

**CHARITABLE FUNDS COMMITTEE**

**BUSINESS CASE APPROVAL PROFORMA**

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| **Title of Business Case** | Volunteer and Fundraising Management |
| **Business Case Sponsor** |  |
| **Business Case Author** |  |
| **Overview**  |
| A volunteer coordinator was successfully recruited in May 2016 on a two year fixed term contract, funded from the general fund, with the key priorities being to:* Increase the numbers of volunteers in the Trust especially in clinical areas;
* Ensure compliance with the Savile recommendations for both new and existing volunteers in relation to pre-employment checks and training; and
* Development of a volunteering strategy to deliver scalable, sustainable and innovative plans for the future.

As the two year initial contract will come to an end in May 2018, consideration is required to the achievements over this period, with a view to outlining options for future service plans, provision and funding.This business case will provide an overview of the arrangements established over the course of the last 2 years for the management and co-ordination of volunteers within the Trust and provide an analysis of the potential for volunteering in the future, with a case for change looking at expansion of numbers and roles to derive maximum benefits.In addition the business case will also consider the expansion of the Volunteer Coordinator role to incorporate support for charitable funds activity, in order that central and coordinated management is available for fundraising. |
| **Case for Change** |
| There is a need to consider and determine the options for the future service model and associated funding for the management of volunteers as well as the need to consider support requirements for expansion of fundraising activities in order to increase the level of funds held within the general funds.There is a need to ensure that a Volunteering Strategy is developed, ensuring involvement of key stakeholders, which maps out the long term vision, aims and objectives. The goal of developing a strategy for the future is to identify and deliver scalable, sustainable and innovative plans for the resourcing, recruitment, management and mobilisation of volunteers and volunteering over the next three to five years, which will support the delivery of the Corporate Strategy and Clinical Services Strategy.To support the implementation of the strategy, a comprehensive action plan is required, which will prioritise the key actions to be taken forward.To ensure sustainability of fund levels in the general fund in order to provide maximum benefit in the Trust, dedicated support is required to coordinate and promote fundraising activities, utilising volunteers, where appropriate. |
| **Preferred Option** |
| **Support the development and expansion of the Volunteer Coordinator role to encompass fundraising activities**Option 4 is the preferred option; this will provide the continuation of dedicated resource to support the central coordination and management of volunteers thus meeting the strategic objectives and long term vision for volunteering. Administrative resource is required to support the role in order that focus can be concentrated on the development and expansion of the volunteer service in order to align this resource to the clinical and patient experience objectives of the Trust. In order to fully realise and maximise the potential, longer term investment into the service provision is required, otherwise progress and achievement against the aims and objectives will be limited. Following a review of administrative activities across the Private Office and Corporate Office functions, additional resource has been identified to support the volunteer service going forward. By identifying resource to support longer term management of fundraising activities, this will enable coordinated management of initiatives to increase the income and growth potential of funds within the general account. |
| **Risks** |
| **Key Risks to the discontinuation of this role*** Dilution of volunteer service
* Lack of recruitment and expansion of numbers
* Lack of success/focus
 |
| **Benefits** |
| For the health care system, volunteers can help drive quality care:* Volunteer roles alongside staff can provide much needed time and capacity to focus on patient care, therefore greatly enhancing patients’ wellbeing.
* Volunteers bring particular value to people who need and access services in a range of health contexts, and who may have multiple care and support needs.
* Volunteer engagement can impact directly on patient experience and satisfaction.

