Department of Health

Voluntary Sector Investment Programme

Health and Social Care Volunteering Fund 2015–16 National

Information Pack for Applicants

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Voluntary Sector Investment Programme

Health and Social Care Volunteering Fund Fund 2015-16 National

Information Pack for Voluntary Sector Organisations

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Application Process Flow Map - Registration and Confirmation of Eligibility to be completed by Noon 8th May 2015:

1. **Register on 'Award Information Management System' (AIMS) by completing the Registration Form by Noon8th May.** Have you registered both yourself and your organisation on AIMS previously? If yes please proceed to step 3 by logging in to AIMS. If no, please refer to **Appendix A** of this information pack for information on how to register and refer to the e-Learning module, which can be found in the top right hand corner on the AIMS welcome page. AIMS

2. **Await an e-mail from the Grants Hub** confirming that the organisation has been registered and linked. Has an e-mail been received? If yes proceed to step 3, if no and 24 hours have passed since registering, contact the Grants Hub on 0113 2545450

3. **Complete the Confirmation of Eligibility Form in AIMS by Noon 8th May.** For returning users this may include reviewing and updating your organisation profile. For new users please make sure you complete all steps 1 - 3 by Noon 8th May. Returning users make sure that the Confirmation of Eligibility form is completed by Noon on 8th May if there are no adjustments to the applicant contact/organization.

4. **Await an e-mail from Grants Hub** confirming that the Confirmation of Eligibility form has been completed. Has an e-mail been received? If yes then registration is complete, go to step 5 to complete the application. If no and 24 hours have passed, contact the Grants Hub on 0113 2545450

Application Form, to be completed by Noon 22nd May 2015:

5. **Click "Start Process";** please make sure that this is only selected once as this starts the process of completing you application form. Once you have completed your form please select "send application to DH"

6. **Await an e-mail from the Grants Hub confirming that the application has been received.** Has e-mail been received? If yes, process is complete (we may contact you if we require any further information). If no and 1 hour has passed since completing the application, contact the Grants Hub on 0113 2545450

Health and Social Care Volunteering Fund Timetable 2015-16

Deadline	**Action**
30th March 2015	The scheme is open for applications
7th April 2015	Meet the Funder event for prospective applicants in Leeds 1:30pm to 4:00pm. To be held at Quarry House, Quarry Hill, Leeds LS2 7UE
30th April 2015	Meet the Funder event for prospective applicants in London 1:30pm am - 4:00pm. To be held at Richmond House, 79 Whitehall, London, SW1A 2NS
Noon 8th May 2015	Closing date – at 12 noon – for Registering on AIMS (for new users) and submitting the Confirmation of Eligibility Form. Please note that if you have previously registered on AIMS for the Innovation, Excellence and Strategic Development Grant Fund you are not required to re-register on AIMS.
Noon 22nd May 2015	Closing date – at 12 noon - for Applications; AIMS will close at noon on that day, after which no applications will be accepted.
Late Summer 2015	Decisions - Organisations will be informed when they have been successful
September 2015	Expected Start Date for Projects

Introduction

This document provides information about applying to the Voluntary Sector Investment Programme's 'Health and Social Care Volunteering Fund National Scheme', which will award grants in the summer of 2015 for projects starting from September 2015. We call this 'the HSCVF' in the rest of this document.

You should read the information in this guide carefully as there have been changes to the eligibility rules, themes for funding, and a different on-line application system (AIMS).

The document will give you information to help you decide if the HSCVF is suitable for your organisation and the activity you want the funding for. It gives details on the system wide themes for 2015–16.

If you need more information, you can contact us by:

E-mail at voluntarysectorgrantshub@dh.gsi.gov.uk; or

Call our telephone helpline on 0113 254 5450.

1. What is the Health and Social Care Volunteering Fund?

The HSCVF provides grants to Voluntary Sector Organisations (VSOs) to:

- Collaborate**:** deliver a strategic project that plays an effective and integrated role in addressing health, public health and social care needs in conjunction with commissioners.
- Innovate**:** test out a new area of work delivered by their volunteers.
- Develop**:** support the Strategic Vision for Volunteering by investing resources in volunteer support and management systems.

The HSCVF was launched in December 2009 and represents a strategic shift from the simple allocation of funds to giving with an expectation of capacity building, in order to strengthen volunteering in local communities.

The HSCVF uniquely combines grant funding and support to Voluntary, Community and Social Enterprises (VCSEs). HSCVF aims to improve VCSEs' potential in the health, public health and

social care landscape by increasing their capacity, improving their abilities and helping them to become more sustainable. By this we mean that the funding from HSCVF is time limited, the project must be able to demonstrate that there is continuation plan for the services to be developed and delivered after funding ceases.

In 2014-15 we made 11 awards totalling just over £1.6 million for first year allocations. Details are available by following this link here

The HSCVF is part of the wider Voluntary Sector Investment Programme. The programme includes a number of other funds in addition to the HSCVF.

Innovation Excellence and Strategic Development Fund

The Innovation, Excellence and Strategic Development Fund provides funding from one to three years to support proposals in the health and care field. To be successful, organisations need to have; a clear focus in their applications on how their proposals would support and drive forward new ideas; disseminate and replicate excellence or undertake strategic developments in voluntary sector capacity; and/or capability in health and care.

This is a highly competitive scheme and proposals must be able to evidence that they can deliver improvements to 'Health and Care Services' and which will result in cost/time savings. Significant emphasis is given to whether the proposal will deliver value for money. Proposals should justify the time period of funding that they are requesting and the cost of the activities. Further information about the fund can be found on the .Gov website here.

The Voluntary Sector Strategic Partner Programme (SPP)

The Voluntary Sector Strategic Partner Programme was launched in April 2009 to improve communication and dialogue between the Department of Health and Voluntary Sector Health and Social Care organisations across England. The programme enables voluntary sector organisations to work in equal partnership with the DH, NHS and Social Care to help shape and deliver policies and programmes, for the benefit of the sector and improved health and well-being outcomes.

In April 2014, the Department of Health announced the 22 voluntary sector organisations that will be part of the new Health and Care Voluntary Sector Strategic Partner Programme for 2014/15. This new system-wide programme, delivered in partnership with NHS England and Public Health England, will build on the successes and lessons learned from the DH Voluntary Sector Strategic Partner Programme. Further information about the scheme is included in the Strategic Partner Information Pack found here.

Why the focus on volunteering?

Volunteers frequently offer support to people at the most vulnerable points in their lives. Volunteers can strengthen the support networks in our communities. Projects supporting voluntary care and support services can improve community health and care, and help to reduce health and social inequality. This is why the HSCVF places a high priority on supporting volunteering in the health, public health and care sector.

The HSCVF's focus on encouraging volunteers, and delivering vital services through volunteering, makes a major contribution to the Strategic Vision for Volunteering in Health and

Social Care (Please follow the link here). Projects will need to demonstrate innovation in working within the health, public health and social care sector through the input of volunteers. Projects funded will be expected to develop and improve the volunteering experience, develop new ways of working with volunteers, extend the diversity of their volunteers, and celebrate volunteers and volunteering.

The scheme is open to not for profit organisations with health and care aims. HSCVF seeks projects that are strategic and developmental, have something distinctive and different to offer over existing services, and have potential to develop new and/or streamlined systems in health, public health and social care volunteering.

