NHS
Greater Glasgow and Clyde

Acute Volunteering Service Annual Report

2025-26 Annual Report

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1. Foreword

It is a privilege to present the 2025–26 Annual Report for NHS Greater Glasgow and Clyde's Acute Volunteering Service. Over the past year, our volunteers have continued to play a vital role in enhancing the experience of patients, families and staff across our acute sites.

This year has seen continued growth in the scale and impact of volunteering, alongside a strengthened focus on governance, sustainability and inclusion. Volunteers from all walks of life have supported a wide range of services, offering practical assistance, companionship and reassurance, and contributing meaningfully to the delivery of person-centred care.

I was honoured to play a part in the Civic Reception for volunteers this year—an important opportunity to recognise and celebrate the invaluable contribution volunteers make. Events such as this demonstrate the high regard in which volunteering is held, both within NHSGGC and across our wider communities, and reinforce our collective commitment to valuing and supporting those who give their time so generously.

2025-26 marked a significant milestone, as NHSGGC formally pledged its support for the Volunteer Charter. This commitment underlines our clear intention to ensure that volunteering opportunities are appropriate, inclusive, and designed to complement—rather than replace—the roles of our staff. It reflects our ongoing focus on delivering high-quality, ethical and sustainable volunteering within our services.

I would also like to recognise the significant financial support provided by Greater Glasgow and Clyde Healthcare Charity, whose investment has enabled the development and recognition of volunteering across our acute services. This support has been instrumental in building capacity across our service, enabling volunteers to feel appropriately supported, rewarded and recognised for all they do.

I would like to extend my sincere thanks to all of our volunteers and partners for their continued commitment, compassion and flexibility. Their contribution remains essential to the strength and humanity of our services, and I look forward to building on this progress in the year ahead.



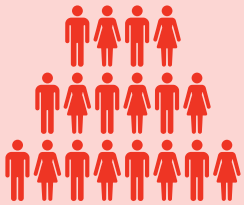
Fiona Smith,
AHP Director and Strategic Lead for Volunteering

2. Executive Summary

The Acute Volunteering Service continued to deliver substantial benefit for patients, families, staff and volunteers during 2025–26. With additional support from Greater Glasgow and Clyde Healthcare Charity the service sustained and grew volunteering activity, strengthened strategic oversight, and continued to demonstrate clear economic, social and experiential value.

During the year, an average of **232 volunteers each month** contributed **40,377 hours** of support across acute services. This generated an estimated added social and economic value of **£1,299,553**. Activity increased by **1,577 hours** compared with 2024–25, with volunteers active across 11 main roles and all 9 acute sites.

Volunteer Contributions 2025-26



232
Volunteers per month



40,377
Total Hours of support



£232,000
Social Value



£1,067,553
Economic Value



26
WTE



3365
Hours every month



£1,299,553
Estimated total added value

Ward volunteering increased by more than 10% and extended to all acute sites, while Welcome Guides continued to provide essential wayfinding and reassurance, including at the QEUH where the service marked its 10-year milestone. Staff feedback remained highly positive, with **100% of respondents** reporting that volunteers benefited their department and **97%** reporting that volunteers reduced or had no impact on stress levels.

Volunteer experience also remained strong. In the annual survey, **103 volunteers** responded, giving an average **positivity** score of **95%** across the six principles in the National Framework for Volunteering, with improvement in 12 of 19 domains compared with the previous year. Volunteers described the benefits of connection, purpose, appreciation and making a meaningful difference to others.

Governance and assurance continued to mature. NHSGGC formally pledged support for the Volunteer Charter, volunteering was included in the NHSGGC Workforce Plan for the first time, and the service strengthened communication with and oversight of external organisations which involve volunteers, through the Strategic Oversight Forum. The forum met 4 times, with 58 attendances. A revised Formal Agreement template was also agreed, supporting more consistent partnership governance in line with Clear Pathway guidance.

The service progressed a wide range of internal improvement work, including refreshed core induction, improved expenses processes, stronger occupational health arrangements, and support for new externally delivered projects. Equality, diversity and inclusion remained a priority, with improved equalities monitoring and early indications that newer volunteers are more diverse than the overall volunteer base.

The principal risk remains service capacity. Demand for volunteering is increasing, with application page views rising by **58%** to **20,354**, but recruitment was open for only 6 months of the year and around **30%** of applicants with suitable skills and experience could not be placed due to capacity constraints. Staffing fragility, variation across sites and partners, and operational pressures all present ongoing risks to sustainability, consistency and volunteer impact and experience.

Priorities for 2026–27 will focus on evidencing the health and wellbeing benefits of volunteering, demonstrating impact on patient, family and staff experience, strengthening governance with third sector partners, maximising service capacity and efficiency, transitioning towards the new national Volunteer Management System, and supporting both staff and volunteers to work safely and confidently. The central strategic challenge is to secure a sustainable service model that enables NHSGGC to realise the full potential of volunteering while maintaining safe, inclusive and well-governed practice.

3 Introduction

The purpose of this report is to provide assurance, oversight and an overview of the key milestones and achievements of NHSGGC's Acute Volunteering Service in 2025-26.

3.1 Service Overview

The Acute Volunteering Service coordinates and supports volunteering activity across NHSGGC's 9 acute hospital sites. Volunteers contribute to a wide range of roles that enhance care delivery, improve experience, and strengthen the connection between hospitals and local communities.

The service supports delivery of a number of local and national strategies, policies and frameworks, including:

- Scottish Government Scotland's Population Health Framework (2025-35)
- NHSGGC Workforce Plan (2025-28)
- NHSGGC Volunteering Policy (2024)
- NHSGGC Quality Strategy, Quality Everyone Everywhere (2024-29)
- Healthcare Improvement Scotland Vision and Strategy for Volunteering in NHS Scotland (2023-28)
- Disclosure (Scotland) Act (2020)
- Scottish Government Volunteering for All: A National Framework (2019-29)
- Volunteer Scotland Volunteer Charter (2019)
- Voluntary Health Scotland Clear Pathway Guidance for NHS Boards (2018).



Volunteering adds value and complements statutory service provision, enhancing the quality of patient, family and staff experience in NHSGGC. It supplements, not replaces, staff roles.[1]

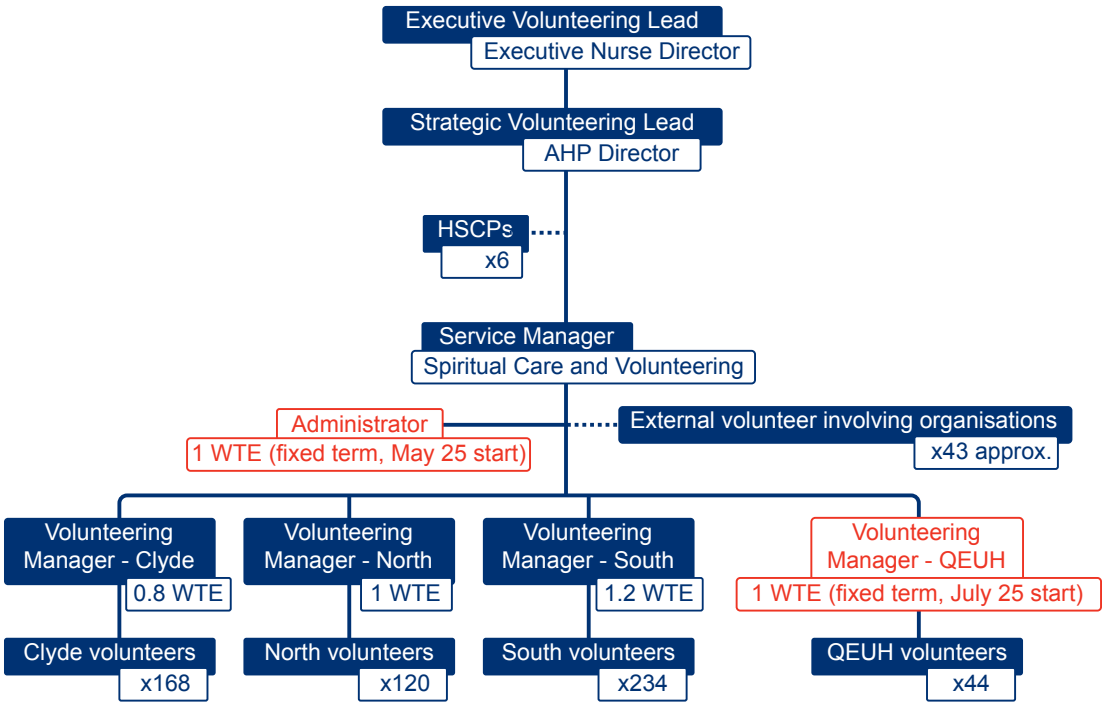
Volunteering is mutually beneficial to multiple stakeholders – to the patient, family or staff member being helped, the service, and the volunteer themselves[2].

