

Volunteering in NHS Scotland

Exploring best practice

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All templates and checklists contained within this guide have been developed by Healthcare Improvement Scotland – Community Engagement & System Redesign and are available as editable templates either by visiting the NHS Scotland Volunteering Community of Practice or by contacting his.volunteering@nhs.scot

Chapter 1: Introduction

Volunteers across NHS Scotland carry out a wide variety of roles across the country, improving patient experience, adding value and freeing up staff time. During any given month there are 3000-4000 volunteers giving approximately 45,000 hours of their time.

These volunteers are supported by volunteer managers, co-ordinators and administrators who ensure that volunteering is developed, managed safely and provides the best possible experience for those who choose to give their time to NHS Scotland.

1.1 Why a best practice guide?

This guide was developed to provide staff working in volunteer management in NHS Scotland with a range of templates, information and advice on best practice in volunteer management. You can use and adapt this for your own volunteer programme.

1.2 Who is the guide for?

It is intended to be a resource which you can refer to as required if you are an experienced volunteer manager, or to help you to build your own knowledge, skills and confidence if you are new to volunteer management. Within the guide we use the term 'volunteer manager' for any staff who support volunteering or manage volunteers as part of their role. This includes co-ordinators and administrative staff.

Content within the guide may also be helpful for teams who support the recruitment of volunteers such as HR teams and Occupational Health teams.

While the guide has been written to support staff managing volunteers in hospital settings, much of the content is applicable for other healthcare settings such as Health & Social Care Partnership's.

1.3 What does this guide do?

The guide provides you with information on best practice for volunteering, and a range of tools and resources to support the entire process of volunteer management. You will find a range of checklists and templates that you can take and use within your own NHS board.

Editable versions of all templates are available via the NHS Scotland Volunteering Community of Practice, or by contacting his.volunteering@nhs.scot

All templates and checklists and processes contained within this guide have been developed by Healthcare Improvement Scotland, the use of them is optional and NHS boards are welcome to adapt them for their local needs.

1.4 The role of the NHS Scotland Volunteering Programme

The NHS Scotland Volunteering Programme published its renewed Strategic Vision for 2023-28 following the publication of the [Strategic Vision for Community Engagement](#) in Healthcare Improvement Scotland in June 2023.

NHS Scotland Volunteering Programme–Strategic Vision 2023-28

We will drive forward the volunteering agenda in NHS Scotland through evidence, improvement and assurance. Meaningful engagement matters and volunteering is one of the best ways for people and communities to engage with health and care services. It supports the delivery of high quality, safe care that is person-centred. It improves the health and wellbeing of volunteers and communities.

We will achieve our vision by:

1. Building and sharing evidence demonstrating the impact of volunteering.

Working with specialist colleagues in the Evidence for Engagement programme we will build and share evidence demonstrating the impact of volunteering.

- *We will be the go-to place for the evidence we build around volunteering.*
- *We will play a crucial role in transforming national health and care services, and developing policy by creating relevant, timely evidence.*
- *We will gather local, national and international volunteering evidence.*
- *We will have a joined-up, proactive plan for creating evidence which prioritises national needs.*

2. Using knowledge and expertise to improve volunteering.

Working with specialist colleagues in the Improvement of Engagement programme and in our regional engagement teams we will use knowledge and expertise to drive forward and improve volunteering across health and care.

- *We will create a learning system that supports internal and external stakeholders to learn, develop, improve and share best practice in volunteering. This includes applying learning from our work and testing new things.*
- *We will have excellent partnership working and communication that underpins sharing knowledge.*
- *We will be forward-thinking and ambitious, continually improving and developing our expertise.*

3. Providing assurance that volunteering in NHS Scotland is high quality, safe and effective

Working with specialist colleagues in the Assurance of Engagement programme we will provide assurance that volunteering in NHS Scotland is high quality, safe and effective.

- *We will provide strategic support and governance on volunteering to our partners across health and care.*

1.5 Scotland's Volunteering Action Plan

Vision

The [Volunteering Action Plan](#) aims to create a Scotland where everyone can volunteer, more often and throughout their lives.

The Plan builds upon [Volunteering for All: The National Framework](#) and provides 'actions on the ground' achieved through co-production, learning and a spirit of reciprocity and is designed to provide actions over a 10-year period as a living plan.

Background and purpose

The Covid-19 pandemic has brought into sharp focus the crucial role of volunteering for the wellbeing of our society.

In 2020 2.9 million people in Scotland volunteered in some capacity, vastly increasing the profile of volunteering and ensuring it is universally valued as a positive force for good.

Volunteering is not a new phenomenon. Many voluntary and statutory organisations rely on the contribution of volunteers every day to deliver a wide range of activities and services. Volunteers are also the lifeblood of our communities, organising events which promote wellbeing and connection and ensuring they are resilient in the face of adversity. Volunteering also has significant benefits for participants too, including improved wellbeing and social connection.



Physical health benefits—evidence suggests that volunteering can promote healthy lifestyle and improve self-rated health



Social Benefits—research finds that volunteering can improve companionship, tackle social isolation and increase social capital



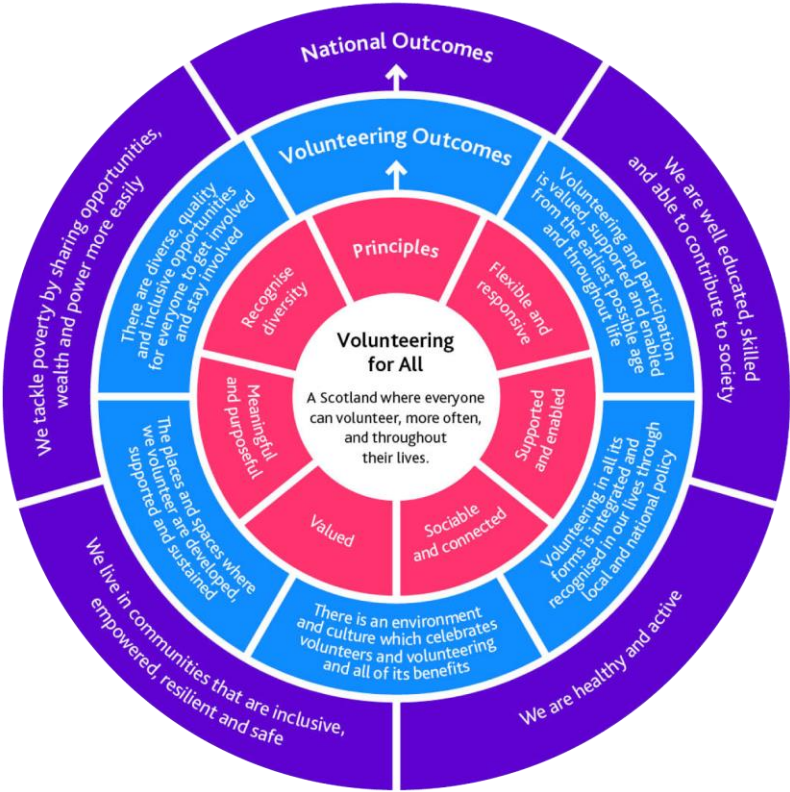
Mental wellbeing—evidence shows that volunteering can improve confidence, purpose and life satisfaction



Instrumental benefits—Volunteering can help people to develop new skills, gain knowledge, develop attitudes and increase employability

Despite this significant contribution, there is still a lack of understanding about the considerable strategic potential of volunteering. It is often taken for granted as a constant presence in society – the invisible thread which binds our communities together. It is under-

represented in strategy and policy, meaning that volunteer involving organisations struggle to secure the resource they need for volunteering to thrive.



It is recommended that NHS boards consider how their volunteering programme contributes to the delivery of the actions set out in the Volunteering Action Plan. NHS boards’ volunteering teams may wish to specify their contribution to the delivery of the Volunteering Action Plan in their volunteering strategies / plans and reports.

1.6 Guiding principles for Volunteering in NHS Scotland

Volunteer Scotland’s ‘Volunteer Charter’ provides us with 10 guiding principles which help to underpin good relations in volunteering, and to ensure that volunteer activity is a freely made choice of the individual. Within NHS Scotland it is recommended that all new volunteer roles are reviewed by Partnership Forums, and the Volunteer Charter can be used to aid in these discussions.

Volunteers should receive no financial reward for their time however out of pocket expenses should be covered.
Effective structures should be put in place to support, train and develop volunteers.
Volunteers and paid workers should be able to carry out their duties in safe, secure and healthy environments.

Volunteers should not carry out duties formerly carried out by paid workers.
Volunteers should not be used instead of paid workers or undercut their pay and conditions of service.
Volunteers should not be used to reduce contract costs.
Volunteers should not be used to bypass minimum wage legislation.
Volunteers and paid workers should be given the opportunity to contribute to the development and monitoring of volunteering policies and procedures.
Volunteer roles should be designed and negotiated around the needs and interests of volunteers, involving organisations and wider stakeholders.

1.7 Third Sector Volunteers in NHS Scotland settings

Often, volunteers will carry out roles within NHS Scotland settings who are not directly managed or supported by NHS Scotland volunteering teams.

[Clear Pathway](#) provides strategic guidance for NHS boards concerning the management of volunteers deployed in NHS Scotland settings who are not directly recruited, managed or trained by NHS boards. It is designed to support you to manage the risks and capitalise on the opportunities associated with third sector volunteering so that it is always safe, effective and person-centred, in line with the quality ambitions of NHS Scotland.

Clear Pathway was produced in 2018 by [Voluntary Health Scotland](#) (VHS), the national intermediary and network for voluntary health organisations in Scotland. It was funded by the Scottish Government and developed in close collaboration with the NHS Scotland Volunteering Programme and the (then named) National Group for Volunteering in NHS Scotland.

Chapter 2: Developing new Volunteer roles

In this chapter you will find a range of information and practical tools to support you in the development of new volunteering roles.

