Volunteering in NHSScotland
Boundaries of volunteer roles

Introduction

This paper provides a brief overview to the measures in place in NHSScotland that ensure that volunteer roles do not infringe upon the roles of paid staff.

The evidence gather consists of desk-based reviews of NHS Board's Volunteering Policies and, where relevant, volunteer role descriptions.

The policies of 10 NHS Boards were reviewed.

Defining volunteering

The majority of NHS Board policies used a similar definition to:

> *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*

The above is quoted from CEL 10 (2008) – Refreshed Strategy for Volunteering in the NHS in Scotland.

A number of NHS Boards refer to the breadth of volunteering opportunities acknowledging roles in acute and community settings.

The role of volunteering in complementing the delivery of care

Most of the volunteering policies reviewed followed a similar format – in some cases the text was exactly the same.

A number of policies made explicit statements that volunteers would not be asked to undertake the work of paid staff – notably using the word "tasks" rather than roles. This is important as it makes a distinction between the tasks that make up a role and suggests that **no tasks that staff currently undertake will be delegated to volunteers**.

One NHS Board included a reference to the patient journey in its approach to identifying the need for a volunteer role.

> *The core principle for the engagement of any volunteer is to enhance the patient journey in a way that would not normally have been undertaken by a paid member of staff.*

Often, references were made to times of industrial dispute – stating that volunteers would not be asked to undertake the work of paid staff.

Common statements included:

> *The activities/role of volunteers complements the work of our employees and will not be used as a substitute for paid work.*
> *Volunteers are not asked to do the work of paid staff during times of absence/industrial action, however, at such times, they may continue with their regular duties.*

One Board went further in its definition:

> *Volunteers will not be asked to do the work of paid staff in situations where business continuity has become difficult for example at times of industrial action or flu pandemics. However, if they wish to, they will be able to undertake their normal volunteering activity under these circumstances, if the appropriate support and supervision is still available.*

Another statement that was not as frequent but did appear in a number of policies related to volunteers being asked to undertake tasks that had *previously* been the responsibility of staff.

> *Volunteers are not permitted to take on tasks formerly undertaken by paid employees or to work in ways which facilitate a decrease in paid employment.*

No policies made reference to emergency situations or whether volunteers would be engaged in such scenarios.

Developing volunteer roles in practice

Of the policies reviewed, some contained guidance on developing volunteer roles, providing practical instruction on the process of recruitment and screening.

Few however, expressed a need to engage with existing staff on the development of roles even though the Needs Analysis undertaken in 2012 suggested there was evidence of resistance from some staff in engaging with volunteers.

There is some variance across NHS Boards in relation to what might be considered a "task" that paid staff would undertake.

A suitable example would be that of a Community First Responder with the Scottish Ambulance Service. Community First Responders provide early interventions to patients in remote areas of the country while an ambulance is on its way.

This example has been selected to demonstrate that there is not necessarily a clear and defined "line" between the tasks a volunteer might undertake and those a paid member of staff would have responsibility for.

Engaging and informing staff

Most of the policies reviewed made statements to the effect that all staff would have a clear understanding of the roles that volunteers undertake and that good working relationships are in place between staff and volunteers.

As these documents were policies and not necessarily procedural it was not clear *how* staff would be supported to understand and engage with volunteers.

Perceptions of volunteers in NHSScotland

Media coverage of volunteer engagement in acute settings has at times been negative and only served to feed fears of job substitution[1]. A recent example however, may have demonstrated a wider acceptance to volunteers and their role in the NHS[2]

Misconceptions still exist amongst staff however. Engagement with staff who manage volunteers in 2011 indentified challenges in developing new volunteer roles due to a level of reluctance from staff to engage.

The pilot of a Developing Volunteering Toolkit in NHS Greater Glasgow & Clyde found anecdotal evidence of some of myths and gaps in understanding in relation to volunteering. These included:

▸ Some staff not knowing the volunteers were from the NHS Board, believing them to be from local faith groups or places of worship
▸ One example of a staff member attributing the word "volunteering" to being asked to "volunteer" to undertake an unpaid shift
▸ A lack of understanding of the motivations volunteers may have

A Needs Analysis[3], undertaken in 2012 also identified a lack of "staff buy-in" towards volunteering.

Recommendations

In light of the above challenges it may be prudent for NHS Boards to review their volunteering policies engaging with relevant stakeholders in the process.

An evaluation of the use of the Developing Volunteering Toolkit in NHS Greater Glasgow & Clyde will take place in the coming months and a further pilot will take place in NHS Borders.

The learning from the use of the toolkit will help to shape its use in the future.

The National Group for Volunteering may wish to consider some of the "standard" wording contained in the Volunteering Policies and assess whether it is fit for purpose, taking into account unlikely but potentially difficult emergency situations.

Volunteering Australia has designed a toolkit for developing volunteer roles[4]. The Document contains a checklist which helps to determine whether a role should be voluntary or paid. Consideration could be given to developing a similar checklist for use by NHS Boards with appropriate engagement of National Group for Volunteering representatives.

[1] http://www.heraldscotland.com/news/home-news/anger-as-nhs-enlists-volunteers-to-help-nurses-feed-patients.15373012, 09-Oct-2011

[2] http://www.scotsman.com/edinburgh-evening-news/health/volunteers-brought-in-to-feed-nhs-patients-1-2771160, 01-Feb-2013

[3] http://www.scottishhealthcouncil.org/patient__public_participation/volunteering_in_nhsscotland/idoc.ashx?docid=9c8790c9-46e1-41d4-918e-c94b0224422d&version=-1, Oct-2012

[4] http://www.volunteeringaustralia.org/Publications/Best-practice/Designing-Volunteer-Roles-and-Position-Descriptions.asp, 2011