Volunteering in NHSScotland
A Handbook for Volunteering

Introduction

This paper includes the latest draft of the “Handbook for volunteering” including revisions made as a result of comments received at the November 2013 meeting of the National Group for Volunteering.

The document is scheduled for publication on Thursday 6th February 2014.

Actions for National Group for Volunteering

The National Group is asked to consider the content of the document and identify any further gaps.
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Ministerial Foreword

[to be developed and to make reference to the following]

- Longevity of the document and review
- Volunteering beyond the acute setting
- What is expected of NHS Boards from this document
- Any specific aspects NHS Boards should **consider** (keeping in mind we do not wish to be prescriptive)
- Should we make reference to any aspects of the extended workplan (to March 2015)
1. An introduction from the National Group for Volunteering

The NHS is operating currently in a context of substantial change. We have:

- NHS Scotland’s emphasis on a mutual NHS – which calls for “a new ethos for health in Scotland that sees the Scottish people and the staff of the NHS as partners, or co-owners in the NHS.”
- The National Quality Strategy which is about creating high quality person-centred, clinically effective and safe healthcare services and being recognised as being world-leading in our approach.
- Partnership: In the public sector, we provide services for people. By doing so, we effectively create a culture of dependency. We say a lot about partnerships - partnerships across the public sector, with the voluntary/third sector, with the private sector, with staff, but partnership with users, has to be the way forward.
- The Scottish Government’s agreement that public service reform requires to focus on:
  - a decisive shift towards prevention;
  - greater integration at a local level driven by better partnership;
  - workforce development; and
  - a sharper, more transparent focus on performance.
- Integration of health and social care, including impending legislation – and the Change Fund and the Integrated Resource Framework assisting with that
- NHS Scotland’s Route Map to the 20/20 Vision for Health and Social Care and the discussion paper, “All Hands on Deck”
- Reducing inequalities and the growing recognition of the importance of community engagement coproduction/ asset-based approach/ time banking, and of emphasis on the early years
- Shifting the balance of care
- The Community Empowerment (Scotland) Bill
- The way in which Boards are redesigning and reconfiguring services, making them better and also more efficient.

To address this context of change, we need:

- An honest analysis of strengths and weaknesses. The basic question is “do we really know where we are?” Because if we don’t, we won’t change.
- Vision – a clear sense of where we’re trying to get to.
- The development of powerful top teams – certainly at Board level, but also in our hospitals, in our wards, in primary care and in our community settings.
- Recognition of the importance of communication in the process of change.
Progress has to be maintained. Organisations change through people being clear about where they want the organisation to go, and through a systematic process of incremental implementation.

The Concluding Remarks of Sir Peter Housden, the Permanent Secretary to the Scottish Government, at the NHS Scotland event in the SECC on 24 August 2011 were on a very similar tack. He talked about Changing the World, and highlighted the necessity for:

- a vision that stirs the heart
- a story of how things have been and how they will be in the future
- valid and recognisable actions to move us forward
- engaging the workforce
- making it happen everywhere

He floated the notion of a guiding coalition – who are the people going on the journey with us? He asked the question, “if we are determined to change the world, how do we have to be with each other, and engaging with people who seek help from our services, in our communities?

The answers to these points he saw as fundamental to our impact, and he highlighted the need for a plan, for a proven improvement capacity, and leadership behaviours.

Volunteers and volunteering have a pretty fundamental locus in a plan which is people-centred and which emphasises partnership, coproduction and an asset-based approach.

The National Group for Volunteering recognises and values the contribution volunteering makes to health across all sectors.
It is against that backcloth that the aim and objectives for the National Volunteering Group are set out.

This handbook aims to provide NHS Boards with a reference point for developing volunteering in NHS and care settings. It does not strive to be prescriptive in how an NHS Board should develop and support volunteering, rather it provides a range of options, good practice and models linked to the policy and context in which we operate.
2. Composition of the National Group for Volunteering

The National Group for Volunteering comprises of a range of representatives from the spectrum of health, social care and volunteering backgrounds. Nine NHS Boards are represented amongst the membership in addition to two Third Sector Interfaces, national agencies and one local authority.

The Group membership currently consists of the following representatives:

- Sandy Watson (Chair), Chairman, NHS Tayside
- Alan Bigham, Programme Manager (Volunteering), Scottish Health Council
- Carrie Blair, Senior Strategy Engagement Officer, NHS Health Scotland
- Rob Coward, Educational Projects Manager, NHS Education for Scotland
- Harriet Eadie, Director, Volunteer Centre Edinburgh
- Kenny Freeburn, Head of Ambulance Services, Scottish Ambulance Service
- Lynne Kidd, Head of Public Affairs, NHS National Services Scotland
- Diane Lockhart, Voluntary Services Manager, NHS Lothian
- Louise Macdonald, Chief Executive, Young Scot
- Gary Malone, Manager, Volunteer Centre Angus
- Diane McCulloch, Service Manager in Older People's Services, Dundee City Council
- Josephine Mitchell, Volunteer Development Co-ordinator, NHS Fife
- Katrina Murray, Voluntary Services Manager, NHS Lanarkshire
- Francis Santos, Policy Manager, Scottish Government
- Claire Stevens, Chief Officer, Voluntary Health Scotland
- Tom Wilson, Community Nurse, Learning Disability & Branch Chair RCN Lanarkshire and State Hospital, Staff Chair HR Forum, NHS Lanarkshire
- Margaret Young, Services Manager, NHS Greater Glasgow & Clyde
3. Aim and objectives of the National Group for Volunteering

After consultation with NHS staff involved in volunteering, the National Group for Volunteering adopted the following aim and objectives in May 2012.

Aim

To provide national leadership and guidance to ensure a long term vision and consistency of approach and support for volunteering across NHS Scotland.

Objectives

- To build on the foundation provided over the initial three years of the strategy, through the specification of national outcomes and the contributions of the partners
- To engage with the NHS, Scottish Government and other appropriate partners to:
  - Promote the Refreshed Strategy and the Chief Executive’s Letter¹ amongst key stakeholders and foster the creation of local action plans which ensure its delivery
  - Provide support to maximise capacity within the service in respect of volunteering
  - Act as a facilitator for the sharing of information and good practice
  - Raise the profile of volunteering in health, social care and the volunteering sector
  - Assist Boards to demonstrate positive outcomes of volunteering and how volunteering contributes to improving health and well being
  - Promote the creation of good quality volunteering placements which add value to the delivery of health and social care in Scotland
  - Consult when required with key stakeholders on particular issues and encourage stakeholder participation in the ongoing development of the strategy
  - Promote a culture which is receptive and supportive of volunteering in NHS Scotland, and which enhances the patient journey, ensures an assets-based approach, engages different communities and encourages leadership.
- Prepare proposals to ensure sustainability

4. Intended outcomes of the Volunteering in NHSScotland Programme

The Volunteering in NHSScotland Programme is focussed on working towards three key 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

This handbook supports the work towards achieving all three outcomes as it recognises the importance of the patient experience and the benefits of volunteering for the volunteer.

The handbook provides a resource that will allow NHS Boards to support inclusive volunteering whilst recognising the value that volunteering brings to all involved.
5. The value of volunteering

Volunteering can have a beneficial effect on the people involved. This includes not only the volunteers but also the recipients of the volunteer endeavour – the patients and the public.

In addition to this, volunteering can have positive impact on the staff who work alongside volunteers, creating new avenues of learning, skills development and even new career pathways.

This section outlines how volunteering can contribute value to the NHS and its stakeholders.

Volunteering has a positive impact on the NHS

NHS staff have reported benefits through engaging volunteers in the NHS. Evaluation of a pilot in NHS Ayrshire & Arran\(^2\) encouraged staff to reflect on the involvement of volunteers at mealtimes.