**Return on investment**In research undertaken by the Kings Fund, where 99 Trusts out of 166 responded, 91% said that the Trust employed a dedicated volunteer services coordinator with the average Trust spending £58,000 per year on the management and training of volunteers, with the average contribution of volunteers being 79,128 hours. Based on this information, they calculated that each volunteer needs to contribute activities and outcomes worth 73p per hour or more (£58,000/79,128 hours) to break even.The Kings Fund took this a step further and calculated return on investment based on the suggestion that volunteers contribute value at least to the equivalent of a band 2 salary on Agenda for Change, which at the midpoint is equivalent to an hourly rate of a little more than £8. For every £1 that is invested in the training and management of a volunteer, the Trust receives value of at least £11 in return. The calculations are a crude estimate of value and based on an average spend and contribution which will differ across Trusts, however, it does make it clear that investment in management and training of volunteers is without doubt an excellent investment. |
| **Finance** |
| This business case has the following financial implications;* Recurrent **revenue** cost increase of **xxxx**
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**Full Business Case**

Volunteer and Fundraising Management

Barbara Bright

Chief Executives Office

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| --- | --- |
| **Project Title:** | Volunteer and Fundraising Management |
| **Type of Business Case:*** *Revenue - no capital*
* *Revenue – sig capital*
* *Capital*
* *Investment for add capacity*
* *Invest to Save*
* *New Markets*
* *Efficiency*
 | RevenueInvestment to add capacity Invest to SaveTo support required investment to increase volunteering capacity in order to release time of clinical and administrative staff to focus on patient care; To support required investment to resource coordination of fundraising activities to increase the opportunities to bring new funds into the general fund account. |
| **Project Lead/Sponsor:** |  |
| **Business Case Author:** |  |
| **Contact Details:** |  |
| **Date:** | February 2018 |

**Contributors/Stakeholders:**

|  |  |
| --- | --- |
|  |  |
| Finance Business Partner  |  |
| Volunteer Coordinator |  |
| Director of Workforce |  |

**Reviewers:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Date of** **issue** | **Date of initial review** | **Date of final review** |
|  | Author |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Other (please detail) |  |  |  |

**Group Distributions:**

|  |  |  |
| --- | --- | --- |
| **Group** | **Date of issue** | **Date discussed** |
| **Charitable Funds Committee** | **22 February 2018** | **28 February 2018** |

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1. **Executive Summary**

In December 2015 a business case to secure funding for a volunteer co-ordinator post was considered by the charitable funds committee. The Committee supported the proposal and funding from the general fund was approved for a 2 year fixed term appointment.

A volunteer coordinator was successfully recruited in May 2016 with the key priorities being to:

* Increase the numbers of volunteers in the Trust especially in clinical areas;
* Ensure compliance with the Savile recommendations for both new and existing volunteers in relation to pre-employment checks and training; and
* Development of a volunteering strategy to deliver scalable, sustainable and innovative plans for the future.

As the two year initial contract comes to an end in May 2018, consideration is required to the achievements over this period, with a view to outlining options for future service plans, provision and funding.

This business case will provide an overview of the arrangements established over the course of the last 2 years for the management and co-ordination of volunteers within the Trust and provide an analysis of the potential for volunteering in the future, with a case for change looking at expansion of numbers and roles to derive maximum benefits.

In addition, following discussion in 2017 with the Director of Finance, the business case will also consider the expansion of the Volunteer Coordinator role to incorporate fundraising, in order that central and coordinated management of activity is available to increase the growth potential of funds within the general account.

The options available to manage and resource this service will be identified with a recommendation as to the preferred option.

1. **Strategic Fit**

**Volunteering**

Volunteering can play a key role in delivery of the strategic aims and objectives including putting patients first; service transformation; managing relationships and health and wellbeing. The potential is there for the Trust to create an environment in which volunteering is encouraged, promoted and supported. For the individual, volunteering can increase opportunities to explore career aspiration and develop skills and experience, and personal development and the trust benefits from the experience and commitment of this group of individuals.

Volunteers are widely recognised as a powerful tool for promoting healthy communities as well as the improvement of healthcare services**.** They can bring a wealth of experience, time and commitment to our services, supporting and enhancing the patient’s and public experience. Research has shown a positive association between exposure to the volunteer service and various dimensions of patients’ experience.

