughout care pathways by fostering deeper collaboration and constantly enhancing our operational approaches to maximise the impact of our financial contributions, generously supported by our donors.

Our charity already contributes significantly to healthcare in Northamptonshire, and this new strategy is our opportunity to do even more, ensuring a lasting and meaningful impact on our community's well-being.



Jonathan McGee
Chief Executive

Trusts and ICB commitment to the charity

We have a proud and extensive track record of working with NHCF for nearly three decades. During this time the charity has supported us by raising large amounts of money which has successfully enhanced our patient and user experience, and improved staff wellbeing.

We are all experiencing many challenges within the NHS and locally. Our three Trusts are pursuing a more collaborative and integrated approach to healthcare. We have participated in the consultation of this new three-year strategy and therefore welcome the direction of travel described herein.

The charity's strategy not only addresses the challenges we face but also aligns with our collaborative and integrated approach to healthcare delivery. The focus on supporting patient care pathways, enhancing environments across our estates, and prioritising staff well-being and development reflects a thoughtful and comprehensive approach to healthcare that transcends traditional boundaries.

The commitment to sustainable income growth, increasing unrestricted income, and doubling the charity's average annual income within three years, demonstrates a proactive response to the evolving healthcare funding landscape. By consolidating funds for greater patient benefit and fostering collaboration across our Trusts, Northamptonshire Health Charity aims to make a lasting impact on healthcare provision in our county. We welcome and support the establishment of the refreshed and thematic sub-committees, including Staff Wellbeing and Development, Environments and Enhancements, and Patient Care Pathway, which underscores a strategic and forward-thinking approach in alignment with the priorities of both the charity and the Trusts.

We jointly extend our full support to Northamptonshire Health Charity's new strategy. We believe it will lead to improved healthcare outcomes, a more resilient healthcare system, and a positive impact on the lives of our community. We eagerly anticipate an enhanced collaborative working partnership with the charity, that will shape the future of healthcare provision in Northamptonshire.

Signed

Richard Mitchell

CEO, University Hospitals of Northamptonshire



University Hospitals
of Northamptonshire

NHS Group

Deborah Needham

CEO, Kettering General Hospital NHS Foundation Trust



Kettering General Hospital
NHS Foundation Trust

Palmer Winstanley

Deputy CEO, Northampton General Hospital NHS Foundation Trust



Northampton General Hospital
NHS Trust

Angela Hillery

CEO, Northamptonshire Healthcare NHS Foundation Trust



Northamptonshire Healthcare
NHS Foundation Trust

Toby Sanders

CEO, Integrated Care Board Northamptonshire



Northamptonshire
Integrated Care Board

Northamptonshire Health Charity - Strategy 24-27

Our Vision to improve healthcare and well-being for all across Northamptonshire, delivered in collaboration with our partners



Our Goals

1

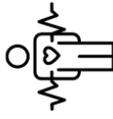
Sustainable income generation



- Double income from £1.2m to £2.4m by 2027;
- Increase unrestricted income;
- Focus on regular giving, legacy programs, and expanding philanthropy;
- Expand fundraising and supporter engagement.

2

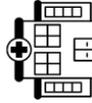
Support patient care pathways



- Collaborate with clinical staff to fund prevention, diagnostics, treatment, research, and recovery;
- Enhance NHS provisions to reduce hospital time and improve outcomes.

3

Enhance environments across estates



- Work with Trusts on capital projects and create therapeutic environments;
- Improve patient and staff environments beyond NHS budgets.

4

Support the Trusts' staff wellbeing and development



- Develop a strategic framework to support NHS staffs' well-being and professional growth;
- Create equitable support systems to reduce pressure and aid staff retention.

5

Opportunities to support integrated care



- Partner with the Integrated Care System (ICS) to address health inequalities;
- Extend the charity's remit to support broader community health needs

Our Enablers



Unrestricted income

A focus on increasing unrestricted income will allow us to do more for patients and staff across the Trusts



High value income

We will increase our high value supporter income with dedicated resource to focus on corporates, grants and major donors



Funds management

We will simplify and improve the application process, and reduce number of funds to allow more equitable expenditure



Capability and resource

We will invest in and develop the charity's capability, capacity and resources to enable high performing teams to deliver increased income and expenditure



Measurable outcomes

We have implemented performance driven measurable outcomes to monitor progress and ensure we are delivering on our objectives

About our charity

The role of the charity

We are an independent charity seeking to improve healthcare within the NHS. NHS charities fund enhancements to patients' care to make their stays in hospital or the care they receive even better, as well as helping the wellbeing and development of NHS staff to ensure that patients are receiving the very best care. Charitable donations make a real difference to the experience of healthcare. Improving environments can help improve patient's recovery¹, and improving staff wellbeing all leads to better health outcomes².