Staff noted the following benefits:

- “Frees up time for staff, allows assistance and supervision when needed, staff not going between patients”
- “Meals given out warmer and given out quicker”
- “I believe volunteers to be beneficial in the ward. Having someone to listen to you and having the time to be heard is often better than medication”

Volunteers are regularly involved in patient focus public involvement (PFPI) activity through Public Partnership Forums (PPFs), patient panels and groups where patients feed back on their experiences of receiving a particular healthcare service. Developing volunteer roles around patient and public involvement activities can help to gather feedback and provide data and experiences that can be used to improve on services ensuring involvement is representative of the communities served.

\(^2\) http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/mealtime_volunteers.aspx
In an evaluation of volunteer placements in a Glasgow Royal Infirmary Library in NHS Greater Glasgow & Clyde, staff noted that managing a volunteer in the library:

- contributed to the development of the staff team
- added to the skills mix in the team
- increased capacity and allowed the team to prioritise work in a different way

**Key point:** Volunteer roles within the NHS can complement the service provided and free up the staff for their core roles.

**Volunteering has a positive impact on patients**

Many volunteer roles involve an interaction with patients. These roles do not infringe upon the core work of paid staff but provide a complementary aspect to person-centred care.

A case study produced by Volunteer Scotland and the National Waiting Times Centre NHS Board (Golden Jubilee National Hospital) highlighted the role of Volunteer Support for Sensory Impaired Patients.³

This included:

- Ensuring the needs of vulnerable and sensory impaired patients are supported;
- Enhancing staff awareness on sensory impairment and how to better communicate with patients and carers who are hard of hearing;
- Improving the levels of communication with patients who are hard of hearing;

**Key point:** Volunteer roles that involve interaction with patients can help to ensure a person-centred care approach.

**Volunteering has a positive impact on volunteers**

Research has shown that volunteering has a positive impact on volunteers’ wellbeing, personal development and confidence. This is often linked to an increase in socialisation.

For example, a review of volunteering in NHS Lothian\(^4\) in 2012 found that 78% of volunteers surveyed reported that their confidence had increased and 98% of volunteers would recommend volunteering with NHS Lothian to friends and family.

Volunteer Case Study, NHS Tayside:

Alan, (54) was a policeman who sustained a serious head injury whilst on duty. He no longer was able to continue his role in the police force and became a volunteer to gain confidence in meeting the public. He has volunteered with NHS Tayside for around five years as a Meeter and Greeter at Whitehills Health and Community Care Centre in Forfar. Alan also volunteers with the Strathmore Hospice at Whitehills and works every Tuesday afternoon (weather permitting) in the gardens. Alan believes his volunteering roles were very important in his recovery and helped him regain his confidence in meeting and dealing with members of the public.

The impact of volunteering on an individual has a positive influence on their wellbeing and subsequently their health. Volunteering can therefore be seen as a contributing factor to improving the health and wellbeing of the public – not simply a method for delivering services.

**Key point: Volunteering can improve the health and wellbeing of volunteers.**

An example from Volunteer Centre Edinburgh of what how volunteering can impact on the lives of volunteers is included in appendix 1.

The “Relationship Map” in appendix 2, also from Volunteer Centre Edinburgh, illustrates the benefits volunteering within the glasshouses at the Royal Edinburgh Hospital has had on one volunteer.

6. Volunteering beyond the acute setting

It is often the case that perceptions of volunteering in the NHS focus on roles in acute settings. There is a wider sphere of volunteering taking place in community and other settings across the 22 NHS Boards in Scotland.

A wide range of volunteering roles exist across the spectrum of healthcare. The following table provides a very brief overview of the types of roles that exist:

<table>
<thead>
<tr>
<th>Type of volunteer engagement</th>
<th>Acute care</th>
<th>Primary care</th>
<th>Other areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directly managed NHS volunteers</strong></td>
<td>Hospital Radio, Ward volunteers, Bedtime readers, Community First Responders</td>
<td>Smoking cessation, Breastfeeding support, Exercise leaders</td>
<td>Public Partnership Forum Members, Public Partners, Volunteer Organisers</td>
</tr>
<tr>
<td><strong>NHS-commissioned services delivered through volunteering</strong></td>
<td>Hospital Visiting Drivers</td>
<td>Advocacy, Falls services</td>
<td>Counselling</td>
</tr>
<tr>
<td><strong>Third sector volunteering that contributes to healthcare</strong></td>
<td>Fundraising, Hospital Friends associations</td>
<td>Befriending, Reminiscence Groups</td>
<td>Sports volunteering, Healthy cooking/eating</td>
</tr>
</tbody>
</table>

For a more comprehensive list of volunteer roles please see appendix 3.

Examples of community-based roles include:

*(examples to be provided by VSMs)*
7. The V Factor – the additionality that volunteering brings

Recognising that volunteers choose to undertake a role and are not paid to do so is an important aspect of many roles. There are examples of volunteer roles where a reliable volunteer contribution can be critical to a service.

The Scottish Ambulance Service support and manage over 1,000 volunteers as Community First Responders across Scotland.

Community First Responders are volunteers who are an integral part of the emergency response provided by the Scottish Ambulance Service, particularly within remote and rural communities across Scotland.

Responders are trained in basic life support, in the use of an Automated External Defibrillator and oxygen therapy. They respond to 999 calls within their community for life threatening medical emergencies providing early intervention and reassurance to the patient and family before the Ambulance crew arrive.

Intensive training is completed by each responder. Skill levels are maintained through regular meetings and group training sessions, which requires time and commitment from each volunteer.

An example of such commitment can be taken from the words of Fiona Laing, volunteer co-ordinator of the North Arran Community First Responder group who have provided 24/7 emergency cover to the island for the last 10 years:

“The support we get from the local community is fantastic and helps keep the motivation up, many have said that even if we are never called to them it makes them feel that bit more relaxed that we are here should they need us. Relatives of the elderly who live here also tell us how the knowledge that we are here takes a bit of the worry away. Local employers have all been more than willing to let people be on call whilst at work and allow them away if they are called it is a real community effort. Living at least 30 minutes from the ambulance our arrival on scene is much appreciated, even if all we do is give a bit of reassurance and TLC.”
In research published by the Institute for Volunteering Research\(^5\) an example of the additionality that volunteers provide was highlighted:

*However, at a high security hospital and at a project for elderly disabled people, service users reported that volunteers were often the only people they saw who weren’t paid to help them. These volunteers appeared to have a positive impact on service users. For example, some of the elderly disabled people reported that they could not continue to live independently, in their own homes, without volunteers’ help. And at the high security hospital paid staff felt that the volunteers had a positive impact on patients’ health making it easier for them to reintegrate into the community after their release.*

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8. Developing volunteering in NHSScotland

Volunteering in NHSScotland takes many forms. The infrastructure that supports volunteering in each NHS Board is as varied as the roles undertaken by volunteers. Due to this variance in form and function, there is no single model regarded as “best” practice.

The Refreshed Strategy for Volunteering in NHSScotland (2008-2011) aimed to reduce variation in practice in NHS Boards. A key component of this was the support offered to each NHS Board to attain the Investing in Volunteers quality standard which required Boards to ensure that certain minimum requirements are met to support volunteering.

NHS Boards reported that significant improvements were made in volunteer management and practice and in consistency as a result of the work undertaken to achieve Investing in Volunteers.

Organisations who have achieved Investing in Volunteers must be re-assessed every three years in order to retain the award. This ensures that the infrastructure to support volunteering remains fit for purpose.

What Investing in Volunteers has meant to NHS Boards:

- Allowed a review and reflection on performance
- Helped to plan future activity
- Raised the profile of volunteers and the volunteer roles within the Board
- Raised the profile of our volunteer programme across NHSScotland
- Played a critical role in driving up standards in volunteer management practice
- Increased understanding and acceptance of volunteering amongst front-line staff
- Increased the ability of staff to identify new roles for volunteers
- Strengthened strategic links with volunteering partners

See appendix 4 for more information on the Investing in Volunteers Standard.

