



# St Michael's Hospice

## 2025 Strategy

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## Our Purpose

We believe everyone should have access to care that enables them, and those close to them, to live and die well.

## Our Mission

Working alongside our community, our mission is to ensure that adults in Herefordshire and the surrounding areas, benefit from palliative and end-of-life care when needed. This includes supporting loved ones throughout bereavement and beyond.

## Our Values

***"What matters to you is what's important to us"***

To ensure we deliver upon this every day, we empower people to work collaboratively to reach the **best possible decisions**, realise them in the **best possible way** and at the **best possible time**.

We value:

- knowledge, judgment, and kindness in reaching the **best possible decisions**,
- courage, integrity, and passion in realising those decisions in the **best possible way**, and
- honesty, empathy, and determination in doing so at the **best possible time**.

Living our values influences **the way we behave**. The way we behave informs **the way we do things**. The way we do things is **the St Michael's way**.

## Our Strategic Intentions

In directing how we will work towards achieving our Mission we will be guided by the following Strategic Intentions:

1. Increase accessibility and availability of care.
2. Improve quality of care wherever it is provided.
3. Be a sustainable and well led organisation.
4. Be a great place to work and volunteer.
5. Generate funding to deliver care in the most efficient and responsible way.

## Our Principal Activities

In realising our belief that everyone should have access to care that enables them, and those close to them, to live and die well. Our Principal Activities are:

1. Adult inpatient care.
2. Adult outpatient care.
3. Adult community care.
4. Supportive care in all settings (inpatient, outpatient and community).
5. Education and Training.

## Organisational Strategy Framework

<b>Strategic Intentions</b> <i>How will we achieve our mission?</i>	<b>Strategic Priorities</b> <i>What will we prioritise?</i>	<b>Measures/Indicators</b> <i>How will we know we are succeeding?</i>
1. Increase accessibility and availability of care.	<ul style="list-style-type: none"> <li>a. Extend our reach and communicate with more people in our community.</li> <li>b. Heighten awareness of death and dying issues and the support available.</li> <li>c. Connect individuals with services through developing referral pathways with trusted people and places.</li> </ul>	<ul style="list-style-type: none"> <li>• Total number of people supported.</li> <li>• Number of people supported in the community.</li> <li>• Number of 'supporters' and communications engagement rates.</li> <li>• Referral numbers by source and destination.</li> </ul>
2. Improve quality of care wherever it is provided.	<ul style="list-style-type: none"> <li>a. Influence, educate, and work with others to improve care.</li> <li>b. Align services and respond through collaboration with others.</li> <li>c. Explore innovative approaches, tested and proven through research and evidence.</li> </ul>	<ul style="list-style-type: none"> <li>• CQC (or other external/objective) accreditation.</li> <li>• Lived experience feedback measures.</li> <li>• Strategic stakeholder feedback (One Herefordshire/WVT/Taurus/Healthwatch).</li> <li>• Measures of recognition of innovation and research.</li> </ul>
3. Be a sustainable and well led organisation.	<ul style="list-style-type: none"> <li>a. Ensure our information systems, technology and processes enable decision making, add benefit, and realise efficiencies in the activities and services they are supporting.</li> <li>b. Realise the highest standards of information governance.</li> <li>c. Steward and utilise resources in the most efficient responsible way.</li> <li>d. Develop an approach to Environmental, Social and Governance which directs our action and measures our impact.</li> <li>e. Engage with and influence public funding decisions and the wider hospice funding challenge.</li> </ul>	<ul style="list-style-type: none"> <li>• Progress towards a 'best practice' systems roadmap.</li> <li>• Progress towards Business Intelligence strategy and implementation.</li> <li>• Cyber Essentials+ Accreditation.</li> <li>• A balanced budget (as a minimum).</li> <li>• Appropriate levels of reserves.</li> <li>• £ spent on care/fundraising/support costs.</li> <li>• Defined and tracked costs per unit for services.</li> <li>• Hospice UK and other benchmarking.</li> <li>• Levels of statutory funding.</li> <li>• ESG metrics e.g. reduced carbon footprint, energy usage, become a net-zero organisation, sustainable supply chain, high levels of regulatory compliance, pay and reward etc.</li> </ul>
4. Be a great place to work and volunteer.	<ul style="list-style-type: none"> <li>a. Embed and realise the benefits of a shared set of values and behaviours – the St Michael's way.</li> <li>b. Enhance people engagement and experience.</li> <li>c. Embed a culture of skills acquisition, development, and utilisation.</li> </ul>	<ul style="list-style-type: none"> <li>• Turnover of people.</li> <li>• Vacancy fill rates and speed (including volunteers).</li> <li>• Become an employer of choice – workforce satisfaction and engagement scores.</li> <li>• Absence rate.</li> <li>• Training completion rates.</li> <li>• Skills audits.</li> </ul>
5. Generate funding to deliver care in the most efficient and responsible way.	<ul style="list-style-type: none"> <li>a. Maintain a diversified and dynamic portfolio of income delivered to target.</li> <li>b. Focus on donor acquisition, cultivation and retention.</li> <li>c. Through learning and compliance meet regulatory requirements.</li> <li>d. Protect and develop our relationship of trust with our community.</li> </ul>	<ul style="list-style-type: none"> <li>• Net profit – at income generation level.</li> <li>• Ratio of funds spent on raising funds.</li> <li>• Retail profit margin.</li> <li>• Donor retention e.g. those that give in two consecutive years etc.</li> <li>• Objective compliance audits.</li> </ul>

## Care

1. Increase accessibility and availability of care.
2. Improve quality of care wherever it is provided.

The 2024 St Michael's Hospice Care Strategy represents an opportunity to decide how we approach the challenges ahead of us. More people in Herefordshire and the surrounding areas need palliative care than ever before. Our population is subject to the same demographic changes ubiquitous to the UK: a population which is increasing in size, ageing, more frail and with ever more complex medical and social needs. We also face several challenges which are idiosyncratic to our area including high numbers of people living in geographically isolated, rural communities, prone to the unique socio-economic challenges this brings.

Herefordshire has an older-than-average population with a lower-than-average mortality rate over recent years; this means we can expect increasing mortality rates coupled with more age-related conditions in the years ahead. We also currently have a significantly lower incidence of new dementia diagnoses suggesting an unseen and unmet burden of dementia and frailty within the Herefordshire population. This means that more people than ever before will need palliative care and there is a very real risk that the needs of our population might outstrip our ability to provide the high-quality, personalised care on which we pride ourselves.