In November 2013 the Kings Fund published ‘Volunteering in acute trusts in England: Understanding the scale and impact’. This research was commissioned by the Department of Health and its remit was to establish the scale, scope and value of volunteering in NHS acute hospitals in England. Key messages from this report include:

* On average acute trusts surveyed have 471 volunteers; scaling up, this equates to more than 78,000 volunteers across all NHS acute trusts in England, contributing more than 13 million hours per year;
* Variation in numbers of volunteers is considerable; some trusts reported as few as 35 volunteers, others as many as 1,300;
* The profile of volunteering is changing with new volunteers tending to be younger and more diverse in terms of ethnicity;
* Using information from the survey; it’s estimated that for the average trust the return on investment is likely to be around 11 times the actual cost of supporting volunteering;
* Volunteers can be recruited directly by the trust or through an external (often voluntary sector) organisation;
* Volunteers are engaged in a wide range of roles, the top five being, ward/clinic assistance (e.g. befriending and visiting), signposting/meet and greet, hospitality/activities support (e.g. meal-time helper and hairdressing), entertainment (e.g. hospital radio and library) and administrative support (e.g. friends and family and administering patient surveys).

The contribution of volunteers to support the delivery of services; clinical and non-clinical, has never been more important to help support patients and staff whether they are in hospital or community settings.

A number of drivers for change had been identified:

**External Drivers**

* Department of Health Vision Strategic for Volunteering 2011 – a ‘call to action’ to all health and social care organisations to promote volunteering as an opportunity to enhance quality, reduce inequalities and improve outcomes in health, public health and social care.
* Recommendations from the Savile inquiry and Kate Lampard’s ‘Lessons Learnt’ – in that all trusts should review their voluntary services arrangements and ensure they are fit for purpose, with volunteers properly selected, recruited, and trained, and subject to appropriate management and supervision.
* Keogh Review – emphasised the importance of engagement and involvement of patients and public as a way of improving service planning and delivery.
* Kings Fund Volunteering in Health and Social Care- Securing a sustainable future 2013 – calls for more evidence for the impact of volunteering on patient experience, patient safety, clinical effectiveness and wider social value of organisations in their communities.
* Kings Fund Volunteering in Acute Hospitals 2013 – the only known benchmarking exercise of volunteering in acute hospitals.
* Social Value Act 2012 – legislates that NHS organisations must consider how the procurement of services will improve the economic, social and environmental wellbeing of an area. It recognises the health and wellbeing outcomes of volunteering for volunteers including improved self-esteem, employability and civic engagement.

**Internal Drivers**

* Corporate Strategy 2016 – 2021 – good volunteering will support the overall aims and objectives of the Trust
* Quality and Patient Safety Strategy 2015-18 – a framework delivering quality through patient-focused health care. Volunteering is an integral route to enhancing the quality of patient experience. Volunteers also promote the delivery of efficient health services by alleviating pressure points on staff, where appropriate, and releasing more time to care.
* Health and Wellbeing Strategy 2013 – 2017 – volunteering schemes will support this agenda, particularly the elderly population, and roles could be developed that would work in partnership with social care;
* Dementia Strategy – volunteering roles could be explored to support dementia activities and pastoral care for this core area;
* Savile Review– ensuring compliance with the recommendations from the review;
* Resilience planning – ensuring a strategy for volunteers that supports the overall framework and objectives of resilience planning and management of resources during times of pressure.

**Fundraising activities**

In addition, the business case will also consider the expansion of the Volunteer Coordinator role to incorporate support for fundraising activity, to ensure that central and coordinated management is available to progress activities that will increase the funds available within the general account.

Rather than consider a standalone post, it was felt that synergy existed and could be explored between the work of volunteers and charitable funds which could lead to longer term benefits.