By 'project', we mean a specific activity that is specially set up for this grant funding. We do not fund regular and ongoing activity, though we do make a contribution to overheads for project management. Grants will not be provided to projects that simply aim to supply additional core services, or request continuation funding or funding for existing services.

Existing HSCVF Recipients

Existing grant recipients are allowed to apply for the HSCVF with specific conditions. Where agreement is given to apply, the new project would have to be substantially different, and provide clear innovation and exceptional value for money to the project currently being funded in order to apply. On the basis of diversity and fairness we are looking for a significantly different portfolio of projects year on year.

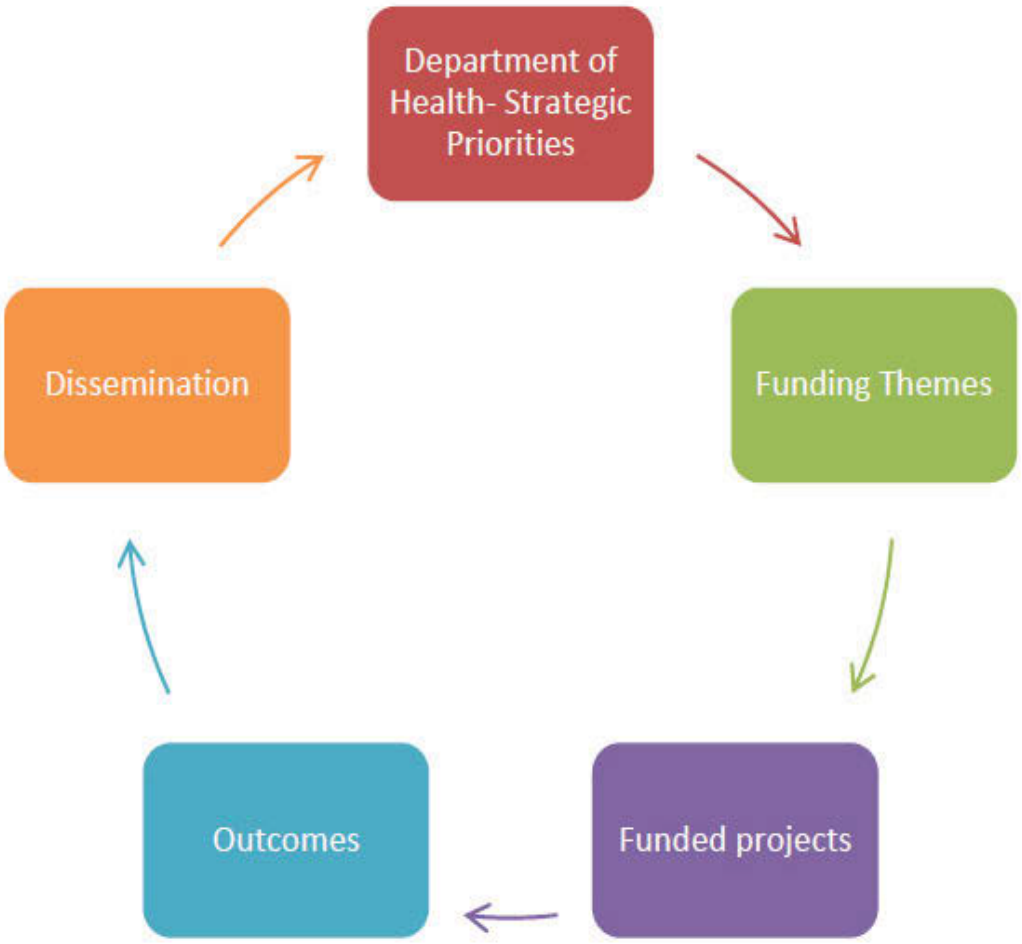
Volunteer involvement

We expect all applicant organisations to demonstrate meaningful involvement of their project volunteers e.g. through co-design, co-production and/or volunteer led service delivery, with volunteers drawn from across the local community, including from disadvantaged groups and areas. We expect all applicants to work with the new commissioning structures; by commissioners we mean Clinical Commissioning Groups, Directors of Adult and Children's Public Health, and Directors of Health and Welbeing Boards. Support from key local agencies relevant to your project will also help your application. You need to provide a Letter of Support from each of your chosen delivery locations for you proposal project. Please refer to Section 7 for more information.

2. The National Scheme

Contribution of HSCVF projects to DH and system partner strategic aims

The HSCVF funding themes are designed to reflect key health, public health and social care policy areas.



The cycle above illustrates how funded projects deliver against their chosen theme, with an explicit requirement to evaluate and disseminate their outcomes. The learning and good practice emerging from the projects help DH deliver their priorities as well as demonstrating to commissioners 'what works'.

Department of Health and system partner strategic aims

The scheme is intended to make a positive contribution to the Department of Health's (DH), NHS England's and Public Health England's objectives. The HSCVF programme themes have been developed so that funded projects can contribute to:

- DH Strategic Vision for Volunteering (2011);
- The Strategic Aims and Objectives of system partners;

- Enhancing the capacity and capability of health, public health and social care sector organisations at a local level;
- An improved volunteer experience through better recruitment and support for volunteers;
- Working with new commissioning arrangements in health, public health and social care; and
- Building capable communities / developing Big Society agendas through delivery within localities and communities.

Geographical Regions

Each applicant should focus their activities in one of the four commissioning regions. The project must operate across three to six diverse delivery locations/local authorities that are spread across the commissioning region of their choice. The regions are as follows:

- NHS North of England: to include all Local Authorities in the North East, North West, Yorkshire and Humberside.
- NHS Midlands and East: to include all Local Authorities in the East Midlands, East of England and West Midlands.
- NHS South of England: to include all Local Authorities in the South West, South Central and South East.
- NHS London: to include all Greater and inner London Boroughs.

The projects must focus within one region because these are the key organising regions for health commissioning-related activity. If activity happens within each commissioning region, there is a better opportunity to disseminate the project outcomes and integrate working models into the overall commissioning activity as the project draws to a close.

A map of the commissioning regions can be found at: Please follow the link here

A map of the 130+ Health and Wellbeing Boards run by local authorities with their health partners can be found at: Please follow the link here

Themes

Your proposal should show how it contributes to one of the following themes:

- Theme 1 Improving health and care outcomes
- Theme 2 Commissioning
- Theme 3 Life course, prevention and loneliness
- Theme 4 Integration
- Theme 5 Public, patient and citizen voice; and family advocacy
- Theme 6 Technology and information

We describe these in more detail in Section 6.

The theme relates to the project, not to your organisation. You should choose the theme that most closely fits your project. There will be space in the application form if you want to describe

how your project fits in with the other funding themes. However, choosing more themes does not increase your chance of success.

Aspects that cut across all themes

Projects must provide added value and complement, not duplicate, directly commissioned health, public health and social care services. Your statements of support from commissioners should verify this is the case.

In the chosen delivery sites, projects must be able to show there is a local need for their services, either through the area being highlighted in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies, or by clear evidence from statutory health and/or social care agencies that there is a lack of such services already within their locality. Commissioners will need to be involved in the project design, and we will ask you for information on the commissioners in each locality you have discussed the project with, and why they are supporting your application for funding.

All activities should have a clear ability to improve health and care outcomes, reflecting priorities within the NHS Outcomes Framework 2014/15 (Which can be found by following this link here), Public Health Outcomes Framework 2014/15, Social Care Outcomes Framework 2014/15 and outcome indicators for specific population groups and conditions. Your statements of support from commissioners should verify this is the case.