We believe everyone should have access to care that enables them, and those close to them, to live and die well. The palliative care needs of our patients will, however, vary: this is the core tenet of patient-centred care. For the majority, great generalist palliative care can be achieved by doing the basics well; with holistic support being provided by generalists, GPs, district nursing teams and the wider compassionate community. A smaller proportion have more challenging symptoms or complex needs and need the specialist intervention of our teams. Whatever the needs of the individual, our mission, *"that adults in Herefordshire and surrounding areas benefit from palliative and end of life care when they need it"*, is the same, but the resources and approaches needed to achieve this vary significantly from person to person.

		<b>Complexity of Need</b>	
		<b>Generalist</b>	<b>Specialist</b>
<b>Scale</b>	<b>Mass</b>	<b>Primary Care Services. Hospice at Home 'To-Monitor' Service. Gold Standards Framework Meetings.</b>	<b>WVT Supportive and Palliative Care. Team Domiciliary Visits and Remote Support. Hospice at Home Urgent Care Service.</b>
	<b>Few</b>	<b>SMH Day Services such as living well. Patients with generalist need but a clear preference for EoLC at SMH Inpatient unit.</b>	<b>SMH Inpatient Unit. SMH Outpatient Clinics. Joint WVT/SMH Domiciliary Visits.</b>

The increasing need for our services is perhaps our biggest challenge. Simply upscaling what we do can't meet the increasing demands of the future. Providing generalist palliative care to the whole population (light blue box above) by ourselves will mean insufficient resources to provide the complex specialist care we do so well. Conversely, concentrating purely on those with specialist needs (dark blue box above) risks depriving the majority of the population with general palliative care needs of support.

## The St Michael's Way

There is significant variation in how palliative care is delivered across the UK. Some areas have predominantly community-based services, some hospices focus on the delivery of end of life care and many have stringent admission criteria. We believe that good palliative care should be

available for everyone with a life-limiting condition, not just those at the end of life - this is what sets us apart from many similar organisations. We show this by being pro-active in helping people at an earlier stage of their illness; this allows us to build relationships with them and those they care about. It means showing courage to do the right thing in the decisions we make, knowing that we will be helping to shoulder the significant burdens of complex symptoms, clinical uncertainty and distress at the most difficult and emotive point in our patients' lives. It means we show honesty and determination in advocating for our patients, using our specialist knowledge and skills to help *all* those who might benefit from our care. It means that we use our judgment to recognise that palliative care does not preclude proactive, judicious use of acute, life-prolonging care or disease-modifying treatments. And finally, it means showing determination to prioritise and protect those things important to our patients, in the place of our patients' choosing.

We see this reflected in the results of our care – we continue to see more people year on year, at an early stage of illness for a wider variety of conditions than historically might once have been the providence of palliative care. We support many of our patients to continue to receive potentially life-prolonging treatments alongside their palliative care. This means that compared to many other hospices, the people we care for are often more complex, with greater rehabilitation potential, uncertain trajectories, significant burdens of physical symptoms, social challenges and psychological distress. We recognise that this distress is often shared by those people our patients hold dear and we value and recognise the importance of treating not just the patient but those important to them. We see our inpatient facilities, first and foremost, as a place to deliver specialist interventions to those with the most complex needs, working in conjunction with our community and outpatient teams.

Far from the original model of palliative care which was broadly synonymous with end of life care and delivered near the end of life when active treatment options were exhausted, we recognise the value of early, complex interventions to help our patients, alongside life-prolonging, active treatments. We see this proactive, early involvement in the significant numbers of our patients we discharge and support at home, allowing people to continue to live well for as long as possible.

Rather than working in isolation, we truly believe that the best care comes from active collaboration with partners across Herefordshire and empowerment of others to provide a 'One Herefordshire' palliative care service for our population.

**Care – 1. Increase accessibility and availability of care. 2. Improve quality of care wherever it is provided.**

<b>Strategic Priorities</b>	<b>Strategic Response</b> <i>How will we deliver on the Strategic Priority?</i>	<b>Measures/Indicators</b> <i>How will we know we are succeeding?</i>
1a. Extend our reach and communicate with more people in our community.	<ul style="list-style-type: none"> <li>i. Continue to provide care for those in the last 12 months of life, meeting their clinical need; working with current agencies and services known to the patient.</li> <li>ii. Continue work towards a 'One Herefordshire' model of care with collaboration between all PEOC teams to increase reach.</li> <li>iii. Extend the focus of care away from a predominantly inpatient setting to provide more pro-active support in the community. This will include services which will eventually take the form of a 'virtual hospice'.</li> <li>iv. Continue with one SMH (and through partnership working 'One Herefordshire') single point of access to ensure all referrals are dealt with in a timely manner by triaging and coordinating care as appropriate.</li> <li>v. Empower greater involvement in advance care planning discussions in outpatient settings.</li> <li>vi. Increase Supportive Care within the community including bereavement and patient support groups, collaboration with ecumenical &amp; interfaith groups, and by supporting the Herefordshire Compassionate Community scheme.</li> <li>vii. Develop and promote online complementary therapy classes and resources on the SMH website.</li> <li>viii. Strengthen social work links with community support provision.</li> <li>ix. In conjunction with our Marketing &amp; Communications team, build a locally-relevant information base to inform and educate service-users and allow greater collective community ownership of palliative care.</li> </ul>	<ul style="list-style-type: none"> <li>• Number and locations of people supported.</li> <li>• Online engagement metrics.</li> <li>• Standardised measures such as Pol, AKPS and iPOS to quantify the benefit we provide and to measure improvements.</li> <li>• Specific KPIs for any new roles such as community response and virtual hospice.</li> <li>• Monitoring data of 'like-for-like' complex interventions and location.</li> <li>• Numbers of supporters and communication engagement rates.</li> <li>• Number of people supportive care is reaching in the community.</li> <li>• Attendance rates at online classes.</li> </ul>
1b. Heighten awareness of death and dying issues and the support available.	<ul style="list-style-type: none"> <li>i. Empower our patients, their loved-ones and the wider community to make proactive, informed decisions about their palliative and end-of-life care.</li> <li>ii. Develop the 24 hour advice and support line, working in partnership with external providers in order to meet local demand.</li> <li>iii. Roll out 'SPICT' tool (Supportive Palliative Care Indication Tool) to identify patients in the last 12 months of life.</li> <li>iv. Further develop our range of educational offerings and, provide specific programmes for relatives who wish to take a more active role in the care of their loved ones.</li> <li>v. Educate schools, colleges, workplaces about death, dying and bereavement.</li> <li>vi. Through partnership, share information and experiences with AHPs (Allied Health Professionals at centres of delivery and St Michael's).</li> <li>vii. Continue to provide educational sessions to social work students, and university placements for Counselling, Music and Art Therapy students.</li> <li>viii. Develop a network of Hospice Ambassadors made up of colleagues and members of the community to increase understanding of palliative care and our role.</li> <li>ix. In conjunction with the Marketing &amp; Communications team, redesign all information available to patients and realise greater engagement with our community.</li> </ul>	<ul style="list-style-type: none"> <li>• Systematic feedback exercise to assess the baseline understanding of existing services amongst the population.</li> <li>• Standardised measures such as Pol, AKPS and iPOS to quantify the benefit we provide and to measure improvements.</li> <li>• Measurements with focus groups in conjunction with Healthwatch.</li> <li>• Number of patients with a SPICT measure on EMIS.</li> <li>• Measures of responsiveness in advice and information.</li> <li>• Supportive care student contacts</li> <li>• External therapy contacts and relationship numbers.</li> <li>• Placement numbers.</li> </ul>