Our impact

We have funded numerous enhancements to our Trusts over the years that have had a meaningful and beneficial impact on staff and patients. Some recent examples include:

Patient Impact: We funded 10 Reminiscence Interactive Therapy Activities at KGH to enhance care for older patients, those with dementia, mental health conditions, brain injuries, and learning difficulties. The portable equipment reduces agitation, isolation, depression, and delirium during treatment.

Environment Impact: We funded the first three Swan Rooms at NGH for palliative care patients, creating non-clinical, comforting spaces with calming artwork and enhanced resources. Family members, often staying for days, benefit from convertible sleeping-chairs, lockers with amenities like a hospitality tray, kettle, Bluetooth speaker, and multi-charge cable. The success led to additional rooms funded across the Trust.

Staff Impact: Celebrating Trust staff, we fund annual awards ceremonies across three Trusts, recognizing outstanding work that goes beyond expectations. These occasions foster reflection, reward, and a sense of pride among staff, contributing to the sharing of best practices, employee engagement, and ultimately enhancing staff retention.

Our new strategy will enable us to make an even more meaningful impact for patients and staff across the county.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7364789/>

² https://assets.publishing.service.gov.uk/media/5a75a14e40f0b67f59fce627/Staff_wellbeing_service_delivery_and_health_outcomes.pdf

Changing our approach

Given our history and our role, we need to adapt to the changing environment in which we operate. Therefore, in essence we need to:

Adapt to change

With NHS resources continuing to be stretched, an ageing and growing population (faster than the national average), and with competition from other charities we need to refresh our current strategy. We have already taken steps to improve and simplify our approach. We have introduced a new charitable expenditure policy and guidance to give greater clarity to what we can and cannot fund, and have re-structured the team to provide dedicated resource to managing charitable expenditure (the reason for our existence) as well as dedicated resource to increasing high value income from major donors, corporate partnerships, and grants.

The charity currently focuses on services delivered within the Trusts. Two of the Trusts, KGH and NGH, have recently become an academic university hospital group (University Hospitals of Northamptonshire), reflecting a more integrated approach and emphasising their ambition. However, the wider integrated healthcare system (ICS) also has a focus on stopping people from having to enter treatment in the first place, and ensuring they recover quickly once discharged. We will therefore examine and consult on our role within the overall ICS, including addressing health inequalities.

To support an integrated approach to patient healthcare, our key areas of funding will therefore support prevention, diagnostics, treatment, research, and recovery.

Diversify and grow our income

Covid-19 shone a spotlight on NHS charities around the country. The public at large were made aware how donations could support their local hospitals over-and-above that which could be funded by an already stretched NHS. This led to an increase in supporters and donations. The charity was able to leverage substantial grants from NHS Charities Together. However, now the focus has moved away from supporting the NHS, leading to a drop in available grants.

Our Trusts provide healthcare to all, free at the point of care. The charity is mindful that a sizeable proportion of our income comes from those who have received care from the services that the local NHS provides and want to show their gratitude and thanks by donating or fundraising.

The cost-of-living crisis has meant a reduction in donations. In Northampton, 12.3% of the population was income-deprived (ranked 125th in the country), and Kettering, 11.3%/144th³. Compared to the rest of the country, e.g. Cambridge, 7.7%/248th, Stoke-on-Trent 19%/25th, it places our key towns in the middle. Salaries were 0.94% below the national average in North Northamptonshire⁴.

To offset this reduction in giving and mindful of the pressure on people's income, our new strategy seeks to create more diverse income streams and shore up sustainable income, to

³ <https://www.ons.gov.uk/visualisations/dvc1371/>

⁴ <https://www.ons.gov.uk/visualisations/dvc1370/>

allow us to continue to deliver improved healthcare. There will be a focus on those who are most able to contribute, i.e. through regular giving, major gifts, legacies, corporate partnerships, and grants. We will also aim to increase our support from corporates and grants.

However, we will still make sure that everyone is able to contribute and give thanks for the care they have received. Therefore, community fundraising is still important to us as it enables people to contribute, whatever their own financial circumstances.

