

**Scottish Executive
Directorate of Health and Wellbeing**

**“Improving Health and Wellbeing
through Volunteering in Scotland’s
NHS”**

**Strategy proposal by Volunteer Development
Scotland
August 28th, 2007**

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Improving Health and Wellbeing through Volunteering in Scotland's NHS

A framework for improving the health of patients and users of Scotland's NHS by enhancing the quantity and effectiveness of volunteers' contributions to Scotland's NHS

1. Why should the Scottish Executive produce a strategy for volunteering in Scotland's NHS?

There is much to celebrate about volunteering in Scotland's NHS. Every day of every year many volunteers make valuable contributions to improving health. They are active in many different healthcare settings, including hospitals and they perform an astonishing variety of roles. 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. Volunteers who have had a particular medical condition can often provide empathy to others with the same condition, providing understanding and support borne from personal experience – experience that can complement professional, expert, medical care. Volunteering is an important aspect of Scottish life. It is an established and well regarded part of Scotland's NHS and in some instances it has become woven into the very fabric of improving health and wellbeing and delivering care. There is no doubt volunteering in the Scottish Health Service is a Scottish success story!

Keeping it a national success story is in all of Scotland's interests. Maintaining this success will depend largely on an ability to take account of current and future changes in the delivery of health care, changes in the wellbeing needs of communities and changes in society which impact on volunteering. Finding ways of working this change to Scotland's advantage will be vital to keeping volunteering in Scotland's NHS a success.

National research commissioned by Volunteer Development Scotland shows some 74% of people are involved informally in a wide variety of volunteering activities and around 33% of the adult population volunteer formally, both within Scotland's NHS and in the broader community. Volunteering must be supported and developed to take account of changing health needs, of NHS Scotland plans to meet these needs, and also take account of the ways in which social, demographic, economic, cultural and technological changes impact on where, when and how often people will want to volunteer. There is a need to respond now in recognition that health care delivery and people's motivations and availability to volunteer are changing. This will result in the need to develop modern and fresh approaches as well as to respect and support current success.

Volunteering brings a wide range of benefits to patients, carers, service users, Scotland's NHS and its staff and to the volunteers themselves. For patients/ service users, volunteers can offer social support, experience, time and attention. For Scotland's NHS and its staff, volunteers can help to free up professional resources and forge stronger links with local communities. For volunteers the experience can provide purposeful activity, a sense of belonging, social interaction and be good for their own health.

A strategy on improving health and wellbeing through volunteering in Scotland's NHS should:

- provide clear direction from the Scottish Executive Directorate for Health and Wellbeing regarding the actions needed to maximise the benefits of volunteering within Scotland's NHS;
- bring improvements to volunteering and therefore increase the benefits volunteering can bring to patients, carers, service users, NHS staff, the achievement of health objectives and to the volunteer;
- highlight how volunteering in Scotland's NHS can help individuals to have a better understanding of, and affinity towards, Scotland's NHS. This, in turn, can help them to be more informed and more effective contributors to debates about the future shape of Scotland's NHS.

In this context it is recommended the definition of a volunteer should be:-

A person who gives freely and willingly of their time to help improve the health and wellbeing of patients, carers and users of Scotland's NHS

Volunteers themselves can benefit from volunteering in terms of their own physical and mental wellbeing.

The United Nations recognises four types of volunteering and each type can be evidenced in Scotland's NHS. The four types are

- service giving;
- mutual support;
- influencing and advocating on behalf of others, and
- participation in decision making

2. Volunteering in Scotland's NHS – what stakeholders said

The Scottish Executive Health and Wellbeing Directorate commissioned Volunteer Development Scotland to make proposals and recommendations on how to best take forward volunteering in Scotland's NHS and to update previous guidance on volunteering issued in 1998 and in 2000. Volunteer Development Scotland took a consultative, open and inclusive approach to the development of the proposals, recommendations and action which appear in this document.

