



# Clear Pathway

Supporting the safe, effective and person-centred involvement  
of volunteers from the third sector in NHS settings

Guidance for NHS Boards

# Contents

|   |           |
|---|-----------|
| <b>Acknowledgements .....</b>   | <b>2</b>  |
| <b>Foreword .....</b>   | <b>3</b>  |
| <b>1. Purpose .....</b>   | <b>5</b>  |
| <b>2. About this guidance .....</b>   | <b>6</b>  |
| <b>3. The value of volunteering .....</b>                                       | <b>9</b>  |
| <b>4. Building a close relationship with the third sector.....</b>              | <b>10</b> |
| <b>5. Reviewing the current scale of indirect volunteering .....</b>            | <b>11</b> |
| <b>6. Assessing the costs and benefits of indirect volunteer roles.....</b>     | <b>12</b> |
| <b>7. Developing formal agreements with third sector organisations.....</b>     | <b>14</b> |
| <b>8. Implementing effective monitoring arrangements .....</b>                  | <b>19</b> |
| <b>Appendix 1 – Relevant Scottish Government guidance.....</b>                  | <b>20</b> |
| <b>Appendix 2 – NHS Ayrshire and Arran volunteer definitions .....</b>          | <b>22</b> |
| <b>Appendix 3 – Examples of indirect volunteer programmes.....</b>              | <b>23</b> |
| <b>Appendix 4 – Organisations supporting good practice in volunteering.....</b> | <b>26</b> |
| <b>Appendix 5 – NHS Tayside principles of volunteering.....</b>                 | <b>28</b> |
| <b>Appendix 6 – Sample formal agreement.....</b>                                | <b>29</b> |
| <b>Appendix 7 – Useful resources .....</b>                                      | <b>32</b> |
| <b>References .....</b>   | <b>35</b> |

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# Foreword

**Professor Jason Leitch,  
National Clinical Director, Healthcare  
Quality and Improvement  
Directorate, Scottish Government**



The Scottish Government has long been a supporter of Scotland's proud tradition of volunteering in

health. The benefits of volunteering are wide-ranging, both for society and the individual, and well documented. As NHSScotland's National Clinical Director, I have seen for myself that volunteering can be transformational, for volunteers themselves, for those receiving care and support, and for healthcare services and communities.

In May 2017 I wrote, with senior Scottish Government colleagues, to the Chief Executives of NHS Boards about the safety and protection of patients, staff and volunteers in NHSScotland. Our letter asked them to consider the recommendations of Kate Lampard's independent report into themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile, and to identify, implement and monitor any necessary local actions.

Kate Lampard's report focussed on volunteers directly engaged by the NHS itself. But we know that thousands of volunteers supporting the work of the NHS are associated with third sector organisations. So we were pleased to support the National Group for Volunteering in NHSScotland Programme when it identified this as an important area for further exploration and guidance, and to commission Voluntary Health Scotland to work with

the National Group to develop the Clear Pathway project.

Clear Pathway has consulted a wide range of stakeholders to consider the opportunities and the risks associated with third sector volunteering in health settings. This strategic guidance is the product of the collaboration between the National Group for Volunteering in NHSScotland and Voluntary Health Scotland. It is designed to support Boards to manage those risks and capitalise on the opportunities, so that third sector volunteering is always safe, effective and person-centred, in line with the quality ambitions of NHSScotland.

**Neil Galbraith OBE  
Chair, NHS Western Isles**



In Scotland we have a first-class health service due to the dedication, commitment and hard work of staff at all levels. What

makes the service outstanding is the role played by volunteers who bring the empathetic values of the community into supporting this fundamental aspect of our society's care for those in need. Volunteering, as has been said, is the ultimate exercise in democracy and volunteers are to be cherished.

The Lampard Report, however, made it clear that volunteering needs to be regulated and carefully monitored to ensure the safety and security of patients and clients as well as ensuring the protection of volunteers themselves. This role falls to the Health

Boards to discharge as part of their corporate governance responsibilities.

The timing has never been more appropriate for NHS Boards in Scotland to join forces and work consistently and collectively to ensure that we build on, and where possible improve on, the robust NHS systems that exist to support safe, effective and person-centred volunteering.

The Clear Pathway guidance provides the ideal platform and opportunity to highlight and encourage best practice in relation to the governance and associated management standards required for all volunteers and others who have a role to play within NHS settings, regardless of the source of recruitment.

As chair of the National Group for Volunteering in NHS Scotland, I commend this document. I am confident that NHS Boards will recognise the purpose and value of adopting a collaborative approach, with our third sector partners, to ensure that we enable the future of volunteering in the NHS to flourish in a safe and secure environment; and one which protects our patients, volunteers and collectively the organisations responsible for the recruitment of volunteers who make a significant contribution to the NHS in Scotland.

# 1. Purpose

1.1. This document provides strategic guidance to NHSScotland Boards in relation to the management of volunteers deployed in NHS settings who are not solely recruited, managed or trained by the relevant NHS Board.

1.2. Specifically, it addresses the need to ensure that such volunteering is:

- **Safe** – through good governance
- **Effective** – by building strong relationships with third sector organisations
- **Person-centred** – by defining inclusive roles that add value to the NHS

1.3. Targeted at senior leaders and strategic volunteer leads in NHS Boards, it highlights the strategic and practical steps that should be taken to manage the risk, and maximise the value – both of and for – these third sector volunteers.

1.4. The guidance addresses potential concerns over the safety and protection of patients, staff and volunteers in NHSScotland. These risks were recognised in Scottish Government guidance in 2017<sup>1</sup>, having been highlighted by the Lampard Report<sup>2</sup>. The latter report followed investigations into matters relating to Jimmy Savile, who gained access to NHS settings as a volunteer and high-profile celebrity.

1.5. Whether volunteers are recruited directly by NHS Boards, or indirectly through a third sector organisation, the same principle of ‘duty of care’ should apply. Whilst volunteers recruited by NHS Boards are subject to clear policies and procedures, the same may not be true for those deployed by third sector organisations. This presents significant governance issues for NHS Boards.

1.6. Failing to address, at a strategic level, the role of non-NHS volunteers presents risks in terms of:

- harm to NHSScotland patients or staff, to other volunteers or themselves, arising from intentional or unintentional acts of these indirect volunteers
- litigation by patients, staff or volunteers arising from an act or omission of indirect volunteers
- negative media coverage resulting from the above, or simply poor practice, relating to indirect volunteers
- reputational damage to NHS boards around standards of care, and patient, staff and volunteer safety

The two most important actions that an NHS Board can take are to develop formal agreements with third sector organisations deploying volunteers in NHS settings, and to provide and maintain a clear point of contact within the Board at a senior level for third sector partners.

