About KGQH Charity

We exist to raise money for improvements to care, environments and innovation that wouldn't otherwise happen, making our hospitals better for patients, families and the staff who care for them.

We do not deliver healthcare. We enable it. We raise money, we identify where it will have the greatest impact, and we fund improvements that make a real and lasting difference to patients and the people who care for them.

We are committed to making every pound count. As a charity with finite resources, we must be thoughtful and disciplined about where we invest. Our funding decisions are guided by evidence, by the needs of our communities, and by our responsibility to the people who trust us with their donations.

Our Values | CARE

Our values describe how we work. They are not aspirational statements. They are commitments to how we behave, how we make decisions, and what we expect of ourselves as colleagues.

C	**Care deeply.** We put patients and the quality of care first.
A	**Act together.** We work as one team with a shared purpose.
R	**Reach further.** We use charitable funding to go beyond what the NHS can provide.
E	**Everyone counts.** We work to make sure no one is left behind.

Our Strategic Goals | 2026–2029

Over the next three years, we are working towards three goals. These describe what success looks like, the change we expect to see in our charity and its relationship with the hospital and community by 2029.

01
A strategic partner to BHRUT
Working alongside the Trust to shape priorities, invest early and maximise impact. Leveraging match funding, joint bids and collective investment opportunities.

02
Known, valued and chosen
We are the charity of choice in Barking, Havering and Redbridge. Patients, staff, businesses, and the local community know who we are and feel proud to support us.

03
Credible and financially sustainable
A well-governed charity with the resources, evidence and relationships to plan, invest and respond with confidence.

Small Grants Programme

July 2026 – Round 2

Our funding priorities describe the areas where charitable investment can make the greatest difference. We recognise that not everything is fundable, and that finite resources demand real choices. We focus on areas where donor interest and patient or family need genuinely align.

Our funding falls into two broad types:

Everyday care and support

Smaller grants that address immediate needs: the things that make a real difference to daily experience for patients and families but fall outside NHS budgets. This includes comfort and dignity for patients, bereavement support, patient experience improvements, and practical support for staff where it directly benefits the people in their care.

Strategic and large-scale projects

Larger, transformational investments aligned with BHRUT's strategic direction. These are the kind of projects that can reshape services over time. Examples include digital innovation, robotic-assisted surgery, and the expansion of emergency care. These are multi-year commitments that require significant philanthropic ambition and close partnership with the Trust. Innovation should leave room for pump-priming and seed funding: backing ideas early, learning what works, and scaling what does.

The **Small Grants Programme** is the charity's open grants programme for funding applications up to £5,000. It sits within the 'Everyday care and support' part of our funding framework and directly supports our Year 1 priority of demonstrating what charitable funding makes possible.

It sits alongside a second tier for larger, fundraising-led investment:

1. Purpose

The Small Grants Programme funds improvements to care, environments and innovation that wouldn't otherwise happen, making our hospitals better for patients, families and the staff who care for them.

We fund improvements that wouldn't happen without charitable support. Every funding decision we make should answer one question: is this the best possible use of this money for patients, families and the staff who care for them?

Our grants support the charity's two funding priorities, as set out in our Three-Year Strategy 2026 to 2029. For our small grants we have pulled out hospital environment as a distinct priority area

1. Patient Outcomes and Experience Improving access, dignity and outcomes for patients and families, across both everyday care and larger strategic investment.	**2. Service Excellence and Innovation** Backing improvement and new ways of working that charitable funding can uniquely support, from small grants for immediate needs to larger projects that reshape care.
3. Hospital Environment Improving the physical spaces in which patients are treated, families wait, and staff work, from ward improvements and wayfinding to calming and comfort features.	**Large grants and strategic projects (for reference only)** Transformational investments aligned with BHRUT's strategic direction: innovation, digital, robotics, capital. These are fundraising-led and sit outside the Small Grants Programme.

Large Grants and Strategic Projects are referenced here for context only. Separate guidance for that tier will follow. Ideas for larger projects should be discussed with the fundraising team directly.

Improving working lives runs through our priorities. Staff wellbeing is considered as part of every application. Applications that address staff wellbeing alongside clear patient benefit are welcomed. **Health equity runs through our priorities.** Whenever we make a funding decision, we ask: does this reach the people who need it most? This reflects the 'E' in our CARE values: Everyone counts.

	Small Grants Programme	Large Grants and Strategic Projects
Grant value	Up to £5,000	Over £5,000
How funded	Drawn from annual charitable budget	Fundraising-led: propositions developed with major donors, trusts and corporates
Focus	Everyday care and support: immediate, tangible impact	Innovation, service transformation, capital projects, multi-year programmes
Applications	Second round: 27 July -31 August 2026	Rolling: developed in partnership with the fundraising team
Examples	Comfort items, equipment, environment improvements	Robotics, digital innovation, ED expansion, seed-funded R&D

What We Will and Will Not Fund

All grants fund improvements to services, wards or groups, not individuals. Items must benefit a ward, department, or identified patient group. The charity does not fund items for individual patients or individual members of staff.

