



Volunteering in NHSScotland A Handbook for Volunteering

National Group for Volunteering in NHSScotland

February 2014

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Published February 2014

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Foreword

The NHS is operating currently in a context of substantial change. We have:

- ▶ NHSScotland's emphasis on a mutual NHS – which calls for “a new ethos for health in Scotland that sees the Scottish people and the staff of the NHS as partners, or co-owners in the NHS.”
- ▶ The National Quality Strategy which is about creating high quality person-centred, clinically effective and safe healthcare services and being recognised as world-leading in our approach.
- ▶ Partnership: In the public sector, we provide services for people. By doing so, we effectively create a culture of dependency. We say a lot about partnerships – partnerships across the public sector, with the voluntary/third sector, with the private sector, with staff, but **partnership with users**, has to be the way forward.
- ▶ The Scottish Government's agreement that public service reform requires to focus on:
 - a decisive shift towards prevention
 - greater integration at a local level driven by better partnership
 - workforce development, and
 - a sharper, more transparent focus on performance.
- ▶ Integration of health and social care, including impending legislation – and the Change Fund and the Integrated Resource Framework which is assisting with this.
- ▶ NHSScotland's Route Map to the 20/20 Vision for Health and Social Care and the discussion paper, “All Hands on Deck”¹.
- ▶ Reducing inequalities and the growing recognition of the importance of community engagement coproduction/asset-based approach/time banking, and of emphasis on the early years.
- ▶ Shifting the balance of care.
- ▶ The Community Empowerment (Scotland) Bill.
- ▶ The way in which NHS Boards are redesigning and reconfiguring services, making them better and also more efficient.

The Concluding Remarks of Sir Peter Housden, the Permanent Secretary to the Scottish Government, at the NHSScotland event in the Scottish Exhibition and Conference Centre on 24 August 2011² referred to Changing the World, and highlighted the necessity for:

- ▶ a vision that stirs the heart,
- ▶ a story of how things have been and how they will be in the future
- ▶ valid and recognisable actions to move us forward
- ▶ engaging the workforce, and
- ▶ making it happen everywhere.

¹ <http://www.jitscotland.org.uk/news-and-events/newsletters/?id=142>

² <http://www.sehd.scot.nhs.uk/publications/Bulletin20111026.pdf>

Sir Peter floated the notion of a guiding coalition – who are the people going on the journey with us? He asked the question: “If we are determined to change the world, how do we have to be with each other, and engaging with people who seek help from our services, in our communities?”

The answers to these points he saw as fundamental to our impact, and he highlighted the need for a plan, for a proven improvement capacity, and leadership behaviours.

Volunteers and volunteering have a pretty fundamental locus in a plan which is people-centred and which emphasises partnership, coproduction and an asset-based approach.

The National Group for Volunteering recognises and values the contribution volunteering makes to health across all sectors.

It is against that backcloth that the aim and objectives for the National Volunteering Group are set out.

This handbook aims to provide NHS Boards with a reference point for developing volunteering in NHS and care settings. It does not strive to be prescriptive in how an NHS Board should develop and support volunteering, rather it provides a range of options, good practice and models linked to the policy and context in which we operate.

I commend its contents to you.

Sandy Watson OBE DL
Chairman, National Group for Volunteering in NHSScotland

1. Aim and objectives of the National Group for Volunteering

After consultation with NHS staff involved in volunteering, the National Group for Volunteering adopted the following aim and objectives in May 2012.

Aim

To provide national leadership and guidance to ensure a long term vision and consistency of approach and support for volunteering across NHSScotland.

Objectives

- ▶ **To build on the foundation provided over the initial three years of the strategy, through the specification of national outcomes and the contributions of the partners.**
- ▶ **To engage with the NHS, Scottish Government and other appropriate partners to:**
 - promote the Refreshed Strategy and the Chief Executive's Letter³ amongst key stakeholders and foster the creation of local action plans which ensure its delivery
 - provide support to maximise capacity within the service in respect of volunteering
 - act as a facilitator for the sharing of information and good practice
 - raise the profile of volunteering in health, social care and the volunteering sector
 - assist NHS Boards to demonstrate positive outcomes of volunteering and how volunteering contributes to improving health and well being
 - promote the creation of good quality volunteering placements which add value to the delivery of health and social care in Scotland
 - consult when required with key stakeholders on particular issues and encourage stakeholder participation in the ongoing development of the strategy
 - promote a culture which is receptive and supportive of volunteering in NHSScotland, and which enhances the patient journey, ensures an assets-based approach, engages different communities and encourages leadership, and
 - prepare proposals to ensure sustainability.

³ Refreshed strategy for volunteering in the NHS in Scotland,
http://www.sehd.scot.nhs.uk/mels/CEL2008_10.pdf

2. Intended outcomes of the Volunteering in NHSScotland Programme

The Volunteering in NHSScotland Programme is focused on working towards three key outcomes:

1. Volunteering contributes to Scotland's health by:
 - (a) enhancing the quality of the patient experience, and
 - (b) providing opportunities to improve the health and wellbeing of volunteers themselves.
2. The infrastructure that supports volunteering is developed, sustainable and inclusive.
3. Volunteering, and the positive contribution it makes, is widely recognised, with a culture which demonstrates its value across the partners involved.

This handbook supports the work towards achieving all three outcomes as it recognises the importance of the patient experience and the benefits of volunteering for the volunteer.

The handbook provides a resource that will allow NHS Boards to support inclusive volunteering whilst recognising the value that volunteering brings to all involved.

3. The value of volunteering

Volunteering can have a beneficial effect on the people involved. This includes not only the volunteers but also the recipients of the volunteer endeavour – the patients and the public.

In addition to this, volunteering can have positive impact on the staff who work alongside volunteers, creating new avenues of learning, skills development and even new career pathways.

This section outlines how volunteering can contribute value to the NHS and its stakeholders.

Volunteering has a positive impact on the NHS

NHS staff have reported benefits through engaging volunteers in the NHS. Evaluation of a pilot in NHS Ayrshire & Arran⁴ encouraged staff to reflect on the involvement of volunteers at mealtimes.

Staff noted the following benefits:

- ▶ “Frees up time for staff, allows assistance and supervision when needed, staff not going between patients.”
- ▶ “Meals given out warmer and given out quicker.”
- ▶ “I believe volunteers to be beneficial in the ward. Having someone to listen to you and having the time to be heard is often better than medication.”

Volunteers are regularly involved in Patient Focus Public Involvement (PFPI) activity through Public Partnership Forums (PPFs), patient panels and groups where patients feedback on their experiences of receiving a particular healthcare service. Developing volunteer roles around patient and public involvement activities can help to gather feedback and provide data and experiences that can be used to improve on services, ensuring involvement is representative of the communities served.

4

http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/mealtime_volunteers.aspx

In an evaluation of volunteer placements in a Glasgow Royal Infirmary Library in NHS Greater Glasgow and Clyde, staff noted that managing a volunteer in the library:

- ▶ contributed to the development of the staff team
- ▶ added to the skills mix in the team, and
- ▶ increased capacity and allowed the team to prioritise work in a different way.

Key point: Volunteer roles within the NHS can complement the service provided and free up the staff for their core roles.

Volunteering has a positive impact on patients

Many volunteer roles involve an interaction with patients. These roles do not infringe upon the core work of paid staff but provide a complementary aspect to person-centred care.

A case study produced by Volunteer Scotland and the National Waiting Times Centre NHS Board (Golden Jubilee National Hospital) highlighted the role of Volunteer Support for Sensory Impaired Patients.⁵

This included:

- ▶ ensuring the needs of vulnerable and sensory impaired patients are supported
- ▶ enhancing staff awareness on sensory impairment and how to better communicate with patients and carers who are hard of hearing, and
- ▶ improving the levels of communication with patients who are hard of hearing.

Key point: Volunteer roles that involve interaction with patients can help to ensure a person-centred care approach.

Volunteering has a positive impact on volunteers

Research has shown that volunteering has a positive impact on volunteers' wellbeing, personal development and confidence. This is often linked to an increase in socialisation.

For example, a review of volunteering in NHS Lothian⁶ in 2012 found that 78% of volunteers surveyed reported that their confidence had increased and 98% of volunteers would recommend volunteering with NHS Lothian to friends and family.

⁵ <http://www.vds.org.uk/Portals/0/documents/Case%20Study%203%20Sensory%20Impaired.pdf>

⁶ <http://www.nhsllothian.scot.nhs.uk/WorkingWithUs/GetInvolved/Volunteering/KeyDocuments/VoluntaryServicesAnnualReport2012.pdf>

Volunteer Case Study, NHS Tayside:

Alan (54) was a policeman who sustained a serious head injury whilst on duty. He was no longer able to continue his role in the police force and became a volunteer to gain confidence in meeting the public. He has volunteered with NHS Tayside for around five years as a 'Meeter and Greeter' at Whitehills Health and Community Care Centre in Forfar. Alan also volunteers with the Strathmore Hospice at Whitehills and works every Tuesday afternoon (weather permitting) in the gardens. Alan believes his volunteering roles were very important in his recovery and helped him regain his confidence in meeting and dealing with members of the public.

The impact of volunteering on an individual has a positive influence on their wellbeing and subsequently their health. Volunteering can therefore be seen as a contributing factor to improving the health and wellbeing of the public – not simply a method for delivering services.