The Health and Social Care Act 2012 introduced the first specific legal duties for health inequalities, and the Secretary of State has an overarching duty to regard the need to reduce inequalities. This means that health inequalities must be properly, and seriously, taken into account across all policy relating to the NHS and public health, and this should be reflected in project proposals.

Projects must ensure value for money as well as demonstrate social value in service delivery.

Projects should demonstrate a commitment to volunteer-involving service delivery that encourages client-centred approaches, and integrated pathways of care and support to help focus on the service users' overall journey.

Key Considerations

- Applicants should apply under one theme only.
- Applications that demonstrate the strongest contribution towards these themes by supporting and developing volunteering and social action will be given priority in the selection process.
- Applicants must ensure that the cross cutting issues are reflected throughout the application.

HSCVF Support Package

All successful organisations receive both:

- A grant
- A support package.

We are seeking organisations that actively want to engage with both elements of the HSCVF.

HSCVF capacity building support is delivered by support consultants and trainers with skills and experience in helping voluntary organisations develop, grow and become more sustainable.

Funded organisations should be prepared to dedicate time and allocate travel costs to developmental activities. For planning purposes we suggest that you allocate around 10 days per annum for these activities, some of which may be in your own premises and some may be for networking and training events held in nearby cities.

Further details of the support package will be provided to successful organisations. In previous funding rounds this has included a number of days of tailored support, the option of having a fuller organisational diagnostic, that helps identify your organisation's medium and long-term development goals, organised networking activities covering a range of areas such as a guide to project set up through to sustaining your activities after funding finishes.

3. Eligibility

Organisation Eligibility

You must meet the conditions set out in section 64 of the Health Services and Public Health Act 1968 to be eligible to receive a grant under the Voluntary Sector Investment Programme. You must meet the following legal requirements (which are a summary of the criteria in Section 64 and not a complete description of the law).

Your organisation must be carrying out activities that involve "… providing a service similar to a service provided by the National Health Service or by local authority social services, promoting, publicising or providing advice to do with providing either a national health or local authority social service or a similar service".

The Act gives the Secretary of State for Health the power to award grants to not for profit organisations in England whose activities support The Department of Health priorities.

Conditions:

As well as the legal requirements in Section 64 of the 1968 Act, the following eligibility conditions must be met if you want to apply to the HSCVF.

a) Your proposal must only provide health and care services in England. There are separate arrangements for Scotland, Wales and Northern Ireland.

b) Organisations must be Not for Profit and:

- Incorporated (this would be a company limited by guarantee and registered with company's house OR a community interest company OR a co-operative or industrial and provident society OR a Social Enterprise OR a Mutual).

OR

- Have Charitable Status (registered with the Charity Commission).

c) The lead partner must:

- Have been established for more than 12 months and one years published accounts
- Have an annual turnover of at least £200,000 per annum.
- Demonstrate the capacity to work with current and emerging health and social care commissioners services in health, public health and social care.
- Have established and accredited quality standards in place for the management of the staff and volunteers OR be prepared to work towards these during the course of the HSCVF.
- Must demonstrate a robust procedure which covers staff and volunteers in each of the following:
  1) Safeguarding Children, Young People and Vulnerable Adults;
  2) Equal Opportunities and 3) Health and Safety

Proposal Eligibility

You can submit:

- One application per scheme per year as a sole applicant

Or:

- One application as a Lead Partner

If you send in more than one application as the sole applicant and/or more than one application as the lead accountable body for a partnership bid, we will ask you to identify which application(s) should continue and which should be withdrawn. Please note that you can be involved in numerous partnership applications as a delivery partner, which means that your organisation is not the lead accountable body; however we strongly recommend that this does not exceed 3, as it may be difficult to fully commit resources to multiple proposals without damaging the capacity of each proposal.

For more information on Partnership / Subcontractors please see Section 10.

Activities Eligibility

You will be eligible for investment from the HSCVF if the proposed activities meet the following conditions.

All proposals under this Fund will need to demonstrate they will have a National Impact. The proposal should be able to make a difference to the health and well-being of people across England. If your proposal is simply to provide local services, we would advise you to contact local funding organisations for help. This means we will not consider proposals with a purely local impact. Equality and tackling health inequalities must be a central part of all activities.

The following types of organisation are not eligible to apply to the HSCVF.

- Individuals or sole traders
- Organisations that make profit for private gain
- Public bodies including local authorities, schools, universities, community or town councils
- Organisations based outside of England
- Organisations formed less than 12 months ago
- Organisations without suitable accounting records

The following types of proposals are not eligible for investment through the HSCVF.

- Activities that are not allowed under your organisation's aims.
- Delivering an existing service locally that is the responsibility of local organisations to arrange and pay for based on an assessment of local needs.
- Proposals that simply continue existing initiatives or activities.
- Routine on-going, updating or maintenance costs of websites and other electronic communications, phone helplines and hard copies of materials.
- If the organisation plans to use the funding to support party political activities.
- If the organisation plans to use any part of the grant to finance fundraising efforts

- Research projects: Research is defined for this purpose as ‘creative work carried out to increase knowledge’. If you are not sure if your proposal would be included in this definition, please contact us.
- Capital projects, for example, buildings, refurbishment and transport. Your proposal can include up to £5,000 of capital spending for equipment.
- Proposals for the funding you request for each year of the project is more than 25% of your total annual income (based on your most recent available final accounts). You will need to ensure your organisation has the capacity to undertake the work and you can clearly demonstrate value for money.
- Proposals that include passing all or part of the grant funding to individuals or other organisations e.g. through grants, will not be eligible.
- Continuation of services, where funding is coming to an end, unless projects can demonstrate new activity areas;
- Organisations applying on behalf of other organisations. The organisation applying for a grant must be the same organisation that will receive and have responsibility for the funding although partnerships are acceptable;
- The development of new office locations. All projects should have established delivery centres;
- We welcome applications from both religious and secular organisations, but do not fund organisations to promote religious activities.

4. Costing

Working out the costs of the proposal

A total grant of up to £600,000 paid over a maximum of 3 funding years (36 months). You can apply for funding of between £50,000 and £200,000 per year (subject to annual ministerial approval). Funding for 1 and 2 year projects is also available. The maximum amount available per year is also dependent on the applicant organisation's total yearly income, as the HSCVF grant must be 25% (one quarter) or less than the organisation's total income each year. We will expect you to be able to show that your proposal will achieve value for money.

Budgeting for the First Year

As we are asking for proposals to start from September 2015, we will therefore ask you to complete a budget template for the first 7 months of the project to cover the remainder of the 2015-2016 financial year, we will then ask you to complete templates for any additional years. The projects can be a maximum of 3 years (36 months) long. Don't forget to take account of cost increases for any additional years of the proposal. We will not automatically increase future years in line with inflation.

Networking

As part of the process of sharing learning with other grant holders and the Department, we may want you to go to networking events or presentations throughout the course of the grant. You should plan for travel and related costs for up to 12 events over a three-year grant period and include this in your costing.

Recovery of Costs

You should aim to recover the full costs of delivering services for public sector organisations, including overhead costs and VAT that you cannot recover. This will involve you presenting applications for funding on the basis of strong and evidence-based calculations of the costs of the funded activity or service.

Overhead costs can include accommodation, human resources, utilities, maintenance for premises and monitoring requirements, this is not a full list. These overhead costs need to be both relevant and reasonable. Please note you may find it helpful to refer to clause 3.8 of the Compact (see 'Useful Publications') in relation to recovering the full cost of the proposal. There are also organisations in the voluntary sector that may be able to support you in calculating these costs, including the Association of Chief Executives of Voluntary Organisations (ACEVO) and the National Association for Voluntary and Community Action (NAVCA).