**Vision**

The long term vision and strategy for volunteering/charitable funds in the Trust is to:

* deliver scalable, sustainable and innovative plans for the resourcing, recruitment, management and mobilisation of volunteers over the next 3 – 5 years;
* champion volunteering as a key activity that will drive community engagement in the Trust and increase the proportion of the local population who volunteer formally by 2020;
* maximise the potential that can be achieved for the Trust and volunteers, identifying new roles and projects where volunteering will directly improve the quality of patient experience and compliment overall outcomes;
* ensure our volunteers reflect our local population and patient demographic;
* champion an organisational culture that welcomes volunteers as an integral part of the Trust;
* increase and improve collaborative working across voluntary sector organisations and private sectors, including promoting opportunities to acquire new or share existing resources;
* increase opportunities for fundraising activities, in order to maximise benefits for the general fund;
* work closely with the Charitable Funds Operational Group to develop an action plan for delivery of fundraising initiatives over the next 24 months.

1. **Service Outline**
	1. **Current State**

The staffing and resource arrangements that support volunteering were previously dispersed across the Trust, with no central provision of funding, co-ordination or management. In May 2016, a full time Volunteer Coordinator was appointed on a 2 year fixed term contract, funded from charitable funds. As a result, work has been undertaken to centralise the management and recruitment of volunteers, with the support of key stakeholders within service areas, who have taken on responsibility for the development of volunteering roles that are pertinent to their area of work.

The Trust has **327** registered volunteers working across the hospital setting and the profile of volunteers can be seen in table 1 below The volunteers undertake a variety of duties with internal volunteers providing support to wards and departments, including A&E, access lounge, discharge lounge, chaplaincy, patient transport via the driver scheme and welcomers.

The Trust also enjoys a well-established relationship with some voluntary organisations, including:

* Radio Stitch;
* Royal Voluntary Service (RVS); and League of Friends

**Table 1**

|  |  |
| --- | --- |
| **Volunteer group**  | **Headcount** |
| Ward Volunteers | 66  |
| Chaplaincy | 20 |
| Flower arrangers | 14 |
| Healthcare User Group | 9 |
| League of Friends Coffee Shop | 18 |
| RVS – Hartlepool | 68 |
| RVS – North Tees | 34 |
| Welcomers | 40 |
| Drivers | 14 |
| Radio Stitch | 13 |
| MacMillan Cancer | 13 |
| Library Services (Bookbase) | 14 |
| Volunteer admin support | 4 |
| **Overall total** | **327** |

Proactive recruitment over the last 20 months, especially working with local 6th form and FE colleges, has resulted in 159 new recruits, 71 in the system going through pre-employment checks and 57 in the system awaiting interview. (as at 16 February 2018)

If we assume our volunteers give an average of 3 hours per week (with some giving far more), on average our volunteers contribute almost 981 hours per week, 4,262 hours per month, 51,149 hours per year, representing an incredible resource. This is based on current numbers and as the plan for volunteering is expansion, the benefit from this resource can only develop over time.

Work has been undertaken as part of the Savile review in establishing a central system in order to capture all information on existing volunteers, including ensuring all appropriate checks have been undertaken.

The Volunteer Coordinator works closely with key stakeholders to ensure robust processes exist for recruitment and expansion of volunteers and volunteer roles to support overall aims and objectives. The services are as follows:

* Clinical and Welcomers – the patient safety and nursing directorate, supported by champions across the service areas, who oversee development of roles, identification of core skills, support recruitment, induction and on-going development;
* Chaplaincy - the patient safety and nursing directorate, and the Chaplains oversee development of roles, identification of core skills, recruitment, induction and on-going development;
* Drivers – the estates department with robust processes in place for management, recruitment, induction and allocation of activity;
* RVS – have specific leads identified from the volunteer cohort who undertake recruitment processes in liaison with the Volunteer Coordinator and patient safety and nursing directorate;
* League of Friends - have specific leads identified from the volunteer cohort who undertake recruitment processes in liaison with the Volunteer Coordinator and patient safety and nursing directorate;
* Radio Stitch– has a programme manager identified who has responsibility for the volunteers.

**3.2 Case for Change**

There is a need to consider and determine the options for the future service model and associated funding for the management of volunteers and as has been demonstrated, the need to consider support requirements for the management of raising charitable funds specifically for the general account.