Key point: Volunteering can improve the health and wellbeing of volunteers.

Appendix 1 contains a diagram from Volunteer Centre Edinburgh which illustrates how volunteering can impact on the lives of volunteers.

A case study from a volunteer in the Glasshouses at the Royal Edinburgh Hospital is included in Appendix 2. The diagram shows a visual reflective account of the impact on the volunteer's life one year into their role.

4. Volunteering beyond the acute setting

It is often the case that perceptions of volunteering in the NHS focus on roles in acute settings. There is a wider sphere of volunteering taking place in community and other settings across the 22 NHS Boards in Scotland.

A wide range of volunteering roles exist across the spectrum of healthcare. The following table provides a very brief overview of the types of roles that exist:

Type of volunteer engagement	Acute care	Primary care	Other areas
Directly managed NHS volunteers	<ul style="list-style-type: none"> ▶ Hospital Radio ▶ Ward volunteers ▶ Bedtime readers ▶ Community First Responders 	<ul style="list-style-type: none"> ▶ Smoking cessation ▶ Breastfeeding support ▶ Exercise leaders 	<ul style="list-style-type: none"> ▶ Public Partnership Forum Members ▶ Public Partners ▶ Volunteer Organisers ▶ Stop Smoking Buddies ▶ Drivers
NHS-commissioned services delivered through volunteering	<ul style="list-style-type: none"> ▶ Hospital Visiting Drivers 	<ul style="list-style-type: none"> ▶ Advocacy ▶ Falls services 	<ul style="list-style-type: none"> ▶ Counselling ▶ Befrienders
Third sector volunteering that contributes to healthcare	<ul style="list-style-type: none"> ▶ Fundraising ▶ Hospital Friends associations 	<ul style="list-style-type: none"> ▶ Befriending ▶ Reminiscence Groups 	<ul style="list-style-type: none"> ▶ Sports volunteering ▶ Healthy cooking/eating

For a more comprehensive list of volunteer roles please see Appendix 3.

5. The V Factor – the additionality that volunteering brings

Recognising that volunteers choose to undertake a role and are not paid to do so is an important aspect of many roles. There are examples of volunteer roles where a reliable volunteer contribution can be critical to a service.

The **Scottish Ambulance Service** supports and manages over 1,000 volunteers as Community First Responders across Scotland.

Community First Responders are volunteers who are an integral part of the emergency response provided by the Scottish Ambulance Service, particularly within remote and rural communities across Scotland.



Responders are trained in basic life support, in the use of an Automated External Defibrillator and oxygen therapy. They respond to 999 calls within their community for life threatening medical emergencies providing early intervention and reassurance to the patient and family before the Ambulance crew arrive.

Intensive training is completed by each responder. Skill levels are maintained through regular meetings and group training sessions, which requires time and commitment from each volunteer.

An example of such commitment can be taken from the words of Fiona Laing, volunteer co-ordinator of the North Arran Community First Responder group who have provided 24/7 emergency cover to the island for the last 10 years:

“The support we get from the local community is fantastic and helps keep the motivation up. Many have said that even if we are never called to them it makes them feel that bit more relaxed that we are here should they need us. Relatives of the elderly who live here also tell us how the knowledge that we are here takes a bit of the worry away. Local employers have all been more than willing to let people be on call whilst at work and allow them away if they are called. It is a real community effort. Living at least 30 minutes from the ambulance our arrival on scene is much appreciated, even if all we do is give a bit of reassurance and ‘TLC’.”

In research published by the Institute for Volunteering Research⁷ an example of the additionality that volunteers provide was highlighted:

“However, at a high security hospital and at a project for elderly disabled people, service users reported that volunteers were often the only people they saw who weren’t paid to help them. These volunteers appeared to have a positive impact on service users. For example, some of the elderly disabled people reported that they could not continue to live independently, in their own homes, without volunteers’ help. And at the high security hospital paid staff felt that the volunteers had a positive impact on patients’ health making it easier for them to reintegrate into the community after their release.”

Key point: The additionality brought by volunteers through their gift of time can impact positively on both individuals and communities

⁷ <http://www.ivr.org.uk/component/ivr/in-good-health-assessing-the-impact-of-volunteering-in-the-nhs>

6. Developing volunteering in NHSScotland

Volunteering in NHSScotland takes many forms. The infrastructure that supports volunteering in each NHS Board is as varied as the roles undertaken by volunteers. Due to this variance in form and function, there is no single model regarded as “best” practice.

The Refreshed Strategy for Volunteering in NHSScotland (2008-2011) aimed to reduce variation in practice in NHS Boards. A key component of this was the support offered to each NHS Board to attain the Investing in Volunteers quality standard which required Boards to ensure that certain minimum requirements are met to support volunteering.

NHS Boards reported that significant improvements were made in volunteer management and practice and in consistency as a result of the work undertaken to achieve Investing in Volunteers⁸.

Organisations who have achieved Investing in Volunteers must be re-assessed every three years in order to retain the award. This ensures that the infrastructure to support volunteering remains fit for purpose.

What Investing in Volunteers has meant to NHS Boards:

- ▶ Allowed a review and reflection on performance
- ▶ Helped to plan future activity
- ▶ Raised the profile of volunteers and the volunteer roles within the Board
- ▶ Raised the profile of our volunteer programme across NHSScotland
- ▶ Played a critical role in driving up standards in volunteer management practice
- ▶ Increased understanding and acceptance of volunteering amongst front-line staff
- ▶ Increased the ability of staff to identify new roles for volunteers
- ▶ Strengthened strategic links with volunteering partners

See Appendix 4 for more information on the Investing in Volunteers Standard.

⁸ <http://www.scottishhealthcouncil.org/publications/idoc.ashx?docid=35067881-ca4c-4715-9879-28f33c16127b&version=-1>

Engaging young volunteers

The National Group for Volunteering has developed a guide to support NHS Boards extend and develop their engagement of young volunteers. The guidance, released in February 2014, outlines the ways in which Boards can consider the needs of young volunteers and create supportive and meaningful volunteering opportunities.

For more information visit the Scottish Health Council website at www.scottishhealthcouncil.org

Improvement Planning Sessions

The Volunteering in NHSScotland Programme currently supports NHS Boards to develop Improvement Plans for volunteering through facilitated planning sessions.

Those involved in managing volunteers reflect on the volunteering programmes within the NHS Board, discuss strengths and weaknesses, identify the key challenges they face and agree on the specific actions that will address these challenges.

The resulting plans and activities can supplement the work NHS Boards undertake to renew their Investing in Volunteers awards.

Guidance and a sample Improvement Plan are available from the Scottish Health Council website.

Volunteer Managers Network

A network of NHS staff who manage and support volunteers has existed for some time. The Volunteering in NHSScotland Programme has established a regional network to make meetings more accessible.

Regional meetings take place three times a year with one national meeting being held centrally. The meetings include updates from each NHS Board, sharing good practice, and peer support in addressing challenges.

Community of practice

An online Community of Practice has been developed on the Knowledge Network website hosted by NHS Education for Scotland.

The portal provides a central place for resources, links to media coverage and examples of good practice on volunteering.

It also includes a secure discussion forum area where members can pose questions to the rest of the network, upload and share documents and information as they would do at the face-to-face meetings.

The portal can be accessed by visiting www.knowledge.scot.nhs.uk/volunteering.

Challenges

The Review of the Refreshed Strategy for Volunteering⁵ in 2011 identified that NHS Boards faced a number of challenges in engaging with volunteers. These challenges included a lack of capacity, lack of resources and concerns about job-substitution amongst staff that led to poor staff 'buy-in' towards volunteering.

A Needs Analysis⁹ undertaken in 2012 confirmed that NHS Boards still faced these same challenges.

The Volunteer Managers Network have sought to identify solutions to the challenges reported in the Needs Analysis by facilitating targeted discussion amongst staff and sharing practice between NHS Boards. Solutions to these challenges are shared through the Community of Practice.

Developing Volunteer Roles

The National Group for Volunteering has developed a "Checklist for Designing Volunteer Roles" (see Appendix 5).

The Checklist aims to support those designing volunteer roles to approach the process in an inclusive manner, taking into account the needs of all stakeholders and ensuring that the relevant people have an input to the design of the role.

Developing Volunteering Toolkit

The Developing Volunteering Toolkit contains a number of activities that have been designed to support engagement with staff who are new to volunteering. The Toolkit was piloted in acute and community settings in the NHS and also in Special Boards. The toolkit is available from the Scottish Health Council website.

⁹

http://www.scottishhealthcouncil.org/patient__public_participation/volunteering_in_nhsscotland/idoc.ashx?docid=9c8790c9-46e1-41d4-918e-c94b0224422d&version=-1

7. Models to support volunteering

Voluntary Services Managers

A number of NHS Boards employ staff in a Voluntary Services Manager role. Other roles exist in Boards which encompass all or part of the Voluntary Services Manager role and a growing number of roles, particularly within health improvement, now involve some responsibility for managing volunteers.

According to data available in October 2013 there are 21 Voluntary Services Managers or equivalent roles across seven NHS Boards. Further roles existing within the realm of volunteer support such as Programme or Project Assistants.

A Knowledge Skills Framework foundation and full outline for a Voluntary Services Manager are available from the Community of Practice website. A sample job description for a Voluntary Services Manager is enclosed in Appendix 6.