Included are a checklist to ensure that any volunteer roles that you develop are suitable for volunteers and a template to help you create inclusive and accessible volunteer role descriptions.

2.1 Checklist for developing new volunteer roles

You may be asked to consider developing a new volunteer role, usually as a result of a need identified by staff who do not routinely work with volunteers. In these instances it is important that you are able to evidence that this is a suitable role for a volunteer to carry out and that any necessary resources (financial and non-financial) are available to support the delivery of the volunteering activity.

This checklist has been designed to support those who lead the design of new volunteer roles, this will usually be the volunteer manager. 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. It is useful to answer each question and keep a record of the completed checklist.

Is this a suitable role for a volunteer?	
How does the role meet organisational need, the needs of prospective volunteers and, where relevant, contribute to person-centred care?	
Who has been identified as a supervisor or manager of the volunteer role?	
Who will be responsible for the maintenance and updating of volunteer records and any other related administrative tasks?	
What resources have been identified to provide volunteer expenses?	
Is the role covered by the organisation's insurance framework?	
How have staff, and where relevant, patients and the public been involved in the design of the role?	

How does the role differ from the roles of paid staff? Has the role been approved by staff side representatives?	
Are there any local or national policy issues which may affect or impact on the development or the role?	
Does the content of the role description fall outside the list of duties below? (see list of duties below)	
How do you plan to evaluate the impact of this role?	

2.2 Tasks which should not be undertaken by volunteers 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
Assist patients to eat
Have contact with open wounds
Transfer patients from chairs/beds to wheelchairs
Help transport patients in wheelchairs, except in circumstances* where it would not be the role of paid staff to do so. <i>*an example of such circumstances could be taking a patient to the shop or outside to a garden for some air, as this is generally not the role of paid staff</i>
Assist staff in moving patients from beds to chairs
Write in patients' clinical case notes
Have access to patients' clinical case notes
Have access to any IT systems which are not a requirement of their role

Carry out clerical tasks which provide access to patient identifiable information
Clear up spills which may be body fluids
Handle patients' money

2.3 Volunteer Drivers

Some NHS boards offer volunteer driver roles, usually to take patients to appointments and to drive them home again. The setup, management and delivery of a volunteer driver service is a significant undertaking, with many things to consider. You may consider creating a specific Volunteer Drivers Handbook to sit alongside the role description.

The Royal Society for the Prevention of Accidents have a template [Volunteer Drivers Handbook](#) which covers all aspects of driving for volunteers.

Training

Volunteer Drivers should be provided with training / information which is specific to their role. You may wish to include training on:

- the checks that you are required to do to ensure they are suitable for the role
- processes and procedures they are required to follow when picking up or dropping off passengers
- communication and listening skills
- customer care
- what to do in the event of an accident or medical emergency
- boundaries of the role
- disability / mental health / dementia awareness as appropriate

ID and uniforms

It is good practice to provide an ID badge and/or a uniform for Volunteer Drivers so that the people they are picking up can clearly recognise them. The ID badge should include the main telephone number for the voluntary driving scheme.

NHS Scotland volunteer role description template



It is best practice to have an up to date role description for each volunteer role within your NHS board. The role description should describe the role in clear and easy to understand language. You should avoid the use of jargon and acronyms and keep the descriptions as concise as possible. The role description should be reviewed at an annually or if the role changes. The column on the right suggests what information should be included.

Role title:	Role titles should be descriptive of the type of volunteering activity that the volunteer will be involved in.
NHS board / directorate:	The NHS board / directorate / area that the volunteer will be connected to.
Time commitment required:	Is the time commitment flexible, or does it require a regular commitment.
You will be supported / supervised by:	<p>If available the name and role of the key person who will support and supervise the volunteer. If this is not available then a description of who e.g. volunteer manager or co-ordinator</p> <p>Consider including other methods of support that are in place for volunteers e.g. group meetings, informal drop-in sessions, email bulletins, newsletter, phone calls etc.</p>
Why we need your help:	Explain the need for the role that has been identified and how it will benefit patients and staff.
What you will gain from the role:	Explain what training will be provided, and what other benefits volunteers can expect e.g. developing new skills, making new friends, etc.

Out of pocket expenses:	Explain how volunteer out of pocket expenses are paid as this can be barrier to volunteering for people on lower incomes.
What does a [insert role title] volunteer do?	A description of the tasks and duties of the volunteer.
As a [insert role title] volunteer you will NOT be asked to:	Provide clarity from the outset about things that are not expected of volunteers.
What skills or experience do you need?	Do volunteers need to be good communicators, be able to use technology or have a particular skill that is needed to be able to carry out the role?
Other requirements:	

Chapter 3: Volunteer recruitment

In this chapter you will find a range of templates and information to support you through the volunteer recruitment process, ensuring that you follow best practice and provide an excellent experience for prospective volunteers.

Templates in this chapter:

- Volunteer recruitment planning template
- Volunteer recruitment timetable template
- Volunteer application form template
- Occupational health self-declaration template
- Volunteer interview sample questions
- Disclosure, Protection of Vulnerable Groups (PVG) and certificates of good character
- Confidentiality agreement template
- Equality monitoring form template

Volunteer recruitment planning template

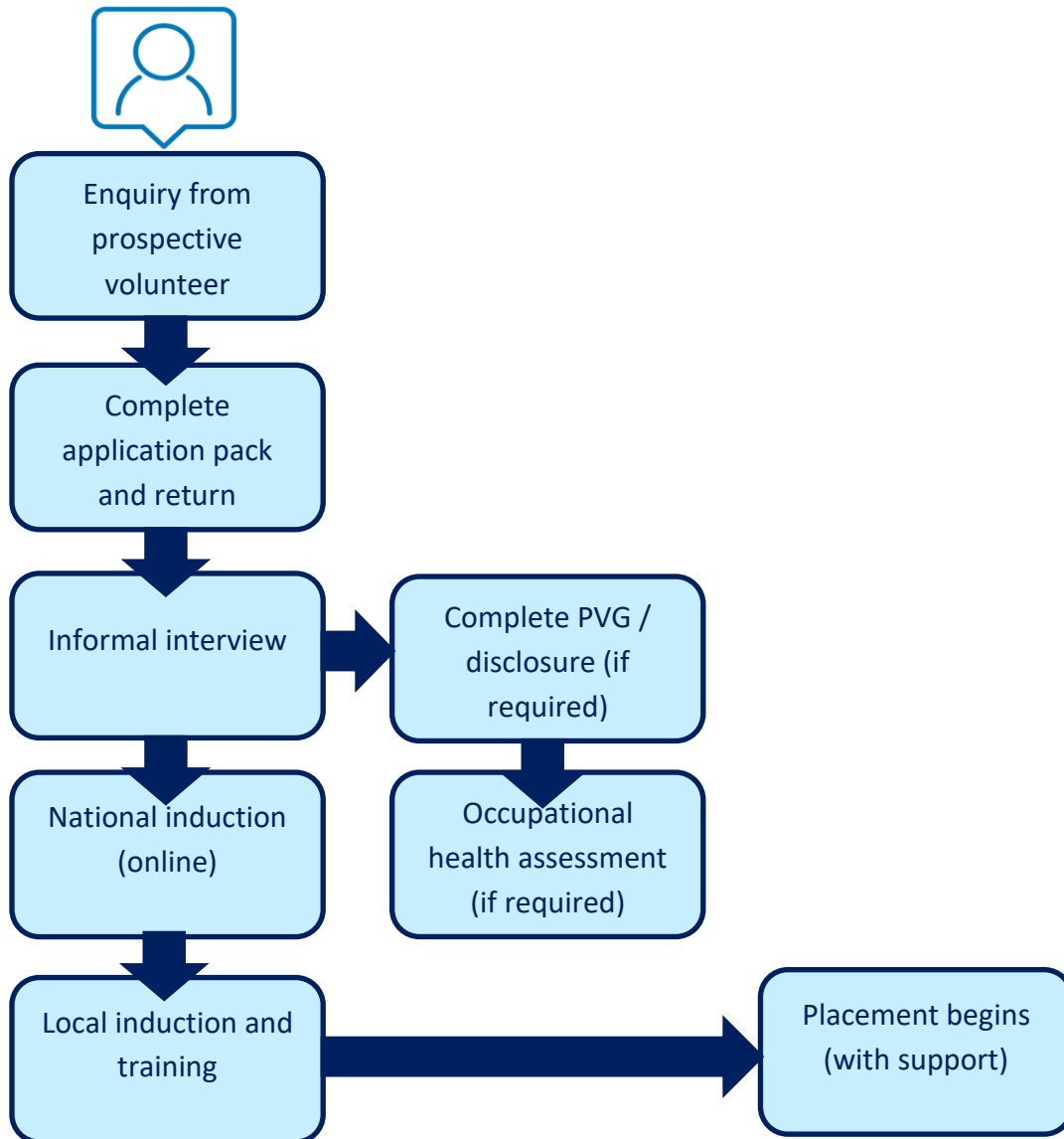


Below are some questions that it is useful to think about when planning for volunteer recruitment. Complete the template and store with your records.

1. What role do we need to recruit for?	
2. Is this a new or existing role?	
3. Is this a true volunteering role, and is not replacing what should be paid staff?	
4. Where will we market/advertise the opportunity to appeal to the widest possible audience?	
5. When will we market/advertise the opportunity?	
6. How many volunteers do we want to attract?	
7. What methods and resources will we use to recruit volunteers? Are our methods and resources inclusive?	
8. How can we encourage a wider range of volunteers from different backgrounds and communities to apply?	
9. How will we evaluate our recruitment methods?	

3.1 Volunteer recruitment process

It is useful to be able to describe your volunteer recruitment process. A benefit is that you can share this process with prospective volunteers and other stakeholders so that not only are they better informed but can understand more clearly and participate more positively. An example process is mapped below. You may wish to publish your recruitment process on your web pages or provide copies of it to prospective volunteers with their application pack.



