

Borders NHS Board



NHS BORDERS ENDOWMENT FUND STRATEGIC FUND RAISING FRAMEWORK

Aim

The aim of this paper is to seek endorsement of the NHS Borders Endowment Committee Strategic Fundraising Framework document by NHS Borders Board.

Background

The Strategic Fundraising Framework outlines how NHS Borders will enable a robust, open process of governance and strategic direction for fundraising activities enjoying the charitable status of the NHS Borders Endowment Funds (*the difference*). It provides guidance for staff, patients, those working in partnership with us, and those external to the organisation.

The Strategic Framework aims to ensure that fundraising activity:

- Is focused on patients needs.
- Is open and accountable.
- Is supported by robust governance and expert advice.
- Is well planned and aligned with organisational objectives.
- Is accessible so that we do not disadvantage anyone.

The Framework has been prepared by the Fundraising Committee for the Endowment Committee. This has been approved by the Endowment Committee.

Recommendation

The Board is asked to **endorse** the NHS Borders Endowment Fund Strategic Fund Raising Framework.

Policy/Strategy Implications	This document sets out a strategic framework for all fundraising activity that is undertaken to raise funds for <i>the difference</i> (Borders Health Board Endowment Funds).
Consultation	N/A
Consultation with Professional Committees	NHS Borders Fundraising Committee
Risk Assessment	Considered under section 3.6 of the document.
Compliance with Board Policy requirements on Equality and Diversity	Yes

Resource/Staffing Implications	N/A

Approved by:

Name	Designation	Name	Designation
Jane Davidson	Director of Finance	Mary Wilson	Chair

Author(s)

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NHS Borders Endowment Fund Strategic Framework for Fundraising

2010/2013

Contents

1. Background:

- Aim
- Why do we need a framework?

2. Board Governance

- Financial
- Corporate: The Fundraising Committee
- Public
- Information Governance / Freedom of Information (Scotland) Act 2002 / Confidentiality

3. Development of a Fundraising Infrastructure

- Fundraising Development Manager
- Fundraising projects: alignment with NHS Borders Corporate Objectives
- Annual Fundraising Programme and Rolling Fundraising Plan
- Safe Fundraising; Strategic risk assessment and management requirements

4. Best practice and compliance with regulations

- NHS Borders Endowment Committee
- Office of the Scottish Charity Regulator (OSCR)
- Best practice
- Costs of Fundraising

5. Marketing and Communications

- Effective communication
- Brand image
- Technology and communication: *the difference* website
- Access for all: Equality and Diversity
- Visible leadership

6. Policies and procedures

- Categorisation of fundraising activity
- Fundraising Classification Matrix
- Feasibility
- Management of Appeal projects
- Role of the Fundraising Development Manager
- Protocol for supporting small projects
- Volunteers
- Monitoring and reporting progress

7. Review of Strategic Fundraising Framework

1. Background

1.1 Aim of the Strategic Fundraising Framework.

This strategic framework for fundraising outlines how the organisation will enable a robust, open process of governance and strategic direction for fundraising activities for staff, patients, for those working in partnership with us, and those external to the organisation.

This Strategic Framework aims to ensure that fundraising activity:

- Is focused on patients needs.
- Is open and accountable.
- Is supported by robust governance and expert advice.
- Is well planned and aligned with organisational objectives.
- Is accessible so that we do not disadvantage anyone.

1.2 Why do we need a Strategic Framework for Fundraising?

The NHS does not stand alone in providing health care. We work with patients, carers, other public sector and voluntary agencies to deliver services and to develop long term plans for care in our local community. These partners work in partnership with NHS Borders and are increasingly critical to achieving many of our aims.

In common with most parts of Scotland, there is a strong tradition within the Borders community of raising funds to support local patient care services. In recent years there have been many examples of initiatives which have provided new clinical posts, state of the art equipment, training, and improved patient care and staff environments. Such fundraising exists within the NHS setting to enable us to provide enhancements to services – and not to address gaps in statutory provision.

There is a multiplicity of fundraising activity taking place throughout, and in support of, NHS Borders. External charities, both national and local, raise funds for their particular areas of interest, while individual families may be raising funds in acknowledgement of the care they have received. The Friends of BGH and of the Community Hospitals raise money for specific projects or pieces of equipment. Clinicians may be involved in fundraising ventures linked to their own specialties. Now, with the inception of “**the difference**” as the public brand image of the Board’s Endowment Funds and the use of endowment funds to support of a Fundraising Development Manager role, a continuing programme of special appeals is emerging in support of specific projects linked to the Board’s priorities and plans.