VAT

You do not have to pay VAT on these grants as they are generally considered out of scope of VAT because we do not receive direct benefit from the grant. We cannot give you advice on whether the activities you will be carrying out with the grant will be charged VAT. You will need to discuss this with HM Revenue and Customs. It could be that while the income (the grant) is outside the scope of VAT, the activities you are providing may be charged VAT. If you need to pay VAT on any of the work and you cannot get it back, you should include this in the initial costing. If it is a partnership bid and delivery partners will be invoicing you for their costs, you should also check with 'HM Revenue and Customs' whether the activities will incur VAT that cannot be recovered.

5. The Application Process

This chapter gives guidance on the application process and timescales.

What makes a good application?

A good application:

- is concise;
- focuses on clearly defined aims and measurable outputs;
- demonstrates how it will cover three to six diverse delivery locations/local authorities that are spread across the commissioning region of their choice;
- clearly describes what benefits the proposal will bring, avoiding jargon and abbreviations (unless explained);
- is clear about how the proposal contributes to the Departmental aims;
- shows how it contributes to the funding theme you have chosen;
- has a strong project plan and clear details of costs (see Appendix B for Budget Template);
- shows meaningful arrangements for working with others;
- has a realistic strategy for long-term plans, including an 'exit strategy';
- has clear evaluation criteria and strategies to pass on what has been learned; and
- shows how equality and the tackling of health inequalities are central to the proposal.

How do I apply?

There are two separate deadlines to be aware of, the first is to register your organisation and complete the 'Confirmation of Eligibility Form' for your proposal by Noon on the 8th May 2015, the second is to complete an on-line application form on our 'Award Information Management System' (AIMS) by Noon on the 22nd May 2015. You can access AIMS, including registering for the first time using the 'register' link, please follow this link **here.**

You must submit your application via AIMS by the deadline and include all the details we need to assess your application. We will not accept extra or supporting information received after this date and treat it as if you have not supplied it. We will not accept applications after the closing date. We have fixed these deadlines to be fair to everyone applying and to make sure we can start the assessment process. Incomplete applications affect our ability to complete the assessment process as planned.

You should be aware that we do not fund all applications. The Department is looking for those applications that best meet the set criteria that all applications are assessed against. If through the assessment we identify similar proposals from different organisations, we will either choose the ones that show most potential on the information provided, alternatively, we may ask you to consider working together with the other organisation on a Partner Proposal.

Remember that the information you provide in your application form is what we will use to assess the application combined with our knowledge of existing and planned initiatives in that specific area. If you know of similar services, you should explain on the form how your proposal

adds to this but does not just copy similar services. If you have applied for alternative funding to deliver similar activities to those described in your application form you should declare this in section 1.14 of the application form.

We will provide feedback on all unsuccessful applications. In doing so our intentions are to ensure that you are able to review your proposal and see where we felt the strengths and weaknesses in order to assist you for future applications.

Application Form

You can download a word template of the application form from our website. You may find it helpful to draft your application off-line, but please note that your application must be submitted on-line through the AIMS system. You should make sure that the responses you give clearly answer each question as fully as possible making sure you relate the responses to the detail set out in this Information Pack for the HSCVF.

All answer boxes have a character limit (please note that character counts are not the same as word counts, they contain letters, numbers, spaces, line breaks and any additional formatting such as bullet points). Please use the facilities on your word processing package to count the characters, as we will not be able to save text exceeding the character limit in our database. The AIMS system has a character counter under each answer box. For the proposal summary (Q1.6), we are asking you to restrict your summary to 100 words (2,000 characters). This is because we will use the summary in publications and need a concise and consistent approach.

AIMS

We have an on-line ‘Award Information Management System’ (AIMS) to help you apply and so we can better manage how we award funding. We will only accept applications made on-line.

Some users may experience difficulties with AIMS when accessed using older versions of Internet Explorer. We advise using Mozilla Firefox as your browser to access AIMS.

An e-learning module guiding you through the registration and eligibility process can be accessed through the AIMS log-in page (in the top right hand corner of the page) or the DH Website.

Appendix A, at the back of this pack provides further guidance on the AIMS system.

Please contact the Grants Hub team directly if you have problems with accessing AIMS for example due to visual impairment, we will be happy to look at alternative methods of completing the process.

The AIMS system may not be suitable for users of assistive technology, please contact the helpdesk for assistance if you experience difficulties

6. Funding Themes

Theme 1 - Improving health and care outcomes

We would welcome projects which support measurable improvement or reduced inequalities in the outcomes achieved by individuals, families and carers across the health and care system, including:

- Those with a social care need, including proposals which will support the implementation of the Care Act from April 2015
- Those with a mental health or mental wellbeing problem
- Those with dementia
- Those with learning disabilities
- Those with a physical health condition

Theme 2 - Commissioning

The health and care landscape has changed significantly over the past few years and new commissioning arrangements are now starting to mature. We are interested in projects that look at how can we develop and support commissioning across health and care that ensures better health and care services, a more personalised approach, enhanced outcomes, reduced inequalities and improved value for money. We are particularly interested in projects which can tangibly support new models of commissioning across mental health and wellbeing support, such as recovery from sexual abuse and dementia support.

We welcome proposals to explore more responsive models of commissioning across the health and social care system. Successful projects will contribute to the overall sustainability of the sector, including:

- developing models of good commissioning practice with local commissioners and demonstrating how barriers can be overcome;
- seeking new innovative commissioning models (e.g. payment by results, measurement of impact and social value);
- building on the experience of the VCSE sector in developing and delivering personalised approaches to health and care which address the holistic needs of the individual;
- incorporating effective dissemination to ensure that lessons are communicated and contribute to better outcomes and more effective commissioning practice.

Theme 3 - Life course, prevention and loneliness

Preventative approaches, particularly regarding life course stages, are playing an increasingly important role in the planning and delivery of health and well-being. We are seeking projects which take a preventative approach and support early interventions across the life course, including reducing levels of loneliness and social isolation. Of particular interest, though not exclusively so, are the following areas:

- Reduce levels of loneliness and social isolation to improve the health and well-being of older people and other vulnerable and disadvantaged groups. This could include schemes to promote neighborhood approaches to combatting loneliness and isolation;
- Targeted awareness, early identification and support for self-management across both physical and mental health conditions;
- Improving outcomes for those with a social care need;
- Interventions which promote the longer term health and wellbeing of specific groups e.g. troubled families or those living with dementia.

We are also interested in proposals that demonstrate:

- Primary prevention – keeping people well in the first place;
- Secondary prevention – reducing the risk factors of an illness becoming a more complex condition, such as the impact of sexual abuse;
- Tertiary prevention - minimising disease or long term condition progression.

Theme 4 - Integration

Building care and support services around the holistic needs of the individual, their carers and family to improve people's health is the ultimate vision for our health and care system. We would welcome proposals which demonstrate or promote effective integration within and between health, community, primary, acute, social care, housing, education or other health-related services. We are interested in proposals which:

- Support the delivery of more joined up services;
- Are designed and commissioned around people, their families, carers and communities rather than existing service models;
- Demonstrate primary, secondary and/or tertiary prevention;
- Reduce inequalities.