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Engaging young volunteers

The National Group for Volunteering has developed a guide to support NHS Boards extend and develop their engagement of young volunteers. The guidance, released in February 2014, outlines the ways in which Boards can consider the needs of young volunteers and create supportive and meaningful volunteering opportunities.

For more information visit the Scottish Health Council website at www.scottishhealthcouncil.org.

Improvement Planning Sessions

The Volunteering in NHSScotland Programme currently supports NHS Boards to develop Improvement Plans for volunteering through facilitated planning sessions.

Those involved in managing volunteers reflect on the volunteering programmes within the NHS Board, discuss strengths and weaknesses, identify the key challenges they face and agree on the specific actions that will address these challenges.

The resulting plans and activities can supplement the work NHS Boards undertake to renew their Investing in Volunteers awards.

Guidance and a sample Improvement Plan are available from the Scottish Health Council website.

Volunteer Managers Network

A network of NHS staff who manage and support volunteers has existed for some time. The Volunteering in NHSScotland Programme has established a “regional” network to make meetings more accessible.

Regional meetings take place three times a year with one national meeting being held centrally. The meetings include updates from each NHS Board, sharing good practice, and peer support in addressing challenges.

Community of practice

An online Community of Practice has been developed on the Knowledge Network website hosted by NHS Education for Scotland.
The portal provides a central place for resources, links to media coverage and examples of good practice on volunteering.

It also includes a secure discussion forum area where members can pose questions to the rest of the network, upload and share documents and information as they would do at the face to face meetings.

The portal can be accessed by visiting www.knowledge.scot.nhs.uk/volunteering.

**Challenges**

The Review of the Refreshed Strategy for Volunteering in 2011 identified that NHS Boards faced a number of challenges in engaging with volunteers. These included a lack of capacity, lack of resources and concerns about job-substitution amongst staff that led to poor staff buy-in towards volunteering.

A Needs Analysis undertaken in 2012 confirmed that NHS Boards still faced these same challenges.

Meetings of the Volunteer Managers Network have sought to indentify solutions to the challenges reported in the Needs Analysis by facilitating targeted discussion amongst staff and sharing practice between NHS Boards. Solutions to these challenges are shared on the Community of Practice.

**Developing Volunteer Roles**

The National Group for Volunteering has developed a “Checklist for Designing Volunteer Roles” (see appendix 5).

The Checklist aims to support those designing volunteer roles to approach the process in an inclusive manner, taking into account the needs of all stakeholders and ensuring that the relevant people have an input to the design of the role.

**Developing Volunteering Toolkit**

9. Models to support volunteering

Voluntary Services Managers

A number of NHS Boards employ staff in a Voluntary Services Manager role. Other roles exist in Boards which encompass all or part of the Voluntary Services Manager role and a growing number of roles, particularly within health improvement, now involve some responsibility for managing volunteers.

According to data available in October 2013 there are 21 Voluntary Services Managers or equivalent roles across seven NHS Boards. Further roles existing within the realm of volunteer support such as Programme or Project assistants.

A Knowledge Skills Framework foundation and full outline for a Voluntary Services Manager are available from the Community of Practice website. A sample Job description for a Voluntary Services Manager is enclosed in appendix 6.

Where NHS Boards are developing roles that encompass volunteer management as only a part of the remit, elements of the job description can be considered for inclusion.
Other NHS Board models of support for volunteering

Other models of support are in place in some NHS Boards, e.g. the involvement of Human Resources colleagues in the recruitment process.

This involves a part-time Recruitment Assistant who deals with enquiries, processes application and screening forms, liaises with Occupational Health and processes references. This allows the Voluntary Services Manager to dedicate more time to the developmental aspects of their role.

A more detailed description is available in Appendix 7.
Supporting Volunteering in partnership

Some NHS Boards form partnerships with external agencies such as third sector organisations who support the recruitment of volunteers.

Within this model options exist for the partner agency to provide support to the volunteers throughout the placement or for the NHS Board to take on the responsibility of managing the volunteers once placed.

National organisations such as the Royal Voluntary Service, British Red Cross and Community Service Volunteers work in partnership with the NHS, engaging volunteers and complementing the provision of healthcare. Many more exist locally and work in partnership with the local NHS Board.

Pilot projects

Pilot projects, funded by Scottish Government, have been established in two areas of Scotland in 2013. NHS Greater Glasgow & Clyde has entered into partnership with Voluntary Action East Renfrewshire and NHS Tayside with Voluntary Action Angus.

The two pilots seek to address challenges reported by NHS Boards:

(a) A lack of capacity to develop new volunteering opportunities and roles
(b) The lengthy recruitment processes and a lack of capacity to recruit and train volunteers
(c) Increasing numbers of young people applying for health volunteering opportunities – a high proportion of whom cannot commit to a role for more than a few weeks and appear unaware of the wider spectrum of health and social care volunteering opportunities that might be available
(d) Ensuring volunteers receive suitable levels of support throughout their placement

The learning from the pilots will be shared in 2014.

Change Fund

At a strategic level, Joint Commissioning Plans and Reshaping Care for Older People (RCOP) Change Funds are in place across Scotland. These are delivered in partnership with the voluntary sector.

The Change Funds are targeted at helping older people remain active and independent. This is coupled with the desire to shift care delivery from acute settings to the community and the home with a greater emphasis on preventative care.

Further information on the Change funds are available from [www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/change-fund-plans/].
10. Volunteer Centres, Third Sector Interfaces and Volunteering

Each local authority area in Scotland has a volunteer centre function within its Third Sector Interface. Local contacts can be found at the Voluntary Action Scotland website, www.vascotland.org/tsis/find-your-tsi.

A Third Sector Interface (TSI) is a body or local partnership which brings together the functions of Volunteer Centres, Councils for Voluntary Service, social enterprise development and Third Sector Engagement with Community Planning.

Third Sector Interfaces offer a broad range of different volunteering support and development services in each locality in response to local need – but in every area they deliver the Interface common services including:

- Online database of local volunteering opportunities – accessed through local websites and www.volunteerscotland.org.uk
- Promotion and marketing of volunteering
- Advice and support to individuals on volunteering
- Saltire Awards programme for young volunteers www.saltireaward.org.uk
- Opportunities for personal development through volunteering – for example employability, health and wellbeing and young people’s programmes.
- Support to volunteer involving organisations in voluntary and public sector in recruitment of volunteers, developing quality standards, and helping to create volunteering opportunities
- Development of volunteering policy and practice with public and voluntary sector partners

The full set of Third Sector Interface Common Services covering all four Interface functions can be found on the Voluntary Action Scotland website.

Many Third Sector Interfaces offer specific additional services in response to local need, many around development of health and social care outcomes, for example befriending services, community transport, training courses for volunteers and volunteer managers, networks and forums for sharing good practice. Contact your local Interface for information.

Third Sector Interfaces also offer a rich resource of online material and support to volunteers and volunteer managers – beyond the database of opportunities. For example Volunteer Centre Edinburgh good practice guides: www.volunteeredinburgh.org.uk/organise/good_practice_guides
11. Sustainability and the future of volunteering

The integration of health and social care

There is a role for Volunteering in the delivery of an integrated health and social care system. With volunteering already well-established in NHSScotland, it is not clear what stage local authorities are at in the development of “in-house” volunteering. However, there are extensive examples of the delivery of services within the field of social care through third sector organisations, often contracted to deliver services to the most vulnerable in communities.

It is often these third sector organisations who are well-placed to provide links between the statutory services and to support and engage people within their communities.

There will be an opportunity to enhance volunteer roles within locality planning groups to be set up in the context of the integration agenda.

A number of existing volunteer roles cut across health and social care boundaries, such as volunteer drivers, where the roles provide valuable support to patients accessing clinical services such as attending renal dialysis on an out-patient basis but also community services such as attending lunch clubs.