## 2. About this guidance

### Context

- 2.1. The formal development of volunteering in NHSScotland can be traced back to 1970 and the recognition of 'voluntary services' in hospitals<sup>3</sup>. A refreshed NHSScotland Strategy for Volunteering was published in 2008<sup>4</sup> and was reviewed, in 2011 by the Scottish Health Council<sup>5</sup>. The strategy was found to have encouraged and supported the development of volunteering within the NHS in Scotland, but challenges and opportunities for the further development of volunteering remained.
- 2.2. Since 2011, the Scottish Government has funded the Scottish Health Council, part of Healthcare Improvement Scotland, to host the Volunteering in NHSScotland Programme. The Programme supports NHS Boards to develop and embed the volunteer contribution to health service delivery. Voluntary Health Scotland, the author of this guidance, is an active member of the National Group for Volunteering in NHSScotland.
- 2.3. Kate Lampard's 2015 report 'Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile' was commissioned by the Department for Health and included a range of recommendations for NHS England. However, as the Scottish Government letter to NHS Boards in 2017 highlighted<sup>1</sup>, it is essential that the Lampard Report's findings are given careful consideration by NHS Boards in Scotland.
- 2.4. The Lampard Report also served as a catalyst for the Scottish Health Council and the National Group for Volunteering in NHSScotland to look at the implications for volunteering in NHSScotland. They specifically highlighted the issue of volunteers deployed in NHS settings by third sector organisations, who were not covered by the Lampard Report.
- 2.5. In 2016 the Scottish Government funded Voluntary Health Scotland to establish a short-life project to explore how the third sector and NHS Boards could best work together in relation to indirect volunteers. The project, Clear Pathway, has focussed on the development of good practice necessary to make sure such volunteering is always safe, person centred, and effective. Four core findings have emerged through this work:
  - indirect volunteers, deployed by third sector organisations in NHS settings, are often 'under the radar' of NHS Board staff and management
  - inconsistencies exist in how these indirect volunteers are recruited, inducted, trained and managed
  - third sector organisations find it hard to find the right place to engage with NHS Boards, which hinders their ability to develop proper volunteer management arrangements

- good relationships between NHS Boards and third sector organisations are critical to success, but in practice the point of contact within the board is often not at the appropriate level, or is inconsistent or not maintained

2.6. In 2017, the Scottish Government recognised the value of volunteering in its Programme for Government<sup>6</sup>, stating:

‘We will be bold in realising our vision for volunteering and the role volunteers can play in shaping the lives of their communities.’

2.7. A list of the relevant Scottish Government guidance is included in Appendix 1.

## Definitions

2.8. **NHS settings** refers to places historically owned or controlled by NHS Boards in Scotland, some of which may now be the responsibility of Integration Authorities. Whilst primarily focussed on hospital settings and their grounds, it is equally applicable to NHS hospices, NHS nursing homes, and NHS primary and community settings. The issues raised, and approaches discussed, are also worthy of consideration in relation to social care settings.

2.9. A **volunteer**, according to the ‘Refreshed strategy for volunteering in the NHS in Scotland’ is: ‘A person who gives freely and willingly of their time to help improve the health and wellbeing of patients, users, (and their families and carers) of the NHS in Scotland.’<sup>7</sup> It is recognised that there are a variety of other roles volunteers may also perform.

2.10. The Scottish Health Council recognises that volunteers can be engaged with NHS Boards in one of the following ways<sup>8</sup>:

- **Directly:** Volunteers are recruited, trained and supported by NHS staff.
- **Indirectly:** Volunteers are recruited, trained and supported by third sector organisations. Volunteering might take place on NHS premises, in the community, or in people’s homes. A subset of indirect volunteers exists, which includes volunteers who are involved in the delivery of contracts assigned to third sector organisations.

2.11. A diagram, produced by NHS Ayrshire and Arran to clarify the roles of direct and indirect volunteers, can be found in Appendix 2.

2.12. **Third sector organisations**, according to the National Audit Office:

‘...is a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.’<sup>9</sup>

2.13. The Scottish Council for Voluntary Organisations (SCVO) identifies the key characteristics of such organisations as being that they:

- have an unpaid board that acts purely in the interests of the organisation



- are independent of government
- are not driven by profit or run for private gain – while many organisations make a surplus, this is always re-invested back into the organisation and its work<sup>10</sup>.

2.14. A variety of **indirect volunteer roles** exist in NHS settings. For example, NHS Tayside lists<sup>11</sup> the following arrangements in place with third sector organisations:

- Bliss Scotland – support for premature and sick babies and their families
- Lippen Care – support for palliative care patients
- Radio Lollipop – support for the children’s radio and activities with paediatrics
- British Red Cross – support with patient transport
- Royal Voluntary Service – provision of the ‘Home from Hospital’ service

2.15. Further examples of indirect volunteer roles can be found in Appendix 3.

2.16. A list of organisations that support the development of good practice in volunteering can be found in Appendix 4.

## Areas outwith the scope of this guidance

2.17. This guidance addresses governance arrangements in relation to the deployment of indirect volunteers in NHS settings. It does not directly address, but could be of value in considering, an NHS Board’s approach to the following relationships:

- **Employed or contracted staff deployed by third sector organisations**, such as Macmillan nurses employed by Macmillan Cancer Support
- **Indirect volunteers offering support solely in the wider community or social care settings**, including people’s homes, such as Community Link Workers or Royal Voluntary Service ‘Supporting You at Home volunteers’<sup>12</sup>
- **Supervised student placements, from colleges and universities**, undertaken as part of a further or higher education course
- **Guests or celebrities** who are taking part in organised visits to NHS premises

## 3. The value of volunteering

3.1. The Scottish Government's Programme for Scotland 2017-18<sup>13</sup> highlights that:

'Volunteering is transformational: for the volunteer, for the beneficiary and for communities.'

3.2. The Scottish Government's *Refreshed Strategy for Volunteering in the NHS in Scotland*<sup>14</sup> recognised that the NHS, its staff team, patients/service users and volunteers all benefit through volunteering:

3.2.1. NHSScotland benefits because:

'Volunteers help to deliver services in Scotland's NHS and they help to shape the way in which those services are delivered. They work side by side with paid medical staff, nursing staff and allied health professionals, complementing, not replacing, their work and adding value to it.'

3.2.2. NHSScotland's staff team benefits because:

'Volunteers can help to free up professional resources and forge stronger links with local communities.'

3.2.3. Patients/service users benefit because:

'Volunteers can offer social support, experience, time and attention.'

3.2.4. Volunteers benefit because:

'The experience can provide purposeful activity, a sense of belonging, social interaction and be good for their own health and wellbeing.'