It is self-evident that such a level of committed activity, particularly when set within the context of the current financial climate, could have the potential for conflict in a number of ways: for example, through clash of dates of key events or duplication of approach to potential supporters. Conversely, problems may also emerge when potential support emerges which cannot readily be linked to a future service development or has not been developed within a clinical or corporate governance approach.

We have a responsibility to ensure staff, volunteers, public and partner organisations have the framework they require to carry out fundraising activities, including structures, policies and processes which allow them to contribute to the organisation’s objectives and the provision of high quality patient care. The development of a Strategic Framework is intended to establish a workable and acceptable infrastructure which will promote communication and co-ordination as and when potential fundraising projects emerge by providing:

- clear, easily understood information
- policies and procedures to support activities and people
- opportunities for full engagement and involvement
- a clear decision making and governance framework

2. Board Governance

Like any other area of NHS Borders activity, fundraising is subject to the Board's provisions for appropriate and safe governance.

2.1 Financial Governance

Money raised by a fundraising activity, whether donated, carried out by an external charity, or by an internal group or special appeal project (i.e. a group or project operating under the charitable status of the NHS Borders Endowment Funds - "the difference") will be received by the Trustees of the Endowment Funds. Endowment Funds can be used to support the expenditure of the NHS Board in whatever way the Trustees consider appropriate, but subject to the terms of the 1978 Act or the terms of the donor's specific instructions.

NHS Borders' Endowment Funds consist of a number of 'restricted' and 'unrestricted' funds. Unrestricted funds can be categorised as 'general' to be expended at the discretion of the Endowment Trustees in aiming to meet the objectives of the Fund or categorised as designated to be earmarked for a particular project. Restricted Funds can only be used in the manner instructed by the donor.

Appointed Endowment Trustees are responsible for ensuring their duties are discharged appropriately, taking advice as necessary. These duties include:

- to administer the trust effectively on behalf of the beneficiaries;
- to take appropriate professional advice
- to ensure they act in accordance with the conditions under which a donation is made and, charity law;
- to maintain a proper distinction between their responsibilities as Endowment Trustees and their exchequer functions ; and
- to provide the proper infrastructure to ensure funds are managed efficiently and effectively. Where administrative services are shared between exchequer functions and Endowment Trustee funds, the cost of providing these services should be apportioned on an appropriate equitable basis.

Appendix 1 of supplementary documentation will contain the Endowment Committee Terms of Reference.

2.2 Corporate Governance

The Fundraising Committee is a sub-group of the NHS Borders Board Endowment Committee. Both committees meet quarterly. Fundraising Committee meetings take place in advance of the Endowment Committee, and the minutes of this meeting, accompanied by a Fundraising status report are supplied to the Endowment Fund Trustees for consideration at their meeting. Appendix 2 of supplementary documentation will contain the Fundraising Committee Terms of Reference.

The Fundraising Committee exists to give strategic oversight of fundraising activity throughout the Board. The membership includes representatives of the Clinical Boards, as well as members of the Planning and Performance Directorate, including the Head of Public Involvement and Communication who is the line manager of the Fundraising Development Manager.

The Committee is responsible for:

- examining and approving future fundraising plans, as presented by the Fundraising Development Manager;
- monitoring the progress of all active appeal projects;
- reporting on progress to the Endowment Committee, and, as requested, to the Board or other Committees of the Board.

2.3 Public Governance

In 2005, the Public Governance Committee was established to oversee the *Patient Focus Public Involvement* work in NHS Borders. This Committee leads and facilitates the implementation of public governance and has responsibility for monitoring and giving assurance to the Board on patient and public involvement and experience of NHS Borders services. This committee also receives informal reports on fundraising developments, activity and outcomes

The Scottish Health Council verifies an annual assessment of the development of public involvement within the Board's activities, including fundraising which essentially involves many members of the public and takes account of patient opinions. It is important to ensure that this information is captured within the implementation of Scottish Government guidance on Informing, Engaging and Consulting (2010) and the National Standards for Community Engagement (2007)

2.4 Information Governance / Freedom of Information (Scotland) Act 2002 / Confidentiality

Information governance is the framework for handling information ethically and effectively and maintaining standards of accuracy and reliability as well as confidentiality. It applies to corporate and non-clinical information as well as clinical data. The principles of information governance must be applied to all aspects of fundraising activity.