3.2 Volunteer application pack

In this section you will find all documents that prospective volunteers are required to complete as part of the recruitment process, as well as some information for volunteers on what to expect when they have submitted their application.

NHS Scotland volunteer application form template



[insert NHS board]

SECTION 1: ABOUT YOU

PERSONAL DETAILS			
Surname			
Forenames	(Please ensure you include all middle names)		
Pronouns	(e.g. he / she / they)		
Title		Date of Birth	

CONTACT DETAILS				
Address			Telephone Numbers	
			Day	
			Evening	
City/Town			Mobile	
Post Code		Email		

ROLE APPLIED FOR:

Please tell us which role you are interested in:

Please tell us which location / hospital you are interested in:

I am flexible about volunteering and have no preference in about role or location

Please tick your availability for volunteering:

	MORNING	AFTERNOON	EVENING
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us why you are interested in volunteering with **[insert NHS board]**

Tell us a bit about you – what is your background, what are your interests and what experience do you bring with you?

REFERENCES

Please supply details of two (2) referees who have known you for over one (1) year, suitable referees would include: work colleagues, former teachers, employers, ministers of religion, club officials, neighbours, support workers and should be able to comment on your background and suitability for the role. **You should NOT use family members.**

Please note references will not routinely be requested, however **[insert NHS board]** reserves the right to contact references as/when needed.

Referee (1)		Referee (2)	
Name:		Name:	
Designation:		Designation:	
Address:		Address:	
Town:		Town:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Email:		Email:	

SECTION 2: FOOTNOTES AND DECLARATIONS

Footnote (1):

Having a criminal record will not necessarily stop you from volunteering with [insert NHS board]. This will depend on the nature of the role, together with the circumstances and background of your offences. If you are offered a volunteering position, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information you give will be considered only in relation to the post for which this application form refers. Information will be verified by Disclosure Scotland.

The Rehabilitation of Offenders Act 1974—provides for many people who have been convicted of certain criminal offences the opportunity to have no need to refer to these convictions or the circumstances relating to them in the course of their daily lives. Certain convictions can, therefore, be regarded as “spent” after the lapse of a period of years under the terms of the Act.

NHS Scotland is exempt from the Rehabilitation of Offenders Act 1974 (Exclusions & Exceptions) (Scotland) Order 2003. This means that you must tell us about any previous convictions either classed as ‘spent’ or ‘unspent’.

CONVICTIONS (Place an X in the appropriate box)I declare that I have: (a) No Convictions (b) Previous Convictions – Details of which I give below

Date	Offence	Sentence

DATA PROTECTION LEGISLATION Footnote (2):

In processing any personal information or data we hold about you we will comply with the requirements of Data Protection Legislation. In particular all reasonable steps will be taken to ensure data is processed fairly, kept secure, protected against loss or damage and only disclosed (unless required by law or legal process) on a need to know basis. Under the Legislation you are entitled to ask us to provide copies of certain data we hold about you.

DECLARATION

I have completed of this application form and the details I have supplied are, to the best of my knowledge, true and complete;

I understand that if appointed to this post the information on this form will be kept as part of my personal file record;

I authorise [insert NHS board] to obtain references in support of this application.

I understand that [insert NHS board] require the details included in this form which will only be used for specific and lawful purposes as stated in Data Protection Legislation. This information will be held in accordance with the board's policies regarding confidentiality and data security.

I declare that I have no previous convictions, or have identified any I have above.

Read, agreed and understood (check box)

Signature:**Date:**

DISABILITY (Place an X in the appropriate box)

The Disability Discrimination Act 1995 and Amended Regulations 2005 define disability as follows: “any physical or mental impairment which has a substantial adverse effect on a person’s ability to carry out normal day to day activities”. NHS Scotland is “Positive about disabled people”, and as such we provide volunteering opportunities for disabled people.

NHS Scotland operates an Interview Guarantee scheme, which means that if you have a disability, and meet the minimum criteria outlined within the role description, you will be guaranteed a volunteer interview. However, some disabled people prefer not to take this option, so please tick your preference if you are a disabled candidate.

Do you want to participate in the Guarantee Scheme? Yes No

3.3 Volunteer interviews

Volunteer interviews give you the opportunity to meet with prospective volunteers, to find out a bit more about them; to explain in more detail about the role, and gauge their suitability for it. When handled well it provides a great foundation for the volunteer / volunteer manager relationship.

In advance of any volunteer interview it's important to consider how you might handle a situation where you feel that the person you are interviewing is not suitable for the role they are interested in. It can be difficult to say no when someone is offering to give their time. In these situations it's helpful to consider if there are any other roles on offer in your area which might be more suitable, and if not then it is appropriate to signpost to other sources of volunteering opportunities such as the Third Sector Interface.

When planning volunteer interviews it is important to consider the location and the environment. You should try to ensure that the interview feels as informal as possible, as a formal environment might make prospective volunteers feel anxious and as a result you may not get the best from them. Most people prefer to carry out volunteer interviews in person, however, it is possible to successfully interview via an online platform such as MS Teams.

In order to be as inclusive as possible you should ask all prospective volunteers if they have any accessibility needs that you can support them with, and you may wish to share the questions that you will ask in advance.

It is also good practice to explain how long you expect the interview to last, who will be present and provide some reassurance that the interview will be as informal as possible.

At the end of the interview, you should outline the next steps clearly before thanking the prospective volunteer for their time.

Sample interview questions



Question	What to look for	Score
Why would you like to volunteer with us?	An icebreaker question, allows the prospective volunteer to share with you their motivations for wanting to volunteer.	
What skills, interests or experiences will you bring to the role?	Use the role description to consider what skills, interests or experiences you need and if they match up to the prospective volunteer.	
<p>Patients and visitors may be under increased stress and feel anxious when you meet them as a volunteer.</p> <p>Tell us about a time when you have helped someone else who was stressed or anxious – how did you handle it?</p>	Here you may be looking for the ability to keep calm in stressful situations, to show empathy and kindness.	
<p>Volunteers need good communication skills, particularly the ability to actively listen.</p> <p>What, in your opinion makes a good listener?</p>	<p>Active listening can be demonstrated through:</p> <ul style="list-style-type: none"> • paying attention – such as through eye contact • show that you are listening – by nodding and smiling • reflecting back – ‘what I’m hearing you say is...’ • responding with kindness • not interrupting – pausing to be sure they have finished speaking 	
What would you do if someone asked you to do something that wasn’t in your role description?	Boundaries are incredibly important, and you want to be confident that they won’t overstep the boundaries and they will let you know if asked to do something outside of the role.	
<p>Within the role you may come across confidential information or see someone in the hospital who is known to you.</p> <p>How would you feel about having this information and</p>	Demonstrate knowing the importance of confidentiality.	

not being able to share it with your family or friends?		
Do you have any additional support needs that we can support you with?		
Do you have any questions for us?		
TOTAL SCORE		

Scoring Criteria

1	Unable to answer any aspect of question
2	Limited evidence of understanding or ability to demonstrate skill
3	Able to answer but didn't demonstrate any real knowledge
4	Good response, with detail and attempt to relate to example/self
5	Provided full, correct answer with real examples

Guidance for volunteers on completing the Occupational health self-declaration form



Why is self-declaration important?

The purpose of the self-declaration form is to ensure that [insert NHS board] fulfils its obligation to protect the health and safety of its patients, visitors, staff and volunteers.

The information you provide on the self-declaration form will enable [insert NHS board] to make decisions about any risks for patients and for volunteers. Any information you provide on the form will be treated in the strictest confidence and will not be shared outside the volunteer service without your consent.

Physical health	Why we need to know	How we can help
Any disability or illness that requires help or assistance with mobility, normal daily activities and social interactions.	As a volunteer you will be asked not to participate in manual handling of patients. However in an emergency you may need to be able to remove yourself and others from any immediate risk of injury. This means you need to be able to negotiate safely around the hospital and have no difficulties using emergency escape routes.	Occupational Health will be able to advise us on any specific recommendations or adjustments that we can make to ensure your safety.

Mental health	Why we need to know	How we can help
Any mental health condition that has required support (including medication), from a counsellor, GP, psychologist etc. in the last 2 years, or any problems coping with difficult or stressful situations.	Working around patients who are unwell can be very psychologically demanding and some areas of work are recognised as being more of a challenge than others. It is sometimes hard to imagine the impact of this if you have not done this before.	Occupational Health may recommend that you are offered a volunteer placement in areas that we know have less psychological demand and where you can access support from others easily. We are happy to re-evaluate this with you from time to time.

Serious health issues	Why we need to know	How we can help
Health issues which may cause sudden incapacitation or require emergency attention. E.g. Cardiac conditions, epilepsy or poorly controlled diabetes, asthma.	We need to know if you have a condition that may require emergency assistance to ensure your safety at all times.	Occupational Health can provide guidance about carrying out volunteering duties alone, and how we can support you. With your consent, key colleagues can be informed of any risks or likely emergency assistance you may need.

Sensory problems	Why we need to know	How we can help
Issues with your speech, hearing or vision that are not corrected by glasses, lenses or hearing aids.	Hospitals are busy places and it needs to be clear where people may have difficulties negotiating around the physical environment or who may struggle with standard communication tools.	Occupational Health can provide specific guidance, on any adjustments that we may be able to make, or what volunteering roles might be most suitable for you. It is our responsibility to ensure that you are not put in danger in the course of your volunteering (for example if you are unable to hear the fire alarm).

Suppressed immunity	Why we need to know	How we can help
Any health condition, which impacts your immunity e.g. removal of spleen, steroid treatment, cancer treatment, HIV etc.	There are a lot of opportunistic infections in a hospital which may put you at risk. Also some conditions prevent individuals from retaining immunity to childhood diseases which may then pose a risk to the patients.	Occupational Health can provide guidance to allow a suitable volunteer role and location for you to volunteer in to be identified to allow you to volunteer safely.