Similar to the roles many NHS Boards have developed in their Public Partnership Forums, these roles would provide the link for patients, service users and carers to input to local service design. The development of integrated health and social care partnerships and the overarching architecture of community planning partnerships is an opportunity to widen the roles and opportunities for volunteers beyond traditional NHS boundaries.

Volunteering and older people

In 2011-2012 Volunteer Scotland, in partnership with NHS Tayside, undertook to map how volunteering contributes to the health and care of older people in Tayside.

The research identified that volunteers play an important role in supporting older people in hospital and community settings.

The research also identified a level of unmet need which could provide opportunities for volunteer involvement in the delivery of services such as transportation and in the discharge process.

The research made a number of recommendations including the integration of volunteering support in planning acute and community services and the extension of volunteering to GP surgeries.
Sustainability of volunteering programmes

NHS Boards have used a number of methods to fund their volunteering programmes. Some Voluntary Services Managers positions have been core funded, whilst others have sought short-term funding through endowment funds.

The National Group for Volunteering supports the argument for the identification of central, core funding to support the volunteering programmes in NHS Boards.

In addition to the resource required to support the management of volunteers, some Voluntary Services Managers have expressed difficulties in attaining suitable levels of expenses to support volunteering.

The Scottish Government issued a nation-wide policy on expenses in CEL 23 (2011), requiring NHS Boards to adopt national rates for expenses. NHS Boards must ensure that their expenses policies for volunteers reflect the rates specified in the guidance. A copy of the guidance is included in Appendix 8 with the covering letter.
Appendix 1: What Can Volunteering Can Do For Me

- Get active and feel good
- Take time away from the stresses of daily living
- Have a great pressure valve
- Feel better physically and mentally

- Set your own goals
- Work at your own pace
- Challenge yourself
- Discover your full potential

- Make a difference to your life
- Make a difference to the lives of others
- See the results in smiles, a ‘thank-you’, money raised, or a better environment

- Get out of the house
- Open doors to new experiences in different places
- Have a contrast from everyday life

- Feel valued, and part of the community
- Feel connected to the community you live in

- Channel interests
- Build an interest in something new
- Help others by doing something you already enjoy

- Do something different

- Have fun
- Have fun for free
- Enjoy leisure interests, from sport to graffiti art

- Gain responsibility
- Excellent training for employment
- Try different work roles without committing yourself
- Discover an alternative career

- Make new friends
- Broaden your social circle
- Get to know different kinds of people
- Start friendships which can last a lifetime

- Develop skills and get a reference
- Responsibility can range from matching pairs of shoes in a bag of charity donations, to managing thousands of pounds as a volunteer treasurer
- Responsibility can vary according to how you feel at a particular time

What volunteering can do for me, Volunteer Centre Edinburgh
Appendix 2: Relationship Map

**Volunteering - 1 year on**

**New people, skills and activities**

**Volunteer Centre Edinburgh**

[Image of a relationship map showing various volunteering activities, such as Glasshouse Volunteering, Gardening Group, Plant Stall Preparation, Plant Stall, Summer Fete, Gardening Course, Exhibition Volunteering, Art Group, and Plant Stall Volunteering.]

Relationship Map – Volunteering 1 year on, Volunteer Centre Edinburgh
Appendix 3: List of volunteer roles

List of roles from every Board or sample from Boards who will willingly provide them?
Appendix 4: Investing in Volunteers

[background information and renewal dates at date of publication?]
Appendix 5: Checklist for Designing Volunteer Roles

This checklist has been designed to support those who manage volunteers in designing volunteer roles. It is specifically aimed at ensuring that the boundaries of the role do not infringe upon the roles of paid staff and that due consideration has been given to the support needs of the volunteer.

The checklist has drawn from existing good practice from Volunteering Australia, NHS Lanarkshire and work undertaken through the Volunteering in NHSScotland Programme.

Is this a suitable role for a volunteer?

1. How does the role meet organisational need, the needs of prospective volunteers and, where relevant, contribute to person-centred care?
2. Who has been identified as a supervisor or manager of the volunteer role?
3. What resources have been identified to provide volunteer expenses?
4. Is the role covered by the organisation’s insurance framework?
5. How have staff, and where relevant, patients and the public been involved in the design of the role?
6. How does the role differ from the roles of paid staff?
7. Does the content of the role description fall comfortably outside the list of duties below? (see list below)

Duties that should not be undertaken without specific training and local agreement

Whilst all volunteer roles require training, the following is a list of tasks that volunteers should not undertake without specific training and local agreement (e.g. Partnership Forum or a subgroup of the Forum).

The list is not definitive and NHS Boards may wish to expand the list to create their own version.

- Take patients to the toilet
- Dress patients
- Feed patients
- Have contact with open wounds
- Transfer patients from chairs / beds to wheelchairs
- Assist staff in moving patients from beds to chairs
- Write in patients’ clinical case notes
- Have access to patients’ clinical case-notes

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- Use Information Technology except where terminals have been provided for patient / service user access or internet purposes.
- Carry out clerical tasks which provide access to patient identifiable information
- Clear up spills which may be body fluids
- Handle patients’ money

1. **How does the role meet organisational need, the needs of prospective volunteers and, where relevant, contribute to person-centred care?**

2. **Who has been identified as a supervisor or manager of the volunteer role?**

3. **What resources been identified to provide volunteer expenses?**
<p>| | |</p>
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<tbody>
<tr>
<td>4.</td>
<td>Is the role covered by the organisation’s insurance framework?</td>
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<tr>
<td>5.</td>
<td>How have staff, and where relevant, patients and the public been involved in the design of the role?</td>
</tr>
<tr>
<td>6.</td>
<td>How does the role differ from the roles of paid staff?</td>
</tr>
<tr>
<td>7.</td>
<td>Does the content of the role description fall comfortably outside the list of duties that should not be undertaken without specific training and local agreement?</td>
</tr>
</tbody>
</table>
Appendix 6: Sample Voluntary Services Manager Job Description

**JOB IDENTIFICATION**

**Job Title:** Volunteer Services Manager  
**Reports to (insert job title):** Adult Care Integration Manager  
**Department, Ward or Section:** Adult Services  
**CHP, Directorate or Corporate Department:** Adult Services

**JOB PURPOSE**

The post holder will be expected to work across the Highland Community Care Partnership and the Argyll & Bute Partnership supporting the work of the Lead Officers for Volunteering. The post holder will provide expertise and direction across both partnerships.

- To promote the development of volunteering in NHS Highland - in line with NHS Highland strategies, policies and procedures and National and Statutory strategies
- To advise on and ensure best practice in volunteering recruitment, training, and placement and in staff/volunteer relations. To continue to meet the Investing in Volunteers Standard.
- To identify volunteering opportunities, develop initiatives with service managers and project leads and provide support and guidance on volunteering issues to management, staff, services users and associated voluntary organisations.
- To develop and manage relationships with voluntary organisations delivering volunteers in NHS Highland.
- The post holder will be the principal resource for staff across NHS Highland on issues related to and affecting Volunteer Support.

**DIMENSIONS**

NHS Highland provides primary care, community and secondary healthcare services for the Highland population (including Argyll and Bute) of approximately 312,000 people. Social Care Services including residential care are also provided across the area of the Highland Partnership.

NHS Highland has a budget of £700m.

The post holder will be instrumental in the delivery of the Highland Quality Approach and will communicate with a wide range of clinical/professional NHS Staff and external organisations to ensure continuity of Investing in Volunteer standards.

The Post holder’s responsibilities encompass all four Operational Areas within the whole of NHS Highland.
ROLE OF DEPARTMENT

The Adult Services Team exists to facilitate the further development of integrated community care services across NHS Highland in line with the national strategy for community care.

The principle target areas of the department are:

- Community Care Planning
- Integration with Public and Private Sector
- Providing leadership and governance across Community Care
- Leading change across two Council Partnerships
- Making strategic links across wide aspects of Community Care and including substance misuse, adult support and protection and information sharing
- The preparation of reports to a range of Committees and other governing bodies.