The Freedom of Information (Scotland) Act 2002 (FOISA) aims to promote openness and accountability in all Scottish public authorities, including the NHS. Under the Act, any person, anywhere in the world has a right to request any type of recorded information held by NHS Borders. The information must be supplied, subject to some exemptions, within a statutory timescale of 20 working days. We are also required to publish a range of documents on a regular basis, and this is generally done using the NHS Borders website. We may be asked at any time to provide information under the terms of this Act on our fundraising activity and outputs. It is therefore important that we record and monitor activity and have robust adherence to relevant standing financial instructions.

The nature of our work requires us to understand the importance of **confidentiality**. There will be occasions and requirements for us to handle patient and individual confidentiality carefully in fundraising activities. As a public body we are accountable for our actions to the public, they have a right to ask questions and we have a duty to answer them. This means responding to enquiries from the public and the media openly.

3. Development of a Fundraising Infrastructure

3.1 Taking account of the risks already described under 1.2 above, the post of **Fundraising Development Manager** has been created. This is a 3 year fixed term 0.6 WTE post, from December 4th 2007 to December 3rd 2010. The post was funded from the General Endowment Fund in year one and will be off-set against funds raised in years two and three. The primary role of the post holder is to provide leadership in fundraising activities, by identifying and examining the feasibility and viability of proposed fundraising projects, and providing the overall direction and co-ordination of such appeals to ensure that financial targets are met. It is important that the FDM maintains a full overview of all fundraising activity undertaken within the organisation in order to fulfill a secondary role of offering advice and support to colleagues who wish to undertake fundraising for their own department endowment fund. Appendix 3 of supplementary documentation will contain job description and person specification for the role of Fundraising Development Manager.

3.2 NHS Borders Corporate Objectives set out the priority areas of work for the year, aligning with the Local Delivery Plan to ensure we meet our performance and delivery targets for all patient care services. As this underpins all aspects of NHS Borders work, it is essential that these objectives, and their context, are considered in all decisions and priorities related to fundraising activity. Equally, communication of our progress in achieving these objectives and enhancing patient care and facilities through fundraising is a necessary aspect of our accountability to the public.

Thus, all proposals for new fundraising projects/activities which are to be carried out through the charitable status of NHS Borders Endowment Funds / 'the difference' must work within a process ensuring that the subject is fully in alignment with the Corporate Objectives and Board priorities in terms of capital spend and revenue implications. For smaller projects, this will be a simple and self-evident exercise; for larger initiatives it will involve a significant feasibility exercise (a) to align the

proposed development with the relevant Board Business Plan and (b) to test and assess the viability of the proposed fundraising plan.

3.3 The Fundraising Development Manager will be required to present the proposed **fundraising programme** for the next Board financial year before the Fundraising Committee for approval well in advance of the start of the year. However, it will be vitally important that each year's plan does not sit in isolation. Instead, account must be taken of an overall, **rolling fundraising plan** projecting activity over at least the next three (and ideally five) years. The production of such a rolling plan will only be possible with the full engagement of the Clinical Boards and the guidance of the Policy and Planning Directorate.

3.4 The Annual Fundraising Programme will include full plans (where appropriate) for major appeal launches, including the proposed income streams, leadership requirements etc. Such projects will already have gone through a full feasibility assessment re Corporate Objectives etc. (as in 3.2 above) and be ready for final approval by the Fundraising Committee. The plan should also outline other known peripheral projects and also give relevant information about proposed activities by other internal and external groups and charities.

3.5 The Rolling Fundraising Plan will provide an indicative picture of likely activity over the longer period and will be produced in close consultation with clinicians via the Fundraising Committee and with Planning and Performance Directorate colleagues. It will go before the Fundraising Committee each year for information and approval in principle.

3.6 Safe Fundraising; Strategic Risk Assessment & Management

It is essential that all activity undertaken to raise funds for *the difference* be carried out safely. In certain circumstances fundraising can present risks to those involved, even a coffee morning, for example, carries the risk of injury from scalding. When planning a fundraising activity or event it is therefore important to consider the potential risks to everyone involved, in order to manage and minimise the risk.