Theme 5 - Public, patient and citizen voice, family advocacy

We would welcome proposals that ensure that patient, carer and service user voice and experience is at the centre of the way that the health and care system plans, commissions and delivers care. Of particular interest, but not exclusively so, are the following areas:

- Innovative approaches for involving patients and users in decisions about their care, including developing new ways of seeking and using patient, service user and carer feedback and insight to drive improvements in quality;
- Supporting the most disadvantaged and excluded, including those with mental health problems, in having a voice within the system;
- Testing and evaluating innovative models of advocacy, information and support for families of vulnerable people, in particular those with complex learning disabilities or autism, in inpatient or residential care settings. This could include both support for proactive raising of concerns about care and support for seeking redress, including where complaints processes have not borne results.

Theme 6 – Technology and information

Technology and information has the power to revolutionise the delivery of health and care services to help individuals, families and carers manage their health and care. We are seeking proposals which use technology to improve outcomes, especially for those with Long Term Conditions (LTCs) and mental health conditions, across the whole health and care system and across society. For example proposals that:

- Help to join up and integrate care efficiently and effectively to support individuals, their families, carers and communities;
- Support and enhance digital inclusion by helping individuals or specific groups to access digital services or support them to access the same services by other means;
- Develop new ways of delivering health and care information, advice and support to people and communities;
- Support individuals to self-care;
- Support a measurable improvement and reduce inequalities in the outcomes of specific groups or communities.

Any web based service or product must comply with the standards set out in the *GDS Service Design Manual* and will be subject to a further departmental approvals process. Please see Section12 and 13 for more information. If you are considering the use of technology, then you should seek further guidance from the Voluntary Sector Grants Hub (voluntarysectorgrantshub@dh.gsi.gov.uk or 0113 254 5450).

There are restrictions on grant funding for some aspects of technology and grant funding should not be used for:

- Native mobile apps
- E Learning systems
- Creating websites that duplicate existing services, such as NHS Choices, GOV.UK etc.

7. Application Completion Guidance

Some areas of the application form have resulted in questions from organisations in previous funding rounds.

Section 1

Q1.5 Partnerships

If you decide to apply as a partnership bid, this year you will need to submit a breakdown of expenditure by partner. You should ensure that you read Section 10 fully before you apply.

Q1.9 Communications Activities

The Department applies restrictions to any communications activity where the marginal cost of carrying it out is in excess of £5,000 per year. Definitions of what is inside the scope of the restrictions and what to do if you have any within your application can be found in Section 11.

Q1.10 Digital Activities

The Department applies restrictions to any digital activity. Definitions of what is inside the scope of the restrictions and what to do if you have any within your application can be found in Section 12.

Section 2

Q2.8 Evaluation

It is important that all applications include a clear evaluation methodology which will be in place from the outset and take place throughout the life of the project. The evaluation should focus on how and why the project works and the impact that it has on productivity and quality.

As a minimum, you should ensure that there is an assessment of key performance indicators or outcomes which is meaningful and unbiased from an independent evaluation. Regular evaluation can help support improvements in planning, delivery and management. You can involve your service users and stakeholders in giving and collecting feedback for example it can be helpful to explain why people drop out or leave a project earlier than planned or it can help you to track service users' progress. It can also help you to secure additional funding by providing evidence about the success of your project and how you have adapted to any challenges.

For smaller grants (under £100,000 for the total project costs) the evaluation may be an internally generated document written by the organisation. Please note that an internal evaluation must not be completed by a person directly involved in the project.

For larger grant awards (over £100,000 for the total project costs) we would normally expect an element of the grant award to be set aside for independent external evaluation. It is expected that this would be an amount of around 5% of the total grant award up to a maximum of around £30k.

Q2.9 Dissemination

For all projects we also expect to see clear national dissemination arrangements reflected in your plans. This should include details of how other organisations across England will factor your proposal outcomes into their working practices. We are not suggesting a preferred method as each project will be different, but some methods could include: learning events and conferences; setting up learning sets and networks; peer-to-peer support, and developing best-practice guidelines. Passing on these findings is essential and would have to be carried out effectively in order to have a national impact and make a difference to health and care across England. To take a worst-case example, we may not support a proposal that produces a report and simply mails it to other organisations across England. We would expect see evidence that it will be effectively used.

Section 3

All proposals must supply;

- a project plan covering all years of your project;
- risk management plan covering all years of your project; (Please see Appendix C)
- your last years' annual report and final accounts, unless these are available on the Charity Commission website;
- confirmation that your organisation has equal opportunities and health & safety policies;
- details of your organisation staffing structure for the proposal;
- confirmation that your organisation has Safeguarding Children, Young People and Vulnerable Adults Policy – covering both staff and volunteers
- a copy of your memorandum and articles of association, constitution or other governing document for organisations that are not registered charities;
- a budget plan covering all years of the project; (please see Appendix B) and
- Letters of support.

We expect all applicants to work with the new commissioning structures. You will need to provide letters of support from commissioners in each of your chosen delivery locations for your proposed project. Please note that this must not be a 'Department of Health', 'NHS England' or 'Public Health England' member of staff.

8. What happens next?

The Department will assess applications using the conditions set out for the theme you have chosen with the supporting information you have provided.

Advice from agencies or from other government departments may be sought if there are shared interests. For example, proposals related to teenage pregnancy may need advice from the Department for Education. We may contact CCG's and/or Local Authorities in your area to discuss your proposal with them. If we send any applications outside the Department, we will also inform them that the proposals are confidential and they should not discuss them with others.

Advice will be given to Ministers on each proposal and how it matches up with The Departments priorities; and which proposals will have the biggest effect on the health and care of people in England, so Ministers can make their decisions about which proposals to fund.

Giving you our decision

We aim to inform you of our decision of the outcome of your application by Late Summer 2015. We will do this by e-mail to the main registered contact on AIMS. So please let us know if the following changes: 1) the e-mail address of the application contact and/or her/his organisation; 2) the name of the organisation and/or its application contact; 3) the address of the organisation.

Some organisations have their e-mail systems set to automatically filter out 'system-generated e-mails', so if you have not received a reply from us, please check your 'spam' or 'junk' folders before contacting the helpdesk. We will keep our website updated with any changes or updates.

You do not have to start the project on 1st September 2015 and can start later if you wish, this can be no later than 31st December 2015. Please note that if the project starts later than originally planned, the grant will be made pro-rata according to the start date. For example, a project originally scheduled to start in September 2015, that starts in December 2015 will receive 4 months of the 2015–16 amount (covering the months December, January, February and March). We will ask you to re-profile the budget for the remaining period of the project to ensure that we do not make payments in advance of need.

Summary of conditions of the award

If you are successful, we will send you an award letter showing the full terms and conditions of the grant. Below are some of the conditions you should be aware of at this stage.

- The terms and conditions must be accepted by a board member (trustee or director) or the chair of the management committee if you are an unincorporated association.
- We confirm the grant for year 1 but the amounts for any additional years are provisional offers.
- Grants are restricted funds and are recorded as such in the accounts. (Identifying the grant in your accounts is required as a measure of accountability for the use of public funds). You must identify the grant as being from 'Department of Health Volunteering Fund
- You will have to repay the grant if you do not use it for the purposes intended.