Strategic Priorities	Strategic Response <i>How will we deliver on the Strategic Priority?</i>	Measures/Indicators <i>How will we know we are succeeding?</i>
1c. Connect individuals with services through developing referral pathways with trusted people and places.	<ul style="list-style-type: none"> <li>i. Better understand the health needs of our population through data.</li> <li>ii. Enable our services to match the geographic needs for care of our patients by bringing more care into communities and closer to our more geographically distant patients.</li> <li>iii. Collaborate with partners and set up new services where unmet needs are identified.</li> <li>iv. Find innovative ways to use our existing services, premises and facilities to contribute to a wider compassionate-community approach.</li> <li>v. Conduct service improvement projects and research into challenges faced by rural populations in accessing palliative care.</li> <li>vi. Develop our out-of-hours coverage through seamless working with Taurus for both IPU medical cover OOH with 24h specialist advice where needed.</li> <li>vii. Further develop and streamline our discharge and follow-up pathways.</li> <li>viii. Further develop and refine our directory of services.</li> <li>ix. Working in partnership, identify and provide early intervention to support those who may be at risk of deterioration due to their bereavement.</li> <li>x. Build on existing therapy connections within the community to ensure the right people get referred to the right services at the right time.</li> </ul>	<ul style="list-style-type: none"> <li>• Referral numbers by source and destination.</li> <li>• Numbers and specific KPIs for new innovations/partnerships.</li> <li>• IPOS symptom severity scores.</li> <li>• KPIs of discharge facilitation.</li> <li>• Analysis of clinical incidents.</li> <li>• Locations of care delivery to identify areas of reduced reach.</li> </ul>
2a. Influence, educate, and work with others to improve care.	<ul style="list-style-type: none"> <li>i. Draw on our body of expertise to advocate for and influence high quality PEoLC, placing ourselves central to decision-making around PEoLC strategy and lead the education of those delivering such care.</li> <li>ii. Contribute to, support and enable the already excellent palliative care provision provided by generalist community services.</li> <li>iii. Overhaul the mechanism by which we collect feedback from our colleagues, service users and the wider community. Use this feedback to inform service development, identify unmet needs and work to our strengths.</li> <li>iv. Further develop and promote the Herefordshire Palliative Care Community of Practice.</li> <li>v. Assess the need for additional bridging services between specialist and generalist services and respond to enable primary care to continue to provide excellent palliative care to the majority of the population.</li> <li>vi. Enhance our current programme of training and education, to improve proactive and reactive palliative and supportive care</li> <li>vii. Implement programme of education for our own workforce to develop understanding of anticipatory grief, bereavement and impacts on resilience.</li> <li>viii. Explore feasibility and where appropriate implement; accredited counselling qualifications, models for mindfulness, support to providers of therapy around PEoLC, and skills training for patients and carers in the community.</li> </ul>	<ul style="list-style-type: none"> <li>• CQC (or other external/objective) accreditation.</li> <li>• Lived experience feedback measures.</li> <li>• Strategic stakeholder feedback.</li> <li>• Educational outcomes and feedback measures.</li> <li>• Palliative Care Community of Practice engagement and feedback exercises.</li> <li>• Qualitative outcomes of primary care engagement exercises.</li> <li>• Pan-Herefordshire poll of General Practice services to better understand system and educational needs.</li> <li>• Data analysis project to build an atlas of palliative care provision in Herefordshire.</li> <li>• Service improvement project outcomes.</li> </ul>



Strategic Priorities	Strategic Response <i>How will we deliver on the Strategic Priority?</i>	Measures/Indicators <i>How will we know we are succeeding?</i>
2b. Align services and respond through collaboration with others.	<ul style="list-style-type: none"> <li>i. Leverage our considerable reach in the community to co-ordinate and empower community and allied organisations rather than duplicate their work.</li> <li>ii. Take an increasingly multi-disciplinary and multi-organisation approach to MDT.</li> <li>iii. Develop medical outpatient lead role to provide greater collaboration, with the remit of developing innovative joined-up services.</li> <li>iv. Collaborate with and develop closer connections with organisations such as those focusing on mental health, drug and alcohol misuse, and carers support etc.</li> <li>v. Diversify our educational offerings to provide high quality, accessible, expert-led teaching to those who are increasingly called upon, but not necessarily trained, to deliver palliative care.</li> <li>vi. Work increasingly closely with our SPCT colleagues to reduce duplication, improve reach and collaborate in our educational efforts.</li> </ul>	<ul style="list-style-type: none"> <li>• Inter-agency referral rates.</li> <li>• Outcomes of joint meetings such as learning from deaths and discharges and our mortality meetings.</li> <li>• Collaborative/shared outcomes in conjunction with allied organisations.</li> <li>• Patient activation measure (PAM).</li> <li>• Qualitative thematic analysis of feedback.</li> <li>• MDT participation records.</li> <li>• Qualitative analysis of 'learning from deaths and discharges' outcomes.</li> <li>• Strategic stakeholder feedback.</li> </ul>
2c. Explore innovative approaches, tested and proven through research and evidence.	<ul style="list-style-type: none"> <li>i. Prepare Care for greater involvement in palliative care research.</li> <li>ii. Develop a culture of learning, celebrating our ideas and innovations through representation and presentation on the wider academic stage.</li> <li>iii. Take a leading role in shaping the delivery of palliative care to a mixed, rural, geographically remote population.</li> <li>iv. Invest in healthcare technology and innovation.</li> <li>v. Explore new ways of working, adopt proven emerging technologies and work more closely as an integrated, multidisciplinary team.</li> <li>vi. Empower everyone to enact quality improvement projects in response to lessons-learned, unmet needs and patient safety incidents.</li> <li>vii. Develop outpatient skills and services alongside the 'virtual hospice' model so that complex needs and medical interventions can be made in the outpatient 'day case' setting without the need for urgent admission to either hospice or acute trust.</li> <li>viii. Allocate and protect time for staff to undertake research in areas of interest.</li> <li>ix. Influence and help shape conversations around the evolution of Spiritual Care provision and carry out feasibility studies for implementation.</li> <li>x. Develop and deliver novel education sessions to patients and carers to help them better understand and manage their own health.</li> <li>xi. Continue to support colleagues to pursue higher educational qualifications, and research and projects which benefit our patients, communities and wider organisation.</li> </ul>	<ul style="list-style-type: none"> <li>• Measures of recognition of innovation and research.</li> <li>• Objective, quantitative numbers of presentations and team learning reflections.</li> <li>• Numbers of staff completing GCP training and with specific research-related roles in job plan.</li> <li>• Service improvement project outcomes.</li> <li>• Success shown when research knowledge and innovative evidence-based interventions are applied to the work we do.</li> <li>• Measures and trends in shifting consultation types.</li> </ul>