After you complete your self-declaration form: next steps

When the self-declaration form is returned it will be reviewed by the recruiting manager who will decide if you are able to progress to the next stage of the application process straight away or if we require more information or if some additional steps need to be taken to ensure everyone's safety.

If you have any conditions listed under 'issues of concern' you will need to discuss this with the Occupational Health Service, whose knowledge of the work environment will ensure that the potential for additional support or adjustments is not overlooked. If this is the case the recruiting manager will provide you with a link to allow you to complete an electronic pre-placement questionnaire. You may be contacted by Occupational Health to discuss your concerns over the phone or asked to attend an appointment with a nurse or doctor.

Following an Occupational Health appointment the recruiting manager will receive information to confirm your fitness and any requirement for adjustments or support you may require when we are looking at appropriate placements.

NB: Please note it is exceptionally rare that we are unable to find a suitable placement due to your health. However, it is on some occasions not possible.

Occupational Health self-declaration template



Please provide honest and accurate information and return this form to a Volunteer Service Manager. Once the Volunteer Service Manager has reviewed the information provided they will be in touch to discuss next steps in the recruitment pathway.

Name	
Date of Birth	
Postcode	
I have read and understood the guidance on self-declaration	YES/NO
I am aware of the health conditions or disabilities which may impair someone's ability to volunteer with [insert NHS board]	YES/NO
I have a health condition or disability which may impair my ability to volunteer with [insert NHS board]. Please note: If you answer yes to this you will be provided with a link to allow you to complete an electronic pre-placement questionnaire or if you would prefer this questionnaire can be provided hard copy. Both of these options will mean all information is returned directly to Occupational Health. All confidential medical data will be stored securely within Occupational Health in line with the General Data Protection Regulations (GDPR 2018)	YES/NO
I understand that it is my responsibility to inform [insert NHS board] of any changes to my health during the period I am a volunteer which may impair my ability to volunteer with [insert NHS board]	YES/NO
Signature	
Date	

3.4 Disclosure, PVG

Disclosure Services for the voluntary sector are provided by [Disclosure Scotland](#). This includes for volunteers who will be volunteering in public services such as NHS Scotland.

On the website you will find up to date information, guidance, resource and training on all aspects of Disclosure and PVG.

For advice on levels of Disclosure and eligibility queries, the information provided on Disclosures, legal obligations on Duty to Refer and the general principles of the Disclosure (Scotland) Act 2020, we have a dedicated contact at Disclosure Scotland:

Andrew Morrall, Customer Engagement Manager—Andrew.Morrall@disclosurescotland.gov.scot

The general mailbox will be able to give information on application timescales and invoices:

Customer Engagement Duty Manager—DSCEDutyManagerMailbox@disclosurescotland.gov.scot

You can access guidance on how prospective volunteers can obtain a certificate of good character via the [UK Government website](#).

The presence of a criminal conviction does not automatically preclude an individual from volunteering but may limit/restrict the opportunities that you are able to offer to individuals. Where convictions are identified as part of the recruitment process this does not immediately prevent the individual becoming a volunteer; all applications should be risk assessed on an individual basis.

NHS Scotland volunteer confidentiality agreement template



All staff and volunteers are bound by the same confidentiality rules under the [Code of Practice on Protecting Patient Confidentiality](#). Any information you see or hear about staff, patients, other volunteers or service users should not be discussed publicly and must be treated as confidential.

In the course of your duties you may have access to confidential information which should not be disclosed to any other person unless in the pursuit of your duties or with specific permission given on behalf of **[insert NHS board]** (or partner organisations).

Failure to comply with this will be deemed a breach of confidentiality. This means that patient information can only be passed to someone else if it contributes to your volunteering role in the **[insert NHS board]**.

If you are in any doubt as to which disclosures are unauthorised, check with your volunteer manager.

Ways in which a breach of confidentiality can occur: (Some of these are common to all boards, but individual boards may have other specific areas of concern not listed here.)

1. Indiscreet conversations in public places such as public transport, hospital corridors or in the street which may be overheard by others.
2. Telling family or friends you have seen someone that you know attending a hospital department.
3. Accessing your own or other family or friends' details either by viewing health records or accessing electronic systems.
4. Disclosing information to individuals without authorisation to do so and for which they are not entitled.
5. Reading files left lying on a desk without any authority to do so.
6. Posting information or photographs about patients, staff or other volunteers on social networking sites.

All of the examples stated are considered serious breaches of confidentiality and should they occur, the offer of volunteering may be withdrawn by the NHS Board.

Confidentiality is not keeping everything a secret. If you have any concerns about a patient, you should share your concern with a member of staff, but you should tell the patient that you plan to do this. You should not agree to keep a secret.

Some volunteers will need more detailed guidance on confidentiality. Where this is the case, you will receive more information at volunteer induction and training.

If you have any doubts, discuss your concerns with your named member of staff.

I have read and understood these guidelines and agreed to abide by them.

Signed: _____

Name: _____

Date: _____

Copy will be uploaded and kept electronically in the volunteer's file.

3.5 Equality, diversity and inclusion

The principles of equality, diversity and inclusion are particularly important to good practice in volunteering. We know from published research that the majority of volunteers are white, female, educated and affluent. It is well documented however that those who would benefit most from volunteering are those who face the most barriers to getting involved.

[The Equality Act \(2010\)](#) was introduced by the UK Government to ensure public organisations like the NHS promote equality and remove discrimination in the planning and delivery of all their services and activities. This includes volunteering. The requirements of public organisations are described in the [Public Sector Equality Duty](#), which is part of the Act.

The Act protects everyone. It lists 9 ‘protected characteristics’, meaning it is against the law to discriminate against someone because of:

Age	Disability
Gender	Transgender status
Marriage or Civil Partnership	Pregnancy and Maternity
Race	Religion or Belief
Sexual Orientation	

The Act does not cover everything we think is important. We also seek to avoid discrimination on the basis of being: homeless, an asylum seeker or refugee, having been involved in the criminal justice system or having experience of substance misuse.

In addition, as a [Corporate Parent](#), we have duties to care experienced children and young people up to the age of 26.

Inclusive volunteering is also a key theme in [Scotland’s Volunteering Action Plan](#). We want to encourage you to think about the ways in which you can make your volunteering opportunities more inclusive.

3.5.1 Practical ideas for Inclusive Volunteering

By collecting and analysing equality monitoring data, you can compare it to information related to the people who live, work and play in the communities where you offer volunteering opportunities.

Often data is collected, but not used to inform our approaches. A starting point is to consider what the data you have collected tells you about the groups or communities who are volunteering with you – and who are not. Next, you can compare this to local population data such as Scottish Household Survey to identify if there are particular groups or communities that you would like to encourage to volunteer.

Note: It is important that any equality monitoring data you collect is anonymised and cannot identify the individuals who have supplied it.

Below you will find an example of the steps that you can take to understand and remove barriers to volunteering with your NHS board for disabled people. This process can be applied to any community or group that you want to encourage to volunteer with you.



Your volunteering equality data shows that you have very few volunteers who are disabled people, but your local population has high number of disabled people. You decide to try to find ways to encourage disabled people to volunteer with you.

Try following using the steps outlined below to help you identify and make some changes.

CURIOSITY

Be curious about why disabled people are not volunteering with you. Be prepared to listen to the experiences of disabled people, and to have your perceptions and assumptions challenged.

CONNECT

Build relationships with community groups and organisations who work with and support disabled people. Talk to as many disabled people as you can. This will take time and effort on your part.

CO-PRODUCE

Work with disabled people to identify the barriers that exist and make changes to your volunteering service to remove those barriers.

EVALUATE

Think about how you will know if the changes you have made have made a difference – what data do you need to collect? What will success look like?

SHARE

Feedback the changes that you made to those who were involved in helping you to identify and find ways to remove the barriers.

Share your learning with your peers via the Volunteering Practitioners Network.

By taking an approach like this you can work on improving the diversity and inclusiveness of your volunteering opportunities over time. **Making small regular changes can add up to a big change.**

Equality monitoring form template



Why we are collecting this information

We want to make sure that everyone has an equal opportunity to take part in volunteering with NHS Scotland, and that we have not overlooked anyone. The following equality monitoring questions help us understand the groups we have heard from and the groups we need to do more to include.

The information you provide is not linked to your name or any other personal details. It will be kept anonymous and only reported in a way that does not identify individuals. You do not have to answer a question if you do not want to.

1. What is your sex?

Female Male Non-binary Prefer not to say

2. Do you consider yourself to be trans or have a trans history?

Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.

Yes No Prefer not to say

3. Which age group do you belong to?

Under 16 16-25 26-35 36-45
46-55 56-65 66 and over Prefer not to say

4. If you are under the age of 26, please can you tell us whether you have ever had any experience of being in care?

This can include foster care/supported care, kinship care, residential care, looked after at home (supervision order).

Yes, I have had experience of being in care Prefer not to say

No, I have not had experience of being in care Not applicable

5. Do you consider yourself to be disabled or to have a long-term health condition?

(The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Substantial means the effect is more than minor or trivial and long-term means the condition has lasted or is likely to last 12 months or more).

Yes No Prefer not to say

If you answered yes, please give a brief description of your disability or health condition (optional).

5.1 Do you use British Sign Language (BSL)?

Yes No Prefer not to say

5.2 Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- long-term physical / mental ill-health / disability; or
- problems related to old age?

Yes No Prefer not to say

6. Which of the following best describes your sexual orientation?

Bi / Bisexual Gay Lesbian Heterosexual/straight

Something else. Please write in (optional) _____

Prefer not to say

7. What is your religion or belief?

Buddhist Hindu Christian—Church of Scotland

Jewish Muslim Christian – Roman Catholic

Pagan Sikh Christian—another denomination

None Prefer not to say

Something else. Please write in _____

8. How do you describe your ethnicity?

African

African, African Scottish or African British

Other, please write in _____

Arab

Arab, Arab Scottish, Arab British

Other, please write in _____

Asian, Asian Scottish, Asian British

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other, please write in _____

Black or Caribbean

Black, Black Scottish, Black British

Caribbean, Caribbean Scottish, Caribbean British

Other, please write in _____

Mixed/multiple ethnic groups

Any mixed or multiple ethnic groups

White

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Roma

Showman/Showwoman

Other ethnic group (e.g. Jewish or Sikh)

Please write in _____

Prefer not to say

9. Do you usually have enough money each month to pay bills, buy the food, clothing and essentials you need and participate in your community?