There is a need to ensure that a Volunteering Strategy is developed, ensuring involvement of key stakeholders, which maps out the long term vision, aims and objectives. The goal of developing a strategy for the future is to identify and deliver scalable, sustainable and innovative plans for the resourcing, recruitment, management and mobilisation of volunteers and volunteering over the next three to five years, which will support the delivery of the Clinical Services Strategy.

To support the implementation of the strategy, a comprehensive action plan is required, which will prioritise the key actions to be taken forward and which will need to include the following:

* Development of volunteering roles to best effect, with the potential for greatest positive impact on patients’ experiences;
* Review of resources to recruit, train, manage and develop volunteers, so that volunteers’ skills and expertise can be carefully matched to service areas;
* Identify key leads across the Trust to support and contribute time in training, inducting and day-to-day management of volunteers in their areas;
* Regular communication with volunteers, along with recognising and sharing good practice and looking at volunteer/Trust satisfaction surveys;
* Monitoring and evaluation of the service to understand its impact on patients, staff and volunteers;
* Identification of clear role boundaries between paid staff and volunteers;
* Communication strategy so that patients, staff and volunteers and the local community are clear about what the volunteering service can and cannot offer;
* Strategy and action plan identifying initiatives and timelines for fundraising activities over the next 2 years.
	1. **Future State**

The Volunteer Strategy and vision for the service will grow recruitment and develop new volunteering roles that directly and tangibly improve patient experience, and where possible improve patient outcomes. The strategy and key activities will be developed that will transform the experience and impact of volunteering in the Trust for patients, carers, visitors, staff and volunteers.

Key performance indicators will be developed to monitor the success of the strategy, which will include:

* Tracking and monitoring of planned increases in volunteers, volunteering hours and the range of roles undertaken;
* Volunteer surveys to understand the experience of our volunteers;
* Year on year increases in the number of voluntary, community and private sector organisations engaging in the Trust through volunteering;
* Utilising existing sources of patient experience monitoring, such as Friends and Family, to assess the impact of volunteers.

The table below gives an indication of projected growth in numbers over the next 12 months. **Table 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Projected recruitment**  |  |
| **Volunteer group**  | **Current** **Headcount** | **April** **2018** | **May****2018** | **June****2018** | **July 2018** | **Aug****2018** | **Sept****2018** | **Oct****2018** | **Nov 2018** | **Dec 2018** | **Jan 2019** | **Feb 2019** | **Mar****2019** | **Total** |
| Ward/clinical |  66 | 12 | 12 | 10 | 6 | 6 | 6 | 15 | 15 | 15 | 15 | 12 | 12 | 136 |
| Welcomers | 40 | 2 | 2 | 2 | 2 | 2 | 4 | 6 | 2 | 2 | 2 | 2 | 2 | 30 |
| Drivers | 14 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 12 |
| Radio Stitch | 15 | 2 | 2 | 2 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 20 |
| **Overall total** |  **135** | **16** | **18** | **14** | **10** | **8** | **14** | **23** | **21** | **19** | **21** | **16** | **18** | **198** |

**4. Options Appraisal**

There are four potential options:

1. **Do nothing; cease the funding of the Volunteer Coordinator from Charitable Funds**

Do nothing – the Volunteer Coordinator would continue to develop the volunteer resource within the Trust for the remainder of his contract which is due to come to an end in May 2018. This would ensure that in the remaining months activity would focus on an exit strategy considering the management and recruitment of volunteers for the future.

Processes would revert back to those in place prior to central coordination with activity devolved to directorates/service areas with the responsibility to recruit and manage volunteers passing to them, operating in line with staff employment processes. The volunteer service would continue to be viable but would be reliant on individual areas to support the ongoing development, maintenance and management, which could result in inertia, inconsistency of approach and standards. It should be noted that prior to the post being established Audit North, following an audit of the Savile recommendations, issued limited assurance. The Volunteer Coordinator has worked on satisfying the recommendations and a follow up review provided significant assurance from Audit North.