NHSGGC Volunteering Service's ambition is to deliver this mutual benefit to Greater Glasgow and Clyde's patients, families and staff, and to the population across the diverse communities we serve.

1 20241119-nhsggc-volunteering-policy-v2-final.pdf
2 Volunteering for All: A National Framework

3.2 Staffing Establishment

The Acute Volunteering Service is hosted within the NMAHP (Nursing, Midwifery and Allied Health Professions) Directorate in NHSGGC. In 2025-26, the service's staffing establishment was as follows:



In 2025-26, the service saw a number of significant staffing changes, with consequent implications for volunteer activity and management:

- 50% of the team were new to post
- The service were successful in securing to secure additional financial support from Greater Glasgow and Clyde Healthcare Charity – two new fixed term posts (Administrator and QEUH Volunteering Manager) were created to build capacity
- Staff absence was high – 9.6% sickness absence on average (compared to NHS Scotland average of 6.4%).[3]

The above directly impacted the average number of active volunteers across the service. Through leadership and contingency planning, the service sustained above recommended levels[4] of volunteering – an average of 142 volunteers per WTE across the year.

Acute Volunteering Service Team



3 All absences were managed appropriately and compassionately through the attendance policy. In a very small team, percentage differences need to be applied with caution.
4 Custom and practice across Scotland is a maximum of 100 volunteers per WTE

4 Governance and Strategic Oversight

During 2025-26, governance arrangements for volunteering continued to mature, with a strengthened focus on assurance, consistency and risk management.

Key governance achievements this year included:

- Organisation-wide revision of approach to **criminal record checks** to ensure compliance with the Disclosure (Scotland) Act. With key changes coming into force from 1 April 2025, the Volunteering Service required to:
  - Review all volunteering roles and locations to determine which were now in scope for varying levels of criminal background checks
  - Directly ensure approximately 100 additional volunteers undertook these checks, many of whom were digitally excluded and required significant support
  - Liaise with all partner volunteer involving organisations to ensure they were aware of and compliant with the changes.
- Participating in Healthcare Improvement Scotland's **Volunteering Advisory Board**, to ensure alignment with NHSGGC Volunteering ambition and informed practice, creating a common vision, collective thinking and consistency of approach
  - Review of **occupational health support** for new volunteers and those with a change in circumstance, ensuring consistency of approach within a risk management framework
- Inclusion of volunteering in **NHSGGC's Workforce Plan** for the first time, supporting consideration of volunteering as a crucial mechanism for supporting and enabling the NHS workforce of the future
- Continued strengthening of **oversight arrangements for external organisations** with volunteers active on acute hospital sites (further information in Section 10 of this report)
- Commitment to Scotland's Volunteer Charter, a quality standard setting out the key principles which help to underpin good relations within a volunteering environment:

CHARTER CHAMPION
VOLUNTEER CHARTER

NHS Greater Glasgow and Clyde

Volunteer Charter

1. Any volunteer activity is a freely made choice of the individual. If there is any compulsion, threat of sanctions or force, then any such activity is not volunteering.
2. Volunteers should receive no financial reward for their time however out of pocket expenses should be covered. No one should be prevented from volunteering due to their income. Read more here.
3. Effective structures should be put in place to support, train and develop volunteers and their collaboration with paid workers.
4. olunteers and paid workers should be able to carry out their duties in safe, secure and healthy environments that are free from harassment, intimidation, bullying, violence and discrimination.
5. Volunteers should not carry out duties formerly carried out by paid workers, nor should they be used to disguise the effects of non-filled vacancies or cuts in services.
6. Volunteers should not be used instead of paid workers or undercut their pay and conditions of service nor undertake the work of paid workers during industrial disputes.
7. Volunteers should not be used to reduce contract costs nor be a replacement for paid workers in competitive tenders or procurement processes.
8. Volunteers should not be used to bypass minimum wage legislation nor generate profit for owners.
9. Volunteers and paid workers should be given the opportunity to contribute to the development and monitoring of volunteering policies and procedures, including the need for policies that resolve any issues or conflicts that may arise.
10. Volunteer roles should be designed and negotiated around the needs and interests of volunteers, involving organisations and wider stakeholders. Finding legitimacy and avoiding exploitation through consensus depends on mutual trust and respect.

5 Delivery on Priorities Identified for 2025-26

The Acute Volunteering Service set out a number of strategic priorities for 2025-26 in the 2024-25 Annual Report. These priorities focused on strengthening governance, improving the volunteer experience, increasing consistency across acute sites, developing partnership arrangements, and supporting sustainable growth. Progress has been made across each area, despite significant staffing changes and additional governance requirements during the year.

Priority identified for 2025-26	Progress made	Evidence/ impact	Next steps
Advance diversity, inclusion, and accessibility	Embedded equalities monitoring form into volunteer application, and annual experience processes. Attended 2 volunteer recruitment fairs to mitigate digital exclusion	• 98% increase in successful applicants sharing their equalities information • 23% increase in active volunteers sharing their equalities information	When the move to new volunteer management system is complete, we will review to establish to what extent volunteers reflect the communities we serve.
Enhance practical support and volunteer experience	• Uplifted volunteer mileage rate • Commitment made to reimburse volunteer travel expenses through core NHSGGC funds	74% of respondents agreed they received practical help	Review volunteer expenses rate at scheduled policy review – or earlier if required
Expand training, development, and support	Reviewed and refreshed core volunteer induction	259 views as of 22 July 2026	Support refreshed Once for Scotland approach to volunteer induction
Foster communication, feedback, and recognition	• Volunteers encouraged to share their experiences with managers direct, and also as part of annual experience survey • First service wide recognition event held in June 2026 • Volunteer stories shared throughout 2025-26, recognising and sharing their contribution	Detailed in Section 7 of this report	Plan routine experience surveys, celebration events and award nominations to support ongoing feedback, recognition and volunteer involvement.
Clarify and evolve volunteer roles	Marie Curie pilot of Palliative Ward Companion service commenced in October 2025	Evaluation report underway	Consider pilot expansion, informed by evaluation findings, service capacity and governance requirements.