However the postholder will be required to work across all departments/areas of NHS Highland.

MAIN TASKS, DUTIES AND RESPONSIBILITIES

- Promote volunteering throughout NHS Highland
- Develop and implement volunteering activities in all participating departments, wards, clinics and SW Care Homes across NHS Highland to ensure best practice in volunteering is achieved through the Highland Quality Approach and Investing in Volunteers standard.
- Facilitate the recruitment of volunteers, ensuring that Recruitment Policy, Volunteering Policy and Guidelines are adhered to.
- Identify training needs, develop training material and provide initial and on-going training in response to the changing requirements of the volunteers and staff.
- Support and liaise with staff in supervising volunteer roles
- Maintain appropriate volunteer records of requests for volunteers and potential volunteers.
- Provide awareness sessions and training for those who work or might work with volunteers.
- Promotes at all times diversity and equality of opportunity
- Train and provide support and advice to managers on volunteering issues
- Support staff who have day to day responsibility for volunteers
- Provide support and information to staff on project planning and procedures
- Agree and provide appropriate level of support and motivation for staff to anticipate and deal with volunteer issues.
- Develop and implement monitoring and evaluation procedures for projects involving volunteers
- Maintain audit of volunteers in terms of numbers, diversity, length of service etc
- Provide statistical information and other data for Committees, national and local groups
- Liaise with Volunteer leads within the Operational areas to promote coherent working practices and policy updates.
- Report regularly on progress, contribute to and prepare reports as required.
- Prepare reviews and an annual report to ensure the profile and contributions of the volunteers and voluntary organisations are publicised and evaluated.
Develop and implement mechanisms for evaluation and review of voluntary services on a regular basis to assess the benefit of volunteering, not just to the service but to the community in general.

Develop effective working relationships with all staff, statutory organisations and voluntary agencies to promote volunteering and ensure a multi-disciplinary approach.

Represent NHS Highland on local and national groups and at events as required eg. with Volunteer Scotland, Volunteer Services Managers Network etc.

Publicise the role and contribution of volunteers e.g. articles for Media, production of Annual Reports, newsletters, development of voluntary services section in NHS Highland newsletters and on the NHS Highland web page.

Promote volunteering within NHS Highland by raising awareness in corporate and private sector through direct contact e.g. presentations and talks, recruitment fairs and community events.

Manage and administrate special volunteer projects identified, in consultation with staff and voluntary organisations associated with NHS Highland e.g. thank you events, volunteer recruitment events, award ceremonies.

Any other duties as may be required.

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**EQUIPMENT AND MACHINERY**

The Post holder is required to use a PC for: general word processing, e-mail, developing and maintaining data bases, spreadsheets, report-writing, publication of newsletters, brochures, posters, mail-outs, internet research and communication with voluntary organisations, associations, national networks and connections, links with other VSMs within the NHS and international links with organisations and individuals involved in the voluntary sector.

The Post holder is required to use a mobile phone.

Car Driving and use of car essential.

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**SYSTEMS**

The Post holder will be responsible for creating, updating and monitoring volunteer records and databases, (paper and electronic), in compliance with the Data Protection Act 1998.

Use of information systems from other organisations including Volunteer Scotland Volunteering Zone.

Use of PC for email, word processing, database, spreadsheets, power-point, intranet and internet.

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**ASSIGNMENT AND REVIEW OF WORK**

Work will be reviewed and prioritised with the line manager and the Head of Community & Health Improvement Planning on a regular basis with reference to specifically agreed objectives set and reviewed annually. The post holder’s work is largely self-directed and generated from the patients needs, the services within NHS Highland, standards set within the Investing in Volunteers Award Scheme, guidance and performance indicators set by the Scottish Government and NHS Scotland to benefit the quality of the service to the patient.
## DECISIONS AND JUDGEMENTS

The Post holder will:
Contribute to policy direction for the promotion of volunteering and agree a framework with Line Manager and the NHS Highland Volunteering Steering Group including:

- Full responsibility for interpreting policies and providing information to managers, staff, volunteers, public, other voluntary organisations, on voluntary services in NHS Highland
- Prioritise projects and requests for volunteer placement based on demands, needs and availability of suitable candidates
- Determine the content and form of presentations used to promote or explain volunteering to staff, general public and interested parties
- Determine best course of action to resolve any dispute between volunteers and staff related to performance or conduct and in specific cases agree action with line manager
- Anticipate problems, address them and deal with them appropriately

## MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Balancing the demands of working at a strategic level and delivering operational success
- Pressure to recruit volunteers and maintain levels of activity whilst balancing the demands of delivering a quality service
- Establishing rewarding volunteer roles and matching the needs of the service to the expectations of those who want to volunteer
- Managing across sites means it is hard to build up relationships with volunteers and staff
- Time constraints
- Establishing active participation of volunteers from all social groups
- Introducing volunteers into new areas
- Working with volunteers with higher support needs
- Delivery within challenging financial climate

## COMMUNICATIONS AND RELATIONSHIPS

The post holder requires sound communication and organisational skills and the ability to work effectively with a range of individuals and groups. The post holder must be able to articulate the detail and application of the volunteering policy to all levels of staff. Within NHS Highland the post holder will have key relationships with managers and clinicians, public involvement workers and staff working with volunteers. This requires the ability to negotiate, educate and inform all involved on the role and importance of volunteers within the organisation.

The ability to resolve disputes arising from work practise or personal issues between volunteers and staff is critical to maintaining good relations between volunteers, staff and management. Effective negotiation and problem-resolution skills are central to the role of the post holder in establishing new roles and maintaining roles for volunteers in a demanding and changing environment.

An awareness of the particular challenges that may be faced by potential volunteers with support needs is necessary and the postholder will be committed to anti discriminatory practice and an inclusive approach to involving volunteers from all sections of the Highland community.

There is a need to ensure volunteers are consulted, kept up to date with developments and, as
stakeholders, that their views are reflected in local plans and divisional reviews.
All communication is through a variety of ways e.g. face to face, emails, letter and telephone.

Internal
Chairperson and Non Executive Members of the Board
Executive Directors
Directors of Operations
Head of Service
Lead Officers for Volunteering

Volunteer Supervisors & Volunteers
Administrative staff

External
Scottish Government
Local Councils
Statutory Bodies
Private Sector companies e.g. Banks and local/national companies
Schools, Colleges, Universities, Institutes of Higher Education. (local, national, international)
Media Organisations (local and national)
Voluntary organisations
Volunteer Centres
Volunteer Scotland
Volunteer Service Managers (local, national and international)
General Public

An understanding of Highland geography and communities is required as is a knowledge of the national policy climate

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<thead>
<tr>
<th>PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB</th>
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<tr>
<td><strong>Physical</strong></td>
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<tr>
<td>▶ Long periods at desk, using PC (see Section 7a), using telephone and interviewing.</td>
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<tr>
<td>▶ Significant distances involving travel between sites scattered across the Highland Partnership area and Argyll and Bute to meet volunteers and staff, review projects and attend meetings.</td>
</tr>
<tr>
<td>▶ Carry, assemble and disassemble promotional equipment e.g. Screens, stands, projectors, laptop computers.</td>
</tr>
<tr>
<td>▶ Maintaining competency in manual handling skills to train volunteers in wheelchair management</td>
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### PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

**Mental**
- Long periods of concentration to assimilate information from Government, statutory, educational and organisational sources, develop and prepare projects, reports and submissions.
- Extended periods of concentration for meetings, forums and discussions, to mediate and problem-solve issues with volunteers.
- Self-directed, independent working with minimum day-to-day supervision from line manager.
- Prone to constant unpredictable interruptions from telephone enquiries, volunteers, staff, and general public with regard to the broadest range of volunteering and unrelated topics because of the developing high profile of voluntary services and projects.
- Working in isolation, sometimes after hours and at weekends

**Emotional**
- Inter-personal difficulties with staff or volunteers, aggressive or abusive contact with the general public.
- The stress of finding solutions to resolve critical needs for support with a voluntary resource.
- Challenging and changing staff attitudes to volunteers and benefits of volunteering.
- Providing support to volunteers (particularly where a volunteering task exposes them to emotional demands or they have high support needs themselves).
- High unpredictable workload managing several projects at one time

**Environmental**
- Working in diverse environments while training and orientating volunteers
- Out-of-hours commitment for presentations, talks, training and recruitment events (local and national).
- Unsocial hours (evenings and week-ends) to meet the needs of a diverse volunteer community i.e. full-time and part-time workers, students, retirees, short-term and overseas volunteers sometimes involving staying away from home.

### KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

**Essential**
- Graduate or equivalent professional qualification or SVQ Level 4 Management of Volunteers
- Professional or management experience working in the voluntary sector or a voluntary organisation or minimum of 3 years experience of managing and motivating volunteers
- Ability, experience and judgement to work independently.
- Ability to develop and deliver training resources for staff and volunteers.
- Computer literate.
- Good organisational skills
- Highly effective communication skills with an ability to communicate with a wide variety of people and situations
- Able to think creatively
- Car driver
**KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

**Desirable**
- SVQ Level 4 Management of Volunteers
- Proven record in management of and establishing new volunteer projects
- Knowledge/experience of the NHS and Scottish Government Health and Community Care.
- Knowledge and understanding of the voluntary sector and ‘Active Communities’ agenda in Scotland
- Understanding of how NHS works on issues around recruitment etc
Appendix 7: Models to support volunteering – Human Resources

Volunteer Recruitment Administration – The NHS Lanarkshire approach

Prior to January 2012, NHS Lanarkshire had a centralised Voluntary Services department comprising of a Full time VSM and a full time Volunteer Organiser on a Band 3. Following the Band 3 post becoming vacant it was decided to review the support that was required for the VSM in order to make the volunteering experience in Lanarkshire a higher quality one.

Like all volunteer programmes there are peaks and troughs in volunteers approaching the organisation and any structure needed to be able to cope with that.

In September 2012 the following structure was agreed

- 1 whole-time equivalent VSM
- 0.43 WTE Volunteering Programme Assistant (Band 4)
- 0.5 WTE Recruitment Assistant (Band 3)

The Band 3 post is sited within the HR recruitment team and carries out another 0.3 WTE for the HR department. This is to allow for the peaks and troughs of the work.

The Recruitment Administrator is responsible for

- Dealing with initial enquiries by telephone and email (and attendance at recruitment events)
- Processing Registration Forms
- Processing Disclosure / PVG forms (although VSM will ensure that they are completed correctly at first interview)
- Organises Interview times for VSM
- Processes OH and liaison with Occupational Health
- Calls up References.

Once volunteers are cleared and ready to start, the files are passed back to the VSM.

Very close working between Recruitment Administrator and VSM. Formal weekly meetings take place to look at allocations, state of play with individual volunteers, handover of paperwork etc. However there is almost daily email / telephone contact.

Monitoring meetings take place on a 6 weekly basis with HR Recruitment Management and Head of Patient Affairs (Line management for VSM) to look at progress.

This system started on 7th November 2012. Between 7th November and 11th December 30 new volunteer applications were dealt with. This is not a peak time of year for requests.
Impact
The single access point has been very good for volunteers. As the nature of the VSM post means that they are out of the office a great deal, contact with the Recruitment Administrator means that potential volunteers can get their enquiries answered very quickly.

When the Recruitment Administrator is not working (part time post), queries can be dealt with by another member of the Recruitment staff.

This has also made it much easier to contemplate larger scale volunteer recruitment campaigns (e.g. a recruitment campaign for Maternity Services for Meet and Greet volunteers where we need approximately 50 volunteers could not be contemplated prior to this being in place)

Integrating the recruitment process into the HR department (although we are still using our own paperwork) has meant that we can use EMPOWER (HR Systems) for volunteers so are able to generate much better statistics than ever before.
Appendix 8: Chief Executive’s Letter on volunteer expenses

Chief Nursing Officer, Patients, Public and Health Professions Directorate
Ros Moore, RGN RNT BSc (Hons) Nursing, MA, Chief Nursing Officer

Dear Colleague

Guidance on Reimbursement of ‘Out of Pocket’ Expenses for Volunteers within NHSScotland

Summary

1. **CEL 08 (2009)** issued in February 2009 provided guidance on Reimbursement of ‘Out of Pocket’ Expenses for Volunteers in NHSScotland. This letter and the attached guidance update and replace that guidance.

2. The revised Guidance reflects changes introduced by HM Revenue and Customs (HMRC) in relation to the Approved Mileage Allowance Payments (AMAP), applicable from 6 April 2011 ([http://www.hmrc.gov.uk/budget2011/tiin6310.pdf](http://www.hmrc.gov.uk/budget2011/tiin6310.pdf)). (It should be noted that the AMAP reflects the rates at which no tax is payable and it is open to organisations to decide whether or not to adopt these.)

3. The changes agreed (following discussion with the NHS) for payment for directly managed volunteers within NHSScotland include an increase of the standard mileage rate from 40p a mile for the first 10,000 miles to 45p per mile and an increase from 23p to 24p per mile for motor cycles.

4. The HMRC guidelines also include an extension of the passenger mileage rate to volunteers carrying passengers/patients. Please note that this extension has not been strictly applied and the approach adopted reflects what is considered to be affordable and appropriate for the NHS at this time. Please see paragraph 3.1.3 and Annex A.2 for the approach adopted in relation to this.

5. Advice on the proposed approach was provided in a letter to NHS Boards on 2 August 2011. The letter also requested arrangements be made to pay the revised standard mileage rate in advance of the issue of this CEL and to make retrospective payments where appropriate whilst the Scottish Ambulance Service held meetings with volunteer drivers to explain the position to them.
6. Please note that the guidance includes some revised text around the payment of the public transport mileage rate, day subsistence and the timescale for the submission of claims.

Action

7. Chief Executives must ensure that this letter and the attached revised guidance are brought to the attention of, and implemented by, all appropriate staff and in particular are asked to ensure that:

- The Board’s written policy/document on the payment of ‘Out of Pocket’ expenses for volunteers is revised to reflect the new rates shown in the attached guidance; and
- with the exception of the passenger mileage rate at 3.1.3(b) the revised travel, subsistence and other expense rates shown in Annex A.2 should be used in the reimbursement of expenses for volunteers for expenses incurred with effect from 6 April 2011. Arrangements for retrospective payments should be made where appropriate;
- to allow Health Boards to budget for the additional costs involved, the extension of the passenger mileage rate for volunteers as shown at 3.1.3 (b) and in Annex A.2 should be applied with effect from 1 April 2012.

Yours sincerely

[Signature]

Ros Moore
Chief Nursing Officer
Guidance on
Reimbursement of ‘Out of Pocket’ Expenses for Volunteers in
NHSScotland

Chief Nursing Officer, Patients, Public and Health Professions
Directorate
Scottish Government
Guidance on
Reimbursement of ‘Out of Pocket’ Expenses for Volunteers in
NHSScotland

Section 1. Travel and Subsistence

1. General Information
   1.1 An NHS Volunteer – definition
   1.2 Written Policy for payment of out of pocket expenses

2. Travel tickets, Bus, Taxi, Car Parking, Toll Charges Etc

3. Travel by Private Motor Car, Motor Cycle or Bicycle
   3.1 Mileage allowances
   3.2 Motor vehicle insurance
   3.3 Volunteers liability

4. Subsistence Allowances
   4.1 Volunteers entitlement to subsistence
   4.2 Day Subsistence Allowance
   4.3 24 hour Subsistence Allowance
   4.4 Staying with Friends Allowance

5. Timescales and Payment Types
   5.1 Timescales
   5.2 Advances
   5.3 Cash payments

Section 2. Communication/computer expenses

Section 3. ‘Other expenses’.
   (Includes: Childcare or carer costs; and
   Additional expenses of people with disabilities)

Annex A
   A.1 Sample Claim form
   A.2 Rates of Subsistence, Travel and other expenses
   A.3 Sample Proforma for recording bank details
   A.4 Sample letter to insurance company
Section 1.  Travel and Subsistence

1.  General Information

1.1  A Volunteer - Definition
An NHS volunteer is defined as a “person who gives freely and willingly of their time to help improve the health and wellbeing of patients, carers and users of the NHS in Scotland”. This guidance is intended to provide 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. The guidance also applies to volunteers who participate in patient focus or public involvement activities. This includes individuals who incur expenses as a result of participating in relevant activities to which they have been invited by the NHS Board e.g. workshops, focus groups, committees, working groups. The payment rates quoted in Annex A.2 attached supersede those given in CEL 8 (2009).