## **Finance & Operations**

### **3 Be a Sustainable and Well Led Organisation**

Delivering on this Strategic Intention is foundational to the long-term resilience and sustainability of St Michael's. It is not a Principal Activity, but it is however critical to enabling all elements of delivering and supporting our Principal Activities. Governance, accountability, compliance, fiduciary duty, environmental and societal responsibility and our wider role in influencing public funding are cornerstones of achieving our mission.

Primary accountability for all strategic activity in this area therefore resides with the Chief Executive, and Finance and Operations Director. Investing in the most appropriate resources to support realisation of our priorities and responses in this area is critical to success. Organising ourselves to embrace the opportunities presented through realisation of our aims in responding to this area of Strategic Intent lay the foundations for our future viability.

We are presented with a myriad opportunities to embrace technological advancement, but it is critical that we do so in the most unified and coherent way and with a clear view and connection to our own aims and objectives. Generating the greatest level of insight and business intelligence from our data and utilising this in a 'whole organisation' approach to information management is key to service delivery, community and colleague engagement, and critically maximising income generated. Alongside this, realising the highest standards of information governance and thus reducing our exposure to risk and the risks perceived by our service users, community and customers is key. This is not an operational activity; it is strategic and key to our future success.

Commercial sustainability and efficiency, or compassionate commerciality must be at the heart of our financial management and decision making. This has been the case for many years as is evidenced by our financial resilience, as has been our decision making on ESG measures and actions. Elevating these from operational activity and guiding them with strategic intent has the potential to not only deliver a real and tangible commercial return but also elevate our standing and recognition beyond that of our Principal Activities in care provision. Our credentials in the environmental and social space are becoming as important to our community and critically those who fund us as our core purpose. Recognising and responding to this is of a high priority.

We are not 'just' St Michael's we 'are' St Michael's; Herefordshire's only provider of Palliative and End of Life Care outside of the NHS. The only hospice, and the only provider of hospice services in people's homes. We are passionate and committed to improving and extending that care to all who need it. That requires us to be active and engaged in public debate, to lead the charge on provision and funding, and to champion what works and how it is best delivered. We will lead on place-based dialogue with funders and commissioners and represent more than our 'own' voice by amplifying our communities voices and especially those of our patients and their families.

### Finance & Operations – 3. Be a sustainable and well led organisation

<b>Strategic Priorities</b> <i>What will we prioritise?</i>	<b>Strategic Response</b> <i>How will we deliver on the Strategic Priority?</i>	<b>Measures/Indicators</b> <i>How will we know we are succeeding?</i>
3a. Ensure our information systems, technology and processes enable decision making, add benefit, and realise efficiencies in the activities and services they are supporting.	<ul style="list-style-type: none"> <li>i. Develop and embed an approach to 'data as an asset'.</li> <li>ii. Seek every opportunity to streamline and inter-operate with our data sources and systems, eliminating processes that do not add value.</li> <li>iii. Derive the greatest level of actionable business intelligence.</li> <li>iv. Improve our ICT infrastructure to make it more efficient and sustainable, embracing technical developments only where of practical benefit to the organisation.</li> <li>v. Promote the continuous education and training of all staff in the best utilisation of IT assets.</li> </ul>	<ul style="list-style-type: none"> <li>• Progress towards a 'best practice' systems roadmap.</li> <li>• Progress towards a consistent approach to Business Intelligence and its implementation.</li> <li>• Cyber Essentials+ Accreditation.</li> <li>• IT qualifications and training.</li> </ul>
3b. Realise the highest standards of information governance.	<ul style="list-style-type: none"> <li>i. Ensure we are in the best possible position to discharge our legal and moral obligations regarding information governance and data security.</li> <li>ii. Implement an accountable structure of management to oversee, promote and monitor all information governance.</li> <li>iii. Improve the visibility and utilisation of data across the organisation, ensuring the right people have access to the right information at the right time.</li> <li>iv. Utilise, where practical, any technological solutions that will improve or facilitate reliable data governance and data security.</li> </ul>	<ul style="list-style-type: none"> <li>• Objective assessment and audit of data security.</li> <li>• Information Governance Committee outputs and actions.</li> <li>• Monitoring of data availability and usage.</li> <li>• Adoption rates of new technologies.</li> </ul>
3c. Steward and utilise resources in the most efficient responsible way.	<ul style="list-style-type: none"> <li>i. Increase value for money from procurement practices.</li> <li>ii. Embed robust financial planning techniques which drive cost efficiency and ensure the optimum targeting of our financial resources to deliver our goals.</li> <li>iii. Prudently manage our investments and reserves to ensure they contribute to the sustainability of care delivery into the future.</li> <li>iv. Understand and benchmark our services, models of care, and unit cost/impact and agree the right fit for the future.</li> <li>v. Maximise the efficient utilisation of our buildings and facilities ensuring they positively contribute to our wider aspirations as an employer and service provider.</li> <li>vi. Maximise opportunities to collaborate with other organisations to deliver shared financial benefits.</li> </ul>	<ul style="list-style-type: none"> <li>• A balanced budget (as a minimum).</li> <li>• Appropriate levels of reserves.</li> <li>• £ spent on care/fundraising/support costs.</li> <li>• Defined and tracked costs per unit for services.</li> <li>• Hospice UK and other benchmarking.</li> </ul>
3d. Develop an approach to Environmental, Social and Governance which directs our action and measures our impact.	<ul style="list-style-type: none"> <li>i. Develop an Environmental, Social, and Governance Policy, capturing all of the existing actions; building and developing our responses and their impacts.</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainable Healthcare measures.</li> <li>• Reduced carbon footprint.</li> <li>• Other measures as defined by ESG Policy.</li> </ul>
3e. Engage with and influence public funding decisions and the wider hospice funding challenge.	<ul style="list-style-type: none"> <li>i. Develop effective relationships with commissioners, ensuring that St Michael's is represented at County and ICB level to influence funding decisions and the development of End of Life and Palliative Care.</li> <li>ii. Improve our use of data to influence palliative and end of life care provision and funding.</li> </ul>	<ul style="list-style-type: none"> <li>• Levels of statutory funding.</li> </ul>