Priority identified for 2025-26	Progress made	Evidence/ impact	Next steps
Strengthen partnerships and governance	Strategic oversight forum met 4 times in 2025-26	Detailed in section 10 of this report	Proactively promote the forum and associated governance to ensure potential additional members are aware
Grow volunteer numbers and diversity of roles	Successful endowments bid in 2025-26 to build capacity in the service	1,577 additional volunteering hours contributed in 2025-26 compared to 2024-25	Evaluate the impact of fixed-term capacity and identify options for sustaining service growth when non-recurring funding ends.

Overall, progress against the priorities identified for 2025-26 has been positive. The service has strengthened its governance foundations, sustained high levels of volunteering activity, and continued to demonstrate clear benefit for patients, families, staff and volunteers. However, the year has also highlighted the ongoing fragility of the service model. The established workforce model remains the key constraint affecting recruitment, placement, consistency across sites, and the ability to further develop training, inclusion and evaluation.

The priorities for 2026–27 are detailed in section 15 of this report. They will build directly on this year's learning, with a continued focus on sustainable growth, governance, inclusion, volunteer support and evidence of impact.

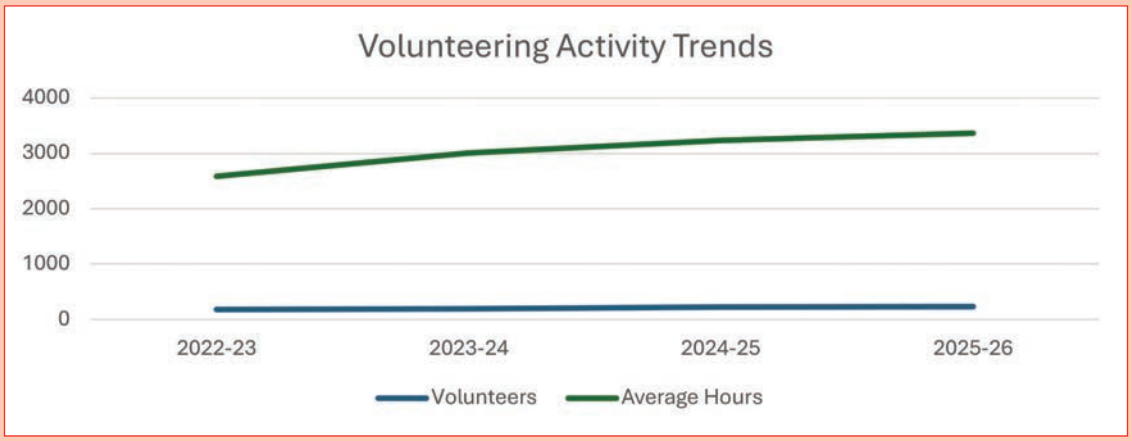


Volunteer supporting a Dementia Café event at Glasgow Royal Infirmary

6 Volunteering Activity

In 2025-26, an average of **232 volunteers each month** contributed **40,377 hours** of support across acute services, equivalent to around **3,365 hours each month** or **26 WTE**. This generated an estimated **£232,000 social value** and **£1,067,553 economic value**, giving a total estimated added value of **£1,299,553**.

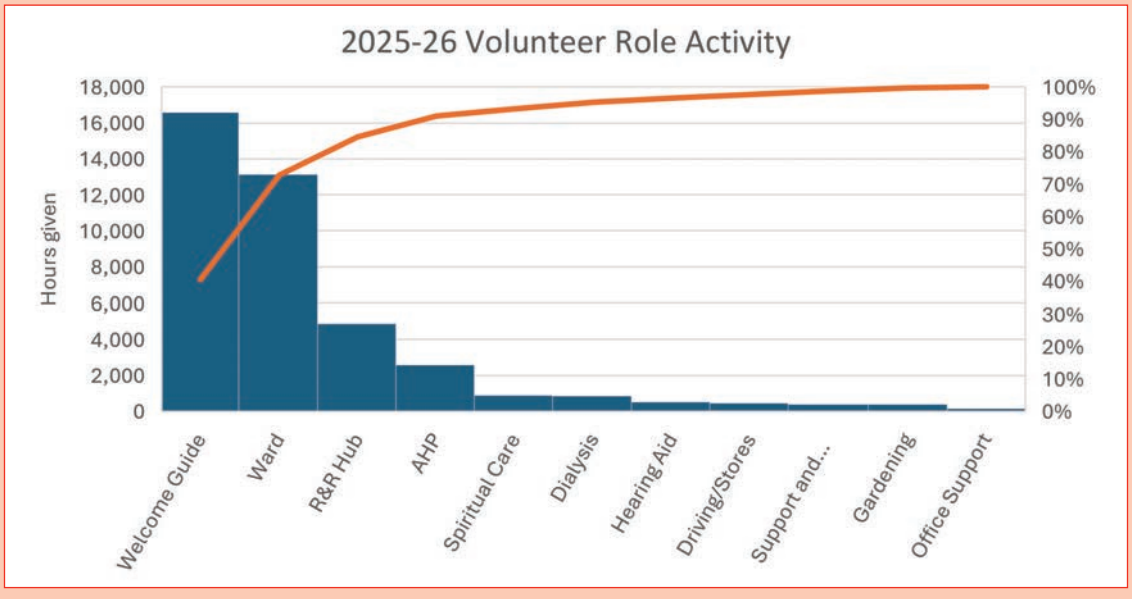
Volunteer numbers and hours continued to increase gradually in 2025-26, despite staffing changes, absence, strengthened governance requirements and national work to transform volunteer recruitment infrastructure.



Acute volunteers contributed across 11 main roles and all 9 acute sites.

Around 80% of volunteer time was in support of South and Clyde Sectors. This reflects the extent to which roles and volunteers are embedded within sites, local community interest and demographics, and the impact of staff recruitment delays in the North in particular.

80% of the volunteering hours contributed were through 3 volunteering roles: Welcome Guide, Ward and R&R Hub volunteers:



6.1 Welcome Guides

Welcome Guides provide a friendly first point of contact, offering reassurance and wayfinding support to visitors and patients arriving at hospital.

In 2025-26 Welcome Guides were active in 5/9 acute sites: QEUH, Victoria, Inverclyde, Stobhill, and Gartnavel General Hospitals.

In total, 16,574 hours were contributed by an average of 91 Welcome Guides attending every week in 2025-26.

Welcome Guide Activity



Welcome Guide activity decreased slightly by 3% overall, mainly due to instability at Gartnavel General Hospital linked to Volunteering Service staffing challenges. Activity has been recovering since additional capacity was secured in January 2026, while QEUH Welcome Guides contributed 255 more hours than in 2024-25.

The QEUH Welcome Guides reached a 10-year milestone in 2025, marking a decade since the service was established alongside the opening of the Queen Elizabeth University Hospital. Remarkably, around 30 of the original 100 volunteers were still volunteering after 10 years, with the QEUH team contributing an average of 179 hours each week.

In addition, operational guidance and escalation processes for this role were reviewed and strengthened, in particular focusing on clearer distinction between volunteer responsibilities and Facilities and clinical escalation routes.

6.1.1 The difference a Welcome Guide can make

> I visited the Queen Elizabeth Hospital today and was greeted upon arrival by Carol, who I understand is part of the Acute Hospital Volunteering Team.
>
> She informed me that the Podiatry Department was actually in a separate building, about a five-minute walk away. There was no mention of this on my appointment letter, and I am so grateful I crossed paths with Carol; her kind and caring nature made my patient experience so much smoother.
>
> I suffer from anxiety, and a mishap like this could have easily triggered a panic attack, as my ability to process instructions slows down when I feel overwhelmed. I was already stressed about my ankle and mobility, but Carol was absolutely fantastic. She explained the directions clearly and even hunted down a map for me, which I took a picture of on my phone to help me on my way.
>
> Her calming demeanour helped me stay focused and reach my appointment on time. Volunteers like Carol make a world of difference to the patient experience; she is a total credit to your team and a true shining star. Many thanks Carol ... you made my day x



6.2 Ward Volunteers

Ward Volunteers offer companionship, conversation and reassurance to patients across admission areas, inpatient wards and discharge lounges, helping reduce isolation and improve experience during hospital stays.