Stakeholder consultations and research undertaken, or organised, by Volunteer Development Scotland involved:

- structured telephone interviews with NHS Directors in geographic and specialist Boards with responsibilities for volunteering;
- electronic survey, focus group meetings and a special meeting for Voluntary Services Managers employed by Scotland's NHS;
- focus groups for volunteers involved in Scotland's NHS in Lanark and Glasgow;
- an electronic survey of Scotland's 32 specialist Volunteer Centres plus local meetings;
- an electronic survey of Volunteer Development Scotland and Voluntary Health Scotland members;
- analysis of Scottish Executive and Volunteer Development Scotland research;
- a Volunteer Development Scotland Members Forum;
- consultation meetings held with the National Forum on Older People Volunteering and during a conference on asylum seekers and refugees as volunteers held in Glasgow.

Guidance was also provided through a specially convened Reference Group whose membership included two geographical Boards (Lothian and Highland), NHS Health Scotland, NHS Quality Improvement Scotland, NHS Education, Citizens Advice Scotland, Scottish Health Council, Scottish Council Foundation, and the Scottish Executive.

Many of the people involved in this work gave positive comments relating to the value of volunteering in Scotland's NHS. Not surprisingly, however, most felt that more could be done to, improve, recognise, manage, develop and celebrate volunteering in Scotland's NHS.

Areas that were highlighted for attention included

- inconsistencies in policies and practices between NHS Boards;
- inconsistencies in policies and practices between NHS Boards and the organisations contracted by the Board to supply volunteers;
- a lack of strategic drive, leadership and planning;
- an over reliance on voluntary service managers posts, dealing with large agendas often with little managerial support;
- the need to broaden the range of people involved as volunteers;
- the need to develop more partnership working, and
- an ad hoc approach to information management, monitoring, evaluation and impact.

Stakeholders' views and research have combined to produce an evidence base which has been used to shape the priorities set out in this document.

3. What should a strategy aim to achieve?

Based on what stakeholders said it is recommended that the aim of the strategy should be:

To maximise the benefits volunteers bring to improving the health and wellbeing of Scotland's NHS patients and users by supporting Scotland's NHS to build on current success and for it to become an excellent engager of volunteers

During the next five year period action should be taken to increase the focus on volunteering in Scotland's NHS, to get people in Scotland's NHS thinking about it, planning for it, reviewing it, evaluating it, developing partnerships on it and sharing any learning on it with others. By increasing the profile of volunteering in Scotland's NHS a strategy should seek to achieve the following 3 outcomes:

- for Scotland's NHS – improving the health and wellbeing of the users of NHS services (patients/ users and their families/ carers) by enhancing the quantity and diversity of volunteers and the effectiveness of their contributions to health delivery;
- for volunteers – ensuring that they have a consistently positive experience, whenever and wherever they volunteer in Scotland's NHS;
- for national and local volunteering support bodies – providing a framework for quality standards in volunteer development in Scotland's NHS and creating a platform for better recognition of the importance of volunteering in Scotland's NHS

4. What needs to happen?

In order to achieve these outcomes and address the areas stakeholders identified as needing attention it is recommended that all of the volunteering that happens in all of Scotland's NHS is placed onto a consistent footing. This should include volunteering that:

- is managed directly by Scotland's NHS;
- is managed by an external body under a contract or service level agreement with an NHS Board;
- takes place in acute, primary care and in community settings;
- helps to deliver, or helps to shape, Scotland's NHS services and future agenda

This will require co-ordinated action from people working in geographical NHS Boards, key NHS support bodies (for example NHS Education), key bodies involved in developing volunteering and those organisations outwith Scotland's NHS who are funded by NHS Boards to provide and support volunteers. This strategy is a call to action for these stakeholders as each has a role to play.

An Action Plan is attached at Annex A. It sets out a range of high level actions that should be taken forward by particular organisations over the next five year period. The Action Plan would be supplemented with more detailed action and it should be reviewed annually through arrangements made by the Scottish Executive Directorate for Health and Wellbeing.