Our vision

We believe the following statement best reflects our purpose and aspirations:

“To improve healthcare and well-being for all across Northamptonshire.”

Our values

1. ***Improving lives*** – *We strive to improve health and wellbeing, and peoples’ experiences of the NHS*
2. ***Working together*** – *We work together with our partners to ensure that patients and service users come first in everything we do*
3. ***Agile*** – *We should be always looking at continual improvement, challenging ways of doing things and aiming for efficiency.*
4. ***Ambitious*** – *We make decisions which increase the performance of the charity*
5. ***Being inclusive*** – *being open and transparent, ensuring we engage with all stakeholders, and embedding EDI in everything that we do.*
6. ***Sustainability*** – *We are committed to environmental responsibility, ensuring our actions today enhance the well-being of future generations.*

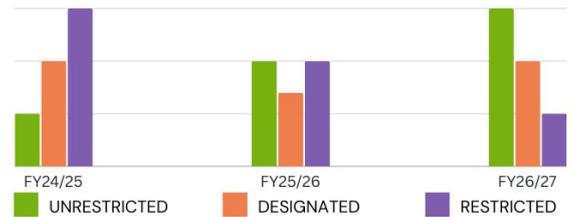
Our growth and delivery plan

Taking account of our vision and objectives for the next three years, we need to achieve the following:

Double our average annual income from ~£1.2m to £2.4m by 2027



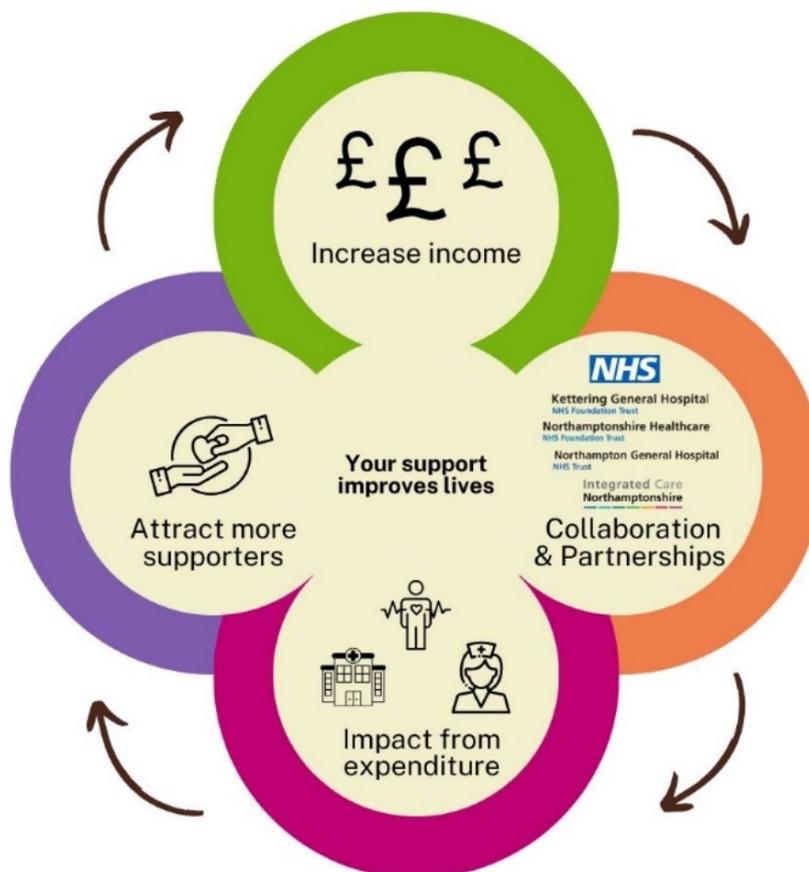
Increase unrestricted income while reducing designated and restricted income



Consolidate our funds to enable greater patient benefit



Implement our new model of sustainable growth and impact



Our 5 objectives to deliver our vision



1. Sustainable income generation

In pursuit of our ambitious and challenging sustainable income growth, our strategy focuses on doubling our income within three years through a refreshed fundraising approach. This involves expanding supporter acquisition, setting higher targets, focusing on unrestricted income, and diversifying ways of donating. While community fundraising remains a key focus, the emphasis will be on engaging patients, their friends and families, and Trust staff to support us. We aim to enhance our presence across Trust environments.



