

KEY MESSAGES:

Volunteering: The Golden Thread in Health

14 September 2017, Glasgow

120 delegates attended our conference at the Golden Jubilee Conference Centre. The event was a milestone in VHS's Clear Pathway project, a collaborative piece of work that is developing guidance to support safe, effective and person centred volunteering in NHS settings, with the focus on volunteers recruited and managed by third sector organisations.

WELCOME AND CONFERENCE OVERVIEW

Shulah Allan, Vice Chair, NHS Lothian – Conference Chair

A warm welcome to delegates and the part you play in the golden thread linking health and volunteering. Our purpose today is to:

- Explore how the NHS, third sector and other health and social care partners could collaborate more effectively to create high-quality impact volunteering that enhances service delivery and patient outcomes.
- Focus on volunteering in NHS settings, in particular hospitals, as that is where we know there is considerable scope for more engagement between NHS and third sector to pool knowledge about good practice and identify improvement opportunities.
- Raise the profile of volunteering in health, celebrate what works well, be open and honest about issues and challenges, and look to the future of volunteering in both hospitals and the wider community.

SESSION 1: HIGH QUALITY IMPACT VOLUNTEERING TO ENHANCE SERVICE DELIVERY AND PATIENT OUTCOMES

PART 1: BUILDING A SHARED AGENDA - PRESENTATIONS

Claire Stevens, Chief Officer, VHS

- Our shared ambition 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.
- 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.

- The impetus for VHS's Clear Pathway project was the publication of Professor Kate Lampard's report for the Department of Health: "[Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile](#)". Clear Pathway's final output 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 – and as safe, effective and patient centred as it can be.

Alan Bigham, Programme Manager, NHS Scotland Volunteering, Scottish Health Council

- The national Volunteering in NHSScotland programme, established in 2011, includes a Volunteer Managers Network, online community of practice and the Volunteering Information System. Outputs include the Developing Volunteering Toolkit and a Volunteering Handbook for NHS Boards. Every Board has a strategic lead for volunteering; some, but not all, Boards have volunteer managers.
- Currently, NHSScotland directly engages 6,000 volunteers in a wide range of roles. Volunteer manager to volunteer ratios are 1:36. Boards receive an estimated 3,500 enquiries a year from people wanting to volunteer. It can take up to 14 weeks from enquiry to placement: almost 25% of applications are withdrawn.
- The Volunteering Information System is deployed across NHS Scotland to improve local governance and to support Boards to adopt robust and effective volunteer engagement programmes.

Joanna Swanson, Healthcare Quality and Improvement, Scottish Government

- The Scottish Government's Programme for Government, published last week, includes a commitment from the First Minister to be bold in realising our vision for volunteering and says that volunteering has the potential to be *transformational*: for the volunteer themselves, for the person they are working with and for Scotland's communities. It says the Scottish Government will do more to support groups currently facing barriers to engaging in their communities, including disabled people, older people and people out of work.
- Building on positive trends for youth volunteering, we will work with young people throughout the Year of Young People 2018 to better understand opportunities and motivations and ensure young people can contribute on issues that matter to them.
- The Lampard Report has no official status in Scotland, but the Scottish Government gave careful consideration to its recommendations and how these may be applied here. The Scottish Government has sent a Directors Letter to NHS Boards [DL \(2017\)7](#) requiring them to consider each of the report's recommendations. The letter asks Boards to engage with national groups and external partners to consider the application of the recommendations.

QUESTIONS AND DISCUSSION (BUILDING A SHARED AGENDA)

Delegate comment:

Joanna Swanson noted that volunteering can free up the time of clinical professions. There should be parity of esteem and volunteering should not be about replacing staff but of equivalent importance.

Response:

Joanna – People’s ability to heal requires a holistic approach as well as medical support. Support from volunteers can provide that and is distinctive/additional.

Question:

It is encouraging to see the high number of young people volunteering, what are the routes through which young people are entering into volunteering?

Response:

Alan – Many higher education courses now require volunteering as an entry requirement, so this has driven up numbers of young people applying to volunteer with the NHS.

Question:

Can you comment on the NHS’s retention rates of volunteers?

Answer:

Alan – Some roles require 6-12 months or other set timescales. Scottish Health Council’s evaluation report [Volunteering in NHSScotland](#) will give you more insight into NHS statistics concerning its volunteers.

Question:

Have welfare changes had a detrimental effect on people with disabilities volunteering?

Responses:

Alan – Volunteering recruitment systems are generally set up for people who are ready to start volunteering and do not require any support. NHS doesn’t collect data specifically about the impact of welfare changes on volunteers.