1.2  Written Policy for Payment of ‘Out of Pocket’ Expenses for volunteers

Each NHS Board is required to have a written policy for the payment of ‘out of pocket’ expenses for volunteers. The policy, which should be reviewed and updated on an annual basis, must be available in the induction pack for volunteers. The policy must provide clear advice on the reimbursement process, which should be consistent across the NHS Board area and ensure that payments are made promptly to ensure low income volunteers are not disadvantaged.

The general principles, in the payment of reasonable travel and other expenses for volunteers, are that:

- no volunteer should be out of pocket as a result of his/her volunteering work; and
- reimbursement is not appropriate unless actual expense is incurred in the course of the volunteering.

A sample claim form and a proforma for recording bank details which NHS Boards may wish to use are included at Annex A.

2.  Travel Tickets, Bus, Taxi, Car Parking, Toll Charges Etc: Receipts

Volunteers should be encouraged to use public transport to and from their place of volunteering where possible. Reimbursement of the costs of travel tickets, car parking charges, toll charges, bus, underground, ferry or taxi fares (where prior approval for use of a taxi has been given) should also be made. Appropriate receipts, used tickets or ticket stubs must be attached to the claim.

3.  Travel by Private Motor Car, motor cycle or bicycle

3.1  Mileage allowances
The mileage allowances for travel by private car, motor cycle and bicycle are shown in Annex A.2. There are two levels of car mileage allowances and volunteers should be advised, as part of their induction, which rate will apply in reimbursement of their travel costs.
3.1.1 Public Transport (or Commuting) Rate

The ‘Public Transport Rate’, which is intended to cover the cost of fuel only and not motoring costs, is payable where volunteers use their private motor vehicle to commute between their home and the place of volunteering but are not required to use their car for their volunteering business and when suitable public transport is available and appropriate in the circumstances.

3.1.2 Standard Mileage Allowance

The ‘standard mileage allowance’, which takes motoring costs such as insurance and road tax into account, is payable when volunteers use their private motor vehicle for volunteering business e.g. volunteer drivers; or volunteers who use their own cars in direct connection with their volunteering and therefore incur business miles. With effect from 6 April 2011 the mileage rates, which accord with the current guidelines from the HM Revenue and Customs, shown in Annex A.2 should be paid to volunteers who:

- drive their own private motor vehicles (including motor cycles) as defined below in connection with their volunteering but subject to the limitations set out elsewhere in this Section; and
- meet the insurance requirements set out below.

3.1.3 Passenger mileage allowance

Annex A.2 also includes a passenger mileage rate payable to volunteers in certain circumstances. Payment of this allowance will apply:

(a) from 1 April 2011 where volunteers carry other volunteers to the place of volunteering or if attending training or meetings etc in the same way as this is applied when staff carry other staff as passengers (this is in line with the current guidance and with payments to staff);
(b) from 1 April 2012 where volunteer car drivers carry more than one passenger/patient (this is not per passenger).

3.2 Motor Vehicle Insurance

Volunteers involved in managed volunteering activities using their private motor vehicle or a vehicle owned by a spouse or partner on volunteering business must satisfy certain insurance conditions in order to claim the motor mileage allowance. It is the responsibility of volunteers to ensure that their vehicle insurance policy covers the risks set out below. NHS Board Staff should verify that volunteers are covered by appropriate vehicle insurance at induction and on an annual basis thereafter.

Motor mileage allowance will be payable only if the insurance conditions are fulfilled. A standard letter for the volunteer to send to their insurance company is attached at Annex A.4.
Volunteers using their private motor vehicle or a vehicle owned by a spouse or partner on volunteering work must have motor vehicle insurance without financial limits covering the following:

- bodily injury to or death of third parties;
- bodily injury to or death of any passenger; and
- damage to the property of third parties.

In addition the insurance policy must specifically cover the use of the vehicle on volunteering business. This also applies in the case of a vehicle owned by a spouse or partner.

3.3 Volunteers’ Liability

It is strictly prohibited for a volunteer to drive any vehicle as part of their volunteering duties within the NHS unless they have a valid driving licence. It is the responsibility of the volunteer to ensure their licence is valid.

4. Subsistence allowances

4.1 Volunteers entitlement to subsistence allowances

Subsistence allowances are designed to cover reasonable out of pocket expenses spent mainly on meals, other minor personal incidental expenses and accommodation. This will include reimbursement of expenses incurred by volunteers when they attend training events in connection with their volunteering work. Annex A.2 gives details of the current subsistence rates which NHS Boards are asked to pay where appropriate with effect from 1 April 2009.

4.2 Day Subsistence Allowance

Day subsistence allowance up to the amounts shown in Annex A.2 is payable when the volunteer meets the prescribed minimum periods detailed below and has actually incurred an additional out of pocket expense to purchase a meal, or meals in the course of their volunteering activity:

- day subsistence over 5 hours payable for a period of volunteering of more than 5 hours but less than or equal to 10 hours; or
- day subsistence over 10 hours for a period of volunteering of more than 10 hours.

This is not an automatic payment and relates only to the reimbursement of expenses incurred up to the rates shown in Annex A.2. Volunteers should be asked to provide receipts to verify their claims but it should be recognised that this may not always be possible and staff should consider claims where it is reasonable to expect the volunteer to have incurred expense. No subsistence is payable where the volunteer is provided with meals or meal vouchers by the NHS Board.

4.3 24 hour Subsistence Allowance

The 24 hour subsistence allowance covers a period of up to 24 hours and includes expenditure on overnight accommodation and breakfast, lunch and dinner and personal incidental expenses (e.g. personal telephone calls). Bed and breakfast costs must be
supported by a receipt attached to the travel and subsistence claim.

4.4 Staying With Friends Allowance

If an overnight stay is necessary in the course of the volunteering and the volunteer resides overnight with and in accommodation provided by friends or relatives, irrespective of the circumstances, they can claim the Staying with Friends Allowance. This allowance is a 24 hour rate designed to cover accommodation and all meals in the 24 hour period starting when the journey commenced. Receipts are not required to be produced to support a claim for this allowance. Volunteers are also allowed to claim the personal incidental expenses allowance in addition to this allowance if expenses are incurred.

5. Timescales and Payment methods

5.1 Timescales

Claims should normally be submitted within a month and no later than three months after the volunteering activity to which it relates.

5.2 Advances

NHS Boards should make provision, where it is considered appropriate, for an advance of expenses to individual volunteers to cover anticipated travel and subsistence expenses. These advances can, if requested, be paid by Electronic Transfer into the volunteer’s bank account. Volunteers should then complete and submit a travel claim form showing the actual expenses and the advance received as soon as possible following the travel.

5.3 Cash payments

NHS Boards may also wish to make provision for payment of expenses in cash where small amounts are involved.

Section 2. Communication/consumable expenses

On production of receipts volunteers should, where agreed in advance, and where the costs are specifically incurred as a requirement of their volunteering activity, be reimbursed the costs of ink cartridges, paper, labels, envelopes, telephone calls and stamps.
Section 3.  “Other” Expenses

Volunteers can also claim the “other” expenses detailed in the table below.