One way of Scotland's NHS achieving a consistent approach to volunteering would be for it to apply existing nationally recognised volunteer development standards and tools to its work. These are Investing in Volunteers, which covers standards in volunteers' management; the National Occupational Standards in Managing Volunteers, which describes the skills people need to be effective managers of volunteers, and the Volunteering Impact Assessment Toolkit which evaluates the impact of volunteering (See Annex B for more information).

To increase the benefits of volunteering and to ensure consistency of development and practice it is recommend that these standards and tools are adopted across all of the volunteering activity in Scotland's NHS. Doing so would achieve a consistently positive approach to volunteering in Scotland's NHS, and put it on a sure footing. It would also result in the development of closer working relationship between the volunteering and health support bodies and health Boards in Scotland. In order to develop volunteering in Scotland's NHS, existing bodies need to work together more effectively towards the same ends. The application of standards and the increased co-ordination between infrastructure bodies is an effective way of developing volunteering and of creating a positive climate for it in Scotland's NHS.

In carrying forward this work it will be important to strike a balance between the need to make sure that volunteers can work safely and appropriately without them feeling that their involvement is being over formalised.

Three outcomes have been recommended for volunteers, Scotland's NHS and for national / local volunteering support bodies previously (page 6). To make progress towards achieving them the following is required:

1. being clearer about what constitutes volunteering in Scotland's NHS;
2. ensuring effective leadership in volunteering;
3. planning for continuous improvement in volunteering management;
4. creating a positive and consistent environment for volunteering ;
5. developing a modern, dynamic and robust infrastructure for volunteering;
6. broadening the range of people involved in volunteering;
7. measuring the impacts of volunteering and sharing learning.

"Volunteers provide a reality check on services – they have good ideas which lead to changes. They keep us in touch with communities and they have an effect on health improvement. They have ownership, and will defend the NHS from people who will say it's a poor organization: they help to break down the NHS from an 'illness organization' to a 'health promotion' one."

Director, Geographic Trust

Being clearer about what constitutes volunteering in Scotland's NHS

There is some evidence of different policies and procedures being applied to volunteering in some NHS Boards. For example people involved in Patient Focus Public Involvement (PFPI) activities, and described by Scotland's NHS as volunteers, have been paid higher travel expenses rates compared with volunteers involved in delivering services in Scotland's NHS. It is wrong to keep this situation going as it is unfair and inequitable.

It is important for Boards to be clear about who is a volunteer and who is not. Once a Board has established this (with reference to the definition previously given) it should then treat all of its volunteers fairly and consistently and ensure that they have access to the support and assistance that is commensurate with their volunteer role and which helps them to make as effective a contribution to improving health as is possible.

It is recommended as a priority that the Scottish Executive Directorate for Health and Wellbeing produces guidance for NHS Boards on the payment of out of pocket expenses and other support costs for volunteers(based on the principal that volunteers should not be out of pocket through their volunteering) and for volunteer development.

Scotland's NHS contracts with voluntary organisations to deliver services and volunteers are involved in delivering services in many of these organisations. In these situations there is a case for Scotland's NHS ensuring that the policies and procedures it applies to its own volunteers are also applied to the volunteering it funds in external organisations, for example the WRVS.

It is therefore recommended that volunteering policies and standards developed within Boards be applied to such voluntary organisations.

Recognising most PFPI activities as volunteering and including volunteers from external bodies in this strategy is based on the need to strive for fairness and equity amongst all of the volunteers supported by Scotland's NHS and on the need to ensure consistency and quality in volunteering wherever and whenever it happens.

Many external organisations will already provide high quality volunteer opportunities. If others need to undertake additional work to satisfy the proposals set out in this document then it is important that they have any support to do so readily available to them.