- You cannot pass all or part of the grant funding to individuals or other organisations, funds can only be moved to pay for contractual activities as part of a partnership or subcontracting bid.
- You will be required to provide us with monitoring information (See Section 9)
- We are not committed to provide any funding after the agreed term of the grant.
- You must identify the grant in your accounts as being from “Department of Health”

9. Delivery and monitoring

Summary of monitoring requirements

All Government Departments have a duty to ensure that all grant awards offer value for money and are spent in line with the original plans. The Department therefore places great importance on the monitoring of all grant awards. If your application is successful and you receive grant funding, you will be asked to provide the following documents during the period of the grant:

- Mid-Year financial claim (including expected spending for the remainder of the financial year);
- End of Year Monitoring Report (forward plan for next year, including expected spending);
- End of Project Report and summary of total spending on the project;
- Annual accounts to show you have identified the grant correctly or;
- A 'Certified statement of the project's income and expenditure' signed by any of the following; - trustee, company director, chief executive, finance officer/treasurer, registered auditor, reporting accountant or independent examiner. This must be in the same detail as the budget template provided in Appendix B.

You will be assigned an Accounts Manager, they will:

- Monitor your progress against your project plan/milestones/outcomes;
- Discuss and manage any risks against delivery;
- Agree any changes to the project plan;
- Agree payment against outcomes.

Please note, you may find it helpful to refer to sections 3 and 4 of the Compact (see 'Useful Publications' in Appendix D), particularly clause 3.6

10. Partnership Bids and Subcontractors

When working with Partners a ‘Lead Partner’ will need to be assigned. The Lead Partner must be a voluntary, community, social enterprise or mutual organisation.

We suggest, given the size of the HSCVF that no more than three partners be involved in your bid as the more partners involved, the more complex the management will become. Please note that there is a 10% limit on HSCVF monies going to statutory or private sector organisations even where they are partners.

Please ensure you are completely clear on which structure type you are applying under; organisations have failed eligibility due to selecting the wrong option for Partnership bids. The Lead Partner will be responsible for:

- The audit trail of the project (including work carried out by partners/subcontractors);
- Completion and submission of monitoring data for the whole project, in a timely manner as requested by the management board;
- Distribution of funds to partners;
- Provide assurance of the suitability of partners;
- Undertaking to deal with any breaches of eligibility/audit requirements/disputes amongst partners;
- Vouching for partners eligibility including safeguarding, compliance with equality legislation etc.

The HSCVF distinguishes the difference between partners and sub-contractors in this way:

Partners

We expect all partners to be involved in making decisions about the overall delivery of the project, and should have a partnership agreement in place before the project begins. Partners work co-operatively and share responsibility for achieving the overall project goals.

Subcontractors

Sub-contractors differ from Partners in that they have no management input, and are simply there to perform, under a sub-contract, specific and /or specialist elements of the project's delivery. Any partner can appoint a sub-contractor for this purpose. However, we are limiting the involvement of subcontractors from the private or statutory sector to 10% of the total budget. As per Partnership bids we expect a service level agreement to be in place before the project begins. There is no limitation on the level of sub-contracting for voluntary organisations.

11. Communications Activities

Restrictions on 'communications activities'

Effective, timely and targeted communications about your project will be critical to the delivery of its success. However, there are some considerations in the area of communications of which you need to be aware.

The Department applies restrictions to any communications activity where the marginal cost of carrying it out is in excess of £5,000 per year. Costs of £5,000 and under (not including the time spent on the activity by those already employed by, or donated on a voluntary basis to the organisation) can be approved by the applicant organisation, where it is satisfied that the highest levels of value-for-money have been achieved. Organisations will be required to provide a detailed breakdown and justification as to why the costs that are in excess of £5,000 per year are essential in the delivery of the project.

For organisations considering applying to the HSCVF, the restrictions apply to all new advertising and marketing spend which is defined as:

Advertising including, but not limited to:

- TV advertising
- Radio advertising
- Digital advertising
- Outdoor advertising
- Print advertising, including advertorials
- Recruitment advertising campaigns
- Costs of media, and fees and commission for media buying, media planning, creative development and production

Marketing activity, including but not limited to:

- Design and branding
- Direct and relationship marketing
- Customer relationship management programmes
- Telemarketing
- Campaign help lines
- Partnership marketing
- Sponsorship marketing
- Field or experiential marketing
- Merchandising
- Advertiser-funded programming
- Audio-visual activity
- Storage and distribution of marketing materials

- Communication strategy, planning, concept and proposition testing and development
- Market research that informs marketing and advertising activity
- Evaluation of marketing and advertising activity
- Printing and publications
- Events, conferences and exhibitions
- Public relations (PR) activity

12. Digital Activities

The Department applies restrictions to any digital activity; organisations will be required to provide a detailed breakdown and justification as to why any costs are essential in the delivery of the project.

The following basic tests will help you to detect if there are digital elements to your proposal. This is not an exhaustive list and it is the responsibility of the submitting organisation to ensure that any potential digital elements are clearly highlighted in the application.

For the purpose of these controls digital has been defined as:

"Any external-facing service delivered through the internet to citizens, businesses, civil society or non-government organisations*".*

The definition of digital covers any service that the public has any access to, regardless if that is the main audience or not. However, there is a distinction between the functional side of a website and the content it carries. The tests below are designed to detect if there are any functional requirements that would place the proposal under the digital controls.

Test Questions

If you answer 'yes' to any of the questions below, your application may be subject to additional approvals:

Q1. Does this application have any of the following?

Q1.1. The proposal requires the creation of a new website, including microsites, sites for the publication of information, campaigns, consultation or transactional activity, (note: transactional activity in this context typically means a web based system or site that provides an exchange of information, money, rights, goods or some combination of these),

Q1.2. Requires a new domain registration,

Q1.3. Requires a new E-learning platform,

Q1.4. Have any requirements for a native mobile app that is specifically designed to work on any smart phone platforms, such as Android or iPhone etc. rather than computer web browsers,

Q1.5. Initiate any new web function,

Q1.6. Development or redevelopment any web function.

Q2. For this proposal, will you have to?

Q2.1. Form a new contract for web services, including hosting, web development, support or maintenance,

Q2.2. Make any contract amendments, extensions or renewals, including renewal of licences or Cloud services associated with the website,

Q2.3. Make any ‘business as usual’ changes, enhancements, maintenance or refreshes to the function of an existing website, but not any content changes or testing such as AB testing,

Q2.4. Create a website to run any pilots, feasibility and/or proof of concept sites,

Q3. Other questions

The following areas are often more difficult to determine. The proposal should be clear that any cost in this area would be part of a present or future digital project.

Q3.1. User needs research. This is often a mixture of Comms or policy research work and technical evaluation. There is potential that this cost, and the process used, would form part of a future digital proposition in the discovery phase, and therefore within the digital controls.

Q3.2. Identity assurance for the general public. This function may be part of digital controls.

The use of social media applications such as links to a video loaded on Facebook, which do not change the functionality of a website, are not in scope of digital controls. However, if the use of social media applications requires any changes to a website, then the controls apply.

If you answered yes to any of the above questions please let us know in section 1.10 of the application form.