There are three different categories of fundraiser;

- 1) External fundraisers (ie individuals or groups who do not work for NHS Borders. This group includes fundraisers who belong to 'Friends' groups who fundraise for the BGH and other community hospitals or health centres).
- 2) Registered (external) charities who support the work of NHS Borders (e.g. British Heart Foundation, Macmillan Cancer Support etc)
- 3) Employees of NHS Borders

External fundraisers are responsible for ensuring that they have carried out a risk assessment for their planned event, and have appropriate insurance cover in place, where required. Most of the large, registered external charities have public liability insurance which covers their events and activities, and will stipulate if individuals need to obtain additional cover when participating in fundraising on their behalf.

For employees of NHS Borders, and any other individual or group fundraising on behalf of *the difference*, completion of the Fundraising Feasibility Pro-forma (appendix 6) will help identify any risk, and advice will be given by the FDM regarding insurance cover.

4. Best Practice and Compliance with Regulation

4.1 Fundraising activity must comply with the constitution and terms of reference of the **Borders Health Board Endowment Committee**.

We are required to work in accordance with the directions of the **Office of the Scottish Charity Regulator (OSCR)**. The OSCR website provides clear guidance on many aspects of charity/trustee compliance requirements and such guidance will inform the development of our fundraising activity. All activity is also governed by Scottish Charity Law, including: Charities and Trustee Investment (Scotland) Act 2005, The Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 and the Public Charitable Collections (Scotland) Regulations 1984.

Fundraising methodology will at all times be aligned with recognised good practice: e.g. the Codes of Fundraising Practice of the Institute of Fundraising which cover the whole spectrum of fundraising, including:

- Accountability and transparency
- Acceptance and refusal of donations
- Major donor fundraising/working with business
- Event fundraising
- Fundraising from grant making bodies
- Working with schools and colleges
- Collections, raffles etc.
- Legacy generation

Scottish Government also offers guidance for NHS Boards on accepting charitable donations, and the uses there-of. This guidance note will be available as Appendix 5 of supplementary documentation.

4.2 Sharing best practice is an effective way of enhancing knowledge and skills as well as developing opportunities. In order to protect the reputation of Borders Health Board Endowment Funds it is important that individuals and groups fundraising on our behalf are aware of, and are working in accordance with the relevant guidelines. Through the Fundraising Infrastructure described earlier in 3.1 the FDM should have an overview of all fundraising activity and will be able to signpost fundraisers to the appropriate sources of information.

4.3 In order to raise money there is usually a financial outlay required to generate funds. Within the context of Borders Health Board Endowment Funds, **costs of fundraising** refer to the salary and expenses of the Fundraising Development Manager and all associated fundraising costs e.g. for specific appeals (see 3.1). NHS Borders Finance Department have a policy relating to the allocation of overheads and other costs of fundraising against gross appeal income which can be accessed when required through the DOF.

Forecasting the costs associated with fundraising projects is an important element of the feasibility process, and every fundraising project implemented by the FDM will have a full budget breakdown included in the project plan. It is considered best practice to inform donors what percentage of their donation will be used for administration purposes.

5. Marketing and Communications

5.1 Effective communication which seeks the involvement and contribution of staff, patients, carers and partners to fundraising plans, aims and outcomes is an essential part of good practice. We need to encourage patients, carers, staff, partners and the public to feel not only that they can discuss issues or make their feelings known, but that their input is valued. Opportunities must exist for discussion, suggestion and feedback. This will help to establish a culture in which people feel involved and help develop trust and ultimately support fundraising activities.

Proactive planning, involvement and engagement of **the media** in informing them of our activity and seeking their support is vital to the success of fundraising. Being proactive in communicating messages helps to promote public confidence and good relationships. This applies to promoting positive issues with the media and also in engaging with stakeholders. This work will be undertaken through application of NHS Borders Media Policy.

5.2 A brand image is an important asset for a charitable organisation. In recent years the 'not for profit' sector has become far more sophisticated in the way it communicates, and branding has emerged as one of the factors that contributes to a successful charity. Macmillan Cancer Support, The British Heart Foundation and the Red Cross are three examples of this, proving that a strong brand can help to build trust, loyalty, market share and financial value. The development of a brand remains the same for any organisation, from a multinational group to a local charity; the key is finding an authentic image to communicate. This image must be **clear, believable and flexible**.

