

**Claire Stevens, Chief Officer, Voluntary Health Scotland**

**Presentation:**

### **Introducing VHS**

1. VHS is the national network and intermediary for Scotland's health charities and other voluntary and third sector organisations with an active involvement in health. We are a registered charity with a membership base of over 400 organisations and individuals, ranging from national charities like Samaritans and Changing Faces and through to local organisations like Dundee Voluntary Action and Lorn & Oban Healthy Options. Our vision is that Scotland's third sector should be an equal partner in helping people enjoy longer, healthier lives and we work to promote better recognition of the voluntary health sector and the role it plays in health and care.

### **Volunteering in health: a rich history**

2. Volunteering in health has a rich history, traceable in the UK at least back to medieval times, when there was a strong association between religion and ministrations to the poor and sick. Estimates suggest that no fewer than 500 voluntary hospitals were established in England alone during the 12th and 13th centuries. The first voluntary hospital in Scotland was Edinburgh's Royal Infirmary, established in 1729. The voluntary ethos continues there today through a wide range of voluntary services including befriending, guiding and welcoming, information giving, health promotion, helping at clinics and events, fundraising, peer support, the library, café and shops, ward visitors and helpers, transport, chaplaincy, and therapeutic care.
3. Pre-NHS, the First World War saw 90,000 British Red Cross volunteers caring for sick and wounded sailors and soldiers both at home and abroad, organising the supply of hospital clothing and bedding, and making essential hospital equipment such as bandages, splints and swabs.
4. The advent of the NHS in 1948 of course meant that the charity and volunteers on which voluntary hospitals had relied soon declined in relative terms, but formal development of volunteering in NHS Scotland can be traced back to 1970. Successive administrations in Scotland have supported the development of voluntary services within the NHS, in particular the direct engagement of volunteers by the NHS itself. You will hear more about this from Alan Bigham (Scottish Health Council) shortly.

### **Current challenges**

5. In parallel with the NHS's own development of volunteering policies and volunteer roles in Scotland, charities and other voluntary organisations have continued the long tradition of engaging their own volunteers to help in hospitals, hospices and the wider community.

6. The challenge that we have in Scotland is that, so far, there has never been any comprehensive or reliable data about third sector volunteers in health settings, whether nationally or by board. To the best of my knowledge, this isn't data that health and social care partnerships have gathered either. This hinders the scope for further development, improvement and new opportunities, whether in acute hospitals or as part of integrated health and social care services.
7. NHS Lothian can tell you the names of at least 30 volunteer-engaging organisations they currently work with, the services the volunteers provide and where, as can a number of other boards. But overall there is no consistent or comprehensive data collection on volunteers not directly managed by the boards.
8. When VHS conducted an electronic survey earlier this year across our own network, to try to establish some data for ourselves, only 25 of the charities that responded had information about their deployment of volunteers in NHS settings. 7 responded to say they didn't know whether they had volunteers in the NHS or not, and a further 25 said they didn't currently but were very keen though found it hard to know how to engage with their board and get started. There are clearly vastly more than 25 charities with volunteers in NHS settings across Scotland so the picture remains very incomplete.

### **VHS's response**

9. The catalyst for VHS to start looking at third sector or indirect volunteering in NHS settings was the publication of Professor Kate Lampard's report on 'themes and lessons learned from matters relating to Jimmy Savile' and the work SHC immediately undertook to raise awareness about the importance of what it said. Joanna Swanson (Scottish Government) will talk further about Scottish Government's response to Lampard, but the report and SHC's work led to VHS setting up the Clear Pathway project.
10. We started with some scoping work, two years ago, hosting a round table between SG, SHC and small group of health charities with volunteers in patient facing roles in hospitals. The aim was to explore their perception of risks and issues. The organisations were quite diverse – e.g. cystic fibrosis charity Butterfly Trust, Alzheimer Scotland, Bliss, the premature and sick baby charity, Chest Heart and Stroke Scotland and Volunteer Edinburgh.
11. The organisations agreed that there was a need for NHS Boards to be better assured of compliance and the management of risk. A number of related issues also emerged including the wide variance in arrangements that boards have with third sector organisations, with different arrangements within the same board far from unusual, difficulties in identifying effective communication channels with boards, and sometimes unattainable expectations by some Boards in relation to PVG and Disclosure checks.

