



Sussex Community
NHS Foundation Trust

Business Case

For The Voluntary and Community Development
Service

Version 4

A decorative graphic at the bottom of the page features a large, thick blue arc on the right side, a smaller green arc on the left, and a central graphic of two overlapping loops, one blue and one green, set against a light grey circular background.

*Excellent care at the
heart of the community*

Reader Box

Description	The current structure of personnel within the Voluntary and Community Development Service does not match with current and future demands by SCFT. This brief intends to propose a restructure which will support this for the future. This has not been reviewed to match current demands since 2016.
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Overview			
Portfolio	Which Portfolio is this project within?	Quality and Nursing Division	
Prioritisation	What is the current prioritisation score?	Impact	Effort
	What is the current prioritisation rating?		

The change

Set out here is the change this business case requires a decision on

Why do we need to change?

Further demands on our volunteer service include a new role for the future called Listening Ear, which will stem from the new Spiritual Care Strategy. Following on from our high impact Community Connect Programme, referrals are currently being taken from our mental health practitioners and proactive care coordinators to refer our isolated patients for telephone support. This was developed as part of our Covid-19 response. There is potential for volunteers to lead on the Wishing Well work (music therapy), increased input with Patient Experience and meal time support. There is also a new request from SCFT's Charitable Committee to set up and start a befriending project for 18 months. Furthermore there is a need to continue to work with and build up our relationships with our communities. It is worth noting that we are working with 44% more community organisations. This work is vitally important if we are to continue to promote SCFT vision of Excellent care at the heart of the community. The Befriending project is currently being advertised with a need for more resource to supervise this post.

Nationally it is also important to refer to the NHS Long Term plan which describes doubling the volunteer workforce. In addition the profile of NHS Volunteering has risen with an established volunteering partnership and forum through NHS England and Helpforce. It would also be reasonable to say that due to the recent Covid 19 pandemic, including the profile of the Royal Volunteer Service NHS Responders. We expect the demand for volunteering to rise as the NHS becomes our go to organisation.

The work that we develop in the Covid-19 era will look different as we work closely with clinicians to secure a safe and consistent volunteer placement. This will include comprehensive risk assessments for every volunteer role and the environment they are placed in.

Current status

The three B5 Volunteer managers currently manage an area each to replicate the Trust structure : West 21 volunteers, Central 33 volunteers and East 51 volunteers Children and Specialist services work across SCFT and requests are picked up by the relevant manager .The Volunteer Managers physical presence is vital out amongst our services, influencing and changing cultures and encouraging the uptake of volunteers. They recruit, train and support volunteers and encourage services to become involved. They are working closely within those areas to identify clinical needs and priorities and need to be embedded in the foundation of that area.They also play a large part in forging relationships with our community organisations and our charities.

Currently there is inequity amongst hours with the Central manager only having 0.8WTE and the West manager only having 0.6WTE. East has 1WTE.

It is crucial that each area is supported with a 1WTE B5. The previous paragraph highlighting the number of volunteers each area has demonstrates the issues of resource needed. East is able to achieve more as a full time post and also the teams are keen to engage. Central which is managed on 0.8WTE has very high demands and the majority of the bedded units with a total of 143 as compared with 64 in the East. The teams are keen to engage but volunteer management resource is urgently needed in the Central Area.

West only has 0.6WTE which makes an even more detrimental impact as it is hard to sustain volunteer management presence amongst several units with a total of 111 beds.

This proposal identifies bed numbers as a demonstration for patient impact. It is worth noting though that requests also come from SCFT community services with additional demands made on our teams.

The three B3 administrators support their locality through the provision of administrative and clerical functions. They act as a key point of contact for the Voluntary and Community Development team.

Currently resource is East B3 0.92WTE, West 0.67WTE, Central 0.6 WTE. The administrators additionally need more resource due to increased activity centered around recruitment and placement of all new volunteers as needed for recovery across the service.

The Volunteer Coordinator B4 role 0.6 WTE coordinates service data, evaluation, administration for the team, volunteer supporter and provides admin support for the team lead. This post was originally 1WTE

but hours were lost to increase the B6 Senior Voluntary Services Manager post to 1WTE. This post needs more resource

The Band 6 role 1 WTE has been developed to take operational responsibility for day to day activities supported by the Volunteer Lead who has responsibility for strategic delivery. Currently the Band 6 is having to support all areas with recruitment, interviews and all important engagement with services. This post holder needs to be removed from this so is able to fully concentrate on operational demands and project work.