Increase the number of regular givers by 25% each year

We will also create new stewardship programmes to maximise fundraising efforts. The shift from one-off gifts to regular giving, coupled with a legacy programme and expanded philanthropy and partnership resource, aims to secure long-term support. The overarching goal is to encourage unrestricted and sustainable giving, allowing the charity to channel resources for more impactful and focused expenditure across Trusts.



2. Support patient care pathways

We will work with clinical staff across all Trusts and ICS to identify charitable expenditure that will improve patient care, not just within Trusts but Trust-wide, by supporting prevention, diagnostics, treatment, research, and recovery.

We want to enhance core NHS provision and help fund items, services, or research that will improve patient care by helping prevent the need to be in hospital in the first place, improved diagnostics, treatments that deliver better outcomes or reduce time in hospital, research that will improve how patients are treated not just in our Trusts, but globally, and helping patients to recover as quickly as possible. All these aspects apply to both mental and physical health. We want to fund projects that tackle both as they are intertwined.

3. Enhance environments across estates

We will work with the Trusts to proactively identify and jointly deliver projects to create or enhance environments (including capital projects).

While the care that Trust staff give is of the utmost importance, often the environment in which that care is given could be made better. Improvements to environments beyond the basic are outside of NHS budgets. Hence there are opportunities to provide and enhance environments outside of the NHS remit, for example, accommodation where parents can stay with their child whilst their child is being treated, or by improving staff rooms so they can be places of sanctuary to decompress. By creating or enhancing environments across the estates, we can make stays in hospital better for patients, and the work environment better for staff.

We will work with the Trusts to identify priority capital projects where the charity can contribute to enhancing the builds, or provide environments such as gardens, as well as enabling grateful patients to support and give back for the care they receive.

4. Support the Trusts' staff wellbeing and development

We will create a framework alongside the Trusts to ensure support for their staff is strategic, meaningful, and more effective.

NHS and Allied Healthcare Professional staff are at the heart of the care provided at KGH, NGH, and NHFT. Over 15,000 people⁵ work across our Trusts, providing care for our community.

At present the support from the charity is ad hoc and typically benefits only small or specific teams, dependent on funds. We will therefore work with the Trusts to ensure the support for their staff is wider and more equitable. We will create a framework which makes it clear how the charity can assist the Trusts, providing wellbeing support and professional development. This will help take some of the pressure off staff across the Trusts and help retention within the NHS to be able to continue giving care to our community.

5. Opportunities to support integrated care

We will scope and develop plans with the ICS to understand how the charity can support healthcare across the wider community in future.

In Northamptonshire, the ICS is a collaborative effort among NHS providers, primary care providers, local authorities, voluntary and community groups, and other stakeholders to collectively address local health and care needs. It prioritises community health and minimising hospitalisation, ensuring decisions are community-centric, emphasising a cohesive approach to care delivery. The ICS is dedicated to proactively addressing health inequalities and building a resilient healthcare system for Northamptonshire.

The charity is ideally placed to extend its remit further via developing a meaningful partnership with the ICS to contribute to and help deliver projects that tackle health inequalities.

⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/july-2023>

Our approach to governance

1. Role of the Board

Our Trustee Board is made up of independent trustees and nominated trustees from the various Trusts. The nominated members include the CEOs of the Trusts or their deputies.