3.3. A study involving Chief Officers of Scottish Integration Authorities in 2016 found that the majority of officers felt that volunteering was beneficial<sup>15</sup>. They recognised the benefits of volunteering for the service user, and for the organisation, as well as the benefits to the volunteers themselves. One Chief Officer summarised their benefit as follows:

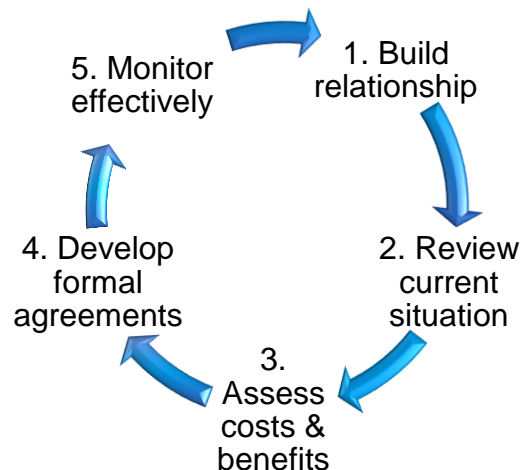
"Volunteers can enhance services and provide things that we would not be able to do or manage from core funding. But equally they improve the health and wellbeing of service users and their own health and wellbeing."

3.4. The Scottish Volunteering Forum<sup>16</sup> has identified that people who volunteer benefit from:

- **Better mental health**, with 94% of volunteers reporting their mood improved due to volunteering, and 76% feeling physically healthier
- **Enhanced employability**, with 80% of employers valuing volunteer experience on a CV, and volunteers being 73% more likely to be recruited
- **Improved life skills**, with 79% of volunteers reporting that they developed their interpersonal skills

## 4. Building a close relationship with the third sector

- 4.1. Building relationships with the third sector is the first of five steps that NHS Boards can take to develop better strategic oversight of indirect volunteering. These steps are highlighted in the diagram below:



- 4.2. The Clear Pathway project has identified that third sector organisations find it difficult to find the correct person to liaise with in NHS Boards. Larger, Scotland or UK-wide organisations, face this issue in multiple NHS Board areas.
- 4.3. Third Sector Interfaces (TSIs) provide local support in volunteering development, amongst other roles. They can provide a useful interface between third sector organisations and NHS Boards. The majority of NHS Boards have a volunteering steering or development group, on which volunteer centre or third sector interface representation is common<sup>17</sup>.
- 4.4. Volunteer Scotland is Scotland's centre for volunteering and provides access to disclosure checks for third sector organisations; further details are in Appendix 4.
- 4.5. Voluntary Health Scotland's 'Engagement Matrix' tool may be useful for improving engagement with third sector organisations. Developed with NHS Boards, it offers a simple process through which existing activities can be mapped, gaps identified and agreement reached over new developments. Details can be found in Appendix 7.
- 4.6. Indirect volunteers should be addressed in NHS Board volunteer policies. NHS Shetland's volunteering policy<sup>18</sup>, for example, highlights that:

'...volunteers contribute in a variety of ways – as volunteers recruited directly; indirectly through voluntary organisations such as Voluntary Action Shetland..., the Red Cross and the Royal Voluntary Service ...or as volunteers in specific voluntary sector projects that NHS Shetland commissions or supports.'

- 4.7. Similarly, NHS Borders volunteering policy highlights:

'the 'significant contribution of volunteers working within NHS premises and services but engaged through the voluntary sector.'

## 5. Reviewing the current scale of indirect volunteering

5.1. In relation to current, indirect, volunteers, NHS Boards should:

- Clarify which areas of NHS services indirect volunteers are involved in
- Establish who oversees and supervises indirect volunteers at a strategic and operational level
- Identify which third sector organisations involve and support indirect volunteers

5.2. Boards may also wish to consider mapping the number of indirect volunteers, their roles and time commitment.

5.3. In relation to potential opportunities for volunteers, NHS Boards should consider questions such as:

- How would the success, and value, of these roles be measured?
- Are there roles where volunteers could offer unique value?
- How should new roles be identified and documented in the future; is there an opportunity when the skill mix is being reviewed?
- When might direct volunteers be more suitable for a role than an indirect volunteer deployed by a third-sector organisation?

## 6. Assessing the costs and benefits of indirect volunteer roles

- 6.1. In developing volunteering, the aim of NHS Boards and third sector organisations should be to develop meaningful, person-centred, volunteering roles. This means the focus should be on the quality, rather than the quantity, of volunteering.
- 6.2. Across Tayside, the NHS Board, the three Integration Joint Boards and three voluntary agencies in each locality, have developed and agreed on ten volunteering principles with the support of the Clear Pathway project. These can be found in Appendix 5.
- 6.3. Even if recruitment, training and management processes are performed efficiently and effectively, all personnel – whether paid or unpaid - bring with them some element of risk. It is important that this is weighed carefully by an NHS Board against the value that a volunteer role might deliver.
- 6.4. In doing so, an NHS Board should avoid taking a ‘defensive’ approach, where activities that have an element of risk are simply avoided. This should be contrasted with the ‘defensible’ approach, whereby it is ensured that a decision can be clearly explained if something goes wrong. The Scottish Parliament’s Local Government and Regeneration Committee has highlighted this issue:

‘One area where we do see a real barrier is the attitude to risk. Put simply, too many of those engaged in Public Services Reform are risk averse. Delivering new services means experimenting. That always carries a risk of failure.’<sup>19</sup>

### Evaluating the resource cost

- 6.5. Those who wish to volunteer for a third sector organisation may believe that, simply by having time to offer, they will add value to the NHS Board. However, whilst volunteers are not paid, they do not come without cost. A role must exist, the right person must be recruited for that role, and be inducted, trained and supported.
- 6.6. Recruiting volunteers according to agreed policies and procedures incurs costs for the third sector organisation that deploys them. The process may also have a direct or indirect cost for an NHS Board. At a strategic level, NHS Boards should recognise the resources required to safely and effectively deploy volunteers.
- 6.7. An open and honest discussion between third sector organisations and NHS Boards regarding resource costs is essential. Consideration should be given as to whether the Board should support the third sector organisation either directly or in kind.

### Assessing the benefit

- 6.8. The NHS, its staff and patients benefit from the deployment of volunteers, whether they are direct or indirect. Volunteers complement and free up NHS



resources, and provide additional support and attention for patients. In return, volunteers report that their health, wellbeing, employability and social skills improve.

- 6.9. It is important that an attempt is made to recognise and document how the deployment of indirect volunteers will benefit the NHS Board, its staff and patients, and volunteers. This will ensure the success, and value, of the agreement with the third sector organisation can be measured in the future.
- 6.10. Some of the benefits to both the NHS Board and third sector organisation may be indirect. For example, an NHS Board may benefit from being associated with a well-known and respected charity brand. Equally, a close relationship with the NHS in Scotland can be of benefit to a charity, giving them additional leverage in their fundraising.

## 7. Developing formal agreements with third sector organisations

### Overview

7.1. Developing formal agreements with third sector organisations is one of the most important actions an NHS Board can take in relation to indirect volunteers. These agreements should be developed in recognition that:

- NHS Boards and third sector organisations manage risk, and maximise opportunities, better if they work together
- Volunteering should improve the patient experience and complement the value of NHS staff, as well as providing meaningful opportunities for volunteers

7.2. In developing these formal agreements, NHS Boards should consider how all of the guidance that applies to direct volunteers could apply to volunteers from the third sector. An agreement should seek to align the expectations and experiences of direct volunteers, and indirect volunteers deployed by third sector organisations. For example, NHS Highland's volunteering policy states that:

'[The volunteering policy] does not apply to those volunteering agencies working with NHS Highland as they are not directly managed, but NHS Highland expects the standards set out in this policy to be reflected in the policies and practice of local volunteer agencies'.