<table>
<thead>
<tr>
<th>Expenses Other</th>
<th>Eligibility</th>
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<tbody>
<tr>
<td>Reimbursement of receipted childcare expenses (subject to ceiling equivalent</td>
<td>all volunteers who incur such expenses while undertaking their volunteering</td>
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<tr>
<td>to the current hourly childminding rate paid by the local authority) or other</td>
<td>duties.</td>
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<tr>
<td>carer expenses</td>
<td></td>
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<tr>
<td>Reimbursement of reasonable receipted additional expenses of people with</td>
<td>all volunteers who have a disability and incur such additional expenses while</td>
</tr>
<tr>
<td>disabilities.</td>
<td>undertaking their volunteering duties.</td>
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</tbody>
</table>
CLAIM FOR VOLUNTEERING EXPENSES

PLEASE COMPLETE IN BLOCK CAPITALS. FOR REIMBURSEMENT ALL EXPENDITURE MUST BE AGREED IN ADVANCE. RECEIPTS MUST BE PROVIDED AND BE ATTACHED TO THIS FORM, WHERE APPLICABLE.

Name: ______________________________________ Address: ________________________________________________________

________________________________________________________ Postcode: ______________ Telephone No: __________________

NHS Contact Person: __________________________________ Telephone No. for NHS Contact: _______________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of Volunteering activity</th>
<th>Car Mileage for volunteer</th>
<th>Passenger mileage</th>
<th>Travel Fares</th>
<th>Other Expenses (please list)</th>
<th>Cost of Other Expenses</th>
</tr>
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</tbody>
</table>

For NHS Board Use Sub-totals £ £ £ £ £ £

I declare that the above travelling and subsistence expenses claimed have been incurred by me. I further declare that no other claim for reimbursement from public or charitable funds has been nor will be made in respect of this claim.

Signature of volunteer: ______________________________________________ Date: ______________________

Please send this completed form to:

-----------------------------------------------------------------------------------------------------------------------------

FOR OFFICIAL USE ONLY

By NHS Board Contact: Verified by: __________________________ Payment agreed by (budget holder): __________________________ Budget code: _____________ Form copied to PFPI Team

By Finance Department: Claim checked by finance: __________________________ Date approved: __________________________
Travel and Subsistence Rates payable from 6 April 2011 (with exception of the extension of the passenger mileage for volunteers shown at * which is payable from 1 April 2012)

Subsistence Rates

1. **Day Subsistence Allowance**
   - Volunteering of more than 5 hours but not more than 10 hours where meals are purchased (not payable if meals provided) | £ 4.90
   - Volunteering of more than 10 hours where meals are purchased (not payable where meals are provided) | £ 10.70

2. **24 hour Subsistence**
   - Receipted cost of bed and breakfast up to a limit of (Boards may need to apply discretion and reimburse actual cost – this will depend on costs of B&B available) | £ 55.00
   - plus meals allowance | £ 20.00
   - plus personal incidental expenses allowance (e.g. telephone calls etc) | £ 5.00

3. **Staying With Friends Allowance per night** | £ 25.00

4. **Personal Incidental Expenses Allowance** | £ 5.00

5. **Overnight by Train or Boat (per night)** | £ 24.10

**Motor Mileage Rates**

<table>
<thead>
<tr>
<th>1. Public Transport (or commuting rate)</th>
<th>24p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Motor Vehicle Mileage</td>
<td></td>
</tr>
<tr>
<td>Passenger Allowance</td>
<td>45p per mile for the first 10,000 miles and 25p thereafter</td>
</tr>
<tr>
<td></td>
<td>5p per mile passenger allowance is payable:</td>
</tr>
<tr>
<td></td>
<td>* from 1 April 2012 for the carriage of more than one passenger/patient e.g. volunteer car drivers (this is not per passenger);</td>
</tr>
<tr>
<td></td>
<td>from 1 April 2011 for each passenger where this relates to the carriage of other volunteers for meetings/training etc</td>
</tr>
</tbody>
</table>

2. **Motor Cycle Mileage** | 24p per mile |

3. **Bicycle** | 10p per mile |

**Public Transport costs - Actual**

---

10 Only payable when overnight stay required.

### Other Expenses

<table>
<thead>
<tr>
<th></th>
<th>Reimbursement of reasonable receipted childcare or other carer expenses</th>
<th>Eligibility: all volunteers who incur such expenses in the course of their volunteering work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Reimbursement of reasonable receipted additional expenses of people with disabilities.</td>
<td>Eligibility: all volunteers with a disability who incur such additional expenses in the course of their volunteering.</td>
</tr>
</tbody>
</table>
Bank details for payments via B.A.C.S.

Please complete form using ** BLOCK CAPITALS. **

<table>
<thead>
<tr>
<th>Payee name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>..........................................................</td>
</tr>
<tr>
<td>Forename:</td>
<td>..........................................................</td>
</tr>
<tr>
<td>Surname:</td>
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<table>
<thead>
<tr>
<th>Home Address:</th>
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</thead>
<tbody>
<tr>
<td>Address line 1:</td>
<td>..........................................................</td>
</tr>
<tr>
<td>Address line 2:</td>
<td>..........................................................</td>
</tr>
<tr>
<td>Town / City:</td>
<td>..........................................................</td>
</tr>
<tr>
<td>Postcode:</td>
<td>..........................................................</td>
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</tbody>
</table>

<table>
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<th>Bank/Building Society Name:</th>
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<tbody>
<tr>
<td>Name:</td>
<td>..........................................................</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank/Building Society Address:</th>
<th></th>
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<tbody>
<tr>
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<td>..........................................................</td>
</tr>
<tr>
<td>Address line 2:</td>
<td>..........................................................</td>
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<tr>
<td>Town/City:</td>
<td>..........................................................</td>
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<tr>
<td>Postcode:</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Account details:</th>
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<tbody>
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<tr>
<td>Account No:</td>
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<tr>
<td>Roll number:</td>
<td>..........................................................</td>
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</tbody>
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<tr>
<th>Communication:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Home phone number:</td>
<td>..........................................................</td>
</tr>
<tr>
<td>E-mail address:</td>
<td>..........................................................</td>
</tr>
</tbody>
</table>

Signature: ........................................... Date .............................................

Please return completed form via:

- Fax ........................................... [insert local contact details]
- By post ...................................... [insert local contact details]
Name
Address
Date

To (Insurance Company)
Re (Policy Number)

Dear Sir/Madam

I intend to undertake voluntary work for NHS XXX and I will use my vehicle to carry out voluntary duties and may carry passengers as requested. I will receive a mileage allowance for these journeys to contribute to fuel and the running costs of my vehicle. Such expenses will be in accordance with the HM Revenue & Customs tax free rate per mile. I estimate the number of miles driven under this voluntary basis will be XXXX per year.

I should be grateful if you would confirm that my existing policy covers me for such volunteer driving. Please complete the reverse side of this letter and return to me. Please also confirm that my insurance policy contains a clause indemnifying NHS XXX with which I am a volunteer against third party claims arising out of the use of my vehicle for such voluntary work.

Yours faithfully

(Policy Holder)

From (Insurance Company)
This is to confirm that your policy covers voluntary driving (for which a mileage allowance may be received). This also confirms that the above policy contains a clause indemnifying NHS XXX with which you are a volunteer against third party claims arising from the use of the vehicle on such voluntary work.

Official Stamp

ISSUED BY------------------------------------------ DATE---------------------------------
Appendix 9: Useful websites

Institute for Volunteering Research
www.ivr.org.uk/

Scottish Health Council

Improvement plans:

Volunteer Scotland
www.volunteerscotland.net

Volunteerary Action Scotland
www.vascotland.org/tsis/find-your-tsi
The Scottish Health Council is part of Healthcare Improvement Scotland.