

Volunteering in NHSScotland

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Supporting better quality health and
social care for everyone in Scotland



Healthcare Improvement Scotland

Many parts, one purpose -
better quality health and social care
for everyone in Scotland.

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on new
medicines

| Advice
on health
technologies

| Standards,
guidelines
and indicators

| Inspections
and reviews

| Enabling health
and social
care improvement

| Death
Certification
Review Service

| Scottish
Patient Safety
Programme

| Improving
antibiotics
use

| Making
the public
voice count

| Global quality
improvement
webinars

Context

Volunteering across NHSScotland

- 6,500 volunteers directly-engaged by NHS Boards
- Estimated 2,500 enquiries per year
- Government guidance dating back to 1970
- 2008-2011 Refreshed Strategy for Volunteering
- 2011-present Volunteering in NHSScotland programme seeks to support NHS Boards to develop sustainable programmes towards three nationally-agreed outcomes



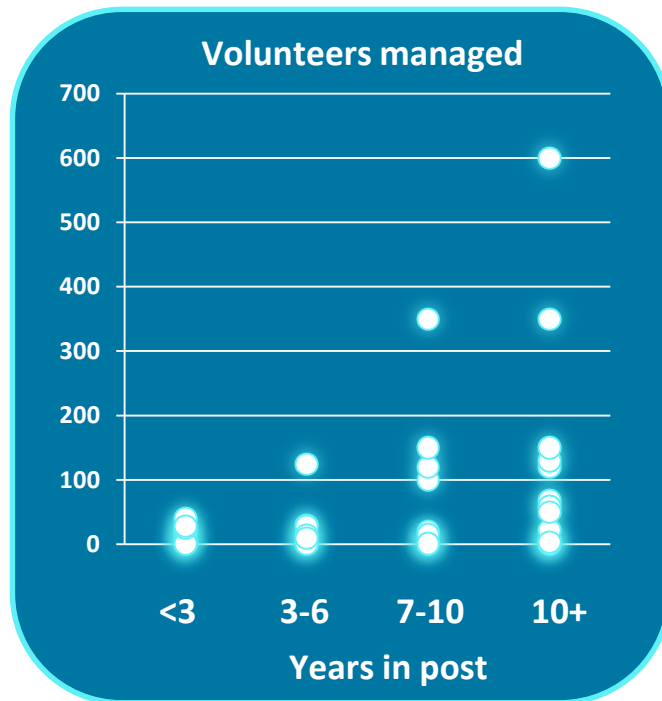
Programme outcomes

1. Volunteering contributes to Scotland's health by:
 - (a) enhancing the quality of the patient experience, and
 - (b) providing opportunities to improve the health and wellbeing of volunteers themselves
2. The infrastructure that supports volunteering is developed, sustainable and inclusive.
3. Volunteering, and the positive contribution it makes, is widely recognised, with a culture which demonstrates its value across the partners involved.

What we have learned

Volunteer management

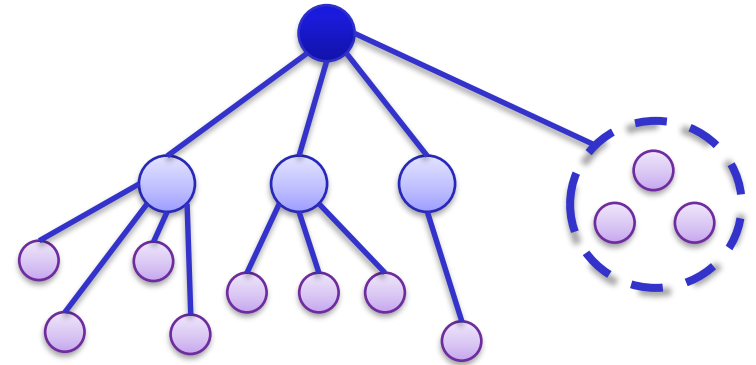
- Often small or single-person teams
- Can be directly managing 100+ volunteers
- Average ratio of volunteer manager:volunteer was 1:144 in 2012
- Posts often based in acute settings
- Limited scope to influence change
- Reporting on numbers rather than outcomes or quality
- Most boards had steering groups in place (legacy of Investing in Volunteers)



Where we are now

Volunteer management

- Investment in volunteer management positions has increased (5 boards created new posts since 2011) ... but this is levelling off
- Decentralised volunteer management models (average ratio of 1:36 in 2016)
- No sign of a decrease in volunteer applicants
- Lengthy recruitment process
- One third of applicants never go on to volunteer
- Risk creating volunteer administrators out of volunteer managers



Where are we going

Volunteer management

- An outcome-focussed future ...
- ... where volunteering is considered in the planning of policy and services and where volunteer engagement is adequately resourced
- Sustainable and growth-capable volunteer support model in NHSScotland
- A future where barriers to volunteering are challenged rather than accepted
- A joined-up approach to planning for volunteer involvement – who can do it best?



Whose outcome is it anyway?

“Volunteer retention”

- Don't assume people in senior positions in your organisation understand volunteering
- Recognise positive destinations for volunteers when they leave your programme
- Concept of episodic volunteering does not fit well with patient-facing roles in the NHS
- Be bold and honest in designing your roles and engaging your volunteers
- Think about progression and pathways

When it
works for
volunteers &
for us

Having the
Capacity to
Support
vols

Integral
Part of wider
organisational
strategy

Able to
demonstrate
wider value

Contacts

Team contacts:

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Website:

www.scottishhealthcouncil.org/volunteering.aspx

Community of practice:

www.knowledge.scot.nhs.uk/volunteering