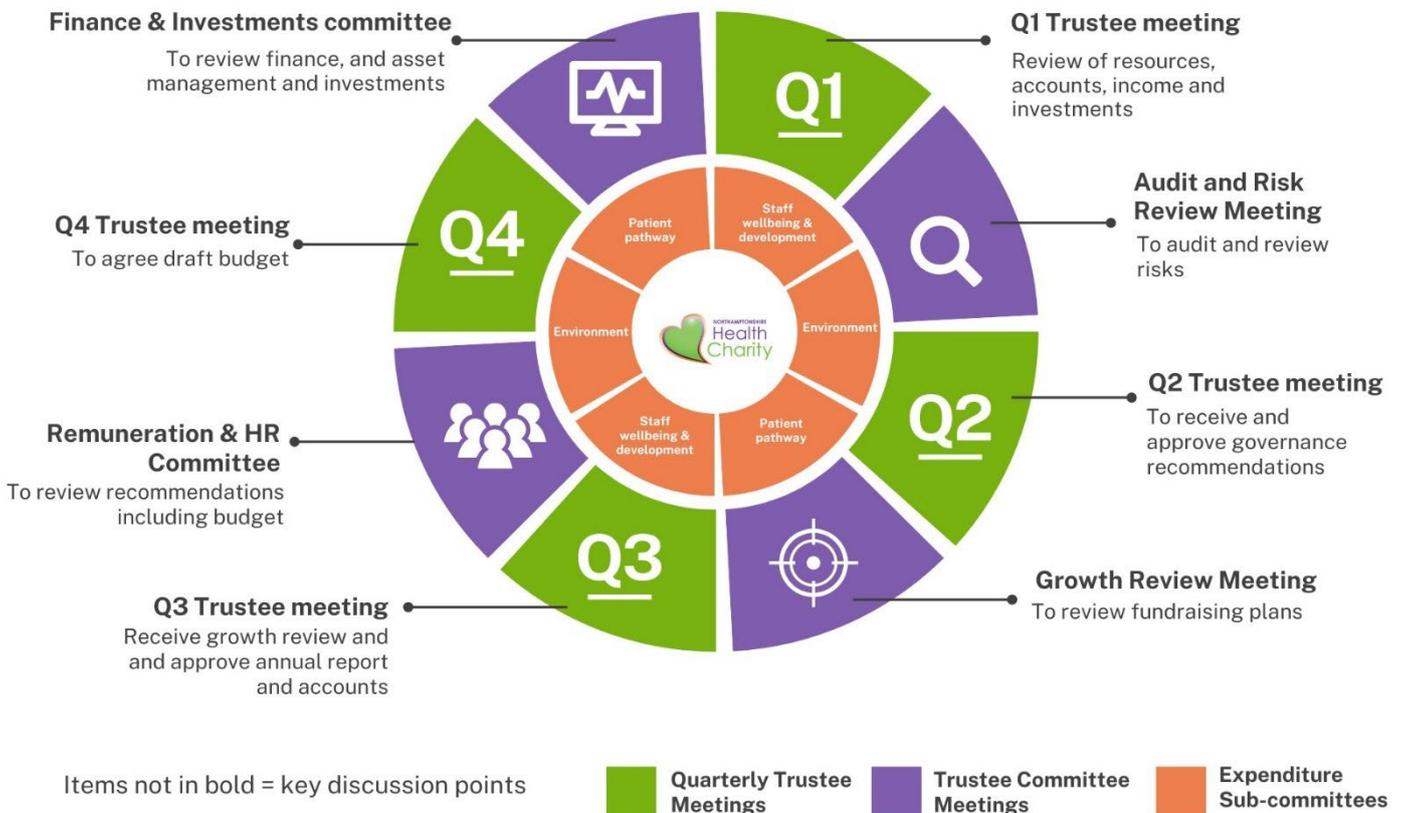
The role of the Board is to ensure that the charity delivers on its charitable objects of supporting patient healthcare, above and beyond that which can be funded by the NHS alone.

We aim to be transparent in our decision making, to ensure that both the Trusts and our supporters understand how the charity operates and its decision-making processes.

By being an inclusive organisation, we will engage proactively and in a meaningful way with all our partners to help deliver our strategy and improve lives.

Board cycle 2024-2025

Trustee meetings and committees



2. Governance and Approvals

The Trustees sit as a Board each quarter. Here they make decisions on the direction of the charity, activity, and expenditure above £25,000. Under this threshold sit the sub-committees who make expenditure decisions between £5,000 and £25,000.

At present, each sub-committee has a membership that consists of an independent Trustee, a nominated Trustee, representatives from the individual trusts, and employees of the charity. Currently there is a sub-committee per Trust, however, this strategy proposes a change.

To strengthen our collaborative and partnership model we propose some revisions and clarity around our meetings and committees. We will align key decisions and activities to the scheduling of the quarterly Trustee Board meetings to ensure that key decisions are made at the appropriate time and that KPIs are updated appropriately.

3. New Committee Arrangements

The charity has two standing committees, the Remuneration and the Finance & Investment Committees, along with three expenditure sub-committees representing each Trust. We have also introduced ad hoc sub-committees to consider specific funds. To deliver our vision we need to revise our current committee arrangements as outlined below:

3.1. Existing Committees

Remuneration Committee sits once a year. This committee reviews proposed pay for the forthcoming financial year and will now meet between Q3 and Q4 when draft budgets are considered. The committee also now covers HR matters and relevant policies and so the committee will now be known as the *Remuneration and HR Committee*. Our *Finance and Investments Committee* recommends and monitors both cash and non-cash investments to generate a return on donated income until expenditure. It will expand to include pre-budget review.