The Volunteer Lead post 1WTE drives the service forward strategically. Responsibilities also have been extended to line manage (under an SLA) the Olive Tree Manager and most recently the Spiritual Care Lead. In the near future will also have to line manage and deliver on the Charitable request for a Befriending Coordinator. (post advertised) The Volunteer lead also has input on national standards for NHS Volunteering and has close relationships with Helpforce and NHS England

Covid-19 has seen our service contribute widely as a critical service supporting staff and the trust in various ways with rich data to support. Our volunteers have delivered 240,194 pieces of personal protective equipment. Over 20 new volunteer roles were defined to support services during Covid -19. Please refer to table below to highlight.

Remote Telephone Support	Donation Hub Driver	Discharge Telephone Support line
Transport of PPE	Remote Ward Support	Community Resource List Coordinator
Discharge Activity Pack Volunteer	Pharmacy Support	Telephone Support Chaplaincy

We now have to enter a demanding recovery and reset phase which will include rebuilding and reshaping our volunteer workforce and developing a firm recruitment recovery plan to concentrate on building up our service. We will need to work with all our SCFT services to identify appropriate post Covid-19 roles. Our volunteer numbers currently stand at 93 and pre Covid-19 430.

With increasing demand on the service, adequate management and administrative time needs to grow in pace with the increased service in order to manage risk. Despite the growth in service delivery there has been no like for like growth in service management (no investment for 5 years)

The consequence of this is that we now need to increase the management and administrative resource to cope with extra demands.

What is the core aim and supporting objectives?

We aim to deliver our 5 year strategy which mirrors the Trust's vision of 'Excellent care at the heart of the community' by establishing a centre of excellence for volunteering and to grow and develop a Voluntary and Community Development Service that offers a range of benefits and opportunities for our patients, communities and our staff.

This will also meet the following objectives:

- Progress an organisational culture that encourages promotes and supports volunteering and increases volunteer satisfaction, increases the number and diversity of our volunteers
- Identify key clinical priorities across the organisation to maximise patient experience and staff support
- Build innovative partnerships across the Trust and within our community and to develop a firm framework around the volunteer process and governance.

Detailed description of the recommended change

The recommended change requested is the increased hours of the following;
There is an increase of 1.46wte of staff

B5 - 0.60 wte £23,975.

