

Volunteering in NHSScotland

What non-executive NHS Board members can do to support volunteering

September 2015



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Published September 2015

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Foreword

It is a pleasure to write the foreword for this document on volunteering within the health service in Scotland. Volunteers play an important part in NHSScotland's person-centred outlook and in its aim of providing a safe experience for all in its care. Volunteers themselves enjoy the immense satisfaction that comes from helping others, especially within the structured organisation of an NHS Board.

Non-executive NHS Board members have an essential role in governing the work of the health service and hence an understanding of the role of volunteers within the service is critical, particularly given that there are currently over 8000 volunteers within the ambit of NHSScotland.

The volunteering resource is being released at this time for specific reasons. Firstly, to raise the profile of volunteering amongst NHS Boards and underline the value-added features which volunteers bring to the service. Secondly, to ensure that Boards are fully aware of the importance of recognising the risks associated with volunteering and take the appropriate measures to secure conformity with NHS Board expectations and policies aimed at ensuring patient safety.

It is to be expected that the integration of health and social care will bring new challenges and NHS boards are encouraged to have adequate governance procedures in place to address these challenges where they relate to volunteering.

I recognise the fine work that has gone into the preparation of this succinct document by Alan Bigham of the Scottish Health Council, Joyce Dalgleish of NHS National Services, Sandie Dickson of The State Hospital, Katrina Murray of NHS Lanarkshire and Margaret Young of NHS Greater Glasgow and Clyde. I commend it to all non-executive Board members.

Neil R Galbraith

Chair, National Group on NHS Volunteering
Chair, NHS Chairs' Group

Introduction

This handbook has been produced by the National Group for Volunteering in NHSScotland.

The National Group for Volunteering provides national leadership and advice on the development of volunteering in NHSScotland.

This publication provides non-executive NHS Board members with guidance and suggestions for raising awareness of volunteering, helping to develop the governance of volunteering at Board level.

Volunteering in NHSScotland

Volunteering in the NHS takes many forms; with every volunteer providing valuable support to patients and the public.

Volunteers can be engaged with NHS Boards in one of three ways:

Directly

- Volunteers are recruited, trained and supported by NHS staff.

Indirectly

- Volunteers are recruited, trained and supported by third sector organisations. Volunteering may take place on NHS premises, in the community or in people's homes.

Commissioned services

- Where third sector organisations are commissioned to deliver a particular service. The organisation recruits, trains and manages these volunteers.

Across each of the above cases there should be processes in place to:

- carry out necessary checks on identity, criminal record history and references
- train volunteers in mandatory elements such as infection control procedures, fire safety and confidentiality, and also any role-specific training
- ensure they are matched appropriately to a role
- support them throughout their time volunteering, and
- manage performance.

It is currently estimated that there are between 7,500 and 8,000 directly engaged volunteers active in NHS Boards in Scotland. Each NHS Board will host a variety of roles and roles vary from Board to Board.

Examples of NHSScotland volunteer roles include:

- ward volunteers who visit and talk to patients
- health walk leaders who encourage and lead walking activities to increase healthy lifestyle choices
- breastfeeding volunteers who visit new mothers in their home
- volunteer drivers who help those without transport to visit relatives in hospital, and
- public involvement roles, where volunteers provide a public input to projects and committees.

A typical volunteer role involves around two hours per week. Volunteers do not provide services that are equivalent to the work of NHS staff. If volunteer numbers were calculated in same way as NHS staff figures, this would equate to 0.3% of the NHSScotland headcount.

Volunteer roles should be designed with input from all parties involved. The Developing Volunteering Toolkit (see **Further information and resources**) provides examples of how best to engage staff and other partners in developing roles.

Current activity that supports volunteering

Every NHS Board in Scotland currently holds the 'Investing in Volunteers' award, a quality standard that ensures that basic standards of volunteer engagement are maintained.

All NHS Boards have developed a volunteering policy that outlines their commitment to volunteering, the scope of activity that volunteers are involved in, and what structures are in place for managing volunteers.

Engagement of staff is crucial to the development of meaningful and sustainable volunteer roles and is an area of activity that is supported by the Scottish Health Council through the 'Developing Volunteering Toolkit'.

Many NHS Boards have formed a volunteering development group or steering group. These groups oversee the development and progress of the local volunteering programme.

The difference volunteering makes

Volunteer engagement by NHS Boards can make a significant contribution towards the three ambitions of the NHSScotland Quality Strategy – to provide care that is safe, effective and person centred.

“Volunteers make a significant contribution to patient care at the State Hospital. It works best when volunteers see that their input is valued and where their roles are sensitively aligned with those of staff. Our Board fully recognises the importance of volunteering and as a consequence, is totally supportive of its aims and objectives and regularly monitors its effectiveness.”

Terry Currie, Chairman, the State Hospital

An evaluation of the ‘Volunteering in NHSScotland Programme in 2014’ showed that NHS Boards identified two overarching ways in which volunteers improve both patient and volunteer health: directly and indirectly.

Direct improvements include:

- reducing patient anxiety by welcoming them and helping them to find their way around
- helping patients to become involved in activities and social events, and
- supporting patients who have no visitors.

Indirect improvements could include:

- positive changes on access to health services through volunteers helping to shape service design
- volunteer input through engagement structures (such as Public Partnership Forums) resulting in more inclusive services, and
- ad hoc contributions, such as the following example:

“We had one volunteer who questioned how things were done regarding mealtimes – patients ate their food by the side of their beds, rather than being taken through to the seated area.....patients are now offered the choice of whether to eat at a table or at their bed.”

Strategic Lead for Volunteering
(taken from an evaluation response in 2014)

External factors that affect volunteering

Beyond NHSScotland there are increasing pressures on different groups of people to engage in voluntary activity. Whilst the rate of volunteering in Scotland remains relatively static (around a third of people regularly volunteer), there are increasing numbers of people looking to bolster their employability prospects and their chances of entry to higher education.

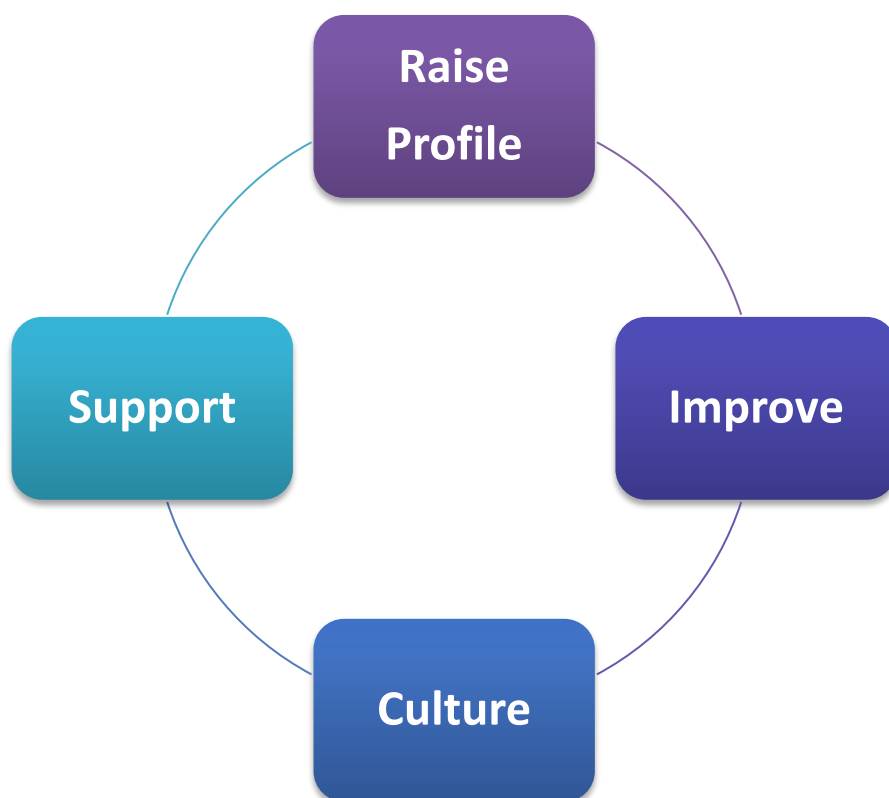
An increase in episodic volunteering (short term volunteering of only a few weeks) has also been identified as a problem for many organisations that engage volunteers.

Similarly, a push by national voluntary intermediaries for volunteering to be shaped around volunteer 'wants' seems incompatible with the need for roles in the NHS to be of benefit to patients, staff and volunteers.

These external factors provide additional challenges which NHS Boards should consider. The above can collectively or individually result in a changing profile of volunteers within NHSScotland. There is a risk that, with increasing numbers of applicants, those who are less ready to volunteer, or who may need additional support and encouragement, will be brushed aside.

Key areas for action

What follows is a list of suggested actions that non-executive directors might wish to consider in relation to volunteering in NHS Boards. These are grouped into four key areas:



Throughout is a recurring theme of governance and assurance. Some of the actions listed may be more relevant to one NHS Board than another.

Key Area 1: Raise the profile

Focus: Level of understanding of volunteering at NHS Board and externally

It is important to ensure that there is a clear and accurate understanding of volunteering within the NHS Board and at all levels. Ignorance of policy and procedures puts patients, staff and volunteers at risk. There is also a risk that volunteering is seen as something that 'just happens' or as a model of service delivery. Positive volunteering experiences can contribute to positive health outcomes for volunteers too and it is vital that this is understood.

- ▶ Do Board members know how volunteers contribute to delivery of Board objectives?
 - What would be the impact if current levels of volunteering could not be maintained?
 - Does the Board have the right level of volunteers currently?
 - What would be the right level of volunteering within the Board?
 - Are there sufficient resources to realise these levels?
- ▶ What positive impact do volunteers have on your patients and stakeholders?
 - Is this information captured, and if so, where?
 - How can the organisation better communicate the impact of volunteering to the Board, staff and the wider public?
 - How does the Board celebrate volunteer achievements?
- ▶ What reporting is in place for volunteering within your NHS Board?
 - Is it qualitative, quantitative or reporting just by exception?
 - Is this reported at Board meetings, if not where is it reported?
 - How are reports aligned to equality outcomes?

Key Areas 2: Drive improvement

Focus: The management, planning and delivery of volunteer services

It is important to recognise the many, often external, factors that can influence a volunteering programme. An NHS Board with a successful and robust programme will be one that considers how volunteering fits with its overarching strategies and not as a 'bolt-on' service.

- ▶ Where does volunteering sit in your Board's strategic plans?
 - Who is the executive lead for volunteering in the NHS Board?
 - Is volunteering recognised as a way to improve health?
 - How could the contribution of volunteering be better recognised as contributing to health gain?
- ▶ Does your Board have a strategy for volunteering?

- How has the strategy been shared and communicated?
- If there is no volunteering strategy, is one planned?
- ▶ Has your Board developed an improvement plan for volunteering?
 - If there is a plan, what has been the impact?
 - If there is no plan currently, should one be developed and who should lead this?

Key Area 3: Ensure support

Focus: How volunteer management is structured within your NHS Board

Across NHSScotland it is estimated that 1,000 enquiries are made by volunteers per quarter. However, the number of active volunteers remains relatively static. It is critical to a successful volunteering programme that volunteers are supported in their roles. Inadequate support leads to a high turnover of volunteers resulting in negative outcomes for all involved.

- ▶ Who is responsible for managing the Board's volunteers?
 - Are there dedicated roles for managing volunteers such as a volunteer co-ordinator or voluntary services manager?
 - Is managing volunteers built onto other existing roles?
 - What are the risks of a growth in the number of volunteers?
- ▶ What is the ratio of volunteer managers to volunteers in your NHS Board?
 - How much time do volunteer managers have to spend on managing information compared to developing the volunteering programme?
 - Do your volunteer managers have dedicated administrative support?
 - What risks have been identified against the Board's current model of management?
- ▶ What development opportunities are there for staff who manage and support volunteers?
 - Is this equitable in comparison to NHS staff roles?
- ▶ What role do non-executive members have in relation to the development and governance of the Board's volunteering programme?
 - Could a non-executive member offer to chair the volunteering steering group meetings or take part in its discussions periodically?

Key Area 4: Developing a supportive and welcoming culture

Focus: Keeping staff and volunteers engaged

To retain volunteers it is vital to ensure that there is a welcoming culture that understands and supports volunteers. Negative volunteer experiences are often centred around a lack of communication from staff and a lack of understanding of the volunteer's role and motivations. Without a culture that is receptive towards volunteering, the scope of roles and volunteer retention will be severely limited.

- ▶ Does your Board have a culture that supports and welcomes volunteers within your workforce?
 - How would you know?
- ▶ Is volunteer experience measured and reported in the same way NHS staff and patient experience is measured?
 - Has the Board evaluated the volunteers' experience?
 - Does the Board know if their volunteers feel valued?
 - Are the findings made visible to the Board?
- ▶ Has your Board communicated any of the key messages of the 'Volunteering in NHSScotland Communications Framework'?
- ▶ Has your Board made use of the Scottish Health Council's Developing Volunteering Toolkit or sought support from the Scottish Health Council to deliver engagement sessions with your staff?

Further information and resources

The National Group for Volunteering produced a 'Handbook for Volunteering in NHSScotland' in 2014. The handbook contains examples of good practice and suggestions for developing volunteer management programmes. It is available at:
<http://www.scottishhealthcouncil.org/volunteer-handbook.aspx>

The 'Developing Volunteering Toolkit'(2014) provides a suite of tools that can be used to engage staff in discussions about volunteering. It is available at:
<http://www.knowledge.scot.nhs.uk/volunteering.aspx>

The 'Volunteering in NHSScotland Communications Framework' contains the key messages for stakeholders. It is available at: <http://www.scottishhealthcouncil.org/volunteering-comms.aspx>

'Volunteering in NHSScotland: Evaluation of progress with the Volunteering Programme for NHSScotland' demonstrates the progress made since 2011. It is available at:
<http://www.scottishhealthcouncil.org/volunteeringevaluation.aspx>

Contact

The Scottish Health Council is keen to work with NHS Boards to support the development of key indicators and reporting systems for volunteering that ensure not only compliance but also responsiveness to need and the management of risk.

If you would like to get in touch to discuss further, please contact:

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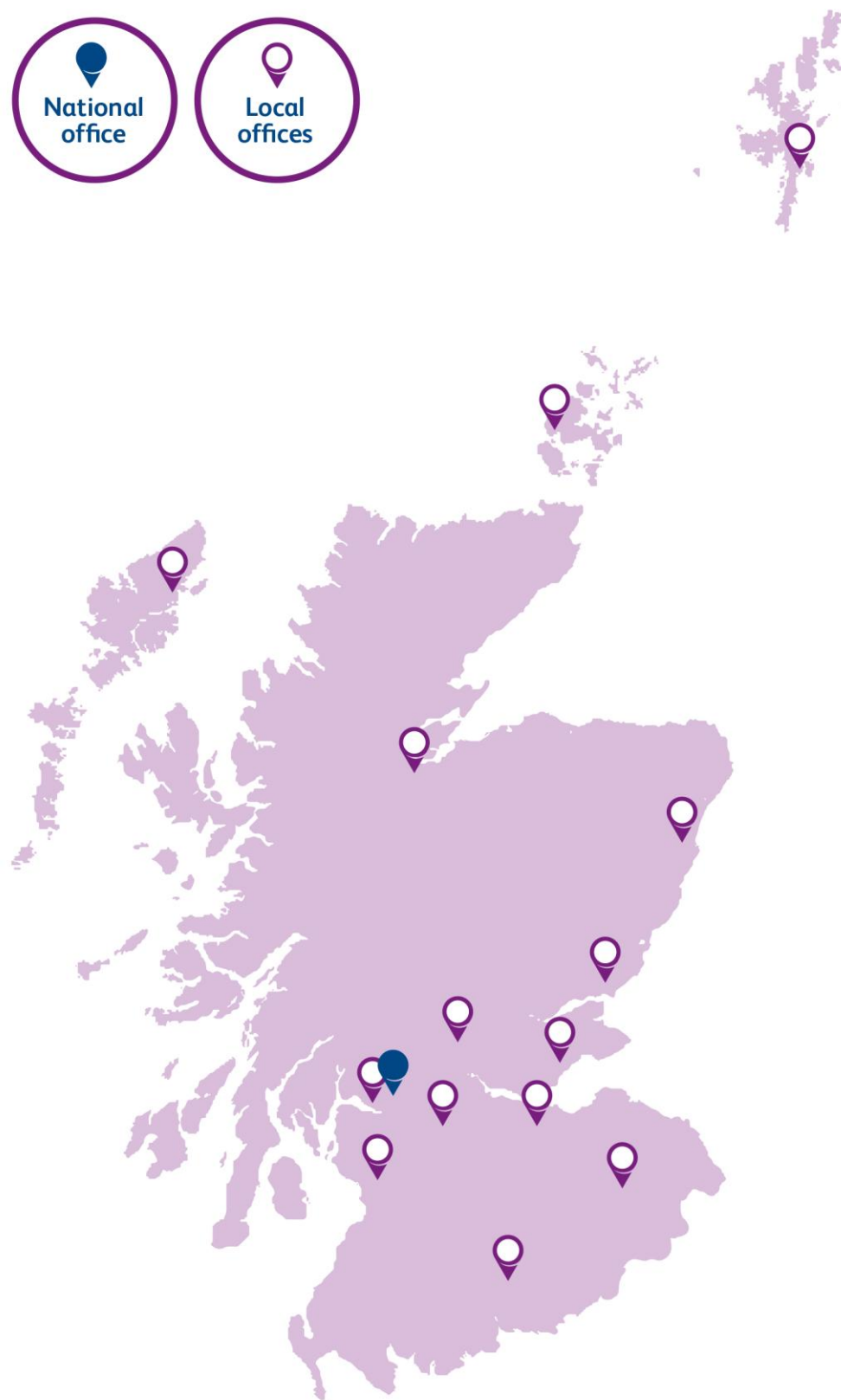
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