It is recommended that volunteering policies and procedures should not be applied to, for example, individuals on school work experience programmes or other formal work experience programmes. While these people are not being paid for their involvement it is inappropriate to describe them as volunteers in the sense that this document talks about volunteers.

Ensuring Effective Leadership in Volunteering

Leadership for volunteering in Scotland's NHS and in implementing the strategy needs to be in place both nationally and locally.

The Scottish Executive Directorate for Health and Wellbeing should therefore consider the establishment of a group, at national level, which should be led by a person who, ideally, is known in health and volunteering fields.

This group should comprise of key NHS and volunteering bodies, such as NHS Health Scotland, NHS Education, NHS Quality Improvement Scotland, VDS, national volunteer engagers outwith Scotland's NHS, Voluntary Health Scotland, Community Health Exchange,

and representatives from a selection of geographic Boards and the volunteer centre network, to give drive and leadership to the delivery of the strategy and be linked to the Scottish Health Council assessments monitor its effectiveness.

This group, perhaps called the Strategy Leadership Group, should report directly to the Minister for Public Health on progress achieved in delivering the strategy. It is recommended that the Minister should also monitor progress through Scotland's NHS Board Annual Review Process. These measures would help to provide leadership nationally, keep a focus on the

strategy and give a clear message from national Government on the value it gives to volunteering in general and specifically to volunteering in Scotland's NHS.

Locally NHS geographic Boards should consider how to provide leadership and drive in implementing local strategies for volunteering and how to undertake tasks similar to those outlined for the national group but, where needed, shaped to meet local needs, circumstances and linked agendas.

For specialised boards, who engage with volunteers, they must ensure consistency in approach to the delivery of this strategy, and should, where appropriate, lead in supporting national and local implementation.

The national and local groups (where established) need to be "stand alone" groups in the first instance to give the strategy clear and visible drive and leadership. It is recommended that both national and local groups consider their positions and are reviewed after a period of three years and at two year periods thereafter, if required, to determine if the work, or parts of the work they do, could be more effectively delivered through an existing structure, for example a Community Health Partnership.

Well established approaches to planning, doing and reviewing need to be demonstrated in the management of volunteers across Scotland's NHS. This would ensure that volunteering is placed at the heart of planning rather than being dealt with either as a bolt on to Scotland's NHS or as a marginal issue. It would also allow volunteering to be better recognised for the contributions it makes to health objectives and therefore bring it more acutely into the thinking of senior NHS management.

It is recommended that each Board (specialist and geographical) should be able to demonstrate that planning, doing and reviewing is actually taking place.

It is recommended that NHS Boards should appoint a named person, at Board level, to be responsible for ensuring that plans and actions on volunteering happen. Day to day responsibility for ensuring the actions happen may be delegated.

Planning for continuous improvement in volunteering management

National support bodies in health and in volunteering should take steps to better co-ordinate their work in volunteer development so that they can give maximum support to geographical NHS Boards in progressing the strategy.

Nationally, the Scottish Executive Directorate for Health and Wellbeing should put arrangements in place to ensure that:

- specialist advice is available to Scotland's NHS on volunteer development in Scotland, including the latest research on volunteering, the policy implications of such research, and learning and practice developments in volunteering. This should help to keep

volunteering in Scotland's NHS up to date with the latest thinking on volunteering trends and with the latest developments on successful volunteering practice in health improvement;