B4 - 0.20 wte £ 6,255

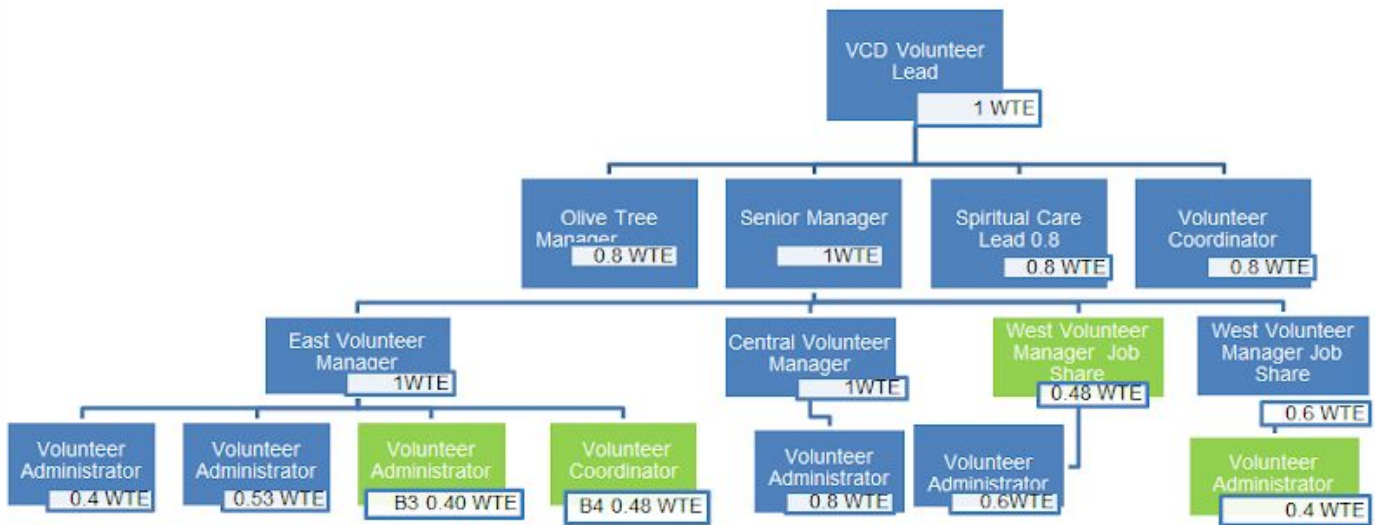
B3 -0.81 wte £22,047

Total Additional Pay Cost of £52,277

Voluntary and Community Services

Staffing Proposal 2020

KEY	
	New Role
	Existing Role



- Specifics of the change	
Impact area	What will exist after the change?
Operations	There will be equity across SCFT in that each area West, Central and East will be supported by 1WTE Voluntary Services Manager All areas will be supported by increased administration with equity across the Trust.
Clinical governance	No change to governance support.
Workforce	The team will increase to 15 members of staff
IT & Equipment (Hardware)	An additional laptop x 4 will need to be purchased
Performance and Info (Software)	Service specific reporting monthly is in place and will monitor increased activity and engagement with stakeholders.
Demand and activity	Since 2017 there has been a 100% growth in different volunteer roles and an increase growth of 35% working with different teams. There has been a 5% growth in working with teams since May 2019 alone. The demand for volunteers is rapidly growing with requests for input into various Trust strategies. This includes Spiritual Care, Dementia, Wishing well, Patient Experience, Primary Care, Project delivery around social isolation. The service is now engaging with over 127 different teams within SCFT and we predict a gradual rise.
Estate and Facilities	Office space will be needed in the West for 2 part time staff.
Contracts	SCFT internally funded service
Regulation	n/a
Environmental sustainability	No change

Outcomes and Benefits

Set out here are the planned outcomes and associated measurable benefits of making the change and how we will evaluate the impact.

Benefits list				
Benefit measure		Quantity	Owner	Achieved date
Increased volunteer input/activity within SCFT , increased patient experience and supporting staff through innovation		Increase by further 5%	Voluntary and Community Development service	12 month within start date
	<Increased activity/saving clinical time and increasing patient experience.			

Management Information				
To monitor the service and its performance through the change and into business as usual.				
KPI	Information Source	Reporting Frequency	Baseline Performance	Target
Total number of volunteers in Voluntary and Community Development Service	Service Data	Monthly reporting	NA	5% Yearly growth
Total number of services we are working with	Service Data	Monthly reporting	NA	5% Yearly growth
Growth of different volunteer roles	Service Data	Monthly reporting	NA	5% Yearly growth

Evaluation plan	
When will the change be evaluated?	12 month within start date of increased resource
How long will the evaluation take?	1 month
When will the results be available?	14 months within start date of increased resource.

Financial analysis

Set out here are the income, costs and savings or efficiencies planned.

Overview of financial analysis

Investment for Voluntary and Community Development Service
 There is an increase of 1.46wte of staff

B5 - 0.60 wte £23,975.
 B4 - 0.20 wte £ 6,255
 B3 -0.81 wte £22,047

Total Additional Pay Cost of £52,277

Summary

	Baseline	Year 1	Year 2	FYE
Income	£	£	£	£
Operating Costs				
Net Revenue Position	£0			

Capital Requirement	£	£	£	£
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Efficiencies - non-cashable	£	£	£	£	£250k
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Baseline

Income	Q1	Q2	Q3	Q4	Total
Income description	£	£	£	£	£
Income description	£	£	£	£	£

Total Income in Year 1					£
Costs	Q1	Q2	Q3	Q4	Total
Pay					
Non pay	£	£	£	£	
Total Baseline Costs					
Baseline Revenue Position					£

Year 1					
Income	Q1	Q2	Q3	Q4	Total
Income description	£	£	£	£	£
Income description	£	£	£	£	£
Total Income in Year 1					£
Costs	Q1	Q2	Q3	Q4	Total
Net Revenue Position in Year 1					£

Capital Requirement	Q1	Q2	Q3	Q4	Total
Capital description	£	£	£	£	£
Capital description	£	£	£	£	£
Total Capital in Year 1					£

Efficiency non-cashable	Q1	Q2	Q3	Q4	Total
Efficiency description	£	£	£	£	£
Efficiency description	£	£	£	£	£
Total Efficiency in Year 1					£