13. Additional Approvals for areas of restricted spend

Proposals that include communications/digital activities will be subject to additional scrutiny, you will need to be satisfied that the highest levels of value-for-money have been achieved. If a proposal can demonstrate that communications/digital activities would be able to demonstrate value-for-money in achieving specified, measurable benefits, the Department of Health may consider the proposal for funding. Each bid will be considered on its own merit, but:

- All bids may be subject to an additional approvals process within The Department. This would consider whether, in the particular case, the measurable benefits from the paid-for communications/digital activities proposed outweighed general concerns about the value-for-money of using Government funds in this way. We may contact you with a request for additional information.
- Proposals will need to include consideration of how they could achieve their outcomes other than through paid-for communications/digital activities and why these options are not being proposed. Please insert this information in section 1.9/1.10 respectively of the application form. Proposals should show evidence of how the communications/digital activities will directly contribute to the projects objectives.
- The preparation and distribution of printed copies of publications will be funded only in exceptional circumstances; for example, where there is a known need from service users or the need for the document to be available in circumstances where electronic access is not available.
- Conferences and events will not be funded, unless they are explicitly for training or development and can demonstrate measurable outcomes and benefits.
- There are restrictions on grant funding for some aspects of technology and grant funding should not be used for Native Mobile Apps or for websites that duplicate existing services such as NHS Choices, GOV.UK.
- The Department is not expecting that, even with value-for-money justification, any application would include a communications element of more than £100,000. Any such proposals over this figure would not only require the approval of The Department, but also that of the Efficiency Reform Group at the Cabinet Office.

14. Using DH logo's and branding

You will not normally be able to use the Department of Health or the NHS logos on any material you produce through a grant from the HSCVF. You can use 'Produced with funding support from the Department of Health' or similar. But the statement should not suggest that we have guaranteed the quality of the product or that we endorse the product.

If you are producing material that has intellectual property rights (IPR) or copyright issues, we ask that you highlight this in your application. We may want to discuss this with you.

Data Protection and Confidentially

It is essential for the grant recipient to have all the necessary processes in place to ensure the exchange of information between external bodies throughout the lifetime of the project is fully respected, secure and to adhere to rules of the Data Protection Act (DPA) 1998, the Freedom of Information Act 2000 and the Human Rights Act 1998. The grant recipient will need to take reasonable care to prevent inappropriate access, modification or manipulation of data from taking place. In practice, this is applied through three cornerstones – confidentiality, integrity and availability;

- Information must be secured against unauthorised access – confidentiality;
- Information must be safeguarded against unauthorised modification – integrity;
- Information must be accessible to authorised users at times when they require it – availability.
- For further information please refer to *Principles of information security* on the Health and Social Care Information Centre's website.

15. Appeals

The HSCVF is a discretionary scheme and you cannot appeal against the decisions made by Ministers. However, we do know that, at times, you may feel that we have not followed the grant application process correctly and you may want to raise a concern. We treat these requests as complaints and use our complaints procedure. The first stage is ‘informal resolution’ where the Voluntary Sector Grants Hub would handle your complaint. If you are unhappy with the response, you can make a formal complaint to the ‘Deputy Director of Departmental Financial Management and Partnering’. The complaint will be investigated and the findings reported back to you.

Head of Group Reporting

Voluntary Sector Grants Hub

2S15 Quarry House

Quarry Hill

Leeds

LS2 7UE

If you are unhappy with that response, you can take this further within our complaints procedure by writing to the Head of Customer Service.

Complaints Manager - Customer Service Centre

Department of Health

Richmond House

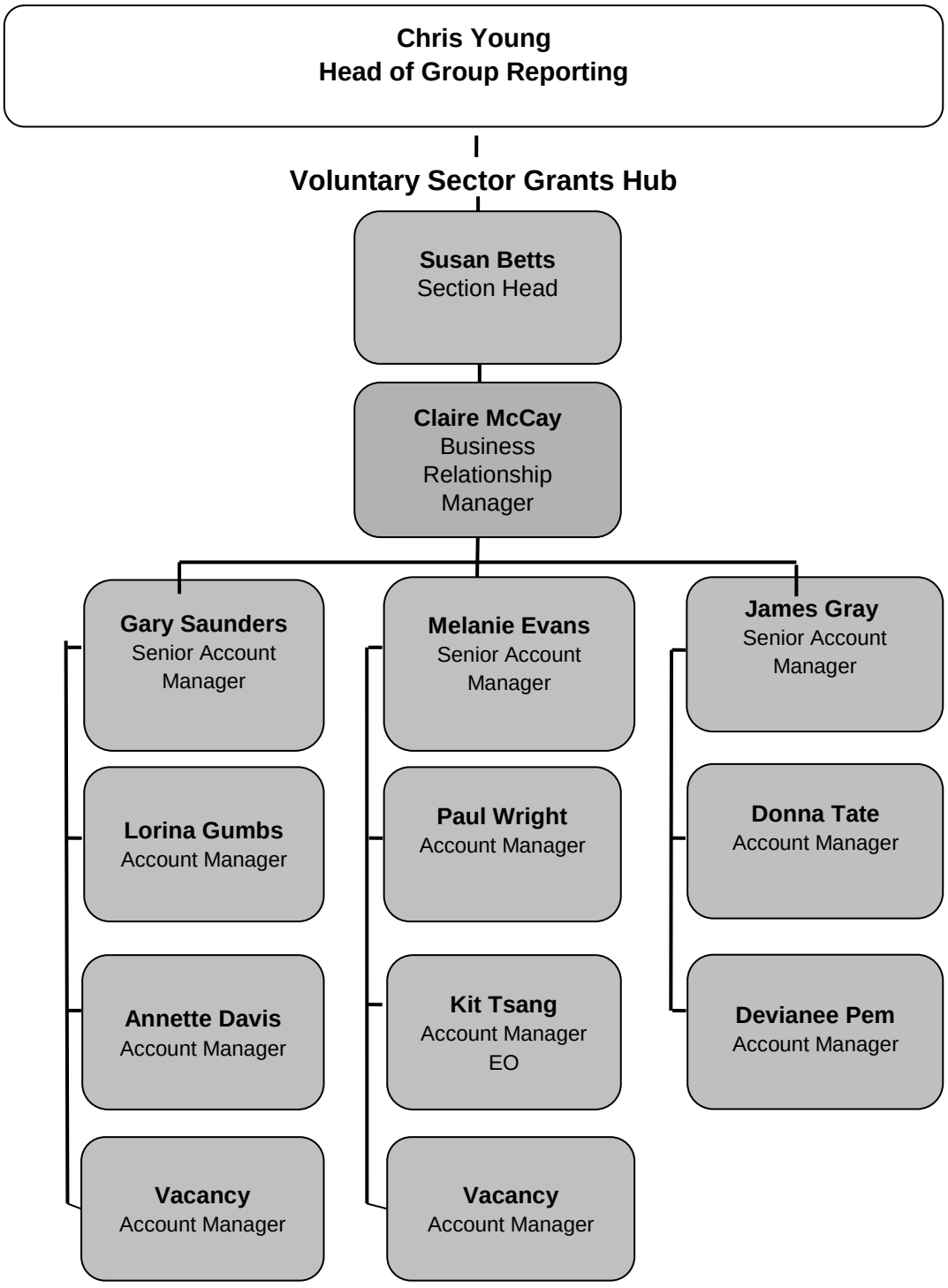
79 Whitehall

London

SW1A 2NS

This is a summary of our complaints procedure and you can find full details here.

16. Voluntary Sector Grants Hub Structure Chart



The Voluntary Sector Partnership Team is responsible within the Department of Health for promoting the Voluntary Sector in the context of health and care policy, service development and delivery. The Voluntary Sector Grants Hub's Team manages the Department's Voluntary Sector Investment Programme (please refer to Section 1 for more details of this Programme). The Health and Social Care Volunteering Fund' falls under this Programme.