## People

### 4. Be a great place to work and volunteer

St Michael's employs around 350 paid colleagues, at least 40% of those occupy nursing and direct care roles. We also engage the services of approximately 880 volunteers. Our workforce consists of many different people who possess a range of skills, knowledge and expertise, with different levels of experience and who are at different stages in their careers. In order to retain these skills and to attract future talent in a community with a population of fewer than 200,000, we need to provide an environment where our people feel highly motivated to be able to consistently perform their roles to a high standard and actively role model our organisational values and behaviours.

Our values, "*what matters to you is what's important to us*", can only be achieved if the people of St Michael's are empowered to reach the best possible decisions, realise them in the best possible way and do so at the best possible time. Additionally, to enable a culture that attracts, retains and supports all our people we need to incorporate a shared belief of what it takes to be part of the St Michael's way.

The People Strategy sets out a number of responses to three strategic priorities:

#### 4a Embed and realise the benefits of a shared set of values and behaviours – the St Michael's Way.

- i. Develop and cultivate a culture where we deliver leadership by example.** Leadership is pivotal in embodying and promoting St Michael's values and behaviours. Leaders should authentically live by these values to effectively inspire their teams, cultivate a positive and supportive culture, set a strong moral standard and encourages trust and continuous improvement.
- ii. Implement a robust recruitment process enabling people to join well and ensure ongoing alignment with the St Michael's Way.** By integrating values and behaviours into the recruitment process, organisations can build a strong, cohesive, and motivated team that drives success and upholds the organisation's principles.
- iii. Develop and embed a code of conduct for all St Michael's people ensuring agreement and realisation by all.** A well-defined code of conduct provides clarity and consistency as well as clear guidelines on expected behaviours and ethical standards. It also is a useful tool to link back to the purpose and mission of the Hospice.
- iv. Ensure all people management processes incorporate the values and behaviours.** Embedding of values is continuous – behaviours need to be established and consistently reinforced.

#### 4b. Enhance people engagement and experience.

- i. Ensure the management of St Michael's people is consistent and fair.** Fair and consistent management practices build trust and respect between people and their managers, reduces uncertainty and anxiety, boosts morale and motivation, contributes to reducing turnover, enhances performance and fosters a positive safe environment which encourages growth.
- ii. Capture feedback from our people and respond appropriately to consistent themes.** When people feel heard, they feel valued and empowered and aids to build their trust and improve morale. Feedback is crucial to help inform and shape improvements.
- iii. Increase effective communication across and between all departments.** Increasing effective communication across and between departments enhances collaboration, helps people understand how their work contributes to St Michael's Purpose and Mission which in turn will lead to more engaged, motivated and productive people.
- iv. Developing a reward / recognition scheme founded on realising our values in practice.** Recognising and rewarding people not only boosts their motivation, but when people see their peers being recognised it creates a culture of appreciation and mutual respect.

**v. Continuously review and enhance the entire People journey to ensure a compassionate and supportive experience throughout their time at the Hospice.** People processes need to be kept under review to ensure best practice and to incorporate feedback where necessary.

**4c. Embed a culture of skills acquisition, development, and utilisation.**

**i. Create a supportive, continuous learning culture whilst fostering a growth mindset.** This enables St Michael's people to continuously seek new knowledge and skills, to view challenges as opportunities and enables our people to be more resilient by being better prepared to adapt to changes and challenges.

**ii. Develop increased digital skills and utilise technology wherever appropriate.** Using technology to widen our pool of educational offerings that can help upskill our people not just in areas we need them to, but in areas they want to.

**iii. Through analysis, align skills demands and our education and training responses with our strategy.** Ensuring our educational offerings are in line with the Hospice strategy and enable departmental strategies to meet their objectives.

**iv. Develop a cost neutral (at direct cost level) education and training function that meets the demand of all St Michael's People and shares our speciality with external teams.** Developing a cost neutral education suite ensures that learning and development initiatives are sustainable over the long term. Provides opportunities for internal experts to share knowledge and supports St Michael's Purpose and Mission of working alongside our community to ensure that adults in Herefordshire and the surrounding areas, benefit from palliative care and end-of-life care when needed, by training the community in our specialism.