- support is available to Boards on how to achieve Investing in Volunteers, how to work within the National Occupational Standards for Volunteers' Managers, and how to utilise the Volunteering Impact Assessment Toolkit;
- action is taken to support the co-ordination of systems to better manage information on volunteers' motivations, roles, interests and demographics. This should allow Boards to be able to present accurate information about volunteering levels in their organisation and in those that they fund to supply volunteers, to spot any changes in volunteering, consider if any actions on such changes should be taken, and also to check if the volunteers reflect the community in terms of all strands of Equality and Diversity on an on-going basis;
- advice and support is available to Boards in incorporating volunteering more effectively into their planning process in order that lessons learnt in one Board area are shared with other Boards through the National Group;
- support, learning and networking opportunities are made available to those who have key volunteer development roles in Scotland's NHS. This should ensure that learning about successful practice is shared amongst practitioners and that any difficulties in volunteer development are identified and acted upon quickly;
- dynamic practice materials on how volunteering can be applied in health care settings, based on good practice, in Scotland's NHS are developed and made available to Boards and other relevant parties;
- national events on volunteering in Scotland's NHS are held as a way of keeping volunteering in the spotlight and of sharing learning and thinking on how volunteering contributes to health care and improvement;
- consideration is given to a national campaign, supported with action taken locally, to encourage people to volunteer in Scotland's NHS;
- consideration is given on how to best recognise and celebrate volunteering in Scotland's NHS nationally and locally.

Locally it is recommended that each Board should develop an implementation plan to improve its performance on the management of volunteers. The plan should:-

- be approved by the Board and reviewed annually;
- report annually;

- be developed with stakeholders from within and outwith Scotland's NHS, for example the local volunteer centre(s) ;
- link volunteering activity to the achievement of HEAT objectives and to the Local Delivery Plan or equivalent;
- ensure that the capabilities and resources NHS staff need to lead, manage and develop volunteers effectively are clearly defined and are based on the National Occupational Standards for Volunteers Managers;
- link PFPI strategies to volunteering to ensure consistency and fairness in volunteering;
- set in place information management systems in order to produce data on volunteers;
- connect Boards strategic work on volunteering with any undertaken by other public bodies, particularly local authorities through Community Planning and or Community Health/Community Health Care Partnerships.

For external organisations funded by Scotland's NHS Boards to deliver volunteering, Boards should ensure that:

- organisations are encouraged, helped and supported (by Boards and volunteering support bodies) to incorporate Investing in Volunteers and the National Occupational Standards for Volunteers Management into their work where that does not already happen;
- organisations report annually to the funding Board on how the work of their volunteers has contributed to health objectives and the impact of volunteering on service users/patients, carers, staff and volunteers, and on volunteers numbers and demographics;
- organisations work with the local Volunteer Centre(s) on developing a more co-ordinated approach to various actions intended to lead to the recruitment, support and recognition of volunteers.

Creating a positive and consistent environment for volunteering

An important part of attracting people to volunteer in Scotland's NHS will be ensuring that they have a consistently positive experience, whenever and wherever they volunteer in Scotland's NHS.

Achieving the Investing in Volunteers standard demands that the whole organisation values, manages and supports its volunteers and their contributions, rather than rely on a few dedicated people alone. Organisations that achieve the Investing in Volunteers award will be attractive to current and future volunteers.

“Investing in Volunteering has validated our policies and procedures in managing volunteers. It has assisted us to further raise the profile of volunteers within the Trust. Achieving IIV provides recognition of our commitment to volunteering for both existing and potential volunteers. It is a testament to the hard work of our volunteers”

Conwy and Denbighshire NHS Trust

It is recommended that all Boards begin preparing for the Investing in Volunteers standard immediately, that all Boards achieve this standard during years 2 and 3 of a strategy and that all Boards measure any changes brought about following its implementation.

As Scotland’s NHS invites members of the public to volunteer in its work it should also create a positive environment, through simple and practical support, to enable its own staff members to volunteer (if they wish to do so) in their chosen community or place of interest. Through volunteering NHS staff may be able to develop skills and knowledge which help them in their NHS jobs. As a major local employer, Boards will also be seen to be setting a good example to other employers.

It is recommend that all Boards should have an employer supported volunteering policy in place within 2 years either as part of existing Human Resources Policy or as a stand-alone policy.

Developing a more robust infrastructure for volunteering - including better co-ordination and partnership between existing organisations

Just as Scotland’s NHS values working in partnership to improve Scotland’s health and wellbeing, it should also work in partnership with others on volunteering.