In 2025-26, Ward Volunteers spent 13,122 hours supporting these areas, with 69 volunteers coming weekly across every hospital site.

This represents an increase of more than 10% on 2024-25 and extension of ward volunteering to all acute sites, which is particularly positive for one of NHSGGC's most complex volunteer roles.



Again, analysis indicates this is directly linked to Volunteering Service capacity, with the service able to increase or requiring to cease ward volunteering recruitment, dependent on staffing levels.

6.2.1 Ward Volunteers making a significant impact on the lives of patients

Susan Hastie (right) and Mary Hirshall (left), both based at Lightburn Hospital exemplify the spirit of volunteering that enriches our communities and enhances the care provided to patients.



Susan Hastie began her volunteering journey as a ward volunteer at the Victoria Infirmary in 2017 and transitioned to Lightburn Hospital in 2023. Her motivation to take up volunteering stemmed from her personal experience.

> My grandfather was in hospital for a few weeks before he passed away", said Susan. "Between my mum, dad, sister, and me, we made sure every night someone would visit him." This experience opened her eyes to the loneliness that some patients face.

"Going up often, I could see that some patients don't get many visitors, and if they did, it's always nice to have someone different to chat with. I thought I'd like to provide that support."

Mary Hirshall joined the volunteer team at Glasgow Royal Infirmary in 2018, seeking a fulfilling activity post-retirement. "I was looking for something to do after retirement", Mary explained. Her commitment to volunteering quickly turned into a passion for providing companionship to those in need.

"I love the opportunity to meet people and provide them with support," she said. "I enjoy speaking to patients and listening to their stories. That bit of time and company can go a long way for patients, especially those who might not get many visitors."

Both Susan and Mary play vital roles in enhancing the hospital experience for patients. As Susan elaborated, "As a ward volunteer, I mostly visit the patients and sit and chat with them. I have also at times made them tea or coffee after checking it is okay to do so." This simple act of kindness goes a long way in fostering a supportive environment.

..."The best part about volunteering is getting to meet so many different people and hearing about life stories," Susan said. Mary echoed this sentiment, adding, "It's lovely to talk and give something back; you also make new friends."

6.3 Staff R&R Hub volunteers

R&R Hub volunteers play an important role in creating a positive, calm and supportive environment for staff to take their breaks at the QEUH and RAH. The R&R Hubs form part of NHSGGC's wider commitment to staff wellbeing.

In 2025-26, R&R Hub volunteers represented 12% of all volunteering activity across NHSGGC. In total an average of **22 volunteers each week** contributed a total of **4,868 hours** in this role; similar to 2024-25.

R&R Hub Volunteer Contributions



22
Volunteers



4,868
Hours

The R&R Hubs offer a valuable mechanism for the Volunteering Service to offer volunteering opportunities that are lower in risk, meaning volunteering can be offered as an opportunity to those who may require greater support to be able to do so.

Notwithstanding, 2025-26 presented significant operational challenges, with the review of the R&R Hub model considering financial challenges, perceived impact on site café income and desire for a consistent approach across all acute sites.

Consequently, in 2025-26 a decision was reached that a streamlined approach to hot drink provision would be implemented in 2026-27. Alongside this, the Volunteering Service will review the R&R Hub volunteer role to ensure it remains purposeful, proportionate and aligned to current need, while also exploring how volunteering can continue to support staff wellbeing through meaningful activity for volunteers and the development of additional roles more accessible to the wider Greater Glasgow and Clyde community.

6.2.1 Staff experience of R&R Hubs

In April and May 2025, 318 staff shared their experiences of the QEUH and RAH R&R Hubs:

- 100% of respondents rated their satisfaction with the hubs as at least 4 out of 5
- Respondents included clinical, support, scientific, and administrative staff:

> ***"[The Hub] brightens my mood, being able to chat to the lovely volunteers"***

> ***"It makes me feel appreciated, and looked after"***



7 Impact and outcomes

Volunteering is perhaps unique in that its impact is felt by multiple stakeholders; the volunteer themselves, the individuals they are supporting, and the organisation they volunteer for.

7.1 Staff impact



In February 2026, the Volunteering Service shared a short survey with staff who have volunteers supporting their area. Responses were received from 38 people. Although the sample size was limited, it represents an increase of 23% on 2024-25 and provides useful insight into the benefits of volunteer support during times of unprecedented service pressure.

Within the survey sample, 100% of respondents reported volunteers being of benefit to their department.

Examples of benefits given included:

"Patients report they are enjoying sessions with volunteers and feel their communication and self-confidence are improving."

Opportunities for improvement exist, and will be considered by the Volunteering Service, including:

- Utilising additional support from Greater Glasgow and Clyde Healthcare charity to expand volunteer provision
- Reinforcing with volunteers the boundaries of their role, where required
- Exploring additional opportunities for volunteers to offer further support in particular areas, as appropriate.

7.2 Patient, family and visitor impact

Volunteering is not yet embedded across patient pathways; consequently routinely collecting and evaluating patient and family feedback is not yet possible. Notwithstanding, across the year people did take the time to share the difference volunteers have made to their experiences:

"It was my first time visiting the Queen Elizabeth Hospital and I was very stressed as I was attending for the first part of my cancer treatment. As we looked at the information a lovely lady in a red T-shirt asked where we needed to go and when we replied, the nuclear department she said I'll show you. Then she took us right to the door. It was amazing and how such a small gesture made such a difference to a difficult day for me. Thank you so much."

"... Lauren Feeney and Caroline Maxwell ...brighten up everyone's day every Monday and Thursday by making us teas and coffees. They give up their own valuable time, hail, rain and snow (and public holidays!) to chat to us and make our days a little bit better... Lauren in particular is an absolute inspiration. For her to give up her time to volunteer is incredible."

Developing a proportionate and sustainable mechanism for capturing patient, family and visitor feedback will be a priority for 2026–27. This will strengthen the service's ability to evidence the direct impact of volunteering on experience, connection and access across acute sites.

7.3 Volunteer Impact

95% Positives across all principles

103 Survey responses

41 Ideas to improve

95% Flexible

92% Supported

94% Connected

96% Valued

98% Purposeful

94% Inclusive

"A patient was so grateful for my support and said she would never forget me. It is such a privilege to be involved with people who are feeling vulnerable."

In February 2026, the Volunteering Service shared a short survey with those actively volunteering for NHSGGC in our acute settings – around 300 people in total. Based on a format used in previous years and supported by Healthcare Improvement Scotland, the responses enabled benchmarking and ability to see trends where appropriate.[5] 103 volunteers took the time to share their experience with us (a 34% response rate). Key themes of responses were:

- NHSGGC volunteers were **positive** about their experience across the 6 principles in the National Framework for Volunteering – **95%** average
- There was an **increase in positivity of response in 12/19 domains** when compared to 2024-25
- **4/19 domains had a decrease in response positivity** compared to 2024-25, however these were still very positive:
  - I can **adjust my commitments** or change my role when I need to – **89%** agree/ strongly agree
  - **I enjoy** taking part and feel good about my contribution – **98%** agree/ strongly agree
  - **I receive practical help** with expenses, access and training – **74%** agree/ strongly agree
  - I volunteer with or for people with **common objectives – 85%** agree/ strongly agree
  - I feel that what I do is **worthwhile – 98%** agree/ strongly agree

2025-26 saw a change to expenses provision in NHSGGC; an uplift in mileage rate to meet national guidance supported by the staff partnership forum, and commitment to reimbursement through NHSGGC core funds led to a change in process. It is thought this lower positivity response may in part be due to new processes becoming embedded and familiar.