Where NHS Boards are developing roles that encompass volunteer management as only a part of the remit, elements of the job description can be considered for inclusion.

Other NHS Board models of support for volunteering

Other models of support are in place in some NHS Boards, for example the involvement of Human Resources colleagues in the recruitment process.

This involves a part-time Recruitment Assistant who deals with enquiries, processes application and screening forms, liaises with Occupational Health and processes references. This allows the Voluntary Services Manager to dedicate more time to the developmental aspects of their role.

A more detailed description is available in Appendix 7.

Supporting Volunteering in partnership

Some NHS Boards form partnerships with external agencies such as third sector organisations who support the recruitment of volunteers.

Within this model options exist for the partner agency to provide support to the volunteers throughout the placement or for the NHS Board to take on the responsibility of managing the volunteers once placed.

National organisations such as the Royal Voluntary Service, British Red Cross and Community Service Volunteers work in partnership with the NHS, engaging volunteers and complementing the provision of healthcare. Many more organisations exist locally and work in partnership with the local NHS Board.

Pilot projects

Pilot projects, funded by Scottish Government, have been established in two areas of Scotland in 2013. NHS Greater Glasgow and Clyde has entered into partnership with Voluntary Action East Renfrewshire and NHS Tayside with Voluntary Action Angus.

The two pilots seek to address the following challenges reported by NHS Boards:

- (a) a lack of capacity to develop new volunteering opportunities and roles
- (b) the lengthy recruitment processes and a lack of capacity to recruit and train volunteers
- (c) increasing numbers of young people applying for health volunteering opportunities a high proportion of whom cannot commit to a role for more than a few weeks and appear unaware of the wider spectrum of health and social care volunteering opportunities that might be available, and
- (d) ensuring volunteers receive suitable levels of support throughout their placement.

The learning from the pilots will be shared in 2014.

Change Fund

At a strategic level, Joint Commissioning Plans and Reshaping Care for Older People (RCOP) Change Funds are in place across Scotland. These are delivered in partnership with the voluntary sector.

The Change Funds are targeted at helping older people remain active and independent. This is coupled with the desire to shift care delivery from acute settings to the community and the home with a greater emphasis on preventative care.

Further information on the Change funds are available from www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/change-fund-plans/

8. Volunteer Centres, Third Sector Interfaces and Volunteering

Each local authority area in Scotland has a volunteer centre function within its Third Sector Interface. A Third Sector Interface is a body or local partnership which brings together the functions of Volunteer Centres, Councils for Voluntary Service, social enterprise development and Third Sector Engagement with Community Planning. Local contacts can be found at the Voluntary Action Scotland website, www.vascotland.org/tsis/find-your-tsi

Third Sector Interfaces offer a broad range of different volunteering support and development services in each locality in response to local need – but in every area they deliver the Interface common services including:

- ▶ online database of local volunteering opportunities – accessed through local websites and www.volunteerscotland.org.uk
- ▶ promotion and marketing of volunteering
- ▶ advice and support to individuals on volunteering
- ▶ Saltire Awards programme for young volunteers www.saltireaward.org.uk
- ▶ Opportunities for personal development through volunteering – for example employability, health and wellbeing and young people's programmes
- ▶ support to volunteer involving organisations in voluntary and public sector in recruitment of volunteers, developing quality standards, and helping to create volunteering opportunities, and
- ▶ development of volunteering policy and practice with public and voluntary sector partners.

The full set of Third Sector Interface Common Services covering all four Interface functions can be found on the Voluntary Action Scotland website.

Many Third Sector Interfaces offer specific additional services in response to local need, many around development of health and social care outcomes, for example befriending services, community transport, training courses for volunteers and volunteer managers, networks and forums for sharing good practice. Contact your local Interface for information.

Third Sector Interfaces also offer a rich resource of online material and support to volunteers and volunteer managers – beyond the database of opportunities, for example Volunteer Centre Edinburgh good practice guides: www.volunteeredinburgh.org.uk/organise/good_practice_guides

9. Sustainability and the future of volunteering

The integration of health and adult social care

There is a role for Volunteering in the delivery of an integrated health and adult social care system. With volunteering already well-established in NHSScotland, it is not clear what stage local authorities are at in the development of 'in-house' volunteering. However, there are extensive examples of the delivery of services within the field of social care through third sector organisations, often contracted to deliver services to the most vulnerable in communities.

It is often these third sector organisations that are well placed to provide links between the statutory services and to support and engage people within their communities.

There will be an opportunity to enhance volunteer roles within locality planning groups to be set up in the context of the integration agenda.

A number of existing volunteer roles cut across health and social care boundaries, such as volunteer drivers, where the roles provide valuable support to patients accessing clinical services such as attending renal dialysis on an out-patient basis, but also community services such as attending lunch clubs.

Similar to the roles many NHS Boards have developed in their Public Partnership Forums, these roles would provide the link for patients, service users and carers to input to local service design. The development of integrated health and social care partnerships and the overarching architecture of community planning partnerships is an opportunity to widen the roles and opportunities for volunteers beyond traditional NHS boundaries.

Volunteering and older people

In 2011-2012 Volunteer Scotland, in partnership with NHS Tayside, undertook to map how volunteering contributes to the health and care of older people in Tayside.

The research identified that volunteers play an important role in supporting older people in hospital and community settings.

The research also identified a level of unmet need which could provide opportunities for volunteer involvement in the delivery of services such as transportation and in the discharge process.

Recommendations stemming from the research include the integration of volunteering support in planning acute and community services and the extension of volunteering to GP surgeries.

For further information please visit www.volunteerscotland.net/organisations/health-social-care

Sustainability of volunteering programmes

NHS Boards have used a number of methods to fund their volunteering programmes. Some Voluntary Services Managers positions have been core funded, whilst others have sought short-term funding through endowment funds.

The National Group for Volunteering supports the argument for the identification of central, core funding to support the volunteering programmes in NHS Boards.

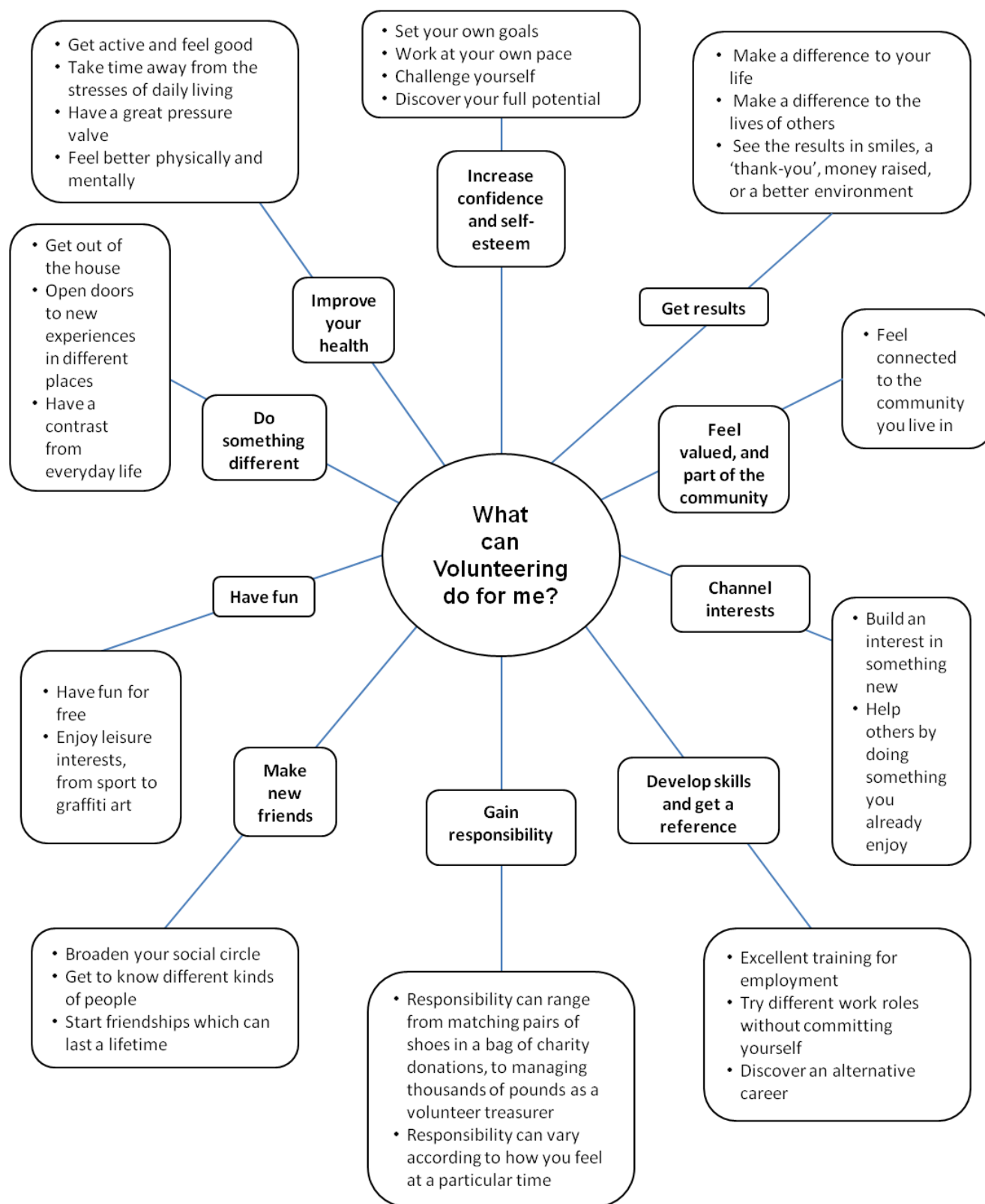
In addition to the resource required to support the management of volunteers, some Voluntary Services Managers have expressed difficulties in attaining suitable levels of expenses to support volunteering.