Consultations provided by VDS on volunteering in Scotland’s NHS show a desire amongst stakeholders for more joined up work to be done between Scotland’s NHS, volunteering support bodies, volunteer involvers and others involved in volunteering development. Enhanced co-ordination between the actions of these bodies should lead to greater added value to Scotland’s NHS, to volunteers and to service users, and in turn to better health care in Scotland. By doing this a modern and robust infrastructure for volunteering in Scotland’s NHS will be created.

It is recommended that Boards should, if not already, enter into partnerships with organisations that have relevant expertise, for example their local Volunteer Centre(s) and other relevant bodies to identify how they can add value to each others work.

Boards themselves are best positioned to decide how to take forward the work locally on planning, leadership, management, infrastructure and partnership described above. Boards could choose one or more of the following suggestions

- involving their Human Resources Department in the recruitment and selection of volunteers directly engaged by the Board (subject to it having a full awareness of volunteering opportunities);
- employing a volunteering development manager;
- contracting with an external organisation to deliver volunteer development services.

Broadening the range of people involved in volunteering

Broadly speaking some of Scotland's NHS has traditionally benefited from individuals volunteering who have high levels of motivation and who are able to easily access volunteering opportunities with minimal support. To ensure that the NHS reflects the increasingly diverse communities in Scotland it serves and to ensure that as many people as possible volunteer, in particular those individuals whose health and wellbeing would benefit from volunteering, it is essential to ensure that barriers to volunteering such as the payment of expenses, or additional support is available to keep volunteering in Scotland's NHS reflective of the communities it serves.

People within Scotland's NHS have said that more opportunity could be taken to support a broader range of people to volunteer in Scotland's NHS. They want this to happen for two main reasons.

Firstly it would help to get more people involved in improving Scotland's health through volunteering.

Secondly those people who volunteer could benefit their own health from doing so. The health and psychological benefits of volunteering to the volunteer are becoming ever more apparent. Encouraging and connecting people to become involved in volunteering could improve some aspects of our nation's health. Volunteering can be a powerful force for change for people especially for those who have, for whatever reason, lost contact with others or who feel lacking in confidence. Feeling valued and having a sense of purpose and belonging are some of the potentially powerful outcomes people can experience through volunteering. Developing this work could be an important contribution to increasing social inclusion, increasing self esteem and confidence and reducing social isolation.

Making volunteering in Scotland's NHS barrier-free will require more co-ordinated action from key bodies, based on what is known about the real and perceived barriers to volunteering that exist, for example that volunteering would leave someone out of pocket,

that a person feels they do not have the skills or experience required to volunteer, and that a person in receipt of welfare benefits believes volunteering at the same time is not allowed.

In this respect Boards and the National Group should be able to demonstrate:

- that Boards are actively monitoring all volunteers in terms of equality and diversity, taking action to remove any identified barriers to volunteering and report on this aspect of volunteering annually;
- that in the first year of this Strategy, the National Group should develop recommendations in conjunction with key national partners on how to support joined up and co-ordinated action to dismantle these barriers.

Measuring the impacts and sharing learning

There is much that is positive in the world of volunteering in Scotland's NHS, much to build on and much to celebrate. It is wise to take action now to ensure that volunteering is prepared for changes in Scotland's NHS. More will be done outwith hospital settings and there will be a continued emphasis on health promotion. Rapid change in our social, economic and cultural lives can have an impact on patterns of volunteering. The measures set out in this document (and the Action Plan) to improve leadership, planning, standards, partnership working and evaluation should establish a solid foundation for volunteering in Scotland's NHS.

It is recommended that each NHS Board should establish a quantifiable baseline using the Action Plan, within 18 months. This baseline should then be used to measure progress towards intended results which should be monitored by the Scottish Health Council as part of its assessment of NHS Boards progress in relation to its PFPI responsibilities and other specialist bodies. Monitoring of progress should also be included in the Annual Review process led by the Cabinet Secretary for Health and Wellbeing.