7.3. It is particularly important that third sector organisations ensure their volunteers are aware of policies that reflect an NHS Board's specific requirements. For example, volunteers need to be aware of the Board's expectations in relation to individuals' behaviour and know that they will be supported and protected to raise concerns about any wrongdoing or unsafe behaviour. The relevant guidance on bullying and harassment, and on whistleblowing, can be found in Appendix 1.

### Format

7.4. There is no set format for a formal agreement between an NHS Board and third sector organisations about volunteering. It is therefore for each NHS Board to decide the contents of its agreement.

7.5. NHS Greater Glasgow and Clyde has, in collaboration with partners, developed a framework which aims to deliver improved governance arrangements for all indirect volunteers operating on the NHS Board's premises. This includes a model 'formal agreement' which has been used successfully with a range of national and local third sector organisations.<sup>20</sup>

- 7.6. NHS Boards may wish to adopt a similar format to that produced by NHS Greater Glasgow and Clyde for their 'formal agreement'. Such a template can be found in Appendix 6.

## Contents

- 7.7. It may be more appropriate for some requirements that form the basis of a formal agreement to be included in associated documents, rather than in the formal agreement itself. Where a 'formal agreement' is mentioned below, this includes either the formal agreement or its associated documents.

- 7.8. A formal agreement, or its associated documents, should cover, at a minimum, the following areas:

### **Recruitment and selection**

- 7.9. It should be clear how the need for a role will be identified, and how the NHS Board and third sector organisation will work together to define it.
- 7.10. A requirement for the NHS Board and third sector organisation to be in agreement on a volunteer role before recruitment commences should be stated.
- 7.11. The process by which management and support arrangements for a volunteer role will be established should also be covered. Many NHS Boards (such as NHS Tayside) involve 'partnership' (formerly staff-side) colleagues in discussions over roles.
- 7.12. NHS Boards should also consider what, if any, role they feel they need to take in the selection process.

### **NHS obligations in relation to pre, and post, appointment checks**

- 7.13. NHS Boards are required to adhere to NHSScotland's 'Safer Pre and Post Employment Checks in NHSScotland PIN Policy' (known as PIN guidance). The PIN guidance highlights that it:

'...applies to applicants for and those subsequently engaged in other forms of unpaid placement within NHSScotland, such as volunteers, students on placement [and] individuals undertaking work experience'<sup>21</sup>

The agreement should, therefore, clearly reference the fact that this requirement will also apply to third sector organisations deploying volunteers.

- 7.14. The PIN guidance highlights that<sup>22</sup>:

'Boards will be expected to evidence adherence to the PIN policies as part of the annual Self Assessment Audit Tool (SAAT) and accountability review processes.'

The agreement should therefore clarify any requirements of the third sector organisation necessary for the NHS Board to demonstrate their adherence with the PIN guidance. Good practice would involve the third sector organisation

holding files containing details of each volunteer's recruitment, along with their occupational health assessment, induction and training records, etc.

7.15. Obtaining the relevant level of disclosure clearance is only a part of the safeguarding process. Consideration should be given to situations where character references will be allowed or required. Such circumstances, depending on the role in question, may include:

- Where volunteers are from overseas or have lived and worked outside the UK for more than twelve consecutive months in the preceding five years, and where the role is considered to be low risk
- Where the nature of a volunteer role, such as a hospital radio DJ, does not qualify for a standard or enhanced disclosure check from Disclosure Scotland.

The agreement should describe how, in such cases, additional risk management procedures will be agreed between the NHS Board and third sector organisation.

### **Training and volunteer identification**

7.16. NHS Boards should ensure that, through the formal agreement, the responsibilities for volunteer induction and training are clearly defined.

7.17. The process by which refresher training will be provided for longer term volunteers should be considered. Specific requirements exist in terms of vulnerable adult and child protection, for example<sup>23</sup>.

7.18. NHS Greater Glasgow and Clyde has developed a 'Refresher Training pack for Volunteers'. This addresses requirements for refresher training in areas such as adult and child protection, fire safety and infection control.

7.19. Requirements in terms of uniform or ID badge provision for volunteers should be clearly specified.

### **Child and vulnerable adult protection**

7.20. Through the formal agreement, NHS Boards must be assured that third sector organisations deploying volunteers have adequate and appropriate child and adult protection procedures in place. A requirement should therefore be explicit within the formal agreement in this regard.

7.21. NHS Boards may also feel it is necessary to address this requirement as part of their wider strategy. For example, NHS Lanarkshire has included a task within its Strategic Improvement Plan 2016-19 to work with third sector organisations to ensure that they can evidence compliance with the recommendations of the Lampard Report.

7.22. Similarly, NHS Orkney explicitly refers to volunteers from third sector organisations and the NHS, amongst others, in its Adult Support and Protection in Orkney – Policy & Procedure.

## **Volunteer occupational health / health and safety / security**

- 7.23. NHS Boards are unlikely to be in a position to assess indirect volunteers, and their proposed role, to ensure the volunteer is competent and able to perform the activities entailed.
- 7.24. It is therefore important that both parties are clear, and document in the formal agreement, that it is the third sector organisation's role to ensure that volunteers are fit to perform the tasks asked of them and will not be harmed in undertaking these tasks. Their failure to do so could have serious implications for the health and wellbeing of the volunteer and those they will be working with.
- 7.25. NHS Greater Glasgow and Clyde has created a self-assessment process, which is included within their Formal Partnerships with Third Sector Organisations and Other Guests pack. This encourages volunteers to consider their health when undertaking a volunteering role.

## **Insurance**

- 7.26. NHS Boards' insurance does not cover third sector organisations' volunteers in relation to their volunteering activities<sup>24</sup>.
- 7.27. It is essential, therefore, that NHS Boards ensure that third sector organisations recognise, as part of the signing of the formal agreement, their responsibility to have in place appropriate and adequate insurance covering their volunteers in respect of their volunteering activities.
- 7.28. The Central Legal Service of NHS National Services Scotland highlights that, in relation to indirect volunteering:

'NHS bodies should ensure that agreements with voluntary organisations address matters such as health and safety and insurance to ensure appropriate procedures are in place and insurance is maintained to cover the responsibilities of voluntary organisations for staff and volunteers working under the direction and control of the voluntary organisations'.<sup>25</sup>

## **Data protection/confidentiality – including social media**

- 7.29. Indirect volunteers potentially have significant exposure to patients' personal data. They may also have opportunities to find out a range of information about a patient. If it is necessary for the performance of the volunteering role that patient data is shared by the NHS Board, the formal agreement must identify clearly what level of patient data can be shared, and with whom.
- 7.30. Arrangements necessary to control such data must be compliant both with existing, and new data protection standards such as the General Data Protection Regulation (GDPR). The arrangements should be explicitly referenced within the formal agreement and kept under close review.
- 7.31. In addition, social media presents a growing, and specific, risk to confidentiality within NHS settings. It also, however, provides a significant opportunity to help address loneliness and isolation.