The main challenge faced when creating a brand image for the Endowment Funds was the ability of that brand to communicate a clear and relevant message that could be applied to over 200 different and diverse funds. It needed to be flexible, and capable of promoting individual funds and the organisation as a whole. It was also vital that the brand could be 'localised' to appeal to and be owned by the people of the Borders.

After a tender process involving three creative agencies, **the difference** was adopted in June 2008 as the new brand image for Borders Health Board Endowment Funds. In March 2009, in accordance with the requirements of the Office of the Scottish Charity Regulator (OSCR) *the difference* became the official 'known as' name of the Borders Health Board Endowment Funds charity.

The difference branding should be applied to all fundraising that is carried out on behalf of Borders Health Board Endowment Funds. This obligation applies to internal departments as well as to external organisations and charities who are fundraising in support of NHS Borders services. This does not suggest that the identity of the individual group or charity should be depleted or destroyed in any way. Instead, the usage of **the difference** alongside the supporting charity's own image will serve to strengthen the message being conveyed. The creative team responsible for the new image took full account of the need for this degree of flexibility. Guidelines are available as Appendix 4 in supplementary documentation.

5.3 Technology

In any modern organisation, technology and electronic tools can make information accessible to a wide audience very quickly. Within NHS Borders we have a range of electronic resources which are well used and effective in a number of settings. These are already delivering benefits in communication internally for staff, and externally for patients and the public as well as partner agencies. These have an important part to play in the development of fundraising, both in terms of low cost production of appeal literature and the use of web based information and interactivity. Web details: www.thedifference.org.uk

5.4 Accessible to all

The methodology we use in fundraising should not prevent anyone from receiving information and active participation. A range of communication tools are available to us to ensure we communicate effectively across physical, geographical and cultural ranges. Messages should be clear, consistent and accurate. Activities should be organised to the best of our knowledge as not presenting barriers to participation. For complex and large planned activities, **an Equality & Diversity impact assessment** should be undertaken.

5.5 Visible Leadership

It is a principle of good governance that senior managers and organisation Directors are seen to be committed to organisational activity and value the efforts of all individuals and groups associated with benefits and improvements to patient care, facilities and environment. Board Executive Team members and Non executive Directors of the Board can be proactive in maintaining their visibility and appreciation. The support of our media colleagues and associated press coverage is vital.

We currently have the support and sponsorship of The Chair, Vice Chair and other Non-Executive Directors of NHS Borders.

6. Policies and Procedures

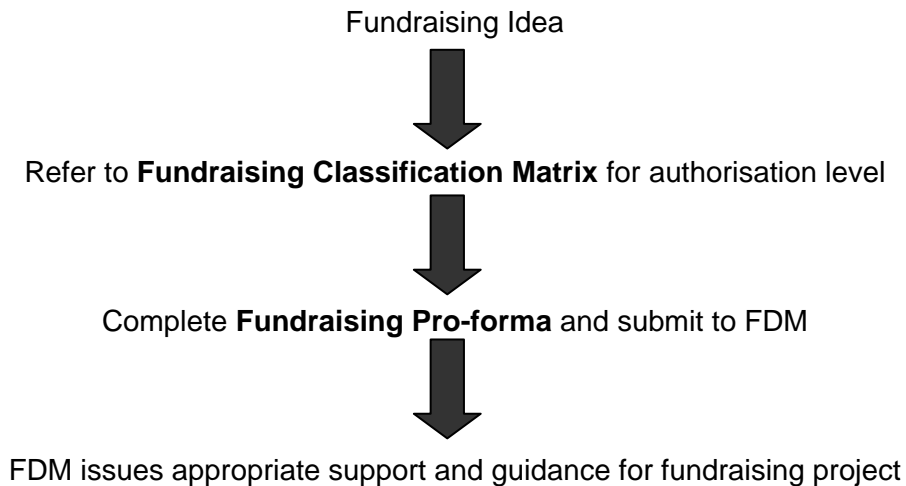
6.1 The earlier sections of this document describe the context within which fundraising must perform in terms of governance, legality and good practice. If fundraising opportunities are to be maximised in the interests of enhanced patient care, this will be assisted by a clear process and common sense protocols and procedures to be observed from the start of any initiative which has the potential to be the subject of a fundraising exercise: whether this is a one off event or a major appeal.

6.2 The role of the Fundraising Development Manager is to provide a central point of reference and knowledge-base to offer guidance and advice for fundraising activity - whether this activity is to be

directly managed by the FDM or being organised by an internal or external group or charity for the benefit of the NHS Borders Endowment Funds/**the difference**.