Year 2					
Income	Q1	Q2	Q3	Q4	Total
Income description	£	£	£	£	£
Income description	£	£	£	£	£
Total Income in Year 2					£
Costs	Q1	Q2	Q3	Q4	Total
Band 6 0.60 wte					
Costs description	£	£	£	£	
Total Costs in Year 2					
Net Revenue Impact in Year 2					£

Capital Requirement	Q1	Q2	Q3	Q4	Total
Capital description	£	£	£	£	£
Capital description	£	£	£	£	£
Total Capital in Year 2					£

Efficiency non-cashable	Q1	Q2	Q3	Q4	Total
Efficiency description	£	£	£	£	£
Efficiency description	£	£	£	£	£
Total Efficiency in Year 2					£

Full Year Effect					
Income	Q1	Q2	Q3	Q4	Total
Income description	£	£	£	£	£
Income description	£	£	£	£	£
Total Income in a full year					£
Costs	Q1	Q2	Q3	Q4	Total
Costs description					
Costs description	£	£	£	£	£
Total Costs in a full year					£
Net Revenue Position in a full year					£

Capital Requirement	Q1	Q2	Q3	Q4	Total
Capital description	£	£	£	£	£
Capital description	£	£	£	£	£
Total Capital in a full year					£

Efficiency non-cashable	Q1	Q2	Q3	Q4	Total
Efficiency description	£	£	£	£	£
Efficiency description	£	£	£	£	£
Total Efficiency in a full year					£

Delivery plan

Set out here is the management and mobilisation plan

Roles and responsibilities

Here we have set out the people involved and their likely resource commitment.

Role	Description	Name and job title
Executive Sponsor	Whilst they may have a limited day-to-day role, the Executive Sponsor is the Board level champion of the project.	
SRO	The SRO is the individual accountable for ensuring that a project meets its objectives.	
Project Manager	This PM role is crucial for creating and maintaining focus, enthusiasm and momentum and providing day-to-day management of the project.	
Business Change Champions	These are key staff who the change is happening to. They are selected to act as champions of the project and who will continue to support the new way of working once the project is considered business as usual.	

Subject Matter Experts engaged in this project

Role	Name	Job title
Subject Matter Expert - <area>		Finance
Subject Matter Expert - <area>		Finance
Subject Matter Expert - <area>		
Subject Matter Expert - <area>		
Subject Matter Expert - <area>		

Project tolerances

**What are the tolerances that if the project can operate within?
Where a project exceed these tolerances Change Control is required.**

Time	4 months from submission of business case
Cost	n/a
Quality	Impact on quality delivery