7.32. For these reasons, clear protocols relating to social media should be included within, or referenced from, the formal agreement. This forms one of the requirements in the Scottish Government guidance 'Safety and protection of patients, staff and volunteers in NHSScotland'<sup>26</sup>.

### **Communication**

7.33. A clear process through which communication is encouraged and enabled between the NHS Board and the third sector organisation should be identified in the formal agreement.

7.34. The intention should be to develop a collaborative, ongoing relationship through which to ensure volunteering is safe, person-centred and effective.

7.35. The main contact within the Board for third sector organisations, in relation to volunteering, should be explicitly stated, even if they are the signatory to the agreement.

### **Equality, diversity and human rights**

7.36. The formal agreement should address the need to:

- ensure equality of access to volunteering
- create a diverse volunteer pool
- respect, and protect, the human rights of NHS staff, patients and volunteers

7.37. For example, one of the aims in NHS Grampian's volunteering policy is to 'develop volunteering opportunities for members of local ethnic and diversity communities'. It also includes a commitment to 'promote and encourage equal opportunities throughout the community in the recruitment and placement of volunteers.'

7.38. Where the NHS Board's own policy on equality, diversity and human rights is written in a way that can be applied to a third sector organisation, it may be appropriate to address this requirement by requiring adherence with these policies within the formal agreement.

## 8. Implementing effective monitoring arrangements

- 8.1. NHS Boards should ensure that the requirements of the formal agreement, and the contribution of third sector volunteers in general, are subject to regular and routine monitoring.
- 8.2. Doing so will ensure the greatest value is achieved from the volunteer input, help reduce the operational and reputational risk to the NHS Board, and support the third sector organisation to do its best.

### Monitoring the agreement

- 8.3. A contact at a senior level should be nominated by the NHS Board and the third sector organisation. For the NHS Board, this is likely to be the strategic lead for volunteering or a voluntary services manager. A cycle of review, dependant on the term specified in the formal agreement, should be agreed between the two bodies.
- 8.4. The purpose and focus of the monitoring arrangements should be to identify what is working well, and where opportunities exist for improvement.
- 8.5. NHS Boards already monitor and report on their own direct volunteers. Consideration should be given as to how this approach could be mirrored by the third sector organisation for their volunteers.

### Measuring the impact of the agreement

- 8.6. Developing a formal agreement, and monitoring it effectively, reduces the risk to all parties. It does not, however, guarantee the volunteering activity will benefit the volunteer, or an NHS Board's patients and staff.
- 8.7. The Board and third sector organisation should therefore collaboratively develop success indicators for the agreement and track these over its lifespan.

# Appendix 1 – Relevant Scottish Government guidance

## A: Directly relevant to indirect volunteers

| Reference                               | Item   | Purpose   | Issued      |
|---|--|---|-------------|
| <a href="#">DL 2017/7</a>               | Safety and protection of patients, staff and volunteers in NHSScotland                                 | Consideration of the Lampard Report recommendations and how these may be applied in NHSScotland.  | May 2017    |
| <a href="#">HDL 2001/65 Annex 4</a>     | Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) - Guidance note on protecting volunteers | Clarifies that indirect volunteers, and the third sector organisations that deploy them, are not covered by NHS insurance in respect of their volunteering activities.  | August 2001 |
| <a href="#">ISBN: 978-1-78412-120-4</a> | Safer pre, and post, employment checks in NHSScotland PIN policy                                       | Sets a minimum standard for the undertaking of checking procedures both prior to, and following, engagement in forms of unpaid deployments within NHSScotland Boards.   | March 2014  |
| <a href="#">ISBN: 978-1-78045-484-9</a> | Preventing and dealing with bullying and harassment in NHSScotland PIN policy                          | Ensures that staff can safely raise complaints relating to bullying and harassment. Clarifies that the requirement to behave towards others in an acceptable manner also applies to staff from other organisations and any other person who has access to the organisation. | May 2011    |
| <a href="#">ISBN: 978 1-78045-487-0</a> | Implementing & reviewing whistleblowing arrangements in NHSScotland PIN policy                         | Sets standards regarding staff being able to safely raise concerns about risk, malpractice or wrongdoing that affects others. Invites NHS Boards to consider how those who work for, or with, the Board, including volunteers, may be protected.                            | May 2011    |

**Note:** The NHSScotland Partnership Information Network (PIN) policies are reviewed and updated in accordance with legislative changes and good practice. See: <http://www.staffgovernance.scot.nhs.uk/partnership/partnership-information-network/pin-policies/>

## B: General volunteering relevance

| Reference                            | Item  | Purpose  | Issued         |
|--------------------------------------|---|--|----------------|
| <a href="#">CEL(2013)05 Addendum</a> | Addendum to CEL 5 (2013): Protection of vulnerable groups (PVG) scheme membership       | Confirms PVG fee arrangements for volunteers who work directly for a specific NHS Board doing regulated work.  | April 2013     |
| <a href="#">CEL(2009)08</a>          | Guidance on reimbursement of 'Out of Pocket' expenses for volunteers within NHSScotland | Provides a consistent basis for the payment of expenses for volunteers who work alongside or are under the supervision of NHS staff as part of a range of managed voluntary services/activities. | February 2009  |
| <a href="#">CEL(2011)23</a>          | Guidance on Reimbursement of 'Out of Pocket' Expenses for Volunteers within NHSScotland | Reflects changes introduced by HM Revenue and Customs (HMRC) in relation to the Approved Mileage Allowance Payments (AMAP), applicable from 6 April 2011.  | September 2011 |
| <a href="#">CEL (2008)10</a>         | Refreshed strategy for volunteering in the NHS in Scotland                              | A 3-year strategy and action plan (2008-2011) for refreshing volunteering within the NHS in Scotland.  | February 2008  |
| <a href="#">MEL(2000)04</a>          | Guidance on volunteering in the NHS: implementation                                     | Includes policy and procedures on volunteering to act as an aid to NHS Boards to put in place their own policies.  | January 2000   |
| <a href="#">MEL(1998)42</a>          | Guidance on volunteering in the NHS 04/06/1998  | <i>Superseded by MEL(2000)04 but still useful &amp; relevant</i><br>Aimed at raising the profile of volunteering in the NHS in Scotland and assisting the development of new local initiatives.  | June 1998      |

## Appendix 2 – NHS Ayrshire and Arran volunteer definitions

During 2015, NHS Boards received a Freedom of Information request asking about volunteer numbers and roles. NHS Ayrshire & Arran's response included the diagram below, which is useful for clarifying how volunteering occurs within an NHS Board.

### INDIRECT VOLUNTEERS

(Includes Co-production and Partnership approaches)

#### Supporting policies and procedures

Voluntary organisations' and partners' own policies, procedures and insurance against their volunteers. A written agreement should also exist.