As the Volunteer cohort has developed with the benefits of central coordination, then the Trust would face potential difficulties in disaggregating this function and devolving responsibility as historically this has shown to be ineffective; therefore to discontinue investment and recruitment would not be a feasible option.

In the original business case presented to the Charitable Funds Committee in 2016, this was not perceived to be a preferred option due to the commitment, by the Trust, to the development of the volunteer workforce in order to realise benefits to patient care and the recognition that this could not be easily achieved without central management and coordination.

**2 Support the continuation of the Volunteer Coordinator role as it currently stands, funding this from either charitable funds or invest to save**

The Volunteer Coordinator post is currently funded from charitable funds as a 2 year fixed term position. To continue the centralised service and ensure a viable volunteer provision going forward, then supporting continuation of the post on a permanent basis is an option.

As has been demonstrated this will ensure volunteer expansion continues but this will be limited due to the capacity from a single postholder to undertake and fulfill all of the requirements of the wider remit of volunteer management and recruitment. This will create limitations to the scale and speed as to which activities can be developed.

Over the last 20 months, the lack of administrative support to the role has become an issue, although some support has been sourced from volunteers this in no way supports the level of activity that is being generated. At present this means that the postholder is operating as a ‘one man band’, having to undertake activities that would be better suited to appropriately graded administrative staff, which limits the speed in which objectives can be implemented and takes him away from activities that would add greater value to the Trust. In some respect, this has been as a result of the success of the post in the early months.

Funding for this option would need to be considered as to whether continuation could be through charitable funds or through invest to save funding.

1. **Support the continuation of the Volunteer Coordinator role as it currently stands with additional resources, funding this from either charitable funds or invest to save**

As for option 2, however, consider the potential for additional resources to support the activity of volunteer services. This would take the form of part time administrative support of 20 hours per week that would take away the administrative burden and enable the Coordinator to focus on achieving key priorities and objectives.

Due to the financial challenges facing the Trust, alternative options have been considered to provide support to the Volunteer Coordinator and following a review of administrative activities across the Private Office and Corporate Office functions, additional resource has been identified to support the service going forward.

Volunteer recruitment activity also impacts on the recruitment and resourcing teams, in discussion with HR it has been agreed that current capacity will be able to cope with circa 20-25 new volunteers each month. If numbers increase over the agreed threshold, then the administrative support within the Volunteer team would be able to support with activity.

Funding for this option would need to be considered as to whether continuation could be through charitable funds or through invest to save funding.

**4. Support the development and expansion of the Volunteer Coordinator role to encompass fundraising activity management with associated additional resource, funding this from either charitable funds or invest to save.**

As for option 3, in order to satisfactorily implement a wider role and to meet the key objectives and priorities of a longer term strategy, then resource to support activity is vital. Administrative resource would be required as outlined in option 3, with capacity identified internally to fulfill this requirement at no additional cost.

With an increase in administrative resource, to support volunteers, this would allow the Volunteer Coordinator capacity to encompass fundraising activities into the role. Volunteer fundraisers would be recruited, providing additional support for day to day activities.

Funding for this option would need to be considered as in option 3.

This would be the preferred option to recommend as it would meet a number of key objectives and provide central coordination and management of volunteers and fundraising activity, additional administrative resource would be required to ensure capacity is built into the system in order to fully meet requirements, however, an internal solution has been developed to satisfy this.

**5. Preferred Option**

**Support the development and expansion of the Volunteer Coordinator role to encompass fundraising activity management with associated additional resource.**

Option 4 is the preferred option; this would provide dedicated resource to support the central coordination and management of volunteers thus meeting the strategic objectives and long term vision for volunteering.

With additional administrative resource identified, focus can be concentrated on the development and expansion of the volunteer service in order to align this resource to the clinical and patient experience objectives of the Trust. In order to fully realise and maximise the potential then longer term investment into the service provision is required, otherwise progress and achievement against the aims and objectives will be limited.