## People – 4. Be a great place to work and volunteer

<b>Strategic Priorities</b> <i>What will we prioritise?</i>	<b>Strategic Response</b> <i>How will we deliver on the Strategic Priority?</i>	<b>Measures/Indicators</b> <i>How will we know we are succeeding?</i>
4a. Embed and realise the benefits of a shared set of values and behaviours – the St Michael's way.	<ul style="list-style-type: none"> <li>i. Develop and cultivate a culture where we deliver leadership by example.</li> <li>ii. Implement a robust recruitment process enabling people to join well and ensure ongoing alignment to the St Michael's way.</li> <li>iii. Develop and embed a code of conduct for all St Michael's people ensuring agreement and realisation by all.</li> <li>iv. Ensure all people management processes incorporate the values and behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>• Retention rates.</li> <li>• Vacancy fill rates and speed (including volunteers).</li> <li>• Code of conducts signed and stored for all people within two months of service at St Michaels.</li> <li>• Signed code of conducts to never be more than 24 months old.</li> </ul>
4b. Enhance people engagement and experience.	<ul style="list-style-type: none"> <li>i. Ensure the management of St Michael's people is consistent and fair.</li> <li>ii. Capture feedback from our people and respond appropriately to consistent themes.</li> <li>iii. Increase effective communication across and between all departments.</li> <li>iv. Developing a reward / recognition scheme founded on realising our Values in practice.</li> <li>v. Continuously review and enhance the entire People journey to ensure a compassionate and supportive experience throughout their time at the Hospice.</li> </ul>	<ul style="list-style-type: none"> <li>• Overall retention rate.</li> <li>• Overall turnover rate.</li> <li>• Voluntary resignation for factors that we can impact.</li> <li>• Voluntary resignation for factors that we can't impact.</li> <li>• Become an employer of choice – workforce satisfaction and engagement scores.</li> <li>• Absence rates.</li> <li>• All people to have regular 1-2-1's and appraisals yearly on their personnel file.</li> </ul>
4c. Embed a culture of skills acquisition, development, and utilisation.	<ul style="list-style-type: none"> <li>i. Create a supportive, continuous learning culture whilst fostering a growth mindset.</li> <li>ii. Develop increased digital skills and utilise technology wherever appropriate.</li> <li>iii. Through analysis, align skills demands and our education and training responses with our strategy.</li> <li>iv. Develop a cost neutral (at direct cost level) education and training function that meets the demand of all St Michael's People and shares our speciality with external teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Mandatory training completion rates.</li> <li>• Number of training needs analysis from care met.</li> <li>• Number of training needs analysis from wider organisation met.</li> <li>• The direct costs of education are offset by income (on a reducing scale per annum).</li> </ul>

## **Income Generation**

### **5. Generate funding to deliver care in the most efficient and responsible way.**

This strategy seeks to build upon the strong foundations and respect St Michael's Hospice has built within the community over the last 40 years. St Michael's has developed successful Fundraising and Retail operations over this time and is already forging ahead with innovative income generation activities, to diversify the portfolio and meet the demands of increasing delivery costs across the hospice. In 2024 the team opened the largest destination Superstore and Donation Centre in the Midlands, engaged the community in a large-scale Crowd Funding Appeal for £400k and captured a gap in the marketplace for Hereford's largest Fireworks event. This demonstrates the capability and drive of the team to deliver ambitious new projects and campaigns, ensuring St Michael's Hospice is the charity of choice across Herefordshire for donating, pre-loved shopping and experiential events. Now is the time to be brave and bold to ensure we can continue to grow income for the benefit of our community.

Instead of trying to focus on doing more of the same, the shift will be on driving efficiencies and focusing efforts on activities that will produce better returns on our limited investment of resource and time. Sometimes this will involve making difficult decisions requiring change if activities are not profitable, or indeed working alongside others if they are more expert to deliver a service more efficiently and effectively. During the strategy we also need to remain open to reducing potential risk through collaborative working or investing in new commercial ventures if opportunities arise, particularly investing in retail property to provide security on high-performing sites.

Income generation at St Michael's Hospice is not without its challenges. Herefordshire has a low population of circa 190,000, which includes an ageing population with little growth. For this reason, the team need to ensure commitment and loyalty from Herefordshire residents, alongside family or friends perhaps not living in the area, whose loved ones have experienced our care. The team will strive to maximise on the lifetime value of a donor and encourage the desire to remember St Michael's after life too, through gifts in Wills.

Across all our activities we want our supporters to feel valued. Donor care and great customer service will be imperative, alongside showing the community the impact of their support. Customers and donors need to be treated to a gold-standard service, which will be remembered and told to others within a tight-knit community. To achieve this, we need to have the right people in place and invest in training and development. The team need to deliver activities in a compliant and profitable manner, and proactively develop expertise to deliver upon the strategy and build long-term relationships across the community. Ensuring supporters and customers are treated with gratitude and nurtured to support St Michael's year-on-year is critical to our success going forward.

## Income Generation – 5. Generate funding to deliver care in the most efficient and responsible way.

Strategic Priorities	Strategic Response <i>How will we deliver on the Strategic Priority?</i>	Measures/Indicators <i>How will we know we are succeeding?</i>
5a. Maintain a diversified and dynamic portfolio of income delivered to target.	<ul style="list-style-type: none"> <li>i. Maximise utilisation and value of donated stock, to improve net profit through: <ul style="list-style-type: none"> <li>- Segmentation of shops focusing on profitability.</li> <li>- Innovation through the use of online or alternative sales avenues, maximising price acquired per item.</li> <li>- Outsourcing non-core activity.</li> </ul> </li> <li>ii. Invest in expertise and training to improve performance and efficiency.</li> <li>iii. Grow Superstore or Home and Living model.</li> <li>iv. Focus on sustainability and waste strategy to avoid items going to landfill.</li> <li>v. Focus on growing Individual Giving and Legacy incoming which have higher ROI.</li> <li>vi. Sustain income generated through lottery subscriptions, trust income and regular corporate donations, with growth where achievable.</li> <li>vii. Introduce new mass-participation events to capture greater market share - differentiate by experience with greater investment.</li> <li>viii. Segment donors to form bespoke relationship plans.</li> <li>ix. Collaborate or partner with other organisations or charities to maximise profit and extend reach - join forces for greater good, rather than try to compete.</li> <li>x. Embrace the use of technology and digital to drive efficiency.</li> </ul>	<ul style="list-style-type: none"> <li>• Net profit.</li> <li>• ROI.</li> <li>• Average transaction value.</li> <li>• Category sales per square foot.</li> <li>• Gift aid ratio on donated goods.</li> <li>• Footfall and conversion rates for largest stores.</li> <li>• Improved customer satisfaction measures.</li> <li>• Waste costs.</li> <li>• Maintenance plan to reduce dilapidations and improve Health and Safety.</li> <li>• Growth in legacy pledges and gifts.</li> <li>• Growth in number of major donors.</li> <li>• Growth in number of regular givers and total monthly income.</li> <li>• Sustained event participation - number of attendees.</li> <li>• Sustained lottery income.</li> <li>• Delivery of a diversified portfolio as per the operational plan.</li> <li>• Participation in a minimum of two collaborative campaigns or events per year.</li> <li>• Record of training and development opportunities taken up.</li> </ul>
5b. Focus on donor acquisition, cultivation and retention.	<ul style="list-style-type: none"> <li>i. Prioritise securing new contacts to the database across the whole hospice and through peer-to-peer campaigns.</li> <li>ii. Invest and focus on data for capture and analysis, cultivation and donor retention to maximise on gifts from donors during and post life of a donor.</li> <li>iii. Ensure impact of donations is easily obtainable and transparent to donors, including use of storytelling.</li> <li>iv. Segment appropriately to create supporter journey at all levels.</li> <li>v. Build a strong network of companies and organisations that can deliver a variety of non-financial support such as match-funding, gifts in kind and volunteering.</li> <li>vi. Develop loyalty programs that rewards long-term donors, such as exclusive events or special updates, including retail shoppers.</li> <li>vii. Develop recognition for high-value and long-term supporters that inspires others.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor source and growth of new entries to the database.</li> <li>• Donor retention (those that give in two consecutive years through any means - includes event participation).</li> <li>• Attrition rate for lottery players excluding deceased (as a percentage).</li> <li>• Open rate, click rate and action through each stage of supporter journey.</li> <li>• Reduction in LYBUNT, improved donor retention rates and Lifetime value.</li> <li>• Number of corporate volunteering days.</li> <li>• Gift in Kind Register.</li> </ul>