The Scottish Government issued a nationwide policy on expenses in CEL 23 (2011)¹⁰, requiring NHS Boards to adopt national rates for expenses. NHS Boards must ensure that their expenses policies for volunteers reflect the rates specified in the guidance. A copy of the guidance is included in Appendix 8 with the covering letter.

¹⁰ http://www.sehd.scot.nhs.uk/mels/CEL2011_23.pdf

Appendices

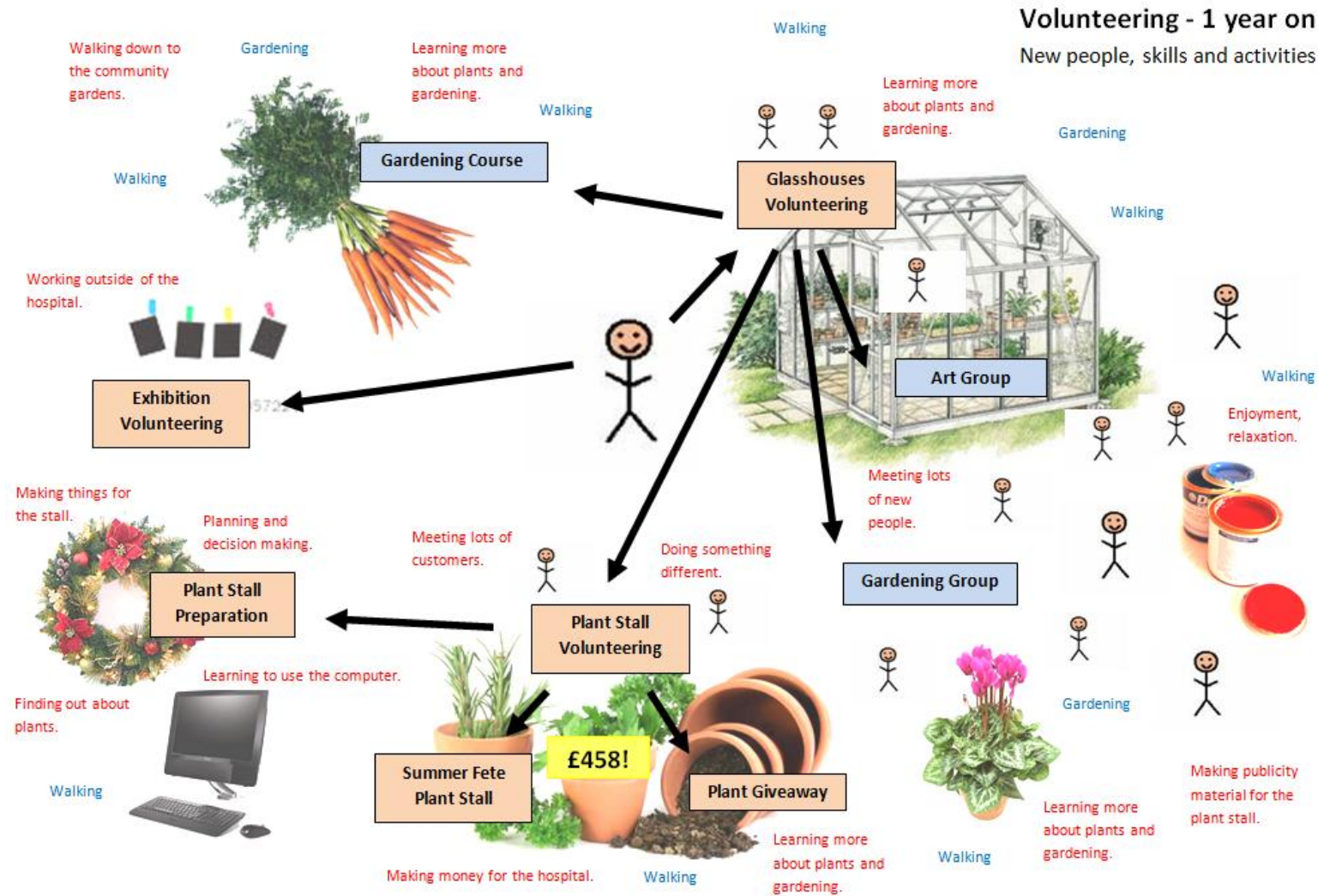
Appendix 1: What Can Volunteering Do For Me?



What volunteering can do for me, Volunteer Centre Edinburgh

Appendix 2: Relationship Map

The diagram below depicts a reflective account from a volunteer on the difference volunteering has made to their life. It has been provided by Volunteer Centre Edinburgh and relates to a volunteer role within the Glasshouses in the Royal Edinburgh Hospital.



Relationship Map – Volunteering 1 year on, Volunteer Centre Edinburgh

Appendix 3: List of volunteer roles

The list below provides some examples of volunteer roles in NHSScotland. The list is not exhaustive and simply aims to provide an overview of the breadth of volunteering that takes place.

- Art Therapy
- Bedtime Readers
- Befriending
- Breast Feeding Buddies
- Carer Support
- Chair and support to steering group
- Chaplaincy Assistants
- Day Hospice Volunteers
- Disability Reference Group
- Drivers
- Fruity Volunteers
- Gardening
- Guides
- Hand Massage
- Health Promotion
- Health Walk Leader
- Healthy Living Network
- Hospital Radio
- Keep Well Buddies
- Later life programme Volunteer
- Lay Members
- Mealtime Volunteers
- Meeter and Greeter
- Mobile Library
- Office Support Volunteer
- Oncology Support Volunteers
- Patient Forum Members
- Patient Outreach
- Pet Volunteer
- Play Assistants
- Play Volunteers
- Research Support
- Social/Crafting
- Spiritual Care Volunteers
- Stop Smoking Buddies
- Therapeutic Care
- Volunteer Organisers
- Walking Project
- Ward Buddy

Appendix 4: Investing in Volunteers

Investing in Volunteers is the UK quality standard for all organisations which involve volunteers in their work.

Investing in Volunteers is owned by the UK Volunteering Forum, which consists of the chief executives of the National Volunteering Development Agencies (independent charities), namely Volunteer Now (Northern Ireland and Republic of Ireland); WCVA (Wales); Volunteer Scotland and the Executive Director of Volunteering and Development at NCVO. In 2013, Volunteer Ireland entered into a partnership with Volunteer Now to facilitate delivery of Investing in Volunteers in the Republic of Ireland.

Volunteer Scotland assesses organisations against the Investing in Volunteers quality standard. NHS Boards were required to achieve Investing in Volunteers in CEL 10 (2008)¹¹.

At the time of publication of this handbook, NHS Boards were progressing through the second phase of assessments.

For more information on Investing in Volunteers in Scotland please see <http://iiv.investinginvolunteers.org.uk/inyourcountry/iiv-scotland>

¹¹ http://www.sehd.scot.nhs.uk/mels/CEL2008_10.pdf

Appendix 5: Checklist for Designing Volunteer Roles

This checklist has been designed to support those who manage volunteers in designing volunteer roles. It is specifically aimed at ensuring that the boundaries of the role do not infringe upon the roles of paid staff and that due consideration has been given to the support needs of the volunteer

The checklist has drawn from existing good practice from Volunteering Australia¹², NHS Lanarkshire and work undertaken through the Volunteering in NHSScotland Programme¹³.

Is this a suitable role for a volunteer?

1. How does the role meet organisational need, the needs of prospective volunteers and, where relevant, contribute to person-centred care?
2. Who has been identified as a supervisor or manager of the volunteer role?
3. What resources have been identified to provide volunteer expenses?
4. Is the role covered by the organisation's insurance framework?
5. How have staff, and where relevant, patients and the public been involved in the design of the role?
6. How does the role differ from the roles of paid staff?
7. Does the content of the role description fall comfortably outside the list of duties below? (see list below)

Duties that should not be undertaken without specific training and local agreement

Whilst all volunteer roles require training, the following is a list of tasks that volunteers should not undertake without specific training and local agreement (e.g. Partnership Forum or a subgroup of the Forum).

The list is not definitive and NHS Boards may wish to expand the list to create their own version.

Generally, volunteers should not:

- ▶ take patients to the toilet
- ▶ dress patients
- ▶ feed patients
- ▶ have contact with open wounds
- ▶ transfer patients from chairs/beds to wheelchairs
- ▶ assist staff in moving patients from beds to chairs
- ▶ write in patients' clinical case notes
- ▶ have access to patients' clinical case notes
- ▶ use Information Technology except where terminals have been provided for patient/service user access or internet purposes
- ▶ carry out clerical tasks which provide access to patient identifiable information

¹² <http://www.volunteeringaustralia.org/Publications/Best-practice/Designing-Volunteer-Roles-and-Position-Descriptions.asp>

¹³ http://www.scottishhealthcouncil.org/patient__public_participation/volunteering_in_nhsscotland/idoc.ashx?docid=554035bf-93b8-401d-b637-41a8d2170b9d&version=-1

- ▶ clear up spills which may be body fluids, and
- ▶ handle patients' money.

1. How does the role meet organisational need, the needs of prospective volunteers and, where relevant, contribute to person-centred care?

2. Who has been identified as a supervisor or manager of the volunteer role?

3. What resources been identified to provide volunteer expenses?

4. Is the role covered by the organisation's insurance framework?

5. How have staff, and where relevant, patients and the public been involved in the design of the role?

6. How does the role differ from the roles of paid staff?

7. Does the content of the role description fall comfortably outside the list of duties that should not be undertaken without specific training and local agreement?

Appendix 6: Sample Voluntary Services Manager Job Description

The following job description has been provided, with permission, by NHS Highland.

JOB IDENTIFICATION
Job Title: Volunteer Services Manager Reports to (insert job title): Adult Care Integration Manager Department, Ward or Section: Adult Services CHP, Directorate or Corporate Department: Adult Services
JOB PURPOSE
<p>The post holder will be expected to work across the Highland Community Care Partnership and the Argyll & Bute Partnership supporting the work of the Lead Officers for Volunteering. The post holder will provide expertise and direction across both partnerships.</p> <ul style="list-style-type: none">▶ To promote the development of volunteering in NHS Highland - in line with NHS Highland strategies, policies and procedures and National and Statutory strategies▶ To advise on and ensure best practice in volunteering recruitment, training, and placement and in staff/volunteer relations. To continue to meet the Investing in Volunteers Standard.▶ To identify volunteering opportunities, develop initiatives with service managers and project leads and provide support and guidance on volunteering issues to management, staff, services users and associated voluntary organisations.▶ To develop and manage relationships with voluntary organisations delivering volunteers in NHS Highland.▶ The post holder will be the principal resource for staff across NHS Highland on issues related to and affecting Volunteer Support.
DIMENSIONS
<p>NHS Highland provides primary care, community and secondary healthcare services for the Highland population (including Argyll and Bute) of approximately 312,000 people. Social Care Services including residential care are also provided across the area of the Highland Partnership.</p> <p>NHS Highland has a budget of £700m.</p> <p>The post holder will be instrumental in the delivery of the Highland Quality Approach and will communicate with a wide range of clinical/professional NHS Staff and external organisations to ensure continuity of Investing in Volunteer standards.</p> <p>The post holder's responsibilities encompass all four Operational Areas within the whole of NHS Highland.</p>

ROLE OF DEPARTMENT

The Adult Services Team exists to facilitate the further development of integrated community care services across NHS Highland in line with the national strategy for community care.

The principle target areas of the department are:

- ▶ Community Care Planning
- ▶ Integration with Public and Private Sector
- ▶ Providing leadership and governance across Community Care
- ▶ Leading change across two Council Partnerships
- ▶ Making strategic links across wide aspects of Community Care and including substance misuse, adult support and protection and information sharing
- ▶ The preparation of reports to a range of Committees and other governing bodies.

However the post holder will be required to work across all departments/areas of NHS Highland.

MAIN TASKS, DUTIES AND RESPONSIBILITIES

- ▶ Promote volunteering throughout NHS Highland
- ▶ Develop and implement volunteering activities in all participating departments, wards, clinics and SW Care Homes across NHS Highland to ensure best practice in volunteering is achieved through the Highland Quality Approach and Investing in Volunteers standard.
- ▶ Facilitate the recruitment of volunteers, ensuring that Recruitment Policy, Volunteering Policy and Guidelines are adhered to.
- ▶ Identify training needs, develop training material and provide initial and on-going training in response to the changing requirements of the volunteers and staff.
- ▶ Support and liaise with staff in supervising volunteer roles
- ▶ Maintain appropriate volunteer records of requests for volunteers and potential volunteers.
- ▶ Provide awareness sessions and training for those who work or might work with volunteers.
- ▶ Promotes at all times diversity and equality of opportunity
- ▶ Train and provide support and advice to managers on volunteering issues
- ▶ Support staff who have day to day responsibility for volunteers
- ▶ Provide support and information to staff on project planning and procedures
- ▶ Agree and provide appropriate level of support and motivation for staff to anticipate and deal with volunteer issues.
- ▶ Develop and implement monitoring and evaluation procedures for projects involving volunteers
- ▶ Maintain audit of volunteers in terms of numbers, diversity, length of service etc
- ▶ Provide statistical information and other data for Committees, national and local groups
- ▶ Liaise with Volunteer leads within the Operational areas to promote coherent working practices and policy updates.
- ▶ Report regularly on progress, contribute to and prepare reports as required.
- ▶ Prepare reviews and an annual report to ensure the profile and contributions of the volunteers and voluntary organisations are publicised and evaluated.
- ▶ Develop and implement mechanisms for evaluation and review of voluntary services on a regular basis to assess the benefit of volunteering, not just to the service but to the community in general
- ▶ Develop effective working relationships with all staff, statutory organisations and voluntary agencies to promote volunteering and ensure a multi-disciplinary approach.
- ▶ Represent NHS Highland on local and national groups and at events as required e.g. with Volunteer Scotland, Volunteer Services Managers Network etc
- ▶ Publicise the role and contribution of volunteers e.g. articles for media, production of annual reports, newsletters, development of voluntary services section in NHS Highland newsletters and on the NHS Highland web page.

- ▶ Promote volunteering within NHS Highland by raising awareness in corporate and private sector through direct contact e.g. presentations and talks, recruitment fairs and community events
- ▶ Manage and administrate special volunteer projects identified, in consultation with staff and voluntary organisations associated with NHS Highland e.g. thank you events, volunteer recruitment events, award ceremonies
- ▶ Any other duties as may be required

EQUIPMENT AND MACHINERY

The post holder is required to use a PC for; general word processing, e-mail, developing and maintaining data bases, spreadsheets, report-writing, publication of newsletters, brochures, posters, mail-outs, internet research and communication with voluntary organisations, associations, national networks and connections, links with other VSMs within the NHS and international links with organisations and individuals involved in the voluntary sector.

The Post holder is required to use a mobile phone.

Car Driving and use of car essential

SYSTEMS

The post holder will be responsible for creating, updating and monitoring volunteer records and databases, (paper and electronic), in compliance with the Data Protection Act 1998.

Use of information systems from other organisations including Volunteer Scotland Volunteering Zone.

Use of PC for email, word processing, database, spreadsheets, power-point, intranet and internet

ASSIGNMENT AND REVIEW OF WORK

Work will be reviewed and prioritised with the line manager and the Head of Community & Health Improvement Planning on a regular basis with reference to specifically agreed objectives set and reviewed annually. The post holder's work is largely self-directed and generated from the patients needs, the services within NHS Highland, standards set within the Investing in Volunteers Award Scheme, guidance and performance indicators set by the Scottish Government and NHSScotland to benefit the quality of the service to the patient.

DECISIONS AND JUDGEMENTS

The post holder will:

Contribute to policy direction for the promotion of volunteering and agree a framework with Line Manager and the NHS Highland Volunteering Steering Group including:

- ▶ Full responsibility for interpreting policies and providing information to managers, staff, volunteers, public, other voluntary organisations, on voluntary services in NHS Highland
- ▶ Prioritise projects and requests for volunteer placement based on demands, needs and availability of suitable candidates
- ▶ Determine the content and form of presentations used to promote or explain volunteering to staff, general public and interested parties
- ▶ Determine best course of action to resolve any dispute between volunteers and staff related to performance or conduct and in specific cases agree action with line manager
- ▶ Anticipate problems, address them and deal with them appropriately

MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- ▶ Balancing the demands of working at a strategic level and delivering operational success
- ▶ Pressure to recruit volunteers and maintain levels of activity whilst balancing the demands of delivering a quality service
- ▶ Establishing rewarding volunteer roles and matching the needs of the service to the expectations of those who want to volunteer
- ▶ Managing across sites means it is hard to build up relationships with volunteers and staff
- ▶ Time constraints
- ▶ Establishing active participation of volunteers from all social groups
- ▶ Introducing volunteers into new areas
- ▶ Working with volunteers with higher support needs
- ▶ Delivery within challenging financial climate

COMMUNICATIONS AND RELATIONSHIPS

The post holder requires sound communication and organisational skills and the ability to work effectively with a range of individuals and groups. The post holder must be able to articulate the detail and application of the volunteering policy to all levels of staff. Within NHS Highland the post holder will have key relationships with managers and clinicians, public involvement workers and staff working with volunteers. This requires the ability to negotiate, educate and inform all involved on the role and importance of volunteers within the organisation.

The ability to resolve disputes arising from work practise or personal issues between volunteers and staff is critical to maintaining good relations between volunteers, staff and management. Effective negotiation and problem-resolution skills are central to the role of the post holder in establishing new roles and maintaining roles for volunteers in a demanding and changing environment.

An awareness of the particular challenges that may be faced by potential volunteers with support needs is necessary and the post holder will be committed to anti discriminatory practice and an inclusive approach to involving volunteers from all sections of the Highland community.

There is a need to ensure volunteers are consulted, kept up to date with developments and, as stakeholders, that their views are reflected in local plans and divisional reviews. All communication is through a variety of ways e.g. face to face, emails, letter and telephone.

Internal

Chairperson and Non Executive Members of the Board
Executive Directors
Directors of Operations
Head of Service
Lead Officers for Volunteering

Volunteer Supervisors & Volunteers
Administrative staff

External

Scottish Government
Local Councils
Statutory Bodies
Private Sector companies e.g. Banks and local/national companies
Schools, Colleges, Universities, Institutes of Higher Education. (local, national, international)
Media Organisations (local and national)

Voluntary organisations
Volunteer Centres
Volunteer Scotland
Volunteer Service Managers (local, national and international)
General Public

An understanding of Highland geography and communities is required as is a knowledge of the national policy climate

PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical

- ▶ Long periods at desk, using PC (see Section 7a), using telephone and interviewing.
- ▶ Significant distances involving travel between sites scattered across the Highland Partnership area and Argyll and Bute to meet volunteers and staff, review projects and attend meetings.
- ▶ Carry, assemble and disassemble promotional equipment e.g. Screens, stands, projectors, laptop computers.
- ▶ Maintaining competency in manual handling skills to train volunteers in wheelchair management

Mental

- ▶ Long periods of concentration to assimilate information from Government, statutory, educational and organisational sources, develop and prepare projects, reports and submissions.
- ▶ Extended periods of concentration for meetings, forums and discussions, to mediate and problem-solve issues with volunteers.
- ▶ Self-directed, independent working with minimum day-to-day supervision from line manager.
- ▶ Prone to constant unpredictable interruptions from telephone enquiries, volunteers, staff, and general public with regard to the broadest range of volunteering and unrelated topics because of the developing high profile of voluntary services and projects.
- ▶ Working in isolation, sometimes after hours and at weekends

Emotional

- ▶ Inter-personal difficulties with staff or volunteers, aggressive or abusive contact with the general public.
- ▶ The stress of finding solutions to resolve critical needs for support with a voluntary resource.
- ▶ Challenging and changing staff attitudes to volunteers and benefits of volunteering.
- ▶ Providing support to volunteers (particularly where a volunteering task exposes them to emotional demands or they have high support needs themselves).
- ▶ High unpredictable workload managing several projects at one time

Environmental

- ▶ Working in diverse environments while training and orientating volunteers
- ▶ Out-of-hours commitment for presentations, talks, training and recruitment events (local and national).
- ▶ Unsocial hours (evenings and week-ends) to meet the needs of a diverse volunteer community i.e. full-time and part-time workers, students, retirees, short-term and overseas volunteers sometimes involving staying away from home.

KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Essential

- ▶ Graduate or equivalent professional qualification or SVQ Level 4 Management of Volunteers
- ▶ Professional or management experience working in the voluntary sector or a voluntary organisation or minimum of 3 years experience of managing and motivating volunteers
- ▶ Ability, experience and judgement to work independently.
- ▶ Ability to develop and deliver training resources for staff and volunteers.
- ▶ Computer literate.
- ▶ Good organisational skills
- ▶ Highly effective communication skills with an ability to communicate with a wide variety of people and situations
- ▶ Able to think creatively
- ▶ Car driver

Desirable

- ▶ SVQ Level 4 Management of Volunteers
- ▶ Proven record in management of and establishing new volunteer projects
- ▶ Knowledge/experience of the NHS and Scottish Government Health and Community Care.
- ▶ Knowledge and understanding of the voluntary sector and 'Active Communities' agenda in Scotland
- ▶ Understanding of how NHS works on issues around recruitment etc

Appendix 7: Models to support volunteering – Human Resources

Volunteer Recruitment Administration – The NHS Lanarkshire approach

Prior to January 2012, NHS Lanarkshire had a centralised Voluntary Services department comprising of a Full time Band 6 Voluntary Services Manager and a full time Volunteer Organiser on a Band 3. Following the Band 3 post becoming vacant it was decided to review the support that was required for the Voluntary Services Manager in order to make the volunteering experience in Lanarkshire a higher quality one.

Like all volunteer programmes there are peaks and troughs in volunteers approaching the organisation and any structure needed to be able to cope with that.

In September 2012 the following structure was agreed:

- ▶ 1 whole-time equivalent Voluntary Services Manager (Band 6)
- ▶ 0.43 WTE Volunteering Programme Assistant (Band 4)
- ▶ 0.5 WTE Recruitment Assistant (Band 3)

The Band 3 post is sited within the HR recruitment team and carries out another 0.3 WTE for the HR department. This is to allow for the peaks and troughs of the work.

The Recruitment Administrator is responsible for:

- ▶ Dealing with initial enquiries by telephone and email (and attendance at recruitment events)
- ▶ Processing Registration Forms
- ▶ Processing Disclosure/Protection of Vulnerable Groups forms (although Voluntary Services Manager will ensure that they are completed correctly at first interview)
- ▶ Organises Interview times for Voluntary Services Manager
- ▶ Processing Occupational Health checks and liaison with Occupational Health
- ▶ Calling up references.

Once volunteers are cleared and ready to start, the files are passed back to the Voluntary Services Manager.

Very close working between Recruitment Administrator and Voluntary Services Manager. Formal weekly meetings take place to look at allocations, state of play with individual volunteers, handover of paperwork etc. However there is almost daily email/telephone contact.

Monitoring meetings take place on a six weekly basis with HR Recruitment Management and Head of Patient Affairs (Line management for Voluntary Services Manager) to look at progress.

This system started on 7 November 2012. Between 7 November and 11 December, 30 new volunteer applications were dealt with. This is not a peak time of year for requests.

Impact

The single access point has been very good for volunteers. As the nature of the Voluntary Services Manager post means that they are out of the office a great deal, contact with the Recruitment Administrator means that potential volunteers can get their enquiries answered very quickly.

When the Recruitment Administrator is not working (part time post), queries can be dealt with by another member of the Recruitment staff.

This has also made it much easier to contemplate larger scale volunteer recruitment campaigns (e.g. a recruitment campaign for Maternity Services for Meet and Greet volunteers where we need approximately 50 volunteers could not be contemplated prior to this being in place)

Integrating the recruitment process into the HR department (although we are still using our own paperwork) has meant that we can use EMPOWER (HR Systems) for volunteers so are able to generate much better statistics than ever before.

Appendix 8: Chief Executive's Letter on volunteer expenses

Chief Nursing Officer, Patients, Public and Health Professions Directorate

Ros Moore, RGN RNT BSc (Hons) Nursing, MA, Chief Nursing Officer



Dear Colleague

Guidance on Reimbursement of 'Out of Pocket' Expenses for Volunteers within NHSScotland

Summary

1. [CEL 08 \(2009\)](#) issued in February 2009 provided guidance on Reimbursement of 'Out of Pocket' Expenses for Volunteers in NHSScotland. This letter and the attached guidance update and replace that guidance.
2. The revised Guidance reflects changes introduced by HM Revenue and Customs (HMRC) in relation to the Approved Mileage Allowance Payments (AMAP), applicable from 6 April 2011 (<http://www.hmrc.gov.uk/budget2011/tiin6310.pdf>). (It should be noted that the AMAP reflects the rates at which no tax is payable and it is open to organisations to decide whether or not to adopt these.)
3. The changes agreed (following discussion with the NHS) for payment for directly managed volunteers within NHSScotland include an increase of the standard mileage rate from 40p a mile for the first 10,000 miles to 45p per mile and an increase from 23p to 24p per mile for motor cycles.
4. The HMRC guidelines also include an extension of the passenger mileage rate to volunteers carrying passengers/patients. Please note that this extension has not been strictly applied and the approach adopted reflects what is considered to be affordable and appropriate for the NHS at this time. Please see paragraph 3.1.3 and Annex A.2 for the approach adopted in relation to this.
5. Advice on the proposed approach was provided in a letter to NHS Boards on 2 August 2011. The letter also requested arrangements be made to pay the revised standard mileage rate in advance of the issue of this CEL and to make retrospective payments where appropriate whilst the Scottish Ambulance Service held meetings with volunteer drivers to explain the position to them.
6. Please note that the guidance includes some revised text around the payment of the public transport mileage rate, day subsistence

CEL 23 (2011)

30 September 2011

Addresses

For action

Chief Executives, NHS Boards
Chief Executives, Special Health Boards

For information

Executive Director, Scottish Partnership Forum
SWAG
MSG
Directors/Chief Officers of Social Services and Director, Scottish Health Council
Major Voluntary Organisations
Voluntary Health Scotland
Volunteer Centres
CHEX

Enquires to:

Francis Santos
St Andrew's House
Regent Road
Edinburgh EH1 3DG
Tel: 0131-244 5425
Fax: 0131-244 2989
Francis.santos@scotland.gsi.gov.uk
<http://www.scotland.gov.uk>

and the timescale for the submission of claims.

Action

7. Chief Executives must ensure that this letter and the attached revised guidance are brought to the attention of, and implemented by, all appropriate staff and in particular are asked to ensure that:

- The Board's written policy/document on the payment of 'Out of Pocket' expenses for volunteers is revised to reflect the new rates shown in the attached guidance; and
- with the exception of the passenger mileage rate at 3.1.3(b) the revised travel, subsistence and other expense rates shown in Annex A.2 should be used in the reimbursement of expenses for volunteers for expenses incurred with effect from 6 April 2011. Arrangements for retrospective payments should be made where appropriate;
- to allow Health Boards to budget for the additional costs involved, the extension of the passenger mileage rate for volunteers as shown at 3.1.3 (b) and in Annex A.2 should be applied with effect from 1 April 2012.

Yours sincerely



Ros Moore
Chief Nursing Officer



**Guidance on
Reimbursement of 'Out of Pocket' Expenses for Volunteers in
NHSScotland**

Chief Nursing Officer, Patients, Public and Health Professions
Directorate
Scottish Government

Guidance on Reimbursement of 'Out of Pocket' Expenses for Volunteers in NHSScotland

Section 1. Travel and Subsistence

1. General Information

- 1.1 An NHS Volunteer – definition
- 1.2 Written Policy for payment of out of pocket expenses

2. Travel tickets, Bus, Taxi, Car Parking, Toll Charges Etc

3. Travel by Private Motor Car, Motor Cycle or Bicycle

- 3.1 Mileage allowances
- 3.2 Motor vehicle insurance
- 3.3 Volunteers liability

4. Subsistence Allowances

- 4.1 Volunteers entitlement to subsistence
- 4.2 Day Subsistence Allowance
- 4.3 24 hour Subsistence Allowance
- 4.4 Staying with Friends Allowance

5. Timescales and Payment Types

- 5.1 Timescales
- 5.2 Advances
- 5.3 Cash payments

Section 2. Communication/computer expenses

Section 3. 'Other expenses'.

(Includes: Childcare or carer costs; and
Additional expenses of people with disabilities)

Annex A

- A.1 Sample Claim form
 - A.2 Rates of Subsistence, Travel and other expenses
- A.3 Sample Proforma for recording bank details
- A.4 Sample letter to insurance company

Section 1. Travel and Subsistence

1. General Information

1.1 A Volunteer - Definition

An NHS volunteer is defined as a “person who gives freely and willingly of their time to help improve the health and wellbeing of patients, carers and users of the NHS in Scotland”. This guidance is intended to provide a consistent basis for the payment of expenses for volunteers who work alongside or are under the supervision of NHS staff as part of a range of managed voluntary services/activities. The guidance also applies to volunteers who participate in patient focus or public involvement activities. This includes individuals who incur expenses as a result of participating in relevant activities to which they have been invited by the NHS Board e.g. workshops, focus groups, committees, working groups. The payment rates quoted in **Annex A.2** attached supersede those given in CEL 8 (2009).

1.2 Written Policy for Payment of ‘Out of Pocket’ Expenses for volunteers

Each NHS Board is required to have a written policy for the payment of ‘out of pocket’ expenses for volunteers. The policy, which should be reviewed and updated on an annual basis, must be available in the induction pack for volunteers. The policy must provide clear advice on the reimbursement process, which should be consistent across the NHS Board area and ensure that payments are made promptly to ensure low income volunteers are not disadvantaged.

The general principles, in the payment of reasonable travel and other expenses for volunteers, are that:

- no volunteer should be out of pocket as a result of his/her volunteering work; and
- reimbursement is not appropriate **unless actual expense** is incurred in the course of the volunteering.

A sample claim form and a proforma for recording bank details which NHS Boards may wish to use are included at Annex A.

2. Travel Tickets, Bus, Taxi, Car Parking, Toll Charges Etc: Receipts

Volunteers should be encouraged to use public transport to and from their place of volunteering where possible. Reimbursement of the costs of travel tickets, car parking charges, toll charges, bus, underground, ferry or taxi fares (where prior approval for use of a taxi has been given) should also be made. Appropriate receipts, used tickets or ticket stubs must be attached to the claim.

3. Travel by Private Motor Car, motor cycle or bicycle

3.1 Mileage allowances

The mileage allowances for travel by private car, motor cycle and bicycle are shown in Annex A.2. There are two levels of car mileage allowances and volunteers should be advised, as part of their induction, which rate will apply in reimbursement of their travel costs:

3.1.1 Public Transport (or Commuting) Rate

The ‘Public Transport Rate’, which is intended to cover the cost of fuel only and not motoring costs, is payable where volunteers use their private motor vehicle to commute between their home and the place of volunteering but are not required to use their car for their volunteering business and when suitable public transport is available and appropriate in the circumstances.

3.1.2 Standard Mileage Allowance

The 'standard mileage allowance', which takes motoring costs such as insurance and road tax into account, is payable when volunteers use their private motor vehicle for volunteering business e.g. volunteer drivers; or volunteers who use their own cars in direct connection with their volunteering and therefore incur business miles. With effect from 6 April 2011 the mileage rates, which accord with the current guidelines from the HM Revenue and Customs, shown in **Annex A.2** should be paid to volunteers who:

- drive their own private motor vehicles (including motor cycles) as defined below in connection with their volunteering but subject to the limitations set out elsewhere in this Section; and
- meet the insurance requirements set out below.

3.1.3 Passenger mileage allowance

Annex A.2 also includes a passenger mileage rate payable to volunteers in certain circumstances. Payment of this allowance will apply:

- (a) from 1 April 2011 where volunteers carry other volunteers to the place of volunteering or if attending training or meetings etc in the same way as this is applied when staff carry other staff as passengers (this is in line with the current guidance and with payments to staff ;
- (b) from 1 April 2012 where volunteer car drivers carry more than one passenger/patient (this is not per passenger).

3.2 Motor Vehicle Insurance

Volunteers involved in managed volunteering activities using their private motor vehicle or a vehicle owned by a spouse or partner on volunteering business must satisfy certain insurance conditions in order to claim the motor mileage allowance. It is the responsibility of volunteers to ensure that their vehicle insurance policy covers the risks set out below. NHS Board Staff should verify that volunteers are covered by appropriate vehicle insurance at induction and on an annual basis thereafter.

Motor mileage allowance will be payable only if the insurance conditions are fulfilled. A standard letter for the volunteer to send to their insurance company is attached at **Annex A.4**.

Volunteers using their private motor vehicle or a vehicle owned by a spouse or partner on volunteering work must have motor vehicle insurance without financial limits covering the following:

- bodily injury to or death of third parties;
- bodily injury to or death of any passenger; and
- damage to the property of third parties.

In addition the insurance policy must specifically cover the use of the vehicle on volunteering business. This also applies in the case of a vehicle owned by a spouse or partner.

3.3 Volunteers' Liability

It is strictly prohibited for a volunteer to drive any vehicle as part of their volunteering duties within the NHS unless they have a valid driving licence. It is the responsibility of the volunteer to ensure their licence is valid.

4. Subsistence allowances

4.1 Volunteers entitlement to subsistence allowances

Subsistence allowances are designed to cover reasonable **out of pocket expenses** spent mainly on meals, other minor personal incidental expenses and accommodation. This will include reimbursement of expenses incurred by volunteers when they attend training events in connection with their volunteering work. **Annex A.2** gives details of the current subsistence rates which NHS Boards are asked to pay where appropriate with effect from 1 April 2009.

4.2 Day Subsistence Allowance

Day subsistence allowance up to the amounts shown in **Annex A.2** is payable when the volunteer meets the prescribed minimum periods detailed below and has actually incurred an additional out of pocket expense to purchase a meal, or meals in the course of their volunteering activity:

- day subsistence over 5 hours payable for a period of volunteering of more than 5 hours but less than or equal to 10 hours; or
- day subsistence over 10 hours for a period of volunteering of more than 10 hours.

This is not an automatic payment and relates only to the reimbursement of expenses incurred up to the rates shown in Annex A.2. Volunteers should be asked to provide receipts to verify their claims but it should be recognised that this may not always be possible and staff should consider claims where it is reasonable to expect the volunteer to have incurred expense. No subsistence is payable where the volunteer is provided with meals or meal vouchers by the NHS Board.

4.3 24 hour Subsistence Allowance

The 24 hour subsistence allowance covers a period of up to 24 hours and includes expenditure on overnight accommodation and breakfast, lunch and dinner and personal incidental expenses (e.g. personal telephone calls). Bed and breakfast costs must be supported by a receipt attached to the travel and subsistence claim.

4.4 Staying With Friends Allowance

If an overnight stay is necessary in the course of the volunteering and the volunteer resides overnight with and in accommodation provided by friends or relatives, irrespective of the circumstances, they can claim the Staying with Friends Allowance. This allowance is a 24 hour rate designed to cover accommodation and all meals in the 24 hour period starting when the journey commenced. Receipts are not required to be produced to support a claim for this allowance. Volunteers are also allowed to claim the personal incidental expenses allowance in addition to this allowance if expenses are incurred.

5. Timescales and Payment methods

5.1 Timescales

Claims should normally be submitted within a month and no later than three months after the volunteering activity to which it relates.

5.2 Advances

NHS Boards should make provision, where it is considered appropriate, for an advance of expenses to individual volunteers to cover anticipated travel and subsistence expenses. These advances can, if requested, be paid by Electronic Transfer into the volunteer's bank account. Volunteers should then complete and submit a travel claim form showing the actual expenses and the advance

received as soon as possible following the travel.

5.3 Cash payments

NHS Boards may also wish to make provision for payment of expenses in cash where small amounts are involved.

Section 2. Communication/consumable expenses

On production of receipts volunteers should, where agreed in advance, and where the costs are specifically incurred as a requirement of their volunteering activity, be reimbursed the costs of ink cartridges, paper, labels, envelopes, telephone calls and stamps.

Section 3. “Other” Expenses

Volunteers can also claim the “other” expenses detailed in the table below.

Expenses Other	Eligibility
Reimbursement of receipted childcare expenses (subject to ceiling equivalent to the current hourly childminding rate paid by the local authority) or other carer expenses	all volunteers who incur such expenses while undertaking their volunteering duties.
Reimbursement of reasonable receipted additional expenses of people with disabilities.	all volunteers who have a disability and incur such additional expenses while undertaking their volunteering duties.

ANNEX A.1

CLAIM FOR VOLUNTEERING EXPENSES

PLEASE COMPLETE IN BLOCK CAPITALS. FOR REIMBURSEMENT ALL EXPENDITURE MUST BE AGREED IN ADVANCE.
RECEIPTS MUST BE PROVIDED AND BE ATTACHED TO THIS FORM, WHERE APPLICABLE.

Name: _____ Address: _____

Postcode: _____ Telephone No: _____

NHS Contact Person: _____ Telephone No. for NHS Contact: _____

Date	Details of Volunteering activity	Car Mileage for volunteer	Passenger mileage	Travel Fares	Other Expenses (please list)	Cost of Other Expenses	
				£		£	
				£		£	
				£		£	TOTAL
For NHS Board Use Sub-totals		£	£	£		£	£

I declare that the above travelling and subsistence expenses claimed have been incurred by me. I further declare that no other claim for reimbursement from public or charitable funds has been nor will be made in respect of this claim.

Signature of volunteer: _____ Date: _____

Please send this completed form to:

FOR OFFICIAL USE ONLY

By NHS Board Contact: Verified by: _____ Payment agreed by (budget holder): _____ Budget code: _____ Form copied to PFPI Team o

By Finance Department: Claim checked by finance: _____ Date approved: _____

Travel and Subsistence Rates payable from 6 April 2011 (with exception of the extension of the passenger mileage for volunteers shown at * which is payable from 1 April 2012)

Subsistence Rates

1. Day Subsistence Allowance	
Volunteering of more than 5 hours but not more than 10 hours where meals are purchased (not payable if meals provided)	£ 4.90
Volunteering of more than 10 hours where meals are purchased (not payable where meals are provided)	£ 10.70
2. 24 hour Subsistence ¹⁴	
Receipted cost of bed and breakfast up to a limit of (Boards may need to apply discretion and reimburse actual cost – this will depend on costs of B&B available)	£ 55.00
plus meals allowance	£ 20.00
plus personal incidental expenses allowance (e.g. telephone calls etc)	£ 5.00
3. Staying With Friends Allowance per night ¹	£ 25.00
4. Personal Incidental Expenses Allowance ¹	£ 5.00
5. Overnight by Train or Boat (per night)	£ 24.10

Motor Mileage Rates

1. Public Transport (or commuting rate) Standard Motor Vehicle Mileage Passenger Allowance	24p 45p per mile for the first 10,000 miles and 25p thereafter ¹⁵ 5p per mile passenger allowance is payable: ➤ * from 1 April 2012 for the carriage of more than one passenger/patient e.g. volunteer car drivers (<i>this is not per passenger</i>); ➤ from 1 April 2011 for each passenger where this relates to the carriage of other volunteers for meetings/training etc
2. Motor Cycle Mileage	24p per mile
3. Bicycle	10p per mile

Public Transport costs - Actual

¹⁴ Only payable when overnight stay required.

¹⁵ Based on the HM Revenue and Customs Approved Mileage Allowance Payment rate announced on 23 March 2011 <http://www.hmrc.gov.uk/budget2011/tiin6310.pdf>

Other Expenses

1.	Reimbursement of reasonable receipted childcare or other carer expenses	Eligibility: all volunteers who incur such expenses in the course of their volunteering work.
2.	Reimbursement of reasonable receipted additional expenses of people with disabilities.	Eligibility: all volunteers with a disability who incur such additional expenses in the course of their volunteering.

Bank details for payments via B.A.C.S.

Please complete form using **BLOCK CAPITALS**.

Payee name:	Title: Forename: Surname:
Home Address:	Address line 1: Address line 2: Town / City: Postcode:
Bank/Building Society Name:	Name:
Bank/Building Society Address:	Address line 1: Address line 2: Town/City: Postcode:
Account details:	Sort/Swift code: Account No: Roll number:
Communication:	Home phone number E-mail address

Signature:

Date

Please return completed form via:

- **Fax** [insert local contact details]
- **By post** [insert local contact details]

Name

Address

Date

To (Insurance Company)

Re (Policy Number)

Dear Sir/Madam

I intend to undertake voluntary work for NHS XXX and I will use my vehicle to carry out voluntary duties and may carry passengers as requested. I will receive a mileage allowance for these journeys to contribute to fuel and the running costs of my vehicle. Such expenses will be in accordance with the HM Revenue & Customs tax free rate per mile. I estimate the number of miles driven under this voluntary basis will be XXXX per year.

I should be grateful if you would confirm that my existing policy covers me for such volunteer driving. Please complete the reverse side of this letter and return to me. Please also confirm that my insurance policy contains a clause indemnifying NHS XXX with which I am a volunteer against third party claims arising out of the use of my vehicle for such voluntary work.

Yours faithfully

(Policy Holder)

From (Insurance Company)-----

Re (Policy Number)-----

Policy Holder/ Driver-----

This is to confirm that your policy covers voluntary driving (for which a mileage allowance may be received). This also confirms that the above policy contains a clause indemnifying NHS XXX with which you are a volunteer against third party claims arising from the use of the vehicle on such voluntary work.



ISSUED BY----- DATE-----

Appendix 9: Useful websites

The following websites may be of use in relation to volunteering in NHSScotland.

Institute for Volunteering Research

www.ivr.org.uk/

Knowledge Network – Community of Practice for Volunteer Managers

www.knowledge.scot.nhs.uk/volunteering

Scottish Health Council

<http://www.scottishhealthcouncil.org/volunteering.aspx>

Improvement plans:

www.scottishhealthcouncil.org/patient__public_participation/volunteering_in_nhsscotland/improvement_plans.aspx

Volunteer Scotland

www.volunteerscotland.net

Voluntary Action Scotland

www.vascotland.org/tsis/find-your-tsi

All links in this document have been verified at the time of publication.

Appendix 10: Composition of the National Group for Volunteering

The National Group for Volunteering comprises of a range of representatives from the spectrum of health, social care and volunteering backgrounds. Nine NHS Boards are represented amongst the membership in addition to two Third Sector Interfaces, national agencies and one local authority.

The Group membership currently consists of the following representatives:

- ▶ Sandy Watson (Chair), Chairman, NHS Tayside
- ▶ Alan Bigham, Programme Manager (Volunteering), Scottish Health Council
- ▶ Carrie Blair, Senior Strategy Engagement Officer, NHS Health Scotland
- ▶ Rob Coward, Educational Projects Manager, NHS Education for Scotland
- ▶ Harriet Eadie, Director, Volunteer Centre Edinburgh
- ▶ Kenny Freeburn, Head of Ambulance Services, Scottish Ambulance Service
- ▶ Lynne Kidd, Head of Public Affairs, NHS National Services Scotland
- ▶ Diane Lockhart, Voluntary Services Manager, NHS Lothian
- ▶ Louise Macdonald, Chief Executive, Young Scot
- ▶ Diane McCulloch, Head of Community Care (Operational Services), Dundee City Council
- ▶ Katrina Murray, Voluntary Services Manager, NHS Lanarkshire
- ▶ Francis Santos, Policy Manager, Scottish Government
- ▶ Claire Stevens, Chief Officer, Voluntary Health Scotland
- ▶ Tom Wilson, Community Nurse, Learning Disability and Branch Chair RCN Lanarkshire and State Hospital, Staff Chair HR Forum, NHS Lanarkshire
- ▶ Margaret Young, Services Manager, NHS Greater Glasgow and Clyde

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- **in other languages**

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- **بالبريد الإلكتروني**
- **بخط كبير**
- **على شريط صوتي أو قرص مدمج (cd)**
- **بلغة برايل**
- **بلغات أخرى**

আপনি আমাদের ওয়েবসাইট থেকে এই দলিল পড়তে ও ডাউনলোড করতে পারেন, তাছাড়া আমরা এই তথ্য :

- **ইমেলে**
- **বড় হরফে**
- **অডিও টেপ বা সিডি-তে**
- **ব্রেইলে, এবং**
- **অন্যান্য ভাষাতেও জানাতে পারি**

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- **Ann am post-dealain**
- **Ann an sgrìobhadh mòr**
- **Air teap claisneachd no cd**
- **Ann am Braille, agus**
- **Ann an cànanan eile**

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- ऑडियो टेप अथवा सीडी में
- ब्रेल लिपि में, और
- अन्य भाषाओं में

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- **stambiu šriftu;**
- **garsajuoste arba kompaktiniu disku;**
- **Brailio raštu ir**
- **kitomis kalbomis.**

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- **wiadomość e-mail**
- **wydruk z dużą czcionką**
- **kaseta audio lub płyta CD**
- **zapis alfabetem Braille’a**
- **zapis w innym języku**

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- 電子郵件
- 大版面印刷
- 語音磁帶或 cd
- 盲文，以及
- 其他語言版本

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- بریل میں ، اور
- دیگر زبانوں میں

www.scottishhealthcouncil.org

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Telephone: 0141 241 6308 **Email:** enquiries@scottishhealthcouncil.org

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