By identifying resource to support longer term management of fundraising activities, this will enable coordinated management of initiatives to increase the income and growth potential of funds within the general account.

**6. Risks**

|  |  |
| --- | --- |
| **Risk** | **Mitigation** |
| Dilution of volunteer service | Central coordinator retained with or without additional resource to support development and expansion of service |
| Lack of recruitment and expansion of numbers | Opportunities to be developed internally and externally to maximise available support. Link in to local, regional and national networks and initiatives to learn best practice and implement improvements |
| Lack of success/focus | Strong business plan and forecast to drive performance, with measureable performance indicators  |

**7. Resources, Capacity & Demand**

For the preferred option 4 then this would require the following resources:

Band 5 Volunteer and Fundraising Manager - **currently funded from charitable funds on 2 year basis**

Band 3 Administrative support (10 hours per week) – **provided from existing resource**

Band 2 Administrative support (10 hours per week) – **provided from existing resource**

Volunteer Clerical Support (10 hours per week) – **provided from existing volunteers.**

Currently office space is available for the Volunteer Coordinator, however, the requirement for an additional desk and associated office equipment has been identified to support the use of the Volunteer Clerical Support. Once office space has been identified, any equipment will be sourced internally.

The table below gives an indication of projected growth in numbers over the next 12 months.

By increasing the volunteer work force by circa 198, in addition to existing resource, this potentially will generate 594-990 additional hours per week in volunteering time (based on average volunteer commitment of between 3 – 5 hours), which can be utilised across all areas of the Trust.

**Table 3**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Projected recruitment**  |  |
| **Volunteer group**  | **Current** **Headcount** | **April** **2018** | **May****2018** | **June****2018** | **July 2018** | **Aug****2018** | **Sept****2018** | **Oct****2018** | **Nov 2018** | **Dec 2018** | **Jan 2019** | **Feb 2019** | **Mar****2019** | **Total** |
| Ward Volunteers |  66 | 12 | 12 | 10 | 6 | 6 | 6 | 15 | 15 | 15 | 15 | 12 | 12 | 136 |
| Welcomers | 40 | 2 | 2 | 2 | 2 | 2 | 4 | 6 | 2 | 2 | 2 | 2 | 2 | 30 |
| Drivers | 14 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 12 |
| Radio Stitch | 15 | 2 | 2 | 2 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 20 |
| **Overall total** |  **135** | **16** | **18** | **14** | **10** | **8** | **14** | **23** | **21** | **19** | **21** | **16** | **18** | **198** |

**8. Impact on Workforce**

This project will support workforce planning, capacity and demand plans, the winter workforce plan and resilience planning by increasing the availability of volunteer resource, the benefits of which are identified in section 2 and 11.

By increasing the volunteer resource, this will enable the deployment of volunteers across the Trust to support the aims and objectives of the Trust; in particular volunteers will play a vital role in:

* Supporting the improvement of patient flow;
* Enhancing the patient experience;
* Work with key clinical areas to support activities which will enable the release of clinical time;
* Working to increase the numbers of friends and family responses, and improved outcomes.

**9. Stakeholder Involvement**

The main dependency for the Volunteer activity lies with the Recruitment and Resourcing teams, who have confirmed that working within agreed thresholds, no additional capacity will be required.

Other key stakeholders are service and clinical areas which utilise volunteer resource, as recruitment and orientation into areas is very much dependent on commitment and availability of resource. Champions and key stakeholders have been identified for core areas and engagement and involvement to date has been positive.

In terms of fundraising activity, there will be a reliance on working closely with the Finance directorate and Communications team to ensure availability of information, advice and guidance for taking forward actions.

**10. Specific Measurable Outcomes**

The planned increases in volunteer numbers as identified in 3.3 will be tracked and monitored with volunteering hours and the range of roles undertaken.

The diversity of the volunteer workforce will be monitored to ensure it is representative of the communities that the Trust serves, with targeted recruitment as appropriate.