17. Contact us

Telephone helpline: 0113 2545450

Opening Hours: The helpline will be open from 9am to 5pm, Monday to Friday. Out of hours, please leave a message or e-mail the helpline and an account manager will get back to you as soon as possible.

By email: voluntarysectorgrantshub@dh.gsi.gov.uk

By letter: Voluntary Sector Grant Funding Hub
Department of Health
2S15 Quarry House
Quarry Hill
Leeds, LS2 7UE

Appendix A: Award Information Management System

Registration

Prior to making an application, you will need to ensure your registration is completed (as opposed to submitting a completed application form) on AIMS by Noon on 8th May 2015, applications to the HSCVF scheme are only made online. Please follow this link **here** which will take you to the home page of our online application system. From here you will need to register as a new user. To register, click on the 'Register' button underneath the heading 'New Users'. You will then be asked to complete a Registration form. As a new user, you will also need to register the organisation you are applying for, as it may not already exist within AIMS.

Next steps

At this point you will not be able to proceed any further on AIMS because the next step is for the Grants Hub to link you, as the application contact, to the organisation you have just registered. In the past, some applicants have assumed that there has been a fault and so started again which leads to duplicated records on the system. You will not be able to continue until we have completed the necessary linking at our end.

For all users, once you have been linked to your organisation and have received the email notification from AIMS, you can continue to the Confirmation of Eligibility form for your proposal. This must be completed by Noon on the 8th May 2015.

Forgotten Password

If, as the application contact for your organisation, you have forgotten your password please enter your e-mail address on the entry page of AIMS and click the 'Forgot your password' link. You will then be sent a new password. If in doubt, please contact our Helpline and we will advise you if you are already registered on AIMS or not.

IT systems, including AIMS, often struggle to cope with high volumes of activity. We strongly encourage you to submit your application as soon as it is complete.

You can draft answers before submitting on AIMS by using a template application form – available by visiting www.dh.gov.uk. Search for 'HSCVF' for the most recent news feed which will contain a copy of the application form.

The template is not the application form and we will not accept applications sent in using this template.

Important: AIMS has a 'time-out' facility. This is currently set at 4 hours. Applicants are advised that when completing application forms they should 'Save as draft and exit form' if they are going to be longer than 4 hours. However there is now an auto-save functionality, which will save every 3 minutes.

The e-learning Module

The e-Learning module is accessible from the AIMS homepage. It can be accessed before registering or logging on. It is designed to take applicants through the registration process and the initial steps, up to and including the completing of the application form.

Due to the method in which the AIMS e-learning module has been produced we recommend adjusting your screen resolution to 1024 x 768 to ensure highest quality picture.

An e-learning user guide is available to guide you through the process, this can be found in the top right hand corner of the ‘AIMS’ log-in page.

The example used in the e-learning module is purely a test application used as an example for this purpose. It is not a real application. The Grant’s Hub recommends that every user look at the e-learning module before using AIMS. Any queries regarding the e-learning module or the AIMS process can be directed to the Grants Hub team using the contact details in this document.

Appendix B: Budget Template [Information only]

Please use the Excel version of this form when you submit your application as it contains tabs for additional financial years.

Health and Social Care Volunteering Fund					
Budget Estimate Expenditure					
Only complete cells highlighted in pale blue - Budget for 2015 - 16					
Organisation Name: Project Title: AIMS Application ID:					
	ESTIMATE BUDGET AMOUNT				
	Sole/Lead Partner £	Partner 2 £	Partner 3 £	Other Subcontractor Costs £	Totals
Name of Partner					
INCOME					
Grant requested from Department of Health	-	-	-	-	-
Other sources of funding for this project	-	-	-	-	-
TOTAL INCOME	-	-	-	-	-
Capital Expenditure					
Fixtures and Fittings	-	-	-	-	-
Office Equipment including Computers and Software/Programmes	-	-	-	-	-
Revenue Expenditure					
Staffing (Please provide a breakdown by post name giving full salary cost and Full Time Equivalent FTE)					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Consultancy (excluding Marketing)	-	-	-	-	-
Evaluation	-	-	-	-	-
Dissemination	-	-	-	-	-
Recruitment	-	-	-	-	-
Training Staff	-	-	-	-	-
Training Volunteers	-	-	-	-	-
Travel & Subsistence					
Travel Staff	-	-	-	-	-
Travel Volunteers	-	-	-	-	-
Subsistence Staff	-	-	-	-	-
Subsistence Volunteers	-	-	-	-	-
Communication Costs					
Disks/CDs	-	-	-	-	-
Events (Conference & Seminars)		-	-	-	-
Market Research	-	-	-	-	-
Marketing Consultancy	-	-	-	-	-
Marketing/Promotion/Publicity	-	-	-	-	-
Printing	-	-	-	-	-
Website Maintenance Cost	-	-	-	-	-
Digital Activity Costs					
Mobile App including design/upgrade	-	-	-	-	-
E-learning platforms including design/upgrade but not content changes	-	-	-	-	-
Website Design/changing functionality but not including content changes	-	-		-	-
Other Digital Costs	-	-	-	-	-
Revenue Expenditure - Indirect Costs					
Rates	-	-	-	-	-
Rent	-	-	-	-	-
Telephone	-	-	-	-	-
Trustees	-	-	-	-	-
Utilities	-	-	-	-	-
Other (you must provide a full description)					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
TOTAL EXPENDITURE	-	-	-	-	-
Percentage of total expenditure					
(Underspend)/Overspend	0	0	0	0	0

Appendix C: Risk Management Template [Information only]

RISK REFERENCE No.	RATING (Likelihood)	RATING (Impact)	DESCRIPTION of IMPACT	ACTION BEING TAKEN TO MANAGE THE RISK	RISK MANAGEMENT RESPONSIBILITY
E.g. 001: Impact upon NHS and/or other organisations	Low	Medium	One of the key drivers for the project is to improve functionality for NHS users in order to achieve significant efficiency gains. **Impact**: Failure to do this would result in reduced confidence both in the system and the DH's ability to deliver promised enhancements	Project Manager will closely monitor the project and report progress to the Project Board both by means of Highlight Reports and Board meetings. Any significant project issue will be immediately brought to the attention of the Project Chair.	Project Manager (PM), Project Board (PB)
E.g. 002: Impact on customers ability to conduct business	Medium	High	One of the key drivers for the project is to introduce changes to the current functionality of XXXX to support DH and NHS users to make more effective use of the system. **Impact**: Failure to do this would result in reduced confidence both in the system and the DH's ability to deliver promised enhancements	Project Manager will closely monitor the project and report progress to the Project Board both by means of Highlight Reports and Board meetings. Any significant project issue will be immediately brought to the attention of the Project Chair.	PM & PB

Appendix D: References and background information

Freedom of Information

The Freedom of Information (FOI) Act gives you the right to see a wide range of public information. For example, you are entitled to see the documents that we used to assess an application for a grant from the HSCVF. All applications received are covered by the Act and copies will be provided when requested. Unless there is a good reason, we must provide the information within a month. If we decide to withhold information, we must give the requester the reason. You can find out more about the FOI Act and making a request for information held by the Department of Health at: http://transparency.dh.gov.uk/category/foi/

Useful Publications

- The Department of Health's Strategic Vision for Volunteering - Social action health and well-being: building co-operative communities: Click
- Caring For Our Future: reforming care and support. To view a copy of this White paper click on this link: Click
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- The Government's initial response to 'the Mid-Staffs Report'; 'Patients First & Foremost': Click

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