<b>Strategic Priorities</b>	<b>Strategic Response</b> <i>How will we deliver on the Strategic Priority?</i>	<b>Measures/Indicators</b> <i>How will we know we are succeeding?</i>
5c. Through learning and compliance meet regulatory requirements.	i. Training and learning to meet regulatory requirements through the Fundraising Regulator, Gambling Commission, GDPR and Trading Standards.	<ul style="list-style-type: none"> <li>• Objective compliance and process audits (annual completion with 'good' record).</li> <li>• Up-to-date Operation Manual for retail.</li> <li>• Record of Fundraising Preference Requests and actions taken.</li> </ul>
5d. Protect and develop our relationship of trust with our community.	<ul style="list-style-type: none"> <li>i. Manage funds appropriately in line with the charity's main purpose and demonstrate this to the public.</li> <li>ii. Uphold the charity's reputation - responsibility with all team members to know their role and responsibilities.</li> <li>iii. Avoid unnecessary risk.</li> <li>iv. Be clear, transparent and honest in communications.</li> <li>v. Build an emotional connection with the community through authenticity and sharing of the positive impact of our activities.</li> <li>vi. Build a robust record of due diligence checks on external companies to include training and quality checks to protect brand.</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of annual impact reports.</li> <li>• Story led Impact statements following events and campaigns, with agreed open and click through rates for communications (35% open rate and 8% click through rate target) for e-newsletters.</li> <li>• Customer satisfaction surveys complete with 75% or more satisfaction level, with agreed learning.</li> <li>• Operational risk register.</li> <li>• Story telling champions across all areas of our work.</li> </ul>

## **Marketing & Communications**

### **All Strategic Intentions**

In an increasingly competitive and challenging environment, we must find innovative ways to extend our reach, raise awareness about end-of-life care, and secure necessary funding. This strategy outlines a focused approach to achieve key objectives, ensuring that we not only communicate our message effectively but also engage deeply with our community, funders, and internal stakeholders.

#### **1a. Extending our reach and engaging with more people in our community**

To expand our presence within the community, we need a multi-faceted approach that leverages both traditional and digital channels to maximise visibility. The emphasis will be on targeting the right people at the right time and building long-term relationships.

- Leverage local partnerships: By collaborating with local businesses, influencers, and community leaders, we can tap into established networks to amplify our reach. These partners will help us share our message at community events, within their own customer bases, and through their social media platforms. Identifying their own personal experiences of St Michael's with a human-based approach.
- Targeted digital campaigns: Using geofencing, local SEO optimisation, and targeted social media ads, we will ensure our campaigns reach the right people in our community. This means focusing not just on those in need of care, but also their families and caregivers, who are often the decision-makers in hospice referrals.
- Community-focused content: Creating content that resonates with local values and experiences will drive deeper engagement. By sharing local stories of care, both in digital spaces and at in-person events, we can foster stronger emotional connections and awareness within our community.
- Host events to build direct engagement: Events such as open days, workshops, and seminars will create direct engagement opportunities, allowing community members to learn about hospice care, ask questions, and build trust. These in-person interactions help establish our hospice as a vital community resource.

#### **1b. Heightening Awareness of Death and Dying Issues**

One of the most significant barriers we face is the public's reluctance to discuss death and dying. Our strategy will focus on normalising these conversations and demonstrating the critical role our care plays in providing dignity at the end of life.

- Educational campaigns: We will craft campaigns that focus on debunking myths around hospice care, using factual information and compassionate messaging. By creating infographics, articles, FAQs and videos, we can make the topic more approachable and accessible for our audience.
- Collaborate with healthcare providers: Engaging doctors, nurses, and primary care networks allows us to provide accurate information at critical decision-making moments. By offering them ready-to-share materials and potentially co-hosting informational sessions, we can position the care we provide as a recommended and viable option for patients and their families.
- Leverage patient and family stories: Personal testimonials will play a key role in showing the emotional and practical benefits of our care. These stories will be shared through various channels, including social media, local media outlets, and our website, helping to build trust and compassion with a wider audience.

#### **3e. Engaging with and influencing public funding decisions**

We rely heavily on public funding, and it is essential to engage with decision-makers to ensure our needs are prioritised. Our strategy will focus on influencing policymakers and raising awareness about the wider funding challenge faced by hospices.

- Develop a thought leadership role: By publishing white papers, articles, and research that highlight the societal benefits of hospice care, we can position ourselves as an authority on end-of-life care. This will strengthen our case when engaging with policymakers and funding bodies.
- Cultivate relationships with policymakers: By being a part of educational briefings and roundtable discussions, we can help inform politicians and public officials about the critical need for hospice funding. We will seek out opportunities to influence decision-makers directly, ensuring that they understand the impact of their decisions on our community.
- Mobilise community advocacy: Encouraging our supporters to advocate for hospice funding can have a powerful impact. We encourage community social media advocacy to show public demand for more sustainable hospice funding. Highlighting individual stories will put a human face on these appeals.

#### **4a. Embedding and realising the benefits of a shared set of values – The St Michael's way**

To ensure the entire organisation aligns with our core values, we will focus on embedding these principles in every interaction and process.

- Integrate values into communications: We will support the teams to ensure that all internal and external communications reflect our core values. From marketing materials to colleague interactions with families, the "St Michael's way" will be evident in everything we do, ensuring consistency and authenticity.
- Showcase success stories: By highlighting examples where our values have made a tangible difference in patient care, we will reinforce these principles across the organisation. Sharing these stories internally will help motivate colleagues and externally, they will position us as a values-driven organisation.
- Empower brand ambassadors: We will support the People Team to select colleagues who exemplify the St Michael's way to serve as internal brand ambassadors through our Values & Behaviours Working Group. These ambassadors will promote our values within the organisation, fostering a positive culture and encouraging peer-to-peer recognition.