The service will also consider for 2026/27 the provision of training for volunteers, where appropriate and where service capacity allows.

7.3.1 Volunteer highlights

Volunteers were also asked to describe their favourite moment from volunteering in the last year. Key themes included:

- Team/ staff support – volunteers shared comments about support from colleagues, managers and staff, and working within a positive environment
- Appreciation/ gratitude – expressions of thanks and the experience of being valued and recognised
- Helping others – concrete practical acts of assistance to patients and their families
- Social connection/ meeting people – enjoyment of meeting, chatting and connecting with patients, staff and fellow volunteers
- Making a difference/ feeling useful – feeling that one's presence makes a difference or eases stress for others
- Emotional support/ listening – providing comfort as a listening ear and emotional support

5 20260306-2025-26-Volunteer-Experience-Survey-Report-FINAL.pdf

Volunteers shared examples of the impact volunteering had on them:

"I have made so many new friends, my mental health has improved – I am just happy. The fabulous ward staff... treat me as one of their own and include me in all aspects of the ward..."

"My work as a volunteer benefits me socially, emotionally and spiritually. It is a privilege to spend time with patients and relatives at a critical time in their lives, to listen and respond to their stories, and to be trusted by them."

7.3.2 Opportunities for improvement

41 (40%) of respondents shared suggestions for improvement directly in relation to their experience of volunteering (as opposed to more general feedback about NHSGGC):

"Allow more autonomy... we are not allowed to push wheelchairs..."

"We need more recruits. We are getting older! Down to one at 4pm last Monday..."

"Having a yellow badge with my first name on it rather than the formal designation badge. Also it would be helpful if we had a locker for personal property."

Theme	What we heard	What we will do
Facilities and resources	Practical barriers affecting volunteers' ability to carry out their role comfortably or efficiently: lockers, identification, desk space, car parking, temperature, and break facilities.	Explore practical improvements with Estates and Facilities colleagues, implementing changes where feasible.
Autonomy and responsibilities	Desire for greater flexibility in role boundaries and ability to perform tasks independently.	Volunteering on a weekend is encouraged, provided the volunteer is able to confidently and competently undertake their role with a high degree of independence, there is a service need and the clinical team are able to support and supervise the volunteer.
Staff attitudes and inclusion	Perceptions of feeling undervalued, or misunderstood by wider NHS staff groups.	Share positive examples of volunteering impact and feed back specific issues to relevant services where appropriate.
Engagement and numbers	Desire for more meaningful activity, greater engagement, and more volunteers on shift.	Use additional 2026-27 capacity to grow volunteer numbers where appropriate and required.
Management and support	Expectations of managerial presence, stability, faster processes (e.g. expenses), fair treatment, consistent coordination, and emotional support when incidents occur.	Use additional capacity to reduce process delays and improve support for volunteers and services.

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8 Recruitment, Training and Support

Volunteering for NHSGGC attracts significant interest; the Volunteering Service strikes a balance between harnessing that interest, and ensuring that volunteering roles remain safe and well governed for patients, staff and volunteers.

8.1 Volunteer application journey

NHSGGC Acute volunteers are asked to complete a thorough, robust and resource intensive recruitment process. In 2025-26 this was as follows:

Screening

- commit to weekly volunteering for at least 6 months
- over the age of 16
- live locally

Recruitment

- online application form
- interview
- 2 references
- Occupational Health check
- Disclosure Scotland check
- Visa verification (where applicable)

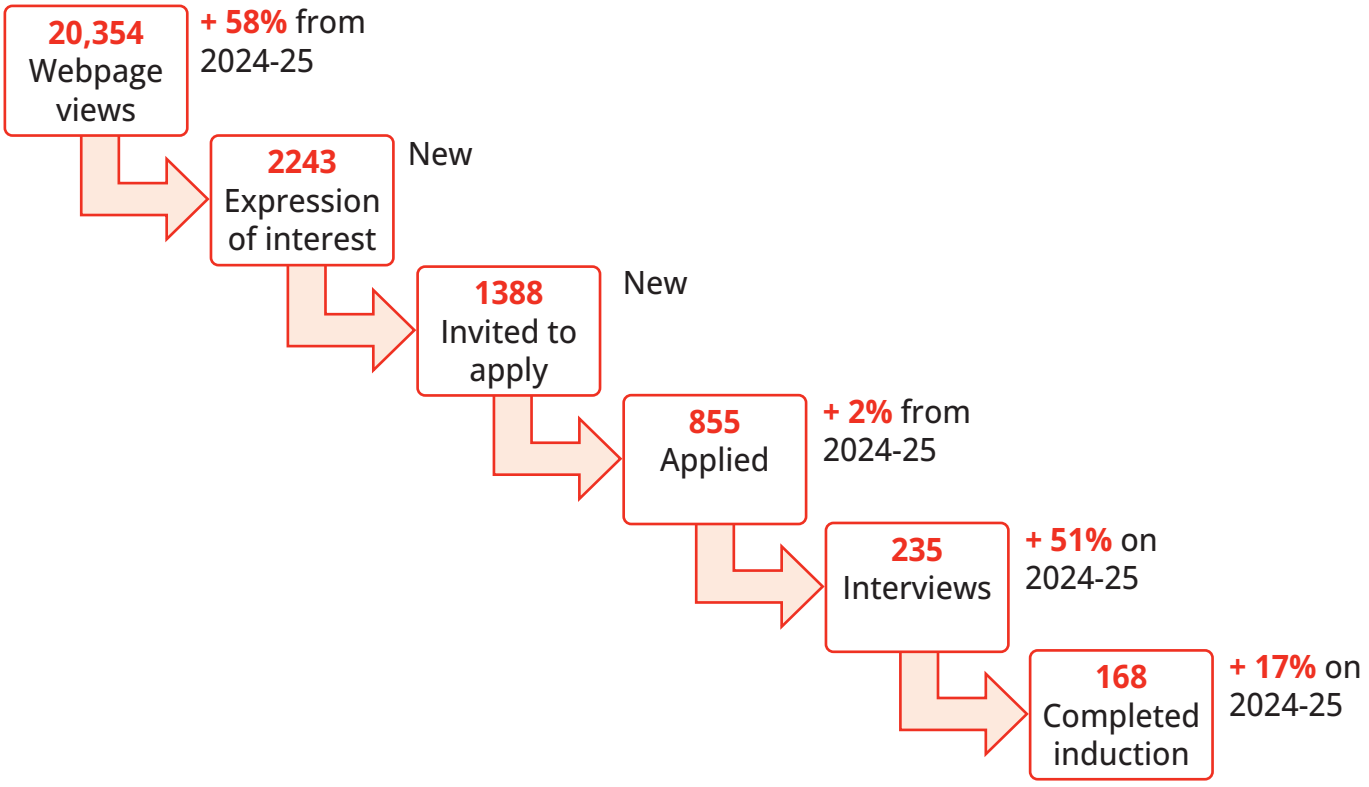
Onboarding

- Online induction
- In person induction
- Shadowing/ buddying
- Trial period
- Confidentiality and volunteer agreements

Managing

- Regular support and review
- Ongoing encouragement and check ins to increase retention
- For Welcome Guides and R&R Hubs, coodination and management of the service being delivered

Recruitment activity demonstrated an increase on 2024-25:



Volunteer retention at 6 months during 2025-26 was estimated at around 90% - this is particularly encouraging given the national decline in volunteers able to make this commitment.[6] Average **length of service** during the year was **3.3 years**, maintaining 2024-25 retention. The average time taken from application to placement was **10 weeks**; crucial to ensure appropriate governance of application but also to maintain volunteer interest.