Working towards this will require the co-operation and enthusiasm of all of the stakeholders in volunteering in Scotland's NHS. Importantly the strategy should be a living document, one that is reviewed and monitored and where necessary altered and changed as learning about volunteering in Scotland's NHS is developed and strengthened.

In five years this strategy will have worked if Scotland's NHS and partners can demonstrate that they:

- are collectively supportive of volunteering and that they have an improved awareness of the roles of volunteers within Scotland's NHS;
- have a better awareness of the health and wellbeing gains of volunteering to service users/patients, Scotland's NHS and volunteers;

- have a positive appreciation on how volunteers in voluntary organisations play a positive role in health gain and health priorities;
- view volunteering in Scotland's NHS as clearly adding value to increasing social inclusion, increasing volunteers self esteem and confidence and reducing social isolation;
- have increased their knowledge about volunteers' (existing and new) motivations for, and ability to, make a difference within the health service, and have applied any learning from this to further improve volunteers contribution to the health service;
- have increased their knowledge about the scale and scope of volunteering in Scotland's NHS;
- have, by 2012, a recognised, consistent and effective practical approach to the planning, management, development and support of volunteering, at national and local level.

"Volunteers help to develop community capacity and help service providers see the patient and carers perspectives. They add value to mainstream services."

Director, Geographic Board.

"I don't know of any Board that can get by without volunteers."

Director, Geographic Board.

Annex A - Action Plan

TASK	DESIGNATED RESPONSIBILITY	TIMESCALE
A national group is established to provide leadership and drive in implementing the strategy and to report to the Minister for Public Health.	Directorate of Health and Wellbeing	National Group established by launch of strategy. National Group reports annually.
Guidance for NHS Boards is produced on the payment of out of pocket expenses and other support costs for volunteers and volunteer development.	Directorate of Health and Wellbeing	Within 6 months
Action is taken to support the co-ordination of systems to better manage information on volunteers'.	Directorate of Health and Wellbeing	Within 1 year
Practice materials on how volunteering can be applied in health care settings, based on good practice are developed and made available to Boards and others.	Directorate of Health and Wellbeing	Materials produced at regular intervals during the 5 year period
Recommendations are produced, in conjunction with key national partners, on how to support joined up and co-ordinated action to dismantle barriers to volunteering.	Directorate of Health and Wellbeing & National Group	Within 1 year
Advice, guidance and support on: volunteer development, Investing in Volunteers, Volunteer Impact Toolkits, networking, national events etc is put in place to assist NHS Boards in implementing the strategy.	Directorate of Health and Wellbeing	Arrangements for the delivery of advice, guidance and support in place by launch of strategy. Delivery occurs for the duration of the five year strategy.
A named person at Board level is appointed to be responsible for the delivery of local plans on volunteering.	NHS Boards	Within 3 months
Volunteering is linked to HEAT targets and local delivery plans	NHS Boards	Within 1 year

and PFPI is linked to volunteering.		
A baseline on volunteering is produced (using modern ICT methods) and used to measure future progress.	NHS Boards	Within 18 months
An implementation plan is produced, in partnership with local stakeholders, to improve volunteering.	NHS Boards	Within 1 year and annual reports produced thereafter for Ministers attention
Investing in Volunteers standard is achieved by all NHS Boards.	NHS Boards	Preparation work begins immediately so that Boards can achieve the standard during year 2 and 3
Employer Supported Volunteering Policies are produced and implemented.	NHS Boards National Group	Within 2 years
Strategic planning on volunteering is linked to other public bodies through Community Planning.	NHS Boards	Within 3 years
Volunteering policies and standards developed within Boards are applied to external voluntary organisations funded by Boards.	NHS Boards	During years 3 and 4
Voluntary organisations should be encouraged, helped and supported to incorporate Investing in Volunteers and the National Occupational Standards for Volunteers Management into their work where that does not already happen.	NHS Boards and volunteering support bodies	During years 3 and 4
Voluntary organisations should report annually to the funding Board on how the work of their volunteers has contributed to health objectives and the impact of volunteering on service users/patients, staff and volunteers, and on volunteer numbers and demographics.	NHS Boards and volunteering support bodies	During years 3 and 4