**Aim:** To provide a healthcare service with volunteers

#### Examples:

- Alcohol & Drug Partnership Volunteer peer workers
- Bliss
- Green Gym (Girvan Community Hospital)
- Heartstart
- Hospital Radio
- Hospital Volunteers—shops and cafes
- League of Friends

**Voluntary organisations' or lead partners' staff or volunteers support** their own organisation's volunteers

Note: Project Scotland also provides 'volunteers' as apart of a work experience scheme and have a NHS member of staff responsible for them

### DIRECT VOLUNTEERS

**Supporting policies and procedures** NHS Ayrshire & Arran documents include:

- Policy for managing volunteers
- Reimbursement of expenses policy
- Staff handbook
- Volunteer handbook
- CNORIS insurance

#### Managed volunteers

Volunteer role specific

**Aim:** To undertake a specific tangible volunteering role identified by a Task Description of that role

#### Examples:

- Activities volunteer
- Brush strokes volunteer
- Children's ward volunteer
- Counsellor
- Driver
- Hydrotherapy volunteer
- Mystery visitor
- Therapet volunteer
- Ward mealtime volunteer
- Welcomer

#### NHS Staff support

- PCC Officer Volunteering
- NHS Named contacts (for each managed vol. project/role)

#### Non-managed volunteers

Public involvement

**Aim:** To provide views and influence services from a patient and public perspective

#### Examples:

- Hospital Patients Council
- Lay members
- Public Partnership Forums
- Public reference groups

#### NHS Staff support

- PCC Officer Public Involvement
- NHS Named contacts/staff (for groups with Lay members)



## Appendix 3 – Examples of indirect volunteer programmes

### NHS Dumfries & Galloway & Macmillan Cancer Support: how volunteers can help deliver a person-centred service

Macmillan Cancer Support provides a Cancer Information and Support Service in NHS Dumfries & Galloway Royal Infirmary. A clinician runs the service and provides advice, guidance and support. Volunteers are involved to provide a meet and greet service, make cups of tea/coffee, provide friendly chat and ultimately deliver a supportive space.

### NHS Fife & Alzheimer Scotland: good practice in the recruitment & training of volunteers

A pilot project was established in 2015 that involved Alzheimer Scotland volunteers visiting patients in an acute ward setting at the Victoria Hospital in Kirkcaldy. The volunteers were named 'NHS Fife/Alzheimer Scotland Buddy Volunteers'.

Volunteers were required to complete an NHS volunteer application form, with Alzheimer Scotland as one of the referees. A PVG application was also completed, along with a standard health check.

The volunteers were required to complete three computer-based modules at the Victoria Hospital Learning Centre. Additional training requirements were outlined in the document that described the task.

The emphasis was on volunteers enhancing a patient's journey, and not replacing the work of paid staff. Attention was paid to who the volunteers would be responsible to on the ward, and who they should contact if unable to attend.

An interim report in late 2016 noted the success of the project, which continued to run in 2017.

### NHS Forth Valley & Royal Voluntary Service: the varied contributions made by an organisation's volunteers in delivering an effective and person-centred health service

Royal Voluntary Service is one of the largest volunteer organisations with more than 25,000 volunteers across the UK. In Forth Valley, cafe volunteers serve refreshments in the local hospitals and health care centre cafes. On-ward volunteers support patients staying in hospital.

Many older patients in hospital do not have regular visitors and Royal Voluntary Service volunteers help make sure they stay happy and engaged. They will do this by talking with them or organising and participating in activities such as craft or sing-a-long sessions. They may also help with gardening to give patients and their families and friends pleasant surroundings outside the ward.

## **NHS Greater Glasgow & Clyde and Glasgow Children's Hospital Charity: Developing a formal agreement helps ensure indirect volunteers are used safely & effectively**

Glasgow Children's Hospital Charity (formerly Yorkhill Children's Charity) entered into a formal agreement with NHS Greater Glasgow and Clyde in 2015. As long-standing partners, the charity had always provided significant support for the NHS Board's volunteering programme since its establishment in 2002.

Since 2015 the programme, which is aligned to the NHS Board's policy, has grown from strength to strength. Glasgow Children's Hospital Charity now assumes responsibility for the recruitment and management of the volunteers who carry out duties within the Royal Hospital for Children, which forms part of the NHS Board's wider volunteering programme.

The volunteer roles include:

- **Welcome Guides**, who help and assist parents and patients to reach their destination within the hospital.
- **Play Makers**, who volunteer alongside the hospital play staff, supporting a variety of play activities for the children.
- **Volunteer Drivers**, who support the Donor Milk Bank by collecting and delivering donated breast milk.
- **Chaplaincy Visiting Service volunteers**, who support the Healthcare Chaplains by visiting and providing a listening ear or companionship to families.

## **NHS Lothian & Volunteer Edinburgh: forming a partnership with a third sector organisation can enable a range of volunteering opportunities**

The Royal Edinburgh Hospital provides a range of in-patient mental health services including adult psychiatry, rehabilitation, forensic psychiatry and dementia services. Volunteer Edinburgh delivers a service within the hospital which utilises a unique model of engagement - volunteering by members of the public and by in-patients.

Patients with severe and enduring mental illness are inspired, encouraged and supported to volunteer. This allows them to contribute, rather than always being in

receipt of 'help'. It gives them purpose, positive interactions and supports recovery. Roles undertaken include library assistant, fruit and vegetable delivery for the food co-op, gardening and making refreshments.

Public volunteers share their time and talents in various social and recreational group activities, give companionship to patients and support a number to undertake study or learn new hobbies. In many cases patients and members of the public volunteer side-by-side, sharing the task.

All volunteer roles are jointly identified, developed and supported by Volunteer Edinburgh and NHS staff; usually these are occupational therapists or recreational assistants. Assessment and management of risk is also undertaken collaboratively.

## **NHS Western Isles, Dementia Friendly Communities project & Alzheimer Scotland: how indirect volunteers, deployed through a formal agreement, can offer specialist skills that complement those of NHS staff**

In 2016, the Dementia Friendly Communities project agreed to run weekly 'Memory Cafes' on the Erisort ward at NHS Western Isles Hospital, along with Alzheimer Scotland. A service level agreement was agreed to cover the pilot.

The Dementia Friendly Communities project is a Gaelic and English languages project, run by the An Lanntair Arts Centre. It uses combined local knowledge, local language and memory tools to support people affected by dementia, in a culturally specific way. This initiative looks at the role that bilingualism plays in the delayed onset of dementia and the benefits that an oral tradition can have in retaining good memory skills, providing a generational bridge and a sense of belonging.

The Western Isles Hospital service provided low key but important support for people on the wards, their families and carers. It formed an important pilot to evaluate the value of the approach, which lead to an NHS representative acknowledging that it was 'gently guiding [the NHS Board] towards a sustainable service.'