The Volunteer Coordinator will extend and broaden the volunteering roles that exist in line with patient and service needs.

An annual Volunteer Survey to understand the experience of our volunteers will be established to obtain a baseline with an agreed trajectory to improving the following areas:

* volunteers feel they are valued by the trust;
* volunteers have undertaken the necessary training;
* volunteers feeling more confident to fulfil their roles;
* achievement of personal goals through volunteering;
* new volunteers feel fully supported through the application process;
* volunteers feel supported by the Volunteer Management team;

Patients will be asked what impact volunteers have had on their patient experience.

Staff will be asked what impact volunteers have had on their ward/service area.

Exemplar case studies will be used to demonstrate improvements in patient, staff and visitor experiences through volunteering and the personal impact to volunteers themselves.

Existing sources of patient experience monitoring will be utilised to assess the impact of volunteers.

Fundraising activity will be planned and monitored in terms of return on investment and income generation into the general fund account.

**11. Benefits Realisation**

For the health care system, volunteers can help drive quality care:

* The *“Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)* refers to the need for staff to be given the time, space and autonomy to be able to put the patient first and do the best for them, improving the quality of care and the patient experience. Volunteer roles alongside staff can provide much needed time and capacity to focus on patient care, therefore greatly enhancing patients’ wellbeing.
* It has been evidenced that volunteers bring particular value to people who need and access services in a range of health contexts, and who may have multiple care and support needs.
* Volunteer engagement can impact directly on patient experience and satisfaction.
* By coordinating and increasing the fundraising activity within the Trust, this will

**Return on investment**

There are strong arguments for and against putting a financial value on volunteering. By definition, volunteering is not traded in the labour market and therefore, it could be argued that it makes no sense to assess its value in monetary terms. There is also the risk that monetisation could lead to volunteering being seen as a way to substitute for paid roles rather than being primarily a means to improve quality of care and patient experience.

Nevertheless, this does not remove the need for an overall assessment of the contribution of volunteering. A simple way to arrive at such an assessment is to estimate whether the staff time involved in training and supporting volunteers is likely to be paid back by the contribution they make. In research undertaken by the Kings Fund, where 99 Trusts out of 166 responded, 91% said that the Trust employed a dedicated volunteer services co-ordinator with the average Trust spending £58,000 per year on the management and training of volunteers, with the average contribution of volunteers being 79,128 hours. Based on this information, they calculated that each volunteer needs to contribute activities and outcomes worth 73p per hour or more (£58,000/79,128 hours) to break even.

The Kings Fund took this a step further and calculated return on investment based on the suggestion that volunteers contribute value at least to the equivalent of a band 2 salary on Agenda for Change, which at the midpoint is equivalent to an hourly rate of a little more than £8. For every £1 that is invested in the training and management of a volunteer, the Trust receives value of at least £11 in return. The calculations are a crude estimate of value and based on an average spend and contribution which will differ across Trusts, however, it does make it clear that investment in management and training of volunteers is without doubt an excellent investment.

**12. Project Plan**

A project plan will be developed following development of the Volunteer Strategy in order to take forward agreed actions in the short, medium and long term.

**13. Financial Summary**

The additional financial need to support the recommended option 4 is recurrent **revenue** cost increase of **xxxx**

**14. Recommendations**

A simple return on investment calculation suggests that investment in volunteering is worthwhile, however, investment in resources to manage and co-ordinate such a service is required, as, has been shown to date, the activity cannot be solely carried out if maximum benefits are to be achieved. Funding is required to support the service, especially in terms of growth and resources on a longer term basis.

Feedback from service areas has indicated the value of volunteer resource and the demand for volunteers and desire to work with the Volunteer Coordinator to increase capacity is testament to the success of the work to date.

In order to ensure existing processes are robust and future expansion can be planned in accordance with the information outlined in the business case; the recommendation put forward is that option 4 is considered for approval. This would ensure the appropriate level of resources, on a permanent basis, are available to support activities associated with volunteers and fundraising activities.