Examples of what could be funded	Examples of what would not be funded
Sensory kits, fidget resources or activity packs for a ward or waiting area	A gift, card or comfort item for one named patient
Distraction toys, games or arts and crafts for children's or long-stay wards	Clothing or personal items for an individual patient

Reclining chairs for families in an end of life care bay	Travel or transport costs for patients or staff
Activity resources for patients with long inpatient stays	Replacement of failed or end-of-life NHS clinical equipment
Bereavement support resources for families (group or ward level)	Items required to meet minimum NHS safety or care standards
Communication aids for patients with speech or cognitive difficulties	Ongoing maintenance costs: these should be NHS-funded
Minor refurbishment or redecoration of a patient-facing area	Large-scale renovation or building works (see Large Grants tier)
Wayfinding improvements, privacy screens or calming features in waiting areas	Core NHS supplies, stationery or administrative equipment
Furniture for patient or family spaces: comfortable seating, tables, storage	IT systems, software licences or digital infrastructure
Art, murals or sensory features for wards, corridors or waiting areas	Fridges, kettles or equipment solely for staff use with no patient link
Quiet room or rest space improvements with a patient care rationale	Equipment for staff that the NHS as employer should reasonably provide
Resources improving access or experience for patients with disabilities	Projects requiring significant ongoing costs without a sustainability plan
Specialist equipment above standard NHS provision: vein finders, specialist chairs	Anything the NHS is already contractually or statutorily required to provide

This list is illustrative, not exhaustive. If you are unsure whether your project is eligible, contact the four Head of Fundraising before applying. A more comprehensive reference list is included in Appendix A.

2. Grant Amounts

Grants are available up to £5,000. There is no minimum grant value, though the programme is designed for discrete, deliverable projects rather than large-scale or multi-year initiatives.

The level of information required scales with the size of the request:

Grant size	Application requirements	Typical decision time frame
Up to £1,000	Short form: six questions, brief responses, light supporting detail	Within 2 weeks of panel meeting
£1,001 to £5,000	Standard form: additional questions on evidence, sustainability and stakeholder consultation	Within 2 weeks of panel meeting

One-off funding. Grants are one-off. Consumable items such as arts and crafts supplies or children's distraction toys may be considered for renewal in subsequent annual cycles, subject to a short impact update confirming the original grant was used well.

3. Who Can Apply?

Applications are welcome from:

- Hospital wards, departments, and services
- Clinical and non-clinical staff

Each application must have:

- A named staff lead who takes responsibility for the grant, project delivery, and the end-of-project report
- **Sign-off from your Head of department.** Line manager approval alone may not be sufficient: a more senior sign-off provides appropriate accountability.

If you have already applied in a previous round and your project is ongoing (i.e. no impact report has been provided) you will not be eligible to apply.

4. How to Apply

All applications are submitted online. There are no paper applications. The short form should take no more than 30 minutes; the standard form no more than 45 minutes.

Before applying, you will need:

- Accurate costings for the items or equipment you are requesting.
- Your department's BHRUT budget code
- A clear description of the project and the difference it will make
- Numbers: how many patients, families or staff will benefit, and how often?
- Details of anyone consulted in shaping the request (for example: patients, families, ward colleagues)
- Confirmation of sign-off from your line manager (min Band 7 manager), who will co-sign the grant agreement

Short Form: grants up to £1,000

Main application questions:

1. What will the grant fund? - please list each item and its cost
2. Total amount requested - £
3. Have you checked whether this could be sourced free of charge, donated, or funded through NHS procurement? If so, why is charitable funding needed?
4. What needs are you trying to meet? Describe the current situation and its impact on patients, families or staff.
5. Who will benefit, and roughly how many people? - for example: 15 number of patients per week, or 30 staff on the ward.
6. Which of our funding priorities does this support?
7. Is there a specific date by which this is needed, and if so, why?
8. How will you share the difference this has made?

Standard Form: grants £1,001 to £5,000

Main application questions:

All eight questions above, plus:

1. What told you this was needed? Describe any evidence or consultation that shaped this request.
2. Is there scope for this to grow or continue beyond the grant? For example, could it be rolled out to other wards, embedded into business as usual, or form the basis of a future bid?
3. If the item or improvement needs maintaining, servicing or replacing, tell us how that will be funded and who is responsible.

5. Application Window

Window	Application open	Applications close	Applicants notified
Summer 2026	27 July 2026	31 August 2026	18 September

Each window is open for 4-6 six weeks, giving applicants time to prepare responses and obtain manager sign-off before the closing date. Exact dates will be confirmed and communicated ahead of each window.

Urgent or extraordinary requests. The programme does not operate a standing urgent pathway. Out-of-window requests will only be considered in genuinely extraordinary circumstances: a Trust-wide emergency, major incident, or pandemic-level event requiring rapid charitable intervention. Budget pressure or delayed NHS procurement do not qualify. All out-of-window requests must be escalated to the fundraising team and are subject to Board approval.

6. How Decisions Are Made

Applications are assessed by the Grants committee which is a subcommittee of the board of trustees against the below criteria:

- **Strategic alignment:** does this fund something that wouldn't otherwise happen, and does it fit our funding priorities?
- **Patient and/or staff benefit:** is the impact clear, direct and evidenced? Are numbers provided?
- **Feasibility and value for money:** is the request realistic, well-costed and deliverable?
- **Sustainability:** is there a plan for ongoing maintenance or renewal where relevant?

Applicants will be notified within the time frames set out in Section 5. Unsuccessful applicants will receive brief feedback and be encouraged to reapply in a future window.

7. Procurement and Payment

The Charity's preferred approach is for successful applicants to procure and deliver items directly, taking responsibility for spending their grant in line with the agreed purpose. On award, grantees will be required to sign a grant agreement confirming their commitment to appropriate use of funds, with receipts returned within the agreed time frame.

This empowers departments to manage their own procurement while reducing the administrative burden on the Charity team.

Funds are transferred to the department via the Trust cost centre on signing of the grant agreement. The Charity does not reimburse individuals for personal expenditure.

In exceptional circumstances (where direct procurement by the Charity would result in a demonstrable cost saving) the Charity may choose to procure items on behalf of the grantee. This will be agreed on a case-by-case basis and clearly stated in the grant agreement.

There may be times when it is appropriate for the Charity to issue a pre-paid card to allow grantees to directly purchase goods and services that would require payment by card.

8. Reporting

Reporting is how we demonstrate impact to donors, to the Board, and to the communities who support us. It is also central to our Year 1 commitment to measure and share what difference our funding makes.

Successful applicants will be asked to submit a short end-of-project report within three months of receiving the grant. The report should include:

- A brief description of what changed or was purchased
- Who benefited, and roughly how many people
- One quote and photograph for use in our communications

The appropriate charity recognition should be agreed in advance and consistent with Charity guidelines.

Non-completion. The fundraising team will send one reminder if a report is overdue. If the report remains outstanding after a further four weeks, the ward or department will not be eligible to apply for future funding. The restriction lifts as soon as the outstanding report is received.

Appendix A: Extended Examples

Patient Outcomes and Experience

- Weighted blankets, fidget resources and sensory packs for anxious or neurodiverse patients
- Activity boxes, games and craft supplies for children on long-stay wards
- Comfort packs for patients undergoing chemotherapy or long treatment courses
- Reclining or specialist chairs for families staying with end-of-life patients
- Bereavement boxes and memory-making resources for families in neonatal or paediatric units
- Tablet devices or e-readers for patients with limited mobility or long inpatient stays
- Communication boards and picture exchange resources for non-verbal patients
- Books, magazines and entertainment for patient lounges
- Dignity items for patients unable to access their own clothing or toiletries
- Music or arts therapy resources for wards with long-stay or palliative patients

Hospital Environment

- ☐ Minor redecoration of a ward, corridor or waiting area
- ☐ Comfortable seating for relatives in waiting rooms or family areas
- ☐ Privacy screens or curtain improvements for patient bays
- ☐ Art, murals or photography for clinical environments
- ☐ Sensory features for paediatric, dementia or learning disability wards
- ☐ Improved signage or wayfinding to reduce patient anxiety on arrival
- ☐ Quiet room or reflection space for staff, patients or families (with documented patient care rationale)
- ☐ Garden or outdoor space improvements for rehabilitation or mental health wards
- ☐ Furniture upgrades for family rooms, bereavement suites or relatives' areas

Service Excellence, Innovation and Access

- ☐ Specialist equipment above standard NHS provision: vein finders, specialist scales, patient hoists
- ☐ Rehabilitation equipment: exercise bikes, resistance bands, therapy tools
- ☐ Innovative tools for clinical assessment or patient monitoring not yet adopted in NHS tariff
- ☐ Translated patient information, interpretation aids or multilingual resources
- ☐ Accessible formats: easy-read resources, large print materials, audio guides
- ☐ Projects addressing barriers for patients with physical, sensory or cognitive disabilities
- ☐ Specialist chairs, positioning aids or adaptive equipment for patients with complex needs
- ☐ Items supporting patients' spiritual, cultural or religious needs during inpatient stays