Yes

No

Prefer not to say

10. Please use this space to tell us anything else you would like us to know about how you identify in relation to any of the above questions.

Chapter 4: Volunteer Induction and Training

In this chapter you will find information on the national NHS Scotland Volunteer Induction Course and the topics you may need to introduce volunteers to as part of their on-site induction.

You will also find information which may be helpful in planning what training volunteers may need to carry out their role.

4.1 NHS Scotland Volunteer Induction Course

This course is recommended for all volunteers joining NHS Scotland as part of their induction process and volunteers returning to NHS Scotland after a break in their volunteering activity.

This is an online course, hosted within the volunteering section of TURAS and contains nine learning modules and a quiz for volunteers to check their learning.

What is TURAS?

TURAS is digital platform for learning that offers a menu of different courses. It was developed by NHS Education for Scotland to support health and care professionals as well as volunteers working with NHS boards. Turas is the Scottish Gaelic word for journey. 'When you connect to TURAS, your learning journey begins'.

The information covered in the course is split into a number of modules:

Introduction to NHS Scotland volunteering
Communication
Confidentiality
Fire safety
Equality and diversity
Adult and child protection
Health, safety and wellbeing
Infection control
Support and supervision

It is recommended that volunteers are able to answer 80% of quiz questions correctly before downloading their completion certificate and sending to their volunteer manager. This ensures that volunteers have retained enough of the information from the course.

Course link: <https://learn.nes.nhs.scot/62610/volunteering-in-nhs-scotland>

NHS Scotland volunteer induction checklist template



The Volunteer Induction Checklist is divided into three parts for easy access.

Part 1: Welcome

Part 2: Policies and procedures

Part 3: Facilities and practicalities

Part 1: Welcome to your volunteer role

	Date complete	Responsible person
Introduce the volunteer role and what you will be doing		
Talk through the volunteer role description		
Discuss what [organisation] expects of you and what you should expect in return		
Discuss any worries or concerns you may have about the role		
Give details of training to be undertaken and the timescale for this, what commitment is involved and the reasons for this, especially if there is any compulsory training		
Agree the support available to you, who this is from, in what form and how often		
Discuss the boundaries of your role, including to whom you are accountable and whether you will be working alone or in a team		
Provide a copy of your role risk assessment and discuss what you will need to do to be safe and comply with the insurance		
Share updates of information on volunteer meetings, communications and social events		
Discuss the purpose of the volunteer agreement		
Provide contact details for your named person for you to contact if you have any problems		
Provide ID badge or any required equipment or uniform		
Set a review date to talk about how the volunteering experience is going		

Part 2: Welcome to our policies and procedures

	Date complete	Responsible person
Provide information on policies and procedures within [organisation] and how to access them		
Promote the importance of equality, diversity and inclusion and refer to [organisation]'s own policy		
Talk through the reward and recognition policy and the benefits to you		
Provide information on who to contact in an emergency and ensure that [organisation] has obtained emergency contacts for you		
Talk through the Health and Safety Policy and Procedures		
Provide information on fire exits; location of break glass points and extinguishers; emergency evacuation procedures and weekly alarm test; fire marshals		
Inform volunteers about first aiders and location of First Aid kits		
Explain accident procedures		
Outline procedures for building entry and security		
Highlight volunteer's responsibilities for health and safety		
Consider any other subjects for additional discussion		

Part 3: Welcome to our facilities and any practicalities

	Date complete	Responsible person
Talk through accessibility of the facilities such as disabled toilets, kitchen, opening hours, parking and relaxation areas		
Provide a tour of the facilities		
Provide information about the other organisations who share the building or area		
Discuss any dress code		
Give helpful tips about the local community such as car parking, bus route and nearest sandwich shop		
Discuss how to claim expenses , what can be claimed and issues relating to benefits		
Introduce the telephone system (if required)		
IT log on ; computer username and password (if required)		
Give details of where things are kept and how to get any keys that may be required		

4.2 Volunteer training

As a volunteer manager, it's your responsibility to make sure volunteers can carry out their role. Training is one way to make sure they are well prepared.

If their training is good, volunteers will feel more able to carry out their role. This is likely to make them want to continue volunteering. Training and development opportunities should meet the needs of the role but also reinforce that you are investing in your volunteers and leave them feeling valued and more confident.

Some volunteers may be hoping to enhance their CVs or to develop new skills by volunteering. Training is often a way to meet this need.

You'll need to train volunteers on whatever they need to feel confident doing their role. This will vary depending on what they do and the skills and experience they already have.

Training can involve:

Shadowing other volunteers or staff
Reading resources
Online workshops
Formal training
External courses

Support and supervision sessions also provide training opportunities. Here volunteers can think about their work and how they contribute to the organisation (see Chapter 5 for more information).

Some volunteers will take longer to build their skills and confidence. In these cases, make sure you continue to provide the training and support that they need.

To decide how much training to offer volunteers, it's important to think about:

How much time volunteers have available
How they prefer to learn
What they need to be able to volunteer successfully
What resources you have, such as staff time, materials and budget

Keep training relevant and appropriate to the volunteer's role. This avoids taking up too much of the volunteer's and trainer's time.

Infection prevention and control information for volunteers template



Infection prevention and control is a very important part of volunteering with NHS Scotland. The purpose is to keep patients, staff and volunteers safe and minimise the risk of infection. [Standard Infection Control Precautions \(SICPs\)](#) are the basic infection prevention and control measures. Healthcare Improvement Scotland published [Infection Prevention and Control Standards](#) in May 2022.

It is a requirement that you are compliant with [insert NHS board] Infection Control Policy, a copy of which will be provided as part of your induction and training.

Immunisation

[Immunisation](#) is a way of protecting against serious diseases. Once we have been immunised, our bodies are better able to fight these diseases if we come into contact with them.

While being immunised is not mandatory for volunteers, having these vaccinations protects you, your family and friends, other staff, patients and visitors.

Chapter 5: Supporting and supervising Volunteers

In this chapter you will find practical information to help you support and supervise volunteers proportionally and effectively.

5.1 Safeguarding

Taking a safeguarding approach to volunteering will help your NHS board actively prevent harm, bullying, harassment, abuse and neglect. It creates a culture where everyone understands their right to be safe.

Your volunteers should see safeguarding as a way of working every day. They should understand that everyone in the organisation has a role to play in safeguarding and why it's important to keep everyone safe, including themselves.

You can find a module on adult and child protection within the NHS Scotland Volunteer Induction Course which provides details for volunteers on their responsibilities and how to raise a concern.

You can find out more about [adult support and protection](#) and [child protection](#) via the Scottish Government's website.

5.2 Supervision

Volunteering in some roles within NHS Scotland may mean that you need to consider the provision of more formal 'supervision'.

Supervision as a form of support is a way for you to provide a safe space to explore how your volunteers are feeling and how they are doing in the role. It also provides a way of monitoring the volunteer to ensure that they are operating safely. By providing supervision sessions you can make sure your volunteers know they have someone turn to for support.

This approach also helps you to build an open culture where people feel comfortable raising concerns.

Some methods you may find effective:

Buddying systems (either alongside other volunteers or a paid member of staff) - these have the advantage of making sure there are two people present in any situation, alongside the added value of sharing knowledge, learning and experiences.
Volunteer meetings where peer support and discussion is encouraged.
Formal supervision meetings which allow for a regular one to one discussion following a set agenda.
Less formal, but regular meetings (including by online platforms) that have the same purpose.

5.3 Ensuring volunteers feel supported

It is important to ensure that volunteers feel supported to carry out their role, however it's also important to ensure that you are proportionate in your approach to offering support.

You should aim to provide the right level of supervision and support to your volunteers throughout the time they are volunteering. You need to work out what the demands are of the role, what you can offer and what is best for both you and the volunteer. For example, volunteers at a one-off social event may need less support than someone volunteering once a week in a palliative care ward.

When thinking about how much support and supervision to offer you might want to consider:

The amount of time the volunteer spends volunteering with you (do they volunteer every week or every few months for example).
The nature and demands of the role (particularly in relation to emotional burden and to safeguarding risks).

Some volunteers may see support or supervision meetings as unnecessary, or that they simply want to come and carry out their volunteer role and not get involved in support and supervision activities.

To support volunteers' understanding of the importance of support and supervision you should aim to:

Manage volunteers' expectations from the outset by detailing the support and supervision arrangements within the role description and /or at interview.
Make sure they understand it is for them to feedback about the organisation, others in the team and their role.
Help them see this is about giving better support or care to the people you work with.
Hold sessions that fit within their usual volunteering pattern.
For less regular peer support sessions give lots of notice, and consider child care needs, transport and other things to help people attend.

As a volunteer manager, it is good practice to keep a record of things discussed at support or supervision sessions and as a guide you should aim to take away these things from your meetings with volunteers:

A clearer understanding of the tasks and issues involved in the volunteer role.
The volunteers' perception of how things are going.
Any needs for additional training or guidance to meet their safeguarding responsibilities.
Views and ideas that the volunteer has about the organisation as a whole.
Any potentially problematic behaviours of theirs or others in the team which need to be addressed.

As a volunteer manager, you should aim to provide the following to volunteers during meetings so they understand what next steps they need to take between meetings and in readiness for the next meeting:

Clear direction on their role and activities.
Feedback on their work.
Support and advice.
An opportunity to vent, fret and question both their own actions and others' actions.