Claire – Such data concerning third sector volunteers in NHS settings isn’t known, and this might be one area where our knowledge would be enhanced if the NHS were able to collect data on third sector volunteers through the Volunteering Information System.

Question:

People with support needs worry that taking on a formal, or formalised, volunteering role will be interpreted by the authorities as meaning they are ‘fit for work’ and not needing support/benefits. How can you alleviate this concern?

Responses:

DWP delegate – Lead Community Partner is a new role that has been developed by the DWP in recognition of the fact that we do not now have traditional jobseekers. Today’s jobseekers are

people with disabilities or health conditions who have different and complex issues and needs. This new team supports existing members of staff with this client group and these changing needs. We recognise that volunteering is very important in helping people get back to work, slowly.

Alan – The data gathered by the Volunteering in NHS Scotland Programme does not include personal information and we have no access to such information. We do plan to look at the issues for people with health problems wishing to volunteer.

PART 2: GAME CHANGING IDEAS AND INNOVATION - PRESENTATIONS

Jane Ferguson, Director, Edinburgh & Lothians Health Foundation

- ELHF is one of Scotland's largest endowed funds. We invest in the promotion of better health and wellbeing across Edinburgh and the Lothians. We work in strategic partnership with NHS Lothian and others.
- Volunteering is one of our three work strands. Across NHS Lothian, there are 578 active volunteers and a further 460 who are registered on the system.
- ELHF has recently conducted a study to support NHS Lothian to develop a strategic vision of volunteering across Lothian with recommendations of how both the organisation and volunteers themselves can benefit. The output will be a refreshed volunteering strategy and action plan. The study has developed learning in six areas: management structures; resource inputs; passion & commitment; acknowledged demand; national perspective; and challenges.

Jullie Tran Graham, NESTA

- NESTA's health priority focuses on how to support people living with long term conditions when health and care systems are under financial pressure by investigating better ways for people to remain healthy and using new sources of data to be more knowledgeable about our health.
- The NESTA [Helping in Hospitals](#) programme supported ten hospital trusts in England to develop and expand their volunteering programmes and to measure their impact more effectively, and share their learnings and good practices with others
- The findings showed that the volunteers contributed to the culture of compassion and had positive outcomes for the patients such as improved patient mood, nutrition and hydration levels and releasing time to care.

Chris Burghes, the Royal Free Charity

- The Royal Free Charity, Trade Unions and Trustees jointly discuss the volunteering roles that are required, and volunteering sits with the charity and not the hospital. 25% of volunteers come from other charities and the Royal Free conducts all the checks.

- The volunteers wear uniforms, which means they are recognised by staff, patients and one another.
- There are over 200 young volunteers and the management ratio is 1:50. The Charity is linked with schools and over 90% of volunteers stay with them.
- The future work will focus on:
 - Linking with communities and third sector organisations rather than replicating what they do and signposting charities to areas within the hospitals to help develop better links.
 - Opening community advice centres
 - Measuring the impact for volunteers as well as patients.

QUESTIONS AND DISCUSSION (GAME CHANGING IDEAS AND INNOVATION)

Question:

We would like to develop youth volunteering and wondered if there is any guidance you can offer?

Response:

Chris – Get in touch with me at Royal Free Charity and we can discuss:
christopher.burghes@nhs.net

Question:

Could you create a template to help Health Boards develop youth volunteering in Scotland?

Response:

Chris – Templates already exist and we can send them round.

Jullie – [Helping in Hospitals: A Guide to High Impact Volunteering in Hospitals](#) contains templates and guidance.

Question:

Were psychiatry projects included in the Helping in Hospital study?

Response:

Jullie – No, they were not.

Question:

How was the increase in patient nutrition measured and how was this attributed to volunteering?

Response:

Jullie – Different hospitals used different methods: there is more information in [Helping in Hospitals](#)

Question:

Is there resistance from frontline staff who haven't worked with volunteers, especially around the development of new roles?

Response:

Chris – Vast majority of staff support volunteering; however, some do view it as a risk as there are more people to manage. In terms of new roles, at the Royal Free these are developed alongside staff.

Jane – There's a debate as to whether having a clearly defined volunteering role is always best. If you describe a role in full this can be limiting for the volunteer, and very specific roles can be misconstrued by staff as replacing someone's job. On the other hand, if you do not have a clearly defined volunteering role it causes confusion.