## Appendix 4 – Organisations supporting good practice in volunteering

### Scottish Health Council

**[www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)**

The Scottish Health Council hosts the Volunteering in NHSScotland Programme which supports NHS Boards to develop and embed the volunteer contribution to health service delivery.

### Voluntary Health Scotland

**[www.vhscotland.org.uk](http://www.vhscotland.org.uk)**

Voluntary Health Scotland works to improve recognition of the voluntary health sector's role in creating a fairer, healthier Scotland. It supports its members and the wider network to strengthen their engagement with health agendas. It also provides a platform and a bridge for voluntary health organisations to be heard by policy makers.

### Volunteer Scotland

**[www.volunteerscotland.net](http://www.volunteerscotland.net)**

Volunteer Scotland, former Volunteer Development Scotland, had a central role in establishing good volunteering practice in the NHS. As the national centre for volunteering, it highlights the impact of volunteering, enhances the quality of volunteer management, and provides access to disclosure checks for third sector organisations.

### Third Sector Interfaces (TSIs)

Scotland's Third Sector Interfaces provide a single point of access for support and advice for the third sector within local authority areas. They support volunteering development at a local level, along with development of social enterprises and the wider third sector.

## Voluntary Action Scotland

**[www.vascotland.org](http://www.vascotland.org)**

Voluntary Action Scotland is the national network of Third Sector Interfaces, connecting TSIs with each other and national organisations.

## Scottish Council for Voluntary Organisations (SCVO)

**[www.scvo.org.uk](http://www.scvo.org.uk)**

The Scottish Council for Voluntary Organisations is the membership organisation for Scotland's third sector organisations. It aims to advance the interests of its members and the people and communities that they support, and provides a range of services to help third sector organisations focus on their core purpose.

## Office of the Scottish Charity Regulator (OSCR)

**[www.oscr.org.uk](http://www.oscr.org.uk)**

OSCR is the independent regulator and registrar for over 24,000 Scottish charities including community groups, religious charities, schools, universities, grant-giving charities and major care providers. OSCR is a Non-Ministerial Department, with powers set out in the Charities and Trustee Investment (Scotland) Act 2005. Its work helps to maintain the highest standards of governance by charity trustees, their compliance with charity law, and public confidence in charities. It registers and monitors charities, receives and investigates complaints, and issues guidance on the management of charities



## Appendix 5 – NHS Tayside principles of volunteering

Across Tayside, the NHS Board and the three Integration Joint Boards, and three voluntary agencies in each locality, developed and agreed on ten volunteering principles with the support of the Clear Pathway project.

These form a central part of the development of a strategy for volunteering across health and social care. They are:

1. **Fairness:** Volunteers are treated fairly with robust policies in place to support this
2. **Equality:** Volunteers are treated equally. Volunteering is open to all and demonstrates diversity
3. **Inclusion:** Volunteers feel part of their organisation, and understand how their role fits with the work of the Team where they volunteer
4. **Reimbursement:** Out-of-pocket expenses are covered
5. **Support and Development:** Volunteers are supported, invested in and have opportunities for personal development and access to training. Volunteers have a support worker or supervisor. This is adequately resourced and benefits the recipients of volunteering
6. **Valued:** Volunteering contributions in terms of time, skill and impact are recognised. The contributions of volunteers are celebrated across NHS Boards from wards to Board level
7. **Realistic expectations/appropriate roles:** Expectations are realistic in terms of ability to recruit and retain volunteers and define what is expected of them
8. **Be effectively engaged:** Volunteers are engaged and informed about areas they are working in and have influence
9. **Safety:** Volunteers are secure and supported in their working environment physically and emotionally
10. **Enriches:** Volunteering is a resource that is unpaid, open and accessible and enriches the lives of individual human beings

# Appendix 6 – Sample formal agreement

The sample agreement included below has been extracted, with their kind permission, from NHS Greater Glasgow and Clyde's 'Formal Partnerships with Third Sector Organisations and Other Guests'.

## Formal Agreement – Provision of volunteering services

The following is a Formal Agreement between [*insert NHS Board name*] ('the NHS Board'), whose principle address is [*inset NHS Board address*] and [*insert third sector organisation name*] ('the Provider'), [*Insert organisation address and charity/or company number if applicable*].

### 1.0 Background

[*Insert historical involvement between the NHS Board & third sector organisation*]

### 2.0 Definition of Service

The service will provide [*describe purpose*] to a range of departments throughout the NHS Board through the provision of suitable individuals who have successfully completed the third sector organisation's application/recruitment/training process for volunteers.

The service will endeavour to recruit volunteers who have relevant skills and experience which match requests of the individual placements, all of which have been designed to enhance the quality of services provided to patients.

### 3.0 Description of Service

In delivering the service, the Provider will:

- Work **with** NHS staff to identify and agree suitable areas for volunteer involvement.
- Work **with** NHS staff to agree appropriate volunteer roles; and in particular, clarifying the boundaries within a volunteer's role.
- Manage all screening and associated administration in relation to volunteer recruitment.
- Interview volunteers to ensure prospective volunteers are suitable for the identified roles.
- Engage with local community and other groups as appropriate to raise awareness of opportunities available to volunteers who have expressed an interest in the work of the Provider.

- Liaise with the NHS Board's staff to ensure volunteer placements are working well.
- Provide direct support/supervision to volunteers who will operate on the NHS Board's premises.
- Have regular links with the Strategic Lead responsible for volunteering within the NHS Board.
- Deploy all volunteering resources in accordance with the NHS Policy on Volunteering.
- Provide photographic identification badges for all volunteers who operate directly on the NHS Board's premises and ensure all badges are destroyed at the end of volunteer placement.
- Ensure that any member of staff representing the Provider, or volunteers who carry out duties on the NHS Board's premises, are fully compliant with the NHS Board's relevant policies and procedures, including the Code of Conduct for Staff, Child Protection, Patient Confidentiality, Health and Safety (which includes Fire Safety), Infection Control, and Moving & Handling. Written Induction Material will be provided by the NHS Board.
- Ensure systems are in place for the management of volunteer conduct.

## 4.0 NHS Contribution

To support service delivery the NHS Board will:

- Provide on-going support to the Provider's volunteer coordinator in their role. (This will be provided via the Strategic Lead Volunteering or local volunteer management).
- Share existing recruitment materials that can be adapted as appropriate in line with the Provider's official documentation.
- Share existing NHS Board corporate induction material (which covers all aspects of health and safety, etc) for ALL volunteers recruited.
- Work to ensure all volunteer roles developed are appropriate; well supported; complement a person-centred NHS and do not replace any form of paid employment.
- Have regular liaison with an officer identified by the Provider.
- Attend meetings with identified colleagues from the Provider to monitor progress; to address any arising issues and collectively work to support the needs of the partnership and colleagues from the Provider.

## 5.0 Indemnity and Insurance

The Provider will keep the NHS Board indemnified from all actions, proceedings, claims, losses, expenses or damages arising from any breach by the Provider of any undertaking or obligations.