3.2. New 'deep-dive' meetings

The aim of these meetings is to undertake a 'deep-dive' into the areas under consideration. The brief for these review meetings will be decided on an annual basis by the Board. The chair of these meetings will report and make recommendations to the Board. During 2024-2025, two such meetings will be held and chaired by a Trustee, to review our plans for growth, and audit and risks.

3.2.1. Growth review meeting

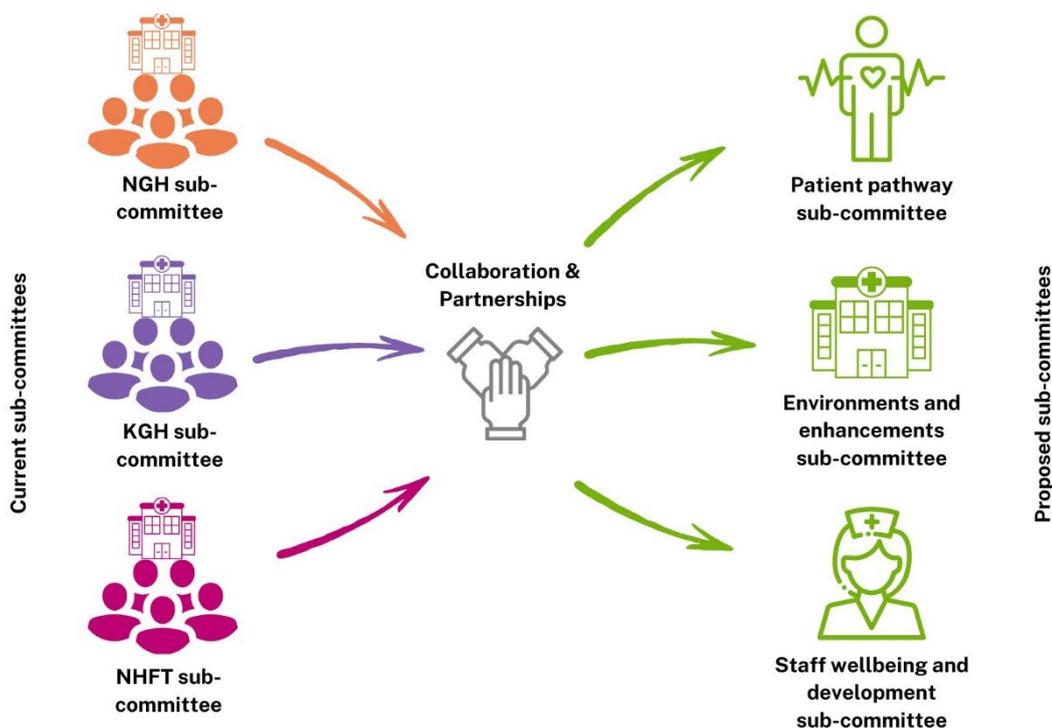
This meeting is to review and examine detailed action plans to deliver our objectives regarding income generation, development, marketing and communications, and public engagement, as well as endorsing any substantial proposals ahead of the new financial year.

3.2.2. Audit and Risk review meeting

This meeting will audit and examine financial and non-financial risks, and ensure that the charity is legally compliant and adheres to the Fundraising Regulator principles and Charity Commission guidelines.

4. New Expenditure Sub-committees

The existing three Trust-based committees have made decisions which have led to inconsistencies in charitable expenditure decision making. Following an internal review and taking into account of our new strategy, we propose aligning the charity with the strategic direction of the Trusts, i.e. closer collaboration across Trusts and merger of some Trust functions. We propose closing the current Trust-based expenditure sub-committees (i.e. one each for KGH, NGH and NHFT) and replacing them with dedicated expenditure sub-committees that reflect the strategic priorities and objectives of the charity and that of the Trusts, where input and activity is across the Trusts, to enable co-production.



Unlike the current sub-committees which sit quarterly, these committees will meet twice a year. Note that in time, should the charity be able to support the wider ICS, the above committees would expand to incorporate new members. Therefore, we will create:

4.1. A Staff Wellbeing and Development sub-committee

Learnings and activities from across the Trusts can be shared to ensure a consistent and evidence-based approach to supporting staff for their wellbeing and development, and to be able to deliver improved healthcare for patients and users.