SESSION 2: MAKE IT SAFE, PERSON CENTRED AND EFFECTIVE

Delegates attended one of three workshops:

SAFE

Led by Lynne McMinn, Policy Team, Disclosure Scotland, with Nat Brittain, Policy Team, and Disclosure Scotland. Chaired by Paul Okroj, Head of Volunteering, Chest Heart and Stroke Scotland and Chair of Scottish Volunteering Forum

PERSON CENTRED

Led by Tracey Passway, Clinical Governance & Risk Management Team Lead, NHS Tayside with Ruth Brown, Mental Health Networking Coordinator, Dundee Voluntary Action. Chaired by Jacqueline Campbell, Health and Social Care Integration, Scottish Government

EFFECTIVE

Led by Marion Findlay, Director of Services, Volunteer Edinburgh, with Angela Farr, Service Manager, Volunteer Edinburgh and Linda Walker, Head Occupational Therapist, NHS Lothian. Chaired by Rob Murray, Scotland Manager, Changing Faces.

SESSION 3: THE FUTURE OF VOLUNTEERING IN HEALTH

Session 3 began with a panel session with the three Chairs of the workshops giving headline messages from the workshops, before opening up to questions and discussion. Other panel members were Alan Bigham and Claire Stevens.

Paul Okroj – Safe workshop

- Disclosure Scotland is good at engaging with third sector and NHS for feedback. Checks are required to safeguard volunteers and patients.
- There is, however, a lack of consistency regarding who needs to go through a check and who doesn't, the roles involved and the length of time after which a check needs to be re-done.
- The system needs to be simpler for customers and for Disclosure Scotland.

- Checks are part of the safeguarding process and not the answer; perhaps the Clear Pathway project could provide guidance and a checklist on what should be done alongside checks.

Jacqueline Campbell – Person centred workshop

There was a common vision on the strategy for volunteering.

- Need for resources
- Clear roles for volunteers and staff
- Good management
- Good information flow
- Link between hospitals and third sector organisations
- Communication between organisations and between organisations and hospital
- Good first steps in developing a strategy were highlighted in the Volunteering Principles agreed by NHS Tayside which include, fairness, inclusion, equality and effective roles.

Rob Murray – Effective workshop

- Discussion around Volunteer Edinburgh and NHS Edinburgh Partnership which has developed the HUB.
- Recognition that volunteers could be patients as well and that volunteers who are members of public or who are staff need tailored support.
- Perhaps Clear Pathway project could create a partnership template?

QUESTIONS AND DISCUSSION (THE FUTURE OF VOLUNTEERING IN HEALTH)

Panel comments on data and resources:

Alan - Our understanding about volunteering in health should be informed by social data like case studies and lived experience as well as by statistical data.

Claire - The [Engagement Matrix](#) is a well-established tool that the Scottish Government has promoted to NHS Boards to help them support and improve their engagement with the third sector. NHS Greater Glasgow and Clyde has developed and is using a partnership template with third sector partners. Clear Pathway wants to build on and promote useful tools and resources where health boards and third sector have already developed and are using them.

Delegate challenge:

“Volunteering is not free” - please discuss!

Responses:

Alan – In some areas people have a really good understanding of volunteering and in other areas they do not. There are many misconceptions including one of a volunteer army that is ready to be deployed into any role. We can increase information and knowledge to help tackle misconceptions.

Paul – It’s important to share information about the costs of volunteering and not just the impact that it has.

Jacqueline – NHS Boards and Health and Social Care Partnerships appreciate that volunteering has associated costs. Volunteers should be included and costed in integrated services development.

Rob – There is a need to raise awareness at all levels.

Question:

How do you deal with staff turnover and the possibility of things falling apart when someone leaves?

Answer:

Alan – Through good staff training and induction about volunteering, and with cultural change driven by today’s young volunteers. Today’s young volunteers are tomorrow’s workforce, so we will have well informed staff in the future.

Rob - Health Boards, from top to bottom, need to understand volunteering.

Jacqueline: developing the culture and value of volunteering at all levels.

FINAL KEYNOTE ADDRESS

Session 3 finished with a short address by Jason Leitch, National Clinical Director of Healthcare Quality and Strategy, Scottish Government, speaking in the place of the Cabinet Secretary for Health and Sport who was unable to attend. Jason told four personal stories that illustrated the impact of volunteering in health.

The transcript of the speech the Cabinet Secretary would have made had she attended is now available on the VHS website.

CLOSING REMARKS

Shulah Allan closed the conference by thanking:

- All delegates for attending and participating.
- Speakers, workshop chairs and workshop presenters
- Exhibitors - NHS Inform, Disclosure Scotland, Changing Faces and Contact the Elderly
- Scottish Government, whose funding for the Clear Pathway project enabled VHS to offer all delegates their place free of charge
- Conference organiser Lauren Blair and other VHS staff.