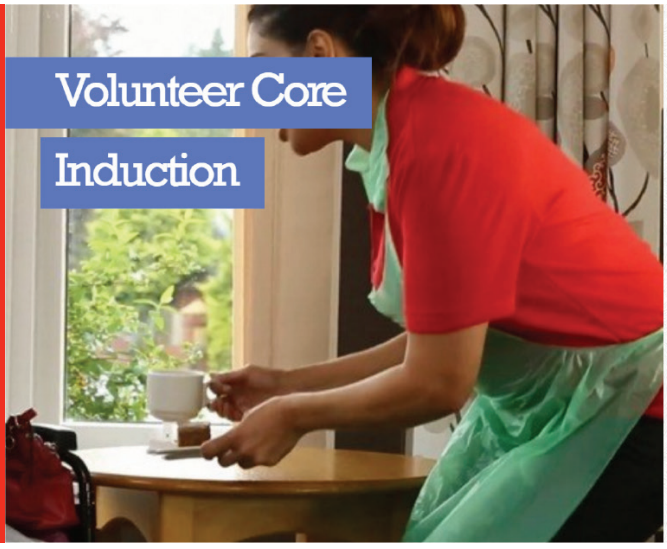
20% of those who applied to volunteer were successful in starting volunteering. Service governance and assurance processes with consistent volunteering application scrutiny, ensure that those successful in volunteering have the skills and commitment required to support NHSGGC services and have a fulfilling experience. However, the established service workforce model described does create capacity constraints:

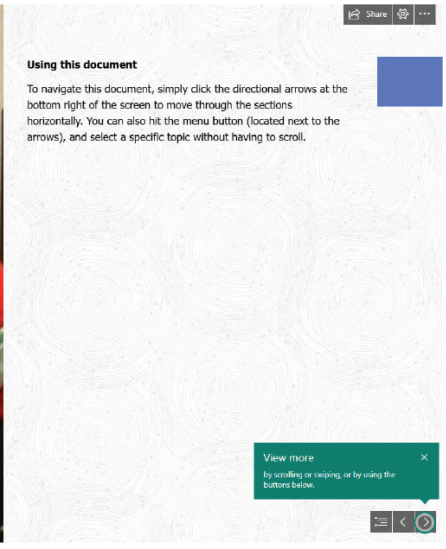
- around **30%** of those who apply, demonstrate the skills and experience required but are unable to be placed due to capacity constraints in the Volunteering Service. If taken across the year, this would be an estimated **additional 250 volunteers**
- in 2025-26 online volunteer recruitment was only open for 6 months of the year
- volunteers are asked to commit to volunteering once a week, for 2-3 hours, for **6 months**
- Due to the level of support and supervision required, volunteers under 18 years old are unable to volunteer during evenings and weekends until they have successfully completed an informal 'probationary' period during standard working hours.

This has evidenced there is notable untapped potential to further develop the service through NHSGGC's ability to take advantage of significant interest in supporting the organisation. The service is currently unable to offer more flexible, ad hoc, shorter term volunteering that takes into account the availability and other life demands of those applying, particularly during evenings and weekends.

8.2 Training and support

In 2025-26, the mandatory core induction required for all volunteers on NHSGGC acute sites was reviewed and refreshed. In addition to being a requirement for volunteers directly managed by NHSGGC, external organisations with volunteers on acute sites also require to ensure their volunteers are aware of NHSGGC expectations.





As of 22 July 2026, this had been viewed **259 times.**

6 The-state-of-Scottish-volunteering-report.pdf

9 Equality, Diversity and Inclusion

"We cannot only rely on the same 'civic core' of people, or on their contributions coming in the same ways. Without acting to attract and retain a more diverse pool of volunteers, volunteer involving organisations may well lose capacity. Without taking action to engage and support people of all ages and backgrounds to volunteer throughout their lives, communities will lose out on their talents. And without celebrating and promoting the benefits of volunteering to everyone, those individual benefits will not be enjoyed by those at most risk of missing out".[7]

In order to determine whether NHSGGC volunteering is accessible to those from all walks of life, volunteers are encouraged to participate in optional equalities monitoring at two points in their journey:

- When offered a role with us
- When completing the annual experience survey.

This presents a valuable opportunity for the service to understand the volunteering core base (experience survey) and any differences between newer volunteers joining the team.

Overall, demographics suggest a largely older, female volunteer base, mirroring national profiles[7]. There are encouraging indications however that a more diverse volunteer base exists when looking at ethnicity and caring responsibilities. In addition, when looking at demographics information for newly recruited volunteers over 2025-26 (as opposed to total volunteers), a more diverse picture can be seen:

Protected characteristic	Total	Newly recruited
Age – over 66 years	61%	16%
Caring responsibilities	34%	19%
Disability/ long term condition	8%	8%
Ethnicity – white Scottish	79%	50%
Gender reassignment	0%	1%
Sex - female	69%	67%
Sexual orientation – heterosexual/ straight	98%	87%

It is hoped that in 2026-27 the service will move to a new NHS Scotland backoffice system for volunteer recruitment and management; this should increase the equalities monitoring participation rate for volunteer applicants, meaning conclusions can be reached about any additional actions required.

Recognising the risks of exclusion within a digital first model, the service took additional steps to ensure volunteering was as accessible an opportunity as possible including:

- Attending two community volunteering fairs; an inclusive volunteering fair at Glasgow City Chambers, and another at West College Scotland in Greenock
- Providing support for applicants to complete the recruitment process
- Using non-digital materials such as flyers and banners.

7 Volunteering for All: national framework - gov.scot

10 Partnerships and Coproduction

Partnership with external volunteer involving organisations remains central to volunteering delivery. The service supports around **43 partner organisations** with volunteers active within acute settings.

During 2025-26, work has focused on:

- continued delivery of the Strategic Oversight Forum. **4 meetings** were held in the reporting period, with **58 attendees**, focusing on:
- Volunteer Scotland's Volunteer Charter
- Review of forum relevance and effectiveness
- Core volunteer induction standards
- Upcoming Disclosure (Scotland) Act changes.
- Reaching agreement on a revised Formal Agreement template, in line with Clear Pathway guidance.
- Continued maintenance and updating of dedicated SharePoint site for oversight forum members, including national and local best practice and guidance. As of 23 July 2026, there are **84** individual members
- Ongoing participation in Glasgow City HSCP's Strategic Volunteering Group, to ensure alignment with NHSGGC volunteering where appropriate
- Supporting development of a new volunteering pilot in Clyde, delivered by Marie Curie

Forum members were invited to contribute examples of their volunteering activity and impact. **4 organisations** chose to take up this opportunity, reporting support from around **846 volunteers**:

10.1 Glasgow City Health and Social Care Partnership

The HSCP has continued to build on the strong foundations established over many years of sustained activity, demonstrating an ongoing commitment to embedding and supporting meaningful volunteering across the organisation.

Volunteers make a significant contribution across a wide range of HSCP services, supporting service delivery and community engagement. Within the Alcohol and Drug Partnership, volunteers play a key role in recovery initiatives, including the naloxone volunteer programme and wider recovery community activities. Specialist Mental Health Services have expanded inpatient and community volunteering through initiatives such as gardening, walking, arts projects, and social activities that promote wellbeing, recovery, and inclusion.