Specifically, they will:

- Ensure all volunteers are covered with adequate public liability insurance whilst undertaking duties on the NHS Board's premises.
- Ensure that all staff or volunteers engaged in the provision of this service have been subject to the appropriate screening, documented appropriately within a risk management framework.
- Ensure that all governance arrangements are built into the provision of volunteer services available to patients/ clients/ member of the public.

## 6.0 Non-compliance

- This agreement will be considered broken if the Provider fails to meet the requirements outlined in section 3.0
- This agreement will be considered broken if the NHS Board fails to support the delivery of this service as outlined in section 4.0

This Formal Agreement will commence on: *[Insert date]*

Signature of Provider's representative:

Name and Job Title:

Contact Details:

Date of signing:

Signature of NHS Board's representative:

Name and Job Title:

Contact Details:

Date of signing:

## Appendix 7 – Useful resources

### Scottish Health Council

#### **Volunteer Management in NHSScotland: Research findings and recommendations for volunteering in NHSScotland Scottish Health Council 2017**

Outlines the findings of the Volunteer Management in NHSScotland Research conducted by the Scottish Health Council in 2016 and makes 13 recommendations for the Volunteering in NHSScotland Programme and NHS Boards to consider in developing volunteering in the NHS in Scotland.

Available at: [www.scottishhealthcouncil.org/vol-mgt-research.aspx](http://www.scottishhealthcouncil.org/vol-mgt-research.aspx)

#### **Development of Volunteering in Health and Social Care Integration Authorities Scottish Health Council 2016**

Reviews the consideration that has been given by integration authorities to developing, engaging and governing volunteers, and to identify any associated challenges and support required to meet these.

Available at: [www.scottishhealthcouncil.org/vol-integration.aspx](http://www.scottishhealthcouncil.org/vol-integration.aspx)

#### **Volunteering in NHSScotland: A Handbook for Volunteering National Group for Volunteering in NHSScotland 2014**

Provides NHS Boards with a reference point for developing volunteering in NHS and care settings and a range of options, good practice and models linked to the policy and context in which they operate.

Available at: [www.scottishhealthcouncil.org/volunteer-handbook.aspx](http://www.scottishhealthcouncil.org/volunteer-handbook.aspx)

#### **Volunteering in NHSScotland: Evaluation of progress with the Volunteering Programme for NHSScotland Scottish Health Council 2014**

Details the review of the Volunteering in NHSScotland Programme delivered by the Scottish Health Council from October 2011.

The review was conducted independently of the Programme by the local offices of the Scottish Health Council and involved Nominated Strategic Leads of NHS Boards and volunteer managers.

Available at: [www.scottishhealthcouncil.org/volunteeringevaluation.aspx](http://www.scottishhealthcouncil.org/volunteeringevaluation.aspx)

## Voluntary Health Scotland

### Briefing paper on the Lampard report and associated risks to the NHS and third sector

#### Voluntary Health Scotland and Scottish Health Council 2015

Outlines the key elements of the Lampard report and highlights the residual risks that fell outwith the scope of the report.

Available at: [www.vhscotland.org.uk/lampard-report-and-nhs-volunteering-implications-for-the-third-sector-2/](http://www.vhscotland.org.uk/lampard-report-and-nhs-volunteering-implications-for-the-third-sector-2/)

### The Engagement Matrix

#### Voluntary Health Scotland 2013

A template and guidance for health boards and third sector organisations to complete together. It is a tool for opening dialogue between agencies, and for building stronger understanding and working relationships.

Available at: [www.vhscotland.org.uk/engagement-matrix/](http://www.vhscotland.org.uk/engagement-matrix/)

### Gold Star Exemplars: Third sector approaches to community link working in Scotland

#### Voluntary Health Scotland 2017

Summarises research to identify the number and range of Link Worker initiatives in primary care and community settings currently being delivered by the third sector across Scotland.

Available at: [www.vhscotland.org.uk/gold-star-exemplars-third-sector-approaches-to-community-link-working-across-scotland/](http://www.vhscotland.org.uk/gold-star-exemplars-third-sector-approaches-to-community-link-working-across-scotland/)

## Office of the Scottish Charity Regulator (OSCR)

### Notifiable Events guidance

#### OSCR 2016

As of 1st April 2016, charities registered in Scotland are asked to report Notifiable Events to OSCR. A Notifiable Event is when something serious has happened or is happening to the charity. Examples given include fraud and incidents of abuse or mistreatment of vulnerable beneficiaries. OSCR's Notable Events system encourages charities to deal with issues quickly and effectively to prevent them from becoming a serious problem for the health of the charity and, potentially, for the wider charity sector.

Available at: [www.oscr.org.uk/guidance-and-forms/managing-a-charity-guidance/notifiable-events-guidance](http://www.oscr.org.uk/guidance-and-forms/managing-a-charity-guidance/notifiable-events-guidance)

### Safeguarding guidance

#### OSCR (date to be confirmed)

In 2018 OSCR plans to publish guidance for charities on safeguarding and keeping vulnerable beneficiaries, volunteers and staff safe.



## Experience from England

### **Helping in Hospitals - A guide to high impact volunteering in hospitals Nesta 2016**

Explores how hospital trusts (in England) can take a more strategic approach towards volunteering and how the impact of volunteering can be measured through rigorous evaluation. It provides tips and practical examples of what hospitals in the Helping in Hospitals programme have done to increase the scale and scope of their volunteering service. It also provides practical guidance on how to measure the impact of volunteering on patients, staff and trusts.

Available at: [www.nesta.org.uk/sites/default/files/helping\\_in\\_hospitals\\_guide.pdf](http://www.nesta.org.uk/sites/default/files/helping_in_hospitals_guide.pdf)

### **Measuring the impact of Helping in Hospitals: final evaluation report The Social Innovation Partnership 2016**

Assesses how effective hospital impact volunteering is at improving patient experience and well-being. The researchers found that it shows promise as a way to improve patient experience, mood, anxiety levels, nutrition and hydration, while releasing nurse time to care.

Available at:

[www.nesta.org.uk/sites/default/files/helping\\_in\\_hospitals\\_evaluation\\_report.pdf](http://www.nesta.org.uk/sites/default/files/helping_in_hospitals_evaluation_report.pdf)

### **Volunteering in health and care: Securing a sustainable future The Kings Fund 2013**

Looks at the importance of volunteering and opportunities and challenges ahead, and makes recommendations with regards developing a closer relationship between health services and the communities they serve, and avoiding tensions around the role of volunteers in service delivery.

Available at:

[www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/volunteering-in-health-and-social-care-kingsfund-mar13.pdf](http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/volunteering-in-health-and-social-care-kingsfund-mar13.pdf)

### **Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile Department of Health and Social Care 2015**

The Secretary of State for Health asked former barrister Kate Lampard to produce a 'lessons learned' report, drawing on the findings from all published investigations and emerging themes. Commonly called the 'Lampard report' it includes 14 recommendations for the NHS, the Department of Health and wider government.

Available at:

[www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned](http://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned)

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