12. The round table concluded that there was an opportunity for NHS Boards to benchmark against the Lampard Report, tackle related issues, engage and work more collaboratively with third sector partners.
13. Following the round table, VHS went on to design Clear Pathway in collaboration with the National Group for Volunteering in NHSScotland, Scottish Health Council and the Scottish Government.

### **Clear Pathway**

14. Clear Pathway is a collaborative piece of work that aims to support safe, effective and person centred volunteering in NHS settings, with the focus on volunteers recruited and managed by third sector organisations. We set out to explore the issues, risks and scope for improvement regarding these 'indirect' volunteers.
15. Our methodology has largely been one of informal appreciative inquiry, which means we have set out to engage stakeholders in both NHS and third sector in self-determined change. We have done that through promoting awareness, asking questions, gathering evidence of both issues and good practice, and encouraging dialogue between boards and third sector.

### **Guidance**

16. The final output of the project will be guidance and case studies to support NHS and the third sector to work together to ensure that indirect volunteering in NHS is as beneficial to patients and staff – and the volunteers themselves – as it can be.
17. A first draft of the guidance has now been developed by Richard Hamer of Animate Consulting, who is here today. With Richard's help we will be consulting key stakeholders about the draft in the very near future – we have a project reference group made up of NHS and third sector representatives, but we also have a dotted line report into the National Group on Volunteering in NHSScotland. We also plan some further consultation with third sector organisations via a focus group. In terms of timescales the aim is for the guidance to be ready for disseminating from January onwards.
18. Probably the most important deficit that the guidance will explicitly address is the current lack of clear governance arrangements concerning the deployment of indirect volunteers. Our over-arching recommendation is that each board develops a partnership agreement template that it uses consistently with its volunteering partners.
19. Currently, governance is simply a muddle when viewed across the piece. Some third sector organisations have a service level agreement, memorandum of understanding or similar document concerning their volunteers, outlining areas of responsibility, requirements of screening and training of volunteers, but that this is not always the case by any means.

20. Nor is there a uniform gateway through which these arrangements are made within boards. We know that there are third sector organisations carrying out activities on NHS premises effectively 'under the radar' - with positive outcomes for all involved, but potential exposure to risk.
21. NHS GGC is an example of a board actively addressing such governance issues. They have been working collaboratively with third sector partners to develop a clear framework for the governance of voluntary services provided by the third sector, including a template formal agreement. The goal is to ensure that such services can be aligned to the board's volunteering policy and that arrangements in relation to areas like health and safety, induction and training are consistent. You can see copies of the framework – which is in the form of a pack - on the VHS stand.

### Looking ahead

22. The SHC report *Volunteering in NHSScotland* (December 2014) concluded that there is significant future potential for developing volunteering across the NHS, including new roles linking direct hospital volunteering and community based volunteering and the potential for increased partnership working with key agencies including third sector, social care providers and local authorities. That report also highlighted the appetite for more learning and development of evaluation skills and the need for baseline data to monitor and evaluate progress. It also flagged health and social care integration as an area for volunteering development.
23. The shared ambition on this platform [*here today*] is that greater collaboration between boards and third sector, and clearer guidance for boards, will lead to more joined up systems and processes, with reduced duplication and shining a light on where there are gaps and differences in approach between the NHS and third sector. But beyond that, our shared vision is that the NHS and third sector will work together to really build on their existing expertise, experience and innovation in volunteering in order to meet new and emerging health and care challenges that lie beyond hospital wards and in our communities.
24. That is why today's conference, with the networking, information sharing and learning that we hope it will generate for both NHS and third sector delegates, is so important. It also marks a milestone in the Clear Pathway project and the development of the guidance, as we are still very much looking to identify and reference good ideas, good practice and innovation.
25. So, thank you for coming and please make the most of your time here today – and thank you for listening.