Health Improvement Services have also strengthened volunteering, most recently recruiting 14 youth volunteers to provide welcoming and peer support across nine Youth Health Service hubs. A new volunteer development role at Parkhead HUB has further enhanced community engagement by coordinating and supporting volunteering opportunities.

This year, volunteer contributions were recognised through a series of social media features[9] highlighting their dedication and the valuable role they play in supporting our communities.

As of June 2025, the Volunteer Information System records almost **100 direct HSCP volunteers**, with many more contributing through third sector organisations.

9 Gartnavel Cafe The Sessions Gartnavel Garden.

10.2 Dogs for Good

In 2025-26, **2 Dogs for Good volunteers** supported approximately **40 people** through animal assisted stroke rehabilitation in Stobhill and Inverclyde hospitals.

Activities commonly included upper limb mobility, lower limb mobility, sit-to-stand exercises, and visual scanning tasks. Interactions with the dogs were designed to make rehabilitation enjoyable and motivate patients to participate, for example through reaching and bending to interact with the dog, or walking alongside the dog.

Dogs for Good reported strong engagement from patients and staff. In the pilot, 9 of 11 patients with complete data met their rehabilitation goals, and all six patients with full Goal Attainment Scaling scores improved. Therapists also observed increased motivation, effort, enjoyment and communication during dog assisted sessions.

For 2026-27, Dogs for Good plan to continue to grow this programme of work.



Dogs for Good supporting animal assisted stroke rehabilitation in Inverclyde Royal Hospital

10.3 Stroke Association

In 2025-26, 8 Stroke Association volunteers supported approximately 56 patients, family members, staff or members of the public through Hospital Hub Information Drop Ins at two stroke rehabilitation sites in Glasgow. Volunteers provided peer support, reassurance, information and signposting to local resources.

Despite facing challenges recruiting volunteers for this role, acknowledging it is not suitable for everyone (the majority of volunteers are stroke survivors themselves), the Stroke Association received positive feedback, which highlighted the value of speaking with volunteers who understood the stroke journey, with patients and families describing the support as reassuring, practical and helpful at a lonely or uncertain time.

Future volunteering plans for 2026-27 include continuing with existing Hospital Hubs and exploring opportunities to expand the model in other stroke rehabilitation sites across Scotland, including NHSGGC.

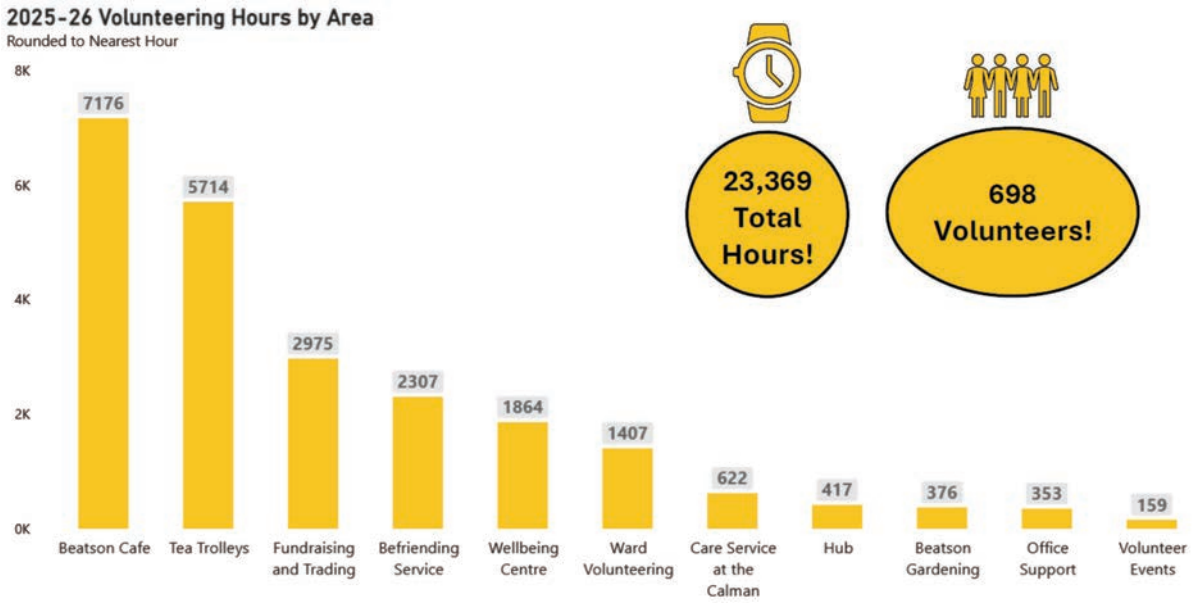


Drop in sessions delivered by Stroke Association volunteers

10.4 Beatson Cancer Charity

Volunteers are at the heart of Beatson Cancer Charity, giving their time and skills to support people affected by cancer. From supporting patients and families to contributing at events and across the charity's services, their dedication has a lasting impact.

During the year, volunteers supported the Beatson Cancer Charity's work across 11 key areas. Together, they contributed a record-breaking 23,369 hours of gifted time, the highest number of volunteer hours ever recorded and an increase of almost 5% from the year before!



A total of **17,576 hours** (75%) were concentrated within the hospital setting whether through direct patient support on the wards, assisting visitors in their Hub, or enhancing the hospital grounds through the creation and maintenance of welcoming garden spaces.

The number of volunteers supporting the Beatson Cancer Charity in the hospital was **267**.

"Your volunteers were a fantastic support to me during my treatment cycles and my hospital stay. They made a difficult time so much more bearable."

Feedback from a Beatson patient (March 2026)

"I just love the tea & biscuits I get every week during my chemotherapy along with a lovely chat and beautiful smile, thank you so much."

Feedback on our tea trolley service from a patient (Jan 2026)



11 Innovation and Service Improvement

A range of improvement activities were progressed during 2025-26, including:

- A service wide celebration event in the form of a Civic Reception at Glasgow City Chambers. Hosted by the Depute Lord Provost, the occasion provided the opportunity for senior leaders to recognise and thank approximately 100 volunteers for their unique contribution across NHSGGC.



NHSGGC Volunteer Civic Reception

- Standardising volunteer role descriptions to ensure consistency of approach across the organisation
- Continued refinement of existing volunteer recruitment process, to achieve greater consistency and efficiency of approach
- Participating as a pilot board in Healthcare Improvement Scotland implementation of a new volunteer management database
- Improving training and development offer for volunteers to improve their awareness and use of interpreters, where required
- Introduction of new volunteer expenses claim process, to improve timeframes and reliability of reimbursement
- Continued strengthening of data collection and reporting to enable appropriate oversight and assurance
- Pausing online volunteer recruitment during periods of lower capacity, thereby reducing workload and more appropriately managing volunteer expectation
- Development of a service workplan for 2026-27, alongside a monitoring and reporting framework
- Clarity and consistency of occupational health support for volunteers
- Support of new externally delivered volunteering projects, including palliative ward companionship from Marie Curie, and animal assisted rehabilitation by Dogs for Good.

In addition, new or improved volunteering roles were developed at a local level, including volunteer support of:

- Dementia cafes in Glasgow Royal Infirmary
- Music events for patients and families in Lightburn and Glasgow Royal Infirmary
- mealtime monitoring and support in Queen Elizabeth University Hospital.
- the Langlands Stroke Communications Group, helping to ensure patient voices and experiences are reflected in service development and communications.

12 Finance and Value

The impact of volunteering extends far beyond the hours contributed, providing measurable benefits and a valuable return for NHSGGC.