4.2. An Environments and Enhancements sub-committee

A key deliverable of the charity has been to support capital projects and improving environments within the Trusts. Whereas the charity has previously relied on specific appeals to improve areas, we now aim to raise funds for projects ideally from unrestricted donations. The charity has also updated its charitable expenditure policy to ensure these projects are delivered in conjunction with the Trusts, rather than the onus being on the charity. This cross Trust sub-committee will allow us to develop best practice and ensure speedier delivery of projects.

4.3. A Patient Care Pathway sub-committee

Patient care is at the heart of why the charity exists. By having a cross-Trusts sub-committee, the charity will receive more robust guidance and provide an opportunity for the different Trusts to align and collaborate on expenditure which may benefit patients across the county.

5. Equality, Diversity and Inclusion (EDI)

As an inclusive organisation, our aspiration is to fully embed EDI in our strategy. We will do this by not only meeting our legal obligations but going beyond. An EDI dimension, in a proportionate way, will be addressed as we implement this refreshed strategy.

Our inclusive collaborative model will ensure a meaningful way of engaging with the NHS Trusts, the ICS, and other key stakeholders. We will embrace an EDI dimension into everything we do.

Enablers

For us to deliver our vision and strategic objectives, the five enablers listed below have been identified as critical for a successful delivery:



**Unrestricted
income**



**Funds
management**



**High value
income**



**Capability and
resource**



**Measurable
outcomes**

1. Unrestricted income

We will need to significantly increase our unrestricted funds (non-designated general funds), through simpler messaging, stewarding supporters, new regular and legacy giving programmes, and increased and clearer visibility across the Trusts' estates.

Our sharper focus on unrestricted income will allow us to do more for patients across the Trusts. This will be supported by a funds consolidation programme to allow more efficient and equitable charitable expenditure. On average a patient sees 17.8⁶ staff from multiple departments during their stay in hospital but tend to donate where they perceive they have received the care. Unrestricted general donations are like sharing tips so that all departments involved in a patient's care can benefit.

Larger unrestricted pools of money will allow the charity to mitigate having multiple appeals and instead help make such charitable expenditure 'business as usual'. I.e. instead of having an appeal to refurbish a ward, in time the charity will be able to allocate funding from an unrestricted general fund. A focus on unrestricted and sustainable giving will allow the charity to deliver more focused expenditure that will benefit across Trusts rather than individual areas, allowing a more equitable approach to expenditure and where the Trusts need it most.

2. Funds Management

We have created a new post to lead on this important area of charitable expenditure and impact. They will develop a strategic pipeline of projects and expenditure, as well as a funds policy and guidance which sets out the charity's position (including legally) on what it will and will not fund within the Trusts. We will improve our management of funds through fund consolidation and more strategic expenditure.

2.1. Funds consolidation

We currently have over £5.5m across over 244 funds. Many of the funds remain unspent as there is not enough in the funds to enable meaningful expenditure. In addition, a significant

⁶ <https://pubmed.ncbi.nlm.nih.gov/17514218/>

minority of funds have very large balances due to patient's giving to where they perceived they received care. For example, a ward may receive a donation but A&E, where the patient entered the system does not. This has created inequality in areas we can support across the Trusts. Having fewer but larger funds will enable more strategic expenditure, aligned with the Trusts needs.

We will therefore reduce and consolidate the number of funds across our portfolio to a minimally viable amount, meet the strategic objective to generate more unrestricted income, and to align with the direction being followed by most NHS charities and highlighted by the Healthcare Financial Management Association. We will increase general unrestricted funds for each Trust to allow all departments to apply and allow more equitable expenditure.

2.2. Increased grant expenditure

We will create a more streamlined and strategic approach to expenditure, aligned with the objectives, by reviewing, creating, and developing our grants programme, along with improving the application process by moving it online. We will review the sub-committees to ensure they are suited to our objectives and the Trusts' needs.

These enablers will allow us to create more impact, thus having more success stories to communicate with existing and potential supporters, creating even more reasons and opportunities to give.

3. High value income

We will develop and increase our high value supporter income from corporates, grant providers, and major donors, to deliver our growth plan. We have introduced a new dedicated Philanthropy and Partnerships role pursuing at this area.

Corporate partnerships will be strengthened, allowing companies to contribute in a meaningful sustained way, including enabling their employees to contribute to fundraising and activities that will benefit the Trusts. Our Charitable Expenditure and Impact resource will enable a pipeline of more robust projects for grant applications, thereby increasing our success rate not only in terms on income but also delivery. There will be a new emphasis on stewarding major donors to support significant projects, again identified by the new focus on charitable expenditure.