#### **4b. Enhancing people engagement and experience**

Engaging with patients, families, and our people is crucial to maintaining a high standard of care and ensuring that St Michael's remains a supportive and fulfilling environment for all involved.

- Personalised communication and services: By tailoring our communication and services to individual needs, we will ensure that families and patients feel supported at every step. We will support teams to gather feedback to continuously improve our offerings and make interactions more meaningful.
- Recognition and well-being initiatives: To enhance engagement, we will support the People Team with recognition programs that celebrate the contributions of our people. Additionally, we will support well-being initiatives, such as wellness workshops and support groups, to foster a healthy and engaged workforce.

#### **5b. Donor acquisition, cultivation, and retention**

Donor engagement is essential to our long-term sustainability. Our strategy will focus on building relationships and cultivating a deeper connection with our supporters.

- Data-driven donor segmentation: By analysing donor data, we can segment our audience and create tailored communication strategies for each group. This personalised approach will help us connect with donors on a deeper level, ensuring that they feel valued and appreciated.
- Compelling storytelling: We will use powerful storytelling to demonstrate the impact of donations. By showcasing real-life examples of how donations have made a difference in patient care, we will reinforce the importance of continued support.
- Ongoing engagement: Regular updates, event invitations, and personalised thankyou's will help keep donors engaged and motivated to continue their support. We will create a clear donor journey that nurtures relationships over time.

## Marketing & Communications – All Strategic Intentions

<b>Strategic Priorities</b>	<b>Strategic Response</b> <i>How will we deliver on the Strategic Priority?</i>	<b>Measures/Indicators</b> <i>How will we know we are succeeding?</i>
1a. Extend our reach and communicate with more people in our community.	<ul style="list-style-type: none"> <li>i. Leverage local partnerships to amplify reach.</li> <li>ii. Engage in consistent public relations efforts to boost visibility.</li> <li>iii. Utilise targeted digital marketing to reach the relevant audience.</li> <li>iv. Host community events for dialogue about hospice care.</li> <li>v. Build content marketing strategies that focus on storytelling from the community and real-life hospice experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in engagement through offline and online channels.</li> <li>• Growth in local partnerships.</li> <li>• Digital marketing performance.</li> <li>• Increased referrals and service inquiries.</li> </ul>
1b. Heighten awareness of death and dying issues and the support available.	<ul style="list-style-type: none"> <li>i. Develop educational campaigns around end-of-life care topics to normalise these discussions.</li> <li>ii. Create awareness through social media campaigns that highlight myths and facts surrounding hospice care.</li> <li>iii. Use patient and family testimonials to show the emotional and practical benefits of hospice care.</li> <li>iv. Collaborate with healthcare providers to provide information where individuals may face these issues.</li> <li>v. Implement workshops and seminars for community groups that demystify palliative care and available support.</li> </ul>	<ul style="list-style-type: none"> <li>• Digital marketing performance with content focused on hospice care myths vs. facts.</li> <li>• Increased distribution of hospice care information in medical settings, reaching patients and families at critical moments.</li> <li>• Participation numbers in palliative care workshops and seminars.</li> </ul>
3e. Engage with and influence public funding decisions and the wider hospice funding challenge.	<ul style="list-style-type: none"> <li>i. Develop a thought leadership position by sharing white papers, and insights that show the social benefits of hospice care.</li> <li>ii. Build relationships with local politicians and policy influencers through joining educational briefings and discussions.</li> <li>iii. Promote community advocacy by creating awareness.</li> <li>iv. Collaborate with other healthcare organisations to present a united voice on hospice funding needs.</li> <li>v. Use media to highlight underfunding issues by connecting stories of individuals affected by funding gaps.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased recognition of the hospice as a thought leader in end-of-life care funding and benefits.</li> <li>• Creation of alliances to advocate for improved hospice funding.</li> <li>• Increased public and media focus on hospice underfunding issues.</li> </ul>
4a. Embed and realise the benefits of a shared set of values and behaviours – the St Michael's way.	<ul style="list-style-type: none"> <li>i. Integrate values into internal and external communications, ensuring that all messaging reflects the core principles.</li> <li>ii. Showcase the St Michael's way through success stories that illustrate colleague dedication to these values.</li> <li>iii. Develop brand ambassadors from within who embody and promote our values.</li> <li>iv. Regularly share feedback and testimonials from patients and families that reflect the values in action.</li> <li>v. Create interactive training and onboarding tools to engage our people with our values from day one.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent representation of core values across all communication channels.</li> <li>• Growth in the number of internal ambassadors actively promoting St Michael's values.</li> <li>• Increase in patient and family testimonials that highlight the positive impact of hospice values.</li> <li>• Improved colleague understanding and engagement with our values from the start of their engagement.</li> </ul>

Strategic Priorities	Strategic Response <i>How will we deliver on the Strategic Priority?</i>	Measures/Indicators <i>How will we know we are succeeding?</i>
4b. Enhance people engagement and experience.	<ul style="list-style-type: none"> <li>i. Support the People Team to develop a continuous feedback loop where patients, families, and colleagues can share insights and suggestions for improvement.</li> <li>ii. Support the People Team with a recognition program that highlights the contribution of our people to care.</li> <li>iii. Develop colleague well-being initiatives to ensure they feel valued and engaged.</li> <li>iv. Promote regularity in all communications, ensuring that our goals and efforts are clearly conveyed.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased participation in feedback mechanisms and implementation of actionable insights.</li> <li>• Improved clarity and frequency of communication across the organisation, leading to increased trust and alignment.</li> </ul>
5b. Focus on donor acquisition, cultivation and retention.	<ul style="list-style-type: none"> <li>i. Use data-driven segmentation to tailor communications and appeals to different donor groups based on their interests and giving history.</li> <li>ii. Create compelling storytelling in fundraising materials that show the impact of donations on real-life cases.</li> <li>iii. Develop an ongoing donor engagement plan.</li> <li>iv. Leverage peer-to-peer fundraising campaigns, encouraging supporters to raise funds within their networks.</li> <li>v. Offer a variety of donation options and demonstrate the long-term impact of each gift.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor source and growth of new entries to the database.</li> <li>• Donor retention (those that give in two consecutive years through any means- includes event participation).</li> <li>• Open rate, click rate and action through each stage of supporter journey.</li> <li>• Reduction in LYBUNT, improved donor retention rates and Lifetime value.</li> </ul>