As has been illustrated throughout this report, the service generates substantial additional:

- economic value through volunteer hours
- social value through improved wellbeing and experience
- organisational value through increased staff support, strengthened partnerships and the development of a compassionate, person-centred culture.



Elizabeth Prior, NHSGGC's longest serving volunteer - and her husband Joe, also a volunteer

The estimated value generated by volunteering should not be interpreted as a substitute for paid staffing. Rather, it demonstrates the scale of additional contribution enabled by appropriate infrastructure, governance, recruitment, training and support.

In addition to funding infrastructure and staff support from 3 WTE Volunteering Managers, 2025-26 saw NHSGGC commit to reimburse volunteer travel expenses, indicating recognition and support of the value of volunteering for the organisation.

At the end of 2025-26 the Volunteering Service was £10,417 overspent; this was due to budgets not taking into account additional pay costs due to incremental drift.

Greater Glasgow and Clyde Healthcare Charity continued to provide important support for volunteer uniforms, badges, recognition and two additional fixed-term posts to centralise administration and meet QEUH demand. Early benefits were evident in 2025-26, but the full impact will be reported in 2026-27.

As the additional posts are non-recurring, there remains a strategic financial risk if sustainable funding is not identified.

13 Risks, challenges and mitigations

13.1 Recruitment and capacity constraints

The Volunteering Service continued to see increasing demand for volunteering, as indicated by a 58% increase in views of the volunteering application page to 20,354 views across the year.

However, the Service continues to experience limited ability to maximise potential and meet this rising demand. To mitigate the risk of unmet volunteer expectation, the service therefore reduced the times during which they were open for volunteers to apply, to 6 months of the year. They also were successful in an application to Greater Glasgow and Clyde Healthcare Charity for fixed term support to increase capacity in the service.

The central risk is therefore not simply high demand, but the gap between NHSGGC's ambition for volunteering and the recurring infrastructure available to deliver that ambition safely. Without sustainable capacity, the service will continue to lose suitable applicants, limit role development, and rely on temporary mitigations such as restricted recruitment windows.

13.2 Variation across sites and partners

The service continued to deliver and promote the Strategic Oversight Forum and finalised a formal agreement to be utilised by organisation with volunteers on acute NHSGGC sites.

Internally, the service continued to use volunteering data and team development to understand service at a local level and manage this variation as appropriate.

13.3 Understanding of volunteer roles

The Volunteering Service and volunteers continued to experience differing perceptions and understanding of volunteering, thereby potentially risking volunteer retention and satisfaction, and appropriate role duties as outlined in the Volunteering Policy.

This was mitigated by:

- becoming a champion of the Volunteer Charter
- reviewing and updating volunteer role descriptions
- increasing communications about the role of volunteering in NHSGGC
- continued local scoping and engagement of potential for volunteer support.

13.4 Operational pressures

Increasing demand for volunteering alongside staffing constraints risked staff absence due to work related stress.

This was mitigated through compassionate and consistent staff support, restricting volunteering opportunities throughout the year, and a successful bid to Greater Glasgow and Clyde Healthcare Charity.

Notwithstanding, the service sustained above recommended levels[10] of volunteering – an average of 142 volunteers per WTE across the year.

10 Custom and practice across Scotland is a maximum of 100 volunteers per WTE

14 Staff Governance

The Volunteering Service maintained strong compliance with the majority of NHSGGC Staff Governance KPIs during 2025-26:

Area	2025-26 position
Statutory/mandatory training	100% compliance by March 2026.
TURAS/PDP conversations	100% compliance for eligible staff by July 2026.
Attendance	Sickness absence was 9.6%, slightly above the national average of 6.4%. Given the small size of the team, a small number of absence episodes can have a substantial effect on the overall percentage, and comparisons with national rates should therefore be interpreted with caution. All absences were managed in accordance with NHS Scotland workforce policies.
iMatter	100% participation and 86% employee engagement, an improvement of 3% engagement on 2024.
Support, development and wellbeing	• Four new employees were inducted and supported. • A team development day was delivered with Organisational Development. • Health and safety work included moving and handling guidance, escalation of working conditions at GRI and improvements to the Welcome Guide environment at Stobhill.

The Standard requires all NHS Boards to demonstrate that staff are:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.



CHARTER CHAMPION
VOLUNTEER CHARTER

NHS Greater Glasgow and Clyde

15 Strategic Priorities for 2026-27

The 2026-27 priorities will focus on a smaller number of strategic outcomes aligned to NHSGGC's Strategic Aims: Better Health, Better Care, Better Value and Better Workplace.

Better Health

- Evidence the health and wellbeing benefits of volunteering
- Improve equalities monitoring
- Refresh public-facing recruitment informatoin
- Identify a Board Patient Story that demonstrates volunteering impact

Better Care

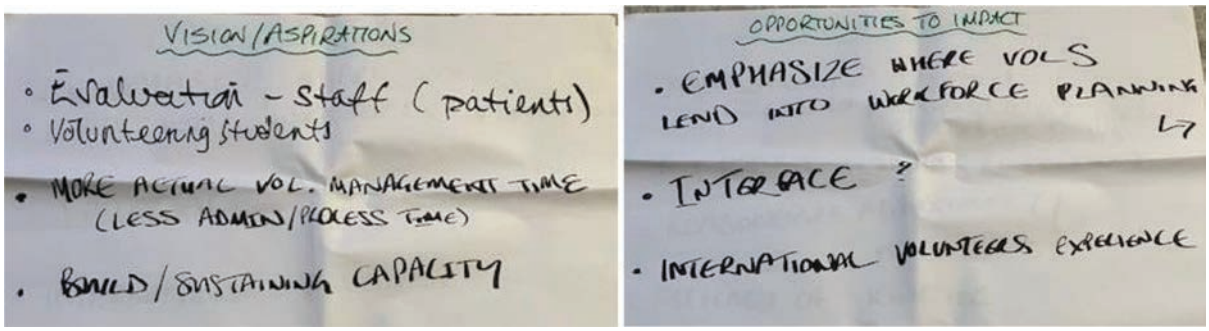
- Demonstrate how designated volunteer roles improve patient, family and staff experience
- Establish baseline activity data
- Audit people supported twice yearly
- Strengthen governance with third sector partners

Better Value

- Evaluate the impact of fixed-term capacity
- Seek endorsement for sustainable service growth
- Improve recruitment efficiency
- Transition towards the national Volunteer Management System
- Maintain a minimum volunteer retention standard

Better Workplace

- Support Volunteering Managers through national networks and team development
- Refresh volunteer induction
- Scope Investors in Volunteers accreditation
- Strengthen safe working practices including wheelchair handling, and health and safety monitoring and reporting.



Team views on potential aspirations of the Volunteering Service

16 Conclusion

2025-26 has demonstrated both the value and the complexity of delivering volunteering within acute healthcare settings.

While activity remains strong and impact significant, ongoing challenges related to capacity, demand and consistency must be addressed to ensure sustainability. Realising the full potential of volunteering across NHSGGC will require sustained investment in the infrastructure, governance and staff capacity that enable safe, inclusive and meaningful volunteer involvement.

The key strategic issue for 2026-27 is therefore how NHSGGC secures a service model that can convert public and partner commitment into safe, consistent and well-supported volunteering opportunities, without compromising staff wellbeing, volunteer experience or governance standards.

The service is well positioned to build on strengthened governance, growing partnerships and improved processes, with a clear focus on delivering safe, inclusive and impactful volunteering that delivers benefit for all.

The achievements outlined in this report would not have been possible without the unwavering support, commitment and dedication of the hundreds of volunteers across NHSGGC who give their time each week to benefit patients, families and staff; thank you.



Volunteers at their Civic Reception in June 2025