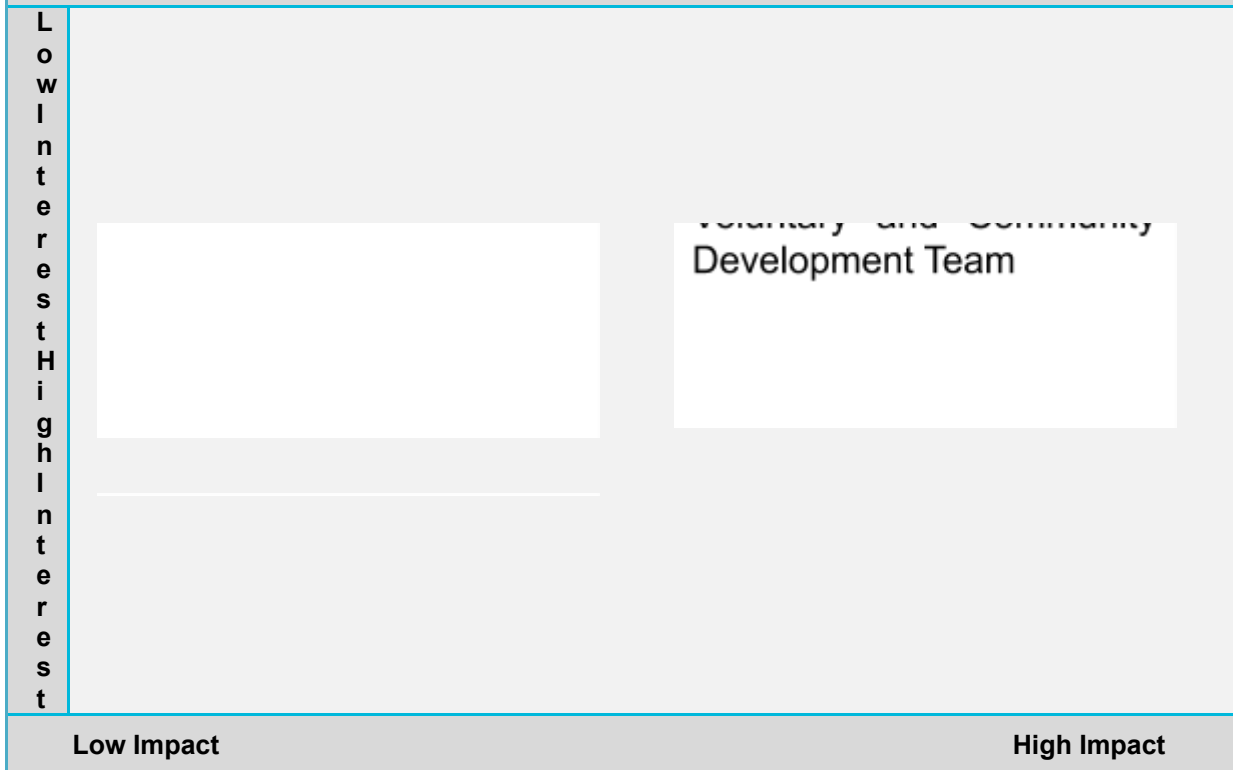
Governance and reporting

This sets out the governance of the project. Including where it will report to and using which tools.

Standard Reports	Destination	Frequency
Highlight Report	NA	
Risk Register	NA	
Change Control	NA	
Additional Reports	Destination	Frequency
Name additional reports here if needed	NA	

Stakeholder map

Here we have set out our stakeholder map. Showing the groups who we will need to engage with throughout Workstage 3: Deliver.



Communication plan

Stakeholder	Message(s)	When and where?
Volunteer Team	Discussion for extra support	Meetings
Deputy Chief nurse	Discussion for extra support	
Finance	Costings of business case	
Estates	Extra estates needed	

Timeline

This section details the overall timeline through key milestones

Description	Date

Risks and mitigations

Risk	Score	Mitigation	Residual Score
<add rows as needed>			

Other considered options

Set out below is an overview of the options available, to be considered against the context and rationale for the change described in the previous sections.

Option A (recommended and described in full in The Change)

The recommended change requested is an increase of 2.24WTE of staff

Benefits	Risks
<ul style="list-style-type: none"> Increased activity Contribution to SCFT Strategies Increase external engagement/reputation 	<ul style="list-style-type: none"> SCFT Strategies compromised due to lack of volunteer engagement due to resource of volunteer management issue Health and Wellbeing of staff.

Option B

No change

If there is no change workloads of team will be difficult to manage due to demands

Benefits	Risks
<ul style="list-style-type: none"> Business as usual 	<ul style="list-style-type: none"> SCFT Strategies compromised due to lack of volunteer engagement due to resource of volunteer management issue Health and Wellbeing of staff.

Option C

<Title of the option>	
Provide an overview of the option	
Benefits	Risks
<ul style="list-style-type: none"> • Bullets • Bullets • Bullets 	<ul style="list-style-type: none"> • Bullets • Bullets • Bullets

Option D	
<Title of the option>	
Provide an overview of the option	
Benefits	Risks
<ul style="list-style-type: none"> • Bullets • Bullets • Bullets 	<ul style="list-style-type: none"> • Bullets • Bullets • Bullets

Assurance checklist

Set out below is a checklist of those who are assured of the quality, validity and robustness of this Business Case and are in support

Assessment Checklist (PMO to complete)			
Role	Question	Answer	Evidence
PMO	Has a Business Case Quality Check been undertaken and is the Business Case considered ready for decision?	Yes	
Information Governance	Does the change require a new or changed process for managing patient information? If so, has a Data Protection Impact Assessment (DPIA) been completed?	No	
Quality	Has a Quality Impact Assessment (QIA) been completed and assured?	/No	
Equality	Has an Equality and Human Rights Analysis (EHRA) been completed and assured?	NA	

Owner Checklist			
Role	Name	Job title	Date
Executive Sponsor			
Senior Responsible Officer			
Project Manager			