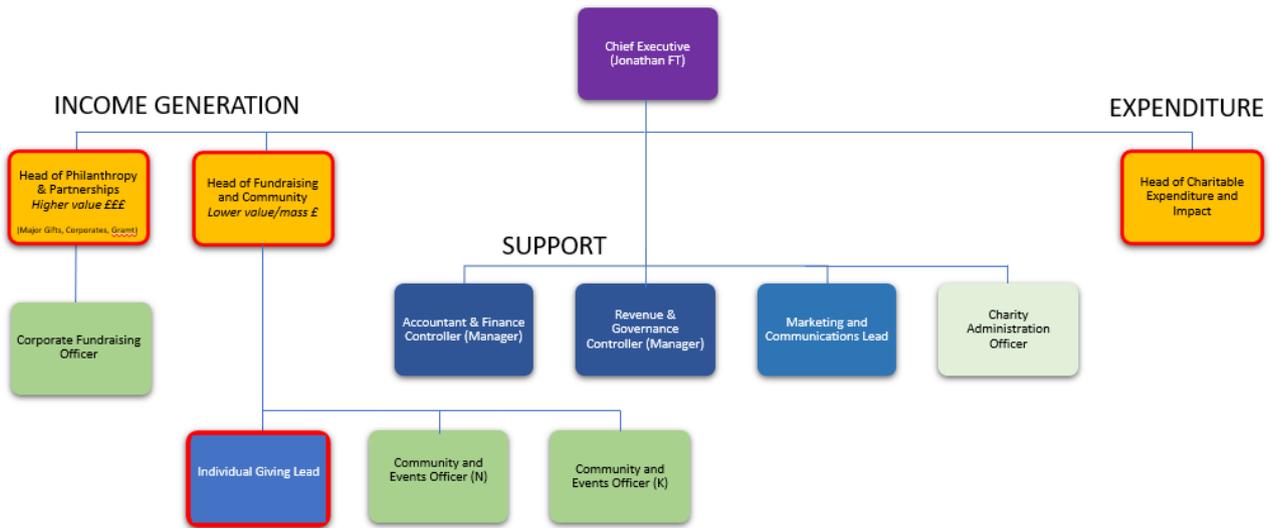
4. Capacity and resources

We will develop the charity's capability, capacity, and resources to enable it to support the Trusts and in future to expand to support the wider ICS, specifically around the areas of prevention and community services.

4.1. Our refreshed organisational structure

We have updated the structure of the team to be more effective and efficient, by updating some of the roles and responsibilities to provide dedicated resources. We are recruiting an experienced Head of Fundraising, as well as an Individual Giving Lead to manage a regular giving programme. In time it is expected that further strengthening of the team will occur as

it delivers on its objectives. We have improved some of our staff benefits to enhance our team’s wellbeing, working conditions and to make the charity an employer of choice.



4.2. Improved operational management

By introducing a new customer relationship management database (CRM) we will improve our corporate systems and allow better management and leverage of data. We will also develop a new website including a new donation platform to increase online donations.

We will also increase the contribution volunteers make to the charity, providing more opportunities for supporters to add value to the charity.

We will continue to develop our marketing strategy with investment in brand awareness, developing campaigns to increase unrestricted income.

5. Measurable Outcomes

We will be performance driven and judged by our outcomes. We have set measurable outcomes with which we can monitor progress and ensure we are delivering on our objectives. Our measurable outcomes will focus (but not exclusively) on income and expenditure. The measures will include increasing the number of supporters and fundraisers acquired, including those who become regular donors to our unrestricted funds.

For expenditure, measures will include a reduction of funds, expenditure of balances so that ideally funds are spent within three years, major projects (£100k+) delivered within two years, and an increase in projects over £5k. Other measures will include Trust staff awareness, understanding and engagement with the charity as measured by Trust staff surveys.

Conclusion

In essence, this strategy is a dynamic and forward-looking plan that places emphasis on sustainable growth and greater collaboration for improved healthcare provision. It reflects our dedication to making a lasting and meaningful impact on the community's well-being. By fostering a collaborative and partnership model, embracing measurable outcomes, and considering the ICS, the charity aims to deliver enhanced healthcare experiences.

Annual progress of the strategy will be presented to the Board in Q4 each year, with the strategy reviewed and refreshed ahead of 2027.

Our new strategic priorities, enablers, and a robust governance structure, lays a solid foundation for supporting healthcare delivery in the county and achieving our vision of improving lives over the next three years.