5.4 Getting the best out of volunteer support meetings

You should provide an appropriate place for volunteer support meetings, it's important for volunteers to feel able to talk openly about their volunteering experience. It may be useful to check with volunteers where they feel most comfortable meeting with you.

Some volunteering roles are more inherently stressful, create emotional burden or more likely to be exposed to safeguarding concerns. These roles should have more regular supervision and more opportunity to seek more support as they need it. You should provide information on how volunteers can access more support, with some NHS boards providing access to their employee assistance service for volunteers.

During volunteer peer support meetings, it can be useful to consider beforehand the areas for discussion, it is best to use open questions where possible. Some example questions are outlined in the diagram below.



What has gone well /
what do you enjoy about
your volunteering?

What could be improved?

What support do you
need from me or others?

Do you have any
concerns that you would
like to share?

You can use the following
prompts if needed:

- People
- Work procedures
- How work is shared
- Environment
- Safety
- Feeling comfortable
- Feeling supported

5.5 Responding to a volunteer's concerns

As a volunteer manager, you will often be the first person a volunteer comes to with a concern.

When a volunteer speaks to you about something that is concerning them, there are a number of things you should do.

Try to put the volunteer at ease - it can be very difficult to raise concerns. Reassure them that any complaint made in good faith will not come back to negatively affect them. However don't make promises in case if you later find this is a malicious allegation.

Help them feel at ease enough to 'own' the issue they are raising. Explain that anonymous issues can be more difficult to follow through.

Make an initial assessment of the problem raised as soon as information is shared with you by the volunteer, and be aware that you may need to act quickly to prevent further harm.

Tell the volunteer that it's important for you to record the facts of their complaint or concern. Begin to record what you are being told in case you need to investigate or act.

Tell the volunteer if you need to discuss the issue they have raised with others, for example your own line manager.

Ask questions about anything else they have done in relation to their worries. Never make assumptions. You need to know enough to identify whether the issue is a safeguarding concern, an allegation, a complaint or another type of issue.

Tell the volunteer the timeframe for you to get back to them (this will be based on your local NHS board policy and process for the type of issue being raised)

You need to make sure you are familiar with your organisation's processes for:

- responding to, recording and reporting a safeguarding concern
- problem solving, complaints or whistleblowing
- mechanisms for providing support to those involved
- referring issues outside of the organisation

Exit questionnaire template



It is considered best practice to collect information / feedback when volunteers leave – similar to an exit questionnaire or interview when leaving an employer.

We value the contribution you've made whilst you've been volunteering with us. To help us to continue to improve the experience for future volunteers, we would appreciate you taking a few minutes to give us your feedback.

Volunteer's name:	
Volunteer's role:	
What have you enjoyed most about your volunteering?	<input type="checkbox"/> Getting involved in something I care about <input type="checkbox"/> Getting to know more about the work of the organisation <input type="checkbox"/> Being active/outdoors <input type="checkbox"/> Meeting new people <input type="checkbox"/> Learning new skills <input type="checkbox"/> Other (please give details)
What experience have you enjoyed most whilst volunteering with the organisation in the last year?	
Why was this and what made it so memorable?	
Please let us know why you have decided to stop your volunteering?	<input type="checkbox"/> Moving away <input type="checkbox"/> Got a related employed position <input type="checkbox"/> Change in personal circumstances <input type="checkbox"/> Ill Health <input type="checkbox"/> Other (please give details)

Please give details of anything you think could improve the volunteering experience at the organisation.

Please provide any additional comments you feel appropriate.

Chapter 6: Managing risk in NHS Scotland

Volunteering

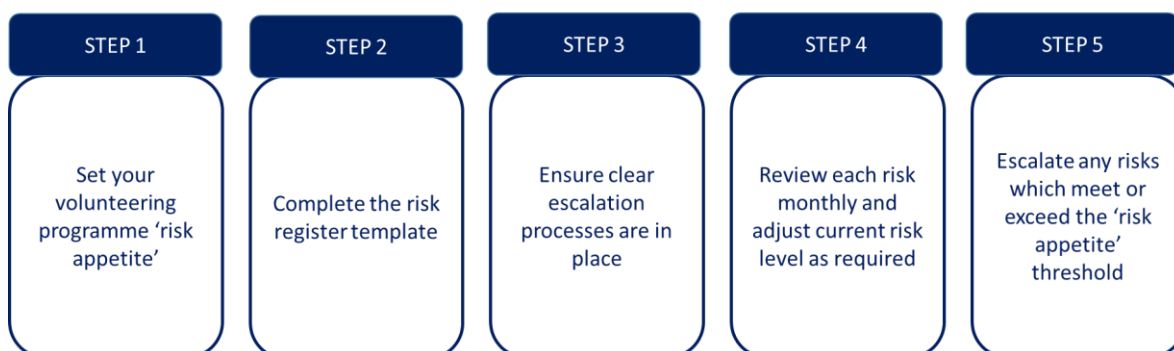
Risks are potential events, issues or problems which may happen, but have not yet happened. This chapter provides you with practical tools to help you in both managing risk associated with your volunteering programme and assessing and reducing the risks associated with your volunteering services or roles.

Risk register

A risk register, when used effectively promotes dynamic risk assessment and mitigation control, which ensures good communication and understanding of identified risks to volunteering. In this context a risk register is used for monitoring and managing all identified risks to your volunteering programme.



The risk register will usually be managed by the volunteer manager, who will have clear escalation processes in place should the risk appetite threshold be met or exceeded. Good practice in managing a risk register can be demonstrated as follows.



Risk appetite

In order to effectively manage a risk register, you must first set your 'risk appetite'. This means that you consider the levels of risk that you are comfortable with and at which point you would need to take action.

As an example the Volunteering in NHS Scotland Programme risk appetite threshold has been set at:

- acceptable risk (no action to mitigate required): score of 0-9 (Green/Yellow)
- risk mitigation (takes action to mitigate risk to reduce the score): score of 10-15 (Amber)
- unacceptable risk (does not proceed with or stops the activity associated with the risk): score of 16+ (Red)

Risk register scorecard

Scores in the amber or red areas of on the diagram below should have action taken.

	Impact				
Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Guidance on maintenance of a risk register

In order for your risk register to be a useful tool in supporting the management of risk to your volunteering programme, it is helpful to agree the following:

1. The risk register will be reviewed and updated at the [insert date and by whom].
2. Any amber risks will be flagged immediately to [insert who risks will be flagged to].
3. Any red risks will trigger an immediate meeting to discuss with [insert who should attend meeting].
4. The risk register will be a standing agenda item at [insert meeting name] meetings, where amber and red level risks will be discussed.
5. Blue text in the column titled 'mitigation controls with indication of timescale and effect' doesn't change, latest updates are shown in red text.
6. Column to show likelihood, impact, score should be coloured accordingly (red / amber / green).
7. Tolerance risk level is the target score that is acceptable based on your agreed risk appetite. Highlight in appropriate colour (red / amber / green).

Risk register example

(for reference only – this is an excerpt from NHS Scotland Volunteering Programme Risk Register)

ID	Risk Description and Consequence	Mitigating Controls with Indication of Timescales and Effect	Current Risk Level	Risk Attributes
1	<p><i>Unplanned staff absence</i></p> <p>There is a risk that planned work will not be completed on schedule should any of the programme team be unexpectedly be absent from work.</p> <p>Because of the small staff team.</p> <p>Resulting in delays to planned work, a backlog of work to be completed. This may also affect relationships and reputation of the programme.</p>	<p><i>Monthly reviews to monitor progress and make necessary adjustments of the programme work plan by the team.</i></p> <p><i>Unplanned absences (of more than 1 week) communicated to senior management and triggers a review of current work priorities.</i></p> <p><i>Communication with key stakeholders regularly on delays to work, advising of estimated timescale of delay and revised delivery timescales as soon as they are available.</i></p>	<p>Likelihood 4</p> <p>Impact 3</p> <p>Score 12</p>	<p>Owner:</p> <p>Tolerance Score: 12 (3x4)</p> <p>Last Review Date: 27.09.22</p>

Step 2: Score the risks

All risk assessments should be scored using the severity / likelihood matrix below. You should consider each risk in turn thinking about how likely is it to happen and also how severe the impact would be should it occur.

Severity / Likelihood Scoring Matrix

Severity \ Likelihood		Negligible		Minor		Moderate		Major		Catastrophic	
		1	5	2	10	3	15	4	20	5	25
Certain	5	Amber	5	Amber	10	Red	15	Red	20	Red	25
Probable	4	Green	4	Amber	8	Red	12	Red	16	Red	20
Possible	3	Green	3	Amber	6	Amber	9	Red	12	Red	15
Unusual	2	Green	2	Green	4	Amber	6	Amber	8	Amber	10
Remote	1	Green	1	Green	2	Green	3	Green	4	Amber	5

Step 3: Apply the decision matrix

Use the decision matrix below to interpret the score in the likelihood / severity matrix, and make a decision.

-  Low risk - proceed with implementing volunteer role
-  Moderate risk – explore all risk mitigation options and / or alternatives (set a date to review)
-  High risk – proceed with caution, escalate risks to senior management to make a decision on whether the role should proceed

Risk register template



ID	Risk Description and Consequence	Mitigating Controls with Indication of Timescales and Effect	Current Risk Level	Risk Attributes
	<p>[risk title]</p> <p>There is a risk that...</p> <p>Because of...</p> <p>Resulting in...</p>	<p>Text in blue is not deleted.</p> <p>Latest updates are shown in red.</p>	<p>Likelihood</p> <p>x</p> <p>Impact</p> <p>=</p> <p>Score</p>	<p>Owner:</p> <p>[insert name]</p> <p>Tolerance Score:</p> <p>[highest score acceptable for this risk based on agreed risk appetite]</p> <p>Last Review Date:</p> <p>[insert date]</p>

Volunteer Service / role risk assessment

It is best practice across NHS Scotland for each new service or volunteer role to be risk assessed.