Develop a more co-ordinated approach to the recruitment, support and recognition of volunteers.	NHS Boards, volunteer centres	Within 6 months
A plan is produced on how best to ensure staff managing volunteers in Scotland's NHS are equipped with the skills in the National Occupational Standards for Volunteers, Management	NHS Education and Volunteer Development Scotland	Within 4 months
Ensure consistency in approach to the delivery of this strategy.	Specialist Boards who engage with volunteers or support others in this.	For the duration of the strategy
Where appropriate lead in supporting national and local implementation	Specialist Boards	For the duration of the strategy

ANNEX B

Investing in Volunteers, the nationally recognised standard for volunteer involving organisations, looks at how volunteer involving organisations can guarantee a quality experience for volunteers. It sets in place a process whereby an organisation can recognise how best to achieve standards in volunteers management, opportunity, recruitment and practice.

The Investing in Volunteers standard has ten indicators

1. there is an expressed commitment to the involvement of volunteers, and recognition throughout the organisation that volunteering is a two way process which benefits the organisation (including patients, relatives of patients, carers and NHS staff) and volunteers.
2. the organisation commits appropriate resources to working with volunteers, such as money, management, staff time and materials.
3. the organisation develops appropriate roles for volunteers in line with its aims and objectives, and which are of value to the volunteers and create an environment where they can develop.
4. the organisation is open to involving volunteers who reflect the diversity of the local community, in accordance with the organisation's stated aims, and operates procedures to facilitate this.
5. the organisation is committed to ensuring that volunteers are protected from physical, financial and emotional harm arising from volunteering.
6. the organisation is committed to using fair, efficient and consistent recruitment procedures for all potential volunteers.
7. the organisation conforms to legal requirements and relevant guidance to taking up references and official checks which is consistent and equitable for all volunteers, bearing in mind the nature of the work.
8. clear procedures are put into action for introducing new volunteers to the organisation, its work, policies, practices and relevant personnel.
9. everybody in the organisation is aware of the need to give volunteers recognition.
10. the organisation takes account of the varying support needs of volunteers.

The National Occupational Standards in Managing Volunteers

The National Occupational Standards in Managing Volunteers have been developed by the UK Workforce Hub.

The Standards for Managing Volunteers are for everyone who manages or supports volunteers, whether it is a large or small part of their role. They address issues such as developing policy, promoting volunteering, recruitment and induction, management, development and support of volunteers.

The standards are a key tool for volunteer managers committed to making the most of the contribution of the volunteers they manage. The standards can assist in numerous ways – with strategic planning, budget setting, role analysis, recruitment and selection, training and support, the removal of barriers to volunteering, health and safety, monitoring, performance measurement and evaluation, self-assessment, identifying learning and development needs, and the creation of new opportunities.

The Standards are a key tool for managers committed to making the most of the volunteers they manage. The Standards include a focus on:

- role analysis;
- recruitment and selection;
- training and support;
- identifying learning and development needs

The Volunteering Impact Assessment Toolkit

The Toolkit enables organisations to evaluate and demonstrate the impact volunteers have on the organisation. It provides a comprehensive selection of methods and tools which allow the organisation to measure the impact of volunteering on the organisation's aims and objectives, volunteers themselves, staff and the wider community. The Toolkit allows the organisation to:

- gain a greater understanding on how and why volunteering works within the organisation;
- gather evidence to support future planning;
- assess a wide range of impacts from skills assessment of volunteers to the economic contribution of volunteering;
- explore the full spectrum of impacts;
- compare results over time.