The value of the role of the FDM is in capturing, monitoring and reporting on all information about current and planned fundraising activity, and subsequently in being able to offer the appropriate level of support for the project. In order to achieve a consistent approach to fundraising, and to ensure that all opportunities are maximised it is important to signpost colleagues and other stakeholders clearly through the feasibility process. Within an organisation the size of NHS Borders there are different 'levels' of fundraising that will take place. The **Feasibility Process** aims to decipher the level that the proposed project would be classified and signposts the appropriate pathway to progress the project.

6.3 In order to assess the **feasibility** of a fundraising idea, the following process should be followed;



6.4 The following **Fundraising Classification Matrix** details the type of fundraising activity that is likely to take place, and classifies it into one of 5 categories. This is to be used as a guide, in conjunction with the Fundraising Pro-Forma, by anyone contemplating a fundraising initiative. This will draw together all relevant information to enable the FDM to inform the Fundraising Committee of the project and, once all aspects of the feasibility have been fully discussed and the project has been agreed, incorporate details as appropriate into the Annual Fundraising Programme and rolling plan.

6.5 Using the Matrix

- I. Classification Level;** Fundraising project classification levels range from 1-5, with level '1' being a small project with a nominal target figure, up to '5' which would be a major integrated Appeal with a financial target ranging from £500,000 upwards.
- II. The authorisation level** required for a fundraising project depends upon the classification of the project. It is important that authorisation is sought by the Project Lead for all levels of fundraising activity, as there may be operational, maintenance and other recurring costs associated with an item purchased with charitable funds that are not covered by the charitable funds available. These recurrent costs must therefore be available from other sources to make a fundraising project viable. In addition to this all fundraising projects are required to have an exit strategy.
- III. Target;** Regardless of their classification level, all projects should have a financial target. This illustrates an understanding by the fundraiser of the financial commitment required from potential donors, and is essential to enable the fundraiser / FDM to prepare a cost benefit statement for projects.
- IV. A Project Lead** must be appointed for every fundraising project. This provides a central point of contact for colleagues, fundraisers and other stakeholders.
- V. 'Funding streams'** are a collective reference for where the money will be obtained from to achieve the project target. There are three main streams; community fundraising, corporate activity and charitable trusts and other grant-giving organisations. For project levels 1 and 2, community fundraising on a localised level (eg raffles, coffee mornings, sponsored events etc) is likely to be the main income stream. Projects classified from 3-5 are more likely to be reliant upon a mix of the three streams.
- VI. FDM Support** will be offered for all projects at the appropriate level.
- VII. A fundraising project** can vary from simply raising funds to boost a department endowment fund, to purchasing a single item of replacement equipment for a specific ward or department, to purchasing a brand new state of the art item of equipment that may even bring a new service to NHS Borders. **Appendix 7** gives examples of one off fundraising initiatives to boost an individual endowment fund, and examples of the types of events that may be organised to support a £10,000 fundraising project.

FUNDRAISING CLASSIFICATION MATRIX

Classification	Authorisation Level Required	Target (£) *	Project Lead	Possible Funding Streams	FDM Support	Project Examples
1	1) Endowment Fund Manager 2) FDM for info and registration	N/A	Dept. staff	Local activity eg ceilidh, raffle	Minimal	Raise money for department endowment fund
2	1) Endowment Fund Manager 2) Head of service 3) FDM for info and registration, Fund Com to be informed.	5-20k	Head of dept, with support from dept. staff	Local activity plus possible applications to appropriate trusts*	Guidance and hands-on support when required	Specific item of equipment or project within one clinical area (eg Birthing Pool)
3	1) Head of service 2) General Manager 3) Clinical Board and Fund Com to be informed.	20-50k 'appeal'	Head of dept. and FDM	1) Local activity 2) External charity involvement 3) Grant making organisations	Active involvement and support	Specific item (s) for one or more departments, or refurb of rooms / ward areas (eg 60 th Anniversary Appeal)
4	1) Head of Service 2) General Manager 3) Clinical Exec 4) BET 5) Fundraising Com. 6) Endowment Com. for information. 7) NHS Borders Board for information	50-500k 'Appeal'	Desirable to have classic appeal structure, ie Appeal Chair, Project Manager and Project team	1) Community 2) Corporate 3) Related external charities 4) Trusts and grant giving organisations.	Project Management with additional support at top end.	Large equipment purchase or fundraising support for capital project (eg Kidney Dialysis Appeal)
5	1) Head of Service 2) General Manager 3) Clinical Exec 4) BET 5) Fundraising Com. 6) Endowment Com. 7) NHS Borders Board	500k – multi million pound Appeal	Appeal Chair, Project Manager and team. Some external support eg consultancy or related charity input may be required.	1) Community 2) Corporate 3) Related external charities 4) Trusts and grant giving organisations.	Project Management with additional support at top end.	Major equipment purchase (eg MRI Scanner) or new service provision (eg palliative care) that brings something new to the Borders

* the FDM should be made aware of all applications to charitable trusts and other grant giving organisations.

6.6 The Fundraising Feasibility Pro-forma available as Appendix 6 of supplementary documentation, should be completed and returned to the FDM before any fundraising begins. This will be reviewed by the FDM and the project will be classified in accordance with the Fundraising Classification Matrix.

6.7 Management of Appeal Projects

Fundraising projects that are categorised as level 3 and above are defined as **Appeals**, and in order to maximise their potential it is good practice to manage them in accordance with the classic appeal management structure. This involves the recruitment of an 'Appeal Chair' who is likely to be someone external to NHS Borders with a network that can be approached for support of the appeal. The Chair will work closely with the appeal project manager, who is responsible for producing an appeal project plan, and for updating the Endowment and Fundraising committees with quarterly status reports on the annual programme. The project manager also has a responsibility to report key developments on an ongoing basis during the course of the appeal to the project team, fundraising committee members and other senior staff, as appropriate. External partners and sponsors of an appeal will be

communicated with separately. The project manager has full responsibility for all applications to trusts and other grant giving organisations.

6.8 Role of the Fundraising Development Manager

The Fundraising Development Manager will support and/or provide a point of reference for all fundraising activity undertaken on behalf of NHS Borders. The degree of support given will be based upon the level that the fundraising activity has been categorised at (see above). As the Lead Specialist for fundraising within NHS Borders, the role of appeal project manager for category 3+ projects will ordinarily be allocated to the FDM, although it must be recognised that other internal and external resources may be required for major projects. Maximising fundraising potential through networking with senior NHS Borders staff, patients, the corporate sector, local organisations and charities, and charitable trusts is central to the fulfilment of the role.

6.9 Protocols for supporting small projects/innovation/unsolicited opportunities

Projects of this nature (levels 1 and 2) should be discussed with the FDM in the first instance so that appropriate guidance and support can be provided. The FDM will ensure that the appropriate endowment fund manager and other staff are involved as necessary. This process ensures that all possible funding streams (eg existing endowment funds) are investigated before pro-active fundraising commences. In the case of unsolicited opportunities, the FDM will liaise between the potential benefactor and clinical staff / hospital management to ensure that opportunities of this nature are maximised.

6.91 Volunteers

There is significant volunteering activity within NHS Borders. Volunteers make a considerable contribution to our work, and are managed by both NHS employees and voluntary organisations working within NHS services.

In February 2008 the Scottish Government issued a Refreshed Strategy for Volunteering in NHS Scotland CEL 10 (2008), in accordance with Better Health, Better Care Action Plan (2007).

Volunteers are essential to most fundraising activities, particularly within the community setting. We will work within the NHS Borders Volunteering policies to create a core group of fundraising volunteers who will support the work of *the difference*.

6.92 Monitoring and Reporting Activity/Progress

The Fundraising Development Manager services the Fundraising Committee which is a sub-committee of NHS Borders Endowment Committee. Minutes of Fundraising Committee meetings are reviewed by the Endowment Committee at their quarterly meeting. In addition, a report compiled by the FDM is provided for each Endowment Committee meeting and the Public Governance Committee meeting of NHS Borders.

7 Review of Strategic Framework

This strategy will be reviewed annually by the Fundraising Committee. The first review will take place by November 2010.

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10 February 2010

List of Appendices available as supplementary documentation.

1. Terms of reference: Endowment Committee
2. Terms of reference: Fundraising Committee
3. Job description: Fundraising Development Manager
4. *the difference*: Brand Guidelines
5. Guidance for NHS Boards in accepting charitable donations.
6. Fundraising Feasibility Pro-forma
7. Examples of fundraising events