This is an important step in setting up new volunteering roles or services and to review risk assessments annually.



It is the responsibility of the volunteer manager to identify who needs to be involved in the risk assessment process, and involve those individuals as required in determining what the risks are, who could be harmed, and how to reduce the chance of the risk occurring.

STEP 1

Consider who needs to be involved in the risk assessment process

STEP 2

Identify the risks, and who could be harmed if the risk occurs

STEP 3

Identify and make changes that will reduce the risk occurring

STEP 4

Complete the severity / likelihood score and agree date to review the risk assessment

Volunteer Service / Role Risk Assessment Template



Please use this example template to consider and record the risks identified, who may be harmed, what mitigations have been put in place and the severity / likelihood score for each risk.

Volunteer role:

Location:

What are the risks?	Who may be harmed?	What have you put in place to reduce the risks?	Severity / likelihood score

Chapter 7: Evidencing the power of volunteering

7.1 Why create evidence?

Volunteering is viewed by most as a positive thing, however one of the most challenging aspects of managing a volunteer service or programme is how to evidence the difference that volunteering makes – quite often this is described as ‘impact’.

This evidence can be a powerful tool in raising awareness of the benefits of volunteering, but can also be used to gain further investment in your volunteering programme.

There are many ways to gather evidence and evaluate which will demonstrate the impact of your volunteering service or programme. In this chapter we will share with you some of the options available to you from informal approaches such as case studies and gathering feedback (and how to use what you gather) right through to formal evaluations which you can carry out yourself or bring in others to help.

7.2 Who can support you?

Healthcare Improvement Scotland–Community Engagement & System Redesign is able to provide support and guidance to help you to evidence to demonstrate the difference that volunteers make within your NHS board area.

Please contact the NHS Scotland Volunteering Programme team on his.volunteering@nhs.scot to discuss your support needs.

7.3 Data collection

Data collection is key in being able to evaluate and demonstrate your impact. In most cases you will already be gathering a large amount of useful data, both quantitative and qualitative. It may be helpful to review the types of data that you already gather to help you understand if there are gaps or areas you would like to improve on.

There are many tools available to help you collect data such as surveys, questionnaires, short interviews, small group discussions or focus groups. You can find a range of tips and tools that may be useful by visiting the [Participation Toolkit](#) on the Healthcare Improvement Scotland–Community Engagement & System Redesign website.

QUANTATIVE DATA

Things we can count such as the number of volunteers, how many hours' volunteers give, what training they have undertaken, where they volunteer and the roles they carry out. This data is usually easy to gather and analyse - it tells part of the story, but not all of it.

QUALITATIVE DATA

The experiences of patients, staff and volunteers gathered in their own words telling you about the difference that volunteering has meant to them. This data is a bit more difficult to gather and analyse – but provides you with a rounder and fuller picture of the difference that volunteering makes.

7.4 Gathering feedback

Gathering feedback from staff, patients and volunteers on their experiences can be a useful way to check in on how well things are going or to find out if there are any improvements that could be made.

You may be able to gather feedback at volunteer support and supervision meetings, through conversations with staff who interact with volunteers or through patient feedback processes within your local NHS board.



When gathering feedback its best to keep it simple. The 'Rose-Thorn-Bud' method can be a useful way of gathering feedback.



Rose

A highlight, a success, or something positive that happened.

What was a highlight today?
How have you been successful?
What are you most proud of?



Thorn

A challenge you experienced, or something you can use more support with.

What was most stressful?
What if did you find difficult?
What made it hard to be successful?



Bud

New ideas or something you're looking forward to knowing / understanding more about.

What are you looking forward to?
Opportunities for learning that excite you?
What needs growth and nurturing?

[Case studies](#) can also provide a useful snapshot of the impact of volunteering, you can create engaging and informative case studies in written, audio or video formats.

7.5 Evaluation

It can be useful to evaluate a particular role or part of your service in order to think about how you could improve or grow. An evaluation will usually result in an output of a written report, with recommendations for improvement. There are a number of ways in which you can do this:

7.5.1 Plan, design and carry out your own evaluation

It is possible to carry out your own evaluation, although this can be a daunting prospect if it's something that is new to you. You may find the checklist below useful, which has been adapted from [Evaluating Participation: A guide and toolkit for health and social care practitioners \(2013\)](#)

Stage 1: Developing an evaluation framework and data collection tools

Question	Your answer
What are the goals of the volunteering activity?	
What does success look like?	
What is the purpose of this evaluation?	
What are the key questions you want to answer?	
What information / data do you want to collect?	
What methods will you use to collect data?	
Who is the audience(s) for the evaluation?	
Who are the key stakeholders?	
How will they be involved in the evaluation?	
What is the timetable?	
What is the budget?	
Who will conduct the evaluation?	
How will the evaluation be project managed?	
Are there any potential ethical issues and how have you addressed them? Have you addressed any ethical issues?	

Stage 2: Collecting and analysing data

Question	Your answer
Have you planned for the data collecting methods e.g. focus group event, survey distribution, participatory session?	
How will you record and store your data?	
How will you analyse your data and interpret results? Who might be able to help you with this?	
Who will be involved in gathering the data?	

Stage 3: Reporting, sharing and responding to results

Question	Your answer
How will you communicate the results and to whom?	
Have you produced a report and summary?	
Have you arranged an event or discussion session to explore the findings?	
What will you do with the results?	
How will they influence change?	

7.5.2 Helpforce insight and impact service

Helpforce are a UK wide charity whose mission is to accelerate the growth and impact of volunteering in health and care. They provide an online community of professionals with an interest in volunteering in health and care, as well as a range of resources and tools to support the development and growth of volunteering services.

[Helpforce's Insight & Impact](#) (I&I) service provides a free to use tool which takes you through a beginning-to-end process of evaluating volunteering, helping you to gather the evidence you need to show that your volunteers are making a difference.

Helpforce will guide you through the 4-step process outlined below, supported by training to help you to build your own skills and use the online I&I tool.

Helpforce 4-step process:

	You	Helpforce	Outputs
1 Define	Use I&I site to describe your project & who it aims to help	Review	Description of project, beneficiaries & audiences
2 Design	Use I&I site to design outcomes & set out data collection plan	Assist, advise, support, review	Outcome model & Data collection model
3 Collect	Collect data from the 'front line' using online forms & surveys	Review data & provide insights & evidence results to date	Evidence progress (page on I&I site updated monthly)
4 Evaluate		Detailed analysis of data to produce evidence findings	Evidence findings against outcomes

7.6 Commission an evaluation

On some occasions it can be beneficial to commission an independent evaluation. This is usually when the evaluation to be carried out which is of a large scale or is particularly complex and would benefit from specialist input. There can be benefits to commissioning an evaluation such as:

- The organisation you choose will have expert knowledge on evaluation and have the skills and capacity to carry out evaluation work – rather than you doing it all in addition to delivering the project.
- Independence and a degree of objectivity–this can be important if you want to convince future funders that your evaluation findings are sound.
- Communication of your project’s achievements – good evaluators are generally skilled at writing up and presenting information.

Commissioning an evaluation is a large undertaking and is often very costly. If you think that commissioning an evaluation may be the right approach for you, it is recommended that you discuss your evaluation needs with your strategic lead for volunteering within your NHS board area.

7.7 Telling your story

As important as gathering data and feedback, it is also important to think about how you will explore what it tells you and how you will use it. You might want to think about using some information that you have gathered in:

Newsletters
Social media
Website
Reports
Presentations
Webinars
Conferences and events

It can be useful to create a [communications plan](#) to think through how and when you will disseminate and share the difference that volunteers make and who you want to make sure hears about your work.

7.8 Creating Evidence Together: a practical example

This is an example of formal evaluation using an online questionnaire and collecting a mix of quantitative and qualitative data.

National Volunteer Experience Survey

In February 2023, NHS Fife, Lothian, Grampian and Golden Jubilee along with the NHS Scotland Volunteering Programme began to collaborate to develop a shared set of volunteer experience survey questions, that participating NHS boards agreed to use to gather the experiences of their volunteers each June as part of Volunteer Week. Each NHS board will use their findings locally to highlight the positive aspects of the experiences their volunteers have, but also to identify any areas for improvement.

Participating NHS boards have also agreed to share their findings with the NHS Scotland Volunteering Programme who will analyse the data set and prepare a yearly report on the experiences of NHS volunteers which will be publicly available via our website.

We are keen to encourage more NHS boards to join with us and participate in future national volunteer experience surveys. You can view the question set used during the 2023 survey below.

Please contact his.volunteering@nhs.scot if you would like to find out more information or if you would like your NHS board to get involved.

[insert NHS board] Volunteer Experience Survey 2023

Thank you for giving your time to volunteer with [insert NHS board].

We are interested in hearing from you about what it is like to volunteer with [insert NHS board]. This helps us to know where things are working and well and where we might be able to improve.

In addition to using the information within [insert NHS board] we will also share the data with colleagues in the NHS Scotland Volunteering Programme who will report on the results at a national level.

The answers you give are completely anonymous, and all volunteers will be sent a copy of the results of the survey along with any changes or improvements that we will make as a result.

The survey will take approximately 6 minutes to complete.

Section 1

In this section you will find a series of statements which are linked to the Scottish Government's National Volunteering Framework, we have decided to use these statements as it will help us measure how well we are doing against national priorities for volunteering.

Please choose how much you agree or disagree with each statement when thinking about volunteering with [insert NHS board].

1. **Volunteering with [insert NHS board] is flexible and responds to my needs.** *Required to answer. Likert scale.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I can adjust my commitments or change my role when I need to.						
I give my time on my own terms and around my life.						
I know what I'm being asked to do and how to stop if I wish.						

2. **Do you have any further comments to make about your experiences relating to the statements above?** *Not required to answer. Free text.*

Enter your answer

3. **I am enabled and supported to carry out my volunteer role.** *Required to answer. Likert scale.*

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Prefer not to say
I enjoy taking part and feel good about my contribution.						
I receive practical help with expenses, access and training.						
I know who to ask for help if I need it.						

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Prefer not to say
I understand the process of how I carry out my role and why it's necessary.						

4. Do you have any further comments to make about your experiences relating to the statements above? *Not required to answer. Free text.*

Enter your answer

5. Volunteering is sociable and helps me feel connected. *Required to answer. Likert scale.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I can meet and spend time with people if I want to.						
I enjoy the experience and feel part of something.						
I volunteer with or for people with common objectives.						

6. Do you have any further comments to make about your experiences relating to the statements above? *Not required to answer. Free text.*

Enter your answer

7. Volunteering with [insert NHS board] makes me feel valued and appreciated. *Required to answer. Likert scale.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I am valued for what I bring.						
I feel that my contributions are appreciated.						
I can see how my volunteering makes a difference to [insert NHS board].						

8. Do you have any further comments to make about your experiences relating to the statements above? *Not required to answer. Free text.*

Enter your answer

9. Volunteering with [insert NHS board] has meaning and purpose for me. *Required to answer. Likert scale.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I feel that what I do is worthwhile.						
I know how I make a difference.						
I am contributing to something that matters to me.						

10. Do you have any further comments to make about your experiences relating to the statements above? *Not required to answer. Free text.*

Enter your answer

11. **[insert NHS board]** volunteering is a welcoming place for everyone. *Required to answer.*

Likert scale.

	Strongly agree	Agree	Neither agree or	Disagree	Strongly disagree	Prefer not to say
I feel 'volunteering' or being a 'volunteer' is something I can be involved in or be part of.						
I do not feel excluded from roles because of who I am.						
I feel like my knowledge, skills and experiences are respected and utilised.						

12. **Do you have any further comments to make about your experiences relating to the statements above?** *Not required to answer. Free text.*

Enter your answer

Section 2

This section provides you with a chance to share your thoughts and experiences with us in your own words.

13. **What has been your favourite moment from volunteering with **[insert NHS board]** in the last year?** *Not required to answer. Free text.*

Enter your answer

14. **If you could improve one thing about your volunteering experience with **[insert NHS board]**, what would it be?** *Not required to answer. Free text.*

Enter your answer

15. **Is there anything else you would like to tell us about your experience of volunteering with us?** *Not required to answer. Free text.*

Enter your answer

Chapter 8: NHS Scotland Volunteering Strategy and Structures

In this chapter you will find information on the national infrastructure, strategies and structure which support volunteering across NHS Scotland.

8.1 Healthcare Improvement Scotland – Community Engagement

In June 2023, Healthcare Improvement Scotland – Community Engagement & System Redesign published its [Strategic Vision for 2023-28](#). The NHS Scotland Volunteering Programme forms part of the Community Engagement & System Redesign Directorate.

8.2 NHS Scotland Volunteering Programme

The NHS Scotland Volunteering Programme (the programme) has three strategic aims:

1. **Building and sharing evidence demonstrating the impact of volunteering.**

Working with specialist colleagues in the Evidence for Engagement programme we will build and share evidence demonstrating the impact of volunteering.

- We will be the go-to place for the evidence we build around volunteering.
- We will play a crucial role in transforming national health and care services, and developing policy by creating relevant, timely evidence.
- We will gather local, national and international volunteering evidence.
- We will have a joined-up, proactive plan for creating evidence which prioritises national needs.

How we will do this:

- gather public views
- run Citizens' Panels
- carry out research
- write case studies
- create guidance and toolkits
- hold workshops and events.

2. **Using knowledge and expertise to improve volunteering.**

Working with specialist colleagues in the Improvement of Engagement programme and in our regional engagement teams we will use knowledge and expertise to drive forward and improve volunteering across health and care.

- We will create a learning system that supports internal and external stakeholders to learn, develop, improve and share best practice in volunteering. This includes applying learning from our work and testing new things.

- We will have excellent partnership working and communication that underpins sharing knowledge.
- We will be forward-thinking and ambitious, continually improving and developing our expertise.

How we will do this:

- develop a Quality Framework for volunteering in health and care
- lead networks for professionals in volunteering
- celebrate success
- provide training
- have a culture that values and supports people, and reduces unnecessary variation.

3. Providing assurance that volunteering in NHS Scotland is high quality, safe and effective.

Working with specialist colleagues in the Assurance of Engagement programme we will provide assurance that volunteering in NHS Scotland is high quality, safe and effective.

- We will provide strategic support and governance on volunteering to our partners across health and care.

How we will do this:

- support health and care teams to develop and review their volunteering strategies
- provide advice on quality and improvement in volunteering.

8.3 NHS Scotland Volunteering Advisory Board

The [NHS Scotland Volunteering Advisory Board](#) (previously known as the National Group for Volunteering in NHS Scotland) provides a strategic steer to the Volunteering in NHS Scotland Programme. It is also responsible for providing leadership, advice and guidance for volunteering in NHS Scotland.

The Advisory Board is comprised of senior leaders and subject matter experts from NHS Scotland, Scottish Government and Third Sector (a [full membership list](#) can be found on the Healthcare Improvement Scotland–Community Engagement & System Redesign website). Its membership was expanded in August 2022 following a review of its terms of reference which articulates its intention for the Advisory Board to support the delivery of the NHS Scotland Volunteering Programme Strategy.

[Agenda and minutes of meetings](#) can be found on the Healthcare Improvement Scotland-Community Engagement & System Redesign website.

8.4 NHS Scotland Executive and Strategic Leads for Volunteering

Since August 2019, the Scottish Government has required boards to identify a [Strategic Lead and an Executive Lead for Volunteering](#), to strengthen local governance arrangements for volunteering.

Chapter 9: Scottish Government and Volunteering

A number of national policies support the delivery of high quality, safe and person centred volunteering across NHS Scotland.

9.1 Volunteer out of pocket expenses

The Volunteer Charter states '*Volunteers should receive no financial reward for their time however out of pocket expenses should be covered; no one should be prevented from volunteering due to their income*'. Scottish Government refreshed its [Guidance on Reimbursement of 'Out of Pocket' Expenses for Volunteers within NHS Scotland](#) in October 2022.

All NHS boards should have a policy on volunteer expenses which should be refreshed annually.

9.2 Safety and Protection of patients, staff and volunteers in NHS Scotland

The [Lampard Report](#) was commissioned by the Department of Health following investigations into matters relating to Jimmy Savile and was published in February 2015. The report considered emerging themes to identify risks and lessons learnt offering recommendations for the NHS in England and Wales, The Department of Health and wider government.

In continuing to meet its commitment to ensuring patient safety and the safety of the staff and volunteers who work within and for the NHS in Scotland, the Scottish Government has chosen to give careful consideration to the Lampard Report recommendations and how these may be applied in NHS Scotland in [Safety and protection of patients, staff and volunteering in NHS Scotland \(DL \(2017\) 07\)](#).

NHS boards were asked to take several actions as a result:

1. Boards were asked to consider each of the Lampard Report Recommendations, identifying any necessary local actions and to ensure that arrangements for the monitoring, measurement and reporting of the impact of these actions are considered through their Board level governance processes.
2. Boards should also consider the themes identified in the Lampard Report. These are implied in relation to some of the culture and process issues raised in view of their impact on individual behaviour in the workplace. They include how individuals' perception, trust and power relate to organisational effectiveness/safety and public protection through encouraging openness and accountability. Boards should ensure that any necessary action is identified and fed into local improvement plans.
3. Boards were asked to engage with national groups and external partners to consider local issues in the application of the recommendations and identified actions detailed in Annex 2 of [Safety and protection of patients, staff and volunteering in NHS Scotland \(DL \(2017\) 07\)](#).

In addition to the recommendations outlined above in 2017, the [Clear Pathway](#) guidance was published by Voluntary Health Scotland in 2018. Clear Pathway provides strategic guidance for NHS Boards concerning the management of volunteers deployed in NHS settings who are not directly recruited, managed or trained by NHS Boards. It is designed to support Boards to manage the risks and

capitalise on the opportunities associated with third sector volunteering so that it is always safe, effective and person-centred, in line with the quality ambitions of NHS Scotland.

9.3 National Whistleblowing Standards

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.



Volunteers' access to the Standards and the INWO

All volunteers working within NHS services must have access to these [Standards](#); they must be able to speak out where they have concerns over patient safety or malpractice, and they must have access to the support they need to do so.

Volunteers often have a unique perspective on the work of a ward or service. Their regular presence may mean they become aware of issues which are of concern, and they may well be uncertain of how to deal with them. They may also be uncertain about how serious a problem is, or whether it is something they should have any involvement in.

Volunteers are unlikely to share their concerns unless they are encouraged and offered the opportunity to share their insights with others. They may not feel that a whistleblowing procedure applies to them, so it is particularly important to ensure that all volunteers are informed of the procedure and how they can access it.

Chapter 10: Useful websites

In this chapter you will find a list of websites and sources of information about volunteering in health and in the third sector.

<u>Volunteering in NHS Scotland Programme</u>
<u>Volunteer Scotland</u>
<u>Scotland's volunteering Action Plan</u>
<u>Volunteering for All: National Outcomes Framework</u>
<u>VolunteerWiki</u>
<u>Scottish Council for Voluntary Organisations (SCVO)</u>
<u>National Council for Voluntary Organisations (NCVO)</u>
<u>Third Sector Unit: Scottish Government</u>
<u>Engage Journal</u>
<u>Helpforce</u>
<u>NHS England: Recruiting and Managing Volunteers in NHS Providers: a practical guide 2017</u>
<u>Make Your Mark</u>
<u>Voluntary Health Scotland</u>
<u>Third Sector Interfaces</u>

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You can read and download this document from our website.

We are happy to consider requests for other languages or formats.

Please contact our Equality and Diversity